

Arteriovenous Malformations



UHN



Commonly Asked Questions

What is an AVM ?

- AVM is also known as an ‘**Arteriovenous Malformation**’. An AVM is a tangle of abnormal and poorly formed arteries and veins that can be found anywhere in the body. They are very rare and occur in less than 1% of the general population. AVMs that occur in the coverings of the brain are called Dural AVMs.

How do they develop?

- The cause is not known, but AVMs may have developed during pregnancy, before you were born. Once the AVM is removed with surgery, it never returns.

Can other members of my family have one?

- Most AVMs are not inherited with the exception of a condition called H.H.T., which is very rare.

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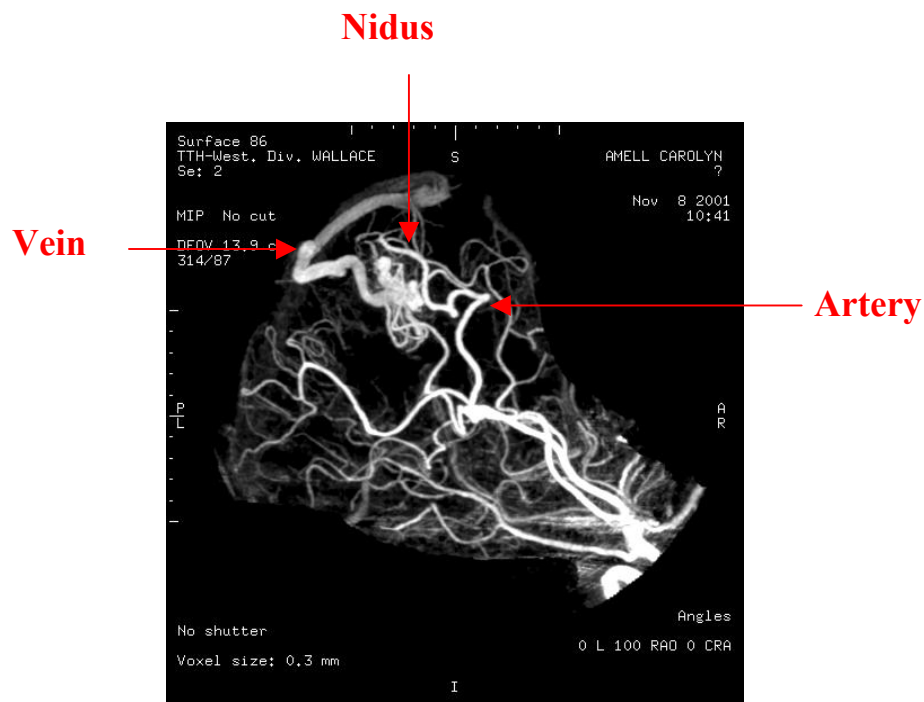
What do we know about AVM's?

- They are found in less than 1% of the general population
- They are found in all races
- They are found equally in both men and women
- They are often discovered between the ages of 20-40



What do they look like?

- Arteries carry oxygen and the veins carry the waste products from our cells. In order for our cells to use the oxygen, the arteries and veins need to be separated by a small membrane. With an AVM the artery and vein are tangled and connected. The actual connections are known as the 'nidus' or centers.





Why do they bleed?

- We are not really sure, but if they do, they can cause damage to the brain.

Why are they treated?

- Treatment is offered is to try to prevent bleeding. Bleeding from your AVM can result in a stroke, permanent disability or even death. The risk of bleeding is 4% per year, which means that 4 out of every 100 people with an AVM will have a bleed (hemorrhage) during any one year. AVM's may also produce other symptoms, such as headaches, seizures and progressive paralysis. The treatment may alleviate these symptoms.

Is there symptom that I should look out for?

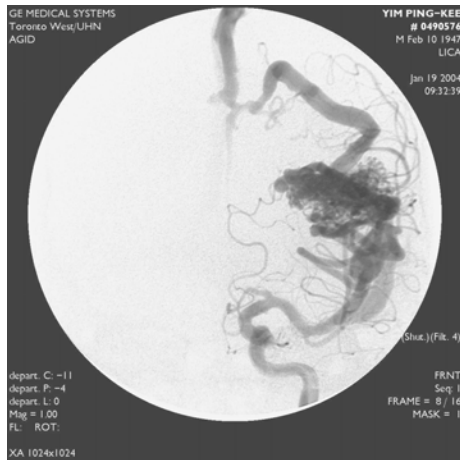
- You need to be aware of a sudden bad headache. These headaches can be associated with change in awareness, vomiting or nausea. About ½ of all the bleeds may result in disability, it is important that you go to your local emergency department right away.



Surgery

- This is the oldest method for treating AVMs. The AVM is surgically removed in an operating room under general anesthesia. Since AVMs do not grow back, the cure is immediate and permanent if the AVM is removed completely. The risks of surgery are considered to be high for AVMs that are located in deep parts of the brain associated with very important functions.

Can you show me a picture of before and after surgery?



Pre-surgery



Post-surgery

AVMS



Commonly Asked Questions

Will I require long term follow-up now that my AVM is gone?

- Often times no. You will come back to the hospital to be seen by one of the members of your team approximately 4-8 weeks after your discharge from the hospital. It is best to speak to one of them at that time.

Will I have to stay on my anti-seizure medication after I go home?

- Most patients stay on their medication for up to one year after their surgery. It is best to speak to your surgeon on your follow-up visit about your medication.

What does an AVM clip look like?

- An AVM clip looks like a tiny clothes peg. To open the clip the surgeon simply presses on the end just like you open a clothes peg. The clip is then slipped into place over the artery and allowed to close snugly in place to stop blood flow to the AVM.

Does the clip stay in there for the rest of my life?

- Yes

Will the clip ever move?

- No



Will my clip cause the alarms to go off at the airport?

- No, clips *will not* trigger metal alarms at the airport.

Can I have an MRI or CT scan with an AVM clip?

- Most AVM clips are now MRI and CT compatible. Please ask a member of your team to give you your 'clip information card' before you go home. Carry this card in your wallet.

Should I have concerns about my health when I get home?

- Some people feel tired when they get home. Others feel "blue" for a short time. You should rest and take time to recover.

What about headaches?

- You may experience the occasional headache. Most headaches are of no concern. There is only need for concern when the headache starts suddenly, like a 'thunderclap'.



When should I call my family doctor?

- When you feel excessively tired for over one month.
- When your feelings of being sad or “blue” do not go away or get worse
- If you have daily headaches
- If you have concerns about your general health

What if I have other questions?

You can speak to:

- A former aneurysm patient through our support group of chat on-line
- Your family doctor
- Tele-health
- Your Nurse Practitioner
- Your neurosurgeon at your follow-up visit

Visit our web site: brainavm.com and speak with a member of our support group.