

A GUIDE TO CAUSES OF
RENAL FAILURE AND STROKES
FOLLOWING **CORONARY SURGERY**



Anapol Schwartz | Attorneys at Law

866-735-2792

WWW.ANAPOLSCHWARTZ.COM

JIM RONCA, ESQ. - JRONCA@ANAPOLSCHWARTZ.COM

SOL WEISS, ESQ. - SWEISS@ANAPOLSCHWARTZ.COM

1710 SPRUCE STREET, PHILADELPHIA, PA 19103

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CABG - CORONARY ARTERY BYPASS GRAFT SURGERY

WHAT IS CABG? (PRONOUNCED: CABBAGE)

CABG is a surgical procedure used to treat patients with coronary artery blockages. During the procedure, a heart surgeon creates an alternate path for blood to flow to the heart muscle by going around, or bypassing, a blocked section of an artery. Hence, the phrase, heart bypass surgery. CABG is typically recommended for severe blockages that are not treatable by other methods.

The surgeon typically gains access to the heart by cutting the sternum (breast bone). Often blood vessels are removed from the patient's leg or detached from the chest wall and grafted to the blocked artery. Once the grafts have been attached, oxygen rich blood will flow through the new bypass vessel, avoiding the blockage completely.

CABG is performed by a cardiothoracic surgeon under general anesthesia and generally takes between two and six hours depending on the number of bypasses to be completed. Patients might have more than one blockage, so several bypasses may be needed. After the procedure is completed, most patients stay in the hospital for several days and face a rehabilitation period of one to two months.

The goals of CABG are to relieve symptoms of coronary artery disease including angina, enable the patient to resume a normal lifestyle and to lower the risk of a heart attack or other heart related problems. Coronary artery bypass graft surgery is widely performed in the United States. It is estimated that more than 800,000 CABG procedures are performed worldwide every year.

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WHO IS ELIGIBLE FOR CABG SURGERY?

Not everyone is a candidate for CABG — the decision to prescribe cardiac bypass surgery depends on several factors including the extent of cardiovascular disease, the severity of symptoms, your age, and other medical conditions. The heart specialist and surgeon will determine the best method of treatment and your eligibility.

WHAT HAPPENS DURING CABG SURGERY?

The surgery generally lasts from two to six hours, depending on the number of arteries being bypassed. After general anesthesia is administered, the surgeon removes the veins or prepares the arteries for grafting.



GRAFT PREPARATION

There are several types of bypass grafts that can be used. The decision to use which grafts depends on the location of the blockage, the amount of the blockage, and the size of the patient's coronary arteries.

Internal mammary arteries or internal thoracic arteries are the most common bypass grafts because they show the best long-term results. In most cases, these arteries can be kept intact at their origin because they have their own oxygen-rich blood supply, and are then sewn to the coronary artery below the site of the blockage. If the surgeon removes the mammary artery from its origin, it is called a free mammary artery. Over the last decade, more than 90 percent of all patients received at least one internal artery graft.

The radial (arm) artery is another common type of arterial graft. There are two arteries in the arm, the ulnar and radial arteries. Most people receive blood to their arm from the ulnar artery and will not have any side effects if the radial artery is used. Careful preoperative and intra-operative tests determine if the radial artery can be used. If the radial artery is used as the graft, the patient may be required to take a calcium channel blocker medication for several months after surgery. This medication helps keep the artery open. Some people report numbness in the wrist after surgery. However, long-term sensory loss or numbness is uncommon.

The gastroepiploic artery to the stomach and the inferior epigastric artery to the abdominal wall are less commonly used for grafting.

Saphenous (leg) veins can be used as bypass grafts. Minimally invasive saphenous vein removal does not require a long incision. One to two incisions are made at the knee and a small incision is made at the groin. This results in less scarring and a faster recovery.



SURGICAL PROCEDURE

To bypass the blockage, the surgeon makes a small opening just below the blockage in the diseased coronary artery. If a saphenous (leg) or radial (arm) vein is used, one end is connected to the coronary artery and the other to the aorta. If a mammary artery is used, one end is connected to the coronary artery while the other remains attached to the aorta. The graft is sewn into the opening, redirecting the blood flow around this blockage.

