

Table II. Management of patients with ascites and cirrhosis

Patient Group	Management
Patients with cirrhosis and moderate volume (grade 2) ascites	Start with a low-sodium diet (2 g of salt/ day), spironolactone (50-100 mg/day), and furosemide 20-40 mg/day; to reach weight loss goal: 300-500 g/day. If needed, doses to be increased every 5-7 days to up to 400 mg/day of spironolactone and 160 mg/day of furosemide.
Patients with cirrhosis and large-volume (grade 3) ascites	Total paracentesis plus intravenous albumin (8 g per liter of ascites removed) followed by a low-sodium diet and diuretics as outlined above.
Patients with refractory ascites	Total paracentesis plus intravenous albumin can be performed as needed. Consider use of TIPS in patients without severely impaired hepatic function, aged <70 yrs, with no hepatic encephalopathy or severe cardiopulmonary disease, who require very frequent paracentesis, or in whom ascites cannot be adequately eliminated by paracentesis.