

What to expect after surgery?

Surgery for your child can be frightening, but knowing what will be going on in the operating room and what to expect afterwards can help to alleviate some fear and anxiety. After the surgery, your child will need to stay in the hospital for monitoring. They will be groggy after surgery due to the anesthesia, and an intravenous catheter (IV) will be in place to administer medications. The length of stay after surgery depends on each individual patient, but typically is no longer than a couple of days.

Wound care is important to be familiar with before leaving the hospital. It is important to know how to properly clean the wound and what type of dressing (bandage) should be applied.

Also of importance are knowing the signs and symptoms of infection:

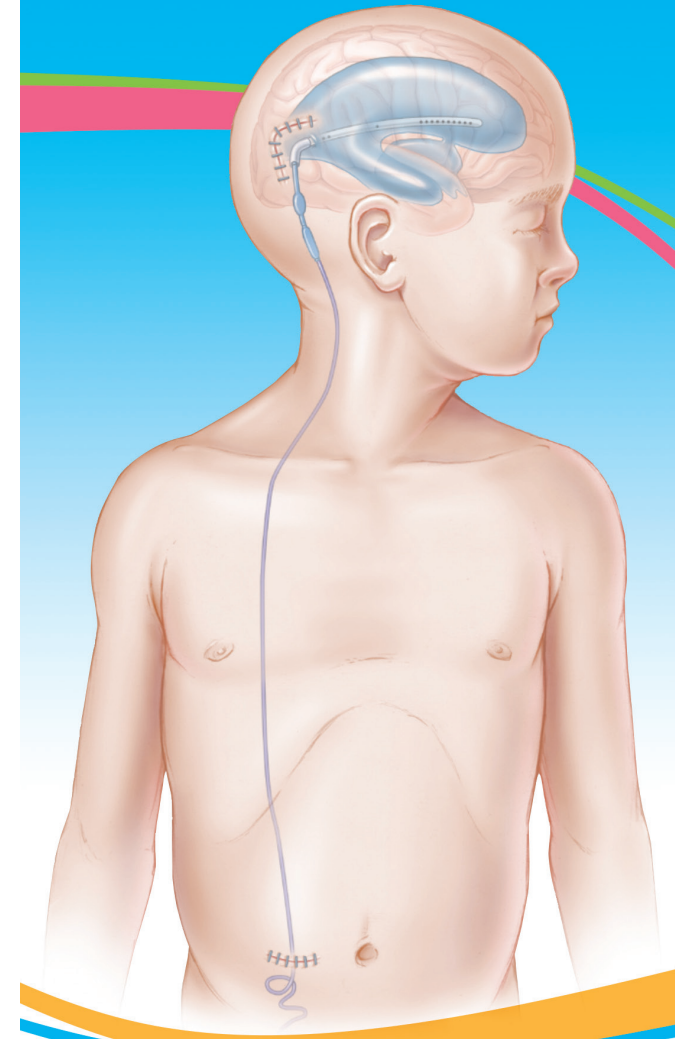
- redness/red streaks around the wound
- swelling
- drainage
- fever

It is important to keep your follow up visits after your surgery with your pediatric neurosurgery team. You should contact them sooner if:

- the wound becomes re-opened
- signs or symptoms of infection are present
- hydrocephalus symptoms return
- drainage of clear fluid (CSF)
- other questions /concerns

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How is Hydrocephalus treated?



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Treatment options

Once a diagnosis of hydrocephalus has been established, treatment options will be discussed with you by your pediatric neurosurgery team.

There are two options when dealing with the diagnosis of hydrocephalus:

- Endoscopic Third Ventriculostomy (ETV)
- Ventriculoperitoneal (VP) shunt

Endoscopic Third Ventriculostomy

This is reserved for those who have an obstruction preventing normal flow of CSF. This is a minimally invasive endoscopic procedure in which a hole is made within the ventricles (fluid-filled spaces in the brain) to re-establish normal CSF flow.

** This is not a treatment option for communicating hydrocephalus.

Ventriculoperitoneal Shunt

The shunting system is the most common treatment for communicating hydrocephalus. A shunt is a tube-like device that is surgically placed into the ventricles of the brain and tunneled down into the abdomen to shunt (re-route) the fluid to another area of the body to be reabsorbed. The abdomen is the most commonly used location to place the shunt, however in some cases the abdomen is not an option due to other medical problems. Other available areas include:

- gallbladder
- pleural space (lungs)
- atrium (heart)

