

# Carotid Angioplasty

a text for interpreting practice in the  
*Classifiers in Context: Disc One, Medical Settings* DVD-ROM  
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Based on:

Sternberg, Steve (2004, April 27), Science clearing the way for shift in fighting stroke  
*USA Today*.

The debate over carotid angioplasty takes on added urgency as the vast numbers of aging baby boomers face increased risks of stroke. According to the American Heart Association, in the year 2004, it was estimated that approximately 700,000 people in the USA will have a stroke, and 168,000 of them will die. Half of the survivors will have long-term disabilities as a result.

A device called a stent can be used for patients who would benefit from surgery but who are poor surgical candidates. As with coronary angioplasties, a doctor would make an incision in the femoral artery, then guide a balloon-wire to the site of the blockage, inflate the balloon and expand the wire-mesh stent.

Carotid angioplasty is riskier than working in the arteries near the heart because if a clot is dislodged in the process, it can cause a stroke. Doctors say that perhaps 90% of strokes are the result of clogged arteries and blood clots. The brain must have a constant blood supply. It uses one-fourth of the body's total supply of blood at any given time because it needs to burn so much energy.

Most doctors agree that patients should have their doctors clear out their clogged carotid arteries, though not all agree that this process will necessarily prevent a stroke.

There are patients whose arteries are clogged, and would like to have them cleared, but who would not be good candidates for a protracted, invasive surgery because of advanced age or health problems. For them, the stent would be a good choice.

Although to many, this seems like the perfect solution, doctors have been fighting over who should perform this procedure. Specialists have been debating what the competency standards should be for those allowed to perform carotid angioplasty and stenting.

They have proposed standards to the Society for Interventional Radiologists, whose members have been the ones who typically perform this procedure. Eventually the hospital credentialing committees will have to consider these standards or the standard set by the American Heart Association when they have to consider which doctors they will sanction to perform the procedure.