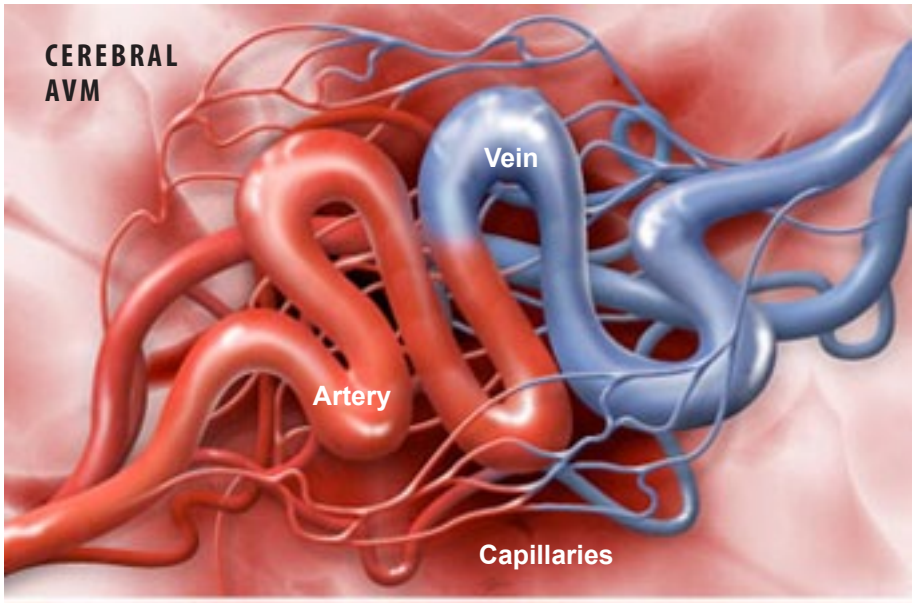
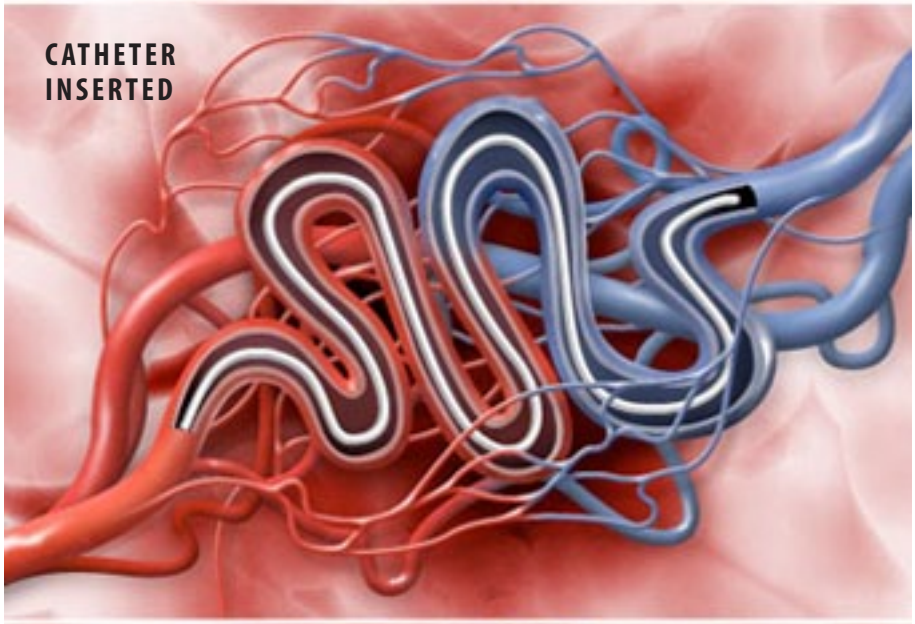
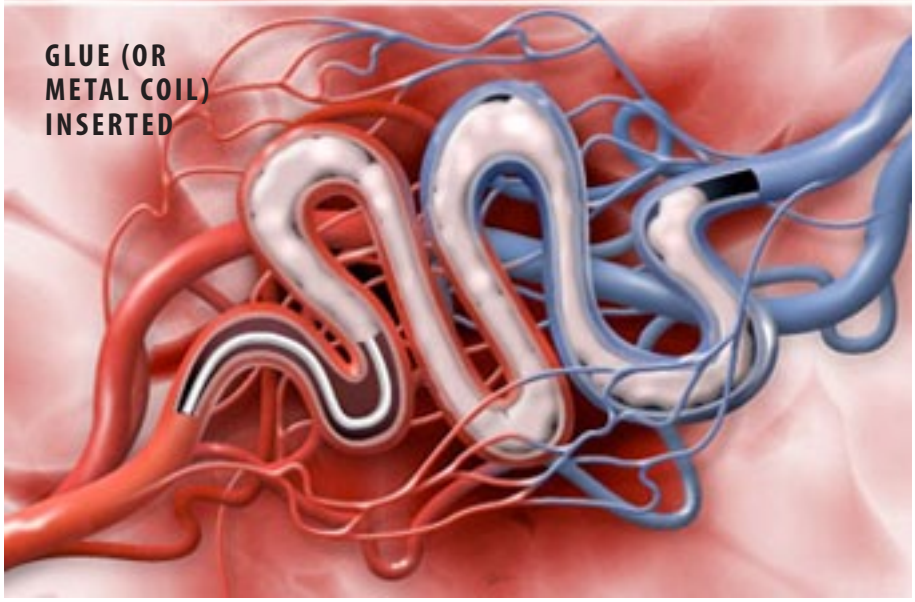
Embolization for Cerebral Arteriovenous Malformation (AVM)







Overview
This minimally-invasive procedure is used to treat a cerebral arteriovenous malformation (AVM), a tangle of enlarged vessels that can potentially hemorrhage and cause a devastating stroke. In this procedure, fast-drying glue or a small, soft metal coil is placed inside the AVM to help block the flow of blood and prevent hemorrhage.

Preparation
The patient is positioned, anesthesia is administered and a portion of the insertion site may be shaved. The insertion site is typically in the femoral artery (a blood vessel near the groin).

Treating the Vessel
Using fluoroscopic imaging, a long, thin tube called a catheter is inserted through the skin and carefully guided through the artery in the groin to the abnormal arteries in the brain that supply the AVM. The catheter is used to deliver the glue or metal coil to the vessel. If glue is used, it is then pumped through the catheter and into the AVM. If a metal coil is used, the small wire is then inserted through the catheter and coiled inside the AVM.

End of Procedure
The catheter is removed, and a small bandage is applied. Bed rest is often necessary for several hours after the procedure to prevent bleeding from the femoral artery insertion site. If the embolized AVM was unruptured, the hospital stay may be as little as overnight. If the embolization was performed on an AVM that had ruptured and bled into the brain, the hospital stay is typically longer and often requires several days in the intensive care unit (ICU). This is largely because the AVM embolization does not treat the consequences of any bleeding that has already occurred.