



# Using Embolization to Treat a Brain Aneurysm

## Information for patients and families

Read this booklet to learn:

- what a brain aneurysm is
- how embolization treatment helps
- how to prepare
- what to expect
- who to call if you have any questions

## What is a brain aneurysm?

A brain aneurysm is a bulge in the wall of a blood vessel in your brain. The bulge makes the blood vessel wall weak and could cause it to rupture (break open).

## What is an embolization treatment?

An embolization treatment is a procedure that fills the bulge with glue, a stent or coils to stop:

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

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## How do I prepare?

### Tests

You may need to have more tests before your procedure. These may include:

- **Computed Tomography Angiography (CTA)**  
A CTA shows us different parts of your brain using dye (also called **contrast**) and x-rays.
- **Magnetic Resonance Imaging (MRI)**  
An MRI uses a magnetic field to show us pictures of your brain and spinal cord.
- **Magnetic Resonance Angiogram (MRA)**  
An MRA uses a magnetic field and radio waves to show us the arteries and veins in your brain.
- **Angiogram**  
For this test, we put a catheter (tube) in your groin artery and lead it up to your brain. We inject a dye through this catheter to see your blood vessels.

### Pre-admission appointment

You have a pre-admission appointment about 1 or 2 weeks before your procedure. During this appointment you:

- meet with your neuroradiologist  
This is an x-ray doctor who will do the procedure to treat your brain aneurysm. They will give you information about the procedure and ask you to sign a consent form. This is a form that says you agree to have the procedure.
- meet with your anesthetist  
This is a doctor who will give you medicine so you will be asleep during the procedure.
- have blood tests and an electrocardiogram (ECG) to check your heart
- may have more tests or meet with other doctors, if needed

## The day of your procedure



**Don't eat or drink after midnight before your procedure.**

- Take your medicines normally unless your doctor gave you different instructions.
- Go to the Peri-operative Care Unit (POCU) on the 2<sup>nd</sup> floor of Toronto Western Hospital. A porter will take you to the 3<sup>rd</sup> floor where you will have your procedure.

## What can I expect?

We put an intravenous (IV) in your arm so we can give you fluids and medicines during the procedure.



We give you a **general anesthetic**. This kind of medicine makes you fall asleep and stay asleep during the procedure.



We put a tube into your throat to give you oxygen. We also put in a urine catheter to help you urinate.



The anesthetist closely watches your heart rate, blood pressure and breathing during the procedure.



The neuroradiologist puts a catheter into your groin artery and leads it to your brain.



Once the catheter is in your brain, they place the glue, stent or coils into your aneurysm.

## **What happens after?**

- You wake up in the recovery room where you stay for about 1 to 2 hours. This allows time for the general anesthetic to wear off.
- We take you to unit 6A, Fell Pavilion where we monitor (check) you closely overnight.
- Your doctor will tell you to stay still and lie flat in bed for 4 hours. This will give your groin artery time to heal.
- In most cases, you can go home the next day by 11:00 am. A friend or family member should help take you home.
- Before you go:
  - Your nurse will give you instructions to follow at home.
  - You may get a prescription for pain medicine. You can take this to any pharmacy.
- You will get an appointment for a follow up angiogram or MRA a few months after your procedure. This will let us see how well the treatment worked.

## **How can I expect to feel?**

You may have a headache after the procedure. This is normal and will go away with time. You may also have some hair loss after the procedure. This is common and only temporary.

## **Are there any side effects?**

The risk of your procedure is very low. In rare cases, you may have:

- stroke-like symptoms such as:
  - weakness in one arm or leg
  - numbness or tingling
  - some trouble speaking
  - some trouble seeing
- have an allergic reaction to the dye (contrast) used for the procedure

In extremely rare cases, the procedure could cause a permanent stroke or death.

## **What if I have trouble speaking English?**

Let us know if you would like to have an interpreter during your stay with us. We can plan to have one with us so we can communicate better.

## **Who can I call if I have any 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.

Dr. Karel terBrugge	Phone: 416 603 5266
Dr. Timo Krings	Phone: 416 603 5800 extension 5562
Dr. Robert Willinsky	Phone: 416 603 5800 extension 5529
Dr. Ronit Agid	Phone: 416 603 5800 extension 3404
Dr. Richard Farb	Phone: 416 603 5800 extension 2636

### **Nurse coordinator:**

Gail Nixon, RN, BScN	Phone: 416 603 5800 extension 2966
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