General Response:
We would like to thank the reviewer for the comment. Below is the revision made based on the comment.

Specific Comments to Authors:
“The Baveno VII guidelines propose a new paradigm by delineating specific criteria for hepatic recompensation, offering renewed hope for patients previously deemed ineligible for therapeutic intervention. TIPS has been primarily indicated for specific complications of portal hypertension. It plays a broader role in promoting hepatic recompensation according to the criteria outlined in Baveno VII. The author discovered the role of TIPS and the Baveno VII criteria by reviewing and analyzing numerous literatures. It represents a promising therapeutic option for achieving hepatic recompensation in patients with decompensated liver cirrhosis, as it can address both the hemodynamic consequences of portal hypertension and the underlying etiology of cirrhosis, thereby improving hepatic function in this patient population. However, TIPS treatment also has certain risks and limitations, such as hepatic encephalopathy, stent stenosis or occlusion, and long-term follow-up and drug treatment are still required after treatment. In addition, the success of TIPS treatment is also related to factors such as the patient's liver function, degree of portal hypertension, and the technical level of the surgeon. Therefore, when choosing TIPS treatment, it is necessary to comprehensively consider factors such as the patient's condition, treatment risks, and benefits, and make decisions under the guidance of experienced doctors. Of course, these are the limitations of TIPS and not the shortcomings of this article. I strongly agree with the author's viewpoint that further studies are needed to maximize efficiency while minimizing risks in TIPS.”

Response: We appreciate your feedback. Following the introductory section highlighting the potential of TIPS in hepatic recompensation, we have chosen to also discuss the challenges and potential complications of the procedure, emphasizing the importance of the initial patient selection phase.

We added the following parts to the manuscript:
“TIPS, however, is a technically complex procedure, with potentially fatal complications. These complications can be divided into intraprocedural, early, and late. Among the intraprocedural complications are those at the puncture site, during catheterization of the inferior vena cava or hepatic vein, during the puncture of the portal vein, hepatic artery injury, portal vein and/or mesenteric vein dissection. Early complications include hepatic encephalopathy, heart failure, bleeding, bile duct injury, STENT occlusion or migration. Late complications include TIPS dysfunction with persistence of signs of portal hypertension and endotipsitis. To reduce the rate of these complications and improve post-intervention survival, it is necessary to collaborate with a team of experts and perform adequate patient selection prior to the procedure. In this regard, the most commonly used score to predict outcome is the MELD score; for example, a MELD > 18 at time zero is associated with an unfavorable outcome. Therefore, especially with elective procedures, a careful evaluation of the patient is necessary, taking into consideration various factors that correlate with the outcome as patient age, baseline liver function using CHILD-PUGH score, renal function, patient nutritional status, and cognitive status.”