The procedure is repeated until all affected coronary arteries are treated. It is common for three or four coronary arteries to be bypassed during surgery.

HEART-LUNG MACHINE / ON-PUMP SURGERY

The heart-lung machine maintains life despite the lack of a heartbeat, removing carbon dioxide from the blood and replacing it with oxygen before pumping it around the body. During surgery, the heart-lung bypass machine (called on-pump surgery) is used to take over for the heart and lungs, allowing the circulation of blood throughout the rest of the body. The heart's beating is stopped so the surgeon can perform the bypass procedure on a still heart. The heart-lung machine has saved countless lives.



OFF-PUMP OR BEATING HEART BYPASS SURGERY

Off-pump or beating CABG surgery allows surgeons to perform surgery on the heart while it is still beating; thusly, the heart-lung machine is not used. The surgeon uses advanced operating equipment to stabilize portions of the heart and bypass the blocked artery in a highly controlled operative environment. Meanwhile, the rest of the heart keeps pumping and circulating blood to the body.

Off-pump coronary artery bypass graft surgery may be performed in certain patients with coronary artery disease. With present technology, all arteries on the heart can be bypassed off-pump. It may be ideal for certain patients who are at increased risk for complications from cardiopulmonary bypass, such as those who have heavy aortic calcification, carotid artery stenosis, prior stroke, or compromised pulmonary or renal function. Not all patients are a candidate. Who undergoes off-pump surgery is made at the time of surgery when the patient's heart and arteries are evaluated more closely.

The goal of off-pump bypass surgery is to decrease the morbidity of CABG surgery, such as stroke, renal failure, and the need for blood transfusion. Also of great interest is the possibility that the off-pump approach may lessen the risk of what are called cognitive changes that have been seen in many patients who underwent CABG with cardiopulmonary bypass. These short-term changes include memory loss, difficulty thinking clearly, and problems concentrating for lengthy periods. They usually improve over the months following surgery.



WHAT HAPPENS AFTER CABG SURGERY?

Patients are typically observed for 24 to 36 hours in the CICU (cardiac intensive care unit). The CICU has limited visitation hours. When you first wake up in the CICU, you will be groggy or slightly disoriented. This is normal. You will still have a tube in your mouth, connecting you to breathing monitors and apparatus. Until you are able to breathe on your own, you will have difficulty talking (because of the tube) and will be unable to eat.

There are numerous monitors and machines in the CICU. Nurses will be watching your vital signs (temperature, pulse, and breathing) constantly to make sure that you are recovering as expected. You may find your hands strapped down so that you cannot disconnect any of the monitoring wires. Once your condition has stabilized (approximately 24 to 36 hours), you will be moved to a regular hospital room, where you can have more frequent visitors and rest more peacefully.

The overall hospital stay, including both the CICU and a regular hospital room, is between five and six days if you undergo a traditional bypass surgery. You will receive medications in order to cope with the immediate surgical recovery. However, your doctor should talk to you about the difference between pains from the incision versus pain due to low blood supply to the heart muscle following surgery. If you have any questions about chest pain, contact your doctor. Even if you have had prior surgeries, be aware that bypass patients undergo a more painful recovery than do other surgery patients. You must demonstrate that you are capable of performing basic daily activities like walking, sitting upright for at least 60 minutes, eating, and digesting food prior to being released.

HOW LONG IS THE RECOVERY FROM CABG SURGERY?

Everyone's recovery from coronary artery bypass graft (CABG) surgery is a little different. Your road to recovery has many steps, including time in the hospital, time at home, and participation in a rehabilitation program. Recovery from CABG surgery is a long process. Recovery from major surgery has both physical and emotional aspects. How fast you recover physically will depend on your health before CABG surgery. You will probably have some pain. You may also feel frustrated, angry, or lonely. It is important that you have emotional support from friends, family, and medical staff during your recovery.

