

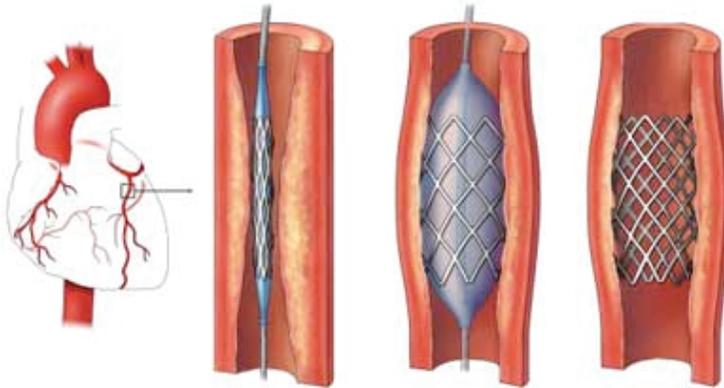
Patient's Name: John Q. Patient
Healthcare Provider's Name: First Hospital
Department: Cardiology
Phone: 617.555.1212
Date: Tuesday, January 8, 2013
Notes: **Nurses can write personalized notes to the patient here**

Coronary Stenting

Definition

In coronary stenting, a mesh, metal tube is placed in an artery in the heart. The tube is called a stent. It helps to keep the artery open. It is placed after an artery has been cleared of blockage ([angioplasty](#)).

Coronary Artery: Stent Procedure



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Reasons for Procedure

This procedure is done to hold open a previously blocked artery in the heart. This will allow more normal blood flow through that artery.

After the stenting, your artery should be more open. This will allow better blood flow to feed the heart muscle. It may mean that you will no longer have chest pain. Your tolerance for exercise may increase.

Possible Complications

If you are planning to have a stent, your doctor will review a list of possible complications, which may include:

- Bleeding at the point of the catheter insertion
- Damage to the walls of arteries, causing you to need additional procedures or surgery
- [Heart attack](#) or [arrhythmia](#) (abnormal heart beats)
- Allergic reaction to x-ray dye
- Blood clot formation
- Infection
- [Stroke](#)

Sometimes the procedure is not successful or the artery narrows again. You may require repeat angioplasty or [coronary artery bypass grafting](#) (CABG).

Factors that may increase the risk of complications include:

- Allergies to medicines, shellfish, or x-ray dye
- [Obesity](#)
- [Smoking](#)
- Bleeding disorder
- Age: 60 or older
- Recent [pneumonia](#)
- Recent [heart attack](#)
- Diabetes
- Kidney disease

[What to Expect](#)

Prior to Procedure

Your doctor may do the following:

- Blood tests
- [Electrocardiogram](#) (ECG, EKG)—a test that records the heart's activity by measuring electrical currents through the heart muscle
- [Chest x-ray](#) —a test that uses radiation to take a picture of structures inside the body

Leading up to your procedure:

- Talk to your doctor about your current medicines. Certain medicines may need to be stopped before the procedure, such as warfarin (Coumadin). Metformin (Glucophage) or glyburide and metformin (Glucovance) should also be stopped the morning of the procedure
- Aspirin should be taken before and continued through the procedure. Your doctor may also prescribe clopidogrel (Plavix) for you to take before the procedure.
- The night before, eat a light meal. Do not eat or drink anything after midnight.
- You may be asked to shower the morning of your procedure. You may be given special antibacterial soap to use.
- Arrange for a ride to and from the procedure.
- Arrange for help at home for the first few days after your procedure.

Anesthesia

Local anesthetic will be given. It will numb the area of the groin or arm where the catheter will be inserted. You will also receive sedation and pain medicine. They will help keep you comfortable through the procedure.

Description of Procedure

The area of the groin or arm where the catheter (tube) will be inserted is shaved, cleaned, and numbed. A needle will be inserted into the artery. A wire will be passed through the needle and into the artery. You will receive blood thinning medicine during the procedure. The wire will be guided through until it reaches the blocked artery in the heart. A soft, flexible catheter tube will be slipped over the wire and threaded up to the blockage.

The doctor will be taking x-ray pictures during the procedure to know where the wire and catheter are. Dye will be injected into the arteries of your heart. This will allow the doctor to view the arteries and blockages.

Once the blockage is reached, a small balloon at the tip of the catheter will be rapidly inflated and deflated. This will stretch the artery open.

The collapsed stent will be inserted. The balloon will be inflated again to expand the stent to its full size. The stent will be left in place to hold the vessel walls open. The deflated balloon, catheter, and wire will be removed. After the procedure is complete and the blood thinning medicine has worn off, the catheter in the artery will be removed. Pressure will be applied for 20-30 minutes to control bleeding.

A bandage will then be placed over the groin area.

Immediately After Procedure

You will need to lie still and flat on your back for a period of time. A pressure dressing may be placed over the area where the catheter was inserted to help prevent bleeding. It is important to follow the nurse's directions.

How Long Will It Take?

30 minutes to 3 hours

Will It Hurt?

The local anesthetic should numb the area where the catheter is inserted. You may feel a burning sensation when the area is anesthetized. You may also feel pressure when the catheters are moved. Some people have a flushed feeling or nausea when the dye is injected. You may feel some chest pain during inflation of the balloon.

Average Hospital Stay

0-2 days

Post-procedure Care

At Home

- You may be sent home on blood-thinning therapy. This may include one or more of the following:
 - Aspirin
 - Clopidogrel
 - Prasugrel (Effient)

Do not stop taking aspirin and clopidogrel (or prasugrel) without first talking to your cardiologist.

- Ice may help decrease discomfort at the insertion site. You may apply ice for 15-20 minutes each hour, for the first few days.
- To lower your risk for further complications of heart disease, you can make lifestyle changes. These include eating a healthier diet, exercising regularly, and managing stress.
- You may need to undergo periodic [stress tests](#) to monitor for any recurrent blockages.
- Ask your doctor about when it is safe to shower, bathe, or soak in water.
- Be sure to follow your doctor's [instructions](#).

Always inform new doctors or other medical personnel that you have a coronary stent in place. Some medical procedures need to be modified or avoided for people with coronary stents, particularly [MRI](#) scans.

[Call Your Doctor](#)

After you leave the hospital, contact your doctor if any of the following occurs:

- Signs of infection, including fever and chills
- Redness, swelling, increasing pain, excessive bleeding, or any discharge from the incision site
- Your arm or leg becomes painful, blue, cold, numb, tingly, swollen, or increasingly bruised
- Nausea and/or vomiting that you cannot control with the medicines you were given after surgery, or which persist for more than two days after discharge from the hospital
- Pain that you cannot control with the medicines you have been given
- Pain, burning, urgency or frequency of urination, or persistent bleeding in the urine
- Cough, shortness of breath, or chest pain
- Joint pain, fatigue, stiffness, rash, or other new symptoms
- Extreme sweating

In case of an emergency, call for medical help right away.

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