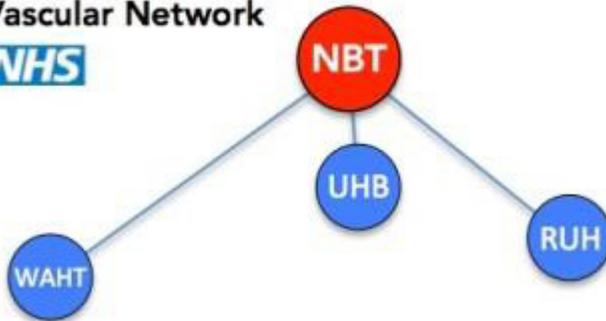


Abdominal Aortic Aneurysms (AAA) and Surveillance

Bristol Bath Weston
Vascular Network
NHS



Exceptional healthcare, personally delivered

Ask 3 Questions

Preparation for your Appointments

We want you to be active in your healthcare. By telling us what is important to you and asking questions you can help with this. The three questions below may be useful:

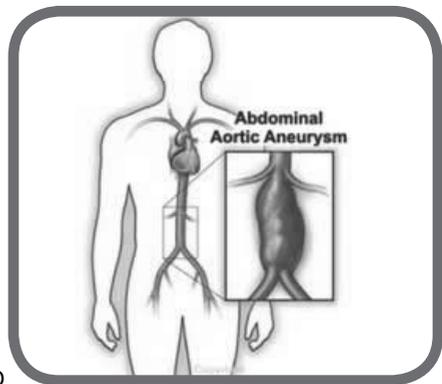


The team involved in your healthcare want to help you become as involved as possible in making decisions by giving you information about your options. In giving you answers to these questions and therefore understanding what's important to you, the specialist team will then be in the best position to help you make any choices about treatment.

You have been provided with this leaflet to give you information your abdominal aortic aneurysm (AAA). This leaflet tells you about small abdominal aortic aneurysms. We have provided details of other resources at the end of the leaflet to help you understand more about your condition.

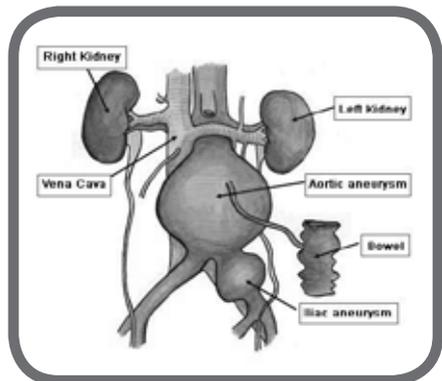
What is the aorta?

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. Many arteries come off the aorta to supply blood to all parts of the body. At about the level of the belly button the aorta divides into two iliac arteries, one going to each leg.



What is an aneurysm and an abdominal aortic aneurysm?

An aneurysm occurs when the wall of a blood vessel loses its elastic nature and starts to balloon out. In the aorta, this ballooning makes the wall weaker and at risk of bursting. Aneurysms can occur in any artery, but they most commonly occur in the section



of the aorta that passes through the abdomen. These are known as abdominal aortic aneurysms (AAA).

What causes an AAA?

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

The wall of the aorta normally has layers of supporting tissues. As people age, they may lose some of this tissue. This is thought to explain why aneurysms are more common in older people.

Your genetic make-up plays an important part as you have a much higher chance of developing an AAA if one of your immediate relatives (parent, brother or sister) has or had one.

Certain other 'risk factors' increase the chance of getting an aneurysm. These include: smoking, high blood pressure, high cholesterol, emphysema and obesity.

How are aneurysms discovered?

The majority of AAAs cause no symptoms and are discovered by chance. A routine examination by a doctor or an x-ray or scan performed for some other reason may pick up the presence of an aneurysm. Alternatively, some patients notice an abnormal pulsation in their abdomen. As the aneurysm stretches it can also cause pain in your back or abdomen.

In England and Wales screening for AAAs for men aged 65 years has now been introduced. This is performed using an ultrasound scan. The scan will tell you if there is an aneurysm present and exactly how large it is.

