Compensated Liver Cirrhosis

Liver NORTH
LIVER PATIENT SUPPORT

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Contents

About this leaflet

You have been diagnosed with cirrhosis of the liver. This leaflet will provide you with advice about the condition and give you some hints to help you with your treatment. Cirrhosis can lead to complications, which can be effectively managed if they are identified early and treated appropriately. This leaflet gives you an overview of what cirrhosis is and the complications which might occur. You will also find advice on how to manage some aspects of the condition yourself. Hopefully, this will help to avoid admissions to hospital and ultimately improve your quality of life.

Being diagnosed with cirrhosis can be worrying. Your consultant, liver team as well as your GP are there to help and support you. Please make sure you ask any questions you may have about your condition. A list of useful contact details are provided at the back of this leaflet.

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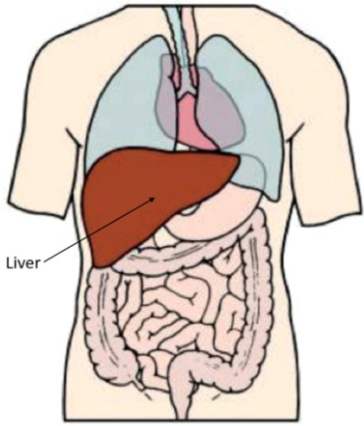
What is the liver?

The liver is an important organ located in the abdomen.

It has many important functions including:

- Storing carbohydrates, fats, vitamins and minerals for use by the body.
- Producing protein.
- Processing medication
- Helping to fight infection.



Liver (brown) location within the abdomen

What is liver cirrhosis?

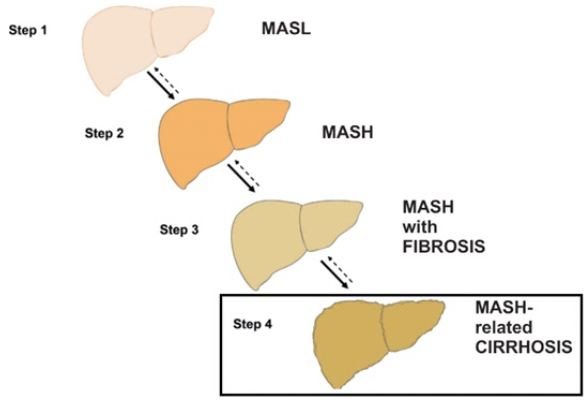
Liver cirrhosis is advanced scarring of the liver caused by long-term liver damage. This scarring can lead to loss of liver cells, which results in reduced liver function. Liver scarring can lead to liver stiffness, which can result in high pressure in the portal vein known as portal hypertension.

Portal hypertension develops when there is build-up of blood pressure in blood vessels to the liver and blood vessels supplying adjacent organs such as the spleen and stomach. This can lead to complications such as oesophageal varices (see page 6).

Any long-term condition or disease that affects the liver can cause cirrhosis. Some of the most common causes of liver cirrhosis are:

- Metabolic dysfunction associated steatotic liver disease (MASLD or MASH); previously referred to as non-alcoholic fatty liver disease (NAFLD).
- Alcohol- related liver disease.
- Hepatitis B.
- Hepatitis C.
- Autoimmune conditions such as primary biliary cholangitis (PBC), autoimmune hepatitis (AIH), primary sclerosing cholangitis (PSC).
- Inherited conditions such as haemochromatosis.

Cirrhosis is not reversible but further liver scarring can be reduced by managing the underlying cause. Cirrhosis can be classified as either **compensated** or **decompensated**. With compensated cirrhosis, the liver is scarred but able to carry out its normal functions and patients typically have no symptoms. With decompensated cirrhosis (see page 10), the liver is not able to function normally due to complications of cirrhosis having developed. The aim of any treatment is to maintain compensated cirrhosis and therefore prevent or delay progression to decompensated cirrhosis.
By helping patients to maintain compensated cirrhosis, the need for admission to hospital should be reduced.



Development of liver cirrhosis using MASLD/MASH as an example

How is liver cirrhosis diagnosed?

It is common to have no symptoms of liver disease. You might have been referred by your GP or another healthcare professional to the liver clinic due to:

- Abnormal liver blood tests.
- Scarring of the liver that might have been seen on a scan.
- Signs or symptoms of liver disease, for example swelling of the abdomen or jaundice

In the liver clinic, the aim is to assess for scarring/cirrhosis and to identify a cause.

