

## Vascular Surgery

# Abdominal Aortic Aneurysm (AAA)

This leaflet tells you about your condition known as an Abdominal Aortic Aneurysm. It explains about the condition and how you will be monitored.

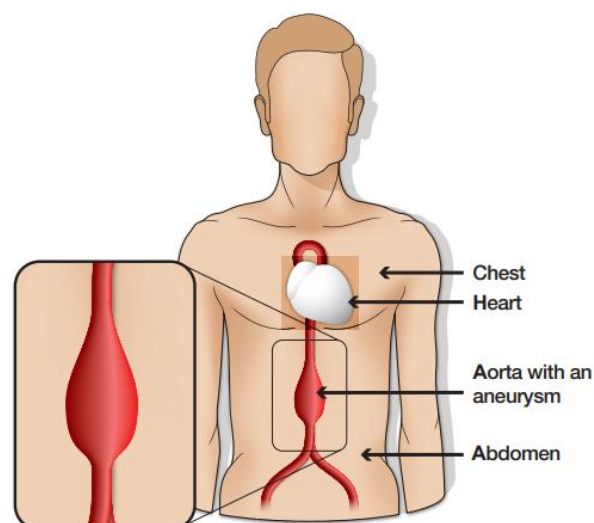
### What is the aorta?

The aorta is the major blood vessel (artery) that carries blood from the heart down through the chest and into the tummy area (abdomen). The aorta has many branches which take blood to major organs and parts of the body; dividing around the area of the belly button into the leg arteries. A normal aorta measures between 1.5cm and 2.5cm.

### What is an aneurysm?

An aneurysm is a ballooning or dilation of an artery, making the wall of the artery stretch or expand and weaken. Although aneurysms can happen in any artery, they are most common in the tummy area (abdomen) and so are called Abdominal Aortic Aneurysms (AAA).

An abdominal aneurysm is said to occur if the aorta in this section measures 3 cm or more in diameter.



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### **Why have I got this?**

The exact reason that AAA's form is unclear. Aneurysms develop and grow over many years without any symptoms.

Aneurysms can affect both men and women and generally occur around middle age however they are more common in men, people that smoke and people that have high blood pressure (hypertension). Other risk factors include high cholesterol and obesity.

People with a family history of AAA – that is a first degree relative with the condition are also more at risk as are those that suffer from a condition called Peripheral Vascular Disease.

### **How are they detected/discovered?**

Many aneurysms are discovered by chance through routine examination by a doctor or through an x-ray or a scan performed for another reason.

There is a national AAA screening programme for men in their 65th year or older, as men are six times more likely to have the condition.

Screening and surveillance of AAA is performed through ultrasound scan, which is a quick and painless outpatient scan.

If an aneurysm is found it can be a shock but when we know about it we can keep it checked regularly, until it requires surgery. How often you need to be checked depends on the size of your aneurysm and the practitioner caring for you will talk to you about this. .

### **What are the symptoms?**

It is rare to have symptoms of an aneurysm however sometimes people do have a pulsing feeling (like a heartbeat) that may be felt in their tummy area (abdomen).

If you have new symptoms such as very severe abdominal pain or back pain, different from to any previous back pain you have had, you may be developing a leak from your AAA. If you experience these symptoms please call 999 and advise them of your AAA. Do not drive to the hospital.

### **Why do I need my AAA checked?**

It is important to have your aneurysm checked regularly as they grow silently. The main concern is that the aneurysm grows to a size where it might rupture or burst. This is rare in small aneurysms (below 5.5cm). By

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keeping the growth of your aneurysm under surveillance you can be referred to a vascular surgeon to discuss treatment before the risk of rupture increases. Up until 5.5cm the risk of having an operation to fix the aneurysm is believed to be greater than the risk of the AAA itself.

Surveillance of your aneurysm will be carried out by vascular specialist nurses or vascular scientists or both. You will generally be referred to a vascular surgeon when your AAA measures 5.5cm to discuss possible surgery and will normally be sent for a CT scan and an exercise bike test (CPEX). You won't need to see a vascular surgeon before this unless you or the practitioner has specific concerns. Sometimes the surgeon may request that your aneurysm is monitored until it reaches 6cm in diameter.

