



**Chest pain? Shortness of breath?**

Take heart...  
**TREATMENT CAN HELP**

Chest pain can really slow you down... and it may be a symptom of a potentially dangerous heart condition. But the good news is that effective treatments are available.

Look inside to learn about the options that can help give you back your active life.

## Chest pain can be dangerous

If you're experiencing chest pain or shortness of breath, never assume these symptoms are just a part of getting older. Although they can be caused by a number of conditions, they often result from a serious—but treatable—heart condition called coronary artery disease (CAD).

### When chest pain is caused by CAD, it's called angina

Angina may feel like pressure or squeezing in your chest, or like indigestion. The pain may spread to your shoulders, arms, jaw, or back. It is most often brought on by physical exertion (such as climbing stairs or running to catch a bus), but it can also be caused by emotional stress. Angina can be very limiting, because people often reduce their activity level to avoid these unpleasant sensations.

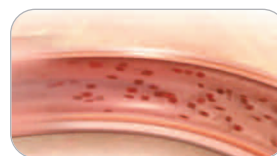
Angina and CAD are common. It's estimated that nearly 7 million people in the United States suffer from angina, and CAD is the leading cause of death in the United States for both men and women.

### You don't have to suffer from chest pain

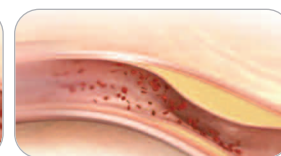
Fortunately, lifestyle changes and certain medications and/or medical procedures can prevent or treat angina and CAD in most people. This brochure explains the symptoms, causes, and risk factors of CAD and describes the treatment options that are available to treat it. **If you're experiencing the symptoms of CAD, talk to your doctor right away.** Being treated might not just give you your life back...it could save it.

## What is coronary artery disease?

- Coronary artery disease (CAD) is a narrowing of the arteries that supply blood to the heart
- CAD is a result of fat, cholesterol, and calcium building up along the lining of these arteries. This build-up is called plaque
- When plaque builds up in an artery (a process called atherosclerosis), the heart does not get enough oxygen-rich blood, and chest pain (angina) may result
- When left untreated, atherosclerosis can cause an artery to become severely blocked. This can lead to a heart attack or even death



Unclogged artery



Artery with plaque

## What are the risk factors for CAD?

Many factors can contribute to the risk for CAD. Some risk factors, such as family history, age, and gender, can't be changed. Others may be caused by a person's lifestyle choices.

It's important to recognize risk factors for CAD so that you and your doctor can help prevent it and start treatment as early as possible, if needed.

Risk factors for CAD include:

- Smoking
- High cholesterol
- High blood pressure
- Diabetes
- Obesity/lack of physical activity

Your doctor can explain why these factors increase your risk of CAD.

## How is CAD treated?

Most patients with CAD receive medication to help prevent a heart attack. An appropriate exercise program and a low-fat, low-cholesterol diet are usually also recommended.

### Medications

After diagnosing CAD, physicians may prescribe nitrates, calcium channel blockers, statins, beta blockers, or aspirin to help ease symptoms.

If lifestyle changes and medication are not enough to control a patient's CAD, his or her doctor may recommend one of the following procedures:

- Balloon angioplasty
- Balloon angioplasty with the implantation of a stent
- Coronary artery bypass graft (CABG) surgery

### CABG surgery

CABG is a surgery that creates new pathways around narrowed or blocked arteries to allow blood to deliver oxygen to the heart. CABG is an invasive procedure that is associated with longer recovery time than balloon angioplasty and balloon angioplasty with the implantation of a stent.

### Balloon angioplasty

The first part of a balloon angioplasty is very similar to a diagnostic coronary catheterization, which you may already have experienced. The whole procedure will take between 30 and 90 minutes. You will be awake, but you may be given a sedative to help you relax. An area of your groin or arm will be shaved and cleaned in preparation for the procedure. You'll be given a local anesthetic to numb the area. A catheter will be inserted into an artery through a small tube. Your doctor will then guide the catheter toward your heart. Once the catheter is in place, your doctor will position a medical balloon at the site of the blockage or narrowing. The balloon is then expanded to push the plaque back against the wall of the artery. This creates an opening in the artery to improve blood flow.

