

# Leeds Aortopathy Clinic and Thoracic Aortic Aneurysms (TAA)

Information for patients



Cardio-Respiratory  
Service

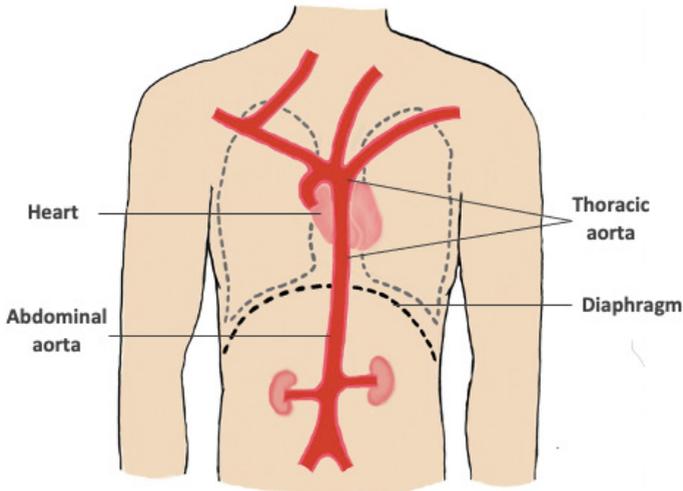


# The Aortopathy Clinic

You have been asked to attend this clinic because your aorta has been found to be enlarged or you are at increased risk of your aorta becoming stretched. We hope that the information in this leaflet is helpful to you.

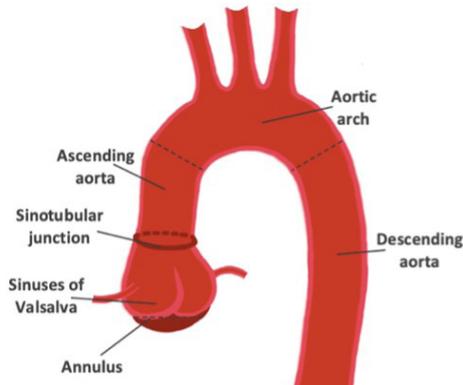
## The aorta

The aorta is the main blood vessel which supplies the body with oxygen rich blood. It leaves the left side of the heart and travels upwards, branching to supply the head, neck and upper body. It then arches downwards in the chest to supply the rest of the body. The thoracic aorta is the part of the aorta that is in your chest (shown in Figure 1). This clinic is for patients who have abnormalities or potential problems with the thoracic aorta.



## What is an aortic aneurysm?

The thoracic aorta is not a simple tube. Because of this, the thoracic aorta is measured at six points along its course within the chest cavity. These are shown in Figure 2. An aortic aneurysm is an enlargement of a section of the aorta such that the diameter at one or more of the six locations is 1.5 times larger than what is considered normal.



## What causes an aortic aneurysm?

The aorta is normally a strong, flexible and elastic blood vessel that can handle the pressure of the blood being pumped from the heart and spring back to shape. If the wall of the aorta is weakened, it can lose this elasticity and begin to enlarge and become stretched.

### Some of the reasons why the aorta may become weakened are:

- High blood pressure and smoking
- Atherosclerosis, a condition where blood vessels harden because of plaque build-up.
- Genetic conditions that effect the elasticity of vessels such as Marfan and Loeys-Dietz syndromes.

## What are the signs and symptoms?

Often there are no signs and symptoms and aneurysms are found accidentally when undergoing scans for other medical reasons. However, large aneurysms can cause symptoms such as:

- Pain in the chest, jaw or upper back
- A hoarse voice or persistent cough
- Difficulty breathing or swallowing

## How are thoracic aortic aneurysms treated?

The treatment we will offer will be tailored to you. Factors that we consider are the size of the aneurysm, the cause of the aneurysm, your medical history and your plans and preferences.

- **Monitoring** - it is important that we monitor the size of the aneurysm closely. For this reason we will invite you to have regular scans.
- **Medication** - we may offer you a medication to lower your blood pressure as this has been shown to slow the rate of aortic enlargement.
- **Family screening** - in situations where the aortic enlargement could be genetic or passed through families, patients and their close relatives may also be invited to undergo assessment. This may involve being seen by a member of the Clinical Genetics team.
- **Surgery** - If you are experiencing symptoms, or the size of your aorta is greater than a certain size, we may offer you a surgical procedure to repair it before an acute complication arises. If the aorta becomes significantly enlarged then there is a risk that the wall may become weakened and develop a tear called an aortic dissection. Aortic dissection is a medical emergency which is usually treated with urgent surgery.

