

TREATMENTS FOR YOUR CIRRHOTIC PATIENTS WITH PORTAL HYPERTENSION

Consider earlier TIPS for your variceal bleeding patients.

When is earlier?

Variceal bleeding¹



TIPS within
72 hrs
of admission
after bleeding incident

Consider the data

Data shows earlier TIPS increases survival and reduces complications, helping improve the quality of life for select liver disease patients.

Higher survival¹ in Child-Pugh C patients with acute variceal bleeding (AVB) at one year*

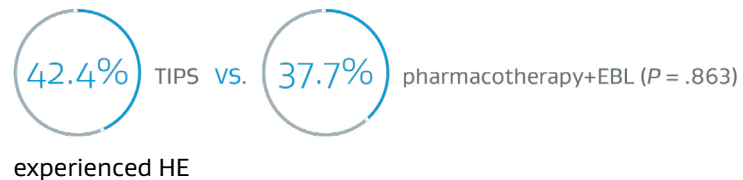


Greater freedom from rebleeding and treatment failure¹



freedom from failure to control bleeding or prevent rebleeding in Child-Pugh B+AB (active bleeding) and C patients

No significant difference in hepatic encephalopathy¹



* Early TIPS (n = 66) compared to pharmacotherapy+endoscopic band ligation (EBL) (n = 605). Child-Pugh C patients with scores < 14.

TREATMENTS FOR YOUR CIRRHOTIC PATIENTS WITH PORTAL HYPERTENSION

Consider earlier TIPS for your ascites patients.²

When is earlier?

Ascites²



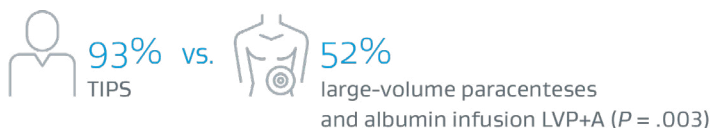
At least two large-volume paracenteses (LVP) within

three weeks

Consider the data*

Data shows earlier TIPS increases survival and reduces complications, helping improve the quality of life for select liver disease patients.

Higher transplant-free survival at one year[†]



1 vs. 10

Number of paracenteses required to treat ascites following placement of GORE® VIATORR® TIPS Endoprosthesis compared to paracentesis treatment alone.²

No difference in hepatic encephalopathy²




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

† Early TIPS (n = 29) compared to large-volume paracenteses and albumin infusion (LVP+A) (n = 33).

1. Hernández-Gea V, Procopet B, Giráldez Á, *et al*; International Variceal Bleeding Observational Study Group and Baveno Cooperation. Preemptive-TIPS improves outcome in high-risk variceal bleeding: an observational study. *Hepatology* 2019;69(1):282-293. <https://aasldpubs.onlinelibrary.wiley.com/doi/full/10.1002/hep.30182>
2. Bureau C, Thabut D, Oberti D, *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. <http://www.sciencedirect.com/science/article/pii/S0016508516351101>

 Consult Instructions for Use
eifu.goremedical.com

INDICATIONS FOR USE IN THE U.S.: The GORE® VIATORR® TIPS Endoprosthesis with Controlled Expansion is indicated for use in the de novo and revision treatment of portal hypertension and its complications such as variceal bleeding, gastropathy, refractory ascites and/or hepatic hydrothorax. Refer to *Instructions for Use* at eifu.goremedical.com for a complete description of all applicable indications, warnings, precautions and contraindications for the markets where this product is available. 

Products listed may not be available in all markets.

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W. L. Gore & Associates, Inc.

goremedical.com

Asia Pacific +65 6733 2882 **Australia/New Zealand** 1800 680 424 **Europe** 00800 6334 4673

United States Flagstaff, AZ 86004 800 437 8181 928 779 2771

