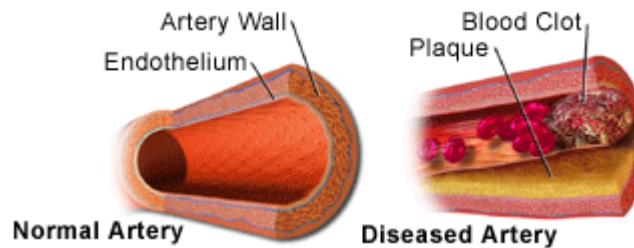


Coronary Intravascular Stent Placement

WHAT YOU SHOULD KNOW:

- Coronary intravascular (in-truh-vas-q-ler) stent placement is also called coronary artery stenting. It is often done with percutaneous (per-q-ta-nee-us) transluminal (trans-lew-mih-null) coronary angioplasty (an-g-o-plah-stee) or "PTCA." Coronary arteries are blood vessels that carry blood and oxygen to your heart. These arteries sit on the outside of your heart.
- Blood cannot flow through an artery that is blocked by a plaque (plak) buildup. You may have a lot of plaque because it runs in your family. Eating high fat foods may also cause plaque buildup. The part of the heart past the blockage may die because it cannot get blood and oxygen. A PTCA may be done to open the blocked artery. The stent is put in to keep the artery open so blood can flow through it. You may stay in the hospital overnight.



CARE AGREEMENT:

You have the right to help plan your care. To help with this plan, you must learn about your health condition and how it may be treated. You can then discuss treatment options with your caregivers. Work with them to decide what care may be used to treat you. You always have the right to refuse treatment.

RISKS:

There are always risks with any procedure. The artery that is being opened may be weak and the stent may make a hole in it. You would have to go to the operating room to fix this. Or, a piece of plaque could break off and go into the blood system causing a heart attack or stroke. Without the stent procedure, your heart blockage may get worse. You could have a heart attack and die. Call your caregiver if you are worried or have questions about your care.

WHILE YOU ARE HERE:

Before Your Procedure:

- **Informed Consent:** You have the right to be told about your health problem in words you can understand. You should be told what tests, treatments, or procedures may be done to treat your problem. Your doctor should tell you about the risks and benefits of each treatment. You may be asked to sign a consent form that gives caregivers permission to do certain tests, treatments, or procedures. If you are unable to give your consent, someone who has permission can sign this form for you. A consent form is a legal piece of paper that tells exactly what will be done to you. Before giving your consent, make sure all your questions have been answered so that you understand what may happen.
- **Blood Tests:** You may need blood taken for tests. The blood can be taken from a vein in your hand, arm, or from the bend in your elbow. It is tested to see how your body is doing. You may need to have blood drawn more than once.
- **Call Button:** You can use a call button when you need your caregiver. Pain, trouble breathing, or wanting to get out of bed are good reasons to call.
- **Chest X-ray:** This is a picture of your lungs and heart. Caregivers use it to see how your lungs and heart are doing. Caregivers may use the x-ray to look for signs of infection, pneumonia (new-moan-yuh), or collapsed lungs. Chest x-rays can also show tumors or broken ribs.



