

ABDOMINAL ORTIC ANEURYSM (AAA) GUIDELINES

AAA is defined as a permanent pathological dilation of the abdominal aorta.

Risk factors for AAA are male sex and increasing age, smoking, hypertension, positive family history, diabetes mellitus, chronic obstructive pulmonary disease.

AAA national screening program is offered to all men when they reach 65 years old.

The threshold for diagnosis of AAA is an abdominal aortic diameter of ≥ 3.0 cm.

When an incidental AAA has been found (≥ 3 cms), the following to be documented:

1. Whether suprarenal, juxtapositioned or infrarenal.
2. Maximum AP diameter ITI in LS and TS in dilated section.
3. Document any CIA aneurysm (>1.9 cms in max diameter OTO)

Size (cm)	3-4.4cms	4.5-5.4cms	>5.5 cms	6-7cms	≥ 8 cms
Action	Document in report to GP. FU scan in 12 months- book by Korus office.	Document in report as significant finding, but not urgent. Inform office in Edit box. Recommend to GP 'Routine vascular surgical referral and FU scan in vascular lab 3/12	Report as 'significant and urgent' Inform office in Edit box. Recommend to GP, urgent vascular surgical referral.	Report as 'significant and urgent' Inform office in Edit box. Recommend to GP urgent vascular surgical referral. At >6cms patient to inform DVLA of diagnosis. At 6.5cms if patient has driven - will need to get a lift home if possible.	Report as 'significant and urgent' and contact GP same day. Inform office in Edit box. Patient to be referred ASAP to vascular surgeon If experiencing tenderness or back pain - phone ambulance for A&E.

ILIAC ARTERY ANEURYSM

Size	1.9 – 2.5cms	2.5 – 2.9cms	>3 cms	>3.5 cms
	Document in report. GP to refer to vascular surgeon. FU scan in vascular lab in 2 years.	Document in report. GP to refer to vascular surgeon for FU scan in vascular lab in 1 year	Report as significant finding but not urgent. GP to refer to Vascular surgeon for FU scans 6/12.	Report as 'significant and urgent' and contact GP same day to be referred ASAP to vascular surgeon.