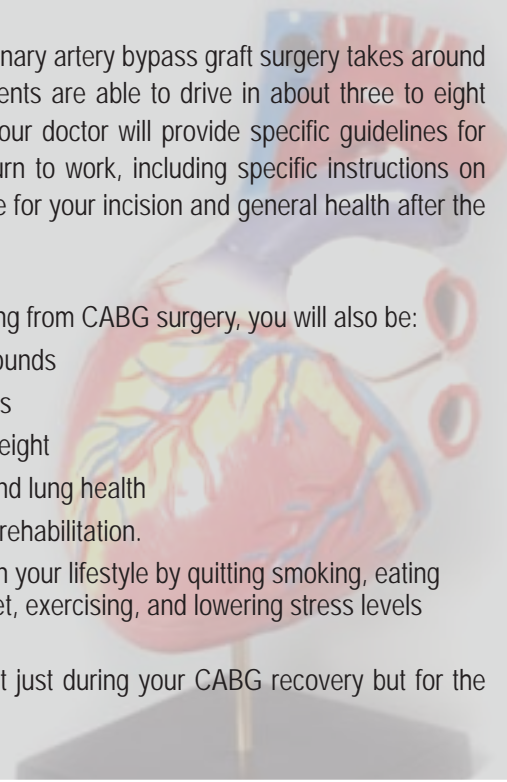
Your doctor will place you on a specialized postoperative rehabilitation and prevention program, which usually includes supervised exercise, dietary, and lifestyle changes. You should be careful to protect the area around the leg or arm from which the vein was harvested which may take a few months to return to normal.

Full recovery from coronary artery bypass graft surgery takes around two months. Most patients are able to drive in about three to eight weeks after surgery. Your doctor will provide specific guidelines for your recovery and return to work, including specific instructions on activity and how to care for your incision and general health after the surgery.

While you are recovering from CABG surgery, you will also be:

- Caring for your wounds
- Taking medications
- Monitoring your weight
- Improving heart and lung health
- Attending cardiac rehabilitation.
- Making changes in your lifestyle by quitting smoking, eating a heart-healthy diet, exercising, and lowering stress levels

These changes are not just during your CABG recovery but for the rest of your life.





HOW SUCCESSFUL IS CABG SURGERY?

Studies have shown in 80 to 95 percent of patients, bypasses made with segments of the mammary artery still performed efficiently 10 years after surgery. Two-thirds to 75 percent of patients who received grafts from leg veins still had satisfactorily unrestricted blood flow after 10 years. Even if your graft becomes blocked, you may not need additional bypass surgery. However, you may be a candidate for balloon angioplasty and insertion of a stent.

DRUG ELUTING STENTS (DES)

A stent is a small, lattice-shaped, metal tube that is inserted permanently into an artery. The stent helps hold open an artery so that blood can flow through it. Drug-eluting stents are stents that contain drugs that potentially reduce the chance that arteries will become blocked again.

A stent is used to hold open an artery that has become too narrow due to atherosclerosis where plaque builds up on the inner walls of arteries. As the artery walls thicken, the pathway for blood narrows. This can slow or block blood flow.

A stent is inserted through a main artery in the groin (femoral artery) or arm (brachial artery) and threaded up to the narrowed section of the artery with a tiny catheter (balloon catheter.)

When it reaches the right location, the balloon is slightly inflated to push the plaque out of the way and expand the artery (balloon angioplasty). Some stents are stretched open (expanded) by the balloon at the same time as the artery. Other stents are inserted into the artery immediately after the angioplasty procedure.

Once in place, the stent helps hold artery open so that the heart muscle gets enough blood. The stent acts as a scaffold, remaining in place permanently to help keep the artery open. Drug-eluting stents contain a drug that is released locally over a period of time.



NO GUARANTEES FOR STENTS

While stents virtually eliminated many of the complications of abrupt artery closure, restenosis persisted. Although the rates were somewhat lower, bare metal stents still experienced re-blocking (typically at six-months) in about 25 percent of cases, requiring a repeat procedure. The interventional cardiology community also learned that restenosis, rather than being a recurrence of coronary artery disease, actually was the body's response to the controlled injury of angioplasty and was characterized by growth of smooth muscle cells — roughly analogous to a scar forming over an injury.



