

Lumbar subcutaneous shunt

**Understanding NICE guidance –
information for people considering the
procedure, and for the public**

June 2004

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called lumbar subcutaneous shunt. It is not a complete description of what is involved in the procedure – the patient's healthcare team should describe it in detail.

NICE has looked at whether lumbar subcutaneous shunt is safe enough and works well enough for it to be used routinely.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of lumbar subcutaneous shunt and how well it works
- asked experts for their opinions
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE's work on 'interventional procedures' (see 'Further information' on page 10).

About lumbar subcutaneous shunt

Lumbar subcutaneous shunt is a procedure used to treat two uncommon medical conditions, called communicating hydrocephalus and benign intracranial hypertension.

Communicating hydrocephalus happens if cerebrospinal fluid, which is the fluid around the brain and the spinal cord, starts to build up in the space between two of the layers that cover the brain and spinal cord (the space is called the subarachnoid space). People with communicating hydrocephalus may become confused, may have problems walking and may have urinary incontinence.

Benign intracranial hypertension happens if cerebrospinal fluid builds up around the brain so that it causes a higher than normal pressure on the surrounding areas. Doctors aren't agreed on the causes of this, but people who have it may get headaches, feel dizzy and have problems with their eyesight.

A shunt is used to drain excess cerebrospinal fluid away so that it doesn't damage the brain or eyes. Normally, a system of tubes with valves in them is put in so that the fluid runs from the brain or spinal cord to either the heart or the peritoneal cavity, which is the space in the abdominal and pelvic area. Both the heart and

the peritoneal cavity are able to cope with the cerebrospinal fluid.

The lumbar subcutaneous shunt is different as it involves draining fluid from the spinal cord to a space immediately under the skin. To do this, a narrow tube is run from the spinal cord in the lower back to the person's side (between the ribs and hip) or abdomen.

How well it works

What the studies said

NICE did not find any studies that looked at how well lumbar subcutaneous shunts worked.

What the experts said

The experts said that only one surgeon in the UK was using the procedure. One expert was unsure about how well the operation could work because the area under the skin couldn't absorb the cerebrospinal fluid. But they said that work was being carried out to check this.

Risks and possible problems

What the studies said

NICE did not find any studies that looked at the safety of lumbar subcutaneous shunts.

What the experts said

One expert thought that the main problems would be infection in the area, blood-filled swellings between the layers covering the brain and spinal cord, and effects on the starting points of the nerves.

What has NICE decided?

NICE has decided that, if a doctor wants to carry out lumbar subcutaneous shunt, he or she should make sure that the patient understands what is involved and that there are still uncertainties over the safety of the procedure and how well it works. There should be special arrangements in place so that the patient only agrees (consents) to the procedure after this discussion has taken place.

NICE may look at the operation again if new information becomes available (the surgeon who is currently using this operation has been recording what happens to patients who have it, but this information has not yet been published).

What the decision means for you

Your doctor may have offered you lumbar subcutaneous shunt. NICE has considered this procedure because it is relatively new. NICE has decided that there are uncertainties about the benefits and risks of lumbar subcutaneous shunt which you need to understand before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described above.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on lumbar subcutaneous shunt is on the NICE website (www.nice.org.uk/IPG068guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0603. The evidence that NICE considered in developing this guidance is also available from the NICE website.

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