



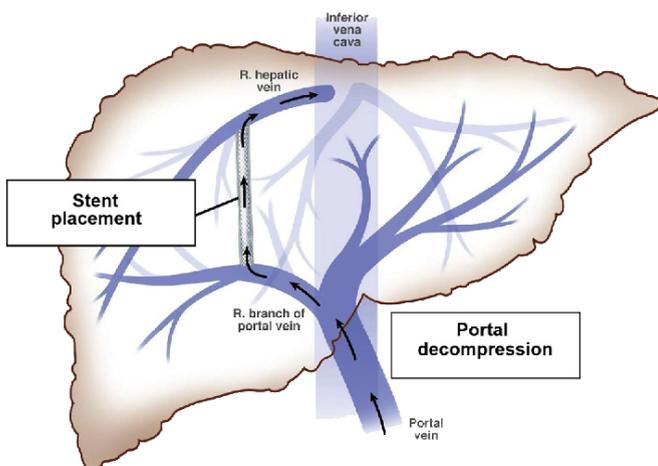
PATIENT INFORMATION

TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS)

This leaflet tells you about having a transjugular intrahepatic portosystemic shunt (TIPS). It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions. If you have any questions about the procedure please ask the doctor who has referred you or the department which is going to perform it.

WHAT IS A TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT?

A transjugular intrahepatic portosystemic shunt (TIPS) is a procedure that creates an internal 'bypass' between the vein supplying the liver (portal vein) and the veins draining the liver (hepatic veins).



WHY DO YOU NEED A TIPS?

Patients with liver disease can have complications, such as bleeding from distended veins in the gullet (varices) and fluid collection (ascites), due to an increase in the blood pressure in the portal vein. The TIPS procedure treats these complications by reducing the blood pressure in the portal vein.

The doctors looking after you will have been treating your varices or ascites by other means. They have decided these other methods of treatment are no longer effective and the best treatment for you now is a TIPS.

ARE THERE ANY RISKS?

TIPS is generally a safe procedure, but as with any medical procedure there are some risks and complications that can arise. The risks of having a TIPS are low (1–2%). The main risk is bleeding. This may require a blood transfusion or, very rarely, an additional X-ray guided procedure to identify and treat the bleeding site. After the procedure, you may experience some shortness of breath. This can be treated with a short course of water tablets. If the TIPS has been placed to treat ascites, you may find that you pass increased amounts of urine for the first 24–48 hours. This is a good sign suggesting that the TIPS has worked. You may, however, require a drip if you are unable to drink enough to replace the excess urine you are producing.

Occasionally, the bypass effect of the TIPS can potentially cause deterioration in your liver function. This is often transient. You may become a little confused. This is often treated successfully by altering your diet and medication. Very occasionally, these measures may not work and you may require a further procedure to reduce the amount of blood flowing through the TIPS or to block the TIPS to resolve the liver function or confusion.

WHO HAS MADE THE DECISION?

The consultants who are looking after you, usually a hepatologist or hepatobiliary surgeon, and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option. You will also be able to discuss the procedure with the interventional radiologist beforehand and you can, if you wish, decide not to go ahead with this treatment when you have considered all the alternatives.

ARE YOU REQUIRED TO MAKE ANY SPECIAL PREPARATIONS?

You need to be an inpatient for the procedure. You may be asked not to eat for four hours before the procedure, although you may still drink clear fluids such as water. If you have any allergies or have previously had a reaction to the dye (contrast agent), you must tell the radiology staff before you have the test.

If your blood clotting is abnormal, you may be given special blood transfusions to try and correct this. If you have any concerns about having blood transfusions, you should discuss these with your doctor.

WHO WILL YOU SEE?

A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

WHERE WILL THE PROCEDURE TAKE PLACE?

In the angiography suite or theatre; this is usually located within the radiology department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

WHAT HAPPENS DURING TIPS?

The interventional radiologist will explain the procedure and ask you to sign a consent form. Please feel free to ask any questions that you may have and, remember that even at this stage, you can decide against going ahead with the procedure if you so wish.

A TIPS is commonly performed under a general anaesthetic, although in some hospitals it may be performed with local anaesthetic and sedation. You should discuss the type of an anaesthetic you will be having with your doctors.

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm.

Once you are asleep, or the skin in the neck has been numbed, a small tube (catheter) is inserted into the vein at the side of the neck. X-ray equipment is used to guide the catheter into the hepatic vein in the liver. A needle is then used to create a track between the hepatic vein and portal vein, through the liver. Once the track has been made, it is kept open by placing a metal tube, called a stent, to hold the track open.

WILL IT HURT?

At the end of the procedure, once you are awake, you may be sore at the side of your neck, but this will resolve over a few days.

HOW LONG WILL IT TAKE?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about two to three hours.

WHAT HAPPENS AFTERWARDS?

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. You will normally be discharged after 24–48 hours.

FINALLY

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

CONTACT

British Society of Interventional Radiology
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LEGAL NOTICE

This leaflet has been prepared by the British Society of Interventional Radiology (BSIR) and the Clinical Radiology Patients' Liaison Group (CRPLG) of The Royal College of Radiologists. Approved by the Board of the Faculty of Clinical Radiology: 25 February 2020

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