

Abdominal Aortic Aneurysm (AAA) Surveillance (1 of 3)

Please read this along with advice given to you by your doctor or nurse.

What is an Aneurysm?

An aneurysm is a weakening in an artery which causes the blood vessels to stretch and balloon. The larger the balloon becomes the more likely it is to burst. The most commonly affected site is the main blood vessel in your abdomen (tummy) - the abdominal aorta.

Who is at risk?

Aortic aneurysms are more common in men than women and tend to occur more frequently over the age of 65. They run in families. If you have 'hardening of the arteries' or high blood pressure you have an increased risk of developing an aneurysm.

How are Aortic Aneurysms detected?

Many aortic aneurysms are picked up by chance during tests for other problems. Or you may have been aware of pulsations in your tummy, which resulted in a visit to your GP for a check up. Occasionally some aneurysms can present as pain or backache as they enlarge.

What tests will I need?

An aortic aneurysm can be detected by a simple ultrasound scan. The test is similar to the scan that is undertaken on pregnant ladies to check their babies. It is a safe and painless examination and takes about 15 minutes to perform.

Will I need an operation?

If you are found to have an AAA you may need an operation but this will depend on the size of the aneurysm. In general smaller aneurysms are observed by repeat ultrasound scans and the larger ones repaired because they are more likely to burst.

How often will I need to be scanned?

If you have an aneurysm we will scan you yearly or three monthly depending on the size. At the end of the scan we will let you know when your next scan will be needed. The frequency of scanning is determined by guidelines based on research on aortic aneurysm surveillance. The idea is to operate on the aneurysm before the risk of bursting increases.

We will also check the arteries behind your knees as these can

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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Date written: June 2001
Review date: April 2021
Version: 2.3
Code: PI0173

occasionally have aneurysms as well.

If you have a strong family history of aortic aneurysm and we are screening you as a precaution, you will only need to attend once every five years to have your aorta assessed.

If you do not have an AAA at the age of 65 years it is unlikely you will ever develop one and you will not need further scans.

Who will get the results?

The Consultant Vascular Surgeon will be sent the results and will report the findings to your GP. Occasionally because the small size of the aneurysm or as a result of other more urgent medical conditions you may be removed from the surveillance programme. This will only be done by the Vascular Surgeon and with your full knowledge for the reasons behind this decision.

What will an operation involve?

The operation involves putting a new inner tube into the aorta. This graft is made from Dacron (a type of plastic) and will last for many years. It is a major operation which is likely to keep you in hospital for around 7-10 days. Should you reach a point in the surveillance programme at which you may need an operation, you will receive an outpatient appointment to see a Vascular Surgeon who will discuss the details with you. For some patients (depending on the appearance of the AAA and your general state of health) it is possible to fit this tube through an incision in your groin.

What happens if the Aneurysm bursts?

The surveillance programme has been set up to reduce the risk of this happening.

If the aneurysm bursts then an immediate emergency surgical repair is needed. It is therefore better to have the treatment before it gets to this stage as the risks of emergency surgery are much higher than planned surgery. This is why early diagnosis is important.

What can I do to stop an Aneurysm getting bigger?

AAA is associated with arterial disease in general, however research has still not determined the reason why certain aortic aneurysms grow and why others remain static for many years with no change.

It is, however, important to keep your scan appointments and to keep in good health in case you need an operation in the future and.

What can I do to help myself?

- make sure you eat a healthy, low fat diet.
- try to keep fit - exercise regularly
- do not smoke. The smoking Quit Line is 0800 169 0 169
- take your medicines as prescribed
- if you have high blood pressure and/or diabetes it is important to keep these under

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good control

- keep any follow up scan or outpatient appointments
- people with arterial disease should be taking Aspirin and a statin.

Further information

If you have any queries please speak to one of the doctors or nurses in the Vascular Assessment Unit or whoever gave you this leaflet.

You will find some more information about Aortic Aneurysms on the following websites:

<http://www.vascularsociety.org.uk>

<http://www.patient.co.uk>

<http://www.nhs.uk/>