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My Personal Statement on both Bare Metal Stents and Drug-Eluting Stents

My experience of both types of stents followed three separate myocardial infarctions and then coronary bypass grafting.

- June 1984, first myocardial infarction
- July 1990, second myocardial infarction
- September 1992, third myocardial infarction
- March 1993 CABG
- April 1995 Angioplasty left and right femoral artery
- November 1995 first stent left femoral artery
- May 1996 second stent left femoral artery (2nd stent inserted inside 1st stent)
- April 2003 Stent implanted coronary artery.

Approximately two years after the CABG, I developed symptoms of a tender calf to the touch and aching. Also a severe cold feeling of my left foot, which extended up to the knee. Tests concluded that there was occlusion. The first Bare Metal Stent was introduced into my left femoral artery subsequent to several angioplasty attempts over a period of time, which had proved unsuccessful. This lasted for some months whereupon the femoral artery again broke down with occlusion. Sometime afterwards, a second (which I believe was a bare metal stent) was inserted inside the original stent. This was some years ago now and so far has proved entirely successful. During the same period, I had similar problems with my right femoral artery. This fortunately was alleviated by angioplasty. It was at this time that there was discussion with the consultant as to eventually having a cut the design of Mercedes car badge and grafting to both right and left femoral arteries. I must state here that this was a daunting prospect and have been only to pleased that further surgery has not been necessary.

The experience of stents being introduced into the artery is certainly neither worrying nor painful. Once entry into the artery has been gained, there is only a minor sensation as the catheter is guided to the problem area. I can honestly state that I felt no discomfort whatsoever as the stent was fitted into place. One observation I have is that after numerous catheters have been inserted into my right groin scar tissue does build up and that if the surgeon has limited experience then they do have considerable trouble in gaining entry into the femoral artery. I firmly believe that it is of benefit to the surgeon to know this in advance.

Several years later after yet another trip to the Coronary Care Unit, it was deemed necessary to proceed with another angiogram. The discovery this time was a further occlusion of a coronary artery at the back of the heart. The doctor then fitted a drug-eluting stent and I experienced the same feelings as on the previous two stents, neither painful nor frightening. I am pleased to report that the drug-eluting stent has been entirely successful to.

I am realistic enough to realise that I am not completely out of the wood. Several bouts of unstable angina have attacked me. Furthermore, my energy levels are considerably reduced. Walking up a gradient still causes problems, the steeper the gradient the more frequent the rest stops are. After the CABG, I did become short tempered and my patience was significantly less. I have found that exercise, be it swimming or supervised gym work is hugely beneficial. I currently walk a great deal and cope well on even ground. I am pleased to say that the current medications prescribed to me, generally speaking have stabilized my medical condition

In conclusion, the comparison between by pass surgery and stent fitting is considerably different to the patient. With the stent you are up and about that much quicker, you do not feel so ill and you are able to resume a normal type mode of life that much quicker. Moreover, the cost comparison must be exceptional. I do know that at Wolverhampton the number of bypass surgery operations has reduced because of an increase in stent implants