

Presentation with ascites

Medical history/Clinical examination
Laboratory investigations/Full liver screen
Abdominal imaging

Diagnostic tap
(WBC, neutrophils, protein, albumin,
SAAG, cytology, cultures)

Preferred location for a tap/paracentesis is the right or left lower quadrant, 3 cm cephalad and 3 cm medial to the anterior superior iliac spine.

Cirrhosis confirmed

Consider aetiological treatment
Stop ACE inhibitors/NSAIDs
Moderate salt restriction

Neutrophil count $>250/\text{mm}^3$
then SBP diagnosed

Empirical treatment: 5-day antibiotics
(cefotaxime if community acquired, according to the local microbiological resistance profile if nosocomial)
Albumin infusions, 1.5 g/kg on day 1, 1 g/kg on day 3
Re-tap on day 3 to assess response
On secondary prophylaxis thereafter

Start spironolactone 100 mg
 \pm furosemide 40 mg OD

Monotherapy in new presentation
of mild/moderate ascites,
combination in recurrence

Increase by 100/40 mg weekly up to 400/160 mg

Watch for side effects (AKI, electrolyte disturbances, encephalopathy, cramps)

If no response or side effects:
diuretic resistant/refractory ascites

Use beta-blockers judiciously to avoid hypotension and renal impairment

Large volume paracentesis
(large, diuretic resistant, refractory ascites)

Supplement 8 g of albumin for every liter removed at > 5l paracentesis volume

Consider TIPSS and/or liver transplantation

Consider trials (such as alpha-pump) if ineligible for TIPS or transplantation