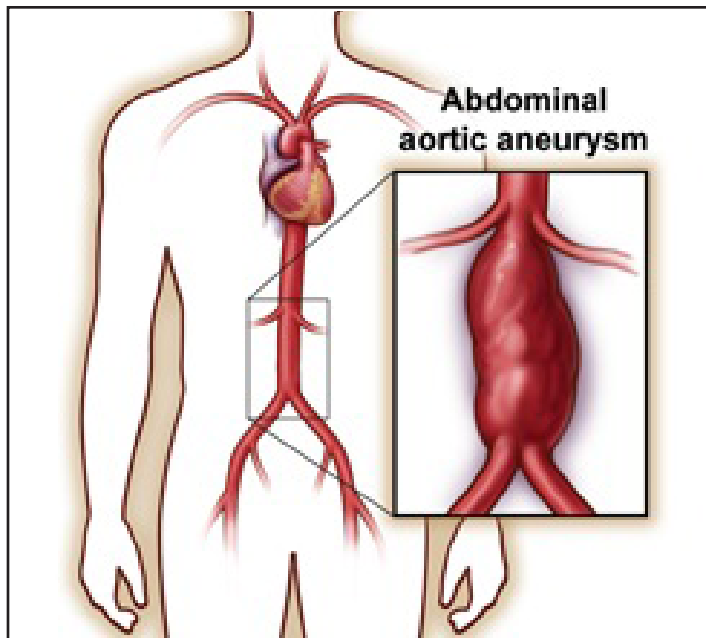


A Referral Guide for Your Patients with **Abdominal Aortic Aneurysm**



Condition

Every year, 200,000 people in the U.S. are diagnosed with an abdominal aortic aneurysm (AAA), a dilation of the main artery within the abdomen.

A ruptured AAA is the 15th leading cause of death in the country (~4,500 cases/yr) and the 10th leading cause of death in men older than 55. AAAs occur in up to 13 percent of men and 6 percent of women over the age of 65.

Because the mortality associated with elective aneurysm repair is drastically lower than following repair of a ruptured AAA, the emphasis must be on early detection and repair prior to the occurrence of rupture.

Death from AAA is preventable with early detection and appropriate, timely treatment.

When to Refer

The Society for Vascular Surgery (SVS) has created disease-specific guidelines to assist in the care of patients, at risk of, or with the diagnosis of AAA. Screening for AAA in specific patient populations has been shown to improve disease mortality and can be done without any patient risk using duplex ultrasound. The SVS recommends one-time screening for all patients ≥ 65 yo with any history of tobacco use as well as first degree relatives of AAA patients regardless of tobacco history. Any dilation of the aorta > 1.5 times its reference diameter is considered an aneurysm.

We recommend referral to a vascular surgeon at time of diagnosis of any AAA. Specific features that may prompt repair include: sacular morphology, size > 5 cm in females, size > 5.5 cm in males, or any symptoms such as back or abdominal pain or emboli to lower extremities that could be attributed to the AAA.

Why Refer to a Vascular Surgeon

Vascular surgery is the only discipline among the American Board of Medical Specialties which has specific training requirements to study the natural history, medical treatment, minimally invasive repair and traditional surgical repair options for your patients. A vascular surgeon can be your partner to help you and your patients get the most comprehensive management of their vascular disorder as well as the treatment that is best for them. Early referral and collaboration with a vascular surgeon can lead to better outcomes for each patient.

AAA Clinical Practice Guidelines*

Screening of appropriate populations at increased risk for AAA is recommended; ultrasound is the preferred imaging tool:

- Men and women aged 65-75 years with a history of tobacco use or first degree relative with AAA
- Men and women >75 years old in good health with a history of tobacco use or first degree relative with AAA
- If initial ultrasound screening identified an aortic diameter 2.5-3.0 cm, rescreening after 10 years is advised

Referral to a vascular surgeon is recommended at the time of AAA diagnosis. The recommended surveillance intervals:

- AAA diameter 3.0-3.9 cm Every 3 years
- AAA diameter 4.0-4.9 cm Annually
- AAA diameter 5.0-5.4 cm Every 6 months

When and how to treat

- Symptomatic or saccular AAA
- Males at low or acceptable operative risk (based on VQI risk calculator) with fusiform AAA > 5.5 cm
- Females at low or acceptable risk (based on VQI risk calculator) with fusiform AAA > 5 cm
- Shared decision-making with patients and referring providers in choosing endovascular or surgical repair

*The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm: <https://doi.org/10.1016/j.jvs.2017.10.044>

For more Society for Vascular Surgery guidelines for Abdominal Aortic Aneurysm visit www.vsweb.org/aaa



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Surgery is only part of our storySM