

# Embolization Treatment for a Brain Aneurysm



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## Information for Patients

You are having an embolization treatment for your brain aneurysm.

### What is a Brain Aneurysm?

A brain aneurysm is a bulge of the wall of a blood vessel in the brain. The weak wall can cause the blood vessel to rupture.

### What is an Embolization Treatment?

Embolization treatment involves filling the bulge with glue, stent or coils to stop:

- blood flow into the aneurysm
- the aneurysm from bleeding or re-bleeding

### Other Tests

As part of your treatment plan you may be required to have some more tests before your procedure.

Some of the tests you may be required to have are:

- CTA
  - A non-invasive way to see different parts of the brain using dye and x-rays
- MRI/MRA
  - Magnetic Resonance Imaging (MRI) is a way of seeing detailed images of the brain and spinal cord
  - Magnetic Resonance Angiogram (MRA) uses pulse sequence to show the arteries and veins of the brain and the aneurysm
- ANGIOGRAM
  - A catheter is placed in the groin artery and is lead to the brain where a dye (contrast) is injected to see the blood vessels

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## **Before the Procedure**

You will come to the hospital a week or two before your procedure for your “pre-admission” visit to meet with your neuroradiologist, anaesthetist and other clinicians.

- Your neuroradiologist:
  - is an x-ray doctor who will perform the procedure to treat your cerebral aneurysm
  - will provide you information about the procedure
  - will also ask you to sign a form that will give him/her permission to do the procedure
- Your anaesthetist:
  - is a doctor who will put you to sleep for the procedure

At your pre-admission visit, you will also have some blood tests and an electrocardiogram (ECG) to assess your heart.

## **The Day of the Procedure**

- After midnight, no food or drink is allowed.
- Continue to take medication normally taken unless instructed differently by your doctor.
- Go to the surgery admission unit on the 2nd floor of the Toronto Western Hospital.
- A porter will help you go to the 3rd floor where you will have your procedure.

## **What will happen during the procedure?**

- The procedure will be done under a general anaesthetic and means that you will be fully asleep.
- An intravenous (IV) will be inserted to give you fluids during the test and medications.
- You will be given oxygen through a tube inserted in your throat.
- A nurse will insert a urine catheter to help you urinate.
- The anaesthetist will closely watch your heart rate, blood pressure and breathing.
- The neuroradiologist will insert a catheter into your groin artery and lead it to the brain. Once the catheter is in your brain he will place the glue, stent or coils into the aneurysm.

## **After the Procedure**

- You will wake up in the recovery room where you will stay for about 1 to 2 hours to allow the medication to wear off from the anaesthetic.
- You will be taken to the Neurosurgical intensive care unit or step down unit where you will be observed closely overnight.
- Your doctor will instruct you to stay still, lying flat in bed for 4 hours. This period will let the groin artery heal.
- If all goes well, you will be transferred to a neuroscience floor the next day and then discharged the following day.
- You will need to return for a follow up angiogram or MRA several months after the treatment to confirm the outcome of your treatment.

## **Going Home**

- Depending on the type of treatment provided, in most cases you will be expected to go home the next morning around 11:00 am.
- Your nurse will give you instructions for going home on this day.
- You will get a prescription – please take this to any pharmacy. There is a retail pharmacy located on the first floor of the West Wing for your convenience.

## **What are the possible side effects?**

The risk of your procedure is low. Possible complications include:

- Stroke-like symptoms such as weakness in one arm or leg, numbness, tingling, speech disturbances and visual problems.
- Temporary hair loss.
- You may have an allergic reaction to the contrast used for the procedure.
- Headache after the procedure, but this is only temporary.

Serious but rare complications include permanent stroke or death.

## **Interpretation**

If you feel more comfortable communicating in a language other than English we can arrange for an interpreter to help us communicate better during your stay with us.

## Questions

If you have any questions before your surgery please call your surgeon's office.  
If you have any questions while you are in hospital, please ask your nurse or your nurse coordinator.

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