

Expanding Stent Surgery

After Louis Prestes suffered a mini-stroke, his doctor told him the artery in his neck was 70 percent blocked with fatty plaque deposits and the likelihood of another, more serious stroke was high. Mr. Prestes, 76, was presented with two options to prevent another stroke.

He could undergo conventional surgery performed on his carotid artery, a procedure performed 100,000 times a year in the U.S. and fully covered by Medicare insurance, or he could undergo a procedure involving a wire-mesh stent threaded through the femoral artery. The stenting, performed approximately 30,000 times a year in the United States, is covered by Medicare only if the patient has had a previous stroke, as Mr. Prestes had.

A recently released clinical trial called CREST, for Carotid Revascularization Endarterectomy versus Stent Trial, found that the risk of death, heart attack and stroke from the two procedures were statistically similar. The results of the trial have led some physicians to push Medicare to expand coverage so thousands more stent procedures would be covered.

Surgery involves a one to three-day hospital stay, involves full anesthesia and a 2" incision into the patient's neck, with recovery of two to four weeks. Stenting is performed on an outpatient basis, although the patient is often hospitalized for a day or two. The patient is awake for the entire procedure, which involves a puncture to the artery in the leg. Recovery is quicker, but the procedure is more expensive.

Not everyone is sold on stenting rather than surgery. Dr. Louis M. Messina, the chief of the Division of Vascular Surgery at UMass, pointed out that the study found stenting was more likely to cause a stroke than surgery. The percentages are still low, 4.1 percent chance of stroke for stenting and 2.3 percent for surgery. Between the two procedures, the CREST study found no statistical difference for death, heart attacks and strokes. Dr. Messina also criticized the trial because it has not been peer-reviewed or published in a medical journal.

This is an abridged version of an article written by Aaron Nicodemus of the Worcester, MA Telegram & Gazette. The entire article can be found [here](#) [1].

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