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## Discharge Instructions Ventriculo-Peritoneal Shunt Placement

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*Neurosurgery*

Name: \_\_\_\_\_

### Medications:

- Take any medications only as directed.
- If you experience constipation while taking a narcotic pain reliever, begin using an over-the-counter laxative.

### Diet:

- Resume whatever diet you were on before your injury slowly as you tolerate it (e.g., unrestricted, diabetic, low sodium, etc.)

### Wound Care:

- Call the office if you have drainage from your wound, separation of wound edges, or increased pain, redness or swelling. Also call for redness or swelling along the shunt tract.
- Call the office if you have an elevated temperature (101 F or greater).
- You may shower at any time, but do not soak the incisions in a tub or pool for 10 days after surgery. Dry the incision by blotting, not rubbing.
- You do not need to keep a dressing on the wound.
- All sutures or staples will need to be removed approximately 10 days following surgery. Please call to arrange a time for this that is convenient for you.

### Activity:

- Avoid pushing/pulling and lifting over 15 lbs. for four weeks.
- Do not participate in sports or physical education activities for four weeks.
- Walking is a good exercise. Go for at least four short walks a day, even if inside your home.
- You may remove your Ted Hose stockings once you are consistently walking four times a day.
- Do not drive before two weeks, if you periodically feel disoriented or if you have had any pain medication within four hours. You may ride in a car as a passenger as much as you tolerate.

**CALL 911 FOR ANY SUDDEN OR RAPID WORSENING.**

### If Stable Call Our Office For:

- Increased drowsiness
- Worsening irritability
- Worsening nausea or vomiting
- Increasing headache
- New or worsened neck stiffness
- Seizure activity
- Slurring or incoherent speech
- Clear or bloody watery drainage for the nose or ears
- New or worsened weakness in either leg or arm

Follow-up: Date: \_\_\_\_\_ Time: \_\_\_\_\_ With:  David W. Lowry, MD  
 Adam Kremer, MD