

Table 1

Author, Year	Study period	No. Of patients	Demographics (M:F)	Aetiology of BCS	Indications	Technical approaches	Stents used
Zahn <i>et al</i> , 2010	20 years, 1988 - 2008	13	3:10	PCV, Antiphospholipid syndrome, Protein C and AT III deficiency, oestrogen medication	N/A	Standard technique	Palmaz, Wallstents, Viatorr
Neumann <i>et al</i> , 2013	11 years, 1997 - 2008	14	3:11	Thrombophilia Myeloproliferative unknow 7	5, abdominal pain (67%), 2, hepatomegaly (52%), hepatic encephalopathy (5%)	Standard technique	Smartstent, Memothermste Viatorr
Seijo <i>et al</i> , 2013	2 years, 2004 - 2005	62	N/A	Thrombophilia myeloproliferative disorder, hyperhomocistenaemi Myeloproliferative disorder,	, refractory ascites (69%), liver failure (13%), and variceal bleeding (7%)	Standard technique	Stent specified
Fitsiori <i>et al</i> , 2014	9 years, 2003 - 2012	14	3:11	hyperhomocysteinemia, Churg-strauss Syndrome, Paroxysmal nocturnal hemoglobinuria	Ascites (92.9%), variceal bleeding	Standard technique, “Gun-sight” technique (1)	Bare metal ster (2), Viatorr

Qi <i>et al</i> , 2014	8 year, 2004 - 2012	51	29:22	N/A	Ascites (94%), Variceal bleeding (43%), encephalopathy (6%)	Standard technique	Bare metal stent (Bard)
Tripathi <i>et al</i> , 2014	16 years 1996 - 2012	68	21:46	Myeloproliferative disorder, Factor V and Protein C deficiencies, OCP usage	Ascites (86.7%), pain (48.5%), variceal bleeding (8.8%), encephalopathy (8.8%)	Standard technique	Uncovered Memotherm, Covered Viatorr
Fan <i>et al</i> , 2016	19 years 1995 - 2014	60	27:33	N/A	Ascites (100%), variceal bleeding (20%), hepatorenal syndrome (10%)	Standard technique	Bare metal stent covered stent (brand not identified)
He <i>et al</i> , 2016	3 years. 2007 - 2010	91	30:61	N/A	Variceal bleeding, Ascites, Jaundice, liver failure	Standard technique	Stents not identified
Rosenqvist <i>et al</i> , 2016	12 Years, 2003 - 2015	14	6:8	Thrombophilic disorder, myeloproliferative disorders, OCP	Ascites (100%), pain (71%)	Standard technique	Gore Viatorr
Hayek <i>et al</i> , 2017	9 years, 2004 - 2014	54	20:34	N/A	Ascites (93%), variceal bleeding (7%), liver failure (31%)	Standard technique	Wallstent, Wallgraft, Viatorr
Mo <i>et al</i> , 2017	12 years, 2000-2012	18	41% overall.	Myeloproliferative disorder, Thrombophilia, OCP	Ascites, abdominal pain	Standard technique	Stent not specified

Rathod <i>et al</i> , 2017	6 years, 2008 - 2014	106	N/A specific to TIPS	N/A	Ascites (78.9%), variceal bleeding (24.2%), jaundice (26.3%), oedema (38.4%)	Standard technique	Viatorr, Fluency plus
Shalimar <i>et al</i> , 2017	7 years, 2010 - 2017	80	40:40	N/A	Ascites (86.3%), variceal bleeding (20%), jaundice (25%), oedema (40%)	Standard technique	Viatorr, Luminex, Fluency plus
Spiliopoulos <i>et al</i> , 2017	13 years, 2003 - 2016	27	10:17	Chronic myeloproliferative disorder, hyperhomocysteinaemia, Churg-Strauss syndrome, paroxysmal nocturnal haemoglobinuria	Refractory ascites (92.6%), acute variceal bleeding	Standard technique "Gun-sight" US-guided percutaneous placement of metallic coil within the target portal vein branch	Viatorr, Fluency plus, EPIC self-expanding braided nitinol stents
Sonavane <i>et al</i> , 2018	10 years, 2004 - 2014	42	26:16	Myeloproliferative disease, AT III deficiency, Antiphospholipid antibody disorder	Ascites (100%), varices (30.9%), pain (19%), Jaundice 52.4%	Standard technique	Stent specified

Yonghua <i>et al</i> , 2018	8 years, 2008 - 2016	27	15:12	N/A		Ascites (60.6%), variceal bleeding (15.2%), Oedema (30.3%)	Standard Technique		E-luminex, Fluency stents
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Table 2

