

Aneurysm Coiling and Stent-Assisted Coiling

How to prepare and what to expect



This handout explains aneurysm coiling and stent-assisted coiling, procedures that are done to keep a weakened artery from bursting.

What is an aneurysm?

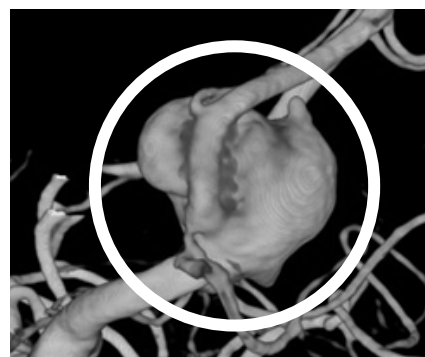
An *aneurysm* is a weak point on an artery wall. This weak point bulges out and may look like a balloon.

What is aneurysm coiling and stent-assisted coiling?

These are *minimally invasive* procedures. They use incisions and tools that cause less trauma to the body than surgery.

In these procedures, metal coils are used to seal off blood flow into an aneurysm. This keeps the artery from *rupturing* (bursting). Depending on the size and shape of the aneurysm, a stent may also be used to stabilize the coils within the aneurysm.

Your neurosurgeon will talk with you about these procedures. Together you will decide which one will be best for you.



The circle in this image is around an aneurysm on an artery wall.

How do I prepare?

- Your patient care coordinator will contact you to schedule pre-op appointments and any needed follow-up appointments, depending on your care team.
- A nurse will give you information on how to prepare for your procedure and what to expect afterwards.
- A pre-anesthesia nurse will talk with you about medications and other safety details to help you prepare for anesthesia.
- The Neurosurgery Team will make sure all your questions are answered and obtain informed consent.

If you will have a stent-assisted coiling:

- You will need to take anti-platelet blood thinners such as aspirin or clopidogrel before your procedure, and for 6 months or longer after your procedure.
- **You may need to stop taking certain medicines while on anti-platelet blood thinners.** Talk with your Neurosurgery Team if you are taking any of these medicines:
 - Diflucan (fluconazole) - Nizoral (ketoconazole) - Tagamet (cimetidine)
 - Intelence (etravirine) - Prilosec (omeprazole) - Ticlid (ticlopidine)
 - Luvox (fluvoxamine) - Prozac (fluoxetine) - VFEND (voriconazole)
- **Avoid any type of grapefruit while taking anti-platelet medications.** It can stop the medicine from working as well.



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Day Before Your Procedure

- During your pre-op appointments you will be given detailed instructions on when to stop eating and drinking and what medications to hold, if needed.
- **Starting 2 hours** before you arrive at the hospital, do **not** eat or drink anything, unless your doctor or nurse has told you otherwise.
- If you must take medicines, take them with **only** a small sip of water.

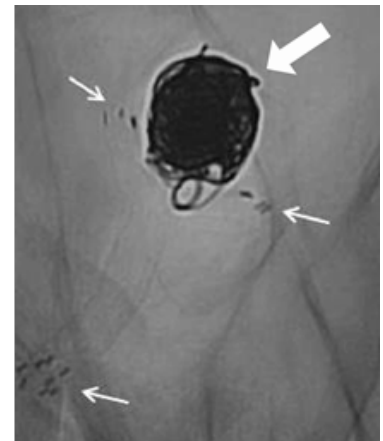
Day of Your Procedure

At the Hospital

- Check into Surgery on the Ground Floor of the Maleng Building or the Angio Suites in the Main Hospital. We will give you directions on where to check in during your pre-op appointments.
- A nurse will greet you and help you get ready for your procedure.
- A staff member will take you on a stretcher to meet the Anesthesia Team.
- The Neurosurgery Team will review the consent forms with you, and you will sign them if you have not already done so.
- We will place an *intravenous* (IV) line in a vein in your arm.
- You will get a *sedative* (medicine to make you relax) through the IV.
- We will take you into the procedure area.

During the Procedure

- You will be given *general anesthesia*, a medicine that will make you sleep during the procedure.
- We will place a tube in your throat to keep your airway open and help you breathe.
- Your groin or wrist area will be shaved, cleaned, and draped with a sterile fabric.
- A long plastic tube (*catheter*) will be inserted into your *femoral artery* (a blood vessel in your thigh) or your *radial artery* (a blood vessel in your wrist) and guided into the artery that has the aneurysm. We will take X-ray images while the catheter is being placed.
- We will inject contrast through the catheter into each artery. X-rays will be taken while the dye moves through your *cerebral vessels* (blood vessels in your brain). The contrast is needed to provide detailed pictures of your blood vessels.
- We will insert an aneurysm coil into the catheter inside the aneurysm. Usually, several coils are usually needed.
- Sometimes, we also place a *stent* (a hollow metal tube) in the blood vessel to treat the aneurysm.
- The procedure will last about 2 to 3 hours.



The large arrow points to the coil inside the aneurysm. The small arrows point to place markers at the beginning and end of the stent inside the blood vessel.

After Your Procedure

- After your procedure, you will wake up and we will take you to the Recovery area. You will spend about 1 to 2 hours in Recovery.
- We will take you to the Neuro Intensive Care Unit on the 2nd floor of the West Hospital Building. You will stay in the unit overnight. Your friends and family can take turns visiting you there.
- **If we use the artery in your thigh:** You must lie flat on your back for up to 6 hours after your procedure. The length of time depends on the closure device or method used. When it's safe, the nurses will help you walk around the unit.
- **If we use the artery in your wrist:** You will have a pressure device on your wrist for 2 hours. You can walk immediately after the procedure.
- Most patients can leave the hospital the next afternoon. When you are discharged, you **must** have a responsible adult who can be with you on the ride home.
- You will have follow-up tests in the months after your procedure. These tests help your neurosurgeon monitor the progress of your treatment. Your neurosurgeon will talk with you about any further tests or treatments.

Self-care at Home

For 24 Hours After Your Procedure

- The medicine given to you for the procedure can affect your judgment. **For 24 hours:** Do **not** drink alcohol, drive, be responsible for the care of another person, use machinery, sign legal documents, or make important decisions.
- You may remove the dressing after 24 hours and take a shower.
- For mild to moderate pain, you may take nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil, Motrin) or naproxen (Aleve, Naprosyn). You may take acetaminophen (Tylenol) as well. Follow the dosing instructions on the bottle.

After Your Procedure

- Do **not** do any strenuous activity (anything that increases your heart rate).
- Do **not** take baths or submerge the puncture site in water for 5 days.
- **If we use the artery in your thigh:** Do not do any deep knee bending. Do **not** lift anything that weighs more than 10 pounds. (A gallon of milk weighs almost 9 pounds.)
- **If we use the artery in your wrist:** Do **not** lift more than 1 pound with affected arm for **2 days**.

What to Expect

After this procedure, it is normal to have:

- Bruising and tenderness in the catheter area
- Short-term hair loss (it will grow back)
- A dull headache for 1 to 2 weeks

When to Call 911

Call 911 **right away** if you:

- Start to bleed at the incision site. Apply constant pressure while you wait for help to arrive.
- Develop a lump at the groin or wrist area.
- Have any stroke-like symptoms such as:
 - Weakness or loss of feeling
 - Problems talking
 - Problems walking
 - Problems seeing
 - Severe headache that starts suddenly

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

- To speak with a clinic nurse weekdays from 8 a.m. to 4 p.m., call 206.744.9300 and press 2.
- After hours and on weekends and holidays, call the UW Medicine Nurse Line (24-hour nurse) at 206.520.7500.