The effects of transjugular intra-hepatic porto-caval shunt (TIPS) on the survival of grafts and patients after liver transplantation (LTx) have only been documented in small series and with only a comparative description with non-TIPS recipients. In our centre we evaluated 63 TIPS patients who had a subsequent LT and compared these with 672 patients transplanted with cirrhosis without TIPS. Pre-transplant characteristics were similar between groups. Graft survival at 1, 3 and 5 years post-LT was 85.2%, 77% and 72.1% (TIPS) and 75.3%, 69.8% and 66.1% (controls). Patient survival at the same points was 91.7%, 85% and 81.7% respectively (TIPS) and 85.2%, 80.3% and 76.2% (controls). Cox regression showed the absence of TIPS pre-LTx, transfusion of >5 units of blood during LTx, ITU stay post-LTx >3 days and earlier period of transplant (before 2004) to be significantly associated with a worse actuarial and graft survival at 1 year. Migration of the TIPS stent occurred in 28% of cases, increasing the time on bypass during LTx, but was not related to graft or patient survival. TIPS may improve portal supply to the graft and reduce collateral flow, improving function and account for the improved graft survival.