

# Your child's shunt: Everyday living for my child/teen



## Everyday activity

It is normal that your child will want to play both on their own and with other children, and should be treated the same as any child of the same age.

Sometimes when playing, or during normal activity and sport, your child may fall over and/or hit their head. If this happens and you are concerned you will need to call the hospital or seek medical advice.

If your child's behaviour changes or they show any signs and symptoms that the shunt may not be working properly (see page 3) you will need to seek urgent medical attention.

## Travel

There should be no restrictions on travel but check with your Neurosurgeon before flying for the first time after the shunt is inserted. Your child will be able to pass through security detectors and travel on planes as normal.

## Swimming

Your Neurosurgeon will check your child's wound and tell you when it is ok for your child to go swimming. Standard child water safety should be followed.

## Sport

Children with shunts should avoid contact sports, such as football or rugby, which may cause injury to the shunt valve or a head injury. Discuss this further with your Neurosurgeon. Encourage your child to play low impact sports. A helmet should be worn when riding bikes or skateboards, or other sports that may cause head injury. Standard sport safety guidelines should be followed.

For more information visit:

<http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=240&np=297&id=2134>



## Healthy lifestyle

Every now and then an infection in another part of the body can travel to the shunt. For this reason you should take your child to their local doctor (GP) if they have a sickness that you think is not related to their shunt.

You should also try to keep your child away from any sick children or adults, especially when the shunt is new.

Children with shunts are just like all children and need a variety of good food to stay healthy and for their bodies to grow and develop. They do not have any special dietary needs.

Constipation can put pressure on the end of the shunt, maybe even stopping it draining. If your child is not having regular bowel movements, try a high fibre diet or discuss with your local doctor (GP).

## School

Usually, your child can go back to school two weeks after discharge, but check with your Neurosurgeon. They will need a First Aid Plan. Ensure that you give the school your contact details so that they can contact you if they are concerned about your child. Heavy school bags can put pressure on the shunt tubing that runs down one side of the neck, over time increasing the risk of the tube breaking. Encourage lighter bags, where possible, or carry over the opposite shoulder.

## First Aid Plan

A First Aid Plan will tell those looking after your child about the signs to watch for that the shunt may not be working properly. It will also tell them what they need to do if they notice any of these signs.

A First Aid Plan will be needed for your child's school and other activities outside your home. This can be organised at your child's outpatient's appointment or through the Neurosurgery Clinical Practice Consultant (contact WCH switchboard).

## Activities away from home

Once your child's wound/s have healed they can do their normal activities, including school camps, parties or even work. It is important that adults looking after your child are aware that your child has a shunt and know the signs that a shunt may not be working properly (see next page).

## Other tests, scans and operations

Always make sure you tell your child's local doctor (GP) that they have a shunt. If a dental procedure or an operation not related to the shunt is needed your neurosurgeon may want your child to have antibiotics, check with your neurosurgeon.

## How do I know if the shunt may not be working properly?

The most important thing is for you to notice if your child isn't their usual self or if your child shows a sign that the shunt may not be working properly.



Signs that shunt may not be working (may have one or more):

Signs for Baby	Signs for Child
Irritable, unsettled	Irritable, confused, disorientated or just not usual self
More sleepy than usual	More sleepy than usual
High pitched cry	Headache
Vomiting	Vomiting
Sunsetting eyes (eyes unable to look up)	Double or blurred vision
Poor feeding	Photophobia (eyes sensitive to light)
Head getting bigger	Unsteady on feet
Fontanelle (soft spot on top head) full and firm when sitting up and quiet	Difficulty doing routine tasks
Seizures (fits)	Seizures (fits)
Fever	Fever
Swelling/redness along shunt tract	Swelling/redness along shunt tract

**If your child shows one or more signs that the shunt is not working properly or may be infected then you need to bring your child into the Women's and Children's Hospital Emergency Department. If you are in a rural or remote area, take your child to the nearest emergency department.**

**In an emergency call 000 for an ambulance.**

This information is also available on cards and magnets at your outpatient's appointment or from the Neurosurgery Clinical Practice Consultant, and is useful to have on hand for yourself and other caregivers.

### Other useful factsheets

- Your child and hydrocephalus
- Your child's shunt: General information
- Your child's shunt: Everyday living for my baby/toddler
- Your child's shunt: Frequently Asked Questions



### For more information

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