It might be necessary to have some or all of the following commonly used tests:

- Blood tests.
- Fibroscan – a scan to measure liver stiffness.
- Ultrasound of the liver – (see page 6).
- Gatroscopy – (see page 7).
- Liver biopsy (a small sample of liver tissue is taken and examined under a microscope) to help identify the extent of scarring.

Some causes of cirrhosis need specific treatment. Your consultant or a member of the team will discuss any treatment with you. The aim will be to prevent progression of the cirrhosis to decompensation. Patients with compensated liver cirrhosis are usually seen in clinic every six months. At this time, a review will be taken to check for any potential symptoms or signs of decompensation/progression, ensuring surveillance of potential complications is up to date.

Screening can be carried out for several potential complications associated with liver cirrhosis including:

- Varices.
- Osteoporosis
- Liver cancer Hepatocellular Carcinoma (HCC).

Liver cancer surveillance

The aim of surveillance is to **detect liver cancer early.** Patients with liver cirrhosis have an increased risk of developing liver cancer compared to the general population. Early liver cancer usually has no symptoms. Screening is recommended to help detect

cancers when they are potentially curable and there are more treatment options which may cure the cancer or prolong life.

Ultrasound probe

An ultrasound scan of the liver is normally used to screen for liver cancer. Ultrasound is a quick and painless procedure. If an abnormality is detected on ultrasound, other imaging tests such as computed tomography (CT) and/or magnetic resonance imaging (MRI) scans are required to fully assess the abnormality. Not all abnormalities detected on ultrasound are found to be a cancer after further imaging is performed.

A blood test called alpha feto-protein (AFP) may also be taken every 6 months. Further information about liver cancer can be found on the following websites:
https://livercanceruk.org
www.livingwithlivercancer.co.uk

Variceal Screening

Varices are swollen veins at the lower end of the gullet (oesophageal varices) or the upper part of the stomach (gastric varices).

They occur because blood that drains from the intestines cannot flow through the liver like normal. This results in this blood bypassing the liver and flowing through veins around the gullet and stomach. These veins are called **varices** and they are at risk of bleeding.

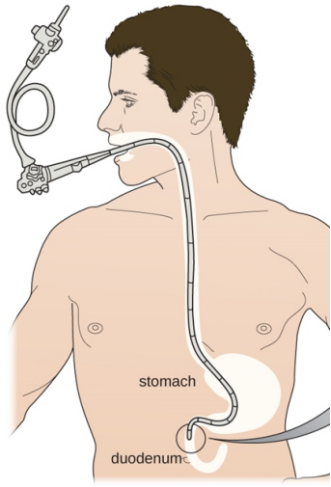
Treating varices is usually done either by:

- Starting on a medication called carvedilol, a beta blocker, which reduces the pressure in the varices. If your blood pressure is too low before

- taking this medication, then it may not be suitable for you.

OR

- A gastroscopy examination of the gullet, stomach and duodenum. The procedure involves passing a narrow flexible instrument (endoscope) through the mouth to examine these areas. The varices can be treated by putting small elastic bands (**banding**) over them. A clot forms after a few days causing the varices to shrink, which reduces the risk of them bleeding again. Follow up gastrocopies are performed every 4 to 6 weeks until the varices disappear.



Dependent on the results, A gastroscopy examination may need to be repeated at different intervals.

Not all patients with cirrhosis require screening; your liver team will discuss this with you.

Osteoporosis/fracture risk screening

Patients with liver cirrhosis and/or prolonged alcohol consumption are at an increased risk of developing, a condition **that weakens bones and increases the risk of fractures**.

A DEXA scan (using low dose X-rays) may be used to see how dense (or strong) your bones are. Common sites for osteoporosis are the pelvis, hips and spine.

Treatment and prevention of osteoporosis can include:

- Calcium and vitamin D supplements.

- Weight bearing exercises.
- Stopping smoking.
- Medical treatment such as tablets or injections.

Leaflet 21, provided by LIVErNORTH, explains osteoposrosis.

Nutrition

A cirrhotic liver may be unable to store as much energy as a normal healthy liver. The energy from the food you eat may only last for 2 hours, therefore if you are not having regular meals and snacks, the energy store disappears very quickly. If there are no energy stores available in the liver, the body will break down muscle to fuel the body. This results in muscle and weight loss.

Top nutrition tips:

The aim is to avoid prolonged periods of fasting to reduce muscle wasting and weight loss. You should try to:

- **Eat regular meals containing carbohydrate.**

Aim to have 3 meals a day. These may be smaller than you would normally manage. All meals should be based on a source of starchy carbohydrate, such as bread, potato, cereal, pasta, rice, noodles or couscous.

