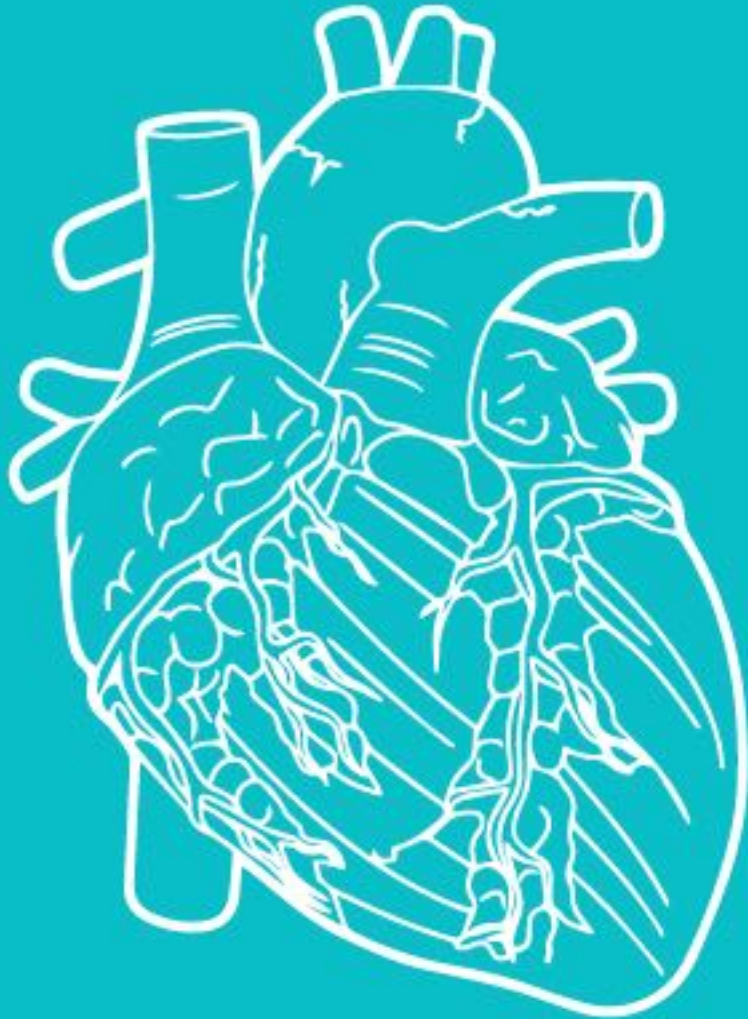




Medizinische Hochschule
Hannover

Herz-, Thorax-,
Transplantations-
und Gefäßchirurgie

Prävention und Nachsorge nach Aorteneingriffen