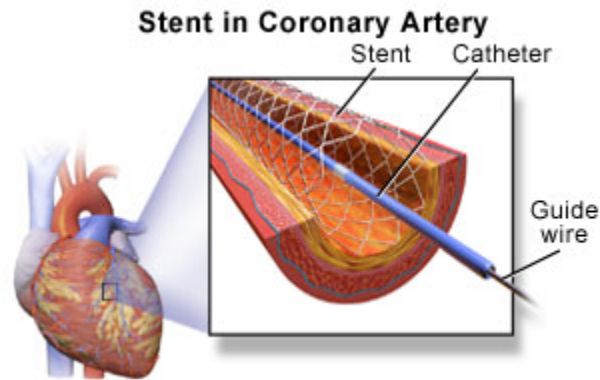
- **Gown:** A hospital gown is needed so your caregivers can easily check and treat you. Put your gown on so that it opens in the back. When you feel better you may be able to wear your own gown or pajamas.
- **Heart Monitor:** This may also be called an EKG or an electrocardiogram (e-lek-tro-kar-d-o-gram). It is a painless test to see how your heart is working. Sticky pads (3 or 5) are placed on different parts of your body. Each pad has a wire that is hooked to a TV-type screen or to a small portable box (telemetry unit). This screen or box shows a tracing of each heartbeat. Caregivers watch this tracing all the time to make sure your heart is doing well.
- **IV:** An IV is a tube placed in your vein for giving medicine or liquids. This tube will be capped or connected to tubing and liquid.
- **Oxygen:** You may need extra oxygen to help you breathe easier. It may be given through a plastic mask over your mouth and nose. Oxygen may be also be given through nasal prongs (short, thin tubes in your nose). Tell your caregiver if the oxygen is drying out your nose or if the nasal prongs bother you. Don't take off your oxygen without asking your caregiver. If you do, your body may not have enough oxygen.
- **Pulse oximeter:** A pulse oximeter is a machine that tells how much oxygen is in your blood. A cord with a clip or sticky strip is placed on your ear, finger, or toe. The other end of the cord is hooked to a machine. Caregivers use this machine to see if you need more oxygen.
- **Vital Signs:** This includes taking your temperature, blood pressure, pulse (counting your heartbeat), and respirations (counting your breaths). To take your blood pressure, a cuff is put on your arm and tightened. The cuff is attached to a machine, which will give your blood pressure reading. Caregivers may listen to your heart and lungs by using a stethoscope (steth-uh-skop). Your vital signs are taken so caregivers can see how you are doing.
- **Pulse Check:** Caregivers will check the pulses (heartbeat) in your feet and ankles. The pulse is the feeling under the skin when the heart pushes blood through your artery. Your caregiver may put an "X" over the spots on your feet where the pulse is the strongest.
- **Transport:** You will be taken on a stretcher to the room where your procedure will be done. Your caregiver will help you get comfortable on the bed. A belt may be put over your legs for safety. Your arms may be tucked at your sides to give your caregivers more room to stand beside you.
- **Medicines:** You may be given medicine right before the stenting procedure. This medicine may make you feel sleepy and more relaxed. You may also receive the following types of medicines.
 - **Anti-anxiety:** This medicine may be given to help you feel less nervous and more relaxed.
 - **Antibiotics:** This medicine may be given to help you fight infection caused by a germ called bacteria (bak-teer-e-uh)
 - **Antihistamines:** This medicine may be given to help decrease itching. This medicine may protect you from a reaction to the dye.
- **Anesthesia (an-iss-thee-zuh):** This is medicine to make you comfortable during surgery or your procedure. Caregivers work with you to decide which anesthesia is best. Do not make important decisions for 24 hours after having anesthesia. Also, do not drive or use heavy equipment. The medicine may make you drowsy and your thinking unclear. An adult may need to drive you home and stay with you after you have had anesthesia.
 - **Local or Monitored Anesthesia Care:** This is a shot of numbing medicine put into the skin where you will have your procedure. You may still feel pressure or pushing during the procedure but you should not have pain. With local anesthesia, you will be fully awake during the procedure. With monitored anesthesia care, you will also be given medicine through an IV. This medicine keeps you comfortable, relaxed, and drowsy during the procedure.

During Your Procedure:

- You will lie on a hard movable x-ray bed. There will be large x-ray machines and other equipment in the room.

A lead apron may be placed over your throat to protect your thyroid from the x-rays. Your skin may be shaved to see the area better. Your caregiver will clean the skin over an artery with soap. This soap may make your skin yellow, but it will be cleaned off later. Sterile sheets will be put over you to keep the area clean.

