



Transjugular Intrahepatic Portosystemic Shunt (TIPS)

TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS)

The following information is a brief description of the Transjugular Intrahepatic Portosystemic Shunt (TIPS) procedure. If you have any questions after reading this information, please speak with your nurse.

WHAT IS A TIPS PROCEDURE?

TIPS is a non-surgical invasive radiological procedure done to help correct blood flow problems in the liver which can occur in advanced liver disease. The procedure is done via a catheter (a thin tube) through a small incision in the right neck (jugular vein) area. The right groin area (femoral artery) may be used if needed. This procedure is done by a specially trained doctor known as an interventional radiologist.

WHY IS THE PROCEDURE DONE?

TIPS can help correct the symptoms related to a condition known as portal hypertension, which occurs when the normal blood flow through the blood vessels in the liver is slowed or blocked by scarring or other damage. The scarring or damage is caused by liver diseases such as hepatitis or cirrhosis. Portal hypertension can cause such problems as ascites (fluid around the area of the stomach), bleeding from the blood vessels (varices) and mental changes.

TIPS can also be used as a temporary measure for patients awaiting liver transplantation. Patients too ill for major surgery may still be candidates for this procedure.



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WHERE IS THE PROCEDURE DONE?

Vascular Intervention Radiology Department, 2nd floor, Tisch Hospital

HOW LONG DOES THE PROCEDURE TAKE?

The procedure takes 1-2 hours. This does not include transportation or time needed to set up the equipment.

WHAT PREPARATION IS NEEDED?

- You may be admitted the day before if you are not already in the hospital.
- Blood work, EKG, chest x-ray and other specific tests may be done.
- The procedure will be discussed with you and your family. You will need to sign a consent for the procedure.
- The catheter through the right neck will usually be inserted before the procedure by the doctor.
- You will meet with the Anesthesiologist who will discuss the kind of anesthesia or sedation you will receive.
- Do not eat or drink after midnight before procedure.
- Inform your doctor if you have asthma or of any allergies to shellfish, iodine or dye used in other medical tests.



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DAY OF PROCEDURE

- Urinate to empty your bladder.
- Remove all jewelry. If possible, give it to a family member. If no one is available, give it to the nurse to lock in a secure place.
- You will be given medications as instructed by the doctor.
- Escort staff will take you by stretcher to the procedure.

WHAT HAPPENS DURING THE PROCEDURE?

- You will lie on an x-ray table.
- Blood pressure cuff, EKG leads, pulse oximeter and an IV line will be placed.
- You will be given sedation and/or anesthesia prior to the procedure.
- If not done already, the insertion site(s) will be cleansed and shaved. The usual site of insertion is the right neck but also may include the right groin area (femoral artery) if needed.
- The catheter is guided under fluoroscopy to intended area where placement is confirmed and pressures are obtained. A balloon type catheter is inserted and inflated before shunt placement.
- A venogram is done after the procedure to check placement and pressures in the veins in the liver are obtained.
- The neck catheter sheath may remain or a central venous line may be placed.



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WHAT DOES IT FEEL LIKE?

- You will feel a stinging sensation when the local anesthetic is given.
- You may feel a hot sensation as the dye/contrast is injected.
- You may feel pain in the abdomen during balloon catheter inflation for a brief time.

WHAT HAPPENS AFTER THE PROCEDURE?

- You will be transported by stretcher to the Recovery Room after the procedure. You will stay in the Recovery Room for approximately one hour.
- After your stay in the Recovery Room, you will be transferred to a Post-Operative Unit for close monitoring. This is for approximately 24 hours.
- You will have frequent monitoring of blood pressure, pulse, oxygen level and blood work.
- The puncture site(s) will be checked for any bleeding. You must remain in bed as instructed by the nursing staff.
- If the groin site is used you will be required to keep that leg straight for 4 hours. This site will be monitored frequently by the RN.
- You will be transferred to a hospital room when stable. You will stay there until you are ready for discharge.
- Notify the nurse for any acute/severe abdominal pain, tenderness, mental confusion or bleeding.



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DISCHARGE INSTRUCTIONS

- Prior to discharge your doctor will review discharge instructions and activity restrictions.

SPECIAL INSTRUCTIONS OR QUESTIONS:
