

Shunt malfunction

June 2007

a protocol to symptoms & suggested action for employers

Signs of acute shunt malfunction or blockage may include:

vomiting or nausea

dizziness

headache

drowsiness

photophobia (sensitivity to light)

seizures (fits)

+ other visual disturbances

If someone with a shunt (or who has had Hydrocephalus treated by 3rd ventriculostomy) displays all or some of the above **THINK SHUNT**

ACTION

- 1) Ask employee for his/her shunt alert card & look for name of neurosurgeon. Phone neurosurgical unit & speak to Ward Sister or Neurosurgical Registrar. Do NOT leave message with ward clerk or junior
- 2) Inform next of kin
- 3) It may be necessary to arrange transport to a neurosurgical unit.
Do NOT allow employee to be transported to local district hospital (unless unconscious or very ill)

**ANYONE WITH SHUNT BLOCKAGE (OR MALFUNCTION OF 3RD VENTRICULOSTOMY)
NEEDS TO CONTACT THEIR SPECIALIST NEUROSURGICAL UNIT
WITHIN 4 HOURS
OF ACUTE SYMPTOMS DEVELOPING FOR ADVICE**

Shunt malfunction may present as a chronic condition (ie over some time - weeks or even months)

If an employee with Hydrocephalus presents with:

fatigue

general malaise

visuo-perceptual problems

behaviour changes

decline in academic or work performance

being just "not right"

THE SITUATION NEEDS TO BE DISCUSSED

Do not assume that someone else will tell them or that they will necessarily notice "vague" symptoms

Everyone with Hydrocephalus needs to be well hydrated and have access to clear fluids

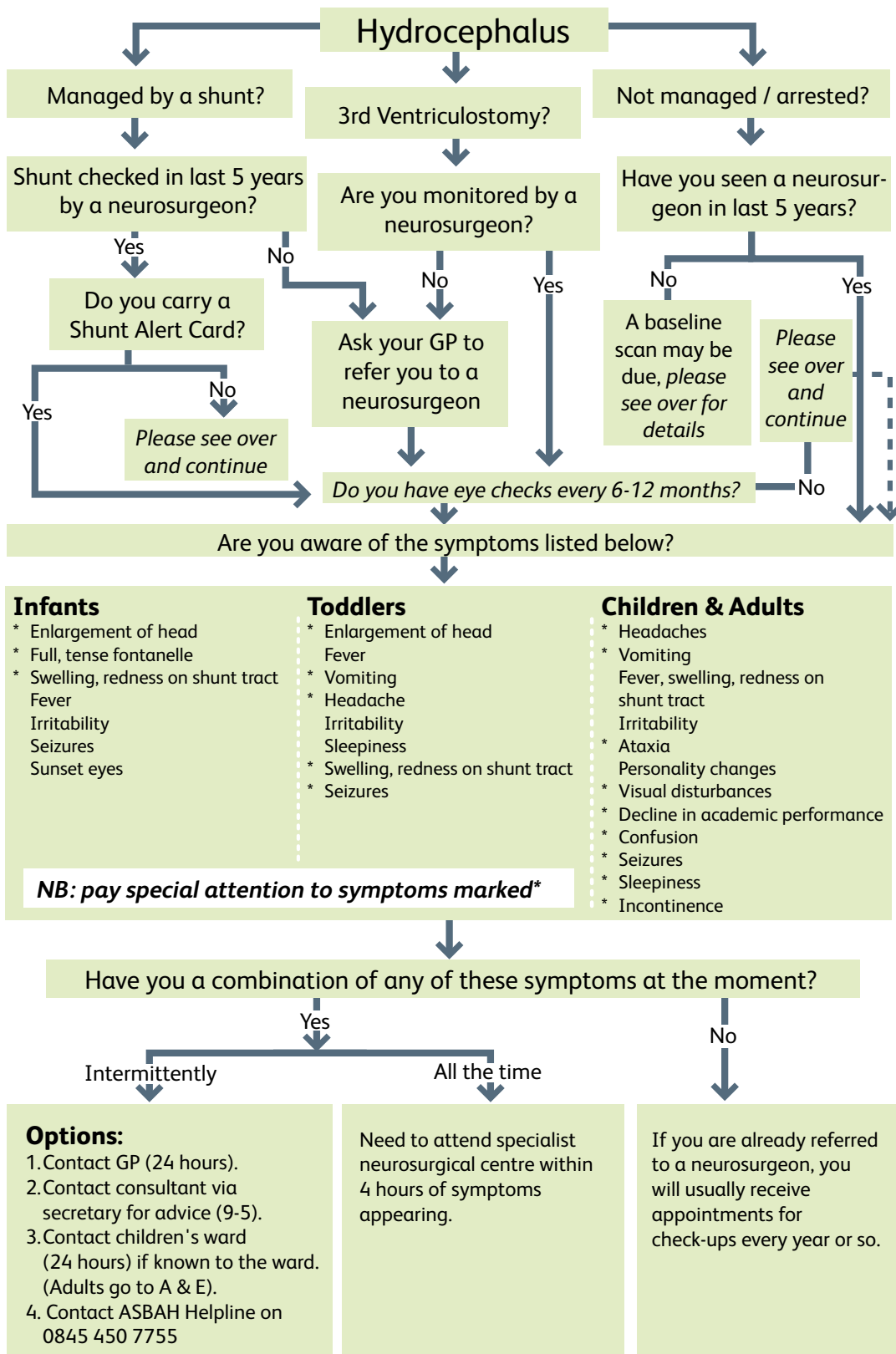
(not "coke" or any drink containing caffeine) especially in hot weather, after exercise or if involved in heavy/manual work

Help us

ASBAH relies on people's generosity and support so we can help our clients who depend on us for help and advice - people with hydrocephalus, spina bifida, their families and carers. To donate to ASBAH please visit www.asbah.org or call 01733 421327.

This information has been produced by ASBAH's medical advisers and approved by ASBAH's Medical Advisory Committee of senior medical professionals.

Management of Hydrocephalus



Shunt alert cards

A small information card stating the type of a shunt a person has and the symptoms of malfunction. Mainly for use in emergency situations. Available through ASBAH - your local Adviser or National Centre have forms.

GP leaflet

A guide to hydrocephalus will be sent to your GP on request. Remember, you may be the only patient he/she has with hydrocephalus, so he/she will need all the information available.

Referral procedure

If you have not been seen by a neurosurgeon in the last 5 years and had your shunt checked, you will need to be re-referred to the hydrocephalus clinic via your GP.

Baseline scans

Even though you are not experiencing any problems with your shunt, it is advisable that a baseline scan has been taken when you are well. This will help to determine treatment, should you develop any pressure problems, ie the consultant will know the size of your ventricles when well. If you have not had a scan in the last 5 years, you may need a referral - see referral procedures above.

Eye check

Individuals with a shunt are advised to have eye checks every 6 months. Raised intracranial pressure may cause pressure at the back of the eyes. Eye checks therefore assist early diagnosis.