

## Script – Print – Caught just in time

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.

"I would say perhaps an hour later, I received a phone call, saying that I needed to go to the nearest emergency room because they detected or what they thought they saw was an aneurysm in my abdominal area," says Norcross, who lives in Loves Park, Illinois. "So went to the emergency room and, yes, indeed I did."

The 59-year-old Norcross was in shock.

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, according to Samantha Cox, DO, a vascular surgeon with OSF HealthCare.

"When we see a patient that has what we call an abdominal aortic aneurysm, it would be an enlargement of that vessel to a certain size, where we would be concerned about the anatomy and how it may affect that person," says Dr. Cox.

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.

"Unfortunately, a lot of times there are no symptoms, which is one of the problems with abdominal aortic aneurysms," says Dr. Cox. "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."

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. She was referred to Dr. Cox, who, as a vascular surgeon, is well versed in treating abdominal aortic aneurysms. Norcross's 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.

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

"It can be fixed when you know about it, but once it gets past that point, which mine was well on its way," says Norcross. "So, if I had not hurt my back. Most times it's found accidentally, by looking for something else or at something else. So that's how mine was discovered, accidentally."

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.

"We see here a great outcome that maybe if years had passed and the aneurysm had progressed, our outcome would have been a different story," she says. "I'm glad we're here to tell this one today. It was a very good story. And a patient who's become a champion for recognizing aneurysms, and I'm very proud of her for that."

For more information, visit [OSF HealthCare](#).