PD Dr. med. Florian Helms, PhD



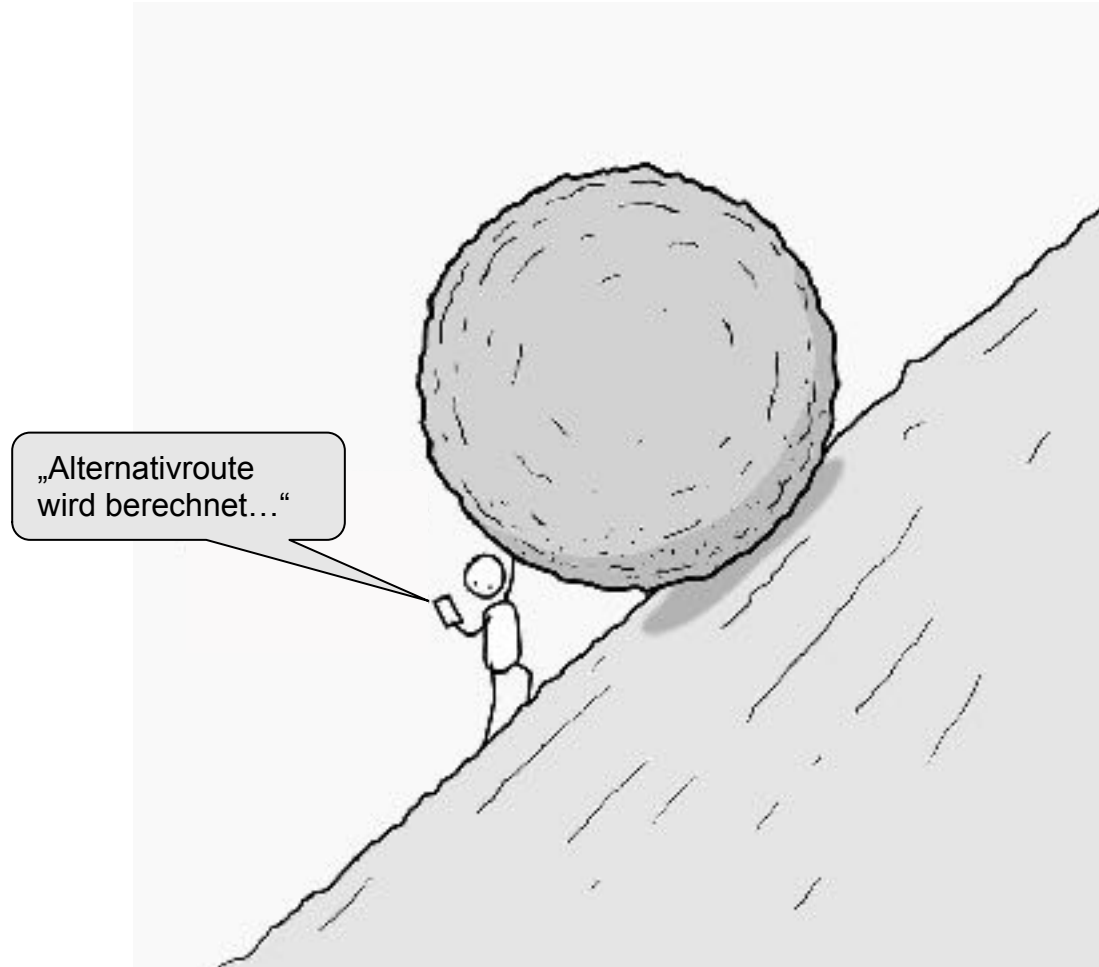
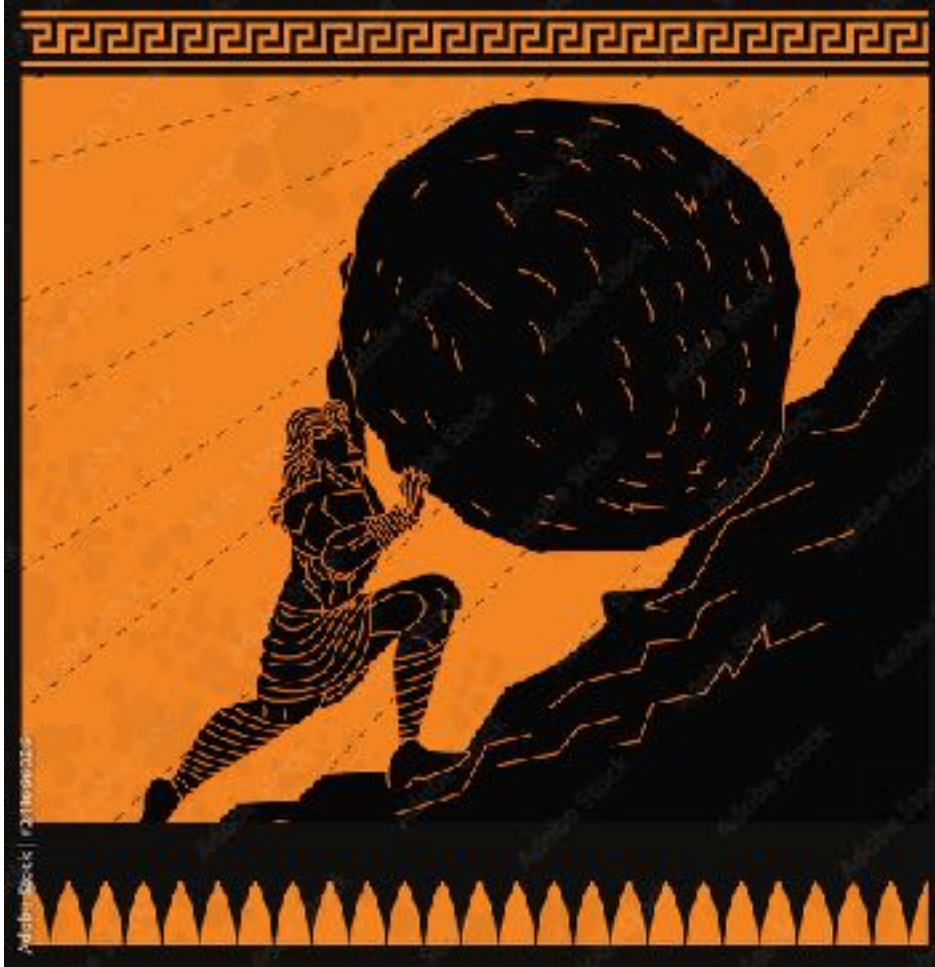
1. Prävention und Vorsorge bei Aortenerkrankungen

