

## Early complications

1. Methodological/surgical errors (10–20%) (198, 201, 206)
  - misplacement of venous crus
  - top of venous crus set at too great an angle to the vascular wall
  - flexion of the venous crus
  - venous crus too long/too short
  - ligature too narrow
  - lack of compressibility in the chamber
  - nuchal haematoma
  - injury to the recurrent nerve
  - pneumothorax
  - perforation of the coronary sinus
  - cardiac tamponade (due to perforation of the ventricle)
2. Fever (20–30%)
3. Clotting disorders (15–30%) (22, 184, 195)
  - hyperfibrinolysis
  - disseminated intravascular coagulation
4. Bleeding as a result of a clotting disorder
5. Fluid overload of the organism
  - lung oedema (178)
  - cardiac insufficiency
  - acute respiratory distress syndrome
6. Tachycardia due to misplacement of the venous crus in the right ventricle
7. Cholesterol/fat embolism in the lung
8. Bleeding of oesophageal varices (197)
9. Bacterial infection (198, 199)
  - wound infection
  - bacterial peritonitis (209)
  - sepsis
  - infection of the shunt valve
  - endocarditis
10. Leakage

## Late complications

1. Shunt obstruction (10–20%)
  - fibrin-related obstruction
  - chyle-related obstruction (208)
  - thrombosis of the superior vena cava (179)
  - thrombosis of the jugular vein/subclavian vein
  - ascitic pseudocyst of the superior vena cava (205)
  - superior vena cava syndrome (197, 207)
2. Intestinal occlusion
3. Air embolism with intestinal perforation (190, 192)
4. Phlegmonous gastroenterocolitis (174)
5. Abdominal abscess
6. Renal failure
7. Liver insufficiency
8. Shunt wandering (177)