# THORACIC AORTIC PATHOLOGY REFERRAL GUIDELINE

For more information or referral questions, contact your local vascular practice. For a complete listing, visit mainehealth.org/services/cardiovascular/service-locations

## **HIGH RISK**

SUGGESTED EMERGENT CONSULTATION

## SIGNS & SYMPTOMS

TAA Requiring Repair / Acute
Dissection

Presence of known TAA of any size and with the acute onset of pain chest, back pain, or hemoptysis

# **MODERATE RISK**

SUGGESTED CONSULTATION OR CO-MANAGEMENT

#### **SIGNS & SYMPTOMS**

Small, Asymptomatic TAA

TAA 4-6+ cm found on imaging study

Asymptomatic

Dysphagia or hoarseness

# **LOW RISK**

SUGGESTED ROUTINE CARE

#### **SIGNS & SYMPTOMS**

Small, Asymptomatic TAA <4 cm found on imaging study

# SUGGESTED PREVISIT WORKUP

Refer to ED, contact on-call surgeon

# SUGGESTED WORKUP

Emphasis on smoking cessation

Assiduous blood pressure control

CTA

Echocardiogram to screen for bicuspid aortic valve disease

Referral to Aortic Disease Program

# SUGGESTED MANAGEMENT

Emphasis on smoking cessation

Assiduous blood pressure control

CTA - For <4.0 cm aneurysm, follow-up CTA in 1 year

Echocardiogram to screen for bicuspid aortic valve disease

Referral to Aortic Disease Program if TAA growth noted OR genetic or family predisposition

## CLINICAL PEARLS

- All TAAs demonstrating growth, symptoms, or in the setting of family and genetic predisposition are concerning and should prompt referral.
- All first degree relatives of patients with bicuspid aortic valve disease should be screened for bicuspid valve via echocardiogram
- Bicuspid Valve patients with aneurysms should be referred to the Aortic Center



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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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