



# Fixing cerebral shunt catheter blockage

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## Background

- Hydrocephalus which causes elevated intracranial pressure (ICP), affects 1 in 500 newborns [1]
- Shunting relieves ICP by removing excess cerebrospinal fluid from the brain's ventricles
- 40% of shunts fail within 2 years of implantation [2]
- Obstruction account for 50% of failures [3]

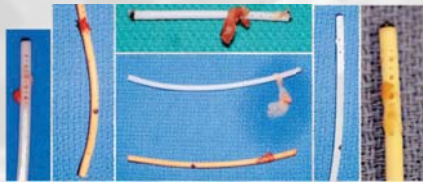


Fig 1. Explanted catheters occluded at their proximal holes[4]

## Replicating blockage

- A bench-top catheter drainage unit was built to investigate the effectiveness of flushing for unblocking catheters
- Catheter dimensions: 1.6mm x Ø7mm, Ø0.25mm drainage holes
- Microfibers were seeded into the drainage reservoir

## Drainage setup

- Clinical cerebral shunts have dimensions of ( $L = 170\text{mm}$ ) & ( $r = 0.38\text{mm}$ )
- Clinical unobstructed shunt flow of ( $Q = 2.5\text{ml/min}$ ) was required
- Following Eq. 1, the hydrostatic pressure was adjusted to ( $\Delta P = 230\text{mmH}_2\text{O}$ ) to achieve the desired flow

$$Q = \frac{\Delta P r^4}{8\mu L}, \text{ where } \mu \text{ is the dynamic viscosity}$$

Equation 1. Hagen-Poiseuille Equation

- Peristaltic pumps were used to unblock catheters

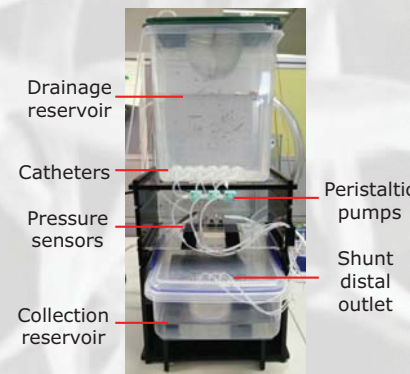


Fig 2. Bench-top catheter obstruction drainage setup

## Flow measurement setup

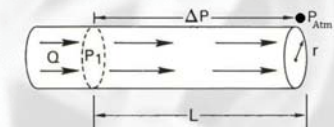


Fig 4. A graphical representation of the Hagen-Poiseuille equation

- Gage pressure sensors tapped pressure along the shunt-line
- NI USB-6009 DAQ card sampled pressure signals at 10Hz
- Flow rate calculated using Eq. 1

## Results

### Accelerated catheter obstruction via seeded microfibers

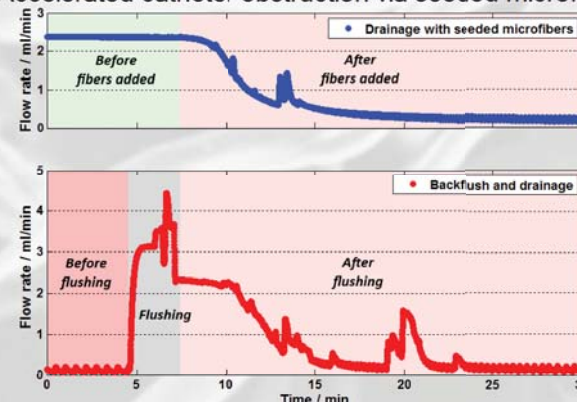


Fig 3. Accelerated catheter failure model (Flow readings during flushing is invalid)

- Flow reduced to 0.2ml/min within 20 minutes after microfibers were added (Fig. 3, Top)
- Patency was restored temporarily after a flushing procedure (Fig. 3, Bottom)
- Spikes could be explained by a sudden dislodge of fibers out of the drainage holes

The background shows a microscopic view of microfibers ( $\approx 20\mu\text{m} \times 500\mu\text{m}$ ) at a magnification of  $\times 150$ . Above is a scale of  $100\mu\text{m}$

## Future work

- Investigate the effect of microfiber length on time-course of obstruction
- Experiment with filler materials capable of coagulating microfibers
- Tune microfiber parameters to fit blockage flow profile patterns of clinical external ventricular drains

## References

- [1] National Institute of Neurological Disorders and Stroke. Hydrocephalus Fact Sheet. Retrieved February 11 2015, from [http://www.ninds.nih.gov/disorders/hydrocephalus/detail\\_hydrocephalus.htm](http://www.ninds.nih.gov/disorders/hydrocephalus/detail_hydrocephalus.htm)
- [2] Lutz, B.R. et al., New and improved ways to treat hydrocephalus: Pursuit of a smart shunt. Surgical Neurology International, 2013. 4(1) p. S38-S50
- [3] Kestle, J. et al., Long-term follow-up data from the shunt design trial. Pediatric Neurosurgery, 2000. 33(5): p. 230-236.
- [4] Lin, J et al., Computational and experimental study of proximal flow in ventricular catheters: Technical note. Journal of Neurosurgery, 2003. 99(2): p.426-431.