

**Q1: What is liver cirrhosis?**

A: Liver cirrhosis is scarring of the liver caused by long-term damage. It replaces healthy liver cells with stiff scar tissue, leading to liver dysfunction.

**Q2: What are the common causes of liver cirrhosis?**

A: The main causes include chronic hepatitis B and C infections, long-term alcohol consumption, fatty liver disease (linked to obesity and diabetes), autoimmune hepatitis, certain medications, and environmental toxins.

**Q3: Why is cirrhosis dangerous?**

A: Cirrhosis hardens the liver, making blood flow difficult, leading to complications like portal hypertension, internal bleeding, liver failure, and toxin buildup in the body.

**Q4: What are the symptoms of liver cirrhosis?**

A: Early-stage (compensated) cirrhosis may have no symptoms. In later stages (decompensated), symptoms include fatigue, poor appetite, jaundice, confusion (encephalopathy), swollen belly (ascites), and internal bleeding (varices).

**Q5: What is hepatic encephalopathy?**

A: It is a condition where toxins (like ammonia) build up in the brain due to poor liver function, causing confusion, poor sleep, mood changes, and in severe cases, coma.

**Q6: What are varices, and why are they dangerous?**

A: Varices are swollen veins in the esophagus or stomach due to high blood pressure in the liver. They can rupture and cause life-threatening bleeding.

**Q7: What should I do if I vomit blood or notice black, tarry stools?**

A: This is a medical emergency. Go to the hospital immediately, as it may indicate variceal bleeding.

**Q8: How can liver cirrhosis be managed?**

A: While cirrhosis is irreversible, its progression can be slowed by avoiding alcohol, maintaining a healthy diet, taking prescribed medications, and undergoing regular liver cancer screenings.

**Q9: What diet should someone with cirrhosis follow?**

A: A high-protein, low-sodium diet is recommended to maintain muscle mass and reduce fluid buildup (ascites). Frequent small meals help prevent muscle loss.

**Q10: What medications are commonly used for cirrhosis management?**

A:

- **Lactulose & Rifaximin** – Prevent encephalopathy
- **Diuretics (Spironolactone, Furosemide)** – Reduce fluid buildup
- **Beta-blockers (Propranolol, Nadolol)** – Lower variceal bleeding risk
- **Vitamin D & Calcium** – Support bone health

**Q11: When is a liver transplant needed?**

A: A transplant is considered in severe cases where the liver can no longer function properly despite treatment.

**Q12: How can I prevent liver cirrhosis?**

A: Avoid excessive alcohol, get vaccinated for hepatitis, maintain a healthy weight, eat a balanced diet, and follow up with regular liver check-ups.

**Q13: Can cirrhosis be reversed?**

A: Early damage can improve if the underlying cause is treated (e.g., stopping alcohol or treating hepatitis), but advanced cirrhosis is irreversible.