

What do I need to know before I go home?

The main complications of shunts are, obstruction, infection, excessive or under drainage.

It is very important that you go to your local doctor or the nearest Emergency Department if you have any of the following symptoms:

- Any ooze, redness or swelling around your operation site
- Confusion or drowsiness
- Slowed movements
- Seizures
- Difficulty in talking or walking
- Unrelieved headaches
- Fever
- Visual problems
- Unrelieved headaches
- Nausea and/or vomiting

You **must not** drive any vehicle or operate machinery until the Neurosurgeon has told you that you may. This period of time varies depending on your particular condition.

Further Information

If you have any questions during your stay please do not hesitate to talk to a member of the nursing staff, who will be only too pleased to try and assist you.

The information in this pamphlet was compiled by:

**The Department of Neurosurgery
Westmead Hospital**

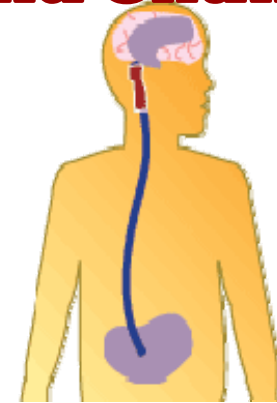
**Clinical Nurse Consultant
Neurosciences
Phone: 9845 9467**

**Reviewed September 2009
© Westmead Health**

SYDNEY WEST | **NSW HEALTH**
AREA HEALTH SERVICE

***Understanding the
treatment and management
of***

Hydrocephalus and Shunts



***A guide for patients
and their families***

The following pamphlet is designed to provide patients, families and carers with an overview and general information about hydrocephalus and shunts. This pamphlet is not intended to replace discussion with your doctor, nurse or other members of the health care team.

What is hydrocephalus?

Hydrocephalus is a condition which occurs as a result of an imbalance between the production and absorption of cerebrospinal fluid (CSF) commonly called brain fluid. This leads to an excess of fluid within the skull. CSF is a clear fluid made continuously within the fluid chambers (ventricles) of the brain. This fluid surrounds the brain and spinal cord to protect them from injury. Hydrocephalus occurs if the CSF pathway becomes blocked and is unable to leave the brain or if its absorption is disturbed.

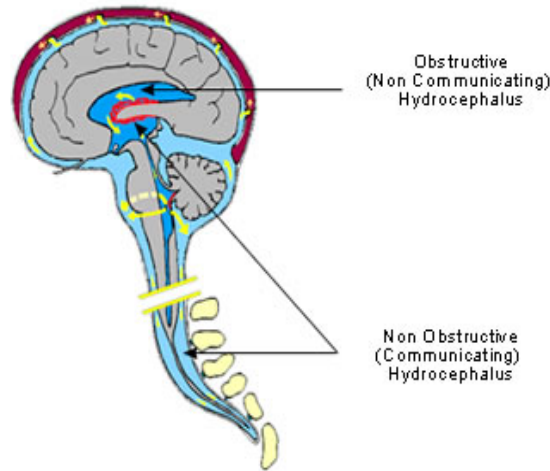
What causes hydrocephalus?

Hydrocephalus is classified into two main types: communicating (non obstructive) or non communicating (obstructive) hydrocephalus.

Communicating hydrocephalus occurs when the CSF is unable to be reabsorbed. The most common condition causing this type of hydrocephalus is following either meningitis, a traumatic brain injury or a bleed into the brain.

Non communicating (obstructive) hydrocephalus is caused by a blockage in the circulation of the CSF.

This is usually the result of a congenital narrowing of the CSF pathways but may also be caused by a tumour or cyst in or near the CSF pathways.



What are the symptoms of hydrocephalus.

The symptoms of hydrocephalus occur as a result of a buildup of fluid causing the ventricles where the fluid is made to dilate, this eventually causes an increase in pressure within the skull. The severity and speed of symptoms will depend on the cause, age and condition of the patient. Symptoms include headaches, vomiting, visual problems, lethargy, drowsiness or a decrease in level of consciousness.

A CT scan showing enlarged ventricles will confirm the diagnosis of hydrocephalus.

What is a shunt?

A Ventriculo-Peritoneal (V-P) shunt, is a silicone catheter inserted through a burr hole within the skull into the ventricle of the brain and linked with a distal catheter in the peritoneal cavity or abdomen. The CSF is shunted from the ventricles to the peritoneal cavity and reabsorbed into the bloodstream through the peritoneum (the membrane which lines the gastro-intestinal organs). This drainage enables the excess CSF within the brain to be evacuated, and therefore the pressure within the skull to be reduced. The distal end of a shunt may sometimes be placed within another absorption site, such as the right chamber (atrium) of the heart.

Insertion of a shunt is a surgical procedure performed in the operating theatre under general anaesthesia by a qualified neurosurgeon.

