

Poster presentation

Open Access

Post-operative complications associated in patients with spina bifida: an analysis of shunted patients

Eliana D Delgado*, Gina C Franco and Caroline Pearson

Address: UCSF Orthopaedic Surgery 500 Parnassus Avenue, MU-320-West, San Francisco, California 94143-0728 USA

Email: Eliana D Delgado* - delgadoe@orthosurg.ucsf.edu

* Corresponding author

from 49th Annual Meeting of the Society for Research into Hydrocephalus and Spina Bifida
Barcelona, Spain, 29 June – 2 July 2005

Published: 30 December 2005

Cerebrospinal Fluid Research 2005, **2**(Suppl 1):S45 doi:10.1186/1743-8454-2-S1-S45

Background

All Spina Bifida patients with Myelomeningocele require specialty care from Orthopaedics, Neurology, Urology, GI and Plastics. A high percentage of these patients require surgery as a treatment modality. This outcome research study illustrated increased complications post surgery in Myelomeningocele patients with VP shunts compared to the general Spina Bifida population with non-existing VP shunts. The special focus is on VP shunt placement for Hydrocephalus and/or Arnold Chiari Malformations. Although this specific patient population may require surgical intervention, it is crucial for surgeons to recognize and anticipate the potential complications involved.

treat them accordingly to prevent morbidity such as herniation, and death

Materials and methods

70 patients with Spina Bifida and shunted hydrocephalus were evaluated who had undergone GU, GI, Neurosurgical and Orthopaedic procedures

Results

There are 44 patients with complications that had undergone procedures involving the abdominal cavity and/or spinal corrections. The lower extremity cases did not have postoperative complications. The majority of the complications -80% were shunt related.

Conclusion

Often the shunt malfunction or infection is not readily appreciated by caretakers outside the medical center and may be subtle such as malaise, poor appetite, low grade temp, etc. At times a shunt function test may not be abnormal. It is statistically significant to appreciate the potential for shunt maldunction early in these patients and