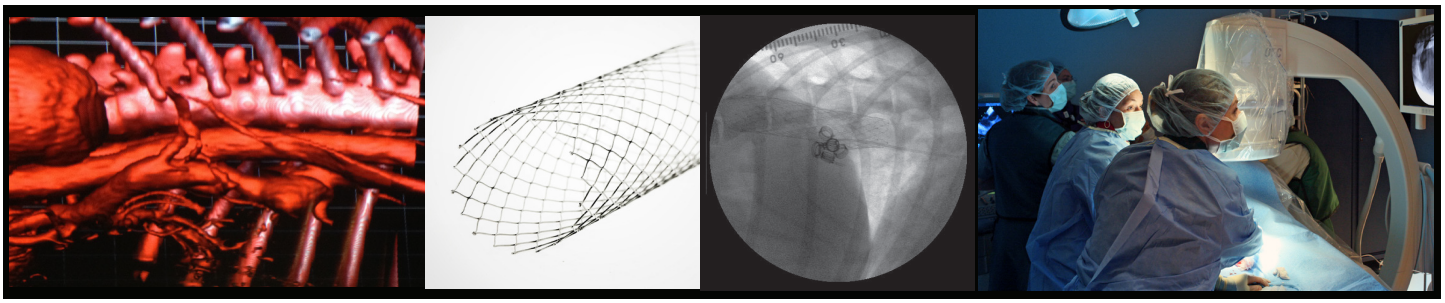
Intrahepatic shunt atttenuation

VETERINARY MEDICINE & BIOMEDICAL SCIENCES
TEXAS A&M UNIVERSITY



Procedure: This minimally invasive, catheter-based procedure is performed under anesthesia. Using fluoroscopy, a stent is placed in the vena cava via the jugular vein. Embolization coils are then placed in the shunt to reduce blood flow.

Indication: To reduce flow through a single congenital intrahepatic portosystemic shunt and improve liver function.

Patient eligibility (species, size, gender): Dogs should be > 5 months old (> 8 months if a giant breed) and be medically managed for at least 4 weeks (lactulose, antimicrobials, proton pump inhibitor, low protein diet). Anticonvulsant therapy (levetiracetam) should be administered for at least a week prior to shunt attenuation. Advanced imaging under anesthesia (CT angiography) is needed before stent and coil placement to confirm shunt type and location.

Cost: $12,000-14,000 for (1) CT imaging to determine the anatomy of the shunt and measure the vena cava and (2) stent and coil placement.

Length of stay: 1-2 days for initial evaluation and CT study; 2-3 days for stent and coil placement.

Complications: Major complications are uncommon but include portal hypertension, seizures, gastric bleeding, and displacement of the stent or coils.

Anticipated outcome: We expect to see improvement in hepatic function and mitigation of clinical signs within the first few weeks. In some cases, additional coils are placed after 1-2 months to address continued flow through the shunt.

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