- Medizinische und medikamentöse Maßnahmen
- Lifestyle
- Vorsorge bei genetischer Prädisposition

2. Das Leben nach der Aorten-OP

- Wer sind meine Ansprechpartner? Wer kümmert sich langfristig?
- Wie bleibe ich nach der OP langfristig fit?
- Was darf ich / was darf ich nicht nach der OP?
- Wie schaut's mit der Psyche aus?

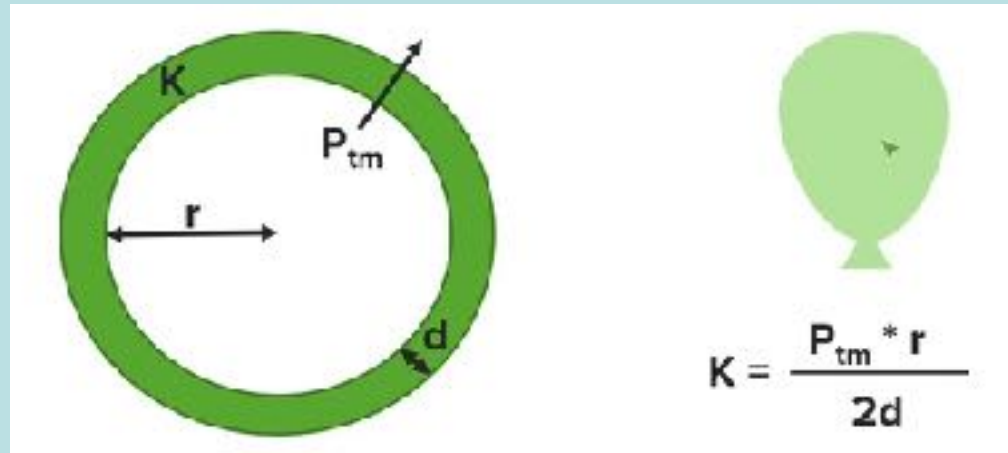
Prävention bei Aortenerkrankungen – geht das überhaupt?



Prävention bei Aortenerkrankungen – Blutdruck, Blutdruck, Blutdruck!

Bluthochdruck ist der wichtigste bekannte **beeinflussbare** Risikofaktor für die Entwicklung von Aortenaneurysmen und Dissektionen

Das Problem der erweiterten Aorta: die Physik spielt gegen uns!



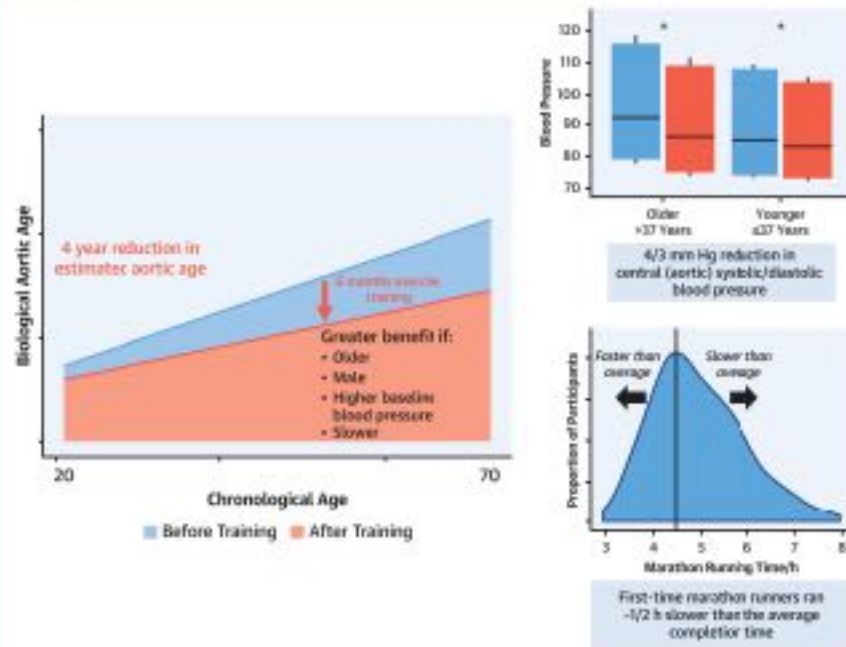
Blutdruckziel: So niedrig, wie **symptomfrei** möglich

