

HEALTH CARE

By Michael Merwick

Avoiding a Silent Killer

It's time to develop a game plan to defend against an all-too-common condition: the aneurysm.

INSTANTLY I awoke at 11 a.m., in no particular pain, and began to ponder my whereabouts. Probably not hell, but certainly not heaven.

A nurse at the post-anesthetic care unit at the Swedish Medical Center/Providence Campus informed me that I had just come through four hours of surgery to repair an abdominal aortic aneurysm, a bulging weak spot in the major artery in my abdomen.

A diagnostic magnetic resonance imaging (MRI) had revealed my aneurysm six months earlier. These balloon-like lesions almost never produce symptoms until they grow to such a size that they

burst. It is very possible that, in view of its size, had my aneurysm not been discovered and repaired, I would now be dead.

VASCULAR TIME BOMBS

Aneurysms are a “sneak attack” that can occur throughout the entire vascular system of the body. In most cases they cause no symptoms, and few people survive a rupture. Fortunately, the success rate for the treatment of aneurysm disease is high when the abnormality is discovered

before rupture; thus, early detection is critical to survival.

During my tenure as a BlueShield CEO, I'd become all-too familiar with aneurysms, these often unseen and potential killers that lurk among the readers of this magazine, as well as their friends, families and employees.

My first encounter with the condition was in 1975, when BlueShield CEOs were called to a one-day meeting at the Dallas-Fort Worth Airport. Upon arrival at my hotel, I found my good friend Joe Veltman, CEO of Hawaii BlueShield, obviously in pain and complaining of a bad back. I rushed him to the nearest hospital emergency room, where Joe, only about 55, died within a few hours despite every attempt to repair his ruptured abdominal aortic aneurysm.

Recently, my 60-year-old dentist received a stented graft, then resumed work in two weeks. Last year, another friend, who is 80, underwent open graft surgery, then proceeded on an elk-hunting trip atop a mountain near Omak after only six weeks of recovery.

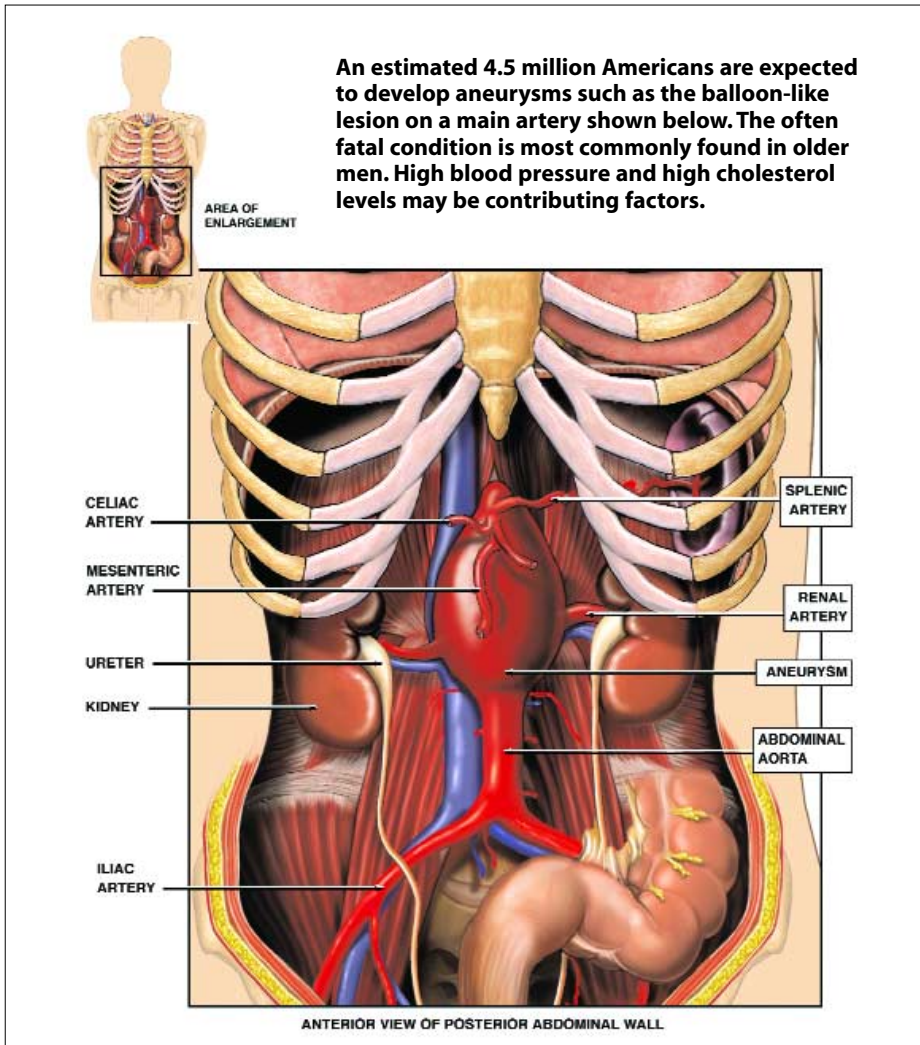
Currently, a close personal friend, a schoolmate and Marine Corps buddy of 60 years, is considering, with his physician, what treatment best serves the repair of his newly discovered aneurysm. Each case is unique, as is the victim, and each demands special evaluation.

