



TIME TO RETHINK TIPS FOR PORTAL HYPERTENSION

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

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* 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.

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