The options for treatment of a cerebral aneurysm include:

- Endovascular interventions ie coiling, stenting, glueing.
- Operative intervention and clipping of the cerebral aneurysm.

The procedure will take several hours. Depending on what option is used you may be required to continue taking blood thinning medication like aspirin or plavix for a period of time. The neuroradiologist will discuss this with you. Several monitoring angiograms will also be required following this procedure. Occasionally the aneurysm neck may reform requiring a second procedure or operation.

Risks of this procedure:

The risks of this operation includes the following. A detailed discussion with your surgeon is recommended prior to surgery.

- Infection – superficial wound infection or deeper infections including meningitis, osteomyelitis.
- Bleeding – which may be superficial or deep causing intracerebral haematoma and stroke-like symptoms such as weakness, numbness and speech disturbance.
- Epilepsy which may require medication.
- Permanent neurological damage in the form of weakness, numbness, paralysis (stroke like symptoms).
- Cognitive impairment, which may include subtle changes in personality, memory & thought processing.
- Hydrocephalus – which may be temporary or permanent and may require a second operation.
- Loss of vision or double vision.
- Loss of smell or cerebrospinal fluid leak through the nose if a frontal approach is required.
- The need for a blood transfusion during or after the procedure.
- Coma and death.

Treatment of a ruptured cerebral aneurysm usually occurs in a rapid manner due to the risk of the aneurysm rebleeding. In cases where the patient is in a poor grade SAH early intervention gives the best chance of any recovery.