



A Brief Note on Percutaneous Coronary Intervention (PCI) and Procedure for the Treatment of Coronary Artery Stenosis

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DESCRIPTION

Percutaneous coronary intervention is a non-invasive procedure for the treatment of coronary artery stenosis in the heart that occurs in coronary artery disease. The procedure involves a combination of coronary angioplasty and stent placement. H. Installation of a permanent drug-eluting wire mesh tube or bare metal. Angioplasty The stent delivery balloon from the catheter is blown into the air to force contact between the stent struts and the vessel wall (stent juxtaposition), thereby increasing the vessel width. After reaching the bloodstream through the femoral or radial arteries, the procedure uses coronary artery catheterization to make blood vessels visible on X-ray. Consecutive cardiologists can use a balloon catheter to perform coronary angioplasty.

With this catheter, a contracted balloon is developed into a closed artery and filled with air to remove stenosis. Some tools, such as stents, can be used to keep blood vessels open. You can also do various other methods. Primary PCI is the emergency use of PCI in people with acute myocardial infarction, especially if there is evidence of cardiac injury in the electrocardiogram. PCI is also used by people with other types of myocardial infarction or unstable angina and are at high risk for additional events. Finally, PCI can be used in people with stable angina, especially if the symptoms are difficult to control with medication. PCI is one of the most common coronary artery bypass graft surgery bypassing stenotic arteries by inserting blood vessels elsewhere in the body. CABG may be high in certain conditions such as widespread obstruction, diabetes mellitus, etc. PCI is primarily used to open the closed coronary artery and restore arterial blood flow to the heart muscle without the need for open heart surgery. In patients with obstructed or blocked coronary arteries, PCI may be the best option for restoring blood flow and preventing angina (chest pain), myocardial infarction and death. Today, PCI usually involves stent

placement. B. Stainless steel stents, eluting drug stents, and easy-to-use arteries. The use of stents has been shown to be important during the first 3 months after PCI. After that, the artery may continue to patency itself. This is the basis for making bioresorbable stents naturally melt after they are no longer needed. The suitability of PCI usage depends on many factors. PCI may be appropriate for patients with stable coronary disease if they meet certain conditions, such as any coronary stenosis more than Fifty percent or with angina symptoms that do not respond to medical treatment. In patients with acute coronary syndromes, PCI may be appropriate; Guidelines and best practices always appear. In patients with severe obstruction, such as Segment elevation myocardial infarction. Coronary angioplasty is widespread and carries many risks. However, major surgical complications are rare. Coronary angioplasty is usually performed using an invasive catheter-based procedure by a qualified cardiologist who specializes in treating heart disease. Patients often experience angioplasty and may experience chest discomfort during surgery. The patient stays awake to monitor the patient's symptoms. If symptoms indicate that the procedure is causing ischemia, a cardiologist may change or stop part of the procedure. Bleeding in the groin area or wrist is common, in part due to the use of antiplatelet drugs. Therefore, other scars are expected, but hematomas may form. This may delay discharge as the artery flow to the hematoma progresses and requires surgical repair. Infections in the area of skin piercing are rare, and holes for access vessels are rare. Allergies to active agents are possible, but are reduced by new agents. Decreased kidney function may occur in people with pre-existing kidney disease, but kidney failure requiring dialysis is rare.

CONCLUSION

Vascular access problems are rare and uncommon when the procedure is performed with a radial artery. The most serious

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risks are death, stroke, ventricular fibrillation, and aorta dislocation. This may require emergency coronary artery bypass graft surgery. Myocardial infarction characterized by elevated CKMB, troponin I, and troponin T levels can occur in 30% of all PCI processes. Elevated enzymes are associated with subsequent clinical outcomes such as increased risk of death, subsequent myocardial infarction, and the need for recurrence of revascularization.

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CONFLICT OF INTEREST

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