



Six Things Employees Need to Know About Stents (Part 1)

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By way of background, a stent is a little tube inserted into a blood vessel, to unclog it.

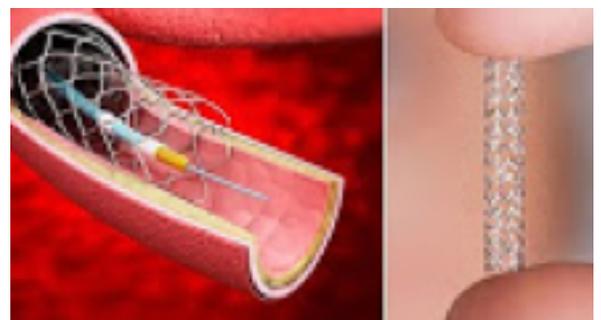
Roughly 1.8-million of these stents are implanted in Americans every year. If this seems like a large number, that's because it is. To put it in perspective, sometimes it feels like everyone you know is having children or grandchildren. Yet the number of babies born – 3.8 million in a typical year – isn't much more than twice the number of stents implanted. At current rates, then, one of those babies has almost a 50% chance of having a stent implanted. (A little less than that, because some people account for multiple stents, the official record being 34 and the unofficial record being 63.)

Could it really be the case that humans are so ill-evolved that without stents our arteries would remain clogged and many more of us would die?

It turns out that a considerable number of these elective stents (as opposed to emergency cardiac stents, which can be life-saving) add no value whatsoever, except to the cardiologist's or vascular surgeon's bank accounts. Here are Six Things employees need to know before getting a stent implanted in their legs or coronary blood vessels.

(1) Don't get a "free" screening pitched to you by an unlicensed vendor at a local community center, school or church.

These screenings, detailed in Marty Makary's The Price We Pay, are specifically designed to generate demand for follow-up stents.



These screens are always priced low, or are free. If a market price, which could be hundreds or thousands of dollars, were charged no one would get them, and the opportunity for future business is lost. But because there is no insurance coverage for inappropriate screens, vendors need to charge very little money. It turns out most of the “findings” are false positives that require follow up. The follow-up is going to be expensive, uncomfortable and possibly harmful but almost certainly without merit.

Say what? Harmful? How can this be? It's just a painless screen. Take our word for it for now. In a future month we'll look at false positives. Those are way more common than you think. (Can't wait? [Here is a blog post you can scroll down to see for yourself.](#))

Sketchy as these screens are, one would think vendors would be wise enough not to pitch them to Quizzify's CEO. [And yet Life Line did.](#) When our CEO called back, a “preventative health advisor” answered the phone. He asked her if these screens were A-rated by the [US Preventive Services Task Force](#), the independent volunteer group of clinical experts that weighs the evidence for the value and potential harms of screening.

She replied: “That is very very very true.” Actually, that is very very very false. [USPSTF says there is no data](#) to support this screen.

(2) Cardiac stents are no more effective than drugs and lifestyle improvements for stable angina.

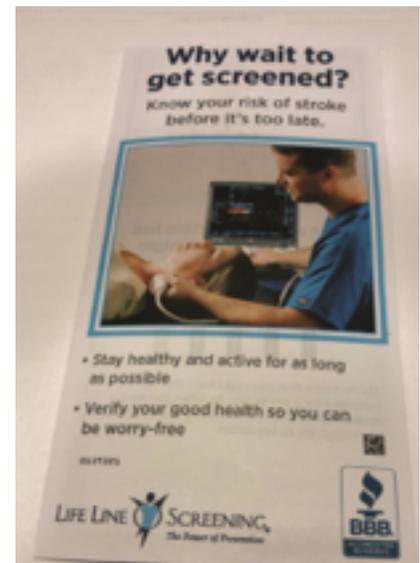
[A highly anticipated, large-scale, controlled study](#) showed exactly that.

Note this is only for people with “stable” angina – the kind that predictably causes pain, usually after exercise, that resolves on its own or with a nitroglycerin or other pill. However, that is the large majority of people with angina. Obviously, if you have unstable angina and need an emergency stent, this study does not apply to you. (Nor would you be reading this post right now.)

A theory for why stents often don't produce the expected result is that many blood vessels might be somewhat clogged, and a stent is only unclogging one of them.

(3) Long-term outcomes for people with stable angina are the same regardless of whether you get a stent or not.

That study compared drugs-and-lifestyle-improvements to stents. Another study did “sham surgeries” on half the volunteers while giving the other half stents. After 6 weeks, a cardiac test showed no difference in outcomes between the people who got stents and the people who didn't. [This came as quite a surprise](#) to cardiologists who had been doing stents for decades. The number of stent procedures fell slightly after the data was published. This decline may only be temporary -- the industry expects [“low single-digit growth”](#) in stents for the next several years – even though they don't appear to accomplish anything for a large number of people.



Stay tuned for Part Two in two months, covering three more things you need to know about stents. If you are considering a stent right away and want a sneak peak at the next installment, ping al@quizzify.com