

Neurosurgery

Embolisation: A Guide for Patients and Carers

What is an Embolisation?

Embolisation is a way of treating ruptured and un-ruptured aneurysms (a balloon like swelling in the wall of an artery) without the need for a Craniotomy (surgical procedure). The neuro-radiologist will approach the aneurysm from inside the blood vessel. Small metal coils are inserted into the aneurysm through the arteries that run from the groin to the brain. The coils remain there for life. The coils prevent blood flowing into the aneurysm and therefore reduce the risk of a bleed or re-bleed.

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 an Embolisation?

- 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 ask you to sign a consent form agreeing to the procedure;
- You will be taken to the catheter suite by radiology staff.

What happens during the procedure?

- The radiologist will make a small cut in your groin through which they will insert the tube (catheter) into your femoral artery. This is then guided through other blood vessels in your body until it reaches your neck and then into your brain;
- The aneurysm is located;
- Using a guide wire, one by one, the coils are slowly inserted into the aneurysm;
- Once the aneurysm is filled with coils the radiologist will remove the guide wire through the blood vessels and out of the body;
- An angioseal is inserted into the groin to prevent bleeding;
- This procedure takes around three hours.

What happens afterwards?

- After the procedure you will be transferred to the recovery unit;
- In recovery you will be connected to machinery which will monitor your blood pressure, saturations, heart rate and respiration rate. The recovery nurse you will also be asking you questions, checking your limb strengths and pupil reactions regularly;
- The nurse will check the small wound in your groin for any bleeding and also check the pulse in your foot. This is to make sure that your blood circulation to your legs has not been affected;
- Once you have recovered and are safe to transfer to the ward you will be collected by the nursing staff and taken back to the Neurosurgical ward;
- On the ward the staff will continue to monitor your observations including the site where the catheter was inserted into your groin;

Patient Information

- You will need to lie flat for 24 hours after this procedure;
- 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);
- It is important you wear the anti-embolic stockings at all times;
- You may have some pain and some bruising around the groin site.

How long will I be in hospital?

If you have come into hospital for the embolisation as a planned procedure, you will normally be discharged home the next day. If you have been admitted as an emergency you are likely to remain in hospital for a couple of weeks at least, to monitor your condition.

Post-operative care

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

You must monitor your groin for bleeding and or bruising after coiling for the next few days and keep with you at all times your Angioseal Information Card.

The groin will be painful at times, make sure you take regular pain killers and inform us if the bruising appears worse.

What are the risks?

Possible complications include:

- Stroke-like symptoms such as weakness in the limbs, speech disturbances and visual problems
- Bleeding
- Infection
- Arterial damage at the entry site in the groin.

For further information please ask the staff who are caring for you.

Patient Information

Staff in the radiology department

- Radiologist: doctors that are specially trained to carry out an Embolisation.
- Radiographers: staff who control the equipment during the procedure.
- Radiology Nurses: work with the Radiologists during the specialised procedures.

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

Brain and Spine Foundation

LG01 Lincoln House
Kennington Park
1-3 Brixton 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 Homepage

www.nhs.co.uk

Patient Information

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.

The Trust operates a smoke free policy.

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

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