- **Exercise** - Exercise can be divided into dynamic and static. In dynamic exercise, like walking, the muscles are constantly changing length. This causes the heart rate and blood pressure to change gradually, which is less stressful on the aorta. In static exercise, such as weight lifting or explosive activity such as sprinting, the muscles tense quickly. This causes sudden changes in heart rate and blood pressure. This type of exercise should be avoided, as should contact sports. Always discuss with your Doctor before starting new types of exercise as they may have an impact on your condition. A more detailed description of exercise in aortic disease was published recently by the European Society of Cardiology. A weblink to this publication is shown at the end of this leaflet.
- **Lifestyle** - a diet low in saturated fats, not smoking, limiting alcohol intake to 14 units/week and maintaining a good body weight all help to lower blood pressure.
- **Family planning** - A dilated aorta can have an underlying genetic cause. In some cases we may offer you assessment and genetic testing through a referral to the Clinical Genetics team. If a genetic cause is found, advice can be given about the risk to offspring inheriting the condition. We can also advise you on reproductive options available before or during the pregnancy.

## Further support

If you have any further questions or concerns please do not to hesitate to contact us:

**Department of Clinical Genetics**

**Telephone: 0113 392 4436**

**For more information on other aspects of your healthcare visit the NHS website at:**

[www.nhs.uk](http://www.nhs.uk)

**Further useful information is available from the UK Marfan Trust:**

[www.marfantrust.org](http://www.marfantrust.org)

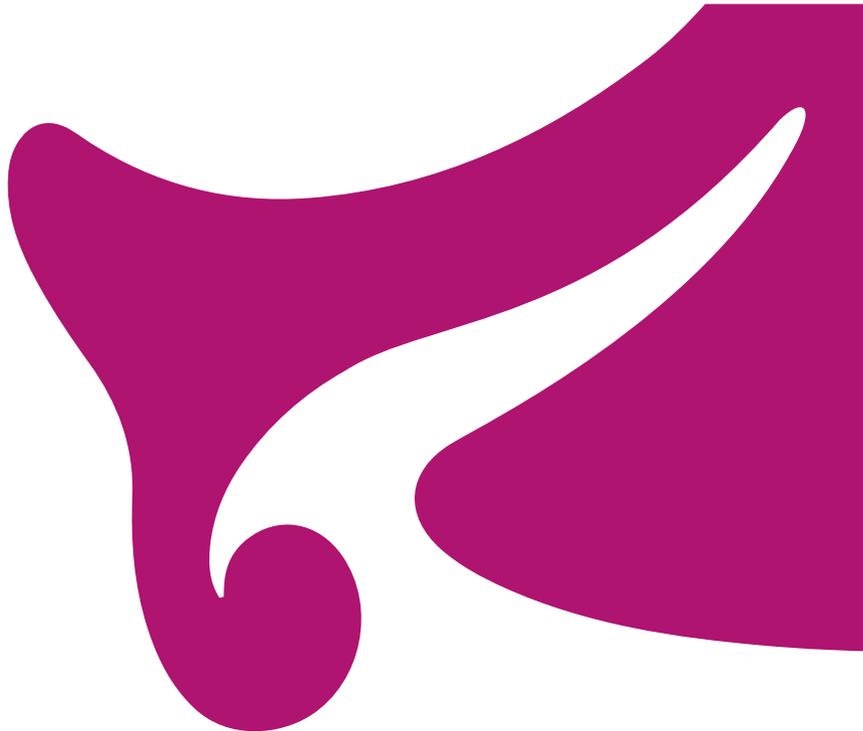
***Guidance on exercise:***

***2020 ESC Guidelines on sports cardiology and exercise in patients with cardiovascular disease ([escardio.org](http://escardio.org))***

[www.escardio.org/Guidelines/Clinical-Practice-Guidelines/sports-cardiology-and-exercise-in-patients-with-cardiovascular-disease](http://www.escardio.org/Guidelines/Clinical-Practice-Guidelines/sports-cardiology-and-exercise-in-patients-with-cardiovascular-disease)

***Cardiology Outpatient Department***

**Telephone: 0113 206 4819**



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© The Leeds Teaching Hospitals NHS Trust • 2nd edition (Ver 1)  
Developed by: Dr Wazir Baig (consultant cardiologist), Dr Miriam Jassam &  
Illustrated by Hazel Gardiner.  
Produced by: Medical Illustration Services • MID code: 20240130\_004/BP

LN005136  
Publication date  
06/2024  
Review date  
06/2027