- A catheter (long, thin, bendable tube) will be put into an artery in your arm or groin. The groin is the area between your abdomen (belly) and the top of your leg. The catheter has a balloon at the tip. The catheter is pushed forward until it reaches the spot where the artery is blocked. Air is put into the balloon and then taken out. This is repeated many times so that the plaque is pushed against the inside walls of the artery. This balloon is then taken out.
- A small mesh tube called a stent, placed over another balloon, is then threaded up the catheter. The balloon is opened and the stent is placed against the inside wall of the artery. After the stent is in place, the balloon is removed. The stent will hold the coronary artery open so blood can flow through it.



- Dye is put into the catheter. The dye will help the blocked artery show up better on X-ray. You may feel warm all over or just in your head as the dye is put into the catheter. You may get a headache or feel sick to your stomach. You may feel as though your heart is beating fast or having unusual or irregular heartbeats. These are normal feelings and will pass quickly. Tell your caregiver if you feel chest pain or discomfort while you are getting the dye.
- The dye will help the blocked artery show up better on x-ray. Caregivers will use x-rays to make sure the stent is in place and fully open. x-rays also show how well the blood flows through the stent. The procedure may last 30 minutes to 2 hours.

After Your Procedure:

- **Bandage:** When the procedure is finished, your caregiver will remove the catheter. A tight pressure bandage will be put over the artery. Caregivers may use one or more of the following ways to stop bleeding from the artery:
 - Pressure may be applied with a sandbag. The sandbag will stay in place for 4-6 hours. You will need to lie flat in bed with your leg straight for this time.
 - A collagen (kol-a-jen) plug may be used to seal the site. You may have your head elevated after a short time. You may be able to get out of bed sooner.
 - A stitch may be put into the artery. You may be able to get out of bed right away.
- **Care:** You will be taken back to your room or to a recovery area. Do not get out of bed until your caregiver says it is OK. Caregivers will take your vital signs often. The pulses in your feet will also be checked often. Your toes or fingers will be checked to see if they are warm. Caregivers will watch you closely for problems that can happen after an intravascular stent placement. Tell your caregiver if you have any of the following:
 - Chest pain or discomfort
 - A change in color or temperature of your arm or leg.



- Pain, numbness, or tingling in your arm or leg.
- Swelling or bleeding from the area where the catheter was.
- Pain in your back, thigh or groin.
- Nausea (sick to your stomach)
- Sweating.
- **Eating:** You may be able to eat "finger foods" shortly after your stent placement. These are foods that can be eaten if while you lie flat in bed.
- **Ice:** Ice causes blood vessels to constrict (get small) which helps lessen inflammation (swelling, pain, and redness). Ice is best started after your procedure and for the next 24 to 48 hours afterwards. Caregivers put crushed ice in a plastic bag and cover it with a towel. Place this over your incision for 15 to 20 minutes every hour as long as you need it. Do not sleep on the ice pack because you can get frostbite.
- **Medicines:**
 - **Antibiotics(an-ti-bi-ah-tiks):** This medicine may be given to help you fight infection caused by a germ called bacteria (bak-teer-e-uh). Antibiotics may be given by IV, as a shot, or by mouth.
 - **Pain Medicine:** Caregivers may give you medicine to lessen your pain. This medicine may be given in your IV, as a shot, or by mouth. Tell caregivers if the pain does not go away or comes back.
 - **Antinausea medicine:** This medicine may be given to calm your stomach and control vomiting (throwing up). Pain medicine may upset your stomach and make you feel like vomiting. Because of this, pain medicine and anti-nausea medicine are often given at the same time.
 - **Blood Thinners:** This medicine keeps clots that can cause strokes and death from forming in your blood. Blood thinners may be given before, during, and after your procedure. These medicines may first be given in your IV or as a shot in your abdomen (belly). Later the medicines may be taken by mouth or continue as a shot. Blood thinners may make it easier to bleed or bruise. If you shave, use an electric razor. Use a soft toothbrush to keep your gums from bleeding.
- **Pressure stockings:** These tight elastic stockings help to keep blood from staying in the legs and causing clots. The stockings are also called Ted Hose® or Jobst Stockings®.

 © 1974-2007 Thomson MICROMEDEX. All rights reserved.

CORONARY INTRAVASCULAR STENT PLACEMENT