

Surviving acute aortic dissection: one nurse's mission to guide and support patients on their daunting journey

As the specialist nursing roles within the cardiac sphere become increasingly diverse, Emma Hope provides some insight into the role of an aortic specialist nurse and the patient journey with acute aortic dissection.

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Since 2010, I have been involved in the care of many patients undergoing major elective aortic surgery, supporting them pre and postoperatively. Working purely with elective patients, I became aware that another patient group's needs were being neglected. I felt sure that patients who had undergone emergency dissection surgery must have a whole host of unaddressed physical and psychological issues. After several years, it was agreed that I could also take on the care of patients with aortic dissection and, as such, was given the title 'aortic specialist nurse'. I am not an advanced nurse practitioner, but I am a non-medical prescriber. I have a physical assessment course at Master's level and I bring a wealth of experience gained over almost 39 years of nursing.

Acute aortic dissection

Acute type A aortic dissection is a potentially fatal condition. More people die in the UK each year from aortic dissection than are killed in road traffic accidents (Heart Research UK, 2021). Around 4000 people are affected each year; but sadly, only just over one-third of those make it to hospital for lifesaving surgery (Heart Research UK, 2021). Owing to increased awareness of the condition through the tireless work of Aortic Dissection Awareness UK and Ireland (ADUKI) and the Think Aorta campaign, there has been an increase in the number of people diagnosed with acute aortic dissection and, subsequently, receiving lifesaving surgery. However, increased rates of successful surgery does mean that this group of patients, who often have complex physical and psychological needs, is growing.

A need for support

I was granted access to an aortic dissection 'Buddies' Facebook support group. It is an incredible group and has been a great source of information for both me and my patients. Commonly repeated themes in the threads posted include patients being discharged with little or no explanation about aortic dissection or its implications for their future. They had limited follow up and were frequently psychologically traumatised. When seeking advice and support, they had no idea where to go.

I aim to see all patients postoperatively in hospital, providing them with information about what aortic dissection is, why it may have occurred, their surgery and what to expect after discharge. Patients receive my contact details, as well as links to ADUKI and the Facebook Buddies group, and they go home knowing that I am contactable if they have any problems. Then, 3–4 days post discharge, I phone to check on their progress and to discuss any problems.

Nurse-led support

In my nurse-led clinic, I see patients who have experienced aortic dissection and their partners both in the early recovery stages for their first postoperative check up and, in some cases, several years after the event. Many patients under long-term surveillance have requested

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to see me specifically. They received little or no information at the time of their dissection and so we go right back to the beginning and talk through their journey. These patients have often been living in fear since their dissection because of a lack of information and support. The clinic is relaxed and, importantly, provides patients with the opportunity and time to talk about things that they would not necessarily discuss with a doctor.

Information is very much tailored to individual needs; however, we always discuss the importance of blood pressure control and related medications, as well as exercise, healthy lifestyles and an emphasis on what they can do (rather than on what they cannot).

We frequently discuss the psychological impact of aortic dissection on both patients and their families. As an experienced nurse, I feel comfortable discussing such issues. However, the psychological impact on patients can be quite profound, so I feel that it would be beneficial for me to gain a counselling qualification. Patients who have experienced aortic dissection remain under lifelong surveillance, which I coordinate. As a result, I get to know my patients very well and they get to know and hopefully trust me too.

Having an aortic specialist nurse can definitely help patients and their families to feel less anxious about what the future holds, and enable them to move forward in their often difficult and daunting journey. We see them while they are still in hospital, provide relevant and useful information, follow them up after discharge, and are available for support and advice when needed.

For me, after almost 39 years nursing, I have found my dream job!

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References

Heart Research UK. Impact report: raising awareness of aortic dissection. 2021. <https://heartresearch.org.uk/wp-content/uploads/2021/08/THINK-AORTA-Impact-Report.pdf> (accessed 16 March 2022)