VentriculoPeritoneal Shunt (VP SHUNT)

Information for Patients, Parents and Carers

Joanne Kehoe
Neurosurgical Nurse Co-ordinator
01 892 1753
Monday to Thursday 8am and 4pm
Friday 8am -12pm

Main Hospital Number
01 878 4200
What is a VP Shunt?

A VP Shunt is a piece of tubing that goes from the ventricles in your child’s brain into the peritoneal cavity (this is the area surrounding your child’s stomach). This tubing acts as a drainage system for excess fluid in the brain, this is called cerebrospinal fluid. The fluid drains into the abdomen / tummy area where it is reabsorbed by your child’s body.

www.sbhi.ie
What is CSF and Hydrocephalus?

Cerebrospinal Fluid (CSF) is a clear colourless fluid which surrounds your child’s brain and spinal cord; it acts as protection. If too much fluid is present it can cause an increase in the pressure on his/her brain. If the pressure is not reduced it will cause brain damage which will affect your child’s development.

A build up of CSF is called “Hydrocephalus”

What Causes Hydrocephalus?

There are many causes of hydrocephalus, however, sometimes the cause is unknown.

Hydrocephalus may be present when a child is born but is not usually inherited from a parent. It may also happen as a result of other conditions, most commonly;
Prematurity
Spina Bifida
Meningitis
Tumours or Cysts
Head injury
Some Syndromes

The reason your child has developed hydrocephalus will be explained by your child’s doctor.

What to Expect Before and After Surgery?

Before Surgery

Your child’s doctors will meet with you to explain the surgery and to ask you to sign a consent form. You may also meet the anaesthetist who will explain how your child will be given medication to make sure he/she is asleep and pain free during his/her operation.

Before surgery your child may have to have a number of tests including blood tests, CT scan or MRI scan, Cranial Ultrasound and lumbar puncture.

During your child’s stay in hospital before their operation nursing staff will monitor your child by carrying out a number of simple checks which include;

- Level of consciousness
- Blood pressure
Temperature
Heart rate
Reaction of eyes to lights
How he/she can move their arms and legs
Monitor if there are any changes in behaviour

How often your child is monitored will be depend on their condition; your child may need to be woken from their sleep.

Small babies may have measurements taken of the size of their heads. On the day of surgery your child will fast for a number of hours. This means he/she will not be allowed to eat or drink. The nurse looking after your child will tell you how long your child will need to fast.

After Surgery

When your child first returns to the ward he/she may be a bit sleepy. The nurse looking after him/her will monitor your child’s recovery by carrying out some of the tests mentioned above.

Your child will have two small wounds, one on their head and one on their tummy. Sometimes the doctor will need to shave a bit of hair around the site on the head. This hair will grow back in a short period of time covering his/her scar. Both wounds will be covered with a plaster or a cream to help the healing. There will be some bruising around your child’s neck and chest area from where the shunt was guided down into the stomach area.

The wound on your child’s head may look slightly raised because this is where the shunt’s valve has been placed.
Over time as their hair grows and this will be less noticeable.

When your child returns to their ward after the operation they may have some discomfort as the pain medication given during their operation wears off. The nurse caring for your child will give him/her pain medication to help control any pain or discomfort.

Your child’s doctor will tell you and the nurses when your child can sit up. If this is your child’s first shunt he/she may need to stay in bed for 24-48 hours and sit up gradually. This will prevent a headache caused by fluid draining away too quickly. If your child has had a shunt inserted before they may be allowed to sit up and get out of bed when they feel well enough.

Some children may vomit or have an upset stomach from the surgery. If this happens your child may be given medication to help relieve it.

When your child is feeling better after their operation they can eat normally and should drink plenty of drinks (not fizzy drinks)

**Going Home**

How long your child will need to stay in hospital will depend on his/her condition. The doctors and nurses will talk to you about this as they update you on your child’s recovery.

The move from hospital to home can be an anxious time for all parents and carers. Here are some answers to the most commonly asked questions;
What do I need to look out for when my child goes home?

Sometimes a shunt may stop working due to blockage, disconnection or infection. The following signs are things you need to watch out for.

