

## **MANAGING YOUR ASCITES**

### **What Is Ascites?**

Ascites is the disorder in which too much fluid accumulates in the peritoneal cavity. This cavity is the space between tissues lining the abdomen (belly) and the abdominal organs. Half of people with cirrhosis have ascites within 10 years of diagnosis.

### **What Causes Ascites?**

Ascites is the most common complication of cirrhosis (chronic liver disease). High pressure in the liver and a lower level of the protein called albumin lead to changes in a pressure difference (gradient). The pressure difference is an imbalance between high pressure inside the liver and low pressure outside, in the abdomen. These changes cause more fluid to flow and accumulate in the abdomen. Other causes include cancer, congestive heart failure, tuberculosis, and inflammation of the pancreas (pancreatitis). Ascites can also be seen with hepatitis and kidney dialysis.

### **What Are the Symptoms of Ascites?**

Symptoms include a very bloated abdomen, bulging flanks, swollen legs, and signs of liver cirrhosis if the ascites is due to cirrhosis. These signs are spider veins, jaundice (yellow skin), loss of body hair, muscle wasting, bruising, larger male breasts, small testes, and hemorrhoids.

### **How Is Ascites Diagnosed?**

The health care provider makes a diagnosis from the medical history and physical examination. Laboratory tests can rule out similar diseases and look for a cause. The health care provider may

want abdominal ultrasonography or computed tomography (CT). Specialists that may be consulted include liver specialists, gastroenterologists, infectious disease, and surgeons.

Special tests such as paracentesis, liver biopsy, and endoscopy of the upper gastrointestinal tract may be needed if the cause of the ascites is unclear. In paracentesis, a thin needle and catheter (tube) are used to remove abdominal fluid. In a liver biopsy, the doctor takes a small piece of tissue for study. Endoscopy involves putting a lighted tube into the mouth and down the esophagus.

People with ascites should be asked about risk factors for liver disease. These include long-term heavy alcohol or intravenous drug use, chronic viral hepatitis, multiple sex partners, homosexual activity, blood transfusions, and tattoos.

### **How Is Ascites Treated?**

The main treatment is limiting sodium intake and fluids. The maximum sodium intake is generally 1500 mg per day. People with low blood sodium levels should limit fluid intake to about 34 ounces per day. Alcohol should be avoided. People with ascites but no complications may be treated as outpatients. In severe cases, people may be hospitalized for paracentesis or therapy with diuretics (spironolactone and furosemide). They may need repeated large-volume paracentesis and infusion of albumin. In some cases, surgery may be necessary. It consists of placement of a transjugular intrahepatic portosystemic shunt (TIPS). TIPS reduces liver pressure by taking blood through another path around the liver.

### **DOs and DON'Ts in Managing Ascites**

- ✓ **DO** follow strict salt and fluid restrictions as suggested by your health care provider.
- ✓ **DO** learn about your condition so you can tell when treatment isn't working.

- ⊗ **DON'T** ignore symptoms. Call your health care provider if your symptoms don't improve or they worsen with treatment. Call if you get new symptoms.
- ⊗ **DON'T** stop taking your medicine or change the dosage because you feel better unless your health care provider says to.
- ⊗ **DON'T** use any medicines (including over-the-counter and herbal products) without first asking your health care provider.

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FOR MORE INFORMATION

Contact the following sources:

- American College of Gastroenterologists: Tel: (703) 820-7400; Website:  
<http://www.acg.gi.org>
- American College of Surgeons: Tel: (800) 621-4111; Website: <http://www.facs.org>

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