Understanding

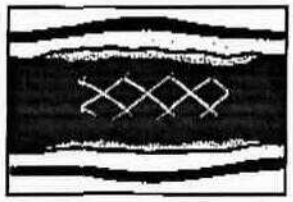
CORONARY STENTS

Information that will help you stay healthy

UNDERSTANDING CORONARY STENTS

Your doctor has told you that one (or more) of the arteries that supply your heart with blood is blocked with fatty deposits called plaque - a condition called coronary artery disease. This means that your heart is not getting enough blood to do its job.

To treat this problem, your doctor will place a small coil or mesh tube called a stent in the blocked artery to keep it open so more blood can get to the heart. A catheter (thin tube) is used to position the stent in the blocked artery.



Coronary stent inside artery

GETTING READY

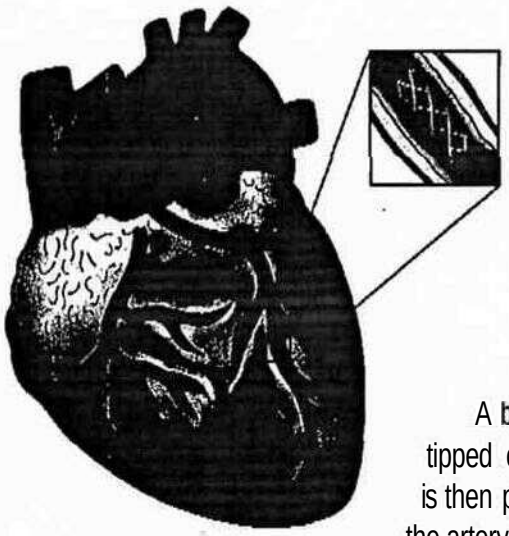
Before the procedure an EKG, chest X-ray and blood tests may be done. You will be asked not to eat or drink anything for at least 6 hours before the procedure. Tell your doctor if you have ever had an allergic reaction to Iodine (found in shellfish or certain dyes used in medical tests). Tell your doctor if you are taking aspirin or blood thinners, or if you are pregnant.

BEFORE THE PROCEDURE

The catheter insertion area may be cleaned and shaved. This area also will be numbed. Medications will be given through an IV to help you relax. You will be awake during the procedure. In the room where the stent procedure is done you will see monitors that look like TV screens. These monitors let your doctor see your arteries as the procedure is done. ECG (electrode) pads may be placed on your body to monitor your heart.

DURING THE PROCEDURE

A tube called an introducer sheath is inserted into an artery in your groin, arm or wrist. A thin flexible tube called a guiding catheter is inserted through the sheath and positioned in the blocked artery. X-ray dye is then injected through the catheter into the artery so your doctor can see the location of the blockage.



A balloon-tipped catheter is then placed in the artery. The balloon is inflated and deflated to compress the fatty deposits against the artery wall. You may feel some chest discomfort when the balloon is inflated. Tell your doctor if you do. With another balloon catheter, the stent is placed in your artery. The balloon is inflated, causing the stent to expand. The stent stays in place, but the catheters are removed when your artery has been opened enough to improve blood flow.

It is normal for scar tissue to form in the artery when an artery clearing procedure, such as stenting, is performed. The formation of scar tissue may cause some narrowing in the artery. In some cases, a medicine-coated stent may be used to keep the artery open. The special stant slowly releases medicine that helps reduce the amount of scar tissue that forms in the artery.

AFTER THE PROCEDURE

You will stay connected to the heart monitor for a while. Your pulse and blood pressure will be checked. You will be given fluids through an IV. The catheter and sheath may be removed at the same time, or the sheath may stay in place for a while.

Groin (leg) insertion site: If the catheter and sheath are removed at the same time, the insertion site may be sealed with stitches or a plug. If the sheath is left in place for a while, you must lie flat (keeping your leg straight) for a few hours. When the sheath is removed, pressure may be used to seal the area. A bandage may be applied.

Arm or wrist insertion site: The catheter and sheath may be removed at the same time. A bandage may be placed over the insertion site. You may need to avoid moving your arm or wrist for a short time.

Your doctor or nurse will tell you when you can get up and move about. You may be asked to drink extra fluids to help flush out the dye that was injected into your artery. Tell your doctor or nurse if you have:

- chest pain or discomfort in your neck, jaw, arms or upper back
- shortness of breath
- weakness or dizziness
- discomfort or bleeding at the insertion site

Before you go home, the amount of improvement in blood flow will be discussed with you. Most people can return to their usual activities within a few days. Ask your doctor when you can participate in sports, exercise and other activities. Do not lift more than 10 pounds or participate in strenuous activities for the first few days after the procedure.

MEDICATION

You will need to take an antiplatelet medication for a while to prevent blood clots from forming on your stent. Check with your doctor before you take any other prescription or non-prescription medications. Tell any health care professional you see that you are taking an antiplatelet medication.

INCISION CARE

You will have a small incision where the catheter was inserted. This area will look bruised and slightly swollen. There may be a small, soft to firm lump under the skin. This is normal and will heal in a few days. **Call your doctor if you have any of these symptoms in the incision area:**

- a large amount of bruising or swelling
- severe pain, coldness or bluish-colored skin
- bright red bleeding
- warmth, redness or tenderness
- a temperature of 101.5° F or more

FOLLOW UP WITH YOUR DOCTOR

In the following months, your doctor may do some tests to check for signs of narrowing in your artery. The stent holds your artery open and helps improve blood flow. But it is possible for a newly opened artery to close shortly after the procedure. If this does occur, it usually happens within 6 months. If the artery narrows again, your doctor may suggest another type of procedure or bypass surgery.

Angina (chest discomfort) may be a sign that your newly opened artery is closing or another artery is blocked. Tell your doctor if you have any of the symptoms you had before the procedure.

TREATED BUT NOT CURED

In the weeks to come you are likely to have more energy and fewer symptoms, but you still have coronary artery disease. You may be able to keep it from getting worse by making some lifestyle changes. Health habits that put you at risk for heart problems are called risk factors. You can reduce your risk factors by;

- giving up tobacco
- controlling high blood pressure *(with a low-sodium diet, exercise and medication - if prescribed)*
- controlling abnormal blood lipids *(with a low-fat diet, exercise and medication - if prescribed)*
- exercising regularly *(4 to 6 times a week)*
- maintaining a healthy weight
- learning to manage stress
- controlling diabetes *(keeping your blood sugar within the recommended range)*

Being committed to making healthy lifestyle changes is your best defense against coronary artery disease.