Restenosis after percutaneous coronary intervention (PCI): Experiences from the perspective of patients

Background: The intention of this study was to clarify the patients perspective of what it means to suffer from documented restenosis after one or more Percutaneous Coronary Intervention (PCI). PCI with or without intracoronary stent placement has been established as an effective treatment for symptoms related to coronary artery disease (CAD). Restenosis, i.e. recurrence of a significant narrowing in the treated vessel, constitutes a problem affecting 30-50 % of the treated patients and results, in some patients, in a renewed need for revascularisation. Although a substantial part of the investigative and research funding is invested in the prevention and resolving of the restenosis problem, little is known about its clinical significance apart from the need for further revascularization.

Aim: To ascertain the patients experience of restenosis.

Method: Nine patients were interviewed. They had undergone at least one PCI and two had also undergone CABG. Data collection and analysis were done simultaneously according to Grounded Theory methodology and were continued until new interviews provided no additional information, i.e saturation was met.

Results: “Living with uncertainty” was identified as the core category and was related to four additional categories, labeled “fighting for access to care”, “moderating health threats”, “trying to understand” and “controlling relatives’ anxiety”. The categories formed a conceptual model, describing the experienced life situation of patients with restenosis following a previous PCI.

Conclusion: Patients’ perceptions of illness and illness-related events, such as symptoms, diagnosis, treatment and prognosis, are considerably affected by uncertainty. This uncertainty infiltrates their struggle to acquire the care needed, their endeavour to comprehend and moderate health threats, and their way of caring for and protecting their family and relatives. We suggest, therefore, a surveillance system to ensure the availability for patients suffering from ischemic heart disease to communicate their problems related to their illness. This would also allow patients a more accurate and rapid assessment by having access to specialist competence regarding their chronic illness. We suggest that a patient administrative centre should be created for patients with cardiac diseases, including actual access to a database containing information on diagnoses, treatments and events. This patient administrative centre would be available around-the-clock manned by a competent and responsible coordinator at the cardiac clinic. By a telephone call, patients can be guided to the appropriate instance at the cardiac clinic. By this, the patient’s illness-related uncertainty will be reduced and the accessibility to health care will be improved.

Biography

Annika Odell has completed a Master of Science in Health Care Science in Nursing 2006 and a PhD, in 2014, at the Institute of Medicine at Sahlgrenska Academy, University of Gothenburg, Sahlgrenska University Hospital, Gothenburg with title: “Aspects on revascularization for coronary artery disease- from a patient, health care provider and societal perspective”. She is Head of the research unit, the development unit and the tobacco preventive unit at the department of Cardiology at Sahlgrenska University Hospital, Göteborg. She has publications in American Journal of Cardiology, Cardiology and European Journal of Cardiovascular Nursing.

annika.odell@vgregion.se