

Ventricular catheter misplacement

- Risk factors for complications in bolt-connected external ventricular drains
- Left lower extremity venogram and common iliac venoplasty: guidewire-induced arrhythmia
- Complications in Pericardiocentesis: Right Ventricular Perforation in a 75-Year-Old Patient with Lymphoma
- External Ventricular Drain Misadministration Events: Systematic Literature Review and Report of a Case
- Neuroanatomical refinement of Kocher's point for enhanced precision in ventriculostomy: A technical note and a literature review
- Left Ventricular Perforation Following Transcutaneous Pigtail Catheter Placement Mimicking Anterior Wall Myocardial Infarction: An Unusual Complication
- Misplacement of Ventricular Catheters in Ventriculoperitoneal Shunt Surgery
- The impact of real-time ultrasound guidance on ventricular catheter placement in cerebrospinal fluid shunts - a single-center study

□ Ventricular Catheter: Misplacement vs Malposition

This section outlines the key differences between **misplacement** and **malposition** of ventricular catheters, which are important for interpreting postoperative imaging and assessing functionality.

□ Definition Table

Term	Definition	Key Features	Example
Misplacement	Catheter is completely outside the intended anatomical target (ventricle).	* Ventricles not accessed. * Non-functional. * Risk of hemorrhage or brain injury.	Tip located in brain parenchyma or subarachnoid space.
Malposition	Catheter is inside the ventricle , but in a suboptimal position .	* Still within ventricle. * May be functional. * Increased risk of occlusion or failure.	Tip near choroid plexus or wall of posterior horn.

□ Summary

- **Misplacement** = The catheter **missed the ventricle**.
- **Malposition** = The catheter **entered the ventricle**, but the tip is **not ideally placed** (e.g., far from CSF flow or near choroid).
- Both conditions may compromise catheter function and should be reported in post-op imaging.*

[Ventricular catheter placement](#) is one of the fundamental procedures of emergency neurosurgery usually performed freehand at the bedside or in the operating room using anatomical landmarks. However, this technique is frequently associated with malpositioning leading to complications or dysfunction.

Misplacement in [eloquent brain tissue](#) can result in serious morbidities such as [coma](#), pial [arteriovenous fistula](#), upgaze palsy, and iatrogenic [pseudoaneurysm](#).

Freehand ventricular catheter misplacement

see [Freehand ventricular catheter misplacement](#).

Prevention

[Ventricular catheter misplacement prevention](#).

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