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Laparoscopic procedure in patient with Ventriculoperitoneal shunt

Munir

University Hospitals of Derby and Burton, UK

Patients with long term ventriculoperitoneal shunt have many on-going issues. Headaches are common problems. However certain surgical procedure requires meticulous approach to avoid complications. Procedures requiring pneumoperitoneum can have serious complications if safe approach is not used. I am presenting a instance of 41 years older lady who was listed for elective cholecystectomy. She had multiple GA and one caesarean section under subarachnoid block. She was under care of neurology team in our hospital since 2008 for treatment of headaches, poor memory. Has CT scan in 2008 which confirmed good position of shunt with no evidence of hydrocephalus; remained under the care of ENT for choking episodes and vomiting as well. She had pre-op assessment and as she had no problems with previous surgery, so nothing was flagged up in pre-op clinic. As this particular surgery required pneumocephalus, hydrocephalus, meningitis and shunt getting blocked due to intra-abdominal clots. After extension discussion we decided to refer her neurosurgical centre. She recently had CT brain which did not show any sign of hydrocephalus. She will be operated there with neurosurgical back up. BJA published an article on effect of laparoscopic surgery on intracranial pressure. Even in that particular case report they have isolated the distal end of shunt and tried to keep intra-abdominal pressure less than 12. There are some case reports of uncomplicated laparoscopic surgery without isolating distal end of shunt. Research data and guidelines do not support performing laparoscopic surgery without isolating distal end of shunt.

Biography

Munir is currently working as Consultant in Anaesthesia and Pain Management in University Hospitals of Derby and Burton, UK. He has given two previous international presentation and multiple poster presentations.

m.munir1@nhs.net

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