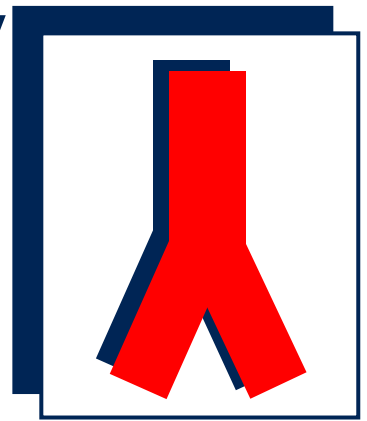


# Will Butcher – Vascular Surgery

## Patient information

### You have been diagnosed with an Abdominal Aortic Aneurysm. What does this mean?



You have been diagnosed with an Abdominal Aortic Aneurysm (AAA). This is a condition where the main artery running through your abdomen (tummy) has become enlarged like a balloon. This condition is concerning because as these AAAs get bigger so the risk of them bursting also gets higher.

They can be caused by:

- Smoking
- High cholesterol
- High Blood pressure
- Diabetes

They are also more common in older people and men. People who have a relative with one are also at a higher risk of developing one.

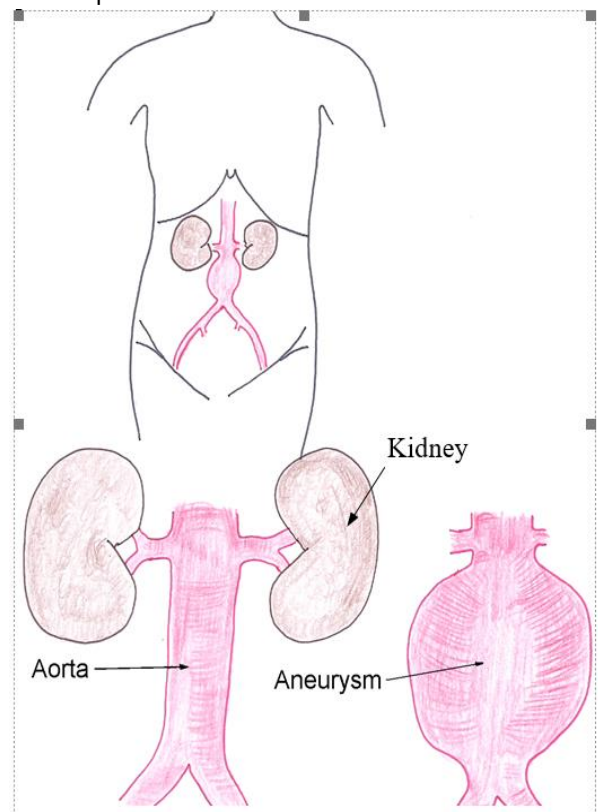
Because there is a risk of these bursting, we like to try and fix them before that happens. However, the surgery is quite major surgery and thus a small group of patients would be expected not to survive the operation (3%). With this in mind, we therefore do not offer repair to everyone straight away.

We know that the risk of the AAA gets bigger as it enlarges, and in fact while the aneurysm is small the risk is really very low. The AAA assumes a risk that is greater than the surgery when it reaches 5.5cm (About 2¼ inches) in diameter. And therefore we will generally not repair any AAA that is smaller than this, because the risk of the aneurysm is quite simply not high enough to justify an operation.

#### **SURVEILLANCE**

If your aneurysm is smaller than 5.5 cm you will be entered into a surveillance program where we will arrange for your aneurysm to be scanned (with a simple jelly scan) every year or less often if it is very small. This is called surveillance. As soon as the AAA reaches a size where repair seems justified, we will make the appropriate arrangements for you to have this fixed. Just because we are not taking an aggressive approach does not mean there is nothing you can do. There is evidence that patients with one

of these should be taking certain medication (Aspirin and a 'Statin') every day to reduce the risk of a heart attack. If not you should talk to your GP. You should also exercise regularly and try and lose excess weight. If you smoke you should make a concerted effort to give this up.



Importantly there is no evidence that if you have a small AAA that you should curtail your activity in any way. You can still travel (including flying), exercise as normal, lift and carry as before. You may continue normal intimate relations with your partner and enjoy a normal and varied diet.

#### **LARGER ANEURYSMS**

If your AAA is larger than 5.5 cm then we will usually make plans to try and repair it unless you are not fit for an operation. People who might not be fit include:

- The very elderly (85 or more).

- Patients with bad heart disease.
- Patients with bad chest (breathing) disease.
- Patients with kidney failure.
- Patients with cancer that is not treated.

Unfortunately, the Queensland and New South Wales licensing authorities stipulate that if you have an AAA larger than 5.5 cm you should not drive until it is repaired.

## **SURGERY**

There are two operations to treat AAA:

The first is a major open operation; this is a good operation but carries some risk. A graft is stitched into the AAA to prevent it bursting. Afterwards a short stay in intensive care is necessary and about 10 days in hospital. About 3% of patients will die during the surgery, but this risk is lower than that of the AAA. Importantly once the operation is complete it is very unlikely that any further surgery or follow up will be required.

The alternative is a keyhole operation this carries a lower (but not zero) risk. In simple terms a graft mounted on a spring (stent graft) is placed in the AAA via two small cuts in your groins. While clearly a safer operation this operation is not as secure and prolonged scan follow up is needed (for ever usually). This makes it a less attractive option in very fit and young patients who would be expected to do very well with open surgery. Also not all AAA are suitable for this type of repair.

Once surgery becomes necessary, several preparatory tests on your blood, lungs, heart and AAA will be required before going ahead. You will also need a second and bigger scan on the aneurysm called a CT Scan.

### **More information**

The first sensible step is to discuss your problem with your GP or surgeon, they will be best positioned to explain what to expect.

If you need more information you can go to one of these vascular organisation's websites:

The Australia and New Zealand Society for Vascular Surgery.

[www.anzsvs.org.au/patientinformation/](http://www.anzsvs.org.au/patientinformation/)

The Vascular Surgical Society for Great Britain and Ireland.

[www.vascularsociety.org.uk/patients/](http://www.vascularsociety.org.uk/patients/)

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