Ommaya Reservoir
(Intraventricular Access Device)

The body blocks foreign substances from passing into the brain. This includes medicines. This can make it hard to treat diseases that affect the brain and the spinal cord. One way to get around this barrier is with an Ommaya reservoir. The device consists of a small, soft port (the reservoir) attached to a catheter (flexible plastic tubing) which goes into a open, fluid-filled space in the brain (lateral ventricle). This fluid is called the cerebro-spinal fluid (CSF). The whole device is under the scalp. A needle through the skin puts medicine into the reservoir. From there it is pumped through the tubing and into the cerebro-spinal fluid around the brain and spinal cord. The device also has another use. It allows samples of the cerebro-spinal fluid to be drawn from the body to test for infection.

Surgery is needed to implant the device and put the reservoir under the scalp and the tubing where it should go. There will be a small bump on your head where the device is located. It can usually stay there permanently.

BEFORE THE SURGERY

- Stop using aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) for pain relief. This includes prescription drugs and over-the-counter drugs such as ibuprofen and naproxen. Also stop taking vitamin E. If possible, stop two weeks before your procedure.
- If you take blood-thinners, ask your healthcare provider when you should stop taking them.
- Do not eat or drink for about 8 hours before your surgery.
- Arrive at least an hour before the surgery, or whenever your surgeon recommends. This will give you time to check in and fill out any needed paperwork.
- The surgery often requires an overnight stay in the hospital. Sometimes, though, it is done as an outpatient procedure. If that is the case, you will be able to go home the same day. Ask your surgeon what to expect.
- If you are having outpatient surgery, make arrangements in advance for someone to drive you home.

LET YOUR CAREGIVER KNOW ABOUT THE FOLLOWING:

- Any allergies.
- All medications you are taking, including:
  - Herbs, eyedrops, over-the-counter medications and creams.
  - Blood thinners (*anticoagulants*), aspirin or other drugs that could affect blood clotting.
- Use of steroids (by mouth or as creams).
- Previous problems with anesthetics, including local anesthetics.
- Possibility of pregnancy, if this applies.
- Any history of blood clots.
- Any history of bleeding or other blood problems.
- Previous surgery.
- Smoking history.
- Other health problems.

THE PROCEDURE

- Preparation:
  - You will be given an IV. A needle will be inserted in your arm. Medication will be able to flow directly into your body through this needle.
  - The surgery can be done while you are asleep or awake. A general anesthetic will put you to sleep during the procedure. A regional anesthetic will numb part of your body, but you will be awake. You will probably be given a drug to help you relax (*sedative*). Ask your surgeon what to expect.
- Surgery:

- The surgeon will make a cut (*incision*) in your scalp to insert the reservoir.
- Then a small hole will be drilled in your skull. The tubing will be threaded into a hollow area in your brain.
- The skin covering the device will be closed with stitches or staples.

- Use of the device:
  - It might be necessary to keep the hair on your head trimmed at the spot where the device is located.
  - The area will be cleaned with a sterile solution. This keeps it free of germs.
  - A needle will be inserted into the top of the device. Medicine will be injected into the reservoir. The dome-shaped top of the reservoir might be gently pumped to push the medicine through the tube.
  - How often this is done will depend on your disease or condition and on the type of medicine.

AFTER THE PROCEDURE

- After surgery to implant the device:
  - You will remain in a recovery area until the anesthesia wears off. Your blood pressure and heart rate will be monitored. You also will be checked for any signs of slurred speech, vision changes or nausea.
  - If yours was an outpatient procedure, you will be able to go home the same day. Otherwise, you will be moved to a hospital room.
  - Usually, someone from the surgeon's team will test the device before you go home. Medication will be administered through the Ommaya reservoir to make sure it is working properly.
- After use of the device to administer medication:
  - You will need to lie flat for about 30 minutes, or until your healthcare provider says it is OK to sit up.
  - Once you can sit up, you can resume all activities.

POSSIBLE RISKS AND COMPLICATIONS

- The incision might not heal correctly.
- The area around the implanted device could become infected.
- The catheter could move out of place.
- Another surgery might be needed to remove or replace the device.

HOME CARE INSTRUCTIONS

- Keep the incision area dry until the stitches or staples have been removed. This may take up to two weeks, depending on how quickly you heal.
- Do not wash your hair or scalp until the area is healed.
- Take extra care to avoid bumping or injuring the area where the device is located.

SEEK MEDICAL CARE IF:

- The area around the incision becomes red or tender, or fluid oozes from the wound.
- You develop a pounding or throbbing headache.
- You begin vomiting.
- Your neck or back feels unusually stiff.
- You develop a fever of more than 100.5°F (38.1°C).

SEEK IMMEDIATE MEDICAL CARE IF:

- You feel unusually drowsy, dull and sluggish (*lethargic*).
- You feel disoriented.
- Your vision becomes blurry.
- You start to see double.
- You vomit forcefully.
- You develop a fever above 102.0°F (38.9 ° C).

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