

Carotid Artery Stenting

Expertise in Matters of the Heart

Do you have carotid artery disease?

This narrowing of the main arteries that travel up each side of your neck to your brain is caused by the same lifestyle choices and genetic tendencies as coronary artery disease. If you smoke, have high cholesterol or high blood pressure, are diabetic or have a prior history of stroke or heart attack, you're at increased risk for carotid artery disease. As you get older, your risk goes up, too.

While many people have no symptoms from carotid artery disease, some experience mini-strokes, also called TIAs (transient ischemic attacks). Or they may suffer a full-blown stroke as their first symptom.

TIA and stroke symptoms are very similar:

- Sudden numbness or weakness of the face, arm or leg, especially on one side
- Sudden confusion or dizziness
- Sudden trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, loss of balance or coordination
- Sudden, severe headache with no known cause
- Sudden trouble swallowing

If the symptoms go away within 24 hours or so, it's probably a TIA. If they linger beyond 24 hours, it's probably a stroke. The sooner you receive treatment for a stroke, the more likely you are to recover. And if you think you may have had a TIA, you should also see a doctor as soon as possible because TIAs are often an early warning sign for stroke.

Strokes can cause severe disability, including paralysis, difficulty speaking, and trouble doing the simplest tasks. Some strokes are deadly. Several tests are available to determine if you have carotid artery stenosis. If your tests show that treatment is needed, carotid stenting is one possible procedure.

Carotid Artery Stenting and how it works

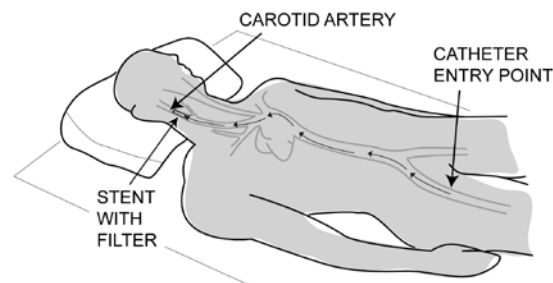
Your carotid arteries run up each side of your neck. To reach the trouble spot, the physician first inserts a tiny basket-like filter into your artery through a small incision in your groin. While viewing your arteries on an x-ray-like screen, the physician threads the filter up through your abdomen and chest to your neck, guiding it past the blockage using a long, flexible line called a catheter.

Once the filter is in place to catch any plaque that might break loose and cause a stroke, the cardiologist inserts the stent—a small, latticed metal tube—through the same groin incision. Still under x-ray visualization, they guide the stent to the blocked area in the carotid artery and dilate it, gently opening the blockage.

The stent holds the artery open and the filter, along with any plaque it has captured, is pulled back down the artery and out the tiny groin incision.

The filter is kind of like a kitchen strainer in your sink. It traps loose plaque particles that could cause serious problems, such as stroke.

Carotid stenting patients receive light sedation and are able to stand and walk four to six hours after the procedure. They stay at the hospital overnight for observation and usually go home the next morning.



An interventional cardiologist will insert the stent through a small incision in your groin and, using a catheter, will guide the stent up your main artery to the carotid artery blockage in your neck.