In **neurointervention**, **anchoring** refers to any **technique used to stabilize a catheter, guidewire, or device** by securing it in place—either temporarily or permanently—within the vascular system to **prevent unwanted movement** during delicate procedures like coiling or stenting.

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🔧 Types of Anchoring:

1. **Distal Anchoring**

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 ➤ Using a **balloon**, **coil**, or **wire position** in a distal branch to secure the system while working proximally.
 **Example**: Inflating a balloon in a distal artery to hold the microcatheter steady while deploying a stent across a wide-necked aneurysm.
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2. **Proximal Anchoring**

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 ➤ Using support from a **guide catheter** or **balloon in the proximal parent artery** to counteract movement.
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3. **Intrasaccular Anchoring**

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 ➤ The microcatheter tip is **looped or coiled inside the aneurysm**, and its shape and friction **stabilize it** enough to allow coil or stent delivery.
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4. **Stent Anchoring (device anchoring)**

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 ➤ A **partially deployed stent** may serve as an anchor to facilitate repositioning or further navigation.
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🎯 Purpose:

* Prevents **kickback** or **recoil** of the microcatheter. * Enables **precise device deployment** in tortuous or unstable anatomy. * Critical in **wide-necked aneurysms**, bifurcations, or cases with **unfavorable catheter angles**.

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Let me know if you want examples of anchoring techniques with specific devices (e.g., Solitaire, Neuroform, Comaneci) or a diagram for clarity.