

YOU'RE A SCAD SURVIVOR

Answers especially for you



What exactly is SCAD? Is it a heart attack?

Spontaneous Coronary Artery Dissection (SCAD) is an under-diagnosed cause of acute coronary syndrome, heart attack, and sudden cardiac arrest. SCAD occurs when the inner layer of an artery tears or splits, and allows blood to seep into the adjacent layer. The blood either pools (forming a blockage or hematoma), or the dissection continues to tear, creating a flap of tissue that blocks blood flow in the artery.

The artery involved and severity of blockage is what determines whether SCAD causes acute coronary syndrome (e.g., angina); a heart attack with muscle damage [called a STEMI or ST-segment elevation myocardial infarction (MI) as shown by changes on an electrocardiogram (ECG or EKG)]; a heart attack without muscle damage (a non-STEMI, when the artery is partially blocked), or sudden cardiac arrest.

How do I know I'm experiencing SCAD?

Although there are no tests to predict a dissection, it is vital to pay attention to your body's cues. The warning signs of SCAD are the symptoms of a heart attack: chest pain or pressure, jaw pain, extreme fatigue, shortness of breath, arm pain, clammy sweating, lightheadedness, and nausea.

Some SCAD patients report a sharp, sudden pain, which may have signaled their dissection. Others develop several vague symptoms over time, such as fatigue, lightheadedness and chest pressure, before finally experiencing the "classic" heart attack. Still others report having very mild symptoms, such as arm pain or tingling alone.

Emergency medical care for these symptoms is critical. If the sensation you're experiencing is "not right" for you, seek care immediately, particularly if you have recently given birth or participated in a similarly stressful exertion. Nearly 20% of all female SCAD patients are in the peripartum period (the last trimester or in the weeks after having a baby). Males and other female SCAD survivors report unusual stress or participated in an extreme workout.

What is the right way to treat SCAD?

Because each patient is unique, there is no right or wrong way to treat SCAD; however, early research suggests that a conservative approach may be the best for the majority of patients.

The most conservative approach is to use medication to thin the blood, prevent clots, control blood pressure, and help the heart pump more easily so that the dissection can heal. This is generally called "medication management" or "medically managed" SCAD.

In other cases, the cardiologist may choose percutaneous coronary intervention (PCI) to open up the blocked area using stents, which are tiny metal mesh tubes that act as scaffolding for the artery. A similar approach is to use balloon angioplasty to press open the blockage and restart flow. In either procedure, the cardiologist uses a catheter to access the blockage and place the stent (or deploy the balloon) through your artery. Threading a catheter through the artery may worsen an existing tear or create a new one, which is why experts advise against PCI if possible and suggest the medication management approach instead.

Some patients may require coronary artery bypass grafting (CABG, pronounced “cabbage” or called open heart surgery) to correct blockages in areas that cannot be safely stented or when the risk of heart muscle damage is great. In these cases, new pathways are created by rerouting blood flow around the dissection using the internal mammary artery or veins from the leg or arm.

How do I know that my SCAD has healed?

Your doctor will use your reports of how you’re feeling to monitor your progress. Depending on your unique case, you may have some ongoing symptoms. By monitoring them and reporting to your doctor, you can work together to use medications to improve how you feel.

Over time, your doctor may order an echo or stress test to check your heart function. If there is a concern that your SCAD is not healing properly, noninvasive testing such as a Computed Tomography Angiography (CTA) can be performed to assess blood flow and check for blockages. Invasive tests, such as angiogram by coronary catheterization, should be avoided for their potential to cause additional harm to the artery.

I hate the medicines I’m on. When can I quit them?

Patients often are frustrated by the “cardiac cocktail” of medications we take after SCAD. The goal of the drugs is to help your heart function and heal. Although it is difficult to adjust to the side effects of some drugs, it is very important to stay on your medications until you have discussed them with your doctor. In some cases, a different drug may be available or an alternate dosage may help. As a general guideline, most of the medications will be tapered off during the first year. Based on your personal health history (cholesterol, blood pressure), your doctor may recommend continuing certain drugs for longer.

When can I safely return to work?

This is another important discussion to have with your doctor. Many patients are told to “do nothing,” which is poor advice. However, you shouldn’t immediately go right back to your full schedule either. Your return to work is based on the type of work you do, the type of treatment you had (i.e., medication, stents, CABG), and your support system.



Is Cardiac Rehab really necessary? When should I start?

Although you were probably active and fit before SCAD, cardiac rehab is a vital part of your recovery process. The greatest benefit is the ability to work out in a monitored environment and see how your heart and emotions respond. It can be a challenge to overcome the feeling that your heart has betrayed you. Regaining physical and mental confidence are the key benefits of cardiac rehab. Programs differ by institution, and some may also include nutrition and stress relief sessions. Depending on your individual recovery, you may begin cardiac rehab after six weeks; however, your doctor will advise walking and other forms of exercise that you can begin as soon as possible.

Is it safe to travel by plane?

Yes. Some patients in remote locales must travel by plane to a specialty hospital for treatment when their SCAD occurs, and they experience no adverse effects from flying. If you are considering airplane travel, it is more a matter of your emotional state and physical stamina that determines if the time is right for you.

I'm scared. I don't live near a high-tech hospital.

Whether you live in an area without an advanced medical facility or are traveling, you may feel anxious about the potential of another SCAD. The estimated incidence of another dissection is about 20 percent, based on early research data and retrospective case studies. This statistic may sound frightening as you cope with recovery from SCAD.

Keep in mind, though, that the first step in caring for SCAD is the same as with any health event --heart or otherwise. Recognizing, evaluating, and documenting your symptoms is the first important phase of care. An emergency response team such as an Emergency Medical Technician (EMT) or hospital Emergency Department in any town, big or small, has the technology needed to check your heart rhythm with an EKG to monitor ST elevation and to do blood work to check for troponin enzymes, which indicate heart muscle damage. If either of these tests were to cause concern, the decision would be made to transport you to a more advanced medical center for imaging by ground- or air-ambulance.

The key point is to get under the care of an EMT or emergency medicine physician first. Then, based on preliminary tests, you can advocate for higher-level care by sharing your SCAD history. Don't attempt to drive yourself to a "better" hospital at a greater distance.

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Do I need to wear a medical ID bracelet?

A medical ID bracelet or necklace brings great peace of mind to patients who have experienced a traumatic, unexpected health crisis like SCAD. The ID “tells your story” in times that you can’t, and is something emergency personnel are trained to look for when evaluating patients.

Today, there are many ID options, including electronic medical records that are accessed through phone. If you choose a traditional piece of jewelry, include your name, an ICE (in case of emergency) phone number – either a family member or physician’s office, medications you are taking (particularly blood thinners) or you are allergic to, and key words such as “artery dissection” or STEMI.

SCAD Alliance is a partner of Road ID which offers a range of helpful products and advice.

I’m still in pain – when should I go to the ER?

After SCAD, it is important to work closely with your doctors and nurses to monitor your symptoms. With a close working relationship, hopefully you can prevent severe episodes and control your recovery through medication and cardiac rehab. You will have times when a trip to the Emergency Room is the best decision to make. Always choose to go or call 9-1-1 if you are concerned that you are having a heart attack or another SCAD. Don’t wait – as the saying goes, “time is muscle” – and it is better to make the trip and be reassured, rather than risk heart damage. If nothing else, your symptoms will be documented at the ER and you can have an office visit with your doctor to adjust medications and consider next steps.

