

TIPS for Bleeding varices

Charles Sanyika

- ‘Upper GIT (Variceal) bleeding is a medical emergency’

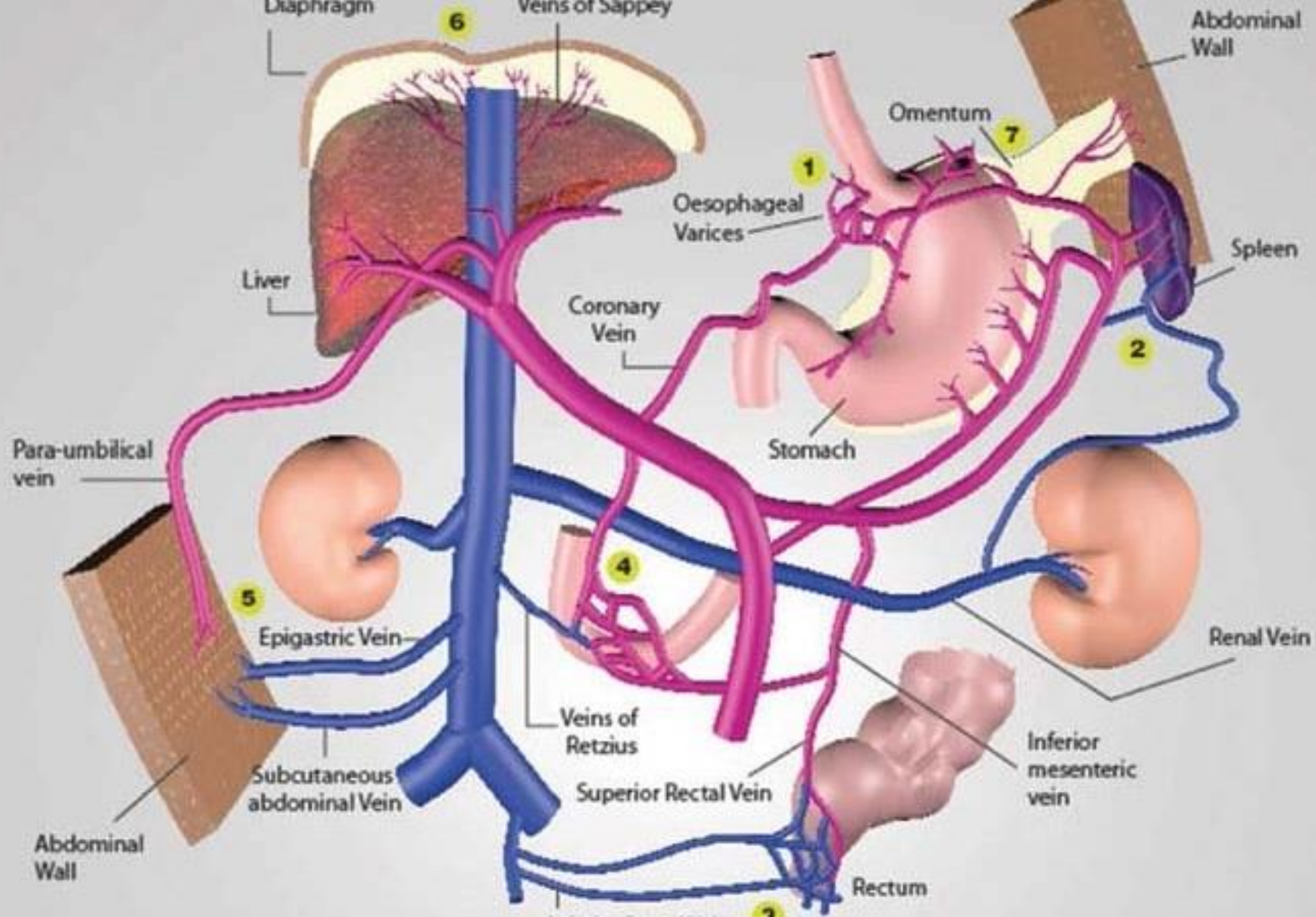
- Medical student,
University of Zimbabwe

