MELBOURNE NEUROSURGERY

POST OPERATIVE INFORMATION LEAFLET

VENTRICULO-PERITONEAL SHUNT

545 ROYAL PARADE
PARKVILLE VIC 3052

PHONE 03 9816 - 9844
FACSIMILE 03 9816 - 9877

www.neurosurgery.com.au

WHAT IS A VENTRICULO-PERITONEAL SHUNT ?

This is where a piece of plastic tubing is tunneled from the ventricles of the brain to the abdomen to relieve a disease called HYDROCEPHALUS (see leaflets on HYDROCEPHALUS and VENTRICULOPERITONEAL SHUNT).

HOW LONG WILL IT TAKE TO GET OVER SURGERY ?

This depends on:

1. How sick you were before your surgery
2. If you had any neurological problems either before or after the operation
3. Any complications from either the disease or the surgery.
4. Your age.
5. Other medical conditions

There are lots of different things that effect recovery so it is hard to put an absolute time on it. It is important to remember that the type of person that you are will also have some effect as different people recover at different rates.

Allowing that everything is straight forward in your surgery and recovery there is a path that you will follow. It can be divided up into the first six weeks which will take you to your first follow up appointment, the six weeks after that and then the three months following that.

THE FIRST SIX WEEKS

This is the time that you will make the fastest recovery. Initially when you leave hospital you may feel as though you will be able to do quite a lot. While you have been in hospital you have been resting and most things are taken care of for you. When you go home you will have more to do and may find that you are very tired. This is normal and it is common to need a rest in the middle of the day. This tiredness gradually improves over time. At the end of the six weeks you should be able to get through the day without it.It is common to find that your memory is not at its best and that you do not seem to be able to concentrate on any one thing for a long period. If you were some-one who reads a lot you may find this difficult. This all gradually improves and affects different people to a varying extent. It is important to have some one to rely on to help in the early recovery period.

THE NEXT SIX WEEKS

This is the time that you have turned the corner and are looking to return to work and other pursuits. When you return for your post operative visit all of these things will be discussed with you. You will be assessed at this visit and a plan will be put in place as to the next steps of recovery. You may have required some rehabilitation and if so your neurosurgeon will have a report of your progress. Some people are able to get back to doing things quicker than others and this will need to be assessed. Your stamina will be a lot better at this stage. It continues to improve further from here.

THE NEXT THREE MONTHS

Most people have gone back to work by this period depending on circumstances. Your return to work is graduated to make sure that you can cope with it. It is important to try and increase your exercise and other tasks in a stepwise fashion rather than trying too much to soon as this may result in a loss of confidence. It can all seem too hard if you try to tackle too much early on.

FOLLOW UP APPOINTMENTS ?

On discharge from hospital you should have follow up appointments with:

NEUROSURGEON	At about six weeks
LOCAL DOCTOR	Within two weeks

DRUGS ?

You will be on certain drugs on discharge. Some you will need to stay on and others you will be reducing or stopping. It is important to be sure which drugs you will need to continue on and what the doses are. When you see your local doctor make sure you have any repeat scripts. Just because your drugs run out does not mean you should stop these.

COMMONEST DRUG

Anticonvulsant Therapy

These are to stop you having seizures[fits]. The need for this is decided by your Neurosurgeon or Neurologist. If you have not had any seizures then they may not be required. All patients who have seizures are usually on an Anticonvulsant. It is important to know the side effects of your drugs and if any blood levels need to be monitored[See leaflets on Dilantin,Tegretol etc.(common drugs)].

CARE OF THE WOUNDS

Different surgeons manage this in different ways. After discharge from hospital we like the wounds to be kept dry and covered. If they get wet dry and replace the dressing. Keep covered for 2 days after removal of the sutures. The dressing does not need to be changed more than every 2nd day unless it gets wet or soiled. If the wound looks red or is weeping contact your doctor.

REMOVAL OF STITCHES ?

Some patient have nylon stitches and others have metal staples. Your surgeon decides when they should be removed and head sutures are normally at about day 5-7 post operatively if you have not had a re-operation and at about day 10-14 if you have had a re-operation or previous radiation treatment. The abdominal sutures are usually removed at about day10 .These may be removed by the surgeon, the ward or your local doctor or nurse. If you have staples it is important to take a staple remover with you from hospital.

WHAT IS NORMAL TO EXPECT ?

OVERALL

All patients are tired when they get home and need a rest in the middle of the day. It is common to have some headaches and an ache around the wound.

The general tiredness can lead you to be a little short tempered and this is nothing to worry about and does improve. Just having a shower can be enough to make you tired. It is alright to have more than one rest during the day but it is important to be doing some light exercise.

THE WOUNDS

These are sore for about 5-7 days .

Because there are some nerves cut at the time of the incision there is usually a patch of numbness adjacent to it. There is an occaisional shooting pain around the wound. It will start to itch when it is healing.

There may be some fluid under the scalp that moves around, this is usually fuller in the morning and reduces as the day goes on. As the days go by this will normally reduce as the scalp heals.

THE HEAD

As the swelling in the scalp subsides there will may be a noticable bump where the valve is in the head. The tubing may be palpable in thin people.

