

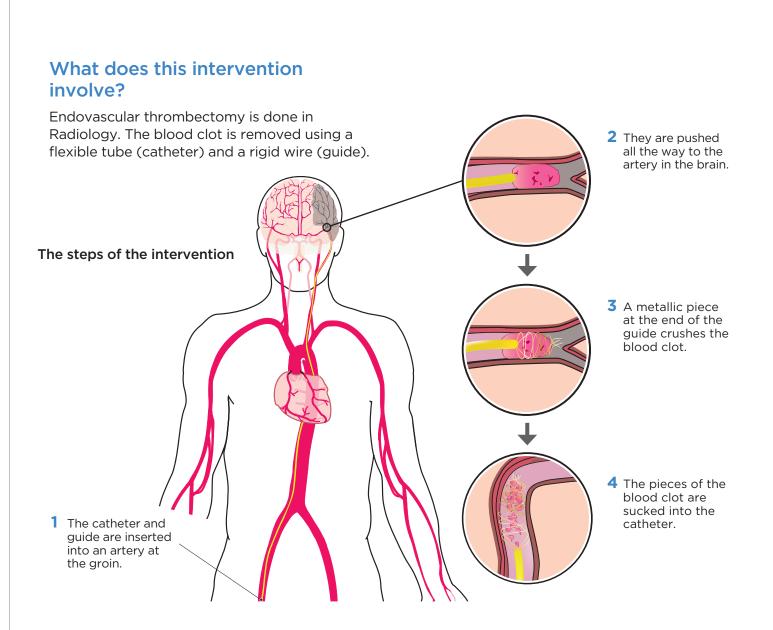
You're about to have, or have just had, a procedure to remove a blood clot from a vessel in your brain. This fact sheet describes how it's done and what you need to know.

Why do I need this intervention? Blood clot This intervention is done urgently when there is a clot preventing blood from flowing to an area of your brain. This is called an acute ischemic stroke. The affected area of the brain no longer has enough blood to function normally. The intervention must be carried out quickly to avoid the serious problems this can cause. Generally, this intervention is done within 6 hours of the first signs of stroke. Blocked blood Blood clot in the brain vessel (artery) Area of the brain affected Carotid (neck artery)

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Last update:

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Are there risks associated with this intervention?

This is a major intervention, but complications are rare. The most frequent are:

- bleeding (hemorrhage) at the groin or in the brain
- infection

The doctor will explain the risks, and you can ask your questions.

Are there any precautions to take **BEFORE** the intervention?

You need to inform the care team if:

- you're taking blood thinners (aspirin, Plavix, Coumadin, Eliquis, Pradaxa, Xarelto, or any other)
- you have allergies (iodine, disinfectants, antibiotics, or analgesics)
- you think you're pregnant

Depending on the case, the care team will take special precautions or will give you medications to be able to perform the intervention.

How is the intervention done?

PREPARATION

- You'll be asked to urinate, if possible, or a urinary catheter will be inserted.
- Instruments will be put in place to measure your heart activity, and 2 tubes will be inserted into your veins to give you medication if needed.
- You will lie on your back, and your head and limbs will be secured with Velcro bands so that any involuntary movements won't interfere with the intervention.
- The doctor (neuroradiologist) will disinfect your skin where the catheter is to be inserted.
- Your body will be covered with a sterile cloth (drape) to prevent infection.



THE INTERVENTION

- The neuroradiologist will "freeze" the groin, where the catheter and the guide will be inserted (local anesthesia).
- Once the blood clot has been eliminated, pressure will be applied on the groin incision for 5 to 10 minutes to close it.
- A bandage will be applied to prevent bleeding.
- Another doctor (neurologist) and a nurse will monitor your health status during the intervention and will administer medications if you need them.

How long does the intervention take?

From 90 minutes to 2 and a half hours:

- about 30 minutes of preparation
- 1 to 2 hours for the intervention, depending on the complexity of the case

Is the intervention painful?

You may feel pressure at the place where the catheter is inserted, but there is no pain when it is moving through your arteries. If you feel the pressure is painful, you will be given pain medications.

What does the care team do **AFTER** the intervention?

- You will be moved to a room in the Stroke Unit or Intensive Care Unit where you'll continue to recover.
- A health care team will regularly monitor your health status and your vital signs (blood pressure, pulse, breathing, temperature, etc.). They will also check that you're able to urinate and have a bowel movement.
- They will check your swallowing. See the fact sheet *Detecting problems with swallowing*.
- Your treating physician will be notified of any changes in your health status.
- They will inquire about your comfort, if you have any questions, and your needs for support, as well as those of your family.
- The team will plan with you for your follow-up care and treatments.



Are there any precautions to take **AFTER** the intervention?

You must:



- > for 6 hours: keep your leg straight (the one the cather was inserted into) and not get up
- > ask for help from the care team to change position or to get out of bed when you can get up
- > eat and drink as instructed by the care team
- > follow instructions to resume your personal hygiene or to walk in your room or in the hallway
- > call a nurse immediately if you have any of the following symptoms:
 - difficulty swallowing or breathing
 - sudden headache
 - groin pain that gets worse even with medication
 - a lump near the bandage in the groin area that is growing
 - dizziness
 - nausea or vomiting
 - drowsiness and difficulty following instructions
 - general discomfort and inability to sit still
 - pallor, extreme fatigue, heart palpitations

Medications

If you were taking any medications (diabetes, blood pressure, coagulation, etc.), your doses may be changed.

You may also be given new ones to take. If so, the neurologist and the nurse will advise you.



Who can I contact for help or to ask questions?

At the hospital

Your care team can answer your questions.

After your return home

As a CHUM patient, you can call a CHUM nurse:

- > 514 890-8086
- > This service is available 24 hours/day, 7 days/week

You can also contact a nurse in the Neurosciences Outpatient Centre, Monday to Friday, from 8:00 a.m. to 4:00 p.m.:

> 514 890-8123

To cancel or change an appointment, call the Neurosciences Outpatient Centre, Monday to Friday, from 8:00 a.m. to 4:00 p.m.:

> 514 890-8123



USEFUL RESOURCES

Heart & Stroke Foundation of Canada:

- > 1800-567-8563 (in Québec)
- > heartandstroke.ca

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them on our web site Chumontreal.qc.ca/fiches-sante

The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.

To find out more about the Centre hospitalier de l'Université de Montréal **chumontreal.qc.ca**

