Patient & Family Guide

Ventricular Drain



Ventricular Drain

This pamphlet explains what a ventricular drain is and why you may need one.

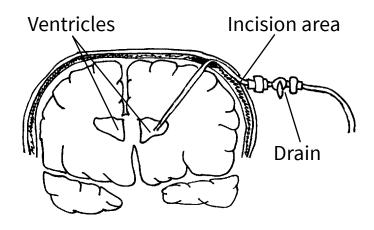
The neurosurgeon (doctor who treats conditions that affect your brain and nervous system) will decide if you need a ventricular drain. Your health care team will explain how the drain is used. Please feel free to ask questions about any part of your care.

Why is a ventricular drain used?

 Cerebrospinal fluid (CSF) is clear and colourless. It cushions the brain and spinal cord to protect them from injury. As new fluid is made, the old fluid is absorbed (taken in).

What are your questions?
Please ask a member of your health care team. We are here to help you.

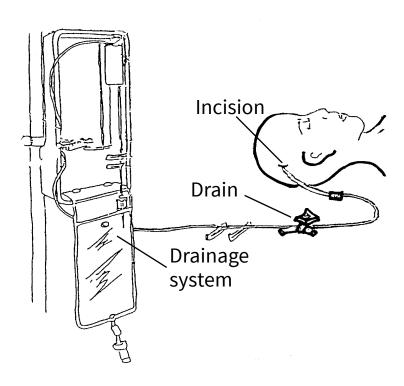
- A ventricular drain may be inserted (put in) to:
 - measure the pressure of CSF inside your head.
 - help blocked CSF flow. Draining CSF lowers the pressure inside your head.



How is the drain inserted?

- The drain will be put in by a neurosurgeon, with help from a nurse.
- A section of your hair will be cut and your scalp will be shaved.
- This area of your head will be frozen with a local anesthetic (medication to numb the area) so you will not feel any pain.
- You may be given a sedative (medication to help you relax) to keep you comfortable during the procedure.

- A small incision (cut) will be made in the skin.
 A small opening will be made in the skull bone.
- The drain will be inserted and connected to a drainage system.
- You will have stitches where the drain enters your head.
- The area will be covered with a clear dressing or bandage.



What will happen when the drain is in place?

- Nurses in the Intensive Care Unit (ICU) and the Intermediate Care Unit (IMCU) have special training in taking care of ventricular drains. Please ask your nurse if you have any questions.
- Do not adjust the head of your bed. The
 position of the drain is measured to a specific
 level. Moving the head of your bed can affect
 this.
- Do not get up on your own without checking with a member of your health care team.
- Your nurse may clamp the drain for a short time to move you to a chair or take short walks.
- Your nurse will check the drain and take measurements often. They may also take a sample of CSF to test for signs of infection.
- There will be CSF in the drainage system. This is normal. Depending on your condition, the fluid may be clear, cloudy, yellow, or bloody.

How is the drain taken out?

- When the neurosurgeon decides you are well enough, the drain will be taken out.
- The dressing will be taken off. Then the stitches holding the drain will be taken out. This should not cause any discomfort. The drain will then be removed.
- The neurosurgeon will freeze the incision site with a local anesthetic, so that you will not feel any pain. They will then use a stitch to close the incision.
- They will put a small dressing over the area.
- A nurse will check the area often. If the area feels wet, tell your nurse. Sometimes, a small amount of CSF may leak from the incision site. If this happens, the neurosurgeon may use more stitches.

What are the possible risks of a ventricular drain?

- Meningitis (inflammation and infection of the brain and spinal cord). If the neurosurgeon thinks you may have an infection, you may need antibiotics (medication to fight infection).
- Bleeding at the incision site (where the drain entered your scalp)
- > Stroke (bleeding in the brain)
- > CSF leak
- > Death

We know that this is a stressful time for you and your loved ones. We want to help you understand all parts of your care.

If you would like to go over this information at any time, please ask a member of your health care team.

Notes:			

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

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