Risks

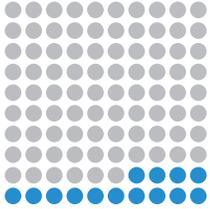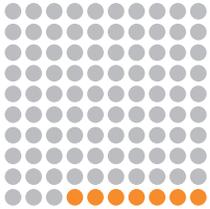**During the first year after medicines alone or medicines + stents: Need for a procedure**

Medicines alone

In 100 people:
14 will need a stent,
86 will not.

Medicines + stents

In 100 people:
SEVEN will need another procedure,
93 will not.

Based upon the benefits and risks, which choice do you prefer?
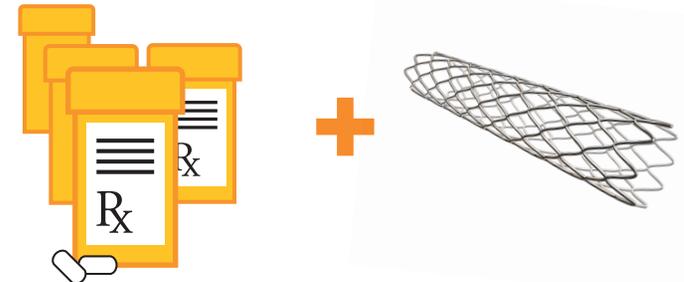
PCI Choice: Class III Stable Angina

This is a tool for you and your clinician to discuss treatment choices for stable angina. **In stable angina, stents are useful for symptom relief but do not reduce the risk of heart attack or death.** However, stents can reduce the risk of death in other heart diseases, such as unstable angina or heart attack.
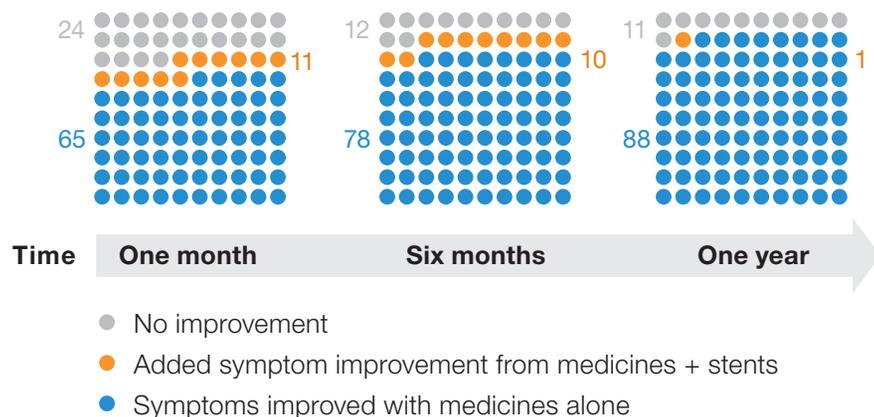
Medicines alone

or

Medicines + stents

Benefits

Prevention of heart attack or death in stable coronary artery disease with medicines + stents compared to medicines alone:

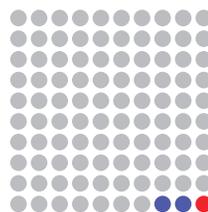**NO DIFFERENCE** in heart attack or death.

How symptoms improve in 100 people with medicines + stents compared to medicines alone:

Time	One month	Six months	One year

- No improvement
- Added symptom improvement from medicines + stents
- Symptoms improved with medicines alone

Based upon the benefits, which choice do you prefer?

Risks

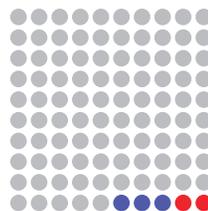During the stent procedure:
Bleeding, heart attack, stroke or death

In 100 people:

TWO will have bleeding or damage to a blood vessel; 98 will not.

ONE will have a complication such as heart attack, stroke or death; 99 will not.

During the first year after stent:
Bleeding and heart attack

In 100 people:

THREE will have a bleeding event from the additional blood thinner needed with a stent; 97 will not.

TWO will develop a clot that forms in the stent leading to a heart attack; 98 will not.