PATIENT INFORMATION

CIRCULATION FOUNDATION
The Vascular Charity

Abdominal Aortic Aneurysm
General Information

Some words and technical terms are coloured green, and have further explanation in the glossary - which can be found here.

WHAT IS AN ABDOMINAL AORTIC ANEURYSM (AAA)

"Aneurysm" means a dilatation, or in other words a ballooning or bulge, affecting a blood vessel. The Aorta is the main artery that leaves the heart and delivers pressurised oxygen-rich blood to the various organs as it travels down through the body. Aneurysms can occur in most blood vessels in the body, but the Aorta is the most commonly-affected. When an aneurysm occurs in the segment of Aorta within the Abdomen (tummy), it is called an Abdominal Aortic Aneurysm (AAA).

What causes an AAA?

In general this is a degenerative, age-related disease, most commonly affecting people over 65 years of age. Men are about 6 times more commonly affected than Women. Risk factors for developing an AAA are typically the same as those for other cardiovascular conditions like heart attacks and strokes; 90 out of 100 patients with AAA have a history of smoking, with other factors including high blood pressure and cholesterol. Genetic factors can play a role, so there may be a family history of aortic aneurysm, particularly if they develop at a younger age.

How do I know I have an AAA, and why are they important?

AAAs generally do not cause any symptoms, and usually grow very slowly over time. The ultimate concern with an AAA is the risk of it rupturing or "bursting", if it grows to a large size. If an aortic aneurysm ruptures, this is fatal for most people, although a small proportion of people may survive with emergency life-saving surgery.

The NHS offers screening to men over the age of 65, so that they can be detected early and monitored, although most aneurysms are still picked up by chance during scanning for other reasons.

What happens when an AAA is found?

Once an Aortic aneurysm is identified, regular surveillance scans are usually advisable; the type of scan and frequency of scanning is determined by a number of factors such as location and size of the aneurysm, and overall fitness of the individual.

Do I need treatment for my AAA?

Small aneurysms can be safely observed, as the risk of rupture is negligible. AAAs slowly grow over time, at an average of around 2mm per year; some will grow slower, while others may grow more quickly. The increased risk of rupture in a large aneurysm means you may be advised to undergo surgery if your AAA exceeds 5.5cm in diameter, when the rupture risk is around 1 or 2 in 100 chance per year; this slowly rises as the aneurysm continues to grow, if left untreated.

WHAT ARE MY OPTIONS FOR TREATMENT?

Generally, the surgical treatments for AAA involve either an Open operation within the abdomen, or a "keyhole" XRay-based procedure called an endovascular aneurysm repair ("EVAR"). In some cases, the perceived risks of surgery may outweigh the risks of rupture, and so it might be recommended to wait until the aneurysm gets to a bigger size, perhaps optimising other health issues before reconsidering your options, or it may be best to leave it alone completely.

How is the treatment decided?

Every patient is unique, and decisions around your care will be influenced by a number of factors that you will get to discuss in detail with the team.

Surgical risks must be considered against the risk of an untreated aneurysm. This is always an individual decision based on location and complexity of the aneurysm as well as fitness for surgery. A Multi-Disciplinary Team (MDT) will use a range of tests to help guide the decision-making. This usually includes a CT scan, and checks of your heart and lungs such as with a Cardiopulmonary Exercise Test, and echocardiogram.

In making a decision on what approach is best for treating your AAA, you will have the opportunity to discuss the treatment options with your Vascular Surgeon and the wider team, and the specific implications for you personally.

Sometimes the "right" choice can be quite obvious, whereas in other circumstances the risks and decision-making between the different options may be very finely balanced.

It is important that you are fully informed about the treatment(s) you are considering. This will allow you to take an active role in the decisions for your care and in planning for your recovery.

WHAT CAN I DO TO HELP MYSELF?

- **Stop smoking**
  - If you are a smoker, the most important thing you can do to help yourself is to give up.
  - Smoking tobacco is the single biggest reason for developing aneurysms and also their continuing growth and rupture.
  - Stopping smoking before surgery will reduce the chances of complications.
  - This will help to protect all your arteries, making it less likely that you will suffer from heart attacks, strokes and problems with the circulation in your legs.
- **Take the medications you are prescribed** – this will often include Aspirin, cholesterol-lowering drugs such as statins, and blood pressure medications.
- **Increase your activity levels** – brisk walking, swimming or an exercise bike are all excellent.

CAN I DRIVE?

There are some specific rules around driving with an AAA from the DVLA.

Class 1 licence: (normal car and motorbike licence)
Before it is repaired, the DVLA should be advised if your aneurysm reaches 6cm in diameter. If your AAA reaches 6.5cm, you must stop driving until the AAA is successfully repaired. The DVLA may contact your surgical team for more information before allowing you to resume driving once more. You are allowed to continue to drive if you have had satisfactory surgical treatment.

Class 2 licence: (HGV/bus/coach drivers)
You must inform the DVLA of your AAA once it is diagnosed (at any size), and must stop driving if the AAA is 5.5cm or above. You can usually resume driving once it is successfully treated.

CAN I FLY?

There are no restrictions to flying as far as your aneurysm is concerned. It is no more likely to rupture in an airplane than on the ground.

It would be wise to declare your condition when you apply for travel insurance, or tell your current insurer. You may be charged an extra premium or they may exclude this condition from cover.

SOURCES OF MORE INFORMATION AND HELP

CF links to **Open**, **EVAR** and **Non-operative info**

Please click on the following for more information:

- NICE decision support tool
- Smoking
- Exercise
- Diet
- Alcohol

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