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Summary

Let’s not forget about TIPS: Improving outcomes in portal hypertension

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TIPS is a pathophysiology-based treatment for complications of portal hypertension, with the speaker reporting a number needed to treat of 2.5 for recurrent ascites and 4 for high-risk variceal bleeding, and advocating for early placement to prevent mortality and sarcopenia.

KEY POINTS

- The speaker reported that in a French randomized trial using covered stents for recurrent ascites versus large-volume paracentesis plus albumin, TIPS showed substantial mortality benefit with curves diverging after a few months, yielding a number needed to treat of 2.5 to prevent one death per year.
- The speaker stated that pre-emptive TIPS for high-risk variceal bleeding has a number needed to treat of 4 to save one death at one year, and emphasized that failing to place pre-emptive TIPS four times causes one excess death, advocating for placement within 72 hours in patients with Child-Pugh C 10-13 points, at least 8 points plus active bleeding, or HVPG at or above 20 mmHg.
- According to the speaker, TIPS should be considered after two large-volume paracentesis and placed after three in a year for recurrent ascites, especially when transplant is not imminent, because in refractory ascites TIPS may be too late to improve mortality.
- The speaker reported that rifaximin initiated before scheduled TIPS reduces the risk of first overt hepatic encephalopathy, and that small-diameter covered stents with controlled expansion may achieve comparable ascites control without increasing adverse events.
- The speaker stated that TIPS is now the definitive treatment for bleeding from fundal varices based on a study showing improved rebleeding or death and direct mortality benefit versus beta blockers plus cyanoacrylate, marking a change in Baveno 8 guidance.

– The speaker described portal vein recanalization via transsplenic PVA TIPS as a technique that transforms patients with portal vein thrombosis from poor transplant candidates requiring non-physiological anastomosis to good surgical candidates, and recommended it for cases where anticoagulation has failed.

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