**Baby**

- Enlargement of the baby’s head (getting larger)
- The fontanelle (soft spot on top of head) may become full and hard.
- Swelling or redness along the shunt track
- Fever (high temperature)
- Vomiting or refusing feeds
- Sleepiness
- Irritability-more difficult to settle/comfort
- Downward looking eyes (Cannot look upwards)
- High pitched crying
- Seizures /fits
Toddlers/Older Children

- Head enlargement /getting larger
- Headache or Vomiting
- Dizziness
- Visual (eye) problems/Sensitivity to lights
- Drowsiness/sleeping a lot
- Irritability/change in personality
- Loss of previous ability- for example weakness in weakness in legs or arms.
- Swelling in the neck or abdomen (tummy area)
- Seizures / fits

Unfortunately, some of these signs are common to many childhood illnesses. If your child has any of the above symptoms you must visit your family doctor or local Emergency Department to check the shunt is working.

At the back of this book, there is contact information for the team caring for your child. If your child has an unexpected seizure you should attend your nearest Emergency Department immediately; you may need to ring 999 or 112 for an ambulance.

**Can I Give my Child Painkillers at Home?**

Yes. If your child continues to have discomfort or pain in his/her head or tummy when they go home after the operation you can give over the counter pain medication such as Paracetomol or Paediatric Ibuprofen. Follow the instructions on the bottle for recommended amount for your child’s age or weight. Any discomfort or pain should settle after a couple of weeks.
Will I Have to do Anything With my Child’s Wound?

Usually, it will take the wound about two weeks to heal. After the first week the plaster can be taken off unless your child would prefer to have the wound covered.

Usually, the stitches used are dissolvable and will be absorbed by your child’s body over a short period of time. The doctor caring for your child will let you know if their stitches are dissolvable.

At home if you notice any redness, swelling, or discharge from your child’s wounds please contact your child’s doctor as he/she may have a wound infection.

When Can I Wash my Child’s Hair?

Usually children can have a bath and hair wash one week after surgery. Check with the nurse caring for your child when they can have a bath. When washing or in the bath use gentle soap or shampoo and do not rub the wound area.

When Can I Take my Baby/Child Swimming?

Taking your child swimming is perfectly safe once the wounds are fully healed. We would usually recommend about one month after surgery.
When Can my Child Return to Normal Activities?

After his/her operation your child will need a few weeks to recover. We suggest he/she stay at home for the first week to rest and recover. After this he/she can slowly return to their normal routine at a pace that suits them.

Can I Take my Child on a Plane?

We would advise you to wait till after your first out-patient appointment before taking your child on a plane. Individual cases can be discussed with your child’s doctor.

If you are travelling abroad it is recommended that you carry a letter with details of your child’s condition and doctor’s contact details. It would be advisable to have travel insurance when travelling with a child with a VP Shunt.

When Can my Child Return to School?

We recommend your child does not return to school for two weeks after his/her operation. However, this will depend on each child. Please talk to your child’s doctor about when he/she can return.

What Should I Tell my Child’s Teacher/Child Minder?

It is important your child’s teacher is informed of your child’s shunt. The school should know what signs to look out for if your child’s shunt is not working correctly (Signs listed previously)
When Can my Child Play Sports Again?

All sports activity should be avoided until your child has been seen as an out-patient. Rough and tumble play should also be avoided.

If your child takes part in contact sports such as rugby or boxing, this should be discussed with your child’s doctor.

Further Information

Spina Bifida and Hydrocephalus Association www.sbhi.ie

Brainwave Irish Epilepsy Association www.epilepsy.ie

Head Injury Support www.headwayireland.ie

Meningitis Support and Counselling
www.meningitis-trust.ie/

Contact Us

If you have any further questions please contact the Neurosurgical Nurse Co-ordinator on 01 892 1753 between

8am and 4pm Monday to Thursday
or Friday 8am -12pm

Alternatively you can contact the Department of Neurosurgery on 01 878 4254

These numbers are not an emergency service. If you have urgent concerns please contact your family doctor or local emergency service.
Your Child’s Neurosurgical Team

Ward _____________________________ Phone 01 878
Consultant ____________________________ Phone 01 878 4254
Physiotherapist ________________________ Phone 01 878
Occupational Therapist _________________ Phone 01 878
Social Worker __________________________ Phone 01 878
Other Numbers __________________________
____________________________________
____________________________________
____________________________________

Please remember to wash your hands or use hand gel when visiting the hospital

Authors: Joanne Kehoe
Version: 2
Approval Date: July 2013
Review Date: July 2015
Copyright © Temple Street Children’s University Hospital

The information contained in this booklet is correct at time of print