Anterior communicating artery aneurysm clipping using standard small fronto-pterional approach, clipping with 3 Lazic clips

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An 80-year-old female presented 5 months previous for nonspecific gait disturbance, during which an MRI was performed. A large based anterior communicating artery aneurysm was found independent of neurology. An interdisciplinary discussion favored surgical treatment, on which the patient insisted. Surgery was performed using standard anesthesia techniques with intraoperative burst supression during surgery, neuromonitoring with MEP and SEP, as well as ICG angiography, microdoppler and neuronavigation. Successful clipping was performed with 2 fenestrated straight and one bayoneted straight Lazic clip. Temporary clipping was 6.1 minutes. Postoperative angiography showed exclusion of the aneurysm, and there was no neurological deficit.

The video can be found here: http://youtu.be/WKjOHG8irFo.

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