

## CIRRHOSIS

**Cirrhosis** is severe scarring of the liver and can be diagnosed with ultrasound or CT or with clinical signs (e.g. presence of spider naevi). Suspicious U/S results may include nodular outline and/or signs of portal hypertension (splenomegaly, varices or ascites).

- Patient presents with new or persistent deranged Liver Function tests and may have history of:
  - Alcohol abuse/dependence
  - Hepatitis C
  - Hepatitis B
  - Diabetes and Obesity
- May or may not also have non-specific symptoms of pain and lethargy
- Thrombocytopaenia may be an early predictor of cirrhosis/portal hypertension

### Information Required

- presence of red flags
- date of diagnosis
- treatment to date/ ultrasound results

### Investigations Required

- Abdominal ultrasound, FBE, ELU, LFTs, INR,
- Hepatitis B & C serology, iron studies, ceruloplasmin, Alfa1AT, ANA, SMA, AMA, IgG, Glucose, insulin (FASTING)

**Fax Referrals to** Flinders Liver Clinic    Fax: 8204 3943

### Red Flags

- 🚩 Liver dysfunction (↑ bilirubin, ↑INR, ↓albumin)
- 🚩 Liver lesion on ultrasound
- 🚩 New finding of osteoporosis
- 🚩 New onset or increased ascites or peripheral oedema
- 🚩 Weight loss/malnutrition

### Indications for hospital admission

- 🚩 GI Bleed
- 🚩 Confusion/drowsiness
- 🚩 Unexplained fever with abdominal pain
- 🚩 Jaundice
- 🚩 Severe shortness of breath with increased abdominal distension

## Suggested GP Management

### Diagnosis/screening:

- Abdominal ultrasound
- Liver Function Tests

### GP Management 3-6 monthly for stable (compensated) patients:

- Baseline clinical assessment, physical examination, initial investigations (FBE, E/LFTs, INR), weight, alcohol use, Pulse rate if on propranolol (target 25 % reduction or < 55bpm)
- 6 monthly Hepatoma screening with upper abdominal ultrasound
- 2-yearly osteoporosis screening with bone density scan
- Review alcohol use (aim for abstinence)

- Monitor weight for fluid and nutrition status.
  - Variceal screening by the Liver Failure Program
- GP Support for managing unstable (decompensated) patients through the Liver Failure Program:** Hepatology consultants and Chronic Liver Disease Nurses are based at Flinders Medical Centre and available to assist GPs with any enquiries and can be contacted via FMC switchboard. Nursing staff can be contacted during business hours on the numbers below:
- Rosemary McCormick**  
[Rosemary.mccormick2@health.sa.gov.au](mailto:Rosemary.mccormick2@health.sa.gov.au) and  
**Rachel Wundke** [Rachel.wundke@health.sa.gov.au](mailto:Rachel.wundke@health.sa.gov.au)
- Phone: 8204 6989 If urgent please call 8204 5511 and ask the switchboard to page 38467

## Clinical Resources

- GESA (Gastrointestinal Society of Australia) <http://www.gesa.org.au/>
- AASLD (American Association for the Study of Liver) Disease <http://www.aasld.org>
- EASL (European Association for the Study of Liver)

**Action plans for Cirrhosis** (general), [Nutrition](#), [Ascites](#) and [Hepatic Encephalopathy](#) are embedded in this document.

General Information to assist with referrals and the and Referral templates for FMC are available to download from the SALHN Outpatient Services website [www.sahealth.sa.gov.au/SALHNoutpatients](http://www.sahealth.sa.gov.au/SALHNoutpatients)

Version	Date from	Date to	Amendment
1.0	September 2013	June 2015	Original
2.0	November 2017	November 2019	Reviewed in 2017 – nil changes