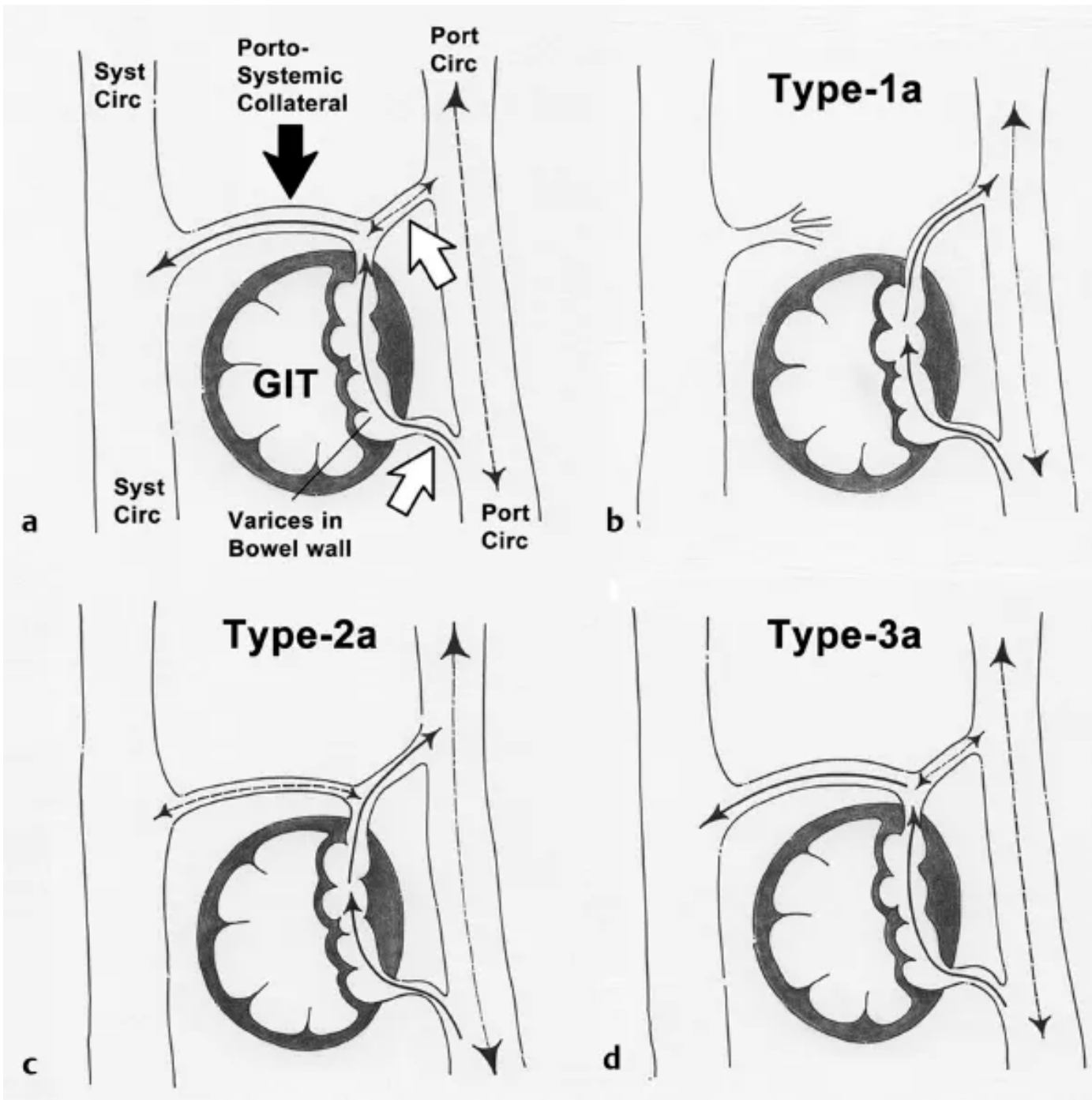
- My teacher Prof
Clement Kiire



Aims

- Overview –portal hypertension and varices
- TIPS technique overview
- Role of TIPS in variceal bleeding
- Outcomes