- **Eat snacks containing carbohydrate every 2–3 hours.**

Suitable snacks suggestions include yoghurt, tea cake, scone, toast, cheese and crackers, chocolate bar, cake, or a small sandwich.

- **Have a bedtime snack.**

You should aim to have 50g of carbohydrate, as this can reduce muscle loss overnight, examples of suitable snacks include:

- Bowl of cereal and banana
- 2 slices of toast with jam and a glass of milk

Unless specifically advised not to, aim to eat at least 5 portions of fruit and vegetables, 2-3 portions of dairy or alternatives and healthy (unsaturated) fats such as olive oil, trout and avocado.

If you notice your muscles are wasting or you are losing weight without trying to, your liver team can provide support or refer you to a dietitian for advice.
In some people with compensated cirrhosis, reducing their body fat may help slow or stop their liver disease from worsening. This often includes reducing intake of foods high in sugar and saturated fat to help achieve loss of body fat.
Physical activity and exercise are also important to stop muscles wasting.
Please note, if you have diabetes, consult with your Dietitian/health care provider as some of the above suggestions may not be suitable.

Alcohol management

In some cases, alcohol can be the cause, or a major contributor to the development of cirrhosis. If this is the case, then complete abstinence (no alcohol whatsoever) is critical and would be recommended lifelong. Abstinence significantly improves prognosis at all stages of the disease.
In patients with other causes of cirrhosis, drinking alcohol can cause further progression of their liver disease.

The UK national guidelines advise abstinence from alcohol for all liver patients. If you have further questions about this then please ask your liver team. LIVErNORTH Leaflet 4 (Alcohol and Liver Disease) deals with the subject in some detail.
If you are concerned that your alcohol intake is higher than you would like or you are concerned that you are dependent on alcohol (need alcohol every day), then alcohol support services are available. **Do not suddenly stop drinking alcohol as this can cause withdrawal symptoms and seizures.** Please discuss safe alcohol reduction with a health care practitioner to help safely reduce your alcohol intake, preventing alcohol withdrawal symptoms.
Alongside local alcohol services, further information

and support can be found at:

- Alcohol change UK – www.alcoholchange.org.uk
- NHS alcohol services
- LIVErNORTH
- AA (Alcoholics Anonymous) - National Helpline: 0800 9177650

Vaccination

In patients with liver cirrhosis, the liver does not work well to fight infection which can make patients more susceptible to seasonal infection like influenza or pneumonia.

Patients with liver cirrhosis are recommended to get vaccinated against:

- Influenza
- Pneumococcal
- Hepatitis A
- Hepatitis B
- Covid
- Herpes zoster (Shingles)

(none of these vaccines are live vaccines)

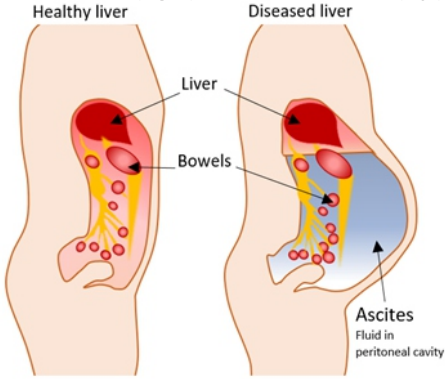
How to spot Decompensation

Decompensated liver cirrhosis happens when the scarring becomes so severe that the liver is unable to function properly and the body cannot cope. This may be identified following blood tests but also with the symptoms described below:

Jaundice: Yellow discolouration of the sclera (white) of the eyes and skin. Jaundice is caused by higher than normal levels of bilirubin which is normally processed by the liver.

Ascites (figure 5): Ascites is fluid build-up in the abdomen. It occurs due to high pressure in the veins around the liver. This causes fluid to leak out and build up in the peritoneal cavity within the abdomen. Fluid can also build up in the legs (peripheral oedema).

A patient with ascites (right) and without ascites (left)



Treatments include:

- Diuretic medications (water tablets) which aid removal of fluid.
- Paracentesis (or ascitic drain) is the draining of fluid out of the abdomen through a small tube that is inserted into the abdomen

Hepatic Encephalopathy occurs when toxins, which are normally removed by the liver, build up in the blood and affect the brain, causing confusion or drowsiness. A cirrhotic liver is not as good as a normal liver at removing toxins. Several factors can increase your risk of encephalopathy including constipation, infection and variceal bleeding. Encephalopathy can be treated with medication and treatment of the underlying cause.
If you develop any of the symptoms mentioned in

this leaflet, please seek medical attention as you might require hospital admission.
It is important to notify the DVLA if you develop encephalopathy. You must not drive.

