

Abdominal Aortic Aneurysm (AAA)

General Information

Patient information Leaflet

January 2020

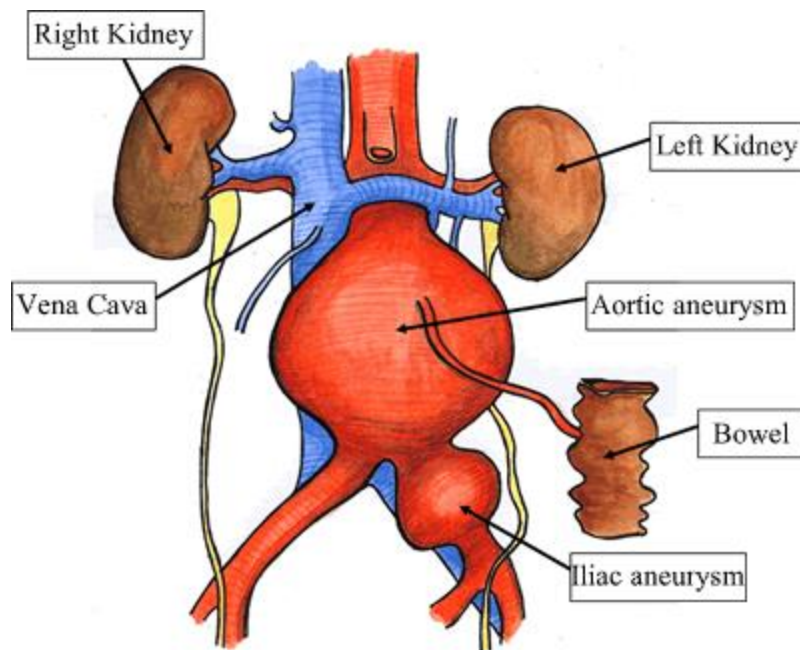
What Is the Aorta?

The aorta is the largest artery (blood vessel) in the body. It carries blood from the heart and descends through the chest and the abdomen (tummy). Many arteries come off the aorta to supply blood to all the parts of the body. At about the level of the pelvis the aorta divides into two iliac arteries, one going to each leg.

What is an Aneurysm?

An aneurysm occurs when the wall of an artery (blood vessel) is weakened and balloons out. In the aorta this ballooning makes the wall weaker and more likely to burst and if an aneurysm bursts it can be fatal.

Aneurysms can occur in any artery, but they most commonly occur in the section of the aorta that passes through the abdomen (tummy). These are known as abdominal aortic aneurysms (often abbreviated to AAA).



What Causes an Abdominal Aortic Aneurysm (AAA)?

The exact reason why an aneurysm forms in the aorta in most cases is not always clear. Aneurysms can affect people of any age and both sexes. However, they are more common in men, people with high blood pressure (hypertension), other arterial diseases (angina, hardening of the arteries), smokers and those over the age of 65.

In England and Wales, between 6,000 and 10,000 people each year suffer from rupture (bursting) of an abdominal aortic aneurysm. Most of these patients are men over the age of 65 years.

1 in 10 men over the age of 65 may have some enlargement of the abdominal aorta. About 1 in 100 will have a large aneurysm requiring surgery.

The walls of the aorta have layers of supporting tissue. Some of this tissue may become less with age. This may explain why aneurysms are common in older people.

Your genetic make up can play a part of developing a AAA. You have a much higher chance of having a AAA if one of your immediate relatives (mother, father, brother or sister) has or had one.

Risk factors that can also increase the chance of developing an aneurysm, include: smoking, high blood pressure, high cholesterol and obesity.

How are Aneurysms Found?

The majority of abdominal aortic aneurysms cause no symptoms and are discovered by chance. An aneurysm may be discovered when your doctor performs a routine examination and presses on your abdomen (tummy). An x-ray or scan performed for some other reason (i.e. prostate and kidney trouble or gallstones) may also pick up the presence of an aneurysm. Occasionally a patient may become aware of a feeling of pulsation in their abdomen. On rare occasions a lump can be visible, however this often has other causes (i.e. hernia). Pain in your back or abdomen can also occur as the aneurysm stretches. Sometimes this pain is investigated and that is when the aneurysm is first discovered.

If an aneurysm is suspected, your GP will refer you to a Vascular Surgeon for advice. Either your GP or specialist will arrange an ultrasound scan.

An ultrasound examination of the abdomen is a very good way of finding an aneurysm. This is a quick and painless procedure involving a lubricated probe pressing gently on the abdominal skin (over the aneurysm). These are the same sort of scans that pregnant ladies have to show pictures of their baby. The scan will tell you if there is an aneurysm present and exactly how large it is.

If you are referred to the Vascular consultants at Tameside you will be referred for an ultrasound scan in the Vascular Studies unit to measure the exact size of the aneurysm.

What are the Symptoms?

Aneurysms generally take many years to develop and it is rare for them to give symptoms during this time.

If you do develop symptoms you may experience one or more of the following:

- A pulsing feeling in your abdomen, similar to a heartbeat
- Pain in your abdomen or lower back

Do I Need an Operation to Treat my Aneurysm?

Not all aneurysms need an operation. If your aneurysm is small, measuring less than 5.5cms (about 2 inches) research has shown that it is safer not to operate as the risks of an operation are greater than the benefit.

If the aneurysm is large (greater than 5.5cm), it may be safer to have an operation to repair it than to leave it alone.

Most small aneurysms will not need treatment in the beginning, but need to be watched with regular scans.

Depending on the size of your aneurysm will depend on how often you attend for scans.

