

Cirrhosis with Decompensation

A plain-English guide for you and your family

WHAT IS HAPPENING

Your liver is like the body's factory and filter combined. It cleans toxins from your blood, makes proteins that stop bleeding and carry nutrients, stores energy, and controls how blood flows through your belly. For years, damage from alcohol, hepatitis viruses, fatty liver disease, or the immune system attacking itself can scar the liver bit by bit. At first, the liver keeps working even though it is getting harder and lumpier inside — that is called compensated cirrhosis, and you might not even know it is happening. But eventually the scar tissue gets so thick that blood cannot flow through the liver anymore, like a clogged highway. Pressure builds up in the veins feeding the liver, and that pressure forces blood to find detours through thin, fragile veins in your esophagus and stomach that were never meant to handle heavy traffic. Those veins swell up like overfilled balloons and can burst, causing you to vomit blood or pass black, tarry stool. The backed-up pressure also squeezes fluid out of your blood vessels into your belly, making it swell like a water balloon — that is called fluid buildup in the belly (ascites). At the same time, the scarred liver stops making the proteins and chemicals your body needs. Without enough albumin protein, more fluid leaks out. Without enough clotting factors, you bruise and bleed easily. Without the ability to clean ammonia out of your blood, that poison travels to your brain and makes you confused, sleepy, or even unconscious — that is hepatic encephalopathy. Your kidneys see the low blood flow and think the body is drying out, so they hold onto salt and water and eventually shut down — that is hepatorenal syndrome. And because the liver also helps fight infections, bacteria can grow in the fluid in your belly or in your blood, causing life-threatening infections. When any of these complications happen — bleeding, belly swelling, confusion, kidney failure, or infection — we say the cirrhosis has decompensated. It means the liver has crossed a line and can no longer keep you safe. Every complication needs its own treatment, but the only real cure is a liver transplant or, in rare cases, stopping the damage early enough for the liver to heal a little.

What you might feel

- Fluid building up in the belly (ascites)
- Yellow skin and eyes (jaundice)

- Confusion or sleepiness (hepatic encephalopathy)
- Vomiting blood or black, tarry stools
- Easy bruising or bleeding that won't stop
- Swollen legs and ankles (edema)
- Feeling very tired and weak
- Belly pain or infection of the fluid (spontaneous bacterial peritonitis)
- Loss of appetite and weight loss (muscle wasting)
- Urine output dropping sharply (hepatorenal syndrome)

Call the doctor right away if...

- Confusion, drowsiness, or not waking up easily (suggests toxins are affecting the brain)
- Vomiting blood or black, sticky stools like tar (life-threatening bleeding from swollen veins)
- Fever and belly pain with fluid buildup in the belly (ascites) (possible infection of the fluid in the belly)
- Making very little urine or none at all (kidneys may be failing)
- Trouble breathing or very fast breathing (fluid may be pressing on the lungs or infection is spreading)

What the care team will do

- Check blood pressure, heart rate, and oxygen level every 1 to 2 hours if the patient has bleeding signs; place two large-bore IVs and keep type-and-cross blood ready.
- Monitor mental status every 2 to 4 hours using a simple test; ask the patient to write their name or draw a star, and report any new confusion, sleepiness, or strange behavior immediately.
- Measure and record urine output every hour; notify the provider if urine is less than 30 milliliters per hour or if urine becomes very dark.
- Give lactulose on time and track the number and consistency of bowel movements; adjust the dose to get 2 to 3 soft stools per day.
- Measure belly size at the belly button each day and weigh the patient every morning; report weight gain of more than 2 pounds in one day or trouble breathing.
- Check for fever every 4 hours and assess for new belly pain or tenderness, especially in patients with fluid buildup in the belly (ascites); report fever above 100.4 degrees Fahrenheit or worsening belly pain right away.
- Inspect skin and gums for new bruises, bleeding, or yellow color; check all IV sites and apply pressure for at least 5 minutes after needle sticks.

- Give IV albumin exactly as ordered after large-volume paracentesis or for kidney protection; hang albumin slowly over 2 to 4 hours and watch for fluid overload signs like fast breathing or leg swelling.

Medicines you may be given — and why

Octreotide

Octreotide squeezes the blood vessels going into the stomach and esophagus so less blood flows through them. This lowers the pressure inside the swollen veins (varices) in the food pipe, making them less likely to burst and bleed.

Ceftriaxone

Ceftriaxone kills bacteria that can slip into your bloodstream when you bleed from varices. When you have cirrhosis and bleed, bacteria from your gut can sneak through the gut wall or travel up from the belly fluid (ascites). This antibiotic stops those bacteria before they cause a serious infection (like spontaneous bacterial peritonitis or blood infection), which saves lives.

Propranolol or Carvedilol (nonselective beta-blockers)

These beta-blockers lower the pressure in the portal vein (the big vein that carries blood from your gut to your liver). High pressure in this vein makes the varices swell and burst. By blocking certain signals (beta receptors) in your heart and blood vessels, these drugs slow your heart and widen the blood vessels in your gut, so less blood pushes into the varices.

Lactulose

Lactulose traps ammonia (a toxic waste) in your colon and helps your body get rid of it in your stool. When your liver is scarred, it cannot clean ammonia from your blood. The ammonia builds up and travels to your brain, causing confusion (hepatic encephalopathy). Lactulose lowers the ammonia level by making you have soft, frequent bowel movements that carry the ammonia out.

Rifaximin

Rifaximin kills certain bacteria in your gut that make ammonia. It works alongside lactulose to lower ammonia levels even more. Unlike most antibiotics, rifaximin stays in your intestines and barely enters your bloodstream, so it targets gut bacteria without affecting the rest of your body much.

Albumin (intravenous human albumin)

Albumin is a protein normally made by your liver. When your liver is scarred, it makes less albumin. Low albumin lets fluid leak out of your blood vessels into your belly (ascites) and can

make your kidneys struggle. Giving albumin through an IV pulls fluid back into your blood vessels, supports your blood pressure, and helps your kidneys work better. It is especially important when you have an infection (like spontaneous bacterial peritonitis) or kidney problems (hepatorenal syndrome).

Terlipressin

Terlipressin squeezes blood vessels throughout your body, which raises blood pressure and improves blood flow to your kidneys. In hepatorenal syndrome (when your kidneys fail because of cirrhosis), the blood vessels in your gut are too relaxed and blood pools there, leaving your kidneys starved. Terlipressin redirects blood flow so your kidneys get enough to start working again.

Norepinephrine

Norepinephrine tightens blood vessels and raises blood pressure. In hepatorenal syndrome, your blood pressure is too low and your kidneys shut down. Norepinephrine (often combined with albumin) squeezes the blood vessels, lifts your blood pressure, and pushes more blood to your kidneys so they can start filtering again.

Furosemide

Furosemide tells your kidneys to dump extra salt and water into your urine. In cirrhosis, fluid builds up in your belly (ascites) and legs (edema) because your body holds onto salt. Furosemide helps you pee out that extra fluid, shrinking the swelling.

Spironolactone

Spironolactone blocks aldosterone, a hormone that tells your kidneys to hold onto salt and water. In cirrhosis, aldosterone levels are high, causing fluid to pile up in your belly and legs. Spironolactone stops that signal, so your kidneys release salt and water without losing potassium.

Where this information comes from

- AASLD (American Association for the Study of Liver Diseases) Practice Guidance on Decompensated Cirrhosis 2021
- Hepatology journal consensus guidelines
- EASL (European Association for the Study of the Liver) Clinical Practice Guidelines

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