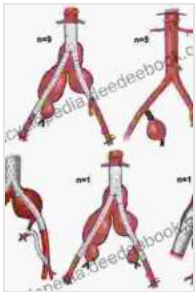


Surgery of Vertebrobasilar Aneurysms

Vertebrobasilar aneurysms (VBAs) are rare but potentially devastating conditions. They account for approximately 5% of all intracranial aneurysms and are associated with a high risk of rupture and mortality.



Surgery of Vertebrobasilar Aneurysms: London, Ontario Experience on 1767 Patients by Charles G. Drake

★★★★★ 5 out of 5

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Enhanced typesetting : Enabled
Print length : 669 pages
Screen Reader : Supported



VBAs are typically located at the base of the brain, where the vertebral arteries join to form the basilar artery. They can also occur in the branches of the vertebral or basilar arteries.

The most common symptom of a VBA is headache. Other symptoms can include dizziness, nausea, vomiting, visual disturbances, and weakness or numbness in the face or limbs.

VBAs are diagnosed with a combination of imaging tests, including computed tomography (CT) angiography and magnetic resonance angiography (MRA).

Indications for Surgery

Surgery is the primary treatment for VBAs. The goal of surgery is to clip or coil the aneurysm, which prevents it from rupturing.

Surgery is typically recommended for VBAs that are:

* Larger than 5 mm in diameter * Located in a high-risk location * Symptomatic

Risks of Surgery

Surgery for VBAs is a complex and risky procedure. The risks of surgery include:

* Stroke * Bleeding * Infection * Horner's syndrome (drooping eyelid and pupil) * Cranial nerve palsy * Death

The risk of stroke is the most serious complication of VBA surgery. The risk of stroke is higher in patients who have a large aneurysm, an aneurysm that is located in a high-risk location, or who have a history of stroke or transient ischemic attack (TIA).

Outcomes of Surgery

The outcomes of VBA surgery are generally good. Most patients who undergo surgery for a VBA will have a good recovery and will be able to resume their normal activities.

The long-term outcomes of VBA surgery depend on the size and location of the aneurysm, as well as the patient's overall health. Patients who have a small aneurysm that is located in a low-risk location are more likely to have

a good outcome than patients who have a large aneurysm that is located in a high-risk location.

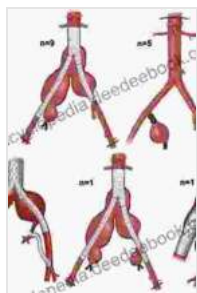
Alternative Treatments

In some cases, surgery may not be the best option for treating a VBA. Alternative treatments for VBAs include:

* **Endovascular coiling:** This procedure involves inserting a catheter into the aneurysm and then releasing coils into the aneurysm to fill it and prevent it from rupturing. * **Flow diversion:** This procedure involves placing a stent in the artery that supplies blood to the aneurysm. The stent diverts blood flow away from the aneurysm, which causes the aneurysm to shrink and eventually disappear.

Surgery is the primary treatment for vertebrobasilar aneurysms. The risks of surgery are relatively low, and the outcomes are generally good. However, surgery is not always the best option for treating a VBA. In some cases, endovascular coiling or flow diversion may be a better choice.

The decision of whether or not to undergo surgery for a VBA should be made in consultation with a neurosurgeon.



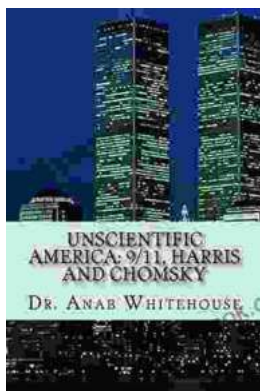
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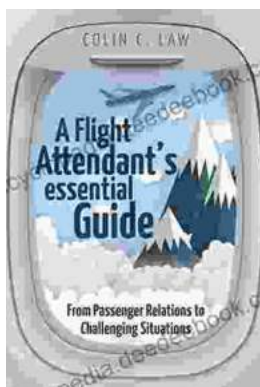
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