IL34

# Aortic screening programme protocol

## Sex

- Male patients only.

## Age

- < 65 years: Men with high risk
- 65 years: Invite for screening
- > 65 years: Will be accommodated if requested.

## Programme

- Each practice will be visited as many times as needed initially then once a year.
- Practice manager to arrange a list and sent out letters to patients who are 65yrs.
- Screening team will attend the surgery.
- The team will communicate with the GP regarding further management.

## What happens after screening

The appropriate re-screening interval can be determined by initial aortic diameter in screened 65-year-old men according to the following protocol.

Patients with small aneurysm ( < 5.4 cm AP diameter)

- < 3 cm discharge.
- 3.0-3.4 cm at 3 years.
- 3.5-3.9 cm at 1 year.
- 4.0-5.4 cm at 6 months interval.

Patients with large aneurysm ( > 5.4 cm AP diameter)

- Risk factor evaluation.
- CT scan and if size confirmed patient will have
- Full anaesthetic assessment (FBC, U&Es, LFTs, PFTs, ECG, Echo,….)
- If patient is fit for open surgery will be offered either open repair or EVAR depends on the aneurysm morphology.

**Information for patients**

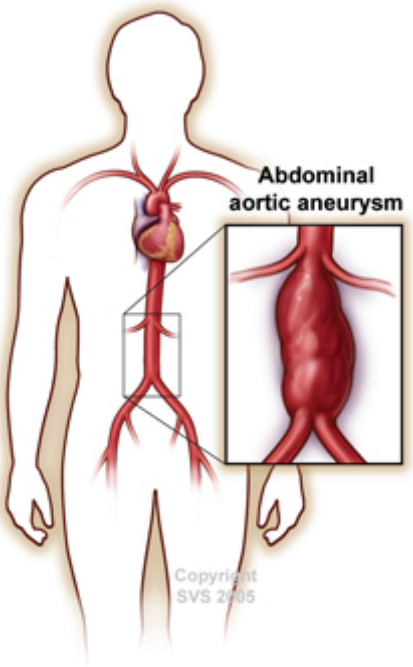
**Abdominal Aortic Screening**

## What is screening?

Screening is a term used for an examination or test to detect if you have a condition which may be treated if found.

## What is an aneurysm?

The aorta is the largest artery in your body, and it carries blood away from your heart. Your aorta runs through your chest, where it is called the thoracic aorta. When it reaches your abdomen, it is called the abdominal aorta. The abdominal aorta supplies blood to the lower part of the body. Just below the abdomen, the aorta splits into two branches that carry blood into each leg.




When a weak area of the abdominal aorta expands or bulges, it is called an abdominal aortic aneurysm (AAA). The pressure from blood flowing through your abdominal aorta can cause a weakened part of the aorta to bulge, much like a balloon. A normal aorta is about 1 inch (or about 2 centimetres) in diameter. However, an AAA can stretch the aorta beyond its safety margin. Aneurysms are a health risk because they can burst, or rupture. A ruptured aneurysm can cause severe internal bleeding, which can lead to shock or even death.

Fortunately, when diagnosed early, AAA can be treated, or even cured, with highly effective and safe treatments.

**What happens during screening?**

We will ask you to lie down on a couch and lift up your shirt so that some gel can be placed on your tummy and an ultrasound probe will be put on your tummy. The examination takes 5 minutes. It will be performed by a doctor or a technician.

**What are the benefits of screening?**

Early detection will improve the options for treating an aneurysm.

**What happens if I refuse to be screened?**

Nothing will happen the screening is optional.

**What happens if I am found to have an aneurysm?**

You will be referred to the vascular department at the Queen Elizabeth hospital for further investigations.

**Is there treatment for an aneurysm?**

There are a number of options available for the treatment of aneurysms and Your surgeon will talk to you about what the operation are and the risks and benefits of having the different operations.

**Where can I get more information?**

The vascular nurse can be contacted on 0191 4452828 (answer machine)

NHS direct on 0845 46 47

Vascular surgical society of Great Britain and Ireland at

www.vascularsociety.org.uk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| Information Leaflet: | No 34 |
| Version: | 4 |
| First Published: | October 06 |
| Review Date: | October 07 |
| Author: | Joanne Coleman |

**Aneurysm Screening**

**Initial assessment**

# Name

**Address**

**Post Code**

**Hospital Number** **NHS Number**

**Telephone Number**

**GP.**

Height

Weight

BMI

| | YES | NO | DETAILS |
|---|---|