PATIENT EDUCATION

# Brain AVM & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

## What is this condition?

An arteriovenous malformation (AVM) is a tangle of arteries and veins that skip the usual capillary bed. In the brain it can bleed, seize, or steal flow. Care is shared by neurosurgery, neuro-interventional radiology, and radiation oncology. Small or leftover AVMs are sometimes treated with focused radiation (radiosurgery) so the tangle slowly closes over months to years. This is not the same as low-dose joint radiation.

## What you may notice

- A seizure, a sudden worst headache, or a bleed on a scan
- A known AVM watched for years that has now changed
- A leftover tangle after surgery or embolization
- Questions about bleeding risk while waiting for radiation to work

## Usual care

Not every AVM should be treated. Size, location, and prior bleed decide watching versus embolization, surgery, or radiosurgery. A dedicated vascular conference should say which.

**Where CureRays may fit.** CureRays will treat a selected AVM only with a technique suited to millimeter accuracy and after neurosurgery input. If you need a dedicated radiosurgery platform we do not have, we will refer. Confirm imaging (angiogram or high-quality MRI/MRA) before anyone simulates.

## What treatment usually involves

- Vascular-conference notes and imaging review
- A tight mask and a single-session or very short course if radiosurgery is chosen
- Steroid or seizure-medicine plan as needed
- A follow-up angiogram or MRI calendar measured in months, not days

## Immobilization — why it matters

A tight-fitting mask is required. Practice if you are anxious. You go home the same day after a typical radiosurgery visit.

## Side effects you should know about

Low-dose or superficial courses use much less dose than most cancer plans. Effects are usually local. Confirm your list with your clinician — this is not a consent form.

- **Headache or fatigue** for a day or two.
- **Seizure risk** - keep the medicines you were given.
- **Rare / serious.** Worst headache, sudden weakness, or a seizure cluster - urgent.

## What this means for you at CureRays

Closure, if it happens, is slow. We will say how we will image that and what symptoms mean you should not wait for the next scan.

## Questions to ask

- Has a vascular conference reviewed my AVM?
- Why radiation instead of surgery or embolization - or after them?
- How long until a follow-up scan, and what is the bleeding advice until then?
- Do I need a dedicated radiosurgery center rather than a local course?

## How to schedule or learn more

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