

### **Information re: CT scans via TLHC / Aortic referrals**

Patients who have a finding of aortic dilatation on low dose CT scanning through TLHC follow the guidelines below.

Where referral to Sheffield Aortic MDT / rpt CT / echo is indicated, all these requests are managed by the TLHC team. Patients should therefore not need GP referral, unless of course there is a new clinical concern etc.

#### **1<sup>st</sup> scan**

- If ascending aorta (AscA) >4.5cm refer on to aortic MDT. If referral needed the local TLHC MDT should also order an echo as part of this.
- If AscA 4.0cm to 4.5cm, not for referral, but a rpt CT should be performed in 2 years.
- AscA <4.0cm do not require any routine f/u.

#### **2<sup>nd</sup> scan**

- As above, if AscA >4.5cm – TLHC refer with echo
- If AscA 4.0cm – 4.5cm **but** with an increase in size compared to the first scan, for referral to aortic MDT with echo.

### **General information about Aortic MDT referrals**

The Aortic MDT (Cardiothoracic Surgery) accepts referrals relating to aneurysms / issues with the thoracic aorta. Issues with the abdominal aorta should be directed to Vascular Surgery. Issues with the aortic valve should be directed more generally to the Cardiothoracic surgeons.

If a patient is referred to the Aortic MDT directly, they will require both:

- An echo
- A CTA or an MRA

Historically we have asked GPs to arrange these investigations, but I understand from feedback that the access to requesting these in primary care is limited (e.g. can only request echoes for new murmurs etc) + also as it's an investigation required by + to be interpreted by secondary care, this work is being passed back to us. Please in your referral just specify what the patient has had so far; for example, it would be useful to know if they've had an echo recently at a DGH.

If the scans are done outside of STH, we would appreciate you sending the reports / requesting that the images be transferred if possible.

Patients that are accepted by the Aortic Consultants are then listed for MDT discussion – please note that the current wait times for routine discussion are approx. 18 to 20 weeks, and it can take several weeks for the referral to be processed.

If you have any further (non-clinical) questions, please email the Aortic MDT Co-ordinator at [sth.aorticteam@nhs.net](mailto:sth.aorticteam@nhs.net). Otherwise referrals should go via ERS.