Fact sheet

Central Adelaide Gastroenterology and Hepatology Services

Clinical Information Sheet

Cirrhosis/ liver failure	Clinical Presentation/syndrome
Eligibility	Those with clinical/ biochemical or radiological suspicion of liver failure or cirrhosis
Priority and how to access services	 Urgent referral should be considered in these patients Persistent/ refractory symptoms of liver failure (Ascites/encephalopathy/jaundice) Suspicion of hepatocellular carcinoma Recent variceal bleed (or suspicious of) Derangement of synthetic function
Information required with referral	 Information related to how suspicion was raised with regards to possibility of liver failure/ cirrhosis (blood test and/or imaging) Possible aetiology of chronic liver disease (including detail alcohol history and BMI) Past medical history Medication list (past and present) Family history Any previous biochemistry and liver imaging
Investigations required with referral	CBE, LFTs, INR Alpha-fetoprotein Hepatitis serology (HBV S Ag, HCV A/B) Caeruloplasmin/ A1 Antitrypsin/ Iron studies/ ANA/ Total IgG level/ Fasting lipids and BSL Liver/biliary tree ultrasound (within 6 months)

For more information

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