DuPage Medical Group
WE CARE FOR YOU

Vascular Surgery
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Dear Doctors;

Thank you for having your patients screened as part of our "Give us 15 minutes" vascular screening campaign. Our recommendations of how to manage the results should be used in conjunction with the patients overall medical picture. Please remember that the exams performed were screening exams and are reported basically as positive or negative. The exams are good only for asymptomatic individuals. Those who have symptoms should not be receiving a screening exam. The carotid exam is read in a more complicated fashion as indicated below.

Abdominal Aortic Aneurysm Screening Exam

This exam measures the size of the abdominal aorta. Any patient who has an aneurysm discovered on screening should be referred for a formal aortic ultrasound to measure size, examine the iliac arteries and assess for flow. Patients with aneurysms should be followed at least every year to assess for growth and should be warned of the high risk of aneurysms in their first degree relatives. We are happy to see patients with any size AAA in consultation and can arrange appropriate follow up and education.

Lower Extremity Exam

In this exam an ankle brachial index is measured. An abnormal result is any value less than 0.90. Patients with an ABI less than 0.90 should be referred for a formal exam even if asymptomatic. An ABI< 0.90 is associated with higher mortality due to cardiovascular disease. These patients should be treated as "coronary disease equivalent. Recommendations are in the *AHA/ACC Guidelines for Secondary Prevention for Patients With Coronary and Other Atherosclerotic Vascular Disease*. A brief summary is included in an appendix below. You can find the full article on the AHA website here.

Please remember that the screening exam does not fully exclude peripheral arterial disease. This exam does not measure segmental pressures or use waveform analysis like a formal lower extremity arterial exam. Patients could have non compressible vessels from medial calcinosis making the pressure measurement falsely elevated. They could even have a significant stenosis but have normal pressures at rest (which is why we do a treadmill test for suspected claudication in patients with normal pressures).

Carotid Artery Exam

This is more complicated. There are four possible results:

Result	Interpretation	Recommendation
Normal	No plaque or stenosis	No further testing advised
Abnormal minor	Plaque is present but stenosis is less than 50%	*See discussion below*
Abnormal major	Plaque is present and stenosis is > 50%	Carotid duplex exam Treat as CAD equivalent
Occluded	Plaque is present and the artery is occluded (no flow)	Carotid duplex exam Treat as CAD equivalent

In patients who have plaque but the stenosis is less than 50% the recommendation for further management and evaluation must be individualized. If the exam is being performed on a patient without risk factors for atherosclerosis the finding of plaque in the carotid is more ominous that if the patient has multiple risk factors. In general, patients should at some time have a formal carotid exam. In our vascular patients with carotid stenosis 16-49% we usually monitor them with yearly ultrasounds. These lesions can progress and may do so suddenly due to plaque rupture and sub-intimal dissection.

Below are our recommendations for managing asymptomatic carotid artery stenosis.

Appendix:

AHA/ACC Guidelines for Secondary Prevention

Intervention point	Guideline goal
Smoking	Complete cessation
Blood pressure control	<140/90
	<130/80 in diabetics
Lipid management	LDL cholesterol <100mg/dl
Diabetes management	HbA1c <7%
Antiplatelet use	Use in all if not CI (ASA 162mg or greater)
ACE inhibitor use	Use in all post MI
	Consider in al others
B blocker use	Use in all post MI
Weight	BMI <25

I hope you have found this information useful. Please feel free to call or e-mail with any questions on this or any other topic.

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