Mistakes in transjugular intrahepatic portosystemic shunt (TIPS) in cirrhosis and how to avoid them

Marco Senzolo

Mistakes In Articles

Hepatobiliary | Surgery

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Ferdinande et al. identify 10 common mistakes in TIPS management for cirrhosis, spanning referral, patient selection, procedure execution, and long-term follow-up.

KEY POINTS

- Cardiac decompensation occurs in up to 20% of patients after TIPS, making pre-procedure cardiac screening essential.
- Early referral for TIPS is critical, as delays reduce survival in patients with refractory ascites and high-risk variceal bleeding.
- Encephalopathy prevention requires careful patient selection, attention to nutrition, use of rifaximin, and controlled underdilation of the stent.
- Haemodynamic targets should be individualised and follow-up should be structured to optimise long-term outcomes.
- The publication appears in the UEG 'Mistakes in...' series and is relevant for clinicians managing cirrhosis patients being considered for or undergoing TIPS.

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