### Balloon angioplasty with stent

In some cases, a coronary artery stent is put in place as part of the balloon angioplasty procedure to help keep the artery open. A stent is a small, expandable tube that is mounted on the balloon catheter. After a wider channel has been created by the balloon, the stent is positioned in your artery at the site of the blockage. The balloon is inflated again, expanding the stent and pressing it into the inner wall of the artery. The balloon is then deflated and removed, and the stent stays in place. Each year, about 1 million Americans undergo balloon angioplasty, and about 80% of them also receive a stent.

## What is a stent?

Stents help prevent your artery from renarrowing after angioplasty. They are small, expandable, mesh, metal tubes that stay in the artery permanently, acting as a scaffold to help keep it open. After a stent is implanted, a natural covering of the body's own cells forms that holds the stent securely in place.

*There are currently 2 types of stents available:*

- **Uncoated stents** were the first stents available. They are also known as bare metal stents
- **Drug-eluting stents** are the latest advance in stent technology. They have a coating designed to release a drug slowly into the surrounding tissue. The intention of this time-release process is to limit excessive growth of tissue during the healing process and help prevent reblockage of the artery

There are benefits and risks associated with each treatment for CAD. Ask your doctor about which treatment option best fits your needs and offers the best opportunity to help give you the quality of life you seek.

## Talking to your doctor

Chest pain is not just uncomfortable—it may be a symptom of a potentially dangerous heart condition. Talk to your doctor or other healthcare professional if you have been suffering from chest pain or if you have a family history of heart disease. He or she will be able to address any questions or concerns you may have. Here is a list of questions you might want to consider asking:

- **How do I know if I have coronary artery disease?**
- **What are my options for treating coronary artery disease?**
- **What are the risks and benefits of each of these options?**
- **What's the most important thing I should consider when choosing one of these options?**
- **How are bare metal and drug-eluting stents different?**
- **How do I know if I'm a good candidate for receiving a stent?**
- **What can I expect after the procedure?**
- **What type of medicines will I need to take?**

You don't have to suffer from chest pain. Lifestyle changes and certain medications and/or medical procedures can prevent or treat angina and CAD in most people and help you live LIFE WIDE OPEN™.

For more information on heart disease and stents, visit [cypherstent.com](http://cypherstent.com).

## Important Safety Information

**Patient Information for the CYPHER® Sirolimus-eluting Coronary Stent** (SY-fer sir-AHL-i-mus e-LUT-ing KOR-o-nair-e stent)

This summary is about the CYPHER® Sirolimus-eluting Coronary Stent, a combination product consisting of a device (stent) and an anti-rejection-type medication (sirolimus) contained in a polymer (soft plastic) coating on the stent. Please read it carefully. This information should not take the place of careful discussions with your doctor. Only your doctor can decide if the CYPHER® Stent is right for you. Contact your doctor if you have any questions.

**What is the CYPHER® Stent?** The CYPHER® Stent has three parts:

**The stent:** a small, expandable, slotted metal tube that is inserted into a coronary artery (one of the blood vessels that supplies the heart with oxygen and nutrients). A stent acts as a scaffold that helps hold the artery open, which allows blood flow to the heart and relieves symptoms caused by the blockage.

**The anti-rejection-type medication (sirolimus\*):** an anti-rejection-type medication that limits the overgrowth of tissue as the healing process occurs following coronary stent implantation.

**The inactive ingredient:** a polymer (soft plastic) coating on the stent that contains the medication sirolimus, and slowly elutes (releases) the medication into the artery wall around the stent.

**How does the CYPHER® Stent work?** Overgrowth of tissue is believed to be a major factor responsible for renarrowing of the artery after stent placement. The CYPHER® Stent limits this overgrowth of tissue, which significantly reduces the chance of reblockage and the need for another procedure.

**What is the CYPHER® Stent used for?** The CYPHER® Stent is used to help open coronary arteries in people who have symptoms of ischemic disease (lack of blood flow to the heart) such as heart attack or angina, due to atherosclerosis (fatty substances such as cholesterol deposited on the inner lining of blood vessels).