A more detailed CT scan is sometimes done. This may be done if your doctor needs to know more about the shape and extent of the aneurysm. **CT scans are also done by Vascular Specialists to help plan an operation.**

If an aneurysm is suspected on clinical examination, or found on ultrasound, your GP will refer you to a Vascular Specialist for advice.

What are the symptoms of an AAA?

Aneurysms generally take 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 if your aneurysm is small (less than 5.5cm).

The chance of rupture is very low for small AAAs. For aneurysms measuring less than 5.5cm in diameter the risk of rupture is less than 1 in 100 per year. We know that it is safer to watch aneurysms grow with regular scans rather than operate on patients with AAA which are small and have no symptoms.

Most small aneurysms will not need treatment in the beginning, but need to be watched with regular scans. If they enlarge then you may need to consider the pros and cons of having the aneurysm repaired as a planned operation.

The scan test is done with ultrasound to measure the size of your aneurysm. This is a quick and painless test and is similar to the scans done on pregnant women to show a picture of their baby. How often you will need to have a scan will depend on the size of your aneurysm. Whilst your AAA is small, you will be asked to come for a scan once or twice a year. If your AAA grows to greater than 5cm we will ask you to come for more frequent scans (every 3 months).

You will be told about the results of your scan. Occasionally you may be asked to attend the hospital clinic to be examined. If you have any worries or concerns about your aneurysm you can discuss them with your vascular surgeon or specialist nurse. If your aneurysm starts to produce symptoms, or rapidly increases in size (as measured by the scan), you will be seen by your vascular surgeon as you may then need to consider the benefits and risks of having a planned operation to repair it.

More information about the options for treating large or symptomatic AAA is available in the patient information leaflet "Treatment of Abdominal Aortic Aneurysms".

Why do I need to have my aneurysm checked regularly?

The larger your aneurysm becomes the more chance there is of it causing serious problems. Most abdominal aortic aneurysms occur in the lower end of the aorta. In this position they usually get bigger without causing any symptoms. The majority of aneurysms grow slowly at a rate of about 1-3mm (up to 1/8th inch) per year. However, larger aneurysms are more likely to grow quickly so this is why scans are done more frequently as the AAA enlarges. If an AAA gets bigger there is an increased risk that it may leak or rupture (burst) without any warning.

What is the chance of a small AAA rupturing?

The chance of rupture is very low for small AAAs. For aneurysms measuring less than 5.5cm in diameter the risk of rupture is less than 1 in 100 per year.

As aneurysms get larger than 5.5cm, the risk of rupture increases and it is usually at this size that the pros and cons of repairing the AAA as a planned procedure are considered. We

recommend you attend all your scan appointments to pick up any increase in size early on.

For any given size, the risk of the AAA rupturing is greater in:

- Patients who smoke
- Patients with high blood pressure
- Patients with chronic chest problems (COPD)
- Patients with a family history of AAA
- Women

Each person's risk of complications from their AAA and from surgery is different so any decision on treatment must be carefully considered by you and your vascular team.

Do I need to take things easy?

No.

There is no need to limit your everyday activity now that you have been told you have an aneurysm. Moving around, lifting and exercise will not affect your aneurysm or cause damage. Exercise is important to improve your health and make you fitter and stronger for an operation if you need one.

What can I do to help myself?

Stop smoking

If you are a smoker the single most important thing you can do to help yourself is to give up smoking. This is the best way of slowing the growth of the AAA.

Stopping smoking will also help to protect all of your arteries making it less likely that you will suffer from heart attacks or strokes. Giving up is not easy but there is a smoking cessation service and support groups that can help. Your vascular specialist nurse or GP practice nurse can advise you about these.

Get active

Gentle exercise such as walking and cycling are recommended to help to improve your overall level of fitness. Exercise helps your body to produce healthy cholesterol and this helps to protect your arteries against bad cholesterol. We know from research that patients who take regular exercise before AAA repair have fewer complications and get back to normal health quicker than those who are less active.

