Ventriculoperitoneal Shunt Management in Bariatric Surgery

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Introduction

- Idiopathic intracranial hypertension (IIH) is associated with morbid obesity.
- Roux-en-Y gastric bypass (RNYGB), has been shown to significantly improve symptoms associated with IIH.
- Previous case reports have suggested that ventriculoperitoneal (VP) shunts should be externalized at the time of bariatric surgery to preserve sterility, followed by a subsequent operation to re-internalize the shunt.

Objective

The purpose of this study was to review our institutional experience with intraabdominal VP shunts at the time of bariatric surgery

Methods

- A retrospective review of all patients with the diagnosis of IIH and undergoing bariatric surgery at a tertiary academic hospital from 1/1/2015 to 10/1/2020 was performed
- All patients underwent a standard laparoscopic RNYGB.
- VP shunts were managed by placement into the right upper quadrant, or into a specimen bag during the length of the operation, but otherwise not externalized.

Results

- Five pts had indwelling VP shunts at the time of bariatric surgery.
- All 5 patients with indwelling shunts underwent lap RNYGB.
- Four patients' shunts were managed by temporary placement into the RUQ, followed by replacement into the pelvis at the conclusion of the case.
- One patient had the shunt placed into a specimen bag for the duration of the procedure.
- There was no evidence of contamination, migration, or dysfunction of any shunts postoperatively
- Average follow up was 14 months (1-36mo).

Conclusion

Avoiding externalization of VP shunts during bariatric surgery appears to be a safe and effective strategy and obviates the need for additional operations to re-internalize the shunt.