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Patient Gains Chance at a New Life



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Patient Gains a Chance at a

New Life

Last year, Phyllis Mills had an MRI after suffering a fracture in her back. That test very likely saved her life. Images showed that Phyllis, 57, had an abdominal aortic aneurysm, a weak and enlarged area in the lower part of the aorta — the major blood vessel that supplies blood to the body. Abdominal aortic aneurysms often grow undetected because they typically produce no symptoms. But these aneurysms can be fatal if they rupture.

"Pressure gradually builds inside an aneurysm, expanding part of the aorta like a balloon. If the aneurysm bursts, it can cause internal bleeding," explains M. Usman Nasir Khan, M.D., vascular surgeon at Jersey Shore University Medical Center and part of **Meridian CardioVascular Network**. "About 80 percent of people with a ruptured aortic aneurysm die before they can call 911. Of those who are rushed to the Emergency Department, the majority don't make it to surgery. The key is to repair the aneurysm before it can rupture."

A Fast-Growing Aneurysm

At the time of diagnosis, Phyllis' aneurysm was 4 cm. Typically, aneurysm repair is not recommended until about 5 cm. Before that time, surgery is considered a greater risk than rupture. Although abdominal aneurysms are usually slow-growing, imaging tests taken just six months after her initial diagnosis showed that Phyllis' aneurysm had grown to a dangerous 6.5 cm. The test also showed that she had significant heart blockage and needed triple bypass surgery.

"I was shocked and scared at how quickly the aneurysm grew. But I had to focus on my heart first," Phyllis says. "As soon as I had bypass surgery, my heart surgeon referred me to Dr. Nasir Khan for aneurysm repair." Phyllis met with Dr. Nasir Khan, who performed a special CT scan to examine her blood vessels. He determined she was a candidate for percutaneous aneurysm repair — a unique procedure that is performed entirely through two small needle holes.

Rare Percutaneous Repair

Dr. Nasir Khan is one of the only surgeons in the area to offer percutaneous abdominal aortic aneurysm repair. And Phyllis was among the first in the region to undergo the cutting-edge procedure.

"Traditional abdominal aortic aneurysm surgery is performed with open surgery, accessing the aneurysm by making a large incision in the belly. And most minimally invasive procedures require at least one small incision near the groin," explains Dr. Nasir Khan. "However, percutaneous aneurysm repair requires no incisions at all."

Just three weeks after Phyllis underwent triple bypass surgery, Dr. Nasir Khan repaired her aneurysm at Jersey Shore using the specialized approach.

"Before the procedure, Dr. Nasir Khan sat down with me and explained everything about it. He didn't rush. He didn't talk above me," recalls Phyllis. "He took his time and made me feel comfortable. I trusted him."

To repair the aneurysm, Dr. Nasir

Experience Matters

Experience is one way to measure quality. In 2012, the team at Jersey Shore University Medical Center performed the most diagnostic caths in New Jersey. They also completed the second most interventional PCI procedures and the third most cardiac surgeries. Go to **JerseyShoreUniversityMedicalCenter.com** to learn more about our heart and cardiovascular surgery programs.



M. Usman Nasir Khan, M.D. Board certified in Vascular Surgery Neptune • 732-212-6598

Khan worked through needles inserted in the groin, guiding special instruments through the blood vessels to the area of Phyllis' aneurysm. Dr. Nasir Khan then built a stent graft from inside the aorta — a flattened tube made from metal and wire material. He then opened the stent graft, creating new vessel walls for the blood to flow through. This allowed the blood to bypass the weakened area of the aorta, relieving pressure in the aneurysm and reducing the risk for rupture.

"Percutaneous is a fairly rare approach to abdominal aortic aneurysm repair because it takes extensive training and skill to perform," Dr. Nasir Khan says. "However, it can benefit patients over other minimally invasive options because there is less risk for pain and infection."

A New Beginning

Just 24 hours after Phyllis went for her aneurysm repair she was back at home and feeling fine. And after a period of time to recover from heart surgery, she is back to her physically demanding job setting up lighting displays.

"I know that my aneurysm could have burst at any moment. If it weren't for Dr. Nasir Khan, I might not be here today," Phyllis says. "Thanks to excellent medical care, I have a new life."



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