Stents

Coronary stents are now used in nearly all angioplasty procedures. A stent is a tiny,

expandable metal mesh coil. It is put into the newly opened area of the artery to help

keep the artery from narrowing or closing again.

Once the stent has been placed, tissue will start to coat the stent like a layer of skin. The stent will be fully lined with tissue within ٣ to ١٢ months, depending on if the stent has a medicine coating or not. You may be prescribed medicines called antiplatelets to decrease the "stickiness" of platelets. Platelets are special blood cells that clump together to stop bleeding. The medicine can also prevent blood clots from forming inside the stent. Your healthcare team will give specific instructions on which medicines need to be taken and for how long.

Most stents are coated with medicine to prevent scar tissue from forming inside the stent. These stents are called drug-eluting stents (DES). They release medicine within the blood vessel that slows the overgrowth of tissue within the stent. This helps prevent the blood vessel from becoming narrow again. Some stents don't have this medicine coating and are called bare metal stents (BMS). They may have higher rates of stenosis, but they don't require long-term use of antiplatelet medicines. This may be the preferred stent in people who are at high risk of bleeding.

Because stents can become blocked, it's important to talk with your healthcare team about what you need to do if you have chest pain after a stent placement.

If scar tissue does form inside the stent, you may need a repeat procedure. This may be using either balloon angioplasty or with a second stent. In some cases, radiation therapy may be given through a catheter placed near the scar tissue to stop the growth of scar tissue and open up the vessel. This is called brachytherapy.