

Shunt revision

There is elevated risk of [shunt infection](#) associated with shunt revisions observed in clinical practice. To reduce risk of [infection](#) risk, further work should optimize revision procedures ¹⁾.

see [Preventable Shunt Revision Rate](#).

The decision to admit a [shunt](#)-treated patient from the emergency department for symptoms related to [idiopathic intracranial hypertension](#) (IIH) is challenging. Knowledge of factors associated with the need for admission and/or shunt revision is required. In a study, factors such as male sex, younger age at presentation, lower number of prior emergency department visits, and performance of a diagnostic LP were independent predictors of admission. In addition, [papilledema](#) was strongly predictive of the need for [shunt revision](#), highlighting the importance of an ophthalmological examination for shunt-treated adults with IIH who present to the emergency department ²⁾.

¹⁾

Simon TD, Butler J, Whitlock KB, Browd SR, Holubkov R, Kestle JR, Kulkarni AV, Langlely M, Limbrick DD Jr, Mayer-Hamblett N, Tamber M, Wellons JC 3rd, Whitehead WE, Riva-Cambrin J; Hydrocephalus Clinical Research Network. Risk Factors for First Cerebrospinal Fluid Shunt Infection: Findings from a Multi-Center Prospective Cohort Study. J Pediatr. 2014 Mar 21. pii: S0022-3476(14)00114-0. doi: 10.1016/j.jpeds.2014.02.013. [Epub ahead of print] PubMed PMID: 24661340.

²⁾

Sankey EW, Elder BD, Liu A, Carson KA, Goodwin CR, Jusué-Torres I, Rigamonti D. Predictors of admission and shunt revision during emergency department visits for shunt-treated adult patients with idiopathic intracranial hypertension. J Neurosurg. 2017 Aug;127(2):233-239. doi: 10.3171/2016.5.JNS151303. Epub 2016 Sep 23. PubMed PMID: 27662535.

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