Prävention bei Aortenerkrankungen – Lifestyle

Training for a First-Time Marathon Reverses Age-Related Aortic Stiffening

Anish N. Bhuvu, MBBS,^{1,2} Andrew D'Silva, MBBS,¹ Camilla Tortolero, MD,^{1,3} Sana Jones, PhD,⁴ Nirmala Nandagopal, MBBS,¹ Jet Van Zanten, MSc,¹ Nash Chaturvedi, PhD,¹ Gary Lloyd, MD,¹ Sanjay Sharma, MD,¹ James C. Moore, MD,^{1,2} Alan D. Hughes, PhD,² Charlotte H. Manley, MD^{1,2}

CENTRAL ILLUSTRATION: Training and Completion of a First-Time Marathon Reverses Age-Related Aortic Stiffening and Reduces Central (Aortic) Blood Pressure



Bhuvu, A.N. et al. J Am Coll Cardiol. 2020;75(1):60-71.

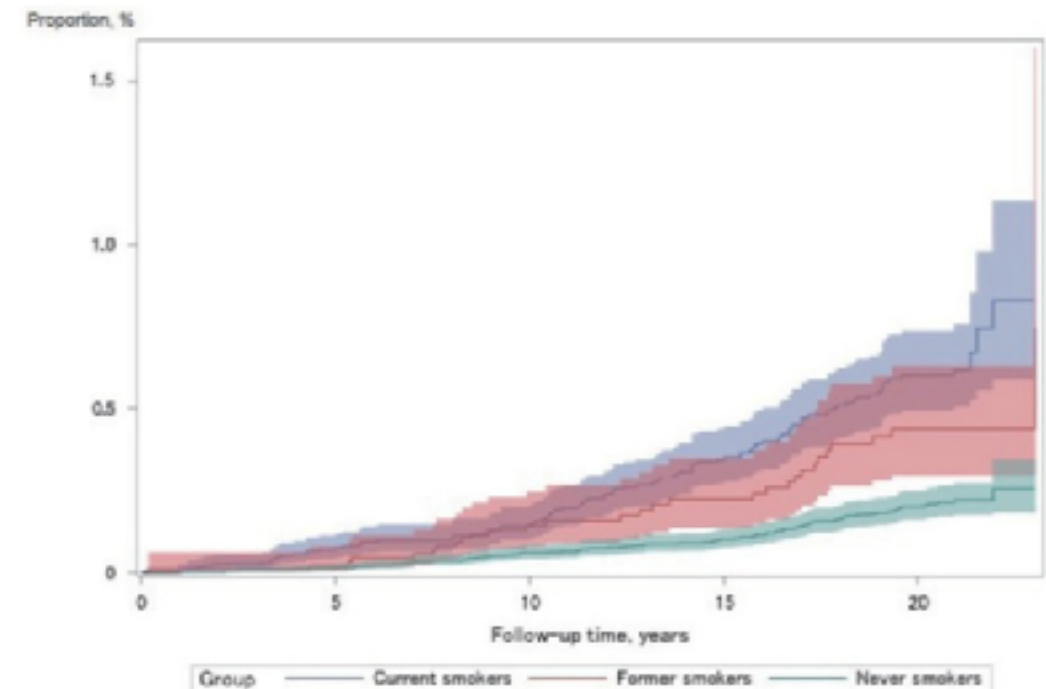


Original Article

J Atheroscler Thromb. 2023; 30: 348-353. <https://doi.org/10.5551/jat.63258>

Smoking Cessation and Mortality from Aortic Dissection and Aneurysm: Findings from the Japan Collaborative Cohort (JACC) Study

