

MANAGING YOUR ABDOMINAL AORTIC ANEURYSM

What Is an Abdominal Aortic Aneurysm?

An abdominal aortic aneurysm is a bulging of the aorta, the main blood vessel that takes blood from the heart to organs and tissues in the lower half of the body. The aorta is the largest artery in the body, and a stretching or bulging in the aorta is dangerous because this weakened area in the wall of the aorta may split open (rupture) if not treated. The part of the aorta in your abdomen is called the abdominal aorta.

These aneurysms most frequently occur in people older than 60 and affect men more than women. Ruptured aneurysms are the 10th leading cause of death in men older than 55 in the United States.

What Causes an Abdominal Aortic Aneurysm?

High blood pressure (which makes the aorta lining expand), cigarette smoking, and atherosclerosis (hardening of the arteries) are major risk factors. Others are aging, trauma, infections, and rare connective tissue disorders (e.g., Ehlers-Danlos syndrome). It may also run in families.

What Are the Symptoms of an Abdominal Aortic Aneurysm?

Abdominal aortic aneurysms often don't produce symptoms. When present, symptoms usually include pain in the middle of the abdomen (belly) or back.

How Is an Abdominal Aortic Aneurysm Diagnosed?

Many aneurysms are found during routine physical examinations by health care providers. A large aneurysm feels like a pulsating mass over the middle of the abdomen.

If an aneurysm is suspected, the health care provider will order abdominal ultrasound (sonogram) and computed tomography (CT). Ultrasound is nearly 100% accurate in finding an

aneurysm and can estimate the size, but CT is more accurate in estimating size. Another test called magnetic resonance angiography (MRA) may also be used and is at least as accurate as CT.

How Is an Abdominal Aortic Aneurysm Treated?

An aneurysm can be repaired if found early, before rupture. If it splits open suddenly, death is likely unless the rupture is treated immediately.

Treatment depends on aneurysm size and risk of rupture. If the aneurysm is small (less than 4 cm [1.5 inches] in diameter), no treatment may be needed, but regular check-ups (every 6 months to 1 year) and sonograms are advised to monitor if the aneurysm is becoming larger. Surgery to fix aneurysms larger than 5 cm (2 inches) is usually recommended. The operation may involve putting a synthetic mesh tube (stent) in the aorta to make it stronger or endovascular aneurysm repair (EVAR) which involves the placement of an expandable stent graft within the aorta without operating directly on the aorta. The choice of procedure is determined by the patient's anatomy and surgical risk.

Treatment of aneurysms between 4 and 5 cm (1.6 and 2 inches) remains unclear. Some health care providers recommend surgery and others just follow-up examinations. If the aneurysm is growing more than 0.4 inch per year, surgery may be the best option.

DOs and DON'Ts in Managing Abdominal Aortic Aneurysm:

- ✓ DO make sure that you control your blood pressure.
- ✓ DO remember that the major complication of these aneurysms is rupture.
- ✓ DO call your health care provider if you know you have an abdominal aneurysm and get new back or abdominal pain.

✓ DO call your health care provider if you have pain, fever, or drainage from incision sites after surgery.

⊗ DON'T forget the numbers 4 cm and 5 cm (surgery for aneurysms larger than 5 cm, watching aneurysms smaller than 4 cm).

⊗ DON'T smoke. Cigarette smoking and high blood pressure are believed to be major risk factors for these aneurysms.

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FOR MORE INFORMATION

Contact the following sources:

- American Heart Association National Center: 7272 Greenville Avenue Dallas, TX 75231; Tel: (800) 242-8721
- National Heart, Lung, and Blood Institute: Tel: (301) 592-8573; E-mail: NHLBIinfo@rover.nhlbi.nih.gov; Website: <http://www.nhlbi.nih.gov>
- American College of Cardiology: Tel: (800) 253-4636, (202) 375-6000; Fax: (202) 375-7000; Website: <http://www.acc.org>

- American College of Emergency Physicians: Tel: (800) 798-1822, (972) 550-0911; Fax: (972) 580-2816; Website: <http://www.acep.org>
- Society for Vascular Surgery: Website: <http://www.vascularweb.org>

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