### **Will I need treatment?**

You won't need an operation to treat your aneurysm if it is small (less than 5.5cm).

Any possible surgical treatment will be discussed with your surgeon and an agreement made with you as to the treatment plan – some people may not want to go through surgery or be fit for this. Further leaflets are available advising on possible surgical options.

Your nurse or doctor is likely to suggest that you start on antiplatelet medication (to stop the blood being sticky) and a statin (cholesterol lowering medication) if these are suitable for you to take. As an AAA is a disease of the vascular system, these medications will help reduce your risk of having heart attack and stroke.

### **How can I help myself?**

#### **Stop smoking**

Stopping smoking is the single most important thing you can do. This will help slow the growth of your aneurysm. It will also help to protect all your arteries making it less likely that you will suffer a heart attack or stroke.

Quitting smoking can be difficult but your vascular nurse, GP surgery and pharmacist can offer support.

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### Control high blood pressure



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It is important that you have your blood pressure checked at every six months. The vascular nurse will do this at your surveillance appointment. If you see the vascular scientist or have yearly surveillance appointments, it is important you get this done at your GP practice or monitor it at home.

If you are prescribed medication for high blood pressure you must take your medication as instructed.

Salt can raise your blood pressure – aim to eat less than 6 grams of salt daily – remember many foods have salt already added.

### Get active



Source: [classroomclipart.com](http://classroomclipart.com)

There is no need to limit your everyday activity!

Exercise such as walking or cycling are advised to help you improve your overall levels of fitness. Regular exercise can help you to lose weight, lower your blood and promote mental health. If you need surgery you are more likely to recover quickly if you have been active. To be worthwhile the activity should make you feel warm and slightly out of breath. Activities around the home such as gardening or walking up and downstairs are also beneficial.

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### **Diet**

Try to follow a healthy diet including fruit and vegetables, high fibre foods and foods low in saturated fat. Please ask your nurse or doctor for advice if you are unsure.

### **Manage your weight**

If you are overweight, healthy eating may help you lose excess pounds. Whilst this will not directly affect your aneurysm it will help lower blood pressure and improve your overall health. If you need surgery, losing weight can reduce the risk of any complications.

Make sure you only drink alcohol within the guidelines of 14 units per week – alcohol is high in calories and can cause you to put on weight..

### **Other important information**

#### **Driving with an AAA**

Current guidance can be found on the DVLA website and also at the UK government website here: <https://www.gov.uk/health-conditions-and-driving>

If you drive a car or motorbike and have an aneurysm of 6cm or above you must inform the DVLA. You must stop driving if your AAA is 6.5cm or above.

If you drive a bus, coach or lorry and have an AAA of any size you MUST inform the DVLA. You must not drive these vehicles if your AAA is 5.5cm or above.

It is recommended that you let your insurer know of your condition.

#### **Air travel and insurance**

You are safe to fly with a small AAA. If you are considering a holiday abroad however you should let your travel insurer know of your condition. It is unlikely that your AAA will cause you any problems but if you were taken into hospital whilst on holiday and had not declared your AAA this may affect your insurance.

If you are due to have surgery in the near future your surgeon may suggest you don't fly.

## Patient Information

### Finally :

Don't panic; the vascular nurse specialist will discuss this information with you at your appointment and is available for you to contact should you have any concerns.

### Contact numbers

Vascular Nurses: 024 7696 6914 / 024 7696 5569

Vascular Scientists: 024 7696 4000 ext 7058

We hope that you have found your treatment by the Vascular Services Team to your satisfaction. We welcome your comments, compliments and complaints concerning the care that you have received, in order to improve our service. This can be done by contacting the vascular nurses or PALS.

### More Useful Contacts

UHCW Patient advice and Liaison Service : 0800 0284203

NHS Smokefree: <https://www.nhs.uk/smokefree>

Stop Smoking Coventry: 0800 0511310

Benefit Enquiry Line: 0800 882200

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact a Vascular Nurse Specialist: Alison Kite on 024 7696 5569 or Suzanne Davies, Lauren wells or Zoe Noakes on 024 7696 6914 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

#### Document History

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