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MADISON NEUROLOGY LLC

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*Neurology Care 7 days a Week. Because Your Brain Matters.*

# Brain (Cerebral) Aneurysm

Patient education guide · Stroke & Vascular · Madison Neurology LLC

## What is it?

A cerebral aneurysm is a weak, balloon-like bulge in the wall of a brain artery. Most aneurysms cause no symptoms and are discovered incidentally on scans done for other reasons. The main concern is rupture, which causes a subarachnoid hemorrhage — but most unruptured aneurysms never burst.

## How does it happen?

Aneurysms form where artery walls are weak, often at branch points. Contributing factors include high blood pressure, smoking, family history (especially two or more close relatives with aneurysms), age over 40, connective tissue disorders such as Ehlers-Danlos syndrome, and polycystic kidney disease.

## Common symptoms

- Most unruptured aneurysms cause no symptoms at all
- A large aneurysm may press on nerves, causing double vision, a drooping eyelid, or pain above/behind the eye
- Sudden thunderclap headache signals possible rupture — call 911
- Pupil dilation or vision changes on one side
- Numbness or weakness on one side (rare, with large aneurysms)

## How is it diagnosed?

Unruptured aneurysms are usually found on CT angiography (CTA) or MR angiography (MRA). Catheter angiography provides the most detailed images when treatment is being planned.

## How is it treated?

Small, low-risk aneurysms are often simply monitored with periodic imaging while controlling blood pressure and stopping smoking. Larger or higher-risk aneurysms can be treated with endovascular

coiling or flow-diverter stents, or with surgical clipping. The decision balances rupture risk against procedure risk and is individualized.

## What does the future hold?

The yearly rupture risk of a small unruptured aneurysm is low (often well under 1% per year), and many people live full lives with monitored aneurysms. Treated aneurysms have excellent durability, though periodic follow-up imaging is standard. Quitting smoking and controlling blood pressure measurably lower risk.

## Questions patients commonly ask

**Q: I was told I have an aneurysm — is my life in danger right now?**

A: Most unruptured aneurysms are managed safely with monitoring or elective treatment; your team will explain your specific risk level.

**Q: Should my family members be screened?**

A: Screening with MRA or CTA is generally recommended when two or more first-degree relatives have had aneurysms.

**Q: Can I exercise?**

A: Most aerobic exercise is encouraged. Very heavy straining (maximal lifting) is usually discouraged until you discuss it with your specialist.

## National support groups & resources

- **Brain Aneurysm Foundation** — bafound.org — 1-888-272-4602
- **American Stroke Association** — stroke.org — 1-888-478-7653
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org

(Organization contact details were current at the time of compilation; please verify online.)

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