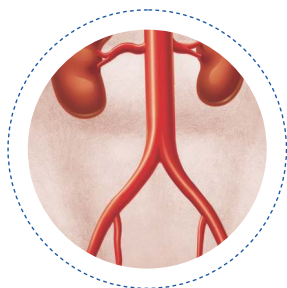


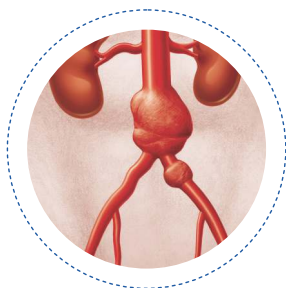
# Abdominal Aortic Aneurysm (AAA)

## Information for health care providers

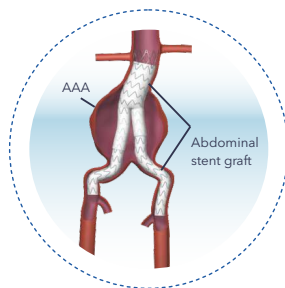
AAA is a localized ballooning of the aorta. If an AAA rupture occurs, overall mortality is 75-90%, making it the third leading cause of sudden death in men over 60. For this reason, it is very important to diagnose and preventatively treat AAAs.



Normal Aorta



Aorta with Large Abdominal Aneurysm



### Treatment

Current AAA size criteria indicate repair once the aneurysm has reached 5 cm. If treatment is required for AAA, there are two options currently available:

**Open surgical repair** - Open surgical repair has been in practice since the 1950s with a great deal of success. However, some patients are not suitable candidates for invasive surgery due to age and common chronic co-morbidities that greatly increase their risks.

**Endovascular repair (EVAR)** - EVAR is less invasive than open surgical repair and is appropriate for well over half of patients with AAA, allowing for AAA repair in patients that are otherwise inoperable patients. Through a catheter-based system, EVAR utilizes small incisions in the femoral artery to deliver a self-expanding graft into the abdominal aorta. Benefits of the EVAR treatment include low incidence of complications, a very low morbidity rate, less loss of blood during the procedure, shorter hospital stays and shorter recovery times.



### Prevalence and risk factors

- Male gender
- Age 60+
- History of smoking
- Hyperlipidemia
- Coronary artery disease
- Hypertension
- Chronic obstructive pulmonary disorder (COPD)
- Prior coronary artery bypass graft (CABG)

### Symptoms

Patients suffering from AAA are usually asymptomatic.

- Vague, constant or throbbing abdominal pain
- Intense pain if AAA is rapidly expanding

### Diagnose early

- Consider AAA risk factors
- A tender, pulsatile mass may be palpable upon examination
- If AAA is suspected, it can be confirmed via Ultrasound, CT scan, MRI and angiography