

You have been diagnosed with a brain aneurysm. A brain aneurysm is a weak bulging spot on the wall of an artery in the brain. Over time, the bulge can stretch out and become thin due to the pressure of the blood inside the artery. Some aneurysms are at risk of growing larger and may rupture, which results in blood being released around the brain. This can cause severe neurological problems, or even death. Treatment of aneurysms can include surgery or endovascular therapy.

Your doctor has determined that the best method of treating your aneurysm is to undergo endovascular therapy. This is a minimally invasive procedure where a catheter (small plastic tube) is placed in an artery (usually the leg) and guided through the blood vessels of the body to reach the brain. The goal of this treatment is to block off the aneurysm from the artery in which it is formed by placing soft platinum coils through the catheter into the aneurysm (this is also called embolization). The procedure is done in the angiography suite with a special team of doctors, nurses and technologists.

PREPARING FOR THE PROCEDURE

- We recommend that a few weeks beforehand, you meet with the doctor who will perform the embolization. Your doctor will explain the procedure and address any questions you may have.
- It is important that you tell us the names of all your medications and any allergies you may have. It is also important to tell us if you have any medical problems such as diabetes, hypertension, history of heart attacks, etc.
- If you have any allergies to IV contrast please let our office know in advance.
- Before your procedure you need to have pre-admission testing and an evaluation by one of our anesthesiologists. Our office will schedule an appointment for you.
- Your doctor may prescribe medication for you to take a few days before the procedure.
- If you are a woman of childbearing age, it is very important that we do a pregnancy test to be sure you are not pregnant. *If there is any possibility that you may be pregnant, please inform the staff.*

BEFORE YOU ARRIVE

- You must not eat any solid food or drink liquids after midnight on the night before the procedure. Your procedure may be cancelled if you do.
- Remove makeup and jewelry before coming to the hospital, and leave valuables at home.
- If you are diabetic and taking insulin, take one-half your morning dose. Be sure to check your blood sugar by finger stick.
- If you take metformin (Glucophage) *do not take it for two (2) days* before your procedure. For all other oral diabetic medications, do not take them the night before and the morning of the procedure.
- If you are on blood thinners such as Coumadin, you will need permission from your Primary Care Physician (PCP) to stop this medication before your procedure. Our Nurse Coordinator will help arrange the safest way to manage this medication.

continued on back...



MASSACHUSETTS
GENERAL HOSPITAL

Department of Interventional Neuroradiology
www.mgh-interventional-neurorad.org



© The General Hospital Corporation, 2006

Revised 08/2006

Procedure Information

continued from front...

- Special Instructions: _____

- For any questions regarding your medication or this procedure, please call our Nurse Coordinator at **617-726-1767**.

WHAT TO EXPECT

- Your vital signs will be monitored during and after the procedure.
- The nurse will start an intravenous line (IV) in your arm to give you sedation medications.
- You will receive general anesthesia during the procedure, which means you will be put to sleep so that you are comfortable.
- Once you are sleeping, you will have a urinary catheter placed in your bladder to collect your urine.
- You will have a small catheter placed in your arm to monitor your blood pressure closely.
- Your groin will be cleaned and shaved, and a catheter will be inserted to get access to the artery leading to your brain.
- During the procedure, your family can wait in the Gray Surgical Family Waiting Area, located on the first floor of the Gray Building. Your doctor will give them an update of your condition after your procedure is finished.

AFTER THE PROCEDURE

- You will be taken to the Intensive Care Unit (Blake 12) for close observation while you recover.
- The catheter will stay in your groin until the day after the procedure, and you will have to keep your leg straight until after it is taken out.
- You will be on bed rest overnight, and must lie with the head of the bed flat. The nurses will help you change positions so you can remain comfortable.
- We recommend that family members find local accommodations, as they are not permitted to spend the night with you in your room.
- Once your doctor determines you are ready, you will be transferred to a regular neurological floor.
- Before you are discharged, you will be given detailed instructions to help you once you go home.
- Once you are home, you should take it easy for the next few days and avoid strenuous activity for ten (10) days. Most people return to their normal level of activity in 1–3 weeks.

FOLLOW UP CARE

- You will need to see your doctor in 3–4 weeks for a follow up visit.
- We will follow you over the next several years and recommend follow-up tests for you. We will review this with you in detail when you see your doctor.



MASSACHUSETTS
GENERAL HOSPITAL

Department of Interventional Neuroradiology
www.mgh-interventional-neurorad.org



© The General Hospital Corporation, 2006

Revised 08/2006