

## Acute Aortic Dissection Pathway Toolkit

The Acute Aortic Dissection Pathway Toolkit has been published by the NHS.

[Aortic Dissection Toolkit](#)

[Acute Aortic Dissection Interactive](#)

[AAD Self-Assessment Questionnaire](#)

There is published unwarranted variation in the UK in the provision of treatment of conditions of the thoracic aorta. The aim of the toolkit is to help regions work collaboratively across organisations to ensure we provide equity of access to excellent specialist services and improve outcomes for patients.

There are examples in the toolkit of teams that have redeveloped pathways and have seen their operative mortality halve and length of stay reduce for acute type A aortic dissection.

The documents set out seven important principles that are at the helm of the toolkit. We would like all regions to develop a sustainable model for their area that works for their geography and workforce, hence the document is not prescriptive. The principles remain important and should underpin any proposed changes within your region. The principles aim to improve outcomes for patients by harnessing regional skill mix to benefit the maximum number of patients, improving governance, encouraging regular MDT working and educating doctors and paramedics and equip them to diagnose acute aortic emergencies rapidly and consistently.

Two national patient charities, the Aortic Dissection Charitable Trust and Aortic Dissection Awareness UK and Ireland, are heavily invested into improving management of acute aortic emergencies and they have offered support in helping regions develop their services in line with the principles stated in the toolkit. They are very supportive of this move from the NHS, and if anything, would probably like this to be extended to rationalizing and improving the provision of elective services for aortic conditions in the future.

The Vascular Society is fully supportive of this toolkit and would strongly encourage you to study the document and start engaging with regional partners. It is time to move towards breaking down traditional artificial boundaries and start looking beyond individual unit interests, keeping in mind the sole objective of improving clinical outcomes for patients who suffer from these acute life-threatening conditions.

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