

UW Medicine

HARBORVIEW
MEDICAL CENTER

Aneurysm Coiling and Stent Assisted Coiling

How to prepare and what to expect

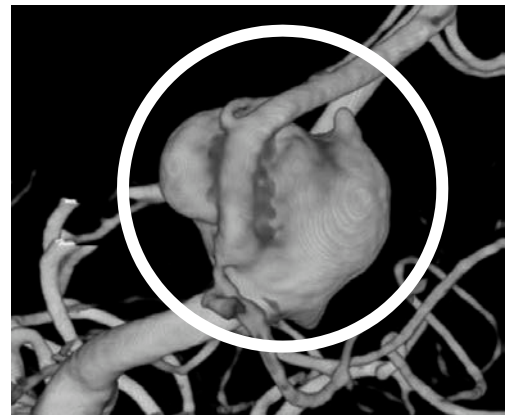
This handout explains aneurysm coiling and stent assisted coiling, procedures that are done to keep a weakened artery from bursting.

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 are 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.



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

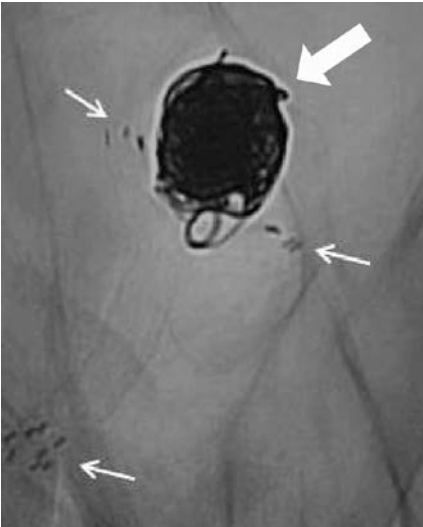
In these procedures, metal coils are used to seal off blood flow into an aneurysm. This keeps the artery from *rupturing* (bursting). Depending on the size and shape of the aneurysm, a stent may also be used to stabilize the coils within the aneurysm.

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

How do I prepare?

You will return to the outpatient clinic to meet with:

- A nurse who will give you information and instructions about your procedure
- A pre-anesthesia nurse to talk about medicines that will be used during your procedure
- The Neurosurgery Team to make sure all of your questions are answered
- Your patient care coordinator to make sure you have all your follow-up visits scheduled before the day of your procedure



The large arrow points to the coil that was placed inside the aneurysm. The small arrows point to place markers at the beginning and end of the stent inside the blood vessel. Ask your doctor if you have questions about this image.

If you will have a stent assisted coiling:

- You will need to take blood thinners such as aspirin or clopidogrel (Plavix) once a day for 1 week before your procedure, and for 6 months or longer after your procedure.
- **You may need to stop taking certain medicines while on clopidogrel (Plavix).** Talk with your Neurosurgery Team if you are taking any of these medicines :
 - Diflucan (fluconazole)
 - Intelence (etravirine)
 - Luvox (fluvoxamine)
 - Nizoral (ketoconazole)
 - Prilosec (omeprazole)
 - Prozac (fluoxetine)
 - Tagamet (cimetidine)
 - Ticlid (ticlopidine)
 - VFEND (voriconazole)

Day Before Your Procedure

A nurse will call you the day before your procedure to go over your instructions. The nurse will:

- Review your medicines and tell you if you need to stop taking any of them before your procedure
- Ask if you have allergies to medicines, *contrast* (X-ray dye), or shellfish
- Remind you **not to eat or drink anything starting at least 2 hours before you arrive for your procedure.**

Day of Your Procedure

At Home

- Up until **8 hours** before you arrive at the hospital, eat a healthy, balanced diet.
- Up until **6 hours** before you arrive at the hospital, eat a light meal. Avoid heavy foods, such as those with a large amount of fat.
- Up until **2 hours** before you arrive at the hospital, we encourage you to drink clear liquids such as water, plain tea or coffee (no milk or creamer), clear broth, Gatorade, soda, apple juice, or Boost Breeze liquid supplement.
 - **If you have diabetes:** Drink clear liquids such as water, plain tea or coffee (no milk or creamer), clear broth, and diet soda. Avoid juice, regular soda, and sports drinks, since these can raise your blood sugar levels.

- **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.

At the Hospital

- Check into Surgery on the Ground Floor of the Maleng Building.
- A nurse will greet you and help prepare you for your procedure.
- An escort will take you on a stretcher to meet the Anesthesia Team.
- The radiologist will review the consent forms with you and you will sign them if you have not already done so.
- An *intravenous* (IV) line will be placed in a vein in your arm.
- You will receive a *sedative* (medicine to make you relax) through the IV.
- You will be taken into the Angio Suite.

During the Procedure

- You will be given *general anesthesia*, a medicine that will make you sleep during the procedure.
- A tube will be placed in your throat to keep your airway open and help you breathe.
- Your groin areas will be 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) and guided into the artery that has the aneurysm. A series of X-ray images will be taken while the catheter is being placed.
- Contrast will be injected through the catheter into each artery. A series of X-rays are 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.
- An aneurysm coil will be inserted into the catheter inside the aneurysm. An electric current is used to separate the coil from the catheter. This leaves it inside the aneurysm permanently. Several coils are usually needed to treat your aneurysm.
- The procedure will last about 2 to 3 hours.

After Your Procedure

- After your procedure, you will be awakened and transported to Recovery. You will spend about 1 to 2 hours in Recovery.
- You will then be taken 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.
- You must lie flat on your back for 6 hours after your procedure.
- After 6 hours the nurses will help you walk around the unit.
- Most patients can leave the hospital the following 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 angiograms 6 months and 12 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

Your health is important to us. A nurse will call you the day after your procedure to ask how you are doing and answer your questions.

For 24 Hours After Your Procedure

- The medicine given to you for the procedure can affect your judgment. Do **not** drink alcohol, drive, use machinery, sign legal documents, or make important decisions for 24 hours.
- 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). Follow the dosing instructions on the bottle.

For 7 Days After Your Procedure

- Do **not** take baths or submerge the puncture site in water.
- Do **not** do any deep knee bending.
- Do **not** do strenuous activity.
- Do **not** lift anything that weighs more than 10 pounds. (A gallon of milk weighs almost 9 pounds.)

What to Expect

After this procedure, it is normal to have:

- Bruising and tenderness in the groin 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:

- Begin to bleed at the incision site. Apply ongoing pressure while you wait for help to arrive.
- Develop a lump at the groin 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 on weekdays from 8 a.m. to 4 p.m., call 206.744.9300 and press 2.