

ABDOMINAL AORTIC ANEURYSM (AAA)

AS COLLEAGUES IN THE CARE OF YOUR PATIENTS, WE WANTED TO SHARE INFORMATION ON ADVANCES IN THE DIAGNOSIS AND TREATMENT OF ABDOMINAL AORTIC DISEASE AND PERIPHERAL ARTERIAL DISEASE. PLEASE FEEL FREE TO CONTACT OUR OFFICE FOR MORE INFORMATION.

Abdominal Aortic Aneurysm (AAA)

is a localized ballooning of the aorta. If an AAA rupture occurs, overall mortality is 75–90%, making it the third leading cause of death in men over 60. For this reason, it is very important to diagnose and preventatively treat AAAs.



Normal Aorta



Aorta with Large Abdominal Aneurysm

TREATMENT

Current AAA size criteria indicate repair once the aneurysm has reached 5 cm. Feel free to reach out to our office to further discuss the management of your patients with AAA. Establishing a surgeon-patient relationship is extremely beneficial prior to proceeding with treatment. If treatment is required for AAA, there are two options currently available:

1. Open surgical repair

Open surgical repair has been in practice since the 1950s with a great deal of success. However, some patients are not suitable candidates for invasive surgery due to age and common chronic co-morbidities that greatly increase their risks.

2. Endovascular repair (EVAR)

EVAR is less invasive than open surgical repair and is appropriate for well over half of patients with AAA, allowing for AAA repair in patients that are otherwise inoperable candidates. Through a catheter-based system, EVAR utilizes small incisions in the femoral artery to deliver a self-expanding graft into the abdominal aorta. Benefits of the EVAR treatment include: low incidence of complications, a very low morbidity rate, less loss of blood during the procedure, shorter hospital stays and shorter recovery times.

PREVALENCE AND RISK FACTORS

- Male gender
- Age 60+
- History of smoking
- Hyperlipidemia
- Coronary artery disease
- Hypertension
- Chronic obstructive pulmonary disorder (COPD)
- Prior coronary artery bypass graft (CABG)

SYMPTOMS

Patients suffering from AAA are usually asymptomatic. If symptomatic, the patient might complain of vague, constant or throbbing abdominal pain. If the AAA is rapidly expanding, the patient might experience intense pain.

WHEN DIAGNOSING

- Consider AAA risk factors
- A tender, pulsatile mass may be palpable upon examination
- If AAA is suspected, it can be confirmed via ultrasound, CT scan, MRI and angiography

PERIPHERAL ARTERIAL DISEASE (PAD)



AS A FRONT LINE HEALTH CARE PROVIDER, YOU KNOW THAT MILLIONS OF AMERICANS SUFFER FROM PERIPHERAL ARTERIAL DISEASE (PAD), A CONDITION THAT RESULTS FROM NARROWED OR OBSTRUCTED ARTERIES IN THE LEGS. BUT DID YOU KNOW THAT 30% OF PAD PATIENTS WILL DIE WITHIN FIVE YEARS IF THEY DON'T RECEIVE TREATMENT?

Peripheral Arterial Disease (PAD)

can often be asymptomatic. Of the approximately 8–12 million Americans with PAD, about half are asymptomatic.

It is important that PAD is diagnosed early, so the condition can be managed before severe complications arise. One of the most effective screening tests for PAD is the ankle-brachial index (ABI). The ABI compares brachial (arm) blood pressure to ankle blood pressure and can result in the discovery of significant arterial occlusive disease.



Once a diagnosis of PAD has been made, lifestyle modifications, such as smoking cessation and exercise, and intensive lipid management are indicated. Additionally, a full vascular evaluation might be indicated in the following circumstances:

- Cramping/fatigue in the legs or buttocks during activity
- Tissue loss or gangrene
- The presence of non-healing or slowly healing foot wounds
- The presence of ischemic rest pain
- The presence of lifestyle-limiting claudication

For many patients, peripheral arterial intervention is an essential part of overall disease management. PAD interventions run the spectrum from catheter-based modalities, such as angioplasty, to major reconstructive surgery. Following treatment, lifelong vascular disease follow-up, including non-invasive surveillance imaging, is undertaken to optimize the longevity of the intervention and to encourage persistence with lifestyle modifications.

RISK FACTORS

- Hypertension
- Diabetes
- High cholesterol
- Obesity
- Smoking
- Family history of arterial disease

For more information on these conditions, including their diagnosis and treatment options, please contact our office at:

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Practice Name

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