Ascites in a patient with cirrhosis

General management

Does the patient need to be worked up for liver transplantation?

- This patient has decompensated cirrhosis. Consider consulting a liver specialist to discuss management advice and potential transplant candidacy

Tips for advising sodium restriction ≤2 grams/day

- Be aware that this reduces diet palatability and intake. Consult a dietitian and provide resources See more info on the Nutrition Therapy page
- In hospitalized patients, beware of hidden sodium present in intravenous fluids

Intravenous fluids	Salt content
0.9% NaCl	3.54g Na/L
Ringers lactate	2.99g Na/L
0.45% NaCl/D5W	1.77 g Na/L
Albumin 25%	2.99-3.68 g Na/L
Albumin 5%	2.99-3.68 g Na/L

Hold meds that predispose to fluid retention/renal dysfunction

For example: NSAIDs, aminoglycosides, angiotensin-converting-enzyme inhibitors, angiotensin II antagonists or α1-adrenergic receptor blockers

There is no need for fluid restriction for ascites management unless the patient also has hyponatremia that is severe or sudden or sodium is ≤125 mmol/L and not responding to etiologic management (e.g., holding diuretics) See the hyponatremia page for more info

What to do with Non-selective beta blockers (NSBB) in Refractory ascites?

In patients with Refractory ascites and (i) systolic blood pressure <90 mmHg or sCr>133 umol/L or (iii) sodium<130 mmol/L reduce or temporarily discontinue NSBBs

Patients with ascites can be on carvedilol but it should be used with caution (it has a greater blood pressure reducing effect than nadolol or propanolol)

Start diuretics and/or consider TIPS - see algorithm below