

NAME OF THE HOSPITAL: _____

22). Trans Jugular Intrahepatic Portosystemic Shunt (TIPSS): M15W1.26

1. Name of the Procedure: Trans Jugular Intrahepatic Portosystemic Shunt (TIPSS)
2. Indications: Select indication which is applicable
Budd-Chiari Syndrome/ Refractory Ascites/ Prevention of variceal bleeding/ Portal hypertensive gastropathy/ Bleeding gastric varices/ Refractory hepatic hydrothorax/ Hepatorenal Syndrome/ Hepatopulmonary Syndrome/ Veno-occlusive disease
3. Does the patient presented with abdominal distension, malena, hematemesis: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- Creatinine, Liver function test, PT INR, Upper GI endoscopy, Calculated MELD score, USG, MRI/ Color Doppler: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
 - a. Rapid progressive liver failure: Yes/No
 - b. Uncontrolled encephalopathy: Yes/No
 - c. Heart failure: Yes/No
 - d. Calculated MELD score > 24: Yes/No

For Eligibility for Trans Jugular Intrahepatic Portosystemic Shunt (TIPSS) the answer to question 5a, 5b, 5c & 5d must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
