Ventriculoperitoneal shunt (VP)

- Unveiling the Possibility of Subclinically Present Congenital Hydrocephalus Triggered by Thalamic Hemorrhage in Late-onset Years: A Case Report
- Risk Factors, Indications, and Effectiveness of Cerebrospinal Fluid Diversion in Patients With High-Grade Glioma-Associated Hydrocephalus: A Systematic Review and Meta-Analysis
- Idiopathic Normal-Pressure Hydrocephalus Revealed by Systemic Infection: Clinical Observations of Two Cases
- Fluid dynamics model of the cerebral ventricular system
- Agenesis of Corpus Callosum: A Clinical Study of Complete Versus Partial Agenesis in a 20-Year Retrospective Cohort
- Lumboperitoneal and ventriculoperitoneal shunting for leptomeningeal disease-associated hydrocephalus: a systematic review and meta-analysis of postoperative outcomes and comparative effectiveness
- Antibiotic-Impregnated Catheters for Ventriculoperitoneal Shunt in Neonates and Infants: A Systematic Review and Meta-Analysis
- Sleep apnea in patients with achondroplasia associated with foramen magnum stenosis

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The VP shunt is a surgical intervention designed to redirect and drain excess cerebrospinal fluid from the brain's ventricles into the abdominal cavity, where it can be naturally absorbed by the body. The shunt system typically consists of three main components:

Ventricular Catheter: A catheter (flexible tube) is inserted into one of the brain's ventricles to collect excess cerebrospinal fluid.

Valve: The valve is a pressure-sensitive mechanism that regulates the flow of cerebrospinal fluid through the shunt. It helps maintain a controlled pressure within the brain.

Peritoneal Catheter: A second catheter is tunneled under the skin and directed from the head, down the neck, and into the abdominal cavity (peritoneum). The excess cerebrospinal fluid is then drained into the peritoneal cavity.

The VP shunt effectively reduces intracranial pressure and prevents the accumulation of cerebrospinal fluid, thereby alleviating symptoms associated with hydrocephalus, such as headaches, nausea, and vision problems.

While VP shunts are often successful in managing hydrocephalus, there are potential complications and risks associated with the procedure. Shunt malfunction, infection, blockage, or overdrainage are some of the complications that may require additional medical attention or surgical intervention. Regular follow-up appointments and monitoring are essential to ensure the proper functioning of the VP shunt.

It's important to note that the decision to implant a VP shunt is based on a thorough assessment of the individual patient's condition, and the procedure is typically recommended when other treatment options are not viable or effective. Neurosurgeons and neurologists collaborate in the diagnosis, treatment, and ongoing management of hydrocephalus and VP shunt placement.

Indications

A ventriculoperitoneal (VP) shunt is a medical device used to treat a condition known as hydrocephalus.

Ventriculoperitoneal shunt placement

see Ventriculoperitoneal shunt placement.

Ventriculoperitoneal shunt for Pediatric hydrocephalus

Ventriculoperitoneal shunt for Pediatric hydrocephalus.

Ventriculoperitoneal shunt contraindication

Ventriculoperitoneal shunt contraindication.

Ventriculoperitoneal shunt complications

Ventriculoperitoneal shunt complications