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PARISH

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Good News About AAA

New MIS Procedure is Saving More Lives

O Jesus through the Immaculate Heart of Mary, I offer You all my prayers, works, joys and sufferings of this day in union with the Holy Sacrifice of the Mass throughout the world.....

When it comes to an abdominal aortic aneurysm (AAA) – an abdominal enlargement or bulging of an artery – it’s difficult to ignore the bad news:

- ◆ It can rupture and kill without warning.
- ◆ It’s the 13th. leading cause of death in the United States.
- ◆ Approximately 200,000 Americans are diagnosed with an AAA each year
- ◆ A majority of patients experience no symptoms.
- ◆ Forty percent with ruptured AAAs die before reaching ED.

Here’s the Good News. Greater awareness of AAA risk factors and available screenings can lead to an earlier diagnosis, reducing the risk of rupture and potential death. When an aneurysm is discovered, clinical data shows we are better at fixing aneurysms than ever before, according to Jeffrey Prem, M.D., vascular surgeon at Mercy Medical Center, Canton, Ohio. Prem performs a newer endovascular aneurysm repair that is safer, less-invasive and helps more people to survive.

Using small groin incisions and minimal anesthesia to accurately place and secure an endovascular graft inside the diseased aorta, surgeons isolate the aneurysm from blood circulation and make a new path for the blood to flow. Patients often experience less pain, a shorter stay (1-2 days), fewer complications and a faster return to normal activity.

Endovascular repair may also be safer for patients with chronic illnesses. Giving them an option they would not otherwise have. It may also be used effectively for patients with ruptured aneurysms. Because of the high volume of endovascular surgeries performed at Mercy, a full stock of stent-grafts, in various sizes are readily available in the endovascular suite for elective and emergency purposes. Having grafts on site, creating an emergency life-saving procedure has increased survival for patients in an emergency setting.

Practicing Prevention: AAAs are often found incidentally. About 75% are detected during diagnostic tests ordered for other health conditions, according to the Vascular Disease Foundation. Major risk factors include smoking (past or present), a family history, age and gender. Abdominal aneurysms are four times more common in men than women, and 5% of all males over 60 in the U.S. are estimated to have AAA.

Other risk factors include hypertension, atherosclerosis (hardening and narrowing of the arteries) and coronary artery disease. Screening and identifying the aneurysm early is a key. Over the last 40 years, we have improved our technique, but we haven’t improved our ability to find the aneurysms. We have to find them in order to fix them,” Prem says. Prem says it is important for patients to talk with their physician about their AAA risk and screening options.

AAA Screening Included in ‘Welcome to Medicare’ Physical: Congress passed the Screening Abdominal Aortic Aneurysms Very Efficiently (SAAVE) act in 2006. Medicare covers a one-time ultrasound screening for patients considered to be at risk due to a family history or men age 65-75 who have smoked at least 100 cigarettes in their lifetime. Eligible individuals must receive a referral for the screening, which is only available during the first six months of Medicare eligibility.

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God bless you, Your Holy Family Parish Nurse.

To contact Holy Family Parish Nurse Ministry call 330-688-6412, ext. 462 or view at www.holyfamilystow.org.