BRIEF HISTORY OF STENTING

The concept of the stent grew directly out of interventional cardiologists' experience with angioplasty balloons in the first decade of use (1977-87). Sometimes the wall of the coronary artery became weakened after balloon dilatation. Although the artery would be opened successfully using a balloon, in a small percentage of cases, the artery would collapse after the balloon was deflated when the patient had been moved to the recovery room. Since there was no interventional fix available, the only option was emergency bypass graft surgery to repair the problem.

Another problem soon became evident as well. Approximately 30 percent of all coronary arteries began to close up again after balloon angioplasty. By the mid 1980s various radiologists and cardiologists were working on solutions to these problems, designing new devices in hopes they would provide more safety and durability to the procedures. Lasers, tiny shavers, rotational polishers — many tools were miniaturized to be delivered via catheter.

One such device was the stent — a metal tube or scaffold that was inserted after balloon angioplasty. The stent itself was mounted on a balloon and could be opened once inside the coronary artery. In 1986, working in Toulouse, France, Jacques Puel and Ulrich Sigwart inserted the first stent into a human coronary artery. In 1994, the first Palmaz-Schatz stent was approved for use in the United States. Over the next decade, several generations of bare metal stents were developed, with each succeeding one being more flexible and easier to deliver to the narrowing.



STENT WARS

Heart disease is here to stay. Let the stent wars begin. The status and availability of drug-eluting stents is the subject of many legal disputes. Stents have been adopted so quickly that they have doubled the world market for stents usage to \$5 billion annually. It is easy to understand the flurry of activity among and between all of the competing device manufacturers.

Currently only two drug-eluting stents, the Cordis CYPHER™ sirolimus-eluting stent and the Boston Scientific TAXUS™ paclitaxel-eluting stent system, have received FDA approval for sale in the United States (the Cypher stent in April 2003; the Taxus stent was approved a year later in March 2004) as well as the CE mark for sale in Europe. In addition, Medtronic's Endeavor stent which uses ABT-578, a drug made by Abbott, was approved in Europe in April 2005. Abbott had its own Zomaxx stent in clinical trials, but cancelled its development in the fall of 2006, opting instead to market the Xience stent, which it co-acquired as part of the Boston Scientific/Guidant/Abbott merger agreement. Boston Scientific has launched its second generation Taxus Liberte stent in Europe and is also going to be marketing the Xience, under the brand name Promus.



CARDIAC SURGERY - RISKS AND BENEFITS

Cardiac surgery saves thousands of lives every day and hundreds of thousands of lives every year. But cardiac surgery is not without risks. Even in the most knowledgeable and experienced hands of medical experts, patients will still suffer from complications such as stroke, kidney failure, and kidney dialysis, blood clotting, heart attacks, and death caused by human error, defective medical devices such as drug eluting stents, and unsafe drugs like aprotinin/Trasylol.

Meanwhile, a number of new second and third generation stent technologies are in research, clinical trial phases, or have achieved marketing approval outside the United States.

A new stent design by Conor MedSystems was approved in Europe in February 2006. Conor's CoStar stent utilizes a bioresorbable polymer to deliver the anti-restenosis drug, so that after a few months of drug elution, the stent in effect becomes a bare metal stent — which may eliminate the concern of late stent thrombosis present in permanent polymer stents. And both Abbott and Germany-based Biotronik are testing a completely bioabsorbable stent which will totally disappear after it has done its work.

FDA WARNING: STENT THROMBOSIS

The issue of stent thrombosis also is being examined in more depth. In October 2003, the FDA issued a warning regarding cases of sub-acute thrombosis (blood clotting) with the CYPHER stent that resulted in some deaths. Upon further study, it seemed that the incidence of thrombosis was no greater than that with bare metal stents.

