

What do I need to know before I go home?

Your wound staples are generally removed prior to discharge, if not, your local doctor will be able to do this for you.

On the day of discharge you will be given three days supply of the required medications, see your local doctor for further medication prescriptions. An appointment will be made for you to attend either the Outpatients Clinic or your Consultant Neurosurgeon.

It is very important that you see your local doctor or the nearest Emergency Department if you have any of the following symptoms:

- Any ooze, redness or swelling around your operation site
- Drowsiness or confusion
- Numbness or tingling in your arms or legs
- Seizures
- Difficulty in talking or walking
- Unrelieved headaches
- Fever
- Sensitivity to light
- Nausea and/or vomiting

You **must not** drive any vehicle or operate machinery until the Neurosurgeon has told you that you may. This period of time varies depending on your particular condition.

Further Information

If you have any questions during your stay please do not hesitate to talk to a member of the nursing staff, who will be only too pleased to try and assist you.

The information in this pamphlet was compiled by:

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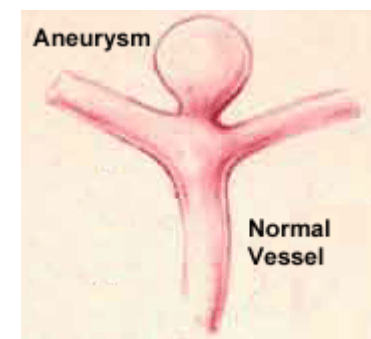
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Understanding the Causes and Treatment of

CEREBRAL ANEURYSM



A guide for patients and their families

The following pamphlet is designed to provide patients, families and carers with an overview and general information about the treatment and management of cerebral aneurysms. This pamphlet is not intended to replace discussion with your doctor, nurse or other members of the health care team.

What is a Cerebral Aneurysm?

Although the causes of brain aneurysms are still not fully understood, most aneurysms are the result of a congenital abnormality of the inside lining of an artery. A cerebral aneurysm forms at a weak spot in the wall of an artery of the brain, which can gradually produce a balloon shaped defect. As the aneurysm enlarges with blood, the artery wall weakens and can eventually rupture, spilling blood into or around the brain, this is medically known as a subarachnoid haemorrhage and requires immediate medical attention.

How are ruptured aneurysms treated?

In most cases, management of the ruptured is performed as soon as the patient's condition is stable, to avoid the dangers of rebleeding. Aneurysm surgery is performed under general anaesthetic, a neurosurgeon opens the skull to expose the underlying brain. Using a microscope, the surgeon locates the aneurysm and places one or more small clips across the neck of the aneurysm. Once the aneurysm is clipped, the skull is closed and the skin is closed with staples or stitches. Alternatively the aneurysm may be treated in the INR suite by specialist

Interventional Neuro Radiologists (see *Interventional Radiology pamphlet*).

What will happen immediately after my operation?

Aneurysm surgery usually takes between three to six hours, after the operation you will be taken to the recovery room. When you wake up you will have various computer leads attaching you to a monitor, which monitors your heart rate, pulse and breathing.

You will have

- an oxygen mask on your face
- a tube in the artery of your wrist to monitor blood pressure
- a drip in your arm to provide intravenous fluids
- a tube into your bladder to measure urine output
- a dressing and bandage on your head

You will be asked frequent, simple memory questions to monitor for brain swelling or bleeding. You will also be asked if you have any pain, and if so you will be given an injection to help relieve the pain. When your condition is stable you will be transferred to the Neuro/Trauma High Dependency Unit for specialist medical and nursing care.

Post-operative recovery information.

In the High Dependency Unit, the nursing staff will regularly monitor and assess your condition, and your doctors will review you each morning. You will possibly feel very tired and may have headaches and nausea. For these reasons we ask that your visitors are restricted to immediate family only, two at a time and only for short periods.

The physiotherapist will visit you on the first morning after your operation to assist with deep breathing and coughing to prevent any problems with your lungs. You will be allowed to drink and progress to a normal diet when you feel well enough. You will be encouraged to get out of bed and assisted in the shower by the nurses in the first couple of days after your surgery if your medical condition is stable. You will be transferred to the Neurosciences Ward when your condition has stabilised. If you have any need to see our speech therapist, dietician, social worker or pharmacist, the nursing staff will notify them of your requirements.

Depending on your progress you may require some rehabilitation at a suitable rehabilitation hospital or you may require further treatment as an outpatient. These options will be discussed with you if required.