

## **Talk to Your Cardiologist about Coronary Stents**

### ***A Patient Update from the American College of Cardiology***

Recent news coverage of coronary artery disease and coronary stents has probably left you with more questions than answers. Are stents a better option than surgery? If so, which stent? Or should your coronary artery disease be treated with medications alone?

The American College of Cardiology encourages you to work closely with your cardiologist to find the answer that is right for you.

Coronary artery disease (CAD) can cause a variety of symptoms, ranging from chest discomfort, or angina, to a heart attack. Patients with CAD must make lifestyle changes — stop tobacco use, control diabetes, reduce elevated cholesterol, lose weight and get more exercise. They should also take their medications exactly as prescribed by their cardiologist and report any side effects or problems with meds immediately.

In some cases, treatment for CAD may also include the placement of stents or open heart surgery to improve blood flow in the coronary arteries.

Coronary stents are small metallic coils placed inside the arteries to prop open blocked areas. Some stents are coated with drugs to prevent the artery from developing further blockages around the stent. Some recent scientific evidence shows a very small but increased risk of blood clots developing on the drug-coated stents, raising a good deal of controversy about their appropriate use.

Only you and your doctor can decide if a stent is right for you. If you have a stent or need one, here are a few critical points to keep in mind:

- 1) A stent is not a cure for CAD. Stents and bypass surgery improve blood flow to the heart by opening or bypassing existing blockages. It is essential to work with your doctor to determine the right medical therapy and to implement lifestyle changes to reduce your risk.
- 2) Both types of stents — bare metal stents and drug-coated stents — have been proven effective in reducing symptoms of heart disease, particularly angina.
- 3) Coated stents have been shown to be substantially more effective in preventing repeat blockage than bare metal stents. Reducing repeat blockage decreases the need for additional procedures.
- 4) Although they are infrequent, blood clots can occur with both types of stents. In the case of bare metal stents, blood clots tend to occur within the first year after placement. Coated stents may rarely produce clots even after a year. Your physician can prescribe medications like aspirin, clopidogrel (Plavix) or ticlopidine (Ticlid) to help prevent clots from occurring. It is very important that you follow your cardiologist's recommendations and take these medications as prescribed.

The bottom line: Only you and your cardiologist can determine the best treatment for your CAD. Discuss all the treatment options with your physician, embrace lifestyle changes to decrease your risk, take medications faithfully, and follow up regularly with your cardiologist.