

Neurosurgery Abstracts

Title: A SURVEY OF PEOPLE WITH VENTRICULO-ATRIAL OR VENTRICULO – PERITONEAL SHUNTS IN THE COMMUNITY IN THE UNITED KINGDOM

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Background: As in many healthcare systems, when children reach the age of 16 they are transferred to the very different world on adult healthcare, with less systematic surveillance and diminished access. When shunted children who are symptom – free are so transferred, they are usually seen only on demand, and might disappear from the medical scene. We are familiar with the complications of both VP and VA shunts, largely from historical data and contact with patients with problems, but little is known of those who do not seek, or need, medical attention. We therefore conducted a survey to determine the situation.

Method: Of the 15,000 people on the ASBAH database, 405 were recorded as having a VA shunt, and a matched cohort of 405 had a VP shunt. Simple questionnaires were mailed to these 810 people and 299 replies were received. After exclusions for data errors etc there were 111 with VA and 117 with VP. Data regarding how long the shunt had been in place, and the incidence of obstruction or other complications were recorded.

Results: The median times since the shunt was inserted were 24yrs (0.3-44) for VA and 10.5yrs (0.005-45) 38% of VA and 36% of VP had had no problems. Complications were (VA:VP%): Obstruction 48:44, Disconnection 10:13.7, Lengthening 13:6, Infection 12.75:20, nephropathy 0.7:0, thrombus 1.3:0.

Conclusion: The rate of complications was similar in VA and VP shunts. More lengthening procedures were needed in VA than VP. The incidence of thrombus formation and nephropathy in VA shunts was very low, and the latter can now be prevented. VA shunts can therefore be considered an acceptable alternative when VP shunting is not possible.