Late stent thrombosis was one of the major issues discussed at the FDA scheduled a public meeting in early December 2006 on the issue. For the first time since their introduction, the use of drug-eluting stents began to decrease slightly in late 2006, due to these concerns. Many cardiologists feel the issue has been over amplified, but many are also beginning to re-examine whether some patients will really have that much of a benefit over the older bare metal stents — especially patients whose blockages are judged to be at very low risk for restenosis.

There is some evidence, however, that drug-eluting stents may be susceptible to an event known as late stent thrombosis, where the blood-clotting inside the stent can occur one or more years post-stent. While this has been seen rarely in both the Taxus and Cypher stent, thrombosis is extremely dangerous, fatal in over one third of cases. To prevent thrombosis, the above-mentioned post-stent antiplatelet therapy is very important and patients should not stop taking aspirin, Plavix or Ticlid without consulting with their interventional cardiologist.



DRUG ELUTING STENTS: WHAT CAN GO WRONG?

Stent placement can cause infection, blood clots, and bleeding at the site of the stent. Other rare complications of coronary stents include chest pain, heart attack, or tearing of blood vessel. The stent can move out of place (stent migration). In some cases, plaque can reappear in the stented artery (stent restenosis). Ask your doctor about the additional risks and restrictions associated with stents and drug eluting stents.

The types of adverse events seen with the drug-eluting stent were similar to those that occurred with the uncoated stent. Patients who are allergic to sirolimus or to stainless steel should not receive a Cypher stent. Caution is also recommended for people who have had recent cardiac surgery and for women who may be pregnant or who are nursing. Patients who receive the drug-eluting stent will likely need to take certain kinds of anti-platelet drugs for at least several months. A failure to do so can result in the formation of clots.

The risk in some cases is a failure of the doctor to keep a patient on anti-platelet drugs (Plavix, Ticlid, Aspirin) for the correct time period. If a patient is taken off of those drugs too soon, there is an increased potential for clots causing heart attack or stroke. In those situations, where a stroke or heart attack occurred after a doctor has taken the patient off of the anti-platelet medication, one should consider consulting a lawyer about whether or not this medical decision constituted a deviation of the proper standards of medical care.



CABG SURGERY: WHAT CAN GO WRONG?

During heart bypass surgery, Aprotinin/Trasylol is an injection used to prevent excessive blood loss. Aprotinin has been linked to encephalopathy and degenerative brain diseases. Aprotinin/Trasylol doubles the risk of kidney failure and stroke and increases the risk of heart failure or heart attack by 55 percent. There are risks of renal failure with CABG even without Trasylol, related to how long a patient is on the heart lung machine.

There are other generic alternatives to be used in CABG surgeries. Among them are Amicar (aminocaproic acid) and Cyklokapron (tranexamic acid). Also studied, these generic drugs were confirmed to be both safe and effective. Some researchers estimated that if hospitals stopped using Trasylol and instead used the above generic drugs, it would save 9,000 to 11,000 people every year from kidney dialysis.

The differences in bypass surgery drug costs are also alarming:

- Trasylol (aprotinin) costs \$1,300 per dose (manufactured by Bayer AG)
- Amicar costs only \$11 per dose (generic, off-label use)
- Cyklokapron costs \$44 per dose (generic, off-label use)



MEDICAL STUDY: NEW ENGLAND JOURNAL OF MEDICINE (JAN. 2006)*

Aprotinin/Trasyolol - Renal Failure

The results, published in New England Journal of Medicine, are based on an independent, non-commercial, observational study conducted by The Ischemia Research and Education Foundation (IREF).

The study offered compelling evidence of Trasyolol's serious risks and strongly suggested discontinuation and replacement with either of the two alternative generic and far less costly medications proven safe in this study.

Trasyolol's troubling concerns include that it has been on the market three times as long as Vioxx but few safety studies have been conducted since its approval; life threatening complications have occurred more frequently than Vioxx; and there are much cheaper and safer alternatives available.

The New England Journal of Medicine article states that replacing aprotinin with one of two safe generic drugs would annually prevent as many as 11,050 dialysis complications; save at least \$1 billion in healthcare mainly, kidney dialysis costs; and reduce drug costs by at least \$250 million. In the US these generic drugs do not have an FDA approved indication for this purpose, but are being used by doctors "off label."

