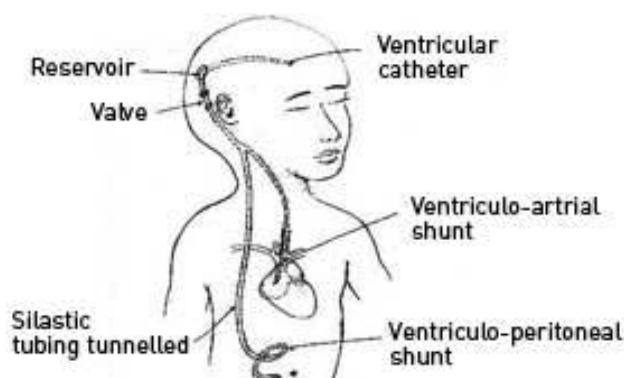


Insertion of Ventriculoperitoneal (V/P) Shunt

Treatment of hydrocephalus is surgical. Medical management has been attempted in the past with Acetazolamide (Diamox) which suppresses cerebrospinal fluid (CSF) production but this is not curative.

OPERATION

The aim of surgical intervention is to bypass the flow of CSF around the obstruction. A ventriculo-peritoneal shunt is most commonly used with a thin silastic tubing being tunneled under the skin from the brain to the abdomen allowing CSF to flow from the ventricle direct into the abdominal cavity where it is reabsorbed. Rarely a lumbo-peritoneal or a ventriculo-atrial shunt is used, however the principle remains the same, to bypass the blockage of CSF flow and decrease intracranial pressure. Occasionally a temporary diversion called an external ventricular drain is inserted into the ventricle and tunneled out to drain into an external drainage bag.



Once a shunt is inserted it remains in place for life. Potential risks of shunts include blockage or infection. In both instances patients may exhibit the same signs and symptoms which led to initial presentation.

If either blockage or infection occurs the shunt will need to be revised which could be as simple as changing part of the shunt or could require a complete replacement of the shunt system.

Risks of the procedure:

The risks of this operation include the following. A detailed discussion with your surgeon is recommended prior to surgery.

- Infection: may be superficial or deep. The shunt may become infected requiring antibiotics or removal.
- Bleeding: may be superficial bruising or a deeper collection.
- Stroke or stroke-like complications, including weakness or sensory changes in the face, arms and/or legs as well as speech disturbances.
- Blockage which may require corrective surgery.
- Loss of vision or double vision.
- Epilepsy which may require medication.
- Symptoms may not be relieved by shunt insertion.
- A hole in the lung, heart or other organs, possibly leading to death (extremely rare).
- Incorrect positioning of the shunt tubing requiring a second operation to re-site it.
- Coma or death.

Disclaimer:

This brochure provides a general overview of the surgery and does not represent individual medical advice. Changes to your medication or lifestyle, and specific questions concerning surgery must be discussed with your Doctor.

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