

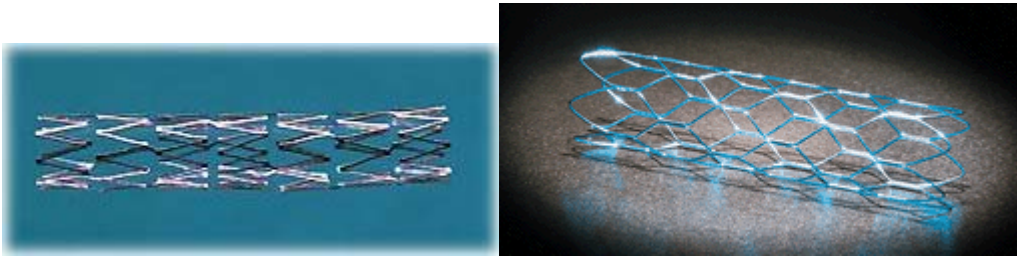
## **ALDERFER & TRAVIS CARDIOLOGY, PC**

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### **What is a stent?**

A stent is a wire mesh tube that is used to help hold open an artery. It is usually used in combination with angioplasty (using a balloon to open a clogged artery).



Stents are used to hold open diseased coronary arteries (the arteries that supply blood to the heart), as well as diseased arteries of the peripheral vascular system (the arteries that supply blood to the rest of the body).

There are a variety of stents currently available. Some are compressed onto the outside of an angioplasty balloon catheter, and delivered by inflating the balloon in the desired location. Some are "self-expanding" spring-loaded devices, which expand automatically upon deployment.

Stents remain in arteries permanently. The tissue lining the arteries actually grows over the metal mesh to cover the inner lumen of the stent.

### **When are stents used?**

Stent procedures have become very common. Stents are sometimes used as an alternative to coronary artery bypass surgery. Stents are often used in combination with balloon angioplasty. Typically, stents are used for lesions that do not respond to angioplasty alone. Stents are often used in cases of "restenosis", which refers to the re-closing of arteries after balloon angioplasty. In carefully selected patients, the use of stents can dramatically reduce restenosis following balloon angioplasty or other catheter-based procedures. Stents are also used frequently to hold open arteries that have been damaged, torn, or dissected by balloon angioplasty or other catheter-based procedures.

Stents allow angioplasty to be done in patients with severe and long-segment obstruction of coronary arteries. As soon as the initial part of the block is widened, a stent is placed, which holds it open allowing further opening to proceed. Stents have also allowed angioplasty to be performed in patients with

blocks of multiple vessels, and in multiple blocks in a single artery.

**What are the risks associated with a stent procedure?**

Risks include the standard risks of an interventional, catheter-based procedure, which should be specifically discussed with your doctor. Lesions treated with stents can "restenose" (renarrow within weeks to months after the procedure) similar to restenosis associated with angioplasty.

Many new technologies are being tested to reduce the problem of restenosis. These technologies include coatings and coverings for the stent, new stent materials, and radiation. These new technologies are primarily experimental at this point, and are not generally available.

**Follow-up Instructions:**

Your doctor will recommend blood thinning medications following your stent procedure. Agents such as plavix or ticlid are usually given for one month post procedure along with aspirin. Aspirin is then continued indefinitely. Your doctor may also prescribe antibiotics for a period of time after the stent procedure, to be taken any time you have a medical or dental procedure. MRI tests should not be done for at least eight weeks without your doctor's approval. Metal detectors do not present a problem. Stents appear to be safe in the long-term; there are no long-term complications associated with a permanent stent.