Control high blood pressure

High blood pressure is a known risk factor for rupture of aneurysms. It is very important that you have your blood pressure checked regularly, at least every 6 months. If you have been prescribed medication for high blood pressure you must make sure that you take it according to the instructions given.

Good blood sugar control

If you have diabetes it is important that your blood sugar levels are well controlled. People with well controlled diabetes are less likely to have complications around the time of operations.

Keep your “bad” cholesterol low

You should eat a healthy balanced diet and try to reduce any excess weight. It is important to reduce the level of cholesterol in your blood: you will be given advice on how to do this. Your vascular nurse can refer you to a dietician if needed.

Think about your tablets

You may be asked to consider taking some new tablets; in particular patients with diseases of their arteries can benefit from “antiplatelet” tablets (low-dose aspirin or newer drugs such as clopidogrel) and statin drugs (even if the cholesterol level is normal). **These medications are proven to reduce the risk of strokes and heart attacks.**

Recent studies have shown that if patients with AAA take anti-platelets, statins and have their blood pressure treated they live much longer after having their aneurysm treated.

Other important information

Driving with an AAA

Drivers of lorries or buses must tell the Driver and Vehicle Licensing Agency (DVLA) if you have an aortic aneurysm of any size. You will be suspended from driving once an aortic aneurysm reaches five and a half centimetres.

If you have a small AAA (<5.5cm) you can continue to drive a car and do not need to inform the DVLA.

The DVLA only requires written notification for car drivers once an aortic aneurysm reaches 6 cm. The DVLA only suspends drivers of cars with aortic aneurysms of 6.5 cm or greater.

You can be fined up to £1,000 if you don't tell DVLA about a medical condition that affects your driving. You may be prosecuted if you're involved in an accident as a result.

Once an aneurysm has been treated successfully, then your license will be reinstated.

What are the implications for air travel and travel insurance?

Aortic aneurysms are no more likely to rupture when flying. We are not aware of any airlines operating a standing rule refusing patients with this condition.

We are also unaware of any travel insurance policies that contain a specific exclusion for aortic aneurysms as part of their standard wording, however some companies have been known to query or decline cover insurance once notified of the finding of an aneurysm.

The Association of British Insurers (ABI) suggests that you should declare that you have an aneurysm during a travel insurance application process, or when the aneurysm has been diagnosed and you have an existing travel policy. You will not be asked the size of the aneurysm but will be asked about planned treatment.

What do I do if I get new symptoms?

If you experience sudden onset of new severe abdominal pain or back pain that is distinct from any back pain you may have had previously, you may be developing a leak from your AAA or at immediate risk of rupture.

If you experience any of these things please dial 999 for an ambulance and tell the ambulance control that you have an aortic aneurysm and need to go urgently to hospital.

Do not drive yourself to hospital.

Where can I find out more about this condition?

We recommend the following websites for more information about vascular surgery conditions and treatments:

The Circulation Foundation

www.circulationfoundation.org.uk

The Vascular Society of Great Britain & Ireland

www.vascularsociety.org.uk

Society for Vascular Surgery (USA)

<https://vascular.org/patient-resources>

National Institute for Clinical Excellence (NICE)

www.nice.org.uk

Abdominal Aortic Aneurysms

NHS Choices

<http://www.nhs.uk/conditions/abdominal-aortic-aneurysm-screening/Pages/Introduction.aspx>

AAA Screening Info

<http://www.aaascreening.info/>

Where can I find out more about my specialist?

North Bristol NHS Trust Website

www.nbt.nhs.uk/our-services/a-z-consultants

www.nbt.nhs.uk/our-services/a-z-services/vascular-surgery

Vascular Society of Great Britain & Ireland

www.vascularsociety.org.uk/patients/surgeons/default.aspx

Surgeon Outcomes

www.vsqip.org.uk/surgeon-outcomes/

**PATIENT
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www.nbt.nhs.uk/vascularsurgery

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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take part...
be involved...
in research



While in our care, you may be invited to take part in a research study.

To find out more visit:
www.nbt.nhs.uk/research



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