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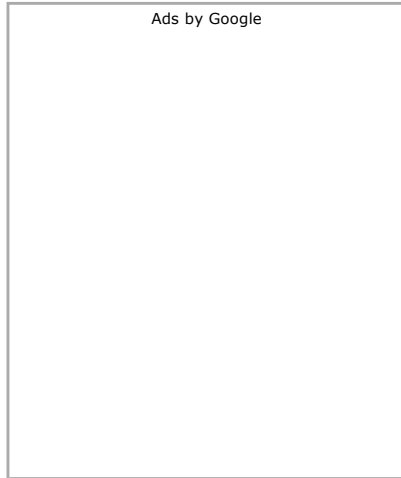
By Dawn Reiss | Special to the Tribune
February 18, 2009

Vivian Moore loves to play the 2-cent slot machines at Aurora's Hollywood Casino. Although she can't seem to finish a book, Moore, 67, jokes she can read an entire newspaper in one sitting and enjoys picking up the National Enquirer on occasion when someone—like [Patrick Swayze](#)—is featured.

The dove-haired grandmother also made history last week by becoming the first person in Chicago to undergo a highly confidential clinical trial for a device known as the Pipeline embolization device that is pending FDA approval and could potentially revolutionize treatment for brain aneurysms, neurosurgeons and medical experts say.

Less than three hours after surgery for an unruptured brain aneurysm, Moore was upright in her hospital bed at the Neurologic & Orthopedic Hospital of Chicago in [Ravenswood](#) telling her children how lucky she felt.

"Maybe you should go sky diving," said her son Joe, 44, who lives in Ottawa. "Or bungee jumping," said her daughter Dawn Schiro, 48, of [Frankfort](#).



"We could put you on a Harley," her son said. "Or take you to a monster truck rally," Schiro said.

In reality, Moore just wanted some Jell-O. Preferably orange Jell-O, but anything but lime would do.

"I don't feel any different," said Moore, who lives in Lombard and is among about 100 brain aneurysm patients in [the U.S.](#) who have had the procedure. "I'm just glad it's over and I made it through. I was so scared but I wanted to get it done. I wanted to make sure I'm here for my family. I didn't want to die."

Like many people, Moore discovered her brain aneurysm by accident. Three days before Thanksgiving, Moore began feeling dizzy. She called a neighbor and went to an Elmhurst hospital. While there, she almost passed out twice, pulling the emergency chain in the

bathroom as she began to faint. The doctors told Moore her dizziness was likely the result of one the medications she was taking for other problems, which include high blood pressure. A CT scan during Moore's hospital stay revealed she had a large brain aneurysm behind her left eye.


Moore soon learned that she'd had the aneurysm, a weakness in the blood vessel that causes a balloon-like bubble in one or more layers in the artery tissue, for years. According to some experts, 40 percent of all people die when it ruptures.

"I was shocked," Moore said. "I just started to cry."

Directed to Dr. Demetrius Lopes, an endovascular neurosurgeon at [Rush University Medical Center](#) and Chicago Institute of Neurosurgery and Neuroresearch, Moore said Lopes told her the best option was to be part of a clinical trial and try an experimental device commonly called the Pipeline. The reason: the surgery is less invasive and typically takes half the time as traditional methods take, which is about three hours.

Additionally, Moore's brain aneurysm was large at 12 millimeters and would likely rupture

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at some point given its size and location in the optic nerve, where traditional treatment methods could continue to cause it to compress against the nerves in the brain and create more problems, Lopes said.

"Dr. Lopes told me we could wait, but I wanted to get it over and done with," Moore said.

According to Christine Buckley LeBlanc, executive director at the Hanover, Mass.-based Brain Aneurysm Foundation, it is estimated that 1 in 50 people in the U.S. will develop a brain aneurysm. Women ages 35 to 60 are more likely to be affected than men. Although a lot is still unknown, experts say that smoking, high blood pressure, a traumatic head injury, drug use and a family history of brain aneurysm can be factors.

With most brain aneurysm patients who undergo surgery, the skull is drilled and brain tissue is moved in order to reach the problem area. In Moore's case, the Pipeline—which looks like a tiny metal Chinese finger cuff—is inserted through the groin up into the brain via a stent. That creates a bridge or pipeline to redirect the flow of blood to help seal off the hole in the artery.

Since the pipeline device is made of tightly woven metal and can be added in multiple layers to adjust to individual needs, Lopes said it appears, in preliminary results, that the blood in the aneurysm won't leak like it can in more traditional methods and that the brain nerves to continue to operate.

Lopes also said that patients in the clinical trial are recovering faster, typically leaving the hospital after one night's stay and with a week of recovery. With traditional methods, the typical hospital stay is three to four days and the recovery period is four to eight weeks.

"In the past, we'd just fix aneurysms that were rupturing," Lopes said. "And it didn't really matter how you treated them, we were just trying to save people's lives." She said the technology has gotten better, we are seeing all these aneurysms that are unruptured and we are trying to be more proactive in our treatment. This could revolutionize the treatment of certain types of brain aneurysms in the future."

The Chicago Institute's Dr. Thomas Grobelny and Dr. Harish Shownkeen, an interventional neuroradiologist at Central DuPage Hospital in Winfield, who are both part of the clinical trial, said the initial results look promising and could have a momentous impact on the treatment of brain aneurysms.

As for Moore, she said she ready to take the first cruise of her life now that she's out of the hospital.

Likely to [Alaska](#), she said.

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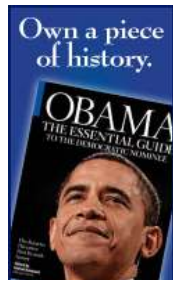
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