

**Interventional Radiology
Patient Discharge Education
Transjugular Intrahepatic Portosystemic Shunt (TIPS) &
Direct Intrahepatic Portosystemic Shunt (DIPS)**

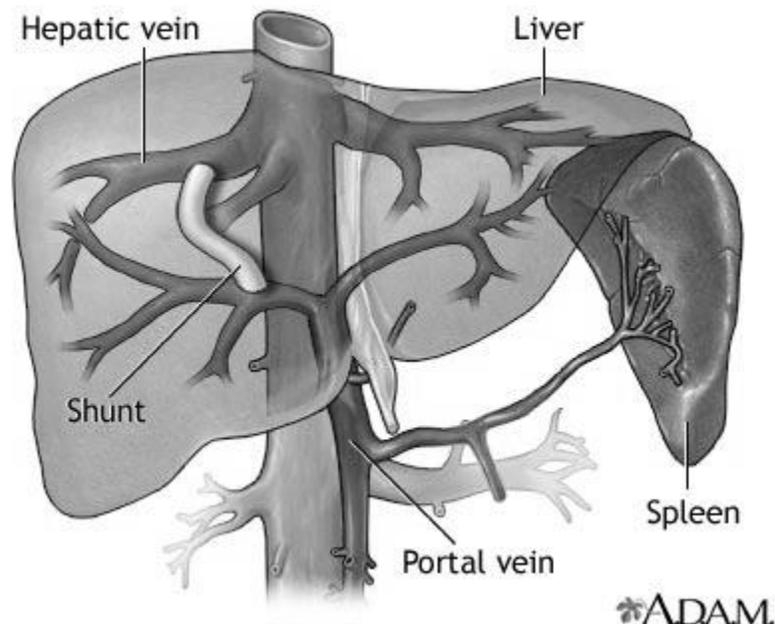
About your Procedure

Diagnostic tests confirmed that you have portal hypertension. Portal Hypertension is abnormally high pressure in the vein that delivers blood to the liver from the intestine (portal vein). The increase in portal vein pressure is caused by a blockage in the blood flow through the liver. The blockage can be caused by severe scarring of the liver (cirrhosis) or formation of a blood clot in the portal vein. Increased pressure in the portal vein requires the veins of the esophagus and stomach to bypass the blockage. The abnormally high blood flow and pressure in the veins of the esophagus and stomach causes increased tension in the wall and increased size, forming varices (varicose veins) that become fragile and can bleed easily. The increased portal vein pressure also causes sweating from the liver and intestine resulting in an accumulation of fluid in the abdomen. This is called ascites.

The procedure to treat this involves creating a tunnel through the liver with a needle, connecting the portal vein (the vein that carries blood from the digestive organs to the liver) to one of the hepatic veins (the three veins that carry blood from the liver). A covered metal stent is placed in this tunnel to keep the tract open.

This shunt allows the blood to flow through the liver to the hepatic vein. This reduces portal hypertension, and decreases the likelihood of bleeding and ascites.

Occasionally the procedure needs to be revised or redone should symptoms reappear. Generally this occurs in up to 10% of cases per year.



BEFORE YOU LEAVE

- You will be admitted to the hospital for 1-2 days. During that time we will monitor for any acute complications (bleeding and pain control).

AFTER YOU LEAVE

- Unless told otherwise, continue taking your previously prescribed medications as directed.
- Keep a list of your medicines: Keep a written list of the medicines you take, the amounts, and when and why you take them. Bring the list of your medicines or the pill bottles when you see your caregivers. Do not take any medicines, over-the-counter drugs, vitamins, herbs, or food supplements without first talking to caregivers.
- Always take your medicine as directed by caregivers. Call your caregiver if you think your medicines are not helping or if you feel you are having side effects. Do not quit taking your medicines until you discuss it with your caregiver.
- If you are taking medicine that makes you drowsy, (e.g. Vicodin), do not drive.

Follow-up visit information

- You will follow-up with your liver doctors in 2-4 weeks.
- If you have questions about your procedure or new symptoms you may be experiencing, please call us, Interventional Radiology.

Home Care

- You may have some swelling and bruising in your neck from the access to your neck vein. This should go away in a few days, and not require further treatment.
- If the access site at your neck starts to bleed, use your hand to put pressure on the bandage. If you do not have a bandage, use a clean cloth to hold pressure over and just above the puncture site. It is better if someone else holds pressure for you. While holding pressure, call your caregiver. Hold the pressure for 15 minutes, even after the bleeding has stopped. After the bleeding has stopped, lie flat for at least an hour. If bleeding does not stop within 15 minutes of holding pressure, you will need to go to the nearest hospital or clinic. Do not walk, and do not drive yourself.
- Activity: as tolerated.
- Bathing & Wound Care: you may remove the bandage from your neck within 24 hours and bathe normally. No special wound care is needed.
- Food & Liquids: Unless otherwise directed by your primary doctor, you may return to your normal diet. It is imperative that you do not consume alcohol.

Contact us immediately if:

- You have shaking, chills or develop a fever.
- If you continue to have pain that becomes worse or is accompanied by abdominal swelling.
- If the site at your neck becomes swollen, red, or bleeds.
- Dizziness, forgetfulness, disorientation, fainting (signs of encephalopathy).

If unable to contact us, contact your primary doctor and go to your closest emergency room.

Interventional Radiology Contact Information

Office Hours 8:00 am - 4:30 pm

Post procedure questions and RN Triage:

Phone: **650-736-9081**

Fax: 650-736-7734

Email: irprocedure@stanfordmed.org – non urgent concerns only

For all After Hours Urgent/Emergent issues:

IR scheduling and RN triage: 650-736-9081

*After hours urgent needs: 650-723-6661
Ask the page operator for the IR MD on call.*

Call the Stanford Page Operator: 650-723-6661
Ask for the *IR MD ON Call* (pager # 27237)