Yiyi Yang¹, Kazumasa Yamagishi², Tomomi Kihara², Renzhe Cui², Ehab S. Eshak^{1,3}, Isao Muroki¹, Kokoro Shirai¹, Akiko Tamakoshi² and Hiroyasu Iso¹



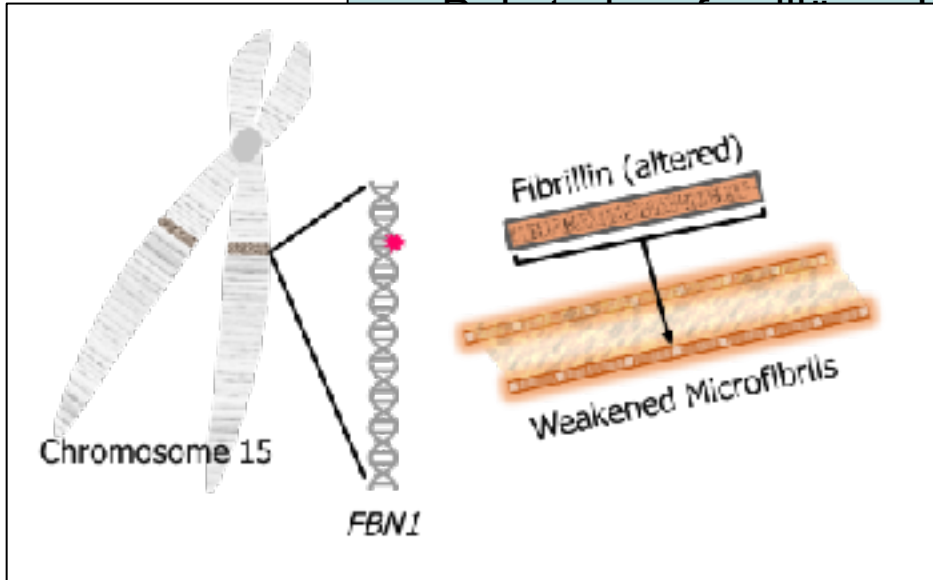
Prävention– Was tun bei genetischer Veranlagung?

Der Großteil der Aortenerkrankungen im Erwachsenenalter ist **nicht** syndromal!

An eine angeborene Bindegewebsschwäche denken wir

- Bei jungem Patientenalter
- Bei typischen klinischen Zeichen

Lösungen



geborene Bindegewebsschwäche wahrscheinlich,
ung erwogen werden

Wird in der genetischen Testung eine **syndromale** Bindegewebserkrankung festgestellt, gelten **engmaschigere Kontrollintervalle** und **niedrigere Grenzwerte** für die Aortendurchmesser bei der OP-Indikation, ggf. ist ein **Screening** bei Blutsverwandten sinnvoll.

[illegible]

Wer sind meine Ansprechpartner? Wer kümmert sich langfristig?



Aortenteam



Kardiologe / Hausarzt



Radiologe



Wie bleibe ich nach der OP langfristig fit?



Was darf ich / was darf ich nicht nach der OP?



Wie schaut's mit der Psyche aus?

Circulation: Cardiovascular Quality and Outcomes

Volume 12, Issue 10, October 2019

<https://doi.org/10.1161/CIRCOUTCOMES.118.005342>



ORIGINAL ARTICLE

Dog Ownership and Survival After a Major Cardiovascular Event

A Register-Based Prospective Study

See Editorial by Kazi

Mwenya Mubanga, MD, PhD, Liisa Byberg, PhD, Agneta Egenvall, VMD, PhD, Erik Ingelsson, MD, PhD, and Tove Fall, VMD, PhD

