

Cirrhosis & Chronic Liver Disease

Management

Cirrhosis is the result of long-term damage to the liver. When the liver is repeatedly injured—whether by alcohol, viral hepatitis, or fatty liver—it attempts to repair itself, creating scar tissue (fibrosis).

Cirrhosis occurs when this scarring becomes extensive, making it difficult for the liver to function properly.

What is the difference between ‘compensated’ and ‘decompensated’ Cirrhosis?

In patients with compensated cirrhosis, liver has significant scarring, however it is still able to perform its vital functions. Most patients in ‘compensated’ stage may feel well or have mild fatigue.

With progression of scarring and damage to the liver, some patients go on to develop ‘decompensated’ liver cirrhosis. In these patients, liver is struggling to keep up with its vital functions. Patients report fatigue, loss of appetite, increased frailty, yellowing of the skin (jaundice), confusion and fluid build-up in the body.

What are the causes of Cirrhosis?

Long-term and sustained damage to the liver from any cause can lead to development of cirrhosis. Common causes include excess alcohol consumption, metabolic factors such as obesity and diabetes which cause excess fat accumulation in liver, viral hepatitis. There are several autoimmune and inherited conditions which can also lead to development of Cirrhosis.

How is Cirrhosis diagnosed?

The diagnosis of Cirrhosis is made using one or more tests. Based on the degree of scarring in the liver, the diagnosis can be suspected based on ultrasound or CT scan. Similarly, blood tests such as liver function test, platelet count and INR can provide clues which may suggest that liver is not functioning optimally.

A Fibro scan is an important and now a front-line tool – this is a non-invasive test which provides an estimation of scarring within the liver. This test is available both in public and private sector.

Lastly, liver biopsy is the gold-standard test which is recommended if other tests are non-conclusive. In addition, liver biopsy can also provide clues regarding the cause of liver cirrhosis in cases of diagnostic uncertainty.

Can Liver Cirrhosis be reversed or cured?

While the scarring usually remains, the liver has a remarkable ability to function despite this. Especially once the cause of the damage (such as alcohol or a virus) is removed, many patients can live a long, stable life in the "compensated" stage.

How is Cirrhosis treated?

Currently, there is no medical "cure" that can remove extensive scar tissue from the liver. However, the liver is incredibly resilient. The primary goal of treatment is to **stop further damage** and manage the symptoms so that the liver can continue to function as effectively as possible.

Treatment may include:

1) Dietary recommendations:

- **Low-Salt Diet:** Excess salt (sodium) causes your body to hold onto fluid, leading to swelling in the legs and abdomen. We recommend avoiding processed foods and not adding salt to your meals.
- **High-Protein Diet:** Cirrhosis can cause your body to break down its own muscle for energy. Eating plenty of protein helps maintain your strength and immune function.
- Try and split your food intake into 3 main meals (early breakfast, lunch, dinner) and 3 snacks (mid-morning, mid-afternoon and late evening), with late evening snack being the most a scarred liver important.
- **Late evening snack:** Because cirrhotic liver cannot store energy (glucose) effectively, your body can run out of "fuel" overnight. This leads to muscle wasting. A high-protein, carbohydrate-rich snack before bed acts like a "battery pack" to get your body through the night without burning muscle.

2) Medication:

- Diuretics (water tablets) help remove excess fluid in the body.
- Non-selective beta blockers reduce pressure within the portal vein in the liver
- Lactulose and Rifaximin are added to treatment in patients who develop confusion or brain-fog (hepatic encephalopathy). Lactulose is a laxative which helps remove toxins, specifically ammonia, while rifaximin is an antibiotic which reduces build up of toxins by targeting specific bacteria in the gut.

3) Gastroscopy and banding – Some patients require gastroscopy and treatment of varicose veins in oesophagus, which may develop as a result of cirrhosis.

In those patients where liver is seriously damaged and can no longer function, liver transplant is considered.

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