

This factsheet is about ascites

Ascites is the medical term used to describe the build-up of fluid within the abdomen. It is normal to have a small amount of fluid in the abdomen, which is continuously produced and absorbed. When there is an imbalance in this process, fluid can accumulate. Ascites can be caused by a wide range of conditions including liver disease and cancer.

Causes of ascites

The most common cause of ascites is people with liver cirrhosis (scarring), which makes up about 75% of cases. The main causes of liver cirrhosis include excessive alcohol intake and viral hepatitis (long term viral infection of the liver). For about 15% of people with ascites, the underlying cause is found to be cancer. These include cancer of the stomach, bowel and ovary. It can also be caused by other cancers which have spread to the liver or into the abdomen. Other, rarer causes of ascites include heart failure, inflammation of the pancreas, underactive thyroid and kidney problems.

What are the usual symptoms?

The main symptom a person with ascites will notice is an increase in the size of their abdomen. Clothes may become tight and belt size may need to increase: it should be stressed that ascites is not a common cause of abdominal distension. If the volume of fluid becomes very large, it can be uncomfortable and can make the abdomen feel very 'heavy'. Some people may try to adjust the way they stand or walk due to the increased abdominal size and a change in posture may be seen. Weight gain caused by the additional fluid may lead to decreased mobility.

The build-up of fluid may put pressure on the bowel making the person want to eat less, become constipated or experience a burning pain in the centre of the chest (indigestion). Nausea (feeling sick) and vomiting (being sick) can also occur. There may be an increase in pressure on the lungs or sometimes build-up of fluid in the lungs, causing one to become more short of breath than usual, especially when lying flat.

How is ascites diagnosed?

The presence of ascites can be determined by examination and is usually confirmed by performing an ultrasound scan of the abdomen. This can detect the presence of fluid as well as give information about how much fluid there is and important information about the internal organs, especially the liver. Blood tests will be needed to try and find the cause of the ascites. Further scans, may also be necessary. In addition, a sample of the fluid may also be taken to find the cause. This is carried out using a small needle and usually causes only mild discomfort.

What impact can ascites have?

The presence of ascites can impact a person in many ways. These include the symptoms caused by the fluid itself, complications of its treatment and its overall impact on general wellbeing. If a large amount of fluid builds up, the abdomen can become tense and uncomfortable. Fluid build-up should prompt a visit to the doctor who may recommend a change in treatment or drainage of the fluid.

A potentially dangerous complication to be aware of is infection within the fluid. If this develops it can cause fever, confusion and make people feel very unwell. If these symptoms occur, it is important to see a doctor straight away. Medications used to reduce the fluid can cause changes in salt and potassium levels which can be dangerous. They can also affect kidney function, so it is important to have regular blood tests.

Ascites can affect appearance because the abdomen can look much bigger than normal, leading to social embarrassment and a reluctance of going out in public.

What treatments are available for ascites?

Ascites can be treated in various ways, including lifestyle and diet changes as well as medication and medical procedures. All patients with ascites due to cirrhosis are advised to minimize or stop drinking alcohol. This can help with the fluid build-up and improve response to medications. A low-salt diet is also very important so you may be seen by a dietitian to discuss this. Many foods contain more salt than might be expected, so check salt content of food and do not add it to your meals. In some mild cases, reducing salt intake is enough to control the development of ascites

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alone. However, if this fails or the volume of ascites is more significant, medications called diuretics ('water tablets'), may be necessary. These work by removing excess fluid, partly by increasing the amount of urine the body produces.

Unfortunately, some people may not respond to simple measures and medications, which means the fluid will continue to build up. In this situation a medical procedure called paracentesis (also known as an 'ascitic drain') can be performed. This involves numbing the skin on the side of abdomen, then inserting a small tube into the abdominal cavity to drain the fluid that has collected. The tube is then removed after several hours once the fluid has drained. If the fluid re-accumulates, this procedure may need to be repeated.

Some people may have 'refractory ascites'. This means that there is no response to low-salt diet, medications, there are side effects from medications, or frequent drainage (paracentesis) is needed. Treatment options in this situation include a radiological (x-ray guided) procedure to blood vessels in the liver (called a 'transjugular intrahepatic portosystemic shunt' or 'TIPSS') or, rarely, liver transplantation.

Does ascites need to be monitored and, if so, how?

Yes, ascites does need to be monitored. Regular measurements of weight and abdominal size are useful ways to monitor the volume of fluid. Rapid weight changes can indicate fluid loss or gain. If the weight is changing very quickly you may need to see a doctor for a check-up. Whilst taking diuretic medication, it is important to have regular blood tests to monitor salt levels and kidney function, as diuretics can affect how the kidneys work. If diuretics have only just been started, these blood tests will occur more frequently until the body is used to the medication.

How does ascites behave over time?

What happens with ascites depends on the underlying cause. The majority of cases of ascites caused by cirrhosis will respond to treatment. However, some cases will not respond to medication or dietary changes and may continually re-accumulate. In which case repeated drainage of the fluid may become necessary.

What to ask your doctor when you see them?

Here are a few questions which you may like to ask: Do I need to specifically avoid any foods? Do I see a dietician or is there a diet sheet? Does ascites mean my condition is worsening? Does the fluid need to be drained? What specific symptoms should I look for to know if drainage is needed? Are there any medicines I can take? Do the medicines have any side effects? Who can support me when I am at home?

What more research needs to be done on ascites?

Further research is necessary to find new medications that are effective at reducing ascites and clinical trials of potential candidates are ongoing. In addition, research in to cirrhosis and spread of cancers will have an impact on what we know about controlling ascites.

For more information about research in this area please contact Core.

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