

Vascular Department Patient Information

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Information

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail pals@dchft.nhs.uk

If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail patient.info@dchft.nhs.uk

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Abdominal Aortic Aneurysm

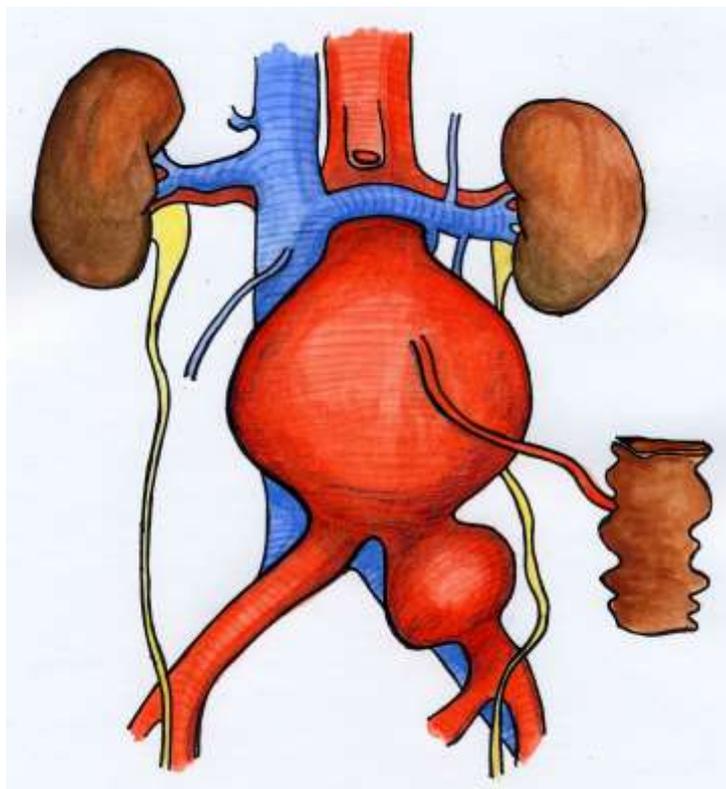
What you need to know about your condition...

What is the Aorta?

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

What is an Abdominal Aortic Aneurysm? (AAA)

An aneurysm occurs when the wall of a blood vessel weakens and balloons out, rather like a worn tyre. In the aorta this ballooning makes the wall weaker and more likely to burst. Aneurysms can occur in any artery, but 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 is not clear in most cases. Aneurysms can affect men or women of any age. 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 a role 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.

Other risk factors that increase the chance of getting an aneurysm include: smoking, high blood pressure, high cholesterol, emphysema and obesity.

It is estimated that about four in 100 men over the age of 65 will develop an abdominal aortic aneurysm, though not all will be of significant size, and about one in 100 will have a large aneurysm requiring surgery. They are about six times rarer in women.

How are aneurysms discovered?

The majorities of AAA s causes 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. In some cases, patients notice an abnormal pulse in their abdomen. As the aneurysm stretches it can also cause pain in your back or abdomen.

Do I need an operation to treat my aneurysm?

Research has shown that for people with AAA measuring less than 5.5cm (about 2 inches) it is safer not to operate as the risks of having an operation are greater than the benefit.

If an aneurysm measures 5.5cm or over, starts to produce symptoms, or rapidly increases in size, you will be referred to a vascular surgeon to discuss treatment options (You can also find more details of these procedures in our other leaflets).

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

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 can get bigger without causing any symptoms. Most aneurysms grow slowly at a rate of about 3mm (1/8 inch) per year. However, larger aneurysms are more likely to grow quickly so scans are done more frequently as the AAA enlarges (See chart below). If an AAA gets bigger there is an increased risk that it may leak or rupture (burst) without any warning.

Size of aorta	Risk of rupture/year
4cm or less	No real risk
4-5cm	1 in 100
5-6cm	1 in 12
6-7cm	1 in 6
Over 7cm	1 in 4 or higher

Do I need to take things easy?

If you have been told you have an aneurysm, there is no need to limit your everyday activity. Moving around, lifting and exercise will not affect your aneurysm or cause damage.

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 it may be at immediate risk of rupture.

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

Do not drive yourself to hospital.

What can I do to help myself?

Smoking

If you are a smoker the single most important thing you can do to help yourself is to give up smoking. 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.

Exercise

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.

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.

Diabetes

If you have diabetes it is important that your blood sugar levels are well controlled.

High blood cholesterol levels (fatty substance in your blood)

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. You may be prescribed a statin drug to lower your cholesterol level and a tablet called Clopidogrel or aspirin to keep the blood a little thinner and help it flow more easily

Driving with an AAA

If you have a small AAA (<5.5cm) you are allowed to continue to drive. The DVLA should be notified if your aneurysm reaches 6cm in diameter and you are allowed to continue to drive if you have had satisfactory medical treatment and there is no further enlargement of your AAA. If your AAA reaches 6.5cm in diameter you are disqualified from driving

(HGV drivers are disqualified from driving if their AAA is >5.5cm, but can resume driving if AAA is successfully treated

What are the implications for air travel and travel insurance?

The Association of British Insurers has been advised that AAAs are no more likely to rupture at altitude than on the ground and it is not aware of any airlines operating a standing rule about refusing patients with this condition. The ABI is also unaware of any travel insurance policies that contain a specific exclusion for AAAs as part of their standard wording. If in doubt contact your insurer.

Further Information

If you have any further questions please ask your health practitioner or contact:

- Vascular Nurse Consultant
Phone: 01305 255898
- Vascular Secretary
Phone: 01305 255480
- Circulation Foundation
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