REPAIR WORK

Each of these silent killers, including my own, was discovered inadvertently. Does that mean you should rush to the nearest radiologist, hospital, outpatient laboratory or personal physician seeking scans for aneurysm? Probably not.

However, learning more about the disease and discussing the matter with your doctor could be helpful or even life-saving. Plenty of information is available on the Internet.

Many factors, including the size of the aneurysm, patient health, professional advice, appropriate facilities and patient



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knowledge, help determine how and when the aneurysm should be repaired.

Until recently, repair was limited to replacing the ballooned vessel with an artificial graft via an abdominal incision. Today's technology provides the alternative use of a stented graft inserted via a

catheter through an artery in the leg, thrust upward to the location of the aneurysm and deployed there.

Approximately 30 percent of stented grafts require subsequent procedures and should be checked on a regular basis in order to detect movement or need for

adjustment. This compares to almost no post-surgical complications regarding grafts placed by means of open surgery.

Confidence in one's physician is important to treatment.

Following a successful battle with cancer, Dianne Tice, of Seattle's Pacific Institute, coauthored a book with her husband, Lou, titled *Smart Talk*, in which they talk about the physician-patient relationship. They write: "Co-responsibility is required: giving up accountability leads to anxiety and loss of control. Allowing someone else to control your destiny prevents you from setting goals, thus losing energy, drive and the motivation to win."

The Tices are right on. Dr. Kaj Johansen, my vascular surgeon, encourages coresponsibility and provided exactly the right information to help me make the correct decisions.

MILLIONS AT RISK

Aneurysms need to be understood by those at risk. And that is quite a few of us. According to medical experts, an estimated 1.5 percent of the U.S. population, or 4.5 million people, will develop an aneurysm.


But some are at greater risk than others. Men are at a higher risk than women. Other risk factors include genetic background, smoking and age. The older one is, the greater the risk. Hypertension (high blood pressure) and/or high cholesterol levels may also be factors. These conditions build up plaque and cause extra pressure on the arteries. Statistics suggest that about one-third of those with undiagnosed aneurysms will die from rupture and two-thirds will die of other diseases.

Because aneurysms are silent but relatively common, preventive screening is a must. Such services can be obtained from various sources. One such source is Health-Scan, located in Bellevue, which offers a freestanding, full-body computerized axial tomography scan (CAT scan), that includes imaging of the head, chest, lungs and abdomen/pelvis. The scan can be used to identify aneurysms, heart disease, cancer, lung disease, osteoporosis and colon disease.

But such screenings don't come cheap. The charges range from \$450 for partial



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Should an individual in a high-risk category seek a CAT scan or ultrasound, even if the payment would be out of pocket? From my experience, the answer is “absolutely.”

body scans to \$1,175 for full-body scans.

Although CAT, ultrasound and other scanning services are available at many hospitals, such as the Heart Scan program at Swedish Hospital, such programs usually require physician referral.

Some physicians believe that the simpler and less expensive ultrasound scanning provides adequate screening for aneurysm detection. An ultrasound scan costs about a quarter of the price for a CAT scan. It is estimated that a portable ultrasound service taken to high-risk groups such as senior citizens would cost about \$175 per person.

The benefits of prescreening remain somewhat controversial. Insurance companies and Medicare shun the payment of aneurysm screening services. This, despite the fact that early detection would avoid a good portion of the stratospheric costs of acute and emergent services for a ruptured aneurysm

and the prolonged hospitalization and critical-care expenditures that follow.

While such an issue requires much more discussion than can be provided here, one still has to wonder about the cost effectiveness of screening as compared to the total cost of medical, surgical and hospital services needed for treatment. Actual charges in my case approached \$100,000.

WORTH THE COST

So, should an individual in a high-risk category seek a CAT scan or ultrasound, even if the payment would be out of pocket? From my experience, the answer is “absolutely.”

And what about individuals who are not high-risk candidates? I would advise them to consider their resources. Knowing what I know now, I advocate Dianne Tice’s logic: educate yourself about the disease, talk seriously to a physician and

develop a plan of action in order to avoid surprises.

Thinking proactively, I would employ the same logic concerning the understanding and control of blood pressure and cholesterol, two other deadly “sneak attacks” around which one can build a solid defensive game plan. Complacency can be fatal.

Don’t confuse lack of illness with wellness. You may feel fine, but do take the precaution of having regular checkups and controlling blood pressure, cholesterol, diet and exercise. Discover and read about medical issues with which you are personally concerned. It will be to your advantage in the long run and help keep you safe from a sneak attack.

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