



Liver cirrhosis

Scarring of the liver: causes, care and warning signs

PE-GIC-08

Cirrhosis is advanced scarring of the liver. Treating the cause, regular monitoring for complications and good nutrition can slow or stop progression, and early stages may partly improve. Know the warning signs that need urgent care.

What is it?

Cirrhosis develops when long-term liver injury causes healthy tissue to be replaced by scar tissue. Blood flow through the liver becomes restricted and liver function falls. Many people have no symptoms for years (compensated cirrhosis). Complications appear when the liver can no longer cope (decompensated cirrhosis).

Common causes

- Fatty liver disease linked to excess weight, diabetes and raised cholesterol (MASLD)
- Chronic hepatitis B or hepatitis C infection
- Alcohol
- Autoimmune liver diseases (autoimmune hepatitis, primary biliary cholangitis, primary sclerosing cholangitis)
- Inherited conditions, such as iron overload or Wilson disease
- Some medicines and herbal products

Symptoms

- Early: often none; sometimes tiredness, poor appetite, weight loss
- Later: yellow eyes or skin (jaundice), swelling of the abdomen (ascites) or legs, easy bruising, itching
- Muscle loss
- Confusion, drowsiness or day-night reversal (hepatic encephalopathy)

- Vomiting blood or black stools from bleeding enlarged veins (varices)

Tests and monitoring

- Blood tests of liver function, blood count and clotting
- Ultrasound and liver stiffness scans (FibroScan)
- Gastroscopy to look for varices, if advised by your team; if large, they are treated with medicines or banding
- Liver cancer surveillance: an ultrasound every six months, sometimes with a blood test, because cirrhosis increases this risk and early detection allows treatment

Treatment and self-care

- Treat the cause: antiviral treatment for hepatitis B and C, weight loss and diabetes control for fatty liver, complete avoidance of alcohol
- Do not restrict protein; you need about 1.2 to 1.5 g per kg of body weight daily to protect your muscles
- Avoid long periods without food; have a late-evening snack such as laban with bread or oats
- If you have fluid build-up, use moderate salt: no added salt at the table and fewer pickles and processed foods, but do not cut salt out completely
- Avoid anti-inflammatory painkillers (ibuprofen, diclofenac). Paracetamol is usually safe at reduced doses, often no more than 2 g a day; check with your doctor
- Avoid herbal remedies and supplements not prescribed by your doctor
- Avoid sleeping tablets, sedatives and opioid painkillers unless your liver team approves them; they can trigger confusion
- Avoid raw shellfish and raw seafood, which can cause serious infection in people with cirrhosis
- Vaccinations: hepatitis A and B (if not immune), influenza and pneumococcal
- Take medicines as prescribed, such as beta blockers for varices or lactulose to prevent confusion; adjust lactulose to have two to three soft stools a day

Liver transplant

For advanced cirrhosis, a liver transplant can be life-saving. Your team will discuss referral if it becomes appropriate.

Get urgent medical care if you have

- Vomiting blood or black, tarry stools
- Confusion, unusual sleepiness or behaviour change
- Fever, especially with abdominal pain or swelling
- Rapidly increasing abdominal swelling or shortness of breath
- Deepening jaundice
- Passing very little urine

Common questions

Can cirrhosis be reversed?

Established scarring usually does not fully reverse, but treating the cause can stop progression and sometimes improve the liver, particularly in earlier stages.

Are herbal 'liver cleanses' helpful?

No. Some herbal products cause liver injury. Use only what your doctor prescribes.

Should my family be tested?

If your cirrhosis is due to hepatitis B, close family members should be tested and vaccinated. For inherited conditions, your doctor will advise on family screening.

This leaflet is general information and does not replace advice from your own doctor. Version 1.0, October 2026. Next review October 2028.

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