Cirrhosis and Travel / Driving

Travel

If you are going on holiday, remember to pack a good supply of medication with you and keep some in your hand luggage. It is also helpful to take written documentation of your current health issues, for instance a copy of your last clinic letter.

If you do travel abroad, it is very important that you have appropriate travel insurance and inform them of all your health conditions. Some insurance companies specialise in covering liver cirrhosis and might offer cheaper premiums. Health insurance offers more comprehensive coverage of medical conditions which is useful to have when travelling abroad as well.
You can also consider applying for a UK global health insurance card (GHIC) which allows you to access public healthcare in EEA member countries. The application is free and the card is valid for five years.

It may not be advisable to travel if you have recently been diagnosed with decompensated liver disease. The risks associated with travel could be increased. The risks vary from patient to patient so if you are unsure, please discuss with your liver team.

Driving

It is important to notify the DVLA if you develop encephalopathy. If you do have symptoms of encephalopathy (confusion, impaired concentration or drowsiness) it is important that you do not drive until an assessment by a medical professional certifies recovery is satisfactory.

Further information can be found at:

https://www.gov.uk/guidance/drug-or-alcohol-misuse-or-dependance-assessing-fitness-to-drive#alcohol-related-disorders
https://www.livernorth.org.uk

A list of all LIVErNORTH leaflets can be found on page 15. If you would like to receive a printed copy of a particular leaflet, please call LIVErNORTH on: 0191 3702961.

Please use the space below for your own notes:

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To watch our YouTube videos on liver disease, treatments and research, scan the QR code >

Glossary of Terms

Ascites	a condition in which fluid collects in spaces within your abdomen
Bilirubin	a yellowish substance made during your body's normal process of breaking down old red blood cells
Cirrhosis	Scarring (fibrosis) of the liver caused by long-term liver damage
Compensated	Compensated patients do not have ascites, variceal haemorrhage, hepatic encephalopathy, or jaundice
CT Scan	A CT scan is a test that takes detailed pictures of the inside of your body.
Decompensated	In decompensated cirrhosis, the liver is not able to perform all its functions adequately
DEXA Scan	A type of X-ray that measures bone mineral density
Diuretics	Medicines that help you move extra fluid and salt out of your body.
Endoscopy	A test to look inside your body using a long, thin tube with a small camera inside
MASLD	Metabolic dysfunction-associated steatotic liver disease
MRI Scan	a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body
Oedema	a build-up of fluid in the body which causes the affected tissue to become swollen
Peritoneal cavity	Contains the liver, gallbladder, spleen, stomach, small and large intestines, ovaries and uterus
Portal Vein/ Hypertension	increased pressure within the portal venous system
Steatotic	fat buildup in an organ (usually your liver)

LIVErNORTH Information Leaflets:

1. Liver Patient Support
2. Accommodation for patients & families
3. Autoimmune Hepatitis (AIH)
4. Alcohol and Liver Disease
5. Looking After Your Liver
6. Primary Biliary Cholangitis (PBC)
7. Coping With Stress
8. Primary Liver Cancer (HCC)
9. You and Your Consultant
10. Primary Sclerosing Cholangitis (PSC)
11. Lifestyle and your Liver (MASLD/NAFLD)
12. Liver Disease
13. Skin Care for Liver Patients
14. Diet and Liver Disease

14a. Nutrition in Liver Disease

15. Hepatitis C (HEPC)
16. Travel Insurance for Liver Patients
17. Hepatitis E (HEPE)
18. Fatigue in Liver Patients/A Patient's Journey
19. Scanning - a short guide *(aka Understanding Tests)*
20. Liver Cirrhosis Self Management Toolkit *
21. Exercise & Osteoporosis in Liver Patients
22. Hepatic Encephalopathy (HE)

23 Our Livers, Our Lives

25 Allowances (DLA & PIP)

26 Compensated Liver Cirrhosis (CLC)

27 Hepatitis B (HEPB)

30 Wellness Walks - several available

* only from your doctor or healthcare professional

To access LIVErNORTH information leaflets:

- **Download from our website:** *(http://www.livernorth.org.uk/pages/factsheet.htm)*
- **Collect from our display boards:** *(Various Hospitals & Clinics)*
- **Email us:** info@livernorth.org.uk
- **Phone/FAX**: 0191 3702961
- **Write to us:** *freepost LIVErNORTH*
- **Scan the QR code here:**

Newcastle Hospitals Cirrhosis Nurse Specialists

Helpline: 0191 2137680

Information Service provided by:
LIVErNORTH
Tel & Helpline: 0191 3702961
Info@livernorth.org.uk
www.livernorth.org.uk
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