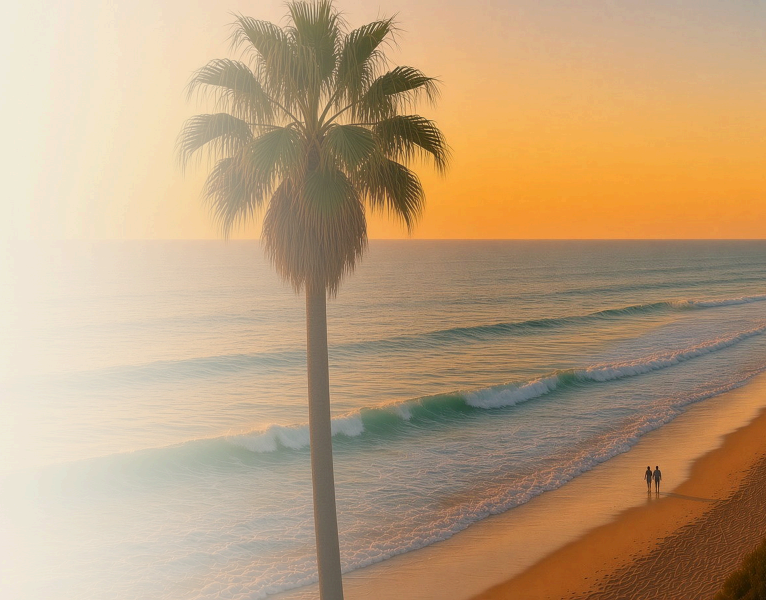
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Heart Cath and Stenting

How doctors see inside the heart's arteries through a thin tube, and how a stent holds a blocked one open.

30 to 60 min
for the diagnostic procedure, typically

1 to 2 hours
until you can sit up, eat and walk after a cath through the wrist

6 to 12
months on two anti-clotting medicines after a stent, sometimes shorter

THE PROCEDURE, STEP BY STEP

Before, during and after

1 Before
Tell the team about a dye allergy, kidney disease, or a fever or infection, and ask which medicines to hold, especially blood thinners and diabetes medicines.

2 During
Sedation keeps you awake but relaxed. The numbing shot is a brief pinch and burn, and the dye can cause a passing warm feeling or metallic taste.

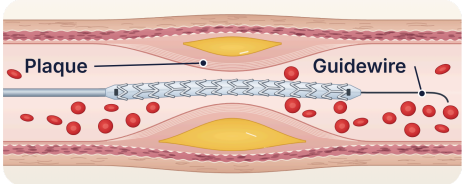
3 After
Through the wrist there's no bed rest. Avoid straining that arm for a few hours, and most people are back to normal activity the next day.

A thin tube called a catheter goes into an artery in your wrist or groin and is guided up to the heart. Dye injected into each coronary artery shows up on X-ray movies and reveals any narrowing or blockage.

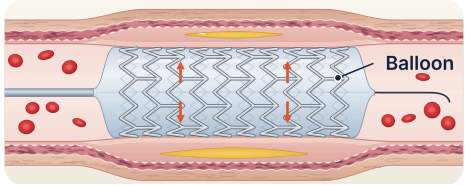
IF A BLOCKAGE NEEDS TREATMENT

How a stent props the artery open

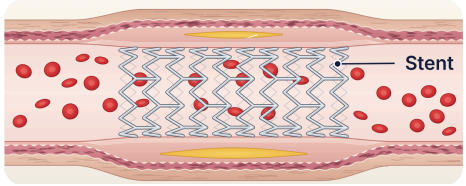
1 A balloon carries the stent in



2 The balloon opens the stent



3 The stent stays, the artery is open



An interventional cardiologist can often treat the blockage during the same procedure, so you don't need to come back for a second one. A tiny balloon is threaded to the narrowing and inflated, pressing the plaque against the artery wall. The stent, a small metal mesh tube mounted on the balloon, expands with it and stays in place when the balloon comes out. Most stents today are drug-eluting, coated with medicine that keeps scar tissue from growing back and re-blocking the artery.

Keep taking both pills

Aspirin plus a second medicine such as clopidogrel (Plavix) keeps clots from forming on a new stent. Never stop either one without talking with your cardiologist first.

RESULTS, RECOVERY AND LIFE WITH A STENT ARE ON THE BACK

AFTER THE PROCEDURE

Your results, your recovery and your stent

Under 50%	50 to 70%	Over 70%
Usually treated with medicines and lifestyle changes	May need treatment, depending on your symptoms and other factors	Usually needs a procedure

Blockages are described by how much of the artery they narrow. Location counts too. In the left main artery or the first part of the left anterior descending artery, even a moderate blockage needs prompt treatment. Complex disease in several arteries may be better treated with bypass surgery, and some blockages are best treated with medicine alone, at least at first. Normal arteries are the best possible result, and they mean your symptoms aren't caused by blocked arteries.

WRIST OR GROIN

Wrist (radial artery)	Serious bleeding is much less common than at the groin, with fewer bruises and less pain. Minor bleeding at the wrist affects fewer than 2% of patients and usually stops quickly with pressure.
Groin (femoral artery)	Used when the wrist artery is too small or shaped in a way that makes the procedure difficult, which happens in about 5% of patients. You lie flat for several hours afterward.

RISKS

Serious problems are rare	Death, heart attack or stroke happens in about 1 to 2 of every 1,000 diagnostic caths through the wrist. Stenting carries more risk, especially during a heart attack.
Dye, kidneys and allergy	The dye can harm the kidneys, especially with kidney disease or diabetes, so the least dye needed is used and you're kept well hydrated. Severe allergic reactions and infections each occur in fewer than 1 in 1,000.

LIVING WITH A STENT

Two anti-clotting medicines	Aspirin plus another medicine like clopidogrel (Plavix), usually for 12 months after a heart attack and about 6 months for stable disease. Your cardiologist may shorten it to lower bleeding risk. They guard against a rare but serious clot on the stent.
Your other medicines	You'll likely keep taking medicines for blood pressure, cholesterol and diabetes. They help keep the stent working and prevent new blockages.
Activity and cardiac rehab	Exercise is safe and encouraged, and most people work back to their usual activity within a few weeks. Cardiac rehab adds monitored exercise and education, lowers the rate of future heart problems, and is covered by most insurance plans, including Medicare, after a stent.
Day to day	You won't feel the stent, and modern stents don't set off airport metal detectors.
Warning signs	Call 911 for chest pain that doesn't go away, bleeding that pressure won't stop or fast-growing swelling. Call your team for hand pain, coldness, color change or numbness.

A STENT TREATS ONE SPOT

Heart disease affects your arteries as a whole, and a stent fixes a specific blockage. Medicines, quitting smoking, eating well, regular exercise, managing stress and follow-up visits all help protect you over the long run.

READ THE FULL ARTICLE

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heart-catheterization-stenting

For education only, and not a substitute for advice from your own physician. Sources include the 2021 ACC/AHA/SCAI coronary revascularization guideline, the 2025 ACC/AHA acute coronary syndromes guideline, the 2018 AHA scientific statement on radial artery access and the 2018 Cochrane review of wrist versus groin access.

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