

## What can I do to improve my condition?

Unfortunately, once you have a dilated aorta it won't get better but there are steps you can take to prevent it getting worse:

Keep your blood pressure (BP) well controlled:

- Have regular BP checks
- A target BP to aim for is 130/80mmHg

Give up smoking as this is harmful to the aorta

Avoid lifting heavy weights as this can put an increased strain on your aorta

Eat a healthy, balanced diet and maintain a healthy weight

Reduce your cholesterol

Take regular exercise such as walking, swimming, cycling

If you are planning a pregnancy please let the nurse specialist know as it may be important to obtain up to date imaging of your aorta and have a review with your cardiologist

Attend your imaging appointments so your aorta can be assessed regularly



This leaflet was funded by The Sussex Heart Charity

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

Registered Charity number: 1120998

**Jo Jessup**

Aortopathy Nurse Specialist

Email: [bsuh.achdandph@nhs.net](mailto:bsuh.achdandph@nhs.net)

This project is funded by  
**Friends of Brighton & Hove Hospitals**



[www.brightonhospitalfriends.org.uk](http://www.brightonhospitalfriends.org.uk)

Registered Charity number: 209414



© Brighton and Sussex University Hospitals NHS Trust

### Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

Ref number: 1044

Publication Date: January 2020    Review Date: January 2022



**Brighton and Sussex  
University Hospitals**  
NHS Trust

**Nurse-led Aortopathy Clinic**

**Managing your condition**

## What is aortopathy?

Aortopathy means a disease of the aorta. It includes a dilated aorta, when the aorta is wider than normal at one or more points and/or a weakened aorta, often due to a genetic condition.

Many patients experience no symptoms which is why dilated aortas are often detected during investigations for other problems.

Rarely a dilated aorta can tear and become life threatening.

**If you experience the following symptoms call 999:**

**severe chest or back pain**

**pain in jaw/neck/upper back**

**difficulty in breathing**

## Tests for monitoring the aorta

There are different types of imaging test we use to monitor the aorta and you will have one or more of these at intervals:

### **CT Scans (Computerised tomography)**

These can provide a clear picture of your aorta and detect the size and shape of any dilation you may have.

You pass through a 'doughnut' shaped scanner which takes X-ray images: this is painless. You may be given some 'contrast' dye via a vein in your arm. The contrast helps produce a much clearer picture of the aorta. We may need to check your kidney function with a blood test before giving you contrast.

A CT scan also involves radiation so patients who need ongoing surveillance of their aorta may be referred for a different type of scan.

## Tests for monitoring the aorta

### **MRI Scans (Magnetic Resonance imaging)**

MRI allows us to take pictures of the aorta without using radiation. The scanner uses a strong magnetic field, radio waves and a computer to take detailed pictures of your aorta.

The scanner does make loud noises when the pictures are being taken. You will wear headphones that reduce the noise and allow the radiographer to talk to you. Patients who do not like enclosed spaces may find this test difficult. It is important to let us know if you think this may be the case.

### **Trans Thoracic Echocardiograms 'Echo'**

An echo is an ultrasound scan of your heart. Gel is put onto your chest and a probe is used to look at the heart and aorta.

This test is carried out in the cardiac department and usually takes 30-45 minutes.