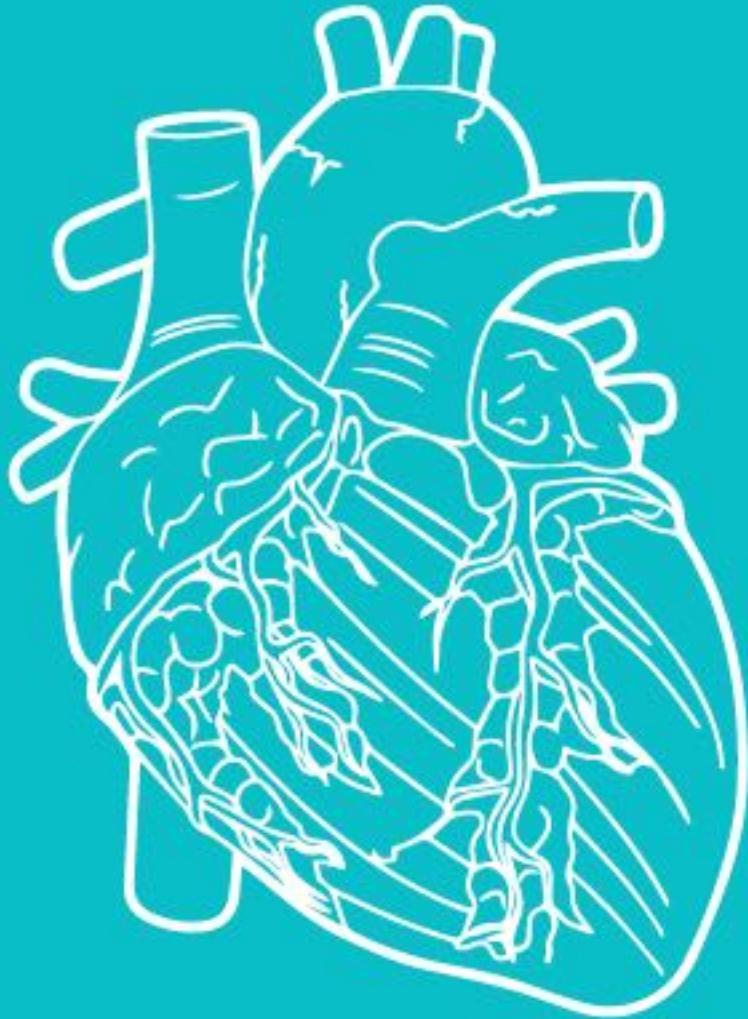
Background: Dog ownership is associated with increased physical activity levels and increased social support, both of which could improve the outcome after a major cardiovascular event. Dog ownership may be particularly important in single-occupancy households where ownership provides substitutive companionship and motivation for physical activity.

Methods and Results: We used the Swedish National Patient Register to identify all patients aged 40 to 85 presenting with an acute myocardial infarction (n=181 696; 5.7% dog ownership) or ischemic stroke (n=154 617; 4.8% dog ownership) between January 1, 2001 and December 31, 2012. Individual information was linked across registers for cause of death, sociodemographic, and dog ownership data. We evaluated all-cause mortality and risk of recurrent hospitalization for the same cause until December 31, 2012. Models were adjusted for socioeconomic, health, and demographic factors at study inclusion such as age, marital status, the presence of children in the home, area of residence, and income, as well as all registered comorbidities and hospitalization for cardiovascular disease in the past 5 years. Dog owners had a lower risk of death after hospitalization for acute myocardial infarction during the full follow-up period of 804 137 person-years, with an adjusted hazard ratio (HR) of 0.67 (95% CI, 0.61 to 0.75) for those who lived alone, and HR of 0.85 (95% CI, 0.80 to 0.90) for those living with a partner or a child. Similarly, after an ischemic stroke, dog owners were at lower risk of death during the full follow-up of 638 219 person-years adjusted HR of 0.73 (95% CI, 0.66 to 0.80) for those who lived alone and HR of 0.88 (95% CI, 0.83 to 0.93) for those living with a partner or a child. We further found an association of dog ownership with reduced risk of hospitalization for recurrent myocardial infarction (HR, 0.93; 95% CI, 0.87 to 0.99).

Conclusions: We found evidence of an association of dog ownership with a better outcome after a major cardiovascular event. Although our models are adjusted for many potential confounders, there are also unmeasured confounders such as smoking that prevent us from drawing conclusions regarding a possible causal effect.



Conclusions: We found evidence of an association of dog ownership with a better outcome after a major cardiovascular event. Although our models are adjusted for many potential confounders, there are also unmeasured confounders such as smoking that prevent us from drawing conclusions regarding a possible causal effect.



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Vielen Dank für Ihre
Aufmerksamkeit!

PD Dr. med. Florian Helms, PhD

