

Division of Imaging

Information for Patients

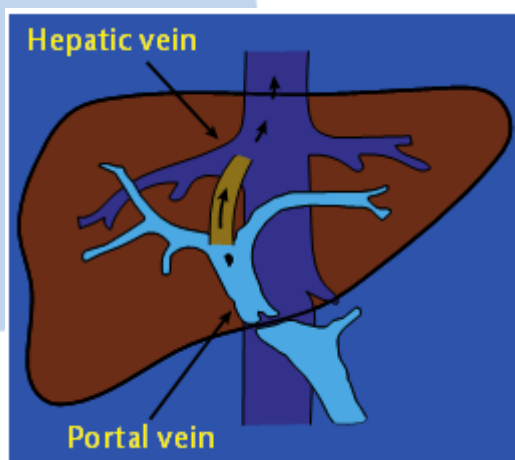
Transjugular Intrahepatic Portosystemic Shunt (TIPS)

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 (TIPS)?

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.

What happens during a TIPS procedure?

A trained specialist doctor (interventional radiologist) will perform your TIPS procedure, it can be performed under a general anaesthetic, or 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 I feel any pain?

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

Are there any risks with this examination?

TIPS is generally a safe procedure, but as with any medical procedure there are some risks and complications that can arise. The risks of complications from 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 for a short period of time. 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.

Radiation risk

Interventional procedures use ionising radiation to form images of your body and provide treatment. Ionising radiation can cause cell damage that may, after many years or decades, turn cancerous.

Radiation exposure during interventional procedures is generally regarded as low but higher radiation doses might be necessary in difficult or complex cases.

We are all at risk of developing cancer during our lifetime. The normal risk is that this will happen to about 50% of people at some point in their life. Having this procedure will increase the chances of this happening by a very small amount.

In some higher radiation dose procedures, there can be a risk of skin damage in the localised area, similar to sun burn. If we think that you are at risk of this, we will inform you before you leave the department.

The radiologist and radiographer will keep the X-ray dose as low possible. The radiologist will discuss the procedure, including the risks and benefits, with you and you will be able to ask any questions.

Contrast risk

We will need to give you contrast dye to make areas of your body show up more clearly.

A checklist will be completed to ensure it is safe for you to have the dye and you will be asked to sign this form as a consent, the specific side effects are documented on the checklists that you complete.

The contrast dye that is sometimes used can cause allergic reactions however the staff available will be checking for any risks before we proceed.

Who has made the decision?

The consultants who are looking after you, usually an 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.

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.

Is there anything I need to inform you of before I attend for my appointment?

Pregnancy:

Radiation can be harmful for an unborn baby. If you are or think you may be pregnant you must tell the radiographer before the examination.

How do I prepare for my TIPS procedure?

You will 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. But all of the preparation will be taken care of by the medical team on the ward.

Clothes and accessories:

You will be asked to get undressed and put in a hospital gown.

You may also be asked to remove jewellery, dentures, glasses and any metal objects or clothing that might interfere with the x-ray images prior to the procedure.

Help and support in the department

If you have any medical problem which you feel may affect your safety in the department, or if you feel you may need any assistance, please let us know when you arrive.

Do I need to give my permission (consent)?

The radiologist will ask you if you are happy for the examination to go ahead and ask you to sign a form. This is called informed consent.

If you do not wish to have the examination or are undecided, please ask the radiologist so that they can answer any questions you may have.

Remember, it is your decision. You can change your mind at any time and your wishes will be respected.

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 after the TIPS procedure?

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.

When will I get my results?

After the procedure is complete, the interventional radiologist will tell you whether the procedure was a success.

You may also already have an appointment with the clinician who referred you. If not, please contact them to arrange a time to talk about the results and any treatment you may need.

If you are staying in hospital, the results will be given to the doctors looking after you on the ward.

What should I do if I have a problem?

You should not have any problems that is a result of the TIPS procedure.

If you feel your condition has changed, or you need further medical advice after leaving the hospital/before receiving your results, please make an appointment with the doctor that referred you, or in an emergency, go to your nearest Emergency Department (ED).

How can I provide feedback for the appointment I have attended today?

The Division of Imaging welcomes feedback from all our patients. We actively take part in the Friends and Family Test, and we complete a patient experience questionnaire every month to obtain feedback on the experiences you have had. Please speak to a member of staff regarding the feedback or there are posters within the department with QR codes so you can complete these online.

Contact us

For contact information please refer to your appointment letter or if you are an inpatient, please direct your queries to one of the medical staff on the ward

Language and accessible support services:

If you need an interpreter or information about your care in a different language or format, please get in touch.

Your comments and concerns

If you would like to provide feedback you can:

- Ask to speak to the department lead / manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL.
- Log onto the Patient Opinion website www.patientopinion.org.uk/ click on 'Tell your Story'

If you would like to discuss a concern or make a complaint:

Ask to speak to the department manager – they may be able to help straight away. Inpatients can speak to a senior nurse or manager by contacting the Tell Us Today service on (0161) 701 1999.

Contact our Patient Advice and Liaison Service (PALS) on (0161) 276 8686 email: pals@mft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

NHS 111

This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

Telephone: 111, 24 hours a day

Website: www.111.nhs.uk

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. Further information can be obtained by contacting the radiology department that is performing the procedure. Do satisfy yourself that you have received enough information about the procedure, before you sign the consent form.