

## ***What do I need to know before I go home?***

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 for follow up at either the INR outpatient clinic or to see your consultant Neurosurgeon or Neuro Interventionalist will also be made for you.

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

- 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:**

**The Department of Neurosurgery  
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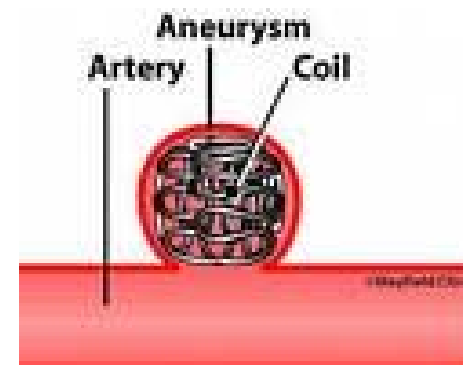
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# **Interventional Neuroradiology**

***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 interventional neuroradiology (INR) procedures. This pamphlet is not intended to replace discussion with your doctor, nurse or other members of the health care team.

## **What is Interventional Neuroradiology?**

Neurointerventional radiology (INR) is also known as neurointerventional surgery, a sub specialty of neurosurgery and was first accredited in the USA in 2000. INR is a minimally invasive approach in the treatment of abnormalities of the blood vessels in the central nervous system (the brain and spinal cord) that previously would have required open surgery.

### **What conditions can be treated with INR?**

- Cerebral aneurysms
- Arteriovenous malformations (AVM)
- Carotid-cavernous fistula
- Dural-arteriovenous fistula
- Extracranial (head and neck) vascular malformations
- Balloon occlusion of intracranial vessels
- Intracranial angioplasty and stenting
- Acute thrombolytic stroke management

Your Consultant Neurosurgeon and the Consultant Interventional Neuroradiologist will review all your scans and clinical information to determine the most suitable and appropriate management of these conditions. Increasingly more patients

are undergoing this procedure which involves inserting a small catheter into the femoral artery in your groin and navigating the catheter through the blood vessels into the head using real time xray technology. If an aneurysm is being treated, tiny platinum coils are threaded through the catheter and placed into the aneurysm, blocking blood flow into the aneurysm and reducing the chance of rupture or rebleeding. The procedure is performed under a general anaesthetic in the INR suite attached to the operating theatres. **If this is an elective procedure you may need to stop taking any antiplatelet or blood thinning medication such as aspirin for 5 days prior to the procedure, ensure you check this with your doctor.**

### **What will happen immediately after my operation?**

The procedure usually takes between two to six hours, after the procedure 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, and a tube into your bladder to measure urine output. You

will need to lie flat in bed for a minimum of 8 hours to prevent bleeding at the puncture site. You will be asked frequent, simple memory questions to assess how alert you are. 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 nurses will regularly assess your condition, and your doctors will review you each morning. The physiotherapist will visit you the first morning after your procedure to assess your walking. You will be allowed to drink and progress to a normal diet when you feel well enough. You will be transferred to the 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 procedure you may require anticoagulation medication such as a heparin infusion for 24 hours followed by a daily dose of Aspirin and/or Clopidogrel for a minimum of 3 months. This is required if a balloon or stent has been inserted. Your doctor will inform you if this is required.