**The Management of Ascites and Hepatorenal Syndrome**

**A Continuing Medical Education Seminar for Physicians and Advance-Practice Providers**

**Seminar Agenda**

* How cirrhosis can lead to portal hypertension, ascites, kidney disease and hepatorenal syndrome
* The diagnosis and treatment of ascites
* Paracentesis, Reduced sodium, and TIPS
* The importance of Albumin infusion in serial paracentesis for refractory ascites
* Transjugular intrahepatic portosystemic shunt (TIPS) – candidates, procedures, and risk.
* When advancing cirrhosis impairs kidney function and confirming HRS
* Hepatorenal Syndrome: The incidence and disease progression
* The management of acute kidney infection and advancing HRS
* Pharmacology updates on HRS and Ascites treatment
* Terlipressin and Norepinephrine: Mechanism of Action, Potency and Method of Administration – Is this the state-of-the-art of HRS Therapy?
* The importance of the CONFIRM trials
* When does liver transplant become an option? And how early to consider it
* The role of primary care clinicians in the early diagnosis and treatment of cirrhosis and hepatorenal syndrome

**LEARNING OBJECTIVES**

Following this educational program, participants should be able to:

* Describe the causes, symptoms, and treatment for ascites
* Advice patients of the dangers of cirrhosis and the importance of fluid management
* Develop realistic sodium reduction approaches for patients with mild ascites
* Evaluate the benefits vs risks of a TIPS procedure
* Know how liver disease impacts kidney health and the warning signs of HRS
* Differentiate between Type 1 and Type 2 HRS
* Explain how Hepatorenal Syndrome advances and can lead to renal failure
* Investigate the benefits and risks of various HRS treatment approaches
* Evaluate transplant options during HRS patient management
* Advise patients and their families on the most efficacious therapies for Hepatorenal

Syndrome to minimize further damage to the liver and kidneys