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**CONTACT: DEBORAH ROBERTS PUGH
(662) 377-3712**

COLUMBUS MAN GETS FIRST CAROTID STENT

TUPELO, Miss.—Last summer, 65-year-old Frank York of Columbus made history by becoming the first patient in this region to receive a carotid artery stent to fix a clogged artery in his neck.

Carotid artery stents are a new alternative for treating high-risk patients with carotid artery disease, a condition caused when plaque builds up and reduces blood flow in the carotid arteries—the arteries on each side of the neck that extend from the aorta to the base of the skull. Blood clots can form and block the blood flow to the brain, causing a stroke.

“A blockage of more than 60 percent in the carotid artery increases your risk for stroke, and a blockage of 80 percent or more significantly increases your risk,” explains Amit Gupta, M.D., a cardiologist on the medical staff of North Mississippi Medical Center’s Heart Institute.

The U.S. Food and Drug Administration approved carotid artery stents for high-risk patients several years ago after clinical trials proved the stents were at least equivalent to the gold standard of treatment, carotid endarterectomy, a common vascular surgery to remove the plaque. NMMC is the only hospital in north Mississippi where the new stenting procedure is performed.

Who Qualifies?

Carotid endarterectomy is considered too high risk for some patients, Dr. Gupta explains, including those who have had a recent heart attack, severe coronary artery disease, extensive radiation to the neck for cancer treatment, previous neck surgery, tracheostomy, congestive heart failure, previous carotid surgery and those awaiting urgent coronary bypass surgery. “Carotid stenting may also be chosen if the blockage is located extremely high in the artery and the surgeon could not reach it with surgery,” he says.

York met two of the criteria—a recent heart attack plus severe coronary artery disease. “I had not been feeling very well, so I went to see Dr. (Andrew) Wartak, my regular doctor in West Point that morning,” York said. “He examined me but nothing was

going on then so he didn't find anything. My wife and I drove back to Columbus and as soon as I got out of the car, I fell to my knees in the driveway."

His wife Bonnie immediately turned the car around and headed back to West Point, this time to the hospital's Emergency Department. "They determined I had a heart attack, put me in an ambulance and sent me to Tupelo," York says. "The strange thing is I never had any chest pain. I was weak and couldn't stand up, but it never hurt."

Doctors at NMMC in Tupelo discovered that in addition to his heart attack, York had also suffered a stroke that day as well as one about six months earlier. He had undergone heart bypass and valve replacement surgery in 1994 after his first heart attack at age 50. This time a cardiac stent was enough to correct the blockage to his heart.

Tests showed that a 90 percent blockage in his carotid artery caused the stroke, so once his heart was fixed, it was time to unclog the artery in his neck. Because his risk was too great for surgery, his doctor recommended carotid stenting instead.

What is Involved?

The procedure starts with the physician performing angiography. He inserts a long, thin tube called a catheter into the carotid artery through a small incision in the patient's groin and injects contrast dye to assess the blockage. Then he guides a wire through the blockage in the neck using live X-ray imaging.

"We then insert a small filter device beyond the area of severe narrowing that helps prevent strokes by catching any clots or debris that may break loose during the procedure," Dr. Gupta says. "Then we dilate the blockage with a balloon and quickly insert a self-expanding stent into the carotid artery to hold the artery open."

Carotid stenting is done in the Cardiac Catheterization Laboratory while the patient is awake and alert. "To help monitor brain function, we ask the patient to squeeze a little rubber duck periodically during the procedure," said Vishal Sachdev, M.D., a cardiothoracic surgeon with the NMMC Heart Institute.

The procedure is relatively short and requires no stitches, so patients leave with nothing more than an adhesive bandage covering the catheter insertion site. York spent a few nights at NMMC while doctors regulated the blood thinning medication he takes because of his artificial heart valve. Within three weeks he returned to work as a self-employed painter.

“Many patients with carotid artery disease already have significant heart disease, and it’s unsafe to put them to sleep with general anesthesia,” Dr. Sachdev explains. “Carotid stenting is a great answer for these high risk patients.”

Another nice feature of carotid stents is their low risk for restenosis, or re-narrowing of the artery. Studies show that only 5 percent of patients ever need to have the procedure repeated.

York says he was “well satisfied” with the procedure and even took home a souvenir. “Because I was the first patient to have this done in Tupelo, the team wrote No. 1 on my rubber ducky and they all signed it,” he says. “He has a special place in my display case at home.”

Sidebar:

Go With the Flow

Carotid stenting opens the artery and keeps blood flowing, but it does not stop plaque from building up. Here are some tips to prevent hardening of the arteries from occurring again:

- Eat more foods low in saturated fat, cholesterol, and calories
- Exercise regularly, especially aerobic exercises such as walking
- Maintain your ideal body weight
- Quit smoking
- Follow your physician’s recommendations for medications to control cholesterol and to thin the blood

Sidebar:

All About Stents

In January 2009, NMMC cardiothoracic surgeons performed the first stent procedure to repair an aneurysm in the thoracic aorta.

Until now, surgery had been required if the doctor felt that an aneurysm (or ballooning of the aorta) was getting bigger and there was a risk of it rupturing. With surgery, the section of the vessel where the aneurysm formed is replaced with a synthetic graft.

The new alternative is a minimally invasive procedure called endovascular stent grafting or endovascular aneurysm repair. Unlike open surgery, stents are placed inside the area of the thoracic aneurysm without removing part of the aorta.

Not everyone is a candidate for a thoracic stent, including individuals with a very large thoracic aortic aneurysm, irregularly shaped thoracic aneurysms or blood vessels, or other conditions. But for those who are, the new procedure saves a major operation.

For more information, call the NMMC Heart Institute at 1-800-THE DESK (1-800-843-3375) or visit www.nmhs.net/heart_institute.