

Neurosurgery

Clipping: A Guide for Patients and Carers

What is clipping?

Clipping is a surgical treatment for brain aneurysms (a balloon like swelling in the wall of an artery). The aim of clipping is to place a small metallic clip along the neck of the aneurysm. This prevents blood from entering into the aneurysm sac so that it can no longer pose a risk of bleeding or re-bleeding. Once an aneurysm is clipped, the clip remains in place for life. The aneurysm will shrink and eventually disappear after clipping. This is done via craniotomy; a craniotomy is an operation to open the head in order to expose the brain.

Preoperative Fasting Instructions:

For Morning Operations	Stop Taking at:
Food or milk	2:30 am
Black tea/coffee/ squash (not juice)/ Pre-Op carbohydrate drink	6:30 am
Water	Arrival to hospital
Please do not chew gum on the day of surgery	

For Afternoon Operations	Stop Taking at:
Food or milk	7:30 am
Black tea/coffee/ squash (not juice)/ Pre-Op carbohydrate drink	11:00 am
Water	Arrival to hospital
Please do not chew gum on the day of surgery	



What happens before clipping?

- You may already be an inpatient; if not you will be admitted to the Neurosurgical Ward on the day of the procedure;
- A theatre checklist will be completed ;
- You will need to wear a hospital gown and anti-embolic stockings;
- A doctor will explain the procedure to you and you will be asked to sign the consent form for the procedure;
- You will be taken to the main surgical theatres by ward and theatre staff;
- You will be taken into the theatre prep room where you will be given a general anaesthetic (being put to sleep) by an anaesthetist;
- You will be asleep throughout and will not feel anything;
- Your hair will be shaved over the point of the aneurysm.

What happens during clipping?

- The surgeon will expose your brain;
- The aneurysm is located;
- Using specialised equipment a small metallic clip will be placed along the neck of the aneurysm;
- The scalp is closed;
- This procedure takes around five hours.

After the procedure

- After the procedure you will be transferred to the High Dependency Unit (HDU);
- In HDU you will be connected to machinery which will monitor your observations and a ventilator to help you breathe;
- You will be kept sedated until at least the next day;
- Commonly a CT scan will be performed before you are woken up from sedation;
- On the ward the nursing staff will continue to monitor your observations;
- You will be given regular pain killers;
- You are likely to have a saline drip running to prevent dehydration;

- You are likely to have a urinary tube (catheter);
- You are likely to have a drain in your operation site;
- It is important you wear the anti-embolic stockings at all times.

Post-operative care

After the surgery you can expect to stay in hospital for seven to ten days. For some people there may be a need for a longer hospital stay and further care in a rehabilitation unit.

Recovery time depends on the underlying condition and whether there were any complications during or after the operation and each individual is different. Once discharged from hospital you should rest for an additional six to twelve weeks at home.

As the wound in your head heals, it may feel painful and itchy. This will improve and will improve more once the clips (external clips on the skull) are removed (usually between days five to seven after surgery – on the ward). Keep your wound clean, dry and covered at all times to prevent infection.

What are the risks?

Possible complications include stroke-like symptoms such as weakness in the limbs, speech disturbances and visual problems. There is also a risk of bleeding and infection.

- Blood clot on the surface of the brain (may need a second operation);
- Swelling and bruising to your face (eyes may close for a few days);
- Pain;
- Wound infection;
- Bone-flap may feel like it moves;
- Headaches;
- Stroke.

Staff involved

Anaesthetist: a doctor who specialises in providing anaesthesia to patients for operations and procedures.

Neurosurgeon: a doctor who specialises in the diagnosis and surgical treatment of disorders of the central and peripheral nervous system.

Scrub nurses: prepare the theatre for the patient, prepare the equipment and assist the surgical team by passing them instruments during surgery

Theatre circulators: a circulating nurse, working in the operating room, who oversees care and serves as a patient's advocate. They make sure that the procedure runs smoothly and according to hospital protocol.

Further questions

For further information please ask the staff caring for you or contact **Neurosciences Unit Ward 43** - Telephone: **024 7696 7802** or **024 7696 5330**.

Sources of further information

British Brain and Spine Foundation

LGO1 Lincoln House

Kennington Park

1-3 Brixton Road

Crammer Road

London. SW9 6DE

www.brainandspine.org.uk

Telephone: 0808 808 1000 (Information and support on neurological disorders for patients, carers and health professionals)

Headway

Freephone 0808 800 2244 Monday to Friday 9-5pm

helpline@headway.org.uk

Local Support is available. For further information email:

headwaycw@aol.com

NHS Choices

www.nhs.co.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7036 and we will do our best to meet your needs.

Patient Information

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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