



Concord Cardiology

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Patient Information Sheet:

Coronary Stenting

Coronary stenting is often used instead of surgery to open up narrowed or blocked coronary arteries. It is done in hospital in the catheter laboratory in much the same way as a coronary angiogram.

Why is Coronary Stenting performed ?

Coronary stenting is performed to open up narrowed or blocked coronary arteries. This is usually to try to improve symptoms of chest pain, shortness of breath or other difficulties. Coronary stenting may also be performed as an urgent procedure to avert a heart attack

How is Coronary Stenting performed ?

After an injection of local anaesthetic, a fine tube (catheter) is put into the artery in the groin or from the wrist. The tube is carefully passed into the affected part of the artery using x-ray guidance. A tiny wire is passed down the artery so that a sausage shaped balloon can be passed over it and into the part that is narrowed or blocked.

To open up the artery, the balloon is blow up with fluid, which then presses against the material blocking the artery, pushing it out of the way. A stent - a fine metal tube sleeve or spring coil - is passed into the diseased part of the artery using a balloon. The balloon is removed once the stent is in place.

The stent stays in for life. After the procedure, you will be given some medications which reduce your risk of blood clotting and blocking the stents.

Clopidogrel or other blood thinning drugs are used for several months and often longer. A small daily dose of aspirin may need to be taken for the rest of your life.

The procedure is usually done using local anaesthetic to numb the area. If you have any concerns, talk these over with your doctor.

Should I do any special preparation for Coronary Stenting ?

Yes. Your cardiologist will usually be the person suggesting you undergo coronary stenting, usually after having performed other tests, including a coronary angiogram. You will need to have a blood test a few days before the test. You will be fasting (no breakfast or drink) on the morning of the test. You will have tell your cardiologist if you have had a contrast (x-ray dye) reaction before; in this case, special precautions are needed. Your cardiologist may instruct you to take certain blood thinning drugs in preparation for a coronary angiogram, and in general you should continue all your usual pills, unless instructed otherwise.

Are there any risks associated with Coronary Stenting ?

As you might expect with a procedure that involves placing something in the body and stretching an artery open, there are small risks associated with coronary stenting. These risks depend on:

How bad your coronary artery disease is, how well your heart is pumping, your general health, how healthy your organs are, and are increased if you have had previous bypass surgery.

The risks below are a guide to some of the more serious risks that can happen. These are not the only risks

Less than 1 in 10,000 people:

Skin injury from radiation, causing reddening of the skin.

Less than 1 in 1000 people:

A stroke. This can cause paralysis and long-term disability.

A dangerous reaction to the x-ray contrast medium (dye). This can cause severe reactions such as asthma, shock and convulsions. Death in extremely rare cases – about 1 in 250,000 to 400,000 injections.

A higher lifetime risk of cancer from x-ray exposure.

Death.

Less than 4 in 1000 people:

Emergency heart surgery to re-open the artery. If this surgery were necessary you would need to be transferred to another hospital

Less than 1 in 100 people:

The stent may suddenly close within the first month. This can cause angina or heart attack. It is usually treated with another angioplasty or at worst, with surgery.

A heart attack

A dangerous reaction to the drugs given to prevent blood clotting.

The heart may not heat with a proper rhythm, which will need urgent treatment.

Minor reaction to contrast medium, such as hives.

Loss of kidney function due to the contrast medium.

Surgical repair of the groin puncture site. If this happens, you may have a longer stay in hospital.

Less than 1 in 20 people:

Major bruising or swelling at the groin or wrist puncture site.

Less than 1 in 10 to 1 in 20 people:

The stent can narrow or scar and cause angina. This is called restenosis, and is usually treated with further stenting or occasionally, surgery.

There are special types of stents (known as drug eluting stents) that can stop the artery from narrowing again. These stents are successful for 95 out of a 100 people but their use depends on the type of narrowing and a number of factors related to the patient.