

Craniotomy and Clipping of Cerebral Aneurysm

The options for treatment of a cerebral aneurysm include:

- Endovascular interventions i.e. coiling, stenting and gluing.
- Operative intervention and clipping of the cerebral aneurysm.

OPERATIONS

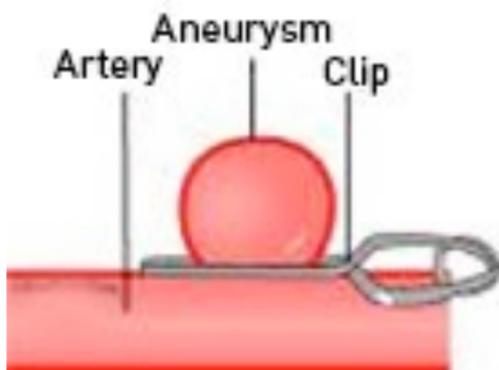
Craniotomy and clipping of cerebral aneurysm

The neurosurgical treatment of an aneurysm involves the patient being put to sleep with a general anaesthetic. A curved incision and a bone window is created (craniotomy). A microscope is used to carefully identify the aneurysm and a permanent metallic clip is surgically placed across its neck, securing the aneurysm from further bleeding in the future. A ventricular drain may be inserted. Any associated blood clot is removed if safe and the bone is replaced with rivets and the patient awoken. If a subarachnoid haemorrhage has occurred often patients will require a two-week hospital stay ensuring a safe recovery.

Intravascular treatment of cerebral aneurysm

This procedure is performed by the neuroradiologist following discussion with the neurosurgeon. It is essentially the same procedure as a digital subtraction angiogram however a general anaesthetic is required. A thin catheter and guidewire are passed upwards through the arteries to the base of the aneurysm. Several options are then possible, including:

- Coiling.
- Gluing.
- Stenting.



The procedure will take several hours. Depending on what option is used you may be required to continue taking blood thinning medication like Aspirin or Plavix for a period of time. The neuroradiologist will discuss this with you.

Several monitoring angiograms will also be required following this procedure.

Occasionally the aneurysm may reform requiring a second procedure or operation.



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RISKS OF THIS PROCEDURE

The risks of this operation includes the following. A detailed discussion with your surgeon is recommended prior to surgery.

- Infection – superficial wound infection or deeper infections including meningitis, osteomyelitis.
- Bleeding – which may be superficial or deep causing intracerebral haematoma and stroke-like symptoms such as weakness, numbness and speech disturbance.
- Epilepsy which may require medication.
- Permanent neurological damage in the form of weakness, numbness, paralysis (stroke like symptoms).
- Cognitive impairment, which may include subtle changes in personality, memory & thought processing.
- Hydrocephalus – which may be temporary or permanent and may require a second operation.
- Loss of vision or double vision.
- Loss of smell or cerebrospinal fluid leak through the nose if a frontal approach is required.
- The need for a blood transfusion during or after the procedure.
- Coma and death.

Treatment of a ruptured cerebral aneurysm usually occurs in a rapid manner due to the risk of the aneurysm rebleeding. In cases where the patient is in a poor grade SAH, early intervention gives the best chance of any recovery.