

You have a stenosis (which means a narrowing) in one of the arteries in your neck and/or brain. This is usually caused by a build-up of plaque that over time can completely block the artery of its blood flow. Without treating your stenosis, you will be at a higher risk of having a stroke. Often, working with your primary care doctor and a stroke neurologist is enough to manage the risk factors that contribute to stenosis. However, if the stenosis is too severe, you will need to have it treated surgically or with endovascular therapy.

Your doctor has determined that the best method of treating your stenosis is to undergo endovascular therapy. This is a minimally invasive procedure where a catheter (small plastic tube) is placed in an artery (usually the leg) and guided through the blood vessels of the body to reach the brain. The goal of treating your stenosis is to open the artery with a balloon (called angioplasty) and place a platinum tube-like device (called a stent) into the artery to keep it open so the blood can freely flow to your brain. The procedure is done in the angiography suite with a special team of doctors, nurses and technologists.

PREPARING FOR THE PROCEDURE

- We recommend that a few weeks beforehand, you meet with the doctor who will perform the procedure. Your doctor will explain the procedure and address any questions you may have.
- It is important that you tell us the names of all your medications and any allergies you may have. It is also important to tell us if you have any medical problems such as diabetes, hypertension, history of heart attacks, etc.
- If you have any allergies to IV contrast please let our office know in advance.
- Before your procedure is performed, you need to have pre-admission testing and an evaluation by one of our anesthesiologist. Our office will schedule an appointment for you.
- Your doctor may prescribe medication for you to take a few days before the procedure.
- If you are a woman of childbearing age, it is very important that we do a pregnancy test to be sure you are not pregnant. *If there is any possibility that you may be pregnant, please inform the staff.*

BEFORE YOU ARRIVE

- You must not eat any solid food or drink liquids after midnight on the night before the procedure. Your procedure may be cancelled if you do.
- Remove makeup and jewelry before coming to the hospital, and leave valuables at home.
- If you are diabetic and taking insulin, take one-half your morning dose. Be sure to check your blood sugar by finger stick.
- If you take metformin (Glucophage) *do not take it for two (2) days* before your procedure. For all other oral diabetic medications, do not take them the night before and the morning of the procedure.
- If you are on blood thinners such as Coumadin, you will need permission from your Primary Care Physician (PCP) to stop this medication before your procedure. Our Nurse Coordinator will help arrange the safest way to manage this medication.

continued on back...



MASSACHUSETTS
GENERAL HOSPITAL

Department of Interventional Neuroradiology
www.mgh-interventional-neurorad.org



© The General Hospital Corporation, 2006

Revised 08/2006

continued from front...

- Special Instructions: _____

- For any questions regarding your medication or this procedure, please call our Nurse Coordinator at **617-726-1767**.

WHAT TO EXPECT

- Your vital signs will be monitored during and after the procedure.
- The nurse will start an intravenous line (IV) in your arm to give you sedation medications.
- You will be attached to a cardiac monitor so that your heart can be monitored during the procedure.
- You will be given oxygen. Your oxygen saturation will be monitored to tell how much oxygen your blood is carrying.
- You will receive medications to keep you comfortable.
- You will have a urinary catheter placed in your bladder to collect your urine.
- You will have a small catheter placed in your arm to monitor your blood pressure closely.
- Your groin will be cleaned and shaved, and you will be given medication to numb the skin. You may feel a brief sting before the skin feels numb.
- Your head will be secured in a special holder, and you will be covered with sterile sheets.
- During the procedure you must lie very still and follow the instructions the doctors will give you. You will be asked to hold your breath for about 10 seconds while X-ray pictures are taken. You may feel some warmth in your face, but this will be brief. Do not be alarmed when the X-ray machine gets close to your face — this is how it takes the pictures.
- During the procedure, your family can wait in the Gray Surgical Family Waiting Area, located on the first floor of the Gray Building. Your doctor will give them an update of your condition after your procedure is finished.

AFTER THE PROCEDURE

- You will be taken to the Intensive Care Unit (Blake 12) for close observation while you recover.
- We recommend that family members find local accommodations, as they are not permitted to spend the night with you in your room.
- Once your doctor determines you are ready, you will be transferred to a regular neurological floor.
- Before you are discharged, you will be given detailed instructions to help you once you go home.
- Once you are home, you should take it easy for the next few days and avoid strenuous activity for ten (10) days. Most people return to their normal level of activity in 1–3 weeks.

FOLLOW UP CARE

- You will need to see your doctor in 3–4 weeks for a follow up visit.
- We will follow you over the next several years. It will also be important for you to continue to see your stroke neurologist, as we will be working very closely with them to monitor your stent.



MASSACHUSETTS
GENERAL HOSPITAL

Department of Interventional Neuroradiology
www.mgh-interventional-neurorad.org



© The General Hospital Corporation, 2006

Revised 08/2006