

Catheter geometry with improved resistance to occlusion

Ventriculo-peritoneal (VP) shunt surgery is the predominant mode of therapy for patients with hydrocephalus. However, it has potential complications that may require multiple surgical procedures during a patient's lifetime. Historically, VP shunts can have a failure rate as high as 40% by 2 years post-implant, with the most common reason being proximal catheter obstruction by in-growth of tissue. The catheter can become occluded by cellular debris in the cerebrospinal fluid, bio-film formation, or tissue proliferation in the catheter. There is a need for a low-cost, safe and consistent system that provides improved resistance to proximal catheter occlusion, thereby reducing the rate of surgical VP shunt revisions. A catheter with unique tip geometry that provides improved resistance to occlusion will fit into the existing clinical pathway and procedure, will require no extensive training, and will reduce shunt revisions.

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Inventor(s)

- Lad, Shivanand (Nandan)
- Paganelli, Jude



College

School of Medicine (SOM)

For more information please contact

Rasor, Robin
(919) 681-6412
robin.rasor@duke.edu