

Frequently Asked Questions

Q: What is an aortic aneurysm?

An aortic aneurysm is dilation, bulging or ballooning of a weakened part of the aortic artery wall. Aortic aneurysms are named according to their location:

- Thoracic aortic aneurysms are those that form in the chest cavity.
- Thoracoabdominal aneurysms extend from the chest into the abdomen.
- Abdominal aortic aneurysms occur exclusively in the abdominal portion of the aorta.
- Regardless of their location, aortic aneurysms are dangerous because of the risk that they will rupture, causing life-threatening hemorrhage.

Q: What are the risk factors for aortic aneurysm?

Disorders such as emphysema, chronic hypertension or atherosclerosis, inherited diseases, such as Marfan's syndrome or Ehlers-Danlos syndrome, and smoking can increase the risk of aortic aneurysm formation. The children or siblings of people with aortic aneurysms are also at increased risk for aneurysm formation.

Q: What are the symptoms of aortic aneurysm?

Often, individuals with aortic aneurysms do not have specific symptoms; rather, the main complaint can be vague pain in the chest or abdomen. The symptoms of a ruptured aneurysm include a sudden intense back or abdominal pain (or chest pain, in the case of thoracic aortic aneurysm), or signs of shock such as shaking, dizziness, fainting, sweating, rapid heartbeat, and sudden weakness.

Q: How is an aortic aneurysm diagnosed?

Since aortic aneurysm often does not produce symptoms, it is important for people at increased risk for aortic aneurysm formation (for example, those with a family history or smoking history and over age 65) to undergo screening for the condition with noninvasive testing. Aneurysms can also be discovered during a routine medical examination, during an abdominal surgery, or during a diagnostic imaging test. The most common diagnostic tests for aortic aneurysm are ultrasound and computerized tomography (CT) scan. At the Willamette Vascular lab, we routinely conduct aortic aneurysm screenings for those patients with risk factors.

Q: What are the treatment options for an aortic aneurysm?

Treatment for an aneurysm varies according to its severity and size. If a rupture is not imminent, the physician may decide to monitor the growth of the aneurysm using ultrasound and CT scans, and attempt to lower the pressure on the aneurysm using medication to lower the blood pressure. Aneurysms greater than 5.5 cm in diameter should be considered for surgical repair. In some cases, a minimally invasive procedure called endovascular stent graft repair may be performed.

Q: What is a Carotid Artery Disease?

The carotid arteries are the two major arteries in the neck that supply most of the blood to the brain. Over time, these arteries may become narrowed or blocked due to a process called atherosclerosis or "hardening of the arteries". The buildup may obstruct the blood flow to the brain, leading to a stroke or a "mini" stroke (TIA).

Q: What are risk factors for Carotid Artery Diseases?

Known risk factors, include family history, high blood pressure, high cholesterol, heart disease, diabetes, smoking and obesity.

Q: How is Carotid Artery Disease diagnosed?

Diagnosis is usually made with an accurate and painless technique using imaging with ultrasound or duplex scanning conducted conveniently in the Willamette Vascular laboratory. Occasionally, a magnetic resonance angiogram, CT scan or angiogram may be necessary.

Q: What are symptoms of carotid stenosis?

- Numbness or weakness in the arms or legs, especially when limited to one side of the body
- Drooping of one side of the face
- Difficulty speaking or understanding speech
- Difficulty seeing from either one or both eyes
- Blockage (stenosis) of the carotid arteries can also occur without any signs or symptoms. This is called asymptomatic stenosis and it predisposes the patient to have a stroke. Asymptomatic stenosis in the carotid arteries is sometimes discovered during a routine examination, when a “bruit,” – a swishing sound – is heard through a stethoscope placed on the neck in the area over the artery. A bruit generally indicates a significant level of stenosis in the artery.

Q: How is Carotid Artery Disease treated?

Mild carotid artery disease can sometimes be treated with medication and risk factor modification such as smoking cessation and reduction of cholesterol levels, and monitored for progression to a more severe form.

More severe disease is usually treated with an operation called carotid endarterectomy. In certain individuals, a minimally invasive procedure called carotid stenting may be possible.

Q: What is PAD?

Peripheral Arterial Disease is a condition where plaque builds up in arteries of the body leading to partial or complete blockage of blood flow. This can cause weakness or pain in your legs, poor healing wounds or difficult walking.

Q: What can be done if I have PAD?

Depending on the severity of blockage, a variety of things can be done ranging from medicine, angioplasty and stenting without any major surgery or bypass procedures.

The majority of patients do not require any intervention. Instead, we focus on treating risk factors, like hypertension, diabetes, elevated cholesterol, and smoking cessation. If intervention is required there are catheter techniques now that allow restoring of blood flow to the legs without having surgery. In some cases bypass surgery may still be required.

Q: Does insurance cover evaluation and treatment of PAD?

Yes.