

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

SUGGESTED PREVISIT WORKUP

Refer to ED, contact on-call surgeon

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SIGNS & SYMPTOMS

Small, Asymptomatic TAA

TAA 4-6+ cm found on imaging study

Asymptomatic

Dysphagia or hoarseness

SUGGESTED WORKUP

Emphasis on smoking cessation

Assiduous blood pressure control

CTA

Echocardiogram to screen for bicuspid aortic valve disease

Referral to Aortic Disease Program

LOW RISK

SUGGESTED ROUTINE CARE

SIGNS & SYMPTOMS

Small, Asymptomatic TAA <4 cm found on imaging study

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