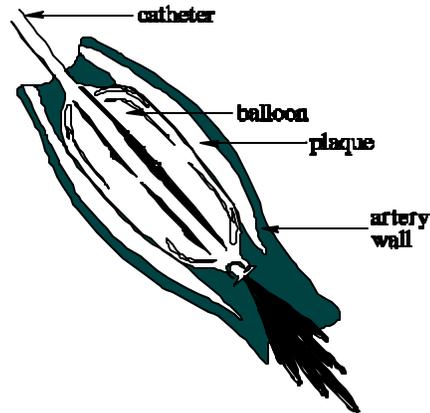


Percutaneous Transluminal Angioplasty (PTCA)

A previous publication of cardiac catheterization *Rx for Success* #7 discussed the procedure used to determine the extent and location of arteriosclerotic disease. This procedure involves placing a flexible tube (catheter) percutaneously (through a skin incision) into an artery (usually the femoral artery) and maneuvering the catheter transluminally (guided through the arterial system by means of xray) to the coronary artery. The procedure known as PTCA is described below.

An elongated balloon-like apparatus is attached to the end of the catheter. The catheter is advanced through the area of obstruction and filled and emptied a number of times—each time with increased pressure expanding the area of obstruction thus enabling an increased flow of blood to move through that area. The procedure actually results in little compression of the plaque—rather it tends to stretch (dilate) the wall of the vessel.



During the first six months or so after such a procedure, the healing process can result in restenosis in 30-50% of patients. This is often times the result of what has become known as “creep” or the elastic recoil of the vessel wall after dilation. Blood thinners are commonly prescribed to such patients to prevent thrombosis (clotting) and enable better blood flow.

This procedure was first performed in a human in 1977 and currently more than 500,000 such procedures are carried out annually in the United States. This number surpasses the number of coronary artery by-pass graft (CABG), *Rx for Success* #10.

As medical science has advanced, attempts have been made to use stents at the site of obstructions to prevent restenosis. Improvement in the restenosis rate has been noted. Other methods of angioplasty being studied include lasers or rotational atherectomy (which cuts the plaque from the wall of the artery converting it to millions of micro particles which are then cleared by the circulatory system).

The rating for those who have undergone PTCA depends primarily upon the age of the applicant and severity of underlying coronary artery disease (CAD). Other factors include: the success of the procedure as determined by follow-up studies, recurrent angina, left ventricular function, history of myocardial infarction, and the presence of cardiac risk factors.

To get an idea of how a client with a PTCA history would be viewed in the underwriting process, feel free to use the *Ask “Rx” perts* on the reverse side for an informal quote.

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This material is intended for insurance informational purposes only and is not personal medical advice for clients.

PTCA - Ask "Rx" pert underwriter
(ask our experts)

Broker _____ Phone _____ FAX _____
Client _____ Age/DOB _____ Sex _____

If your client has had a coronary angioplasty (PTCA), please answer the following:

- ① Please list date(s) of the angioplasty (PTCA): _____
- ② How many vessels required the procedure? _____
- ③ Has your client had any of the following?
 heart attack _____ (date)
 bypass surgery _____ (date)
- ④ Is your client on any medications (including aspirin)?
 yes, please give details _____
 no
- ⑤ Has a follow-up stress (exercise) ECG been completed since the PTCA?
 yes - normal _____ (date)
 yes - abnormal _____ (date)
 no
- ⑥ Has your client had any chest discomfort since the PTCA?
 yes, please give details _____
 no
- ⑦ Please check if your client has had any of the following:
 abnormal lipid levels diabetes
 overweight elevated homocysteine
 high blood pressure peripheral vascular disease
 irregular heart beat
 cerebrovascular or carotid disease
- ⑧ Has your client smoked cigarettes in the last 12 months?
 yes
 no
- ⊆ Does your client have any other major health problems (ex: cancer, etc.)?
 yes, please give details _____
 no

Please submit a copy of the angiogram report and any recent stress tests.

After reading the *Rx for Success* on PTCA, please feel free to use this *Ask "Rx" perts* for an informal quote.

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