

Working to relieve the pressure!

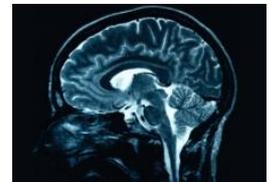
General Information

The most common treatments for idiopathic intracranial hypertension (IIH) are medical treatments. However, if medical treatments are ineffective, not tolerated or if vision is severely affected, surgical treatment may be considered. The most common type of surgery performed for IIH is the insertion of a shunt.



A **shunt** is a catheter (thin tube) that is inserted in to the body to divert the spinal fluid from one place to another where it can be harmlessly re-absorbed into the body. Shunts usually drain into the peritoneal cavity. The peritoneum is a membrane that covers vital organs in your abdomen, including the intestines, stomach and liver. Less commonly a VA shunt, Ventriculo-atrial shunt may be used, where the lower catheter drains into the atrium of the heart. A VPL shunt is where the lower catheter drains into the pleural cavity which is the cavity around the lung.

Once your doctors have decided that you will benefit from surgery, you will be referred to a Neurosurgeon (a specialist in surgery on the brain, spine and nervous system), or an Ophthalmic Surgeon (eye surgeon). They will want to talk to you about your symptoms and you may also need some tests. You will be given an opportunity to ask your surgical team any questions at your pre-operative assessment or on your admission.



One question we are often asked is how much hair will be shaved for a VP shunt operation. This depends entirely on your surgeon. In general surgeons shave as little as needed, don't be afraid to ask your surgeon about this.

A **Lumbo-peritoneal (LP) shunt** is inserted in the lower back, the 'lumbar region' of the spine. The proximal catheter is carefully placed in the subarachnoid space, the space between the spinal cord and spinal nerves, and the arachnoids, the outer layer of the spinal column, which is filled with cerebrospinal fluid. Tubing from the proximal catheter drains excess CSF into the abdominal cavity to the open end of the distal catheter.

A **Ventricular Peritoneal (VP) Shunt** the proximal catheter is inserted directly in the ventricles of the brain. A valve is attached to the proximal and distal catheters. Once fluid flows through the shunt system, the surgeon will place the distal catheter in the peritoneal cavity, using a very small incision in the stomach.

Venous sinus stenting is also used as a surgical procedure for IIH sufferers who have Venous Sinus Stenosis. Stent surgery is performed after various investigations. If the patient is a good candidate, a stent is placed within the venous sinus and dilated which can result in the reduction of pressure and relieve symptoms.

Very rarely **ONSF (optical nerve sheath fenestration)** may be considered if vision is severely threatened. A 'window' is cut into the sheath to relieve the pressure on the nerve and allow the CSF to escape. ONSF is very effective at relieving the pressure on the optic nerves and helps to resolve papilloedema. ONSF has little effect on the overall ICP.

After your operation you'll be closely monitored for several hours. Usually you will be well enough to go home after 2-4 days. But a few of weeks rest and recovery is needed when home. Some people find that symptoms are relieved immediately after surgery, while for others it can take a while to adjust to the changes in intracranial pressure. If you have stitches, staples or clips, arrangements will be made for you to have them removed, and you should be given an out-patients appointment to check your progress.



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Many people with shunts live free of any significant symptoms but some may need revisions to their shunts for various reasons. Programmable valves used (both for VP and LP), can have the CSF flow adjusted with an electromagnet placed over the valve. For others, further surgery may be required and sometimes symptoms can still occur after surgery.