BMJ Best Practice

Patient information from BMJ

Last published: Dec 21, 2023

Cirrhosis: what is it?

Cirrhosis is scarring of your liver caused by long-term liver damage. This scarring affects how well your liver works. There is no cure for cirrhosis but treatments can help to stop more damage.

What is cirrhosis?

Your liver does many jobs, including helping with digestion and removing harmful toxins from your body.

If your liver is repeatedly damaged over a long time it can develop scars. This is called cirrhosis. The scars can't be reversed but treatments can often help stop the damage getting any worse. Some people's livers are so badly damaged that they need a liver transplant.

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

- Long-term viral hepatitis (either hepatitis B or hepatitis C)
- Alcoholic liver disease, caused by drinking too much alcohol over many years
- A condition called metabolic dysfunction-associated steatotic liver disease (MASLD), or non-alcoholic fatty-liver disease (NAFLD). Obesity is a common cause of MASLD
- A more serious type of MASLD called metabolic dysfunction-associated steatohepatitis (MASH), or non-alcoholic steatohepatitis (NASH). This is where the liver becomes inflamed (swollen)
- Some medicines and recreational drugs.

Less common causes include inherited conditions, such as:

- Wilson's disease, a condition where too much copper builds up in parts of the body, including the liver. This build-up causes
- Cystic fibrosis, which can damage the lungs and other organs including the liver.

What are the symptoms?

Most people don't have any symptoms in the early stages of liver damage. Symptoms tend to develop later as more of your liver gets scarred and the scarring stops your liver working as well. Symptoms of cirrhosis include:

- Swelling around the abdomen
- Yellowing of your skin and the whites of your eyes. This yellowing is called jaundice
- Very itchy skin
- Vomit that has a consistency (texture) like coffee grounds
- Black stools
- Loss of muscle
- Unexpected weight loss
- Bleeding and bruising more easily than you should. For example, you might have regular nosebleeds
- Memory problems and confusion
- Tiny red lines on your skin. These are small veins (also called spider veins or thread veins) which have become visible due to damage
- Whitening of your fingernails.

If your doctor thinks you may have cirrhosis they will ask you about the symptoms listed above. They will also ask about:

- How much alcohol you drink
- Any illnesses you have had in the past
- Any medicines you are taking now and have taken for long periods in the past
- Any vitamins or other supplements or herbal remedies you have taken for a long time.

Your doctor will also check you for physical signs that might suggest liver problems. For example, bruising, tiny red lines on your skin, or whitening of the fingernails.

You will also need a blood test. This can tell if you have hepatitis as well as other things that can suggest liver problems.

What will happen?

If you are told you have cirrhosis you might need more blood tests to check what has caused the problem and how severe it is. You will also need an **ultrasound scan** to check if your liver is swollen.

Another test you will need is called an **endoscopy**. This is where a small camera is guided down your throat to check for damage in the blood vessels in the oesophagus (the tube that leads from your mouth to your stomach). Damage to the oesophagus is a guide to how severe your cirrhosis is.

Your doctor will want to check how you are doing regularly. So you will need to have blood tests and an ultrasound scan every 6 to 12 months. You might also need to have another endoscopy every year or two. You may also have other types of scans such as computed tomography (CT) or magnetic resonance imaging (MRI) regularly to check whether you are developing any complications.

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Your doctor will advise you about things that can help reduce liver damage. For example, avoiding alcohol, keeping your weight at a healthy level, getting enough exercise, and eating a healthy, balanced diet.

Your doctor will also advise you about **medicines to avoid**, including non-steroidal antiinflammatory drugs (NSAIDs) such as ibuprofen.

You should also try to avoid taking paracetamol too often, and never take more than the dose recommended for you by your doctor. This will be lower than the normal recommended maximum daily dose.

Cirrhosis can be fatal. But this depends on how severe the problem is. People with the most severe disease can get worse very quickly. But most people with the early stages of cirrhosis twho manage to control the progression and slow down the liver damage live for many years. For more information on treatments for cirrhosis see our leaflet *Cirrhosis: what treatments work?*

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