

# FLOW DIVERSION

The treatment of wide-necked aneurysms represents a challenging problem for neurosurgeons. With the development of stents, clinicians can now treat these aneurysms while keeping the parent vessel patent.

Flow Diversion is an endovascular technique which places a braided cylindrical mesh stent (tube) in the parent blood vessel across the aneurysm neck, instead of placing coils inside the aneurysm sac. These stents differ from traditional stents used for heart procedures in that they divert blood flow away from the dome of the aneurysm.

The presence of a metallic stent within the artery lumen increases the risk of thrombosis (clotting of the blood) and stroke, and requires the patient be maintained on two anti-platelet agents (usually aspirin and another agent) for a period of six months until the stent is incorporated into the artery wall.



Flow Diversion may be used to treat large or giant unruptured wide-necked aneurysms that involve the most proximal (cavernous) segment of the internal carotid artery.

Coiling of an aneurysm is often combined with the placement of a flow diverting stent to encourage thrombosis within the aneurysm. The stent keeps the coils from exiting the aneurysm and maintains the pressure necessary to keep the aneurysm under control. Complete occlusion of the aneurysm occurs between six weeks to six months.



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