

## **Script – Broadcast – Caught just in time**

### **INTRO**

When Linda Norcross started experiencing back pain last August, she never imagined it could be a serious problem.

That is, until she paid a visit to an urgent care where she had an X-ray that revealed some startling news.

The 59-year-old Norcross learned that she had suffered an abdominal aorta aneurysm.

An abdominal aortic aneurysm is a condition that happens when part of the aorta becomes enlarged. Typically, the abdominal aorta resembles a pipe, but when an aneurysm occurs it looks more like a balloon, and that's when it can rupture, which can turn deadly if not treated immediately.

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Common risk factors of an abdominal aortic aneurysm include being age 50 and older, being male and a family history of aneurysms. However, the greatest risk of all is smoking, which causes 75% of all cases.

While Norcross was experiencing back pain, that's not always a telltale sign of a problem. But she had smoked for 47 years.

Dr. Samantha Cox is a vascular surgeon with OSF HealthCare who treated Norcross. She says it's not easy to tell when someone is experiencing an abdominal aortic aneurysm.

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"Unfortunately, a lot of times there are no symptoms, which is one of the problems with abdominal aortic aneurysms. Most patients have no symptoms at all until they're in trouble. And when those patients get into trouble, it can be catastrophic. So, we really advocate for screening programs because there are truly no symptoms in large part." (:21)

### **TAG**

According to Dr. Cox, women haven't been historically screened or monitored as closely as men and that's another problem. For example, the [U.S. Preventive Services Task Force guidelines](#) only recommend screening for men over 65 who have ever smoked. But women do get aneurysms, as well. [The Society of Vascular Surgery guidelines](#) include women in its screening programs, because women often have worse outcomes. They often rupture at a smaller size, and they often have a higher risk of dying associated with their aneurysm, adds Dr. Cox.

Norcross went to OSF HealthCare Saint Anthony Medical Center in Rockford, Illinois. Her aneurysm measured six centimeters in size, or about two inches in diameter, which surpassed the threshold of five centimeters – the size when it is recommend being repaired in women.

Dr. Cox performed a minimally invasive procedure using an endograft through Norcross's groin without making an abdominal incision. The endovascular stent graft is placed inside of the abdominal aorta to help protect the aneurysm from rupturing.

The surgery was a success and Norcross was able to leave the hospital the next day.

These days, Norcross is feeling good and grateful for the care she received. She's feeling less fatigued, is treating her high blood pressure, and made some lifestyle changes including walking more and drinking less caffeine. The biggest change: she gave up smoking after 47 years. She still has follow-up appointments with Dr. Cox.

Dr. Cox says the bottom line when it comes to treating abdominal aortic aneurysms is making a diagnosis before it's too late. And that's where screening comes in. She encourages men and women, 65 and older with a smoking history, to get screened. It can be done in an office setting and takes less than one hour to complete.

Norcross says she's feeling especially grateful this Christmas season that her aneurysm was caught in time.