

Impact of timing on carotid artery stenting after stroke or transient ischemic attack

November 14 2011

A recent study found no significant difference in the outcome for patients who received carotid artery stenting (CAS) at more than 30 days post-transient ischemic attack (TIA) or stroke versus those who received CAS at 30 days or less post-event.

Surgical literature recommends that the removal of plaque from the carotid artery take place within 14 days of a TIA or stroke for the best outcomes. However, little is known about the optimal timing of carotid artery stenting for these patients.

Nicholas J. Ruggiero, II, M.D., F.A.C.C., F.S.C.A.I., F.S.V.M., director of Structural Heart Disease and Non-Coronary Interventions at the Jefferson Heart Institute and assistant professor of Medicine, Jefferson Medical College of Thomas Jefferson University, led a multi-site team of researchers who attempted to uncover the optimal timing for carotid artery stenting after TIA or stroke. He will present their abstract at the [American Heart Association](#) annual meeting on November 14 at 9:30 AM in Orlando, FL.

"We hope for the results of this study to serve as a guide for the appropriate timing and use for CAS," said Ruggiero.

The team retrospectively evaluated 899 symptomatic patients in the NCDR CARE (R) Registry who underwent CAS from January 2005 to February 2011. They compared baseline characteristics, including procedural, in-hospital and 30-day events, including TIA, stroke, heart

attack or neurologic death.

Of the 899 patients, 614 received CAS at 30 days or less post-event and 285 at more than 30 days. The demographics of each patient population were evenly matched, except for higher a prevalence of smoking, abnormal lipid levels, COPD, and use of [clopidogrel \(Plavix\)](#) in the group that received CAS at greater than 30 days, and a higher occurrence of [hemodialysis](#) in the 30 days or less group.

"This study suggests that the optimal timing of CAS in symptomatic patients can be individualized and performed safely, but further studies are necessary to substantiate this," said Ruggiero.

Provided by Thomas Jefferson University

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