

## Cath test in the case of coronary heart disease: Insert stents or wait and see?

You are scheduled for a heart cath test. This involves inserting a thin tube into your arm or groin and threading it to your heart. The doctor then determines whether there is severe narrowing of blood vessels. This can be treated with bypass surgery. The doctor may identify narrowed vessels for which surgery does not offer any benefits. During the actual heart cath test, stents can then be inserted which keep the narrowed blood vessels open. These stents cannot prevent heart attacks or heart failure but they can relieve the symptoms. Often, these symptoms can also be adequately treated with medication. In both cases you will be given medication that can partially prevent heart failure or heart attacks\*. A healthy lifestyle is beneficial, too. Use this chart prior to the planned test in order to decide, together with your doctor, whether stents should be inserted or you should be treated first with medication alone. Reliable studies have compared the two options:

|  | Medication  | Mediation and stents  |
|--|---|---|
| <b>What does the treatment involve?</b>                            | After the test, you take several tablets regularly. Initially, your doctor checks whether the treatment is working and adjusts it if necessary.   | During the test the narrowed vessel is widened with a balloon and a wire mesh tube (stent) is inserted. After the insertion of stents you are on permanent medication.  |
| <b>What complications can occur?</b>                               | The medication and heart cath test can lead to side effects/complications.  | The medication and heart cath test can lead to side effects/complications. The inserted stent does not normally lead to any additional complications.   |
| <b>What is the probability that the symptoms will be relieved?</b> | Approximately 70 in 100 patients treated with medication experienced long-lasting symptom relief. Around 30 in 100 of them decide to have further surgery (stent or bypass) because the symptoms persist. | Approximately 80 in 100 patients treated with stents and medication experienced long-lasting symptom relief. Renewed surgery (stent or bypass) was necessary for around 20 in 100 patients due to blockages that form in the stents or new narrowing that has occurred. |
| <b>Does the treatment reduce the risk of a heart attack?*</b>      | The frequency of heart attacks is roughly the same for both treatment options.  |   |
| <b>Will the treatment prolong my life?*</b>                        | Life expectancy is roughly the same for both treatments.  |   |
| <b>Will the treatment impede my daily life?</b>                    | To ensure optimum treatment you must take your medication regularly and go for your medical check-ups.  |   |

\* **In some cases regular intake of prescribed medication can prevent heart attacks and heart failure:** reliable studies have shown that the intake of statins over a period of 5 years statins help prevent a heart attack or heart failure in around 3 in 100 people. Antiplatelet agents (e.g. ASS) were able to prevent this after 2 years in 4 in 100 patients. The benefit is greater for patients with an elevated risk of subsequent illnesses. It is important to take the medication regularly and as prescribed by your doctor.