HEADACHES

These are variable. Some people have very little while others are troubled by them.

As a general rule they are not troublesome and respond to panadol or panadiene.

They can be worse towards the end of the day and they may be linked to increasing tiredness.

It is important to keep your fluids up in warm weather as dehydration may make the headache worse.

By 2 weeks post operatively the headaches have started to resolve in most people. In some conditions they may last for a few months.

Posture can have some effect. If you bring your head up from lying down very quickly then you may get not only a headache but also some dizziness. Placing your head between your knees will increase the pressure in the head and cause increased pain.

SEIZURES

These can occur to any-one who has had a shunt. The risk of having a seizure is very small in normal circumstances.

Some patients are on anti-convulsant medication prior to the surgery.

If we believe the risk of seizures is very low we will discuss this with you pre-operatively and may not use an anti-convulsant drug because these can have very severe side effects. Also once starting medication it can be hard to get you off them.

The greatest risk of seizure is early after the operation. This is the time that you are at greatest risk of injury.

If you do have a seizure it is important for any-one with you to move anything out of the way that you may bump into and to call an ambulance. Patients and their relatives who know what a typical seizure pattern for them is will not always call the ambulance.

If you are very concerned about the risk of seizure you can be discharged with some valium suppositories that can be given to help stop the seizure while waiting for the ambulance.

If you are taking medicine for seizures you must not stop it abruptly.

Once you have a seizure you will require medication.

There are different types of seizure.

The commonest to affect patients post-craniotomy is the type where you become unconscious and convulse. These usually stop after a few minutes. We get you to call the ambulance initially just in case the seizure is prolonged.

DRIVING

You should not drive until told that you can do so by your Neursurgeon.

This is usually after Three Months.

The reasons for this are that you have reduced concentration, you may have a neurological deficit and are at the risk of an epileptic seizure.

Added to this it is against the law in most states .

In most cases if you are driving without permission or against advice and you do have an accident your insurer will not cover you.

When you do return to driving we initially suggest:

Do not drive at night.
Short trips
Have some one with you.
Stay out of peak hour.
Stick to familiar routes.

HAIR management

You can wash your hair 2 days after removal of sutures
It may be coloured after 4 weeks post-operatively

AIR TRAVEL

Check with your neurosurgeon.
Some airlines may require a letter from your doctor.
In the early stages we would recommend against overseas trips.

SPORT / EXERCISE

In the early stages exercise can cause increase in headaches.

Tiredness and over exertion may increase the risk of seizure.

We suggest the avoidence of all contact sports for at least 12 months after surgery to avoid blows to the head.

After 3 months you can start to play non competetive non contact sports starting slowly. Depending on your recovery golf and bowls may be played at 6 weeks. Do not play golf alone in this period.

You must consider the risk of seizure and so we advise you not to place yourself in risky situations for the first three months and this means you must not climb onto a chair or ladder.

Swimming poses a similar risk, avoid the beach and if in a pool it should be water shallow enough that some-one who is with you can support your head above water if you should fit. Do not swim alone.

Walking is good for your general recovery. Do what is comfortable and try not to tire yourself to much.

ALCOHOL ?

It is best to avoid this in the early postoperative period but half a glass of wine or a light beer per day is unlikely to cause any problems.

PHYSIOTHERAPY/EXERCISES

You may need physiotherapy for any neurological deficit. This may mean inpatient admission to a rehabilitation centre. Once you are at the point where you can manage at home you will be discharged. You will have some exercises to do and may need outpatient physiotherapy.

The main exercise we recomend is walking. This should start slowly with a distance that you are comfortable with and then increased in small increments. Avoid any heavy lifting. Do not be concerned if the first walk tires you out.

RETURN TO WORK

Discuss this with your Neurosurgeon

You will normally need at least 6 weeks completely off work. After this you may be able to go back on reduced hours doing the equivalent of light duties. The return to work will depend on your recovery and is usually discussed at your first post op visit.

When you do go back to work you cannot operate machinery till at least 3 months post surgery.

If you have a neurological deficit this will not stop you returning to work but you may need retraining.

Remember that even if you can return part time after 6 weeks you will not be able to drive until 3 months.

IF I HAVE A PROBLEM WHOM SHOULD I CALL ?

Some problems are urgent and require immediate treatment, this will mean presenting to the nearest emergencey department. For others you need to contact your local doctor. Your Neurosurgeon is usually available most of the time and can be contacted by any emergency department or your local doctor. During the day we can be contacted through the main office and after hours by pager for emergncies. If you see your local doctor he will contact us if he has any concerns.

For general questions our practice nurses are able to help in most cases. If they are unsure they will contact your neurosurgeon.

WHAT IS IMPORTANT TO NOTIFY MY DOCTOR ABOUT ?

Wound
- Increased Redness
- Discharge
- Increased fluid below/swelling
- Fluid Leakage
- Visible white shunt tubing

Headaches
- Increasing Severity

Increased
- Drowsiness
- Weakness
- Confusion
- Speech difficulty
- Falls
- Visual Disturbance

Seizures / Fitting
Nausea / Vomiting
Rash
Pain or swelling in leg/calf
Fever/sweats/neck stiffness/light intolerance
Chest pain or shortness of breath