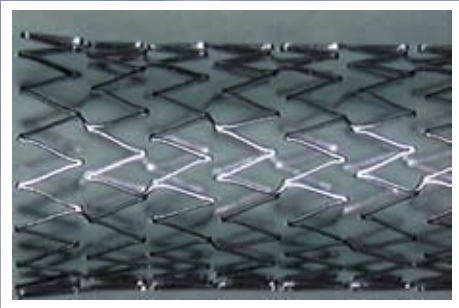


## Heart Care Partners...Taking the time for you

Traditionally the treatment of choice for patients with symptomatic (moderate to severe) or asymptomatic (severe) carotid disease has been surgical endarterectomy.

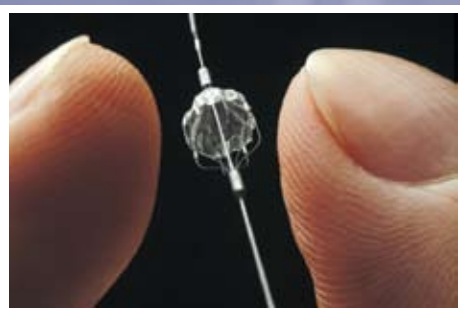
However due to the evolution of new minimally-invasive interventional technologies the technique of carotid stenting has become recently available.



**Nitinol stent**

These advancements include the use of Nitinol stents (Nickel-titanium) which are flexible and don't readily fracture and also the use of an umbrella-like device (embolic protection device) which captures debris during stent and balloon expansion.

This technique has been successfully used for the treatment of carotid disease to prevent strokes in patients for whom surgery may be excessively risky, difficult,



**Embolic protection device**

or more likely to be accompanied by increased complications.

Patients who benefit most from the stenting technique are those with specific morbidities such as previous neck surgery and/or radiotherapy and those with serious medical problems that increase the risk of surgical carotid endarterectomy (e.g. cardiac disease or respiratory disease).

In the recently presented SAPHIRE study carotid stenting was compared to carotid surgery in patients at high-risk for surgical complications. The rate of death, myocardial infarction and stroke was significantly less in patients treated with a stent than those who received surgery. Furthermore, the need for a repeat procedure was less in patients receiving a stent than those receiving surgery.

### **Pre-procedural care**

All referred patients are carefully screened and examined as an outpatient.

Once a patient is found to comply with the currently accepted stenting indications they will also be assessed by a neurologist to obtain a baseline clinical examination, and a brain scan (CT or MRI). The patient will be pre-treated with aspirin and Clopidogrel.

### **Technique of carotid stenting**

A typical carotid intervention occurs with an awake patient with no sedation so as the neurological status can be regularly assessed during the procedure.

Under local anaesthesia catheters are passed through the femoral artery and angiograms of the carotid and cerebral vessels are obtained.

Once access to the carotid artery is secured the umbrella device (embolic protection device) is carefully threaded through the tight lesion. The lesion is expanded with a balloon and a stent is deployed. Once flow into the brain arteries is checked and found to be normal the umbrella device is removed and final angiograms are taken.

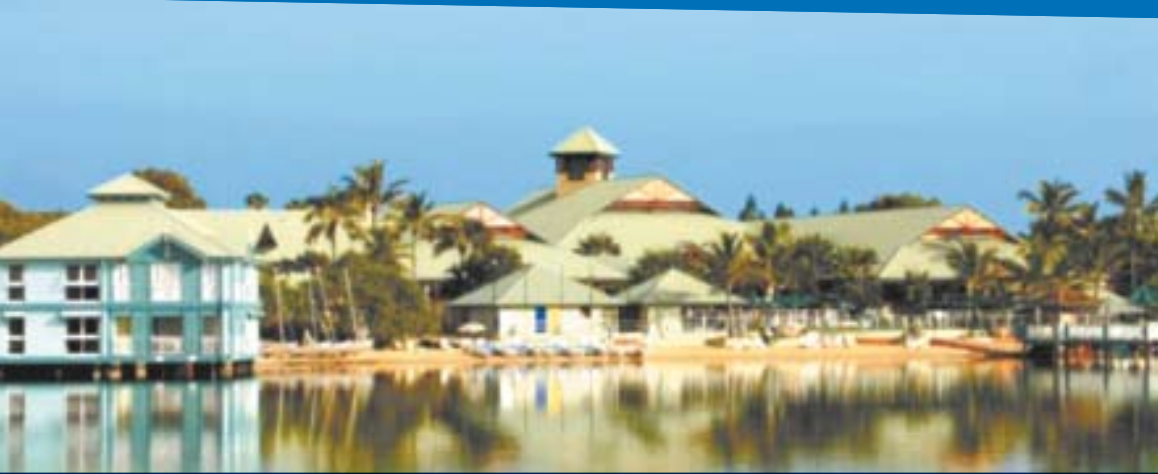
### **Post stenting care**

After the procedure patients will continue with aspirin long term and will be treated with Clopidogrel for at least 1 month.

All patients have bed rest until the following morning. Patients are reviewed by a neurologist the following day for an assessment and a new baseline carotid ultrasound will be performed. The majority of patients are typically discharged on the day following the procedure.



**Dr Robert Fathi**



## Cardiology Connections Conference

Novotel Twin Waters Resort, March 15th & 16th 2008


In our endeavour to provide you with continuing education and service we are excited to say that we will once again be holding our annual "Cardiology Connections" Conference at Novotel Twin Waters Resort, Sunshine Coast on March 15th & 16th 2008.

It will be an interactive weekend with the Heart Care Partners, and we are applying for 30 group 1 CPD points getting you off to an early start of a new Triennium. This weekend will once again be held in conjunction with Medtronic and Servier.

**Contact Libby Woods for more information!**



### Introducing Libby Woods



Hi my name is Libby Woods and I am the new Medical Liaison Officer for Heart Care Partners. I love what Heart Care Partners are trying to achieve!

They are aiming to be the "Benchmark in Cardiovascular care" and they are continually aiming to give the best care and be the best service provider to not just their patients but you, their referrers.

This newsletter is a fantastic example of their commitment to continuing education and service. It is also my passion to provide you with excellent service, so please if you have any questions, queries or suggestions in how we can better our service to you please do not hesitate to call.

I hope to be organizing a dinner in your area soon so if you have any topics of interest in the "Cardiac Arena", please email them on through. One of our Cardiologists with exceptional expertise in the area will be presenting and there to answer any of your questions.

E [lwoods@wesheart.com.au](mailto:lwoods@wesheart.com.au) M 0407 45 38 93

### New Clinics

#### New Session-Cleveland

Dr Anders Taylor is consulting Friday mornings between 0900hrs and 1230hrs, at the Cleveland Specialist Centre, 45 Wynyard Rd, Cleveland.

For bookings please phone or fax Donna on P 33943100 F 33943118.

#### New Session-Logan Central

Dr Anders Taylor is consulting Wednesday afternoons between 1300hrs and 1630hrs, at the Logan Central Medical Centre, 1 Wembley Rd, Logan Central.

For bookings please phone or fax Donna on P 33943100 F 33943118.

#### Need referral pads?

Please call Libby on 040745 38 93