Author, Year	TIPS success rate	Follow up period	Porto-systemic gradient	Encephalopathy rate	Complications	Dysfunction rate	Reintervention rate	Mortality Rate	Survival
Zahn <i>et al</i> , 2010	100%	Median follow-up 4 years (range: 6 mo to 12 years)	Mean reduction 21+/-10mm Hg (6-40)	0	No complications	85%	Average 2.5 +/- 2.2 per patient (0-8)	8%	92%
Neumann <i>et al</i> , 2013	100%	Median 50 mo (15-117)	All reduced to < 10	0	N/A	No single figure for all stents	Covered stents @ 79%; Uncovered stents @	11.4%	88%
Seijo <i>et al</i> , 2013	98%	Median follow-up of 47 mo (range, 32-61)	N/A	1/62	Encephalopathy 1.6%, Fulminant liver failure 1.6%, TIPS thrombosis with refractory ascites 3.2%.	n/a	N/A	20.96%	78% years

Fitsiori <i>et al</i> , 2014	100%	Mean follow-up time was 38.1 ± 36.1 mo (range 7-114)	All reduced to < 12	N/A	Haemoperitoneum (21.4%)	28.6%	28.6%	0%	100% end up p
Qi <i>et al</i> , 2014	100%	Mean follow up time 732.57 ± 74.71 (40-2085) days	Pressure reduced from 28.78 ± 0.78 (14.29-40.60) mmHg to 19.90 ± 0.77 (6.02-30.08) mmHg.	12/51	Haemoperitoneum (5.8%)	49.0%	43.1%	23.5%	56.1% years
Tripathi <i>et al</i> , 2014	100%	Mean of 81 mo (range 0.5-207 mo)	PSG reduced to < 12mm HG	11.7%	Overall complication rate 25%. Pneumonia (2%), abdominal pain (3%)	45%	39.7%	25%	72% years
Fan <i>et al</i> , 2016	100%	Mean follow-up period of 82.25 ± 46.16 mo	Portal pressures reduced from 41.23 ± 10.46 cmH2O to 26.68 ± 6.46 cmH2O	0%	Haemoperitoneum	10%	10%	3.3%	96.7%

He <i>et al</i> , 2016	100%	All followed up for 5 years.	Acute BCS reduced to 10.66 ± 1.83 mmHg; Subacute BCS reduced to 11.15 ± 2.56 mmHg	5.5%	Cervix pseudoaneurysm	10.9%	10.9%	6.5%	93.4% years
Rosenqvist <i>et al</i> , 2016	100%	3 years (range 7-79 mo)	PSG reduced from mean 18 mmHg (7-30) to mean 6 mmHg (2-12)	23%	Transient hepatic ischaemia, ascites	30.7%	15.4%	7%	93% years
Hayek <i>et al</i> , 2017	98%	Mean follow- up of 55.8 +/- 40.9 mo (22- 92)	PSG < 12mm Hg	15%	Haemoperitoneum, TIPS thrombosis, TIPS malposition, Encephalopathy, ascites, SBP	42%	42%	17%	83% years
Mo <i>et al</i> , 2017	100%	Median follow up of 59 mo (range: 2-248 mo)	N/A	N/A	Splenic rupture	77.7%	77.7%	TIPS specific N/A	TIPS N/A

Rathod <i>et al</i> , 2017	100%	Median duration of 45 (13–73) mo	Average reduction in PSG from 28.39 to 11.19 mm of Hg	N/A	Not specifically available for TIPS	14.1%	14.1%	7.5%	TIPS N/A
Shalimar <i>et al</i> , 2017	100%	Median (range) follow-up of these patients was 660 (2–2400) days	N/A	11.3%	Haemoperitoneum, Haemopericardium, right atrial perforation	13.8%	8.6%	10%	84% years
Spiliopoulos <i>et al</i> , 2017	100%	Mean 46.5 ± 38.7 mo (range 1 - 139)	PSG <12 mm Hg	11.1%	Haemorrhage (11.1%)	17.5%	19.6%, 42.6% and 69.2% at 1, 2 and 8 years follow up	7.4%	80.4% 57.4% 30.8% and 1
Sonavane <i>et al</i> , 2018	100%	Not specified.	PSG < 12 mm Hg	19.0%	None reported	N/A	N/A	26.2%	81% years
Yonghua <i>et al</i> , 2018	100%	Not specified.	Average reduction in PSG from 37.0 ± 6.2 mm H ₂ O to	N/A	Hematochezia	50%	8.3%	0%	100% years

$18.5 \pm 2.2, P =$

0.0399