For example if the AAA is;

- greater than 3cm, = 12 monthly scanning advised
- greater than 4cm, = 6 monthly scanning advised
- greater than 5cm, = 3 monthly scanning advised
- greater than 5.5cm, = commence further investigations in preparation for possible surgery.

If the size of the aneurysm is greater than 5.5cm, you will be seen by the vascular surgeon, who may wish to operate to repair it. If your surgeon recommends an operation you will be given more information.

What Are The Benefits?

The benefits of having regular scans are that if the aneurysm continues to grow, scans done more frequently can identify the need for an operation.

Are There Any Risks Involved?

The risk of AAA's rupture is very low for smaller AAA's. For aneurysms measuring less than 5.5cm in diameter the risk of rupture is less than 1 in 100 per year. The growth rate for small aneurysms is only 1-4mm per year.

As aneurysms get larger than 5.5cms, the growth rate increases to 4-6 mm per year therefore the risk of rupture increases and it is usually at this size that the option of surgery is considered.

For any given size, rupture risk is increased in smokers, those with high blood pressure and those with a family history of an AAA. Losing weight, stopping smoking and maintaining good blood pressure control are all ways to help yourself.

If an aortic aneurysm ruptures, the chances of survival are often poor. Overall 2 in 10 will survive. Half the patients with aortic aneurysm rupture will die before they reach hospital.

Each individual's risk from their AAA and from surgery may be different so any decision on treatment will be carefully considered by your vascular team and always discussed in detail with you, and where appropriate your family.

What Are The Alternatives?

If the aneurysm is less than 5.5cm, then there is no alternative other than to scan the aorta 3, 6 or 12 monthly. There is no medication to reduce the size or stop the aneurysm growing.

If the aneurysm is greater than 5.5cm and it has been decided by yourself and the surgeon that an operation is the lesser risk, then the operation is necessary and the only alternative.

Aneurysms are treated by an operation on the tummy, where the aneurysm is reinforced with an artificial artery made of strong plastic material. This artificial artery should last for the rest of your life and is unlikely that you will need it to be replaced.

Some aneurysms are suitable for a newer, less invasive procedure where a stent is threaded up into the aortic aneurysm through a small incision in each groin. This is called endovascular stenting. Your surgeon will discuss both operations and your suitability for the two different types of treatment.

The consequences if the AAA gets bigger with no treatment (i.e not to operate on the aneurysm over 5.5cm) then there is a bigger risk of leak or rupture without warning.

Day To Day Living

There is no risk to your aneurysm with regards to your everyday exercise and activities of daily living. Gentle exercise such as walking, cycling and moving around will not cause damage to your aneurysm and may make you fitter and stronger if an operation becomes necessary. Exercise also helps to produce healthy cholesterol which in turn can protect your arteries from bad cholesterol.

If you are planning on travelling abroad seek advice from your GP with regards to any other medical conditions, and if necessary your vascular consultant. It is also important to inform your insurance company about your aneurysm.

If your aneurysm is small (less than 5.5cm) then you are allowed to continue driving. If your aneurysm reaches 6cm and over, despite treatment then the DVLA need to be notified. If unsure speak to your consultant, GP or DVLA.

Smoker: The most important thing to help yourself is to try and give up smoking. Stopping smoking will also help to protect all your arteries making it less likely to suffer heart attacks and strokes. Smoking cessation and support groups are available in the community. Your GP, vascular nurse or vascular consultant can advise on this.

High blood pressure: This is a known risk factor for rupture of aneurysms. Regular blood pressure checks at least every 6 months are important if you are known to have high blood pressure. Medication prescribed for high blood pressure should be taken as instructed.

Diabetes: Good control of your blood sugar levels is also important. Take any prescribed medication as instructed.

High blood cholesterol levels: Cholesterol is the fatty deposits in your blood circulation. To help maintain healthy levels of cholesterol you should try to eat a balanced diet and reduce any excess weight. A statin drug to help lower your cholesterol may be prescribed, along with a low dose aspirin to stop the blood being too sticky.

If There Is A Problem

If you experience sudden onset severe abdominal pain or back pain that is new and distinctly different from any pain you may have had before, you may be developing a leak from your AAA.

If this occurs attend the A&E department and inform them you have a abdominal aortic aneurysm.

Other Useful Contacts or Information

For advice and information you can contact the Vascular Studies Unit on 0161 922 6413.
Further information can be obtained from the vascular consultant secretaries on 0161 922 6529
The Patient / Health Information Centre on 0161 922 5332

Source of Good Practice

The Vascular Society website has been consulted to compile this information leaflet.
The DVLA website was also consulted for information used in this leaflet.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

Language, Interpretation and Patient Support Service (LIPS):

If you require an interpreter to assist your appointment, please ask an appropriate family member to contact our central booking office between **Monday to Friday 8am to 5pm** on **0161 922 6991** to arrange this for you. Further information can be found on the Trust public website <https://www.tamesidehospital.nhs.uk/patients/lips.htm>

語言翻譯及病者支持服務 (LIPS):

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 **0161 922 6991** 聯絡本中央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (*Language, Interpretation and Patient Support Service* LIPS):

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (*Central Booking Office*), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem **0161 922 6991**.

لیبنگوچ، انٹرنپریٹیشن اینڈپیشٹ سپورٹ سروس (لپس) (Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بکنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

Help us to help you

It is important that we keep your records up-to-date. If the information about you is incorrect, we may be unable to contact you should we need to inform you about any changes to your appointment. Therefore, if you change your GP/Dentist, address or telephone number, please contact us as soon as possible. Please provide a mobile number where possible as we operate an appointment reminder service via text message.

Document control information

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