Aprotinin was approved by the U.S. Food and Drug Administration in 1993 and is manufactured by Bayer under the brand name Trasyolol. Over the past three years, Trasyolol sales have accelerated with the 2006 projected sales in excess of \$600 million.

The article further states that as many as 10,000 patients may be unnecessarily on dialysis today due to aprotinin use. This serious impact on human lives underscores once again the necessity for meticulous, post — approval surveillance, as well as ongoing, unbiased analysis of drug safety — all conducted by entirely independent entities.

Among primary surgery patients, aprotinin also increased risk of heart attack by 48 percent, heart failure by 109 percent and strokes by 181 percent.

* N Engl J Med 2006;354:353-65. Copyright © 2006 Massachusetts Medical Society.

DO YOU HAVE RENAL (KIDNEY) FAILURE?

What is kidney failure?

Healthy kidneys clean your blood by removing excess fluid, minerals, and wastes. They also make hormones that keep your bones strong and your blood healthy. When your kidneys fail, harmful wastes build up in your body, your blood pressure may rise, and your body may retain excess fluid and not make enough red blood cells. When this happens, you need treatment to replace the work of your failed kidneys.





WHAT IS DIALYSIS?

There are two kinds of dialysis: hemodialysis and peritoneal.

Hemodialysis cleans and filters your blood using a machine to temporarily rid your body of harmful wastes, extra salt, and extra water. Hemodialysis helps control blood pressure and helps your body keep the proper balance of important chemicals such as potassium, sodium, calcium, and bicarbonate.

Hemodialysis uses a special filter called a dialyzer that functions as an artificial kidney to clean your blood. During treatment, your blood travels through tubes into the dialyzer, which filters out wastes and extra water. Then the cleaned blood flows through another set of tubes back into your body. The dialyzer is connected to a machine that monitors blood flow and removes wastes from the blood.

Hemodialysis is usually needed three times a week. Each treatment lasts from three to five or more hours. During treatment, you can read, write, sleep, talk, or watch TV. Patients on hemodialysis must follow a strict, limited diet. Hemodialysis can be done at the dialysis center or at home with training.

Peritoneal dialysis is another procedure that removes extra water, wastes, and chemicals from your body. This type of dialysis uses the lining of your abdomen to filter your blood. This lining is called the peritoneal membrane and acts as the artificial kidney.

With peritoneal dialysis, a mixture of minerals and sugar dissolved in water, called dialysis solution, travels through a soft tube into your abdomen. The sugar, called dextrose, draws wastes, chemicals, and extra water from the tiny blood vessels in your peritoneal membrane into the dialysis solution. After several hours, the used solution is drained from your abdomen through the tube, taking the wastes from your blood with it. Then you fill your abdomen with fresh dialysis solution, and the cycle is repeated. The process of draining and refilling is called an exchange.

There are two types of peritoneal dialysis and both are usually performed by the patient without help from a partner. CAPD is a form of self-treatment that needs no machine. However, with CCPD, you need a machine to drain and refill your abdomen. The most common problem with peritoneal dialysis is peritonitis, a serious abdominal infection. This infection can occur if the opening where the catheter enters your body becomes infected or if contamination occurs as the catheter is connected or disconnected from the bags.

Unfortunately, dialysis does not cure kidney failure. Hemodialysis and peritoneal dialysis are treatments that help replace the work your kidneys did. These treatments help you feel better and live longer. Although patients with kidney failure are now living longer than ever, over the years kidney disease can cause problems such as heart disease, bone disease, arthritis, nerve damage, infertility, and malnutrition. These problems won't go away with dialysis.





WHAT ARE THE LEGAL OPTIONS IF YOUR KIDNEY FAILURE IS CAUSED BY TRASYLOL (APROTININ)?

If you or a loved one has kidney failure as the result of being injected with Trasylool during cardiac bypass surgery, you may want to contact a [law firm](#) about your options. According to an independent study reported in the New England Journal of Medicine over 11,000 cases of dialysis complications occurred after being injected with Trasylool during CABG surgery. Are you one of them?

