

Peritoneal catheter repositioning

see also [Peritoneal catheter placement](#).

Whenever suspected it should be confirmed by imaging, followed by open exploration and [repositioning](#) of the [peritoneal catheter](#) ¹⁾.

In case of suspected [ventriculoperitoneal shunt infection](#), the [ventriculoperitoneal shunt](#) is removed and replaced by an [external ventricular drain](#). Antibiotics are started and adjusted to the results of the CSF culture. If there is no direct sign of infection, only the distal catheter is externalized and antibiotics are introduced until the [shunt infection](#) is treated. Depending on the peritoneal absorption state, the distal catheter is replaced in the abdominal cavity or in the atrium, the pleural space, or the [gallbladder](#) if there is no suitable place for repositioning. If the peritoneal state allows it, a laparoscopic procedure is recommended to avoid peritoneal adhesion formation increasing the recurrence rate of CSF [pseudocyst](#) ²⁾.

¹⁾

Hamid R, Baba AA, Bhat NA, Mufti G, Mir YA, Sajad W. Post ventriculoperitoneal shunt abdominal pseudocyst: Challenges posed in management. Asian J Neurosurg. 2017 Jan-Mar;12(1):13-16. doi: 10.4103/1793-5482.145539. PubMed PMID: 28413525; PubMed Central PMCID: PMC5379787.

²⁾

Laurent P, Hennecker JL, Schillaci A, Scordidis V. [Abdominal CSF pseudocyst recurrence in a 14-year-old patient with ventricular-peritoneal shunt]. Arch Pediatr. 2014 Aug;21(8):869-72. doi: 10.1016/j.arcped.2014.05.019. Epub 2014 Jul 2. French. PubMed PMID: 24997061.

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Last update: **2024/06/07 02:59**