Placement of the CYPHER® Stent is no different than the placement of a bare-metal (uncoated) stent. The CYPHER® Stent will remain in the vessel permanently.

\*Sirolimus is also available in tablet and liquid form, known by the name Rapamune®. Let your doctor know if you are currently using this medication.

**Who should not receive the CYPHER® Stent?** Patients who:

- are allergic to the anti-rejection-type medication (sirolimus\*)
- are allergic to the polymers used in the coating
- cannot take antiplatelet medication such as aspirin
- cannot take anticoagulant medication (blood thinners)
- have a blockage that the doctor decides will not allow complete inflation of the angioplasty balloon

Women of childbearing age should be using effective contraception before they receive the CYPHER® Stent, and for 12 weeks after. Women who are nursing should discuss this with their doctor before receiving the CYPHER® Stent.

The CYPHER® Stent has not been studied for use in children.

**What other medical issues should I discuss with my doctor?** You should tell your doctor about any other medications (prescription or nonprescription) you are taking, especially medications that affect your immune system. You should also tell your doctor if you have a history of bleeding problems.

**What are the possible side effects of the CYPHER® Stent?** Use of the CYPHER® Stent carries the risks associated with all coronary stent placement, including allergic reaction, irregular heart rhythm, stent thrombosis (blood clot in the stent), death, reactions to antiplatelet or anticoagulant medications or to dyes used during placement, emergency bypass surgery, fever, bleeding at the puncture site, chest pain or angina and stroke. The risk of thrombosis with any stent, uncoated or drug-eluting, remains low. Our two clinical trials following patients over a five-year period indicate a similar overall risk of thrombosis between the CYPHER® Stent and uncoated stents. However, after 1 year, a very small increased risk of stent thrombosis can be seen with the CYPHER® Stent versus uncoated stents.

Potential adverse events which may be associated with the implantation of a coronary stent include: allergic reaction, irregular heart rhythm, death, drug reactions to blood-thinning agents or contrast media, emergency bypass surgery, fever, bleeding at the puncture site, chest pain or angina, and stroke. Potential adverse events related to the drug sirolimus (based on studies of patients who used the drug orally for a prolonged period of time) include: infection, tumor formation, fatigue, joint pain and diarrhea.

Exposure to sirolimus and the polymer coating on the CYPHER® Stent is directly related to the number of implanted stents. Use of more than two CYPHER® Stents has not been adequately evaluated. Use of more than two CYPHER® Stents will result in your exposure to a larger amount of sirolimus and polymer coating than experienced in the clinical studies.

**What can I expect after I receive the CYPHER® Stent?** Many patients are able to return home the day following their procedure. Your doctor will decide how long you need to stay based on your individual needs.

Your doctor will prescribe aspirin, and other antiplatelet or anticoagulant medications (blood-thinners). It is very important that you take these medications exactly as directed; be sure not to miss any doses. Call your doctor if you feel that you cannot tolerate your medications or develop any side effects such as bleeding, upset stomach, rash or itching, or if another healthcare professional asks you to stop taking your medication. You may also have to have follow-up blood tests to monitor the effects of the CYPHER® Stent.

You should be able to return to your normal activities such as work, sports and sex very soon, but again, this will be determined by your doctor. Check with your doctor prior to doing anything that is physically strenuous.

You will be given a schedule for follow-up visits with your cardiologist or family doctor, and a small identification card to carry with you at all times, containing information about the CYPHER® Stent.

If you have chest pain after your procedure, see a doctor immediately.

**How can I get more information about the CYPHER® Stent?** If you have any other questions, speak to your doctor, or call **1-800-781-0282** or visit **cypherstent.com**.

Rapamune® is a trademark of Wyeth Pharmaceuticals.

\*Sirolimus is also available in tablet and liquid form, known by the name Rapamune®. Let your doctor know if you are currently using this medication.



Sirolimus-eluting Stent is made by Cordis Corporation pursuant to a license from Wyeth Pharmaceuticals. Please see Essential Prescribing Information. For full Instructions for Use, go to [cordislabeling.com](http://cordislabeling.com).

*cypher*<sup>®</sup>  
Sirolimus-eluting  
Coronary Stent