Law firms such as Anapol Schwartz have successfully pursued numerous unsafe drug cases. Most likely you have questions and they will have answers. Contact a lawyer for a free legal consultation today. With Anapol Schwartz, there is never an obligation to continue and your information will be kept private.

WHAT TO DO IF YOU SUFFERED A STROKE?

Stroke affects nearly four out of five Americans, either actual stroke victims or someone they know. A stroke occurs when the blood supply to part of the brain is suddenly interrupted or when a blood vessel in the brain bursts, spilling blood into the spaces surrounding brain cells. Brain cells die when they no longer receive oxygen and nutrients from the blood or there is sudden bleeding into or around the brain.

STROKE RISK FACTORS

Several factors increase your risk of stroke. The more risk factors you have, the greater your chance of having a stroke. Some of these you can't control, such as your age, your family health history, race, and gender. But you can modify, treat, or control most risk factors to lower your risk.

Risks that can be controlled with medical treatment and lifestyle changes:

- High blood pressure
- High blood cholesterol
- Diabetes
- Obesity
- Cigarette smoking
- Heart disease
- TIA (small strokes - take aspirin)

How to recognize a stroke — try the 60 second test:

1. Ask the individual to smile.
 2. Ask him to raise both arms.
 3. Ask the person to repeat a simple sentence, like...It is sunny out today.
- If the person has trouble with any of these tasks, call 911 immediately.





STROKES CAUSE DISABILITY

Stroke is the number one cause of adult disability, leaving two of every three survivors with significant physical and emotional after effects. And for too long, there has not been a strong option to help survivors and their families once they've completed their immediate rehabilitation and their health care support system ends.

Stroke Centers

When someone suffers a stroke, they feel terribly alone, often angry, and depressed. Stroke centers help bring light into people's lives - and the lives of their families and caregivers. Stroke is not a death sentence; rather, it's a chance for a fresh start.

The American Stroke Foundation does not duplicate existing services but complements them by providing the missing link in nurturing stroke survivors... and those who care for them. People who could barely utter words are speaking in sentences. Every day brings a new miracle.

American Stroke Foundation
www.stroke-site.org

National Institute of Neurological Disorders and Stroke
www.ninds.nih.gov

American Stroke Association
www.strokeassociation.org
1-888-4STROKE

Brain Attack Coalition
www.stroke-site.org
301-496-5751

National Stroke Association
www.stroke.org
1-800-STROKES

Stroke patients will most like display:

- Motor impairment and loss of sensation often on one side of the body
- Difficulty with speech
- Limited visual fields and trouble with visual perception
- Loss of emotional control and changes in mood
- Cognitive deficits
- Problems with memory
- Problems with judgment
- Problems with problem solving
- Combination of all or some of the above



WHAT ARE YOUR LEGAL OPTIONS IF YOU'VE SUFFERED A STROKE CAUSED FROM DRUG ELUTING STENTS?

If you or a loved one has experienced a stroke as the result of being injected with Trasyolol during cardiac bypass surgery or from drug eluting stents, you may want to contact a law firm about your options. Unsafe drugs, failure to properly administer the correct drugs, and defective medical devices may be the cause of your cardiovascular-related stroke.

The law firm of Anapol Schwartz has successfully pursued medical malpractice, unsafe drug and defective medical device cases. Most likely you have questions and the attorneys at Anapol Schwartz will have answers. [Contact a lawyer at Anapol Schwartz](#) for a free legal consultation today. With Anapol Schwartz, there is never an obligation to continue and your information will be kept private.



CHECKLISTS

7 questions to ask about dialysis

1. What kind of dialysis is right for me?
2. Can I go to the dialysis of my choice?
3. How much time per week will I spend in dialysis?
4. Can I afford dialysis?
5. How can I finance dialysis?
6. Will I be able to keep working and have a normal life?
7. Will dialysis cure me?

