



Related factors and management principles of postoperative complications of ventricular-peritoneal shunt

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Abstract

Objective: To explore the related factors and management principles of postoperative complications of ventricular-peritoneal shunt.

Methods: 250 patients who underwent ventricular-peritoneal shunt in our hospital were selected and followed up for at least 5 years. The age, gender, history of disease, classification of hydrocephalus, surgical method, and type of shunt tube, postoperative complications and other factors were analyzed. Patients with complications were treated and the clinical treatment effect was analyzed.

Results: Complications occurred in patients, including puncture bleeding, obstruction of shunt tube (decomposition, rupture), intracranial infection, subdural effusion or subdural hematoma caused by excessive drainage, and delayed intracranial hematoma. Patients can still get a good prognosis after individualized treatment.

Conclusions: The incidence of postoperative complications of ventricular-peritoneal shunt is not low. Surgery indications should be strictly grasped before surgery. Strict aseptic operation should be performed during the operation. Patients with a previous history of central nervous system infection or craniocerebral surgery should be more cautious. Early skull repair combined with ventricular-peritoneal shunt is positive significance for improving the quality of life of patients undergoing brain surgery. Patients with complications should be treated individually.



Biography:

Xu Ying-hui completed his PhD in 2004 from Shanghai Jiao Tong University School of Medicine. He is the dean of the First Affiliated Hospital of Dalian Medical University and vice President of Dalian Medical University. He has published more than 20 papers in reputed journals.

Speaker Publications:

- 1. "Trefoil factor 3 contributes to the malignancy of glioma via regulating HIF-1 α "; Oncotarget. 2017; 8:76770-76782.
- 2. "Knockdown of NUPR1 inhibits the proliferation of glioblastoma cells via ERK1/2, p38 MAPK and caspase-3"; J. Neurooncol / 2016.
- 3. "Crucial role of TRPC6 in maintaining the stability of HIF- 1α in glioma cells under hypoxia"; Journal of Cell Science 2015 128: 3317-3329.

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