

RF10 Community Hospital Experience with Carotid Stenting

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OBJECTIVE: Carotid artery stenting remains a controversial treatment for carotid artery disease, particularly in the octogenarian. The controversy exists because carotid endarterectomy has excellent results when performed by well trained vascular surgeons. The objective of this study was to review carotid stenting experience performed by vascular surgeons at a community hospital on high risk patients.

METHODS: A retrospective review was performed on high risk patients who underwent carotid artery stenting at a single community hospital from 08/19/2004 to 12/31/2007. The majority of these patients was enrolled in one of three FDA monitored carotid stenting studies or met CMS guidelines qualifying them for carotid stenting. The major adverse event (MAE) rate is reported with special attention given to the aortic arch type and the patient's age.

RESULTS: 121 (50 women and 71 men) patients underwent carotid stenting from 08/19/2004 to 12/31/2007. The average age was 74 years old (range 37 to 93 years); 38 patients (31%) were older than 80 years of age. The 30 day MAE which includes stroke, death and myocardial infarction for the entire group was 1.6%. There were no deaths, however one patient suffered a mild stroke from a delayed intracranial bleed into an area of previous stroke and has gone on to full recovery. One patient had a myocardial infarction following carotid stenting and subsequently underwent a successful percutaneous coronary artery intervention. For the octogenarian and older group there were no MAE's. 74 (61%) of the patients were high risk symptomatic and 47 (39%) were high risk asymptomatic. The top two high risk criteria categories were >80 years of age (30%) and re-stenosis (30%). Aortic arch type was: Type I (41.53 %), Type II (32.20%), and Type III (26.27%).

CONCLUSION: Carotid stenting in properly selected high risk patients, with proper technique and with appropriate preprocedural care, can be performed by vascular surgeons with acceptable results even in octogenarians. Vascular surgeons as the interventionalist performing the procedure are uniquely suited to determine who might best be treated with carotid stenting versus carotid endarterectomy. Whether carotid stenting should be performed in normal risk patients warrants additional studies.

12:30 P.M ADJOURN