



# Hydrothorax 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 $\leq 2$ 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](#)

- For 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  $\alpha$ -adrenergic receptor blockers

**There is no need to use fluid restriction for hepatic hydrothorax management unless the patient also has hyponatremia that is severe or sudden or sodium  $\leq 125$ mmol/L and without response to etiologic management (e.g. holding diuretics)**

[See the hyponatremia page for more info](#)

**Start diuretics and/or consider TIPS - see algorithm below**