

Coiling with stenting

For **wide-necked aneurysms**, a **stent** may be used to prevent the **coils** from herniating out of the **aneurysm** into the blood vessel. When a stent is used, the patient is required to be on ASA (most commonly indefinitely, although certain centers stop all antiplatelet drugs after 1 year) and clopidogrel or alternative agents such as ticagrelor or prasugrel (typically for 3–6 months). Therefore, stent assisted coiling is generally avoided in ruptured aneurysms, in part due to the fact that if an EVD, ventricular shunt, or craniotomy is needed it may require temporary reversal of anti-platelet medication, which increases the risk of acute in-stent thrombosis. However, it has also been undertaken successfully in ruptured cases, with 93% technical success, clinically significant ICH in 8% (including 10% known to have EVDs), and significant thromboembolic events in 6%.

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Last update: **2024/06/07 02:55**

