



SHOULD YOU CONSIDER EARLIER TIPS FOR YOUR ASCITES PATIENTS?^{1,*}

93%

transplant-free survival
at one year

51%

of patients
required no further paracentesis during follow-up

0%

of patients
with portal hypertension-related bleeding

=

no difference
in hepatic encephalopathy[†]

0%

of patients
with hernia-related complications

TIPS with covered stents improved one year transplant-free survival in selected patients with recurrent ascites and should therefore be preferred to large-volume paracentesis (LVP) with volume expansion.
-Bureau, *et al.*

All results above were reported at one year.

Time to rethink TIPS.

Learn more at goremedical.com/rethinkTIPS

Please contact your Gore technical sales associate if you have further questions.

* Patients included in study had cirrhosis and at least two large-volume paracenteses within a period of at least three weeks.

† Compared to alternative treatment of large volume paracentesis + albumin.

1. Bureau C, Thabut D, Oberti F, *et al.* Transjugular intrahepatic portosystemic shunts with covered stents increase transplant-free survival of patients with cirrhosis and recurrent ascites. *Gastroenterology* 2017;152(1):157–163.



Consult Instructions for Use

Refer to *Instructions for Use* for a complete description of all warnings, precautions, and contraindications. [®] Only

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