3 ways to recognize a stroke (within 60 seconds)

1. Inability to smile
2. Inability to raise both hands over your head
3. Inability to recite a simple sentence

8 things to ask your doctor before CABG surgery

1. Am I a candidate for CABG surgery?
2. What kind of graft will I receive?
3. Is one kind of graft more beneficial than another kind of graft?
4. Will I have on pump surgery or off pump surgery?
5. Will I be in pain?
6. Are there any serious complications from the surgery?
7. How long is the recovery period?
8. What will my long term prognosis be?

SUPPORT GROUPS

American Association of Kidney Patients

3505 East Frontage Road
Suite 315
Tampa, FL 33607
Phone: 1-800-749-2257
Fax: 813-636-8122
Email: info@aakp.org
Internet: www.aakp.org

American Kidney Fund

6110 Executive Boulevard
Suite 1010
Rockville, MD 20852
Phone: 1-800-638-8299 or 301-881-3052
Fax: 301-881-0898
Email: helpline@akfinc.org
Internet: www.kidneyfund.org

Life Options Rehabilitation Program

c/o Medical Education Institute, Inc.
414 D'Onofrio Drive Suite 200
Madison, WI 53719
Phone: 1-800-468-7777 or 608-232-2333
Email: lifepoptions@MEIresearch.org
Internet: www.lifepoptions.org
www.kidneyschool.org

National Kidney Foundation

30 East 33rd Street
New York, NY 10016
Phone: 1-800-622-9010 or 212-889-2210
Fax: 212-689-9261
Email: info@kidney.org
Internet: www.kidney.org



National Kidney & Urologic Disease Center

3 Information Way
Bethesda, MD 20892-3580
Phone: 1-800-891-5390
Fax: 703-738-4929
Email: nkudic@info.niddk.nih.gov
Internet: kidney.niddk.nih.gov



RESOURCES ON THE WEB

Cleveland Clinic: CABG explanation - www.clevelandclinic.org
Detailed explanation about coronary artery bypass graft surgery

Stroke Risk Factors - www.americanstroke.org
Risks, symptoms and how to reduce risk factors

American Stroke Association - www.americanstroke.org
Life after stroke - what to expect, advocacy news, stroke info for healthcare professionals

Heart Info - www.heartinfo.org
A patient's guide to bypass surgery

CABG Recovery - www.webmd.com
General timeline for heart bypass recovery, setting recovery goals

Stents: Heart Health Online - www.fda.gov
What is a stent? What are the risks?

Mayo Clinic: DES - www.mayoclinic.com
Opinion piece about drug eluting stents

Angioplasty - www.angioplasty.org
All about angioplasty surgery

Washington Post: Stent Safety Concerns - www.washingtonpost.com
Recent research has raised alarm about the safety of a new generation of stents that have quickly become the most commonly used devices for treating millions of heart-disease patients.

FDA: Trasyolol Advisor Press Release - www.fda.gov
Trasyolol (aprotinin) linked to higher risks of serious side effects including kidney problems, heart attacks and strokes in patients who undergo artery bypass graft surgery.

FDA: Trasyolol Advisory - www.fda.gov

CONTACT A LAWYER / FREE NO-OBLIGATION CONSULTATION

Please contact us for a [free no-obligation consultation](#). The more information that you can provide, the more helpful it will be. You are under no obligation to continue. Any information you provide will be held in the strictest of confidence.

If you have questions, please call us toll-free at **1-866-735-2792**.

Thank you.

HOW TO CONTACT US

Internet:

www.anapolschwartz.com

Toll Free:

866-735-2792

Email:

jronca@anapolschwartz.com
sweiss@anapolschwartz.com

Mail:

1710 Spruce Street,
Philadelphia, PA 19103



Anapol Schwartz | Attorneys at Law

SPONSORED BY:

ANAPOL SCHWARTZ WEISS COHAN FELDMAN & SMALLEY

JIM RONCA, ESQ. - JRONCA@ANAPOLSCHWARTZ.COM
SOL WEISS, ESQ. - SWEISS@ANAPOLSCHWARTZ.COM
1710 SPRUCE STREET, PHILADELPHIA, PA 19103