

## **PATIENT INFORMATION**

# **Abdominal Aortic Aneurysm**



## 1. What is an aneurysm?

An aneurysm occurs when the wall of a blood vessel weakens and balloons out. 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)**.

## 2. 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.

The NHS AAA screening programme screens men around their 65<sup>th</sup> birthday and is expected to be offered to all men over the 65 in the next few years. Screening is performed using an ultrasound scan of the abdomen. This is a quick and painless scan. It can show if there is an aneurysm present and what size it is. If an aneurysm is picked up this way you will remain under surveillance in one of the community clinics. Some patients have their aneurysm diagnosed coincidentally whilst in hospital for other investigations. If an AAA is diagnosed you will be seen in a hospital vascular clinic and put on nurse led surveillance. Scans will be arranged on a 6-12 month basis according to the size.

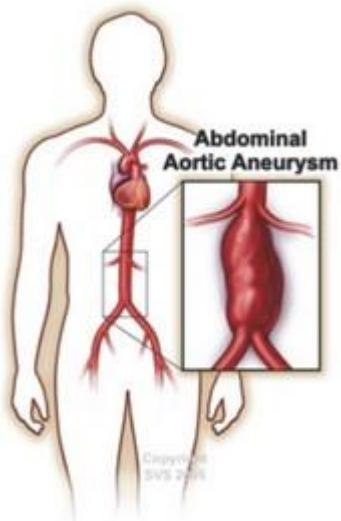
### **3. Do I need an operation to treat my aneurysm?**

Research has shown that for people with AAA measuring less than 5.5cm 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, usually surgical repair. There are two types of operations that can be done to repair an aneurysm:

Open surgery: this involves an incision in the abdomen and replacement of the affected section of blood vessel with a fabric tube.

Endovascular (EVAR) surgery: this is a form of keyhole surgery using a stent graft.

If your surgeon recommends an operation, they will give you more information. Your case will be discussed in a multi-disciplinary team meeting once the aneurysm reaches  $>5.5$  cm to find the safest way to treat the aneurysm on an individual basis. More information will be given to you once a decision has been made on the type of surgical procedure and what it involves.



#### 4. 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. If an AAA gets bigger there is an increased risk that it may leak or rupture (burst) without any warning.

## 5. What is the chance of a small AAA rupturing?

The chance of rupture is very low for small AAA. For aneurysms measuring less than 5.5cm in diameter the risk of rupture is less than one 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 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.

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.

## 6. 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.

## 7. 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.

Inactivity 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. Your vascular nurse can refer you to a dietitian if needed. You may be prescribed a statin drug to lower your cholesterol level and low-dose aspirin to help prevent blood clots from forming.

### 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.

## 8. References

The UK Small Aneurysm Study Participants. "Mortality results for the randomised controlled trial of early elective surgery or ultrasonographic surveillance for small abdominal aortic aneurysms." *Lancet* 1998; 352:1649-55.

DOH Smoking kills. A white paper on tobacco. The Stationery Office, London, December 1998.

Kannel WB, Dawber TR, McGee DL. Perspectives on systolic hypertension. The framington study. *Circulation* 1980; 61; 1179-1182.

Stamler J, Stamler R, Neaton JD. Blood pressure, systolic and diastolic and cardiovascular risks. US population data. *Archives of internal medicine* 1993; 153; 598-615.

**During your time in hospital, it is important to us that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.**

## **MATRON**

A Matron is also available during the hours of 9am – 5 pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

## **INFECTION CONTROL REQUEST**

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

## **SPECIAL INSTRUCTIONS FOR AFTER YOU HAVE LEFT THE HOSPITAL PREMISES**

### **ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:**

Abdominal aortic aneurysms are predominantly asymptomatic, that is causing no symptoms at all. Occasionally some patients experience pain in the back or abdomen. Please contact your GP initially if you are experiencing these symptoms.

### **CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION AFTER YOU HAVE LEFT HOSPITAL**

- Sara Grahamslaw - 01704 704665  
LiVES Vascular Secretary
- Kerry Hawkins – 01704 705124  
LiVES Vascular Nurse Specialist
- Your own GP -

### **OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:**

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

**Please call 01704 704714 if you need  
this leaflet in an alternative format**

**Southport and Ormskirk Hospital NHS Trust**

Ormskirk & District General Hospital  
Wigan Road, Ormskirk, L39 2AZ  
Tel: (01695) 577111

Southport & Formby District General Hospital  
Town Lane, Kew, Southport, PR8 6PN  
Tel: (01704) 547471

**FOR APPOINTMENTS**

Telephone (01695) 656680  
Email [soh-tr.appointments@nhs.net](mailto:soh-tr.appointments@nhs.net)

Please remember to complete the **attached Friends and Family Test**.  
Alternatively, you can complete the *Friends and Family Test* on-line by going to: [southportandormskirk.nhs.uk/FFT](http://southportandormskirk.nhs.uk/FFT)  
**Thank you**

Author: Kerry Hawkins  
Ref: 200  
Version: 8  
Reviewed: October 2021  
Next Review: October 2024