

ASCENSION ST VINCENTS

TIPS PLACEMENT & REVISION PATIENT HANDOUT

Radiologist who performed your procedure:

TIPS Placement Procedure Description:

- Image-guided TIPS placement is a procedure performed to reduce high blood pressure in the veins of the liver (portal hypertension). It is most commonly used to treat complications such as variceal bleeding or fluid buildup in the abdomen (ascites) that have not responded well to medical therapy.
- During the procedure, a radiologist uses X-ray and ultrasound imaging to guide a small catheter into a vein in the neck (jugular vein) and through the blood vessels to the liver. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. A small channel (shunt) is created within the liver between the portal vein and a hepatic vein, and a metal stent is placed to keep this pathway open. This allows blood to flow more easily through the liver and lowers pressure in the portal system. After the procedure, the catheter is removed and pressure is applied to the neck access site. A bandage is placed over the area.
- The procedure usually takes 1-2 hours (sometimes longer). You will then be observed for a period of time to monitor for any complications.
- All outpatients are admitted to the hospital overnight for observation and usually go home the next day.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.
- Follow-up ultrasound or other imaging is typically performed to monitor TIPS function over time.

TIPS Revision Procedure Description:

- Image-guided TIPS revision is performed when an existing TIPS becomes narrowed or blocked or is not working effectively.
- During the procedure, a radiologist uses X-ray and ultrasound imaging to guide a small catheter into a vein in the neck (jugular vein) and through the blood vessels to the liver. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. The radiologist evaluates the existing shunt and uses techniques (balloons, stents, medication) to restore flow within the shunt. After the procedure, the catheter is removed and pressure is applied to the neck access site. A bandage is placed over the area.
- The procedure usually takes 1-2 hours (sometimes longer). You will then be observed for a period of time to monitor for any complications.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.
- Follow-up ultrasound or other imaging is typically performed to monitor TIPS function over time.

Benefits:

- Helps reduce high blood pressure in the veins of the liver (portal hypertension).
- Can control or prevent bleeding from esophageal or gastric varices.
- May reduce fluid buildup in the abdomen (ascites).
- Imaging allows the radiologist to precisely create or restore flow through the shunt.

- Minimally invasive alternative to surgery in select patients.
- Revision procedures can restore function of an existing TIPS without major surgery.
- May improve symptoms and quality of life.
- Most patients tolerate the procedure well.

Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain can occur but is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment (such as hospital admission, blood transfusion, or an additional procedure or surgery) can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby organs, bowel, blood vessels, or nerves can occur but is uncommon.
- Narrowing or blockage of the TIPS can occur over time and may require revision.
- Hepatic encephalopathy (confusion, sleepiness, or changes in thinking due to altered blood flow through the liver) can occur and may require medication or dietary changes.
- Worsening liver function can occur.
- Kidney function can worsen, particularly in patients with advanced liver disease.
- Irregular heart rhythm can occur briefly while instruments pass near the heart and usually resolves on its own.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

Alternatives:

- Medical management (such as diuretics, beta blockers, lactulose, or other medications), depending on symptoms and underlying liver disease.
- Endoscopic treatment of varices (such as banding or sclerotherapy) for bleeding in select cases.
- Repeated paracentesis for management of ascites in some patients.
- Surgical shunt procedures in rare situations.
- Liver transplantation evaluation in appropriate candidates with advanced liver disease.
- Some patients choose no further treatment; however, this may allow symptoms or complications of portal hypertension to worsen and is generally not recommended.

Aftercare:

- A bandage will be applied over the procedure site. Skin glue may also be applied. Do not pick off the glue—allow it to flake off on its own over several days.
- You may shower and allow water to flow over the site 24 hours after your procedure; however, do not submerge the site in water (bath, pool, hot tub, or ocean) until it has healed.
- If you were provided with an ice pack, apply it to the site periodically for 15–30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.

- Avoid strenuous physical activity for at least 1 week after your procedure. Then gradually increase your activity level as tolerated.
- It is normal to experience pain and bruising after your procedure. You may take acetaminophen (Tylenol) for the first 24 hours. After 24 hours, you may switch to aspirin, ibuprofen (Motrin), or naproxen (Aleve) if acetaminophen does not adequately control your pain.
- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications; significant pain or swelling at the procedure site; signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever); shortness of breath and/or chest pain worse than normal for you; dizziness or lightheadedness when standing; or a faster-than-normal heart rate. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.