Permanent Treatment

Once you have completed your hospitalization, our multidisciplinary team will assess your response to drainage and make a clinical recommendation regarding permanent treatment. You will then be referred to a neurosurgeon where you will discuss the results of tests and the possibility of permanent treatment.

If you choose to move forward, a permanent tube (shunt) is implanted under your skin that diverts the excess fluid from around your brain to your abdominal cavity. This tube is regulated by a valve that opens and closes based on the amount of fluid in your brain at any given time. By diverting the fluid on a continuous basis to the abdomen, the problem of excess spinal fluid is resolved. The procedure is done in the hospital and usually requires an overnight stay.

Follow-Up Care

At the end of your hospital stay, it is important that you maintain a strong relationship with your primary care physician and discuss any problems that may occur. Ongoing follow-up with the NPH team — whether you had a shunt placed or not — will be based on each patient's individual needs.

AdventHealth

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número siguiente 407-303-3025.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki anba an 407-303-3025.

18-NEURO-05045

Normal Pressure Hydrocephalus (NPH)

Patient Education Guide

AdventHealth

What is Normal Pressure Hydrocephalus (NPH)?

Normal pressure hydrocephalus (NPH) is a condition that occurs when there is a build-up of spinal fluid in the brain, affecting neurological functions. It is difficult to diagnose and often goes untreated. NPH is sometimes confused with Parkinson's disease or Alzheimer's disease.

Symptoms

Common symptoms of NPH are urinary incontinence, trouble walking and memory problems. We now know that patients with NPH may have one or two of these symptoms at first, and are often overlooked or treated for other conditions. Patients who have been diagnosed with NPH in its earliest stages — before symptoms get worse — respond better to treatment. Determining who will most likely benefit from treatment on a long-term basis remains a challenge.

Diagnosis

Diagnosing NPH can be difficult, as no one test can determine whether you suffer from the disorder. However, the onset of one or more of the symptoms — along with an MRI (magnetic resonance imaging) or CT (computed tomography) scan of the brain — is a good place to start. Once the physician suspects NPH, an evaluation to determine whether you may benefit from a permanent solution (shunt) is usually considered.

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Evaluation

At AdventHealth Orlando, we have developed a program specifically designed to evaluate the possible diagnosis and treatment of NPH. Our team comprises experienced health-care professionals from several areas of medicine, including geriatrics, nursing, physical therapy, neuropsychology, internal medicine, neuroradiology and neurosurgery. All members of the team are involved in the diagnosis of your condition during your pre-assessment, hospitalization and follow-up care.

If you are referred by your primary care physician, you will be scheduled for an initial assessment with our geriatric team. This visit will consist of a comprehensive overview of your medical history and current physical state to rule out any additional conditions that may be attributing to the symptoms you are experiencing. It will also provide you and your family a chance to ask questions related to your diagnosis and treatment. If you choose to move forward with treatment you will be scheduled for a three-day admission to AdventHealth Orlando. If your neurologist has diagnosed you with NPH, the initial assessment with our geriatric team is not necessary.

Initial Treatment

While in the hospital, you will have a small plastic catheter — an external lumbar drain — placed in your back that allows the excess fluid from around the brain to drain into a bag at the bedside at specific times. Additionally, your walking ability and memory function will be assessed before any fluid is drained, and again after 48 hours of continuous drainage. You will be monitored closely by nursing staff, who will check for changes in your symptoms. If your symptoms improve, it is likely that you will respond positively to permanent (shunt) treatment.