

Cerebral Aneurysm Repair: Endovascular Approach

Your Procedure and Recovery at Home

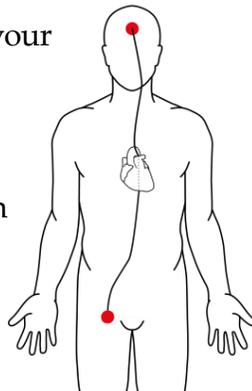
What is a cerebral aneurysm?

Cerebral means brain. An aneurysm (say *ann-yer-iz-uhm*) is a bulge, or balloon-like swelling, in the wall of an artery in the brain. With the pressure from the blood pumping, the weak part balloons out. If left, it could expand to the point of bursting.

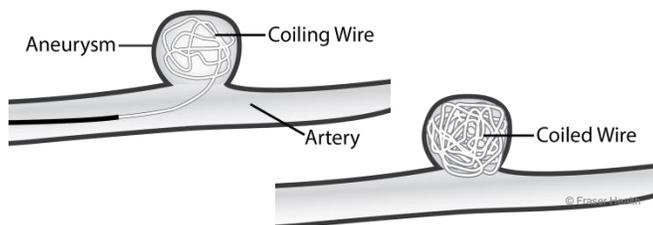
What is the 'endovascular' approach?

This is a way of stopping the flow of blood into the aneurysm without opening up the brain.

The surgeon makes a small cut or puncture (access site) in the skin in your groin. A long, thin, flexible tube is inserted into your femoral artery. The surgeon uses a special x-ray camera to guide the tube up through your heart to where the aneurysm is in your brain. X-ray dye is injected through the catheter to make the aneurysm easier to see.



The surgeon might fill the aneurysm with a small coil of platinum or titanium wire. The wire causes blood to clot, sealing the aneurysm off from the artery. A fabric tube reinforced with wire (called a stent) or glue might be used to block blood from flowing into the aneurysm.



The procedure usually takes from 1 to 3 hours.

You usually go home 1 to 2 days after the procedure. This will depend on your recovery and your health before the procedure.

Going home checklist

- You have a ride home and someone to stay with you, if needed.
- You know what medicine(s) to take, as well as when and how to take them. You might be started on a new medication as a result of the procedure.

Appointments after the procedure

See your family practitioner.

My appointment is on: _____

See your surgeon.

My appointment is on: _____

Family practitioner – Refers to family doctor or nurse practitioner

Caring for Yourself at Home

Drinking and Eating

Once you feel up to it, you can return to your normal diet. If you are taking opioid medications, try not to get constipated or strain to have a bowel movement.

You might get a mild headache after the procedure. Drink at least 6 to 8 glasses of liquids, especially water, over the next few days (unless you have been told differently because of a medical condition). This helps flush the x-ray dye out of your body.

If you feel sick or throw up, drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O). Stay away from caffeine, carbonated soft drinks, and acidic fruit juices while feeling sick.

Activity and Rest

Balance your activity and rest for the first few days. Try to get 8 hours of sleep each day. Take rest breaks during the day, as needed.

Check with your surgeon about when you can drive, return to work, or return to exercise or sports.

Your access site

Always wash your hands before and after touching around your incision.

You can shower 24 hours after the procedure. Allow the shower to spray directly on the access site. Put a clean bandage on after your shower. Gently pat the area dry.

Until the access site is healed:

- * No soaking in a bath tub or hot tub
- * No swimming
- * No creams, lotions, or ointments on the access site (unless directed by your surgeon)

The access site is usually sealed closed with a special device and uses a 'plug' made of collagen. It takes about 60 to 90 days for your body to absorb the collagen. For the next 90 days, you must carry a special card and show it any doctors so they know you have this collagen plug.

Managing pain

You might notice some bruising or soreness in your groin around the access site. This is normal and should go away within a week.

If you have been living with pain before surgery, be sure to tell your surgeon how you manage this pain, such as with medicines, herbs, supplements, cannabis products, other substances, massage, yoga, meditation, etc. This helps your surgeon create the best plan with you for managing pain after surgery.

Your surgeon gives you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

Your pain should be at a comfortable level that allows you to move, take deep breaths, cough, and to do every day activities. Take your pain medicine regularly for the first day or so, even if you have just a little pain. Also do other things to help ease your pain or distract you from the pain, such as slow breathing, listening to music, watching T.V.

Non-prescription pain medicines:

- acetaminophen (Tylenol®)
- non-steroidal anti-inflammatory drugs (NSAIDs)
Examples: ibuprofen (Advil®, Motrin®)
naproxen (Naprosyn, Aleve®)

NSAIDs are not for everyone after surgery. If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, speak with your surgeon or family practitioner before using NSAIDs.

Prescription pain medicines with opioids (narcotics):

- Tramacet® (tramadol and acetaminophen)
- Tylenol #3® (codeine and acetaminophen)
- Oxycocet® / Percocet® (oxycodone and acetaminophen)

Note: These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

Safe use of opioid pain medicines

If you are using any medicines that have opioids (narcotics) in them, take note of the following safety information.

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.
- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines, **do not** drive, drink alcohol, or start taking any new sleeping pills.
- Store opioid medicines in a secure place. Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.
- Take any unused opioid medicines back to your pharmacy to be safely disposed.
Do not keep unused medicines at home.

Always read the label and/or information from the pharmacist about how to take medication safely.

Questions about medications? Speak to your local pharmacist. After-hours, call 8-1-1 and ask to speak to a pharmacist.

When to get help

If you notice bleeding or a sudden swelling at the access site:

- Lie down flat.
- Put gentle pressure on the access site.
- If bleeding does not stop, call 9-1-1.

Call 9-1-1 if you have any of the following:

- trouble breathing or shortness of breath
- chest pain
- sudden severe headache, severe nausea, throwing up, and/or a very stiff neck (signs of a burst aneurysm)
- face drooping, arm or leg weakness, or problems talking (signs of a stroke)
- a seizure and this is new for you

Call your surgeon or family practitioner

if you have any of the following:

- pain not easing with pain medicine
- a fever over 38°C (101°F)
- warm, red, swollen access site, or blood or pus (yellow/green fluid) draining from the area
- changes in the leg used for the procedure such as weakness, a new numbness or tingling feeling, feeling colder than the other leg, or turning to shades of blue
- tenderness, swelling, or redness of a calf or lower leg
- increasingly tired or dizzy
- feeling faint or lightheaded

Can't contact your surgeon or family practitioner?
Have any questions about your recovery?

- **Call Fraser Health Virtual Care**

10:00 a.m. to 10:00 p.m., daily

1-800-314-0999

fraserhealth.ca/virtualcare

- **Call 8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

Questions you might have:
