

DATE and TIME: TUESDAY 01ST JUNE, 7.00pm – 8.00pm, via zoom WEBINAR

TOPIC: AORTIC DISEASE AWARENESS

SPEAKER: ASSOC PROF. SIVEN SEEVANAYAGAM, *Cardiothoracic Surgeon*

WEBINAR OVERVIEW:

Thoracic aortic aneurysms (TAA) are often encountered in general practice and are mostly asymptomatic. They may be incidental findings in CXR, CT scans or echocardiography performed for other reasons. Once identified, further workup to identify associated conditions such as aortic valve pathology / congenital aortopathy and establishing a strategy for ongoing surveillance are important in the management of these patients. Patients with TAA and associated bicuspid aortic valve are often younger and may manifest combinations of aortic valve stenosis with ascending aortic aneurysm or have significant aortic root dilatation with severe aortic regurgitation. Early recognition and timely intervention are critical to optimal long-term outcomes in these group of patients.

Thoracic aortic aneurysms predispose patients to acute aortic dissection or aortic rupture with catastrophic outcomes. Patients who survive acute aortic dissection need lifelong follow up with their general practitioner.

In this webinar, the clinically relevant thoracic aortic pathology including the aortic root and aortic valve would be introduced. 3 case examples of current imaging findings encountered in general practice along with the nuances of choosing amongst imaging modalities for ongoing surveillance and the frequency of such investigations will be discussed. The webinar will also include a simplified algorithm to assess and decide on management steps, including recognising urgent referrals of symptomatic patients. The 3 case study examples would be then applied to the algorithm to illustrate the usefulness of a systematic approach to the clinical problem of TAA.

LEARNING OUTCOMES:

1. Outline the anatomic subsets of thoracic aortic aneurysms (TAA) and interpretation of imaging reports. Essential workup
2. Identify associated aortic valve disease, especially bicuspid aortic valve (BAV) and other aortopathy conditions.
3. Develop a surveillance strategy in partnership with the specialist in managing these patients

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