Your Guide To: ***Thoracic Aortic Aneurysm (TAA)***

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What is a thoracic aortic aneurysm (TAA)?

The aorta, which is the main artery in your body, transports blood from your heart to all other parts of your body. The aorta is defined by the part of the body it runs through. As it courses through your chest, it is called the thoracic aorta. At times the aorta will weaken, bulge, or expand, and when it does so in the chest, it is referred to as a thoracic aortic aneurysm (TAA). Only 20 to 25 percent of all aortic aneurysms are in the thoracic aorta.

What causes a TAA to form?

At times, as the aorta weakens, the blood can push its way between the layers of the aorta, which leads to a dissection or separation of its layers. Depending on which sections of the aorta become involved in the dissection, one can expect a wide range of problems. This is because dissection can lead to the blockage of blood vessels throughout its entire length, including arteries to the spinal cord, brain, intestines, kidneys, and legs. The risk with these thoracic aortic aneurysms is that they can burst or rupture. A ruptured aneurysm can cause severe internal bleeding, possibly leading to death.

How can my doctor treat TAA?

Instead of open aneurysm repair, your surgeon can treat you with an endovascular stent graft. Endovascular means that the treatment is performed using catheters. After having made a small incision in your groin to gain access to your artery, the catheters are directed through your blood vessels. The graft is placed through these catheters without exposing you to the risks of open surgery.

Like the graft used in open surgery, this stent graft allows blood to flow through your aorta without putting any stress on the damaged wall of your aneurysm, and therefore keeps your aneurysm from rupturing. After endovascular stent graft repair, your recovery will be significantly faster, and you should anticipate being released within a few days. This treatment is not widely available, and its long-term results are still not fully known. As such, it is extremely important that ongoing follow-up with periodic scans be performed to evaluate whether the graft is functioning properly.

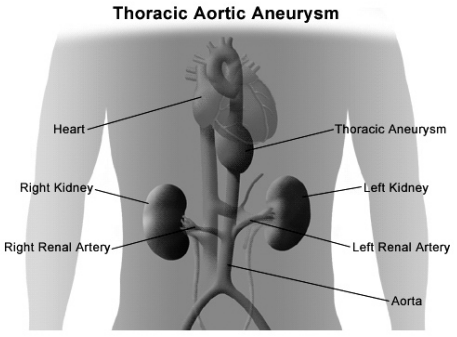
What are the risks of this procedure versus an open heart surgery?

Traditionally, open surgical procedures for repair of the thoracic aorta have reported neurological complications in the range of 5 to 21 percent of patients. Spinal cord ischemia, which causes paralysis of the legs, has always been a devastating complication of surgical repair of aneurysms involving the thoracic aorta. Despite refinements in surgical technique, the risk of postoperative neurologic complications remains significant.

Although experience with stent grafts is limited, reports of neurologic complications have been somewhat lower, at about 3 to 12 percent. However, you should be aware that reduced blood supply to your spine (spinal cord ischemia) is a potential complication. Patients who are at particular risk include those with long-segment thoracic aortic repair and those with simultaneous or previous abdominal or thoracic aortic replacement.

Leg weakness can present early during your period of hospitalization, but more importantly, it can occur after your discharge and has been reported to happen up to 30 days after the operation. Presentation of this complication will generally be fairly acute but also progressive and include loss of sensation and strength to the legs.

These symptoms can frequently be improved by simple treatments such as increasing blood pressure and reducing cerebrospinal fluid pressure. These treatments must be instituted immediately, and it is therefore imperative that, should you experience these symptoms, you immediately return to the hospital for evaluation by our staff.



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