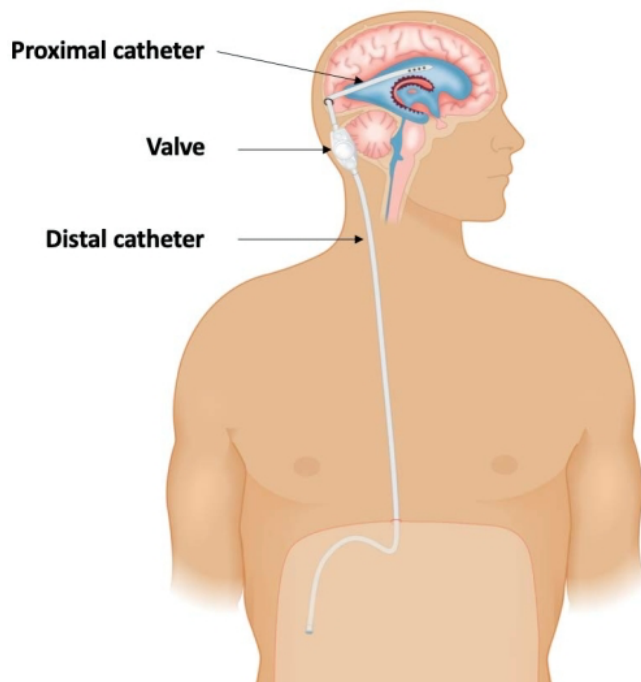


What is an Insertion of Ventricular Shunt?

This operation is performed to relieve pressure inside the skull caused by fluid on the brain or fluid in the brain chamber/ventricle. This fluid is drained from the ventricles of the brain into the abdominal cavity by the means of a device called a shunt. A shunt usually consists of two catheters and a one-way valve.

A small cut is made in the scalp and a small hole is drilled into the skull beneath the cut. A small tube (catheter) is placed into the brain to drain the fluid. Another cut is made in the abdomen. A second catheter is tunnelled under the skin, from behind the ear, down the neck and chest, and ends in the abdominal cavity. The catheter from the abdomen and the catheter in the brain are then connected by a valve. This valve controls the flow of fluid from the brain. The valve will be sutured under the skin to stop it from moving. The cuts will be closed with staples or sutures.



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Anaesthetic

This procedure will require a general anaesthetic. Please speak to your anaesthetist about the anaesthetic and the risks involved.

What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%)

- Infection, requiring antibiotics and further treatment. Minor pain, bruising and/or infection from IV cannula site. This may require antibiotics.
- Bleeding can occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs.

Uncommon risks and complications (1-5%)

- The shunt may be inadequately placed. This may require further surgery to re-position the shunt.
- The shunt may become infected requiring antibiotics and removal.
- The shunt may block, become disconnected or malfunction. This may require further surgery.
- Abnormal sensations such as pins and needles, numbness or pain may occur from the wound after the operation. This may be temporary or permanent.
- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Blood clot in the leg (DVT)
- Pulmonary embolism (PE)

Rare risks and complications (less than 1%)

- Heart attack due to the strain on the heart.
- Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.
- Epilepsy which may require medication. This condition may be temporary or permanent.
- Injury to the liver, bowel, lung or heart due to the surgical tunnelling process. This may require further surgery and an increase in hospital stay.
- Death as a result of this procedure is very rare.