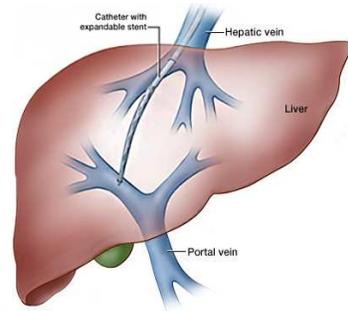




## Transjugular Intrahepatic Portosystemic Shunt (TIPS) & Direct Intrahepatic Portosystemic Shunt (DIPS) DISCHARGE EDUCATION

### **Information:**

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 is usually caused by severe scarring of the liver (cirrhosis). Increased pressure in the portal vein requires the veins of the esophagus and stomach to reroute the normal flow of blood. 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 can bleed.



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.

### **What should I expect after the TIPS/DIPS procedure?**

- 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.
- Activity can be performed as tolerated.
- Unless otherwise directed by your primary doctor, you may return to your normal diet. It is imperative that you do not consume alcohol.
- You should be given a prescription for lactulose to help prevent hepatic encephalopathy. Take enough lactulose for 3 bowel movements a day or enough to remain clear headed.

### **Bathing & Wound Care:**

- You may remove the bandage from your neck within 24 hours and bathe normally. No special wound care is needed.

### **Occasionally, a situation will require prompt attention and an emergency room visit is necessary:**

- You have shaking, chills or develop a fever.
- If you have worsening pain.
- If you have new jaundice (yellowing of the eyes and skin).
- If the site at your neck becomes swollen, red, or bleeds.
- Dizziness, forgetfulness, disorientation, fainting (signs of encephalopathy).



**Follow-up visit information:**

Call your primary doctor after discharge for a follow-up appointment if you don't already have one. Follow up with Interventional Radiology is not routinely necessary.

**Usually a one night stay is required post TIPS procedure, however, if you are discharged the same day as the procedure, since you have had anesthesia:**

- You must have someone drive you home when you leave the hospital.
- For 24 hours after your procedure, do not do anything where you need to be mentally alert. This includes making important decisions, operating machinery, signing important papers, etc.
- Eat light for the first 24 hours, and then start eating more as you are able. Drink plenty of fluids.
- Sore throat or mild “hang over” type feeling for a day or two from the general anesthesia. This may include mild nausea.
- If you are taking pain medications:
  - Take as directed
  - Do not drink alcohol while taking narcotic pain medication
  - Do not drive
  - If you are constipated, drink more fluids and eat more fiber. You can also use an over-the-counter stool softener.

**For any questions please contact Oregon Interventional Radiology at 541-618-5801**

**In all emergency situations call 911**