

FP43

Early (<30 day) shunt failure: lessons from 5-years of audit

Ian Anderson, Atul Tyagi, Gnanamurthy Sivakumar, John Goodden, Paul Chumas

Leeds General Infirmary, Leeds, United Kingdom

Introduction: Ventriculoperitoneal (VP) shunt failure is a significant cause of morbidity in the paediatric neurosurgical patient cohort. With the need for transparency of surgical results, 30-day outcome measures have become increasingly important as a potential marker.

Recent publications have suggested that the 30-day failure rate after CSF shunt may represent a good barometer of surgical outcome and should be used as a separate outcome measure in the design of future trials investigating shunt failure.

We present 5 years of paediatric VP shunts placed in a single, large neurosurgical centre and examine rates of and causes for shunt failure within the first 30 days following insertion.

Methods: Retrospective audit of all paediatric shunts inserted in a single neurosurgical centre in a five year period.

Data collected on multiple factors including: primary vs revision shunts, aetiology of hydrocephalus, grade of inserting surgeon, number of surgeons, type of valve inserted and mechanism of shunt failure.

Results: We provide a single centre experience. We also point towards factors associated with shunt failure and compare 30-day survival of shunt valves inserted in this patient cohort.

Conclusion: More research should focus on 30-day shunt failure as an outcome measure and in order to provide meaningful comparison, published background data, such as this study is required.