Wael Saad et al



TIPS

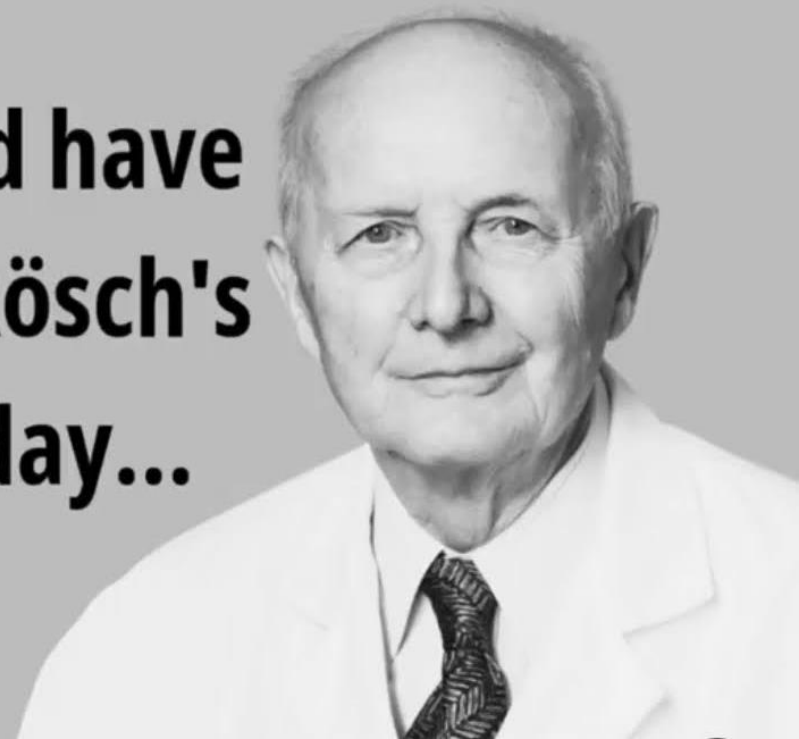
- **T**ransjugular **I**ntrahepatic **P**ortosystemic **S**hunt
- Minimally invasive non surgical, non selective shunt



Cardiovascular and Interventi... ... ✕
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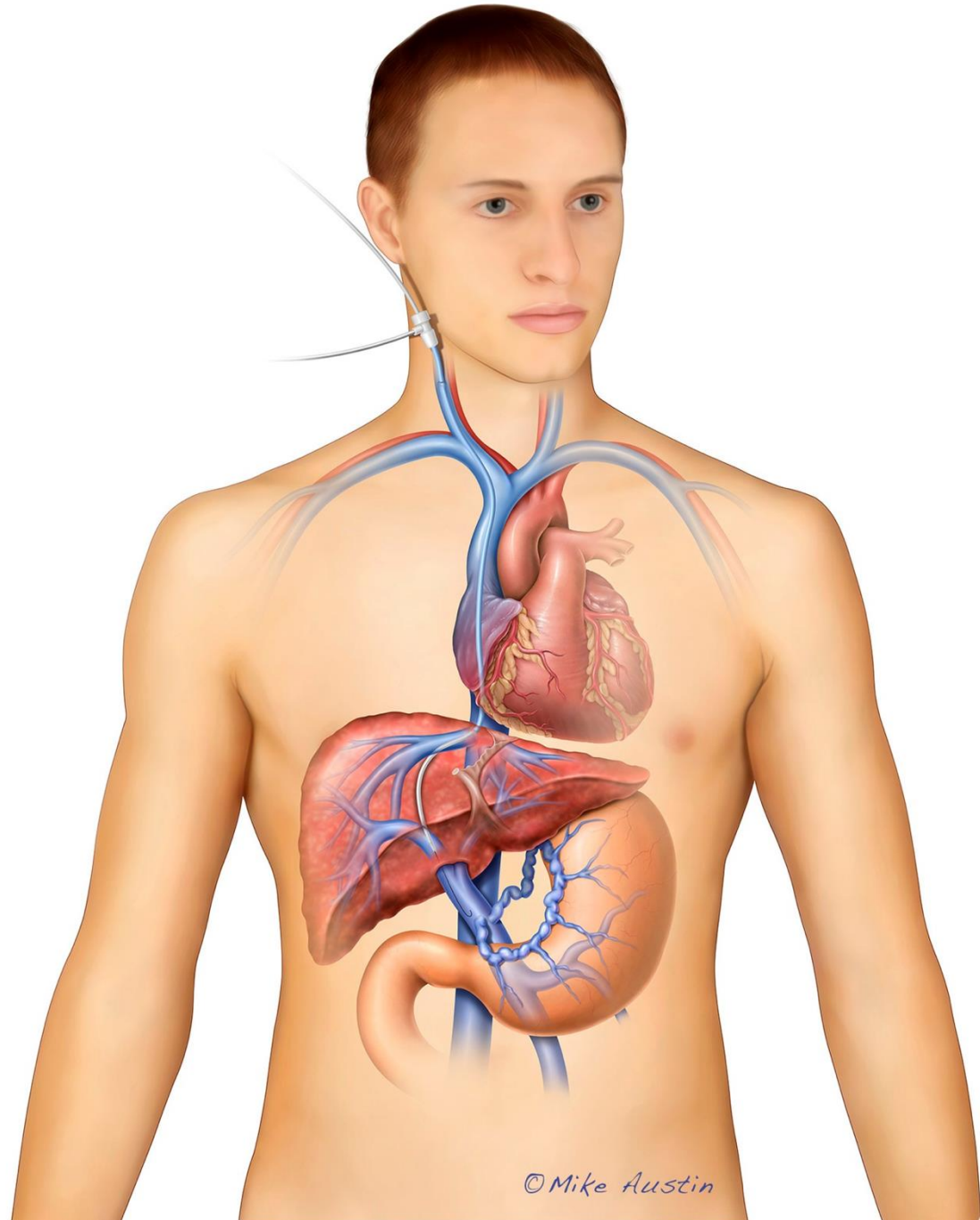
April 27, 2025, marks what would have been Josef Rösch's 100th birthday. To celebrate Prof. Rösch's life and achievements, we are sharing lectures on ...more

**Today would have
been Josef Rösch's
100th birthday...**





TIPS





Role of TIPS bleeding varices

- Reduce portal venous pressure
- Decompress the portal venous system
- Decompresses high pressure varices (esophageal varices)

- ▶ Large-bore IV access
- ▶ Fluid/blood transfusion (target Hb ~7-8 g/dL)
- ▶ Start IV vasoactive agents
(e.g., Terlipressin, Octreotide, or Somatostatin)
- ▶ IV antibiotics (e.g., ceftriaxone)



Early upper GI endoscopy
(within 12 hours once stable)



(
 Varices confirmed
 Endoscopic therapy (e.g., band ligation ± sclerotherapy)



Assess risk for treatment failure
(Child-Pugh C ≤13 or Child B + active bleeding)



(
 High-risk → Consider **Early TIPS**
 Low-risk → Continue medical + endoscopic therapy



Monitor for rebleeding/complications



If rebleeding occurs → Rescue TIPS



Long-term secondary prophylaxis:

- ▶ Non-selective β -blockers (e.g., propranolol)
- ▶ Repeat band ligation

Acute variceal bleeding

Multi disciplinary approach

- Community physicians/GPs
- Emergency physicians
- Hepatologists
- Gastroenterologists
- Intensivists
- Surgeons
- Interventional radiologists
- Haematologists

When to TIPS?

- Emergency TIPS – uncontrollable bleeding (endoscopy + medical therapies) within 24-48 hours
- Pre emptive TIPS – within 72 hours in high risk patients
- Salvage TIPS – recurrent/persistent life threatening bleeding after >2 endoscopic treatment +/- haemodynamic instability, controls bleeding in >90%, still high mortality (40-60 %)

Early TIPS concept

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Early Use of TIPS in Patients with Cirrhosis and Variceal Bleeding

Juan Carlos García-Pagán, M.D., Karel Caca, M.D., Christophe Bureau, M.D.,
Wim Laleman, M.D., Beate Appenrodt, M.D., Angelo Luca, M.D.,
Juan G. Abraldes, M.D., Frederik Nevens, M.D., Jean Pierre Vinel, M.D.,
Joachim Mössner, M.D., and Jaime Bosch, M.D., for the Early TIPS
(Transjugular Intrahepatic Portosystemic Shunt) Cooperative Study Group

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In conclusion, in patients with Child–Pugh class C disease or class B disease with active bleeding who were admitted for acute variceal bleeding, the early use of TIPS with an e-PTFE–covered stent was associated with significant reductions in the failure to control bleeding, in rebleeding, and in mortality, with no increase in the risk of hepatic encephalopathy.

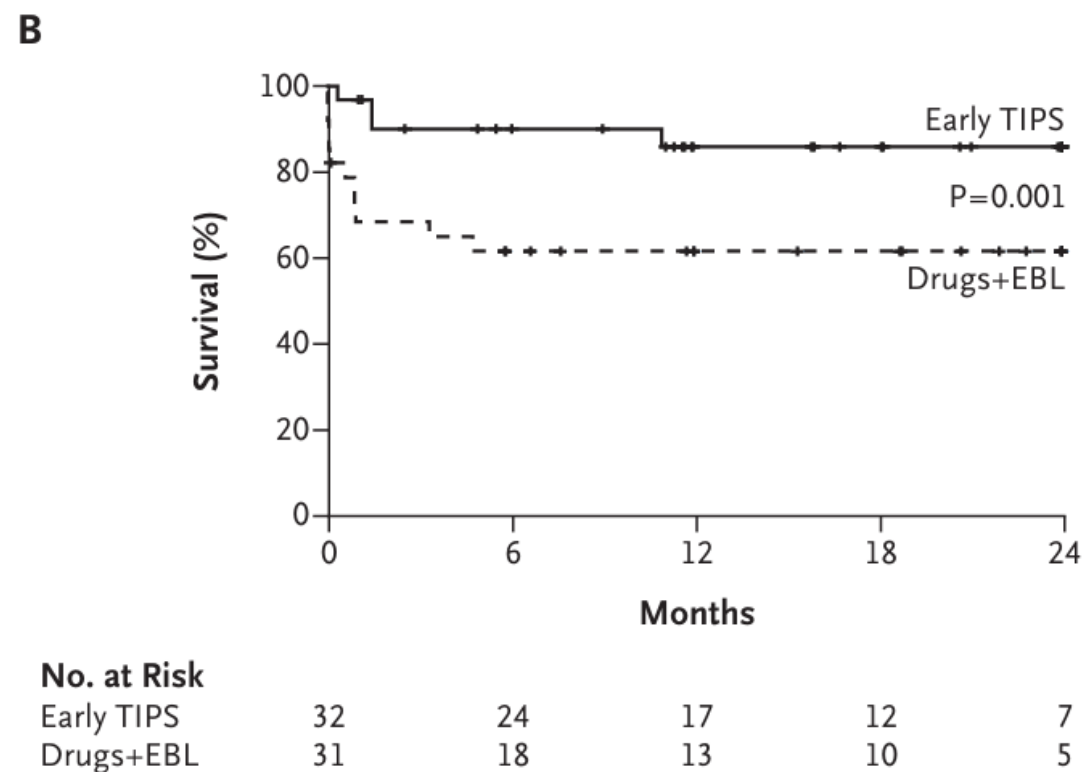
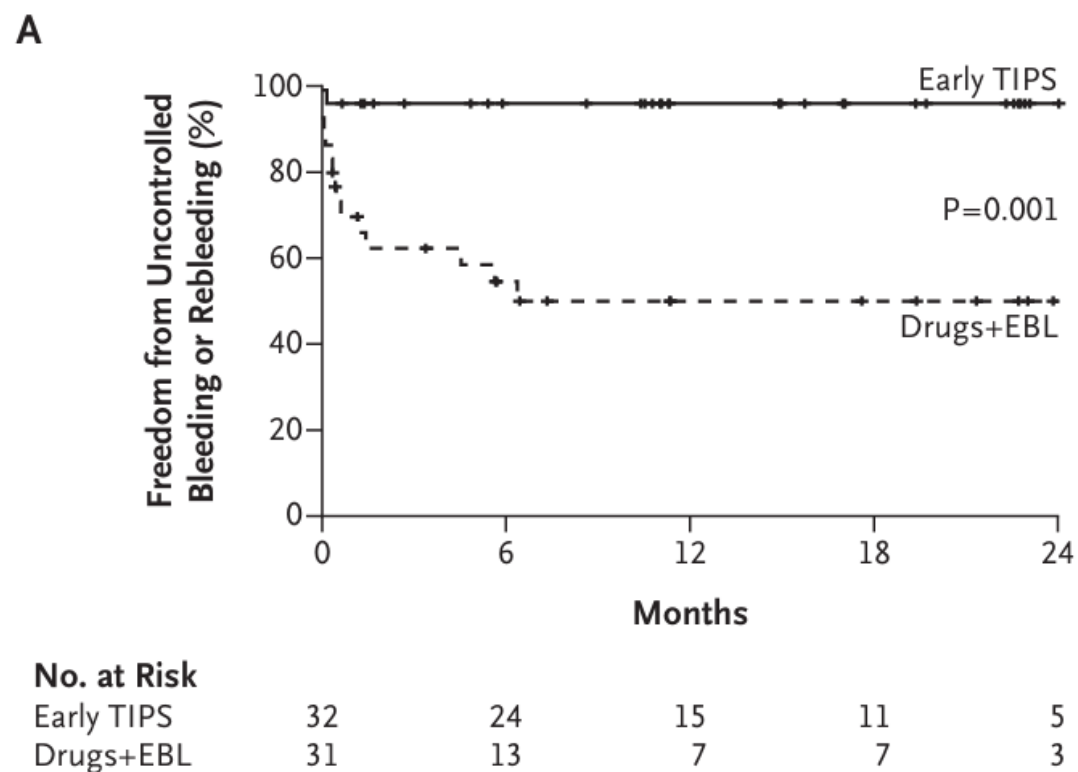
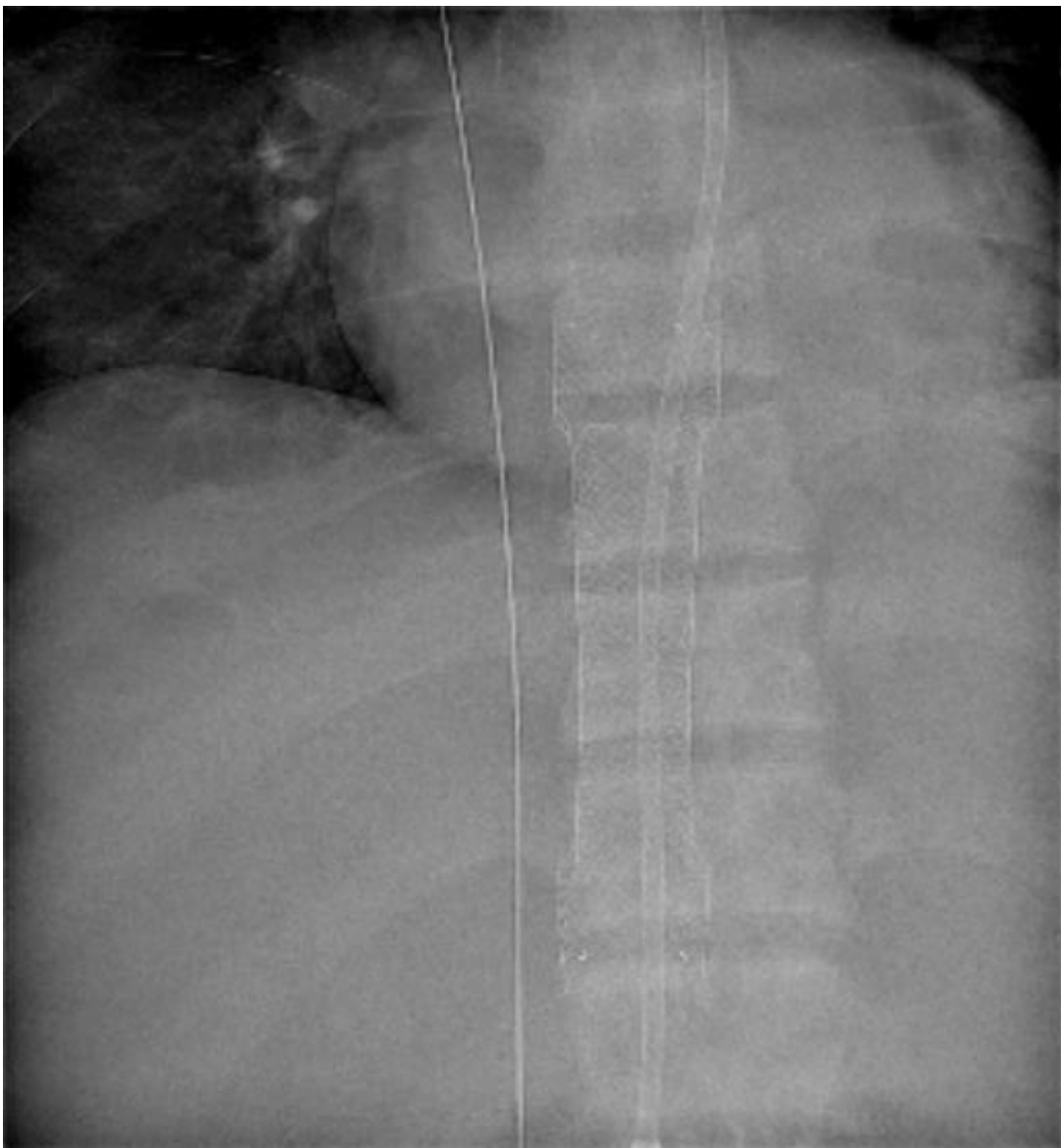


Figure 2. Actuarial Probability of the Primary Composite End Point and of Survival, According to Treatment Group.

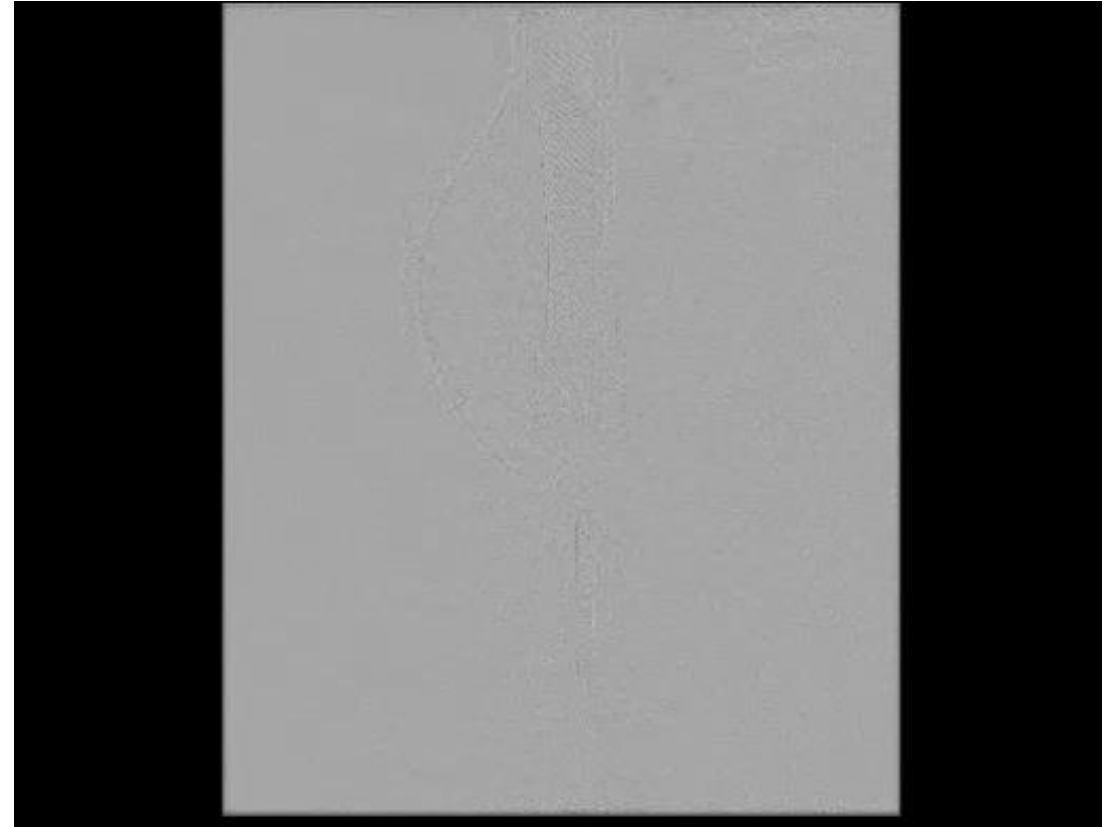
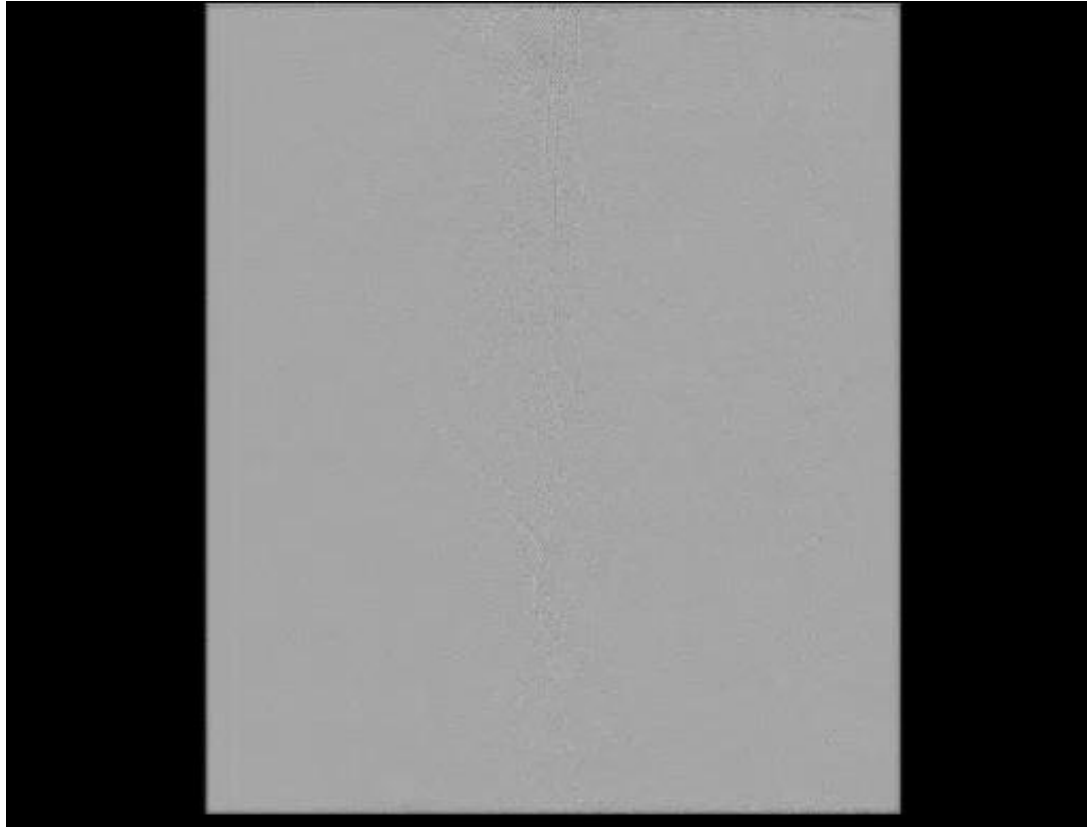
The probability of remaining free from uncontrolled variceal bleeding or variceal rebleeding is shown in Panel A, and the probability of survival is shown in Panel B. EBL denotes endoscopic band ligation, and TIPS transjugular intrahepatic portosystemic shunt.

Patient

- 61 year old male
- 2nd variceal massive bleed
- Previously banded
- Lost to follow up
- Failed endoscopic + medical management
- Haemodynamic instability
- Partial control with a covered oesophageal stent
- Transferred



Salvage TIPS



TIPS in oesophageal variceal bleeding

- Not for primary treatment
- Selective
- Multidisciplinary team
- Salvage/emergency TIPS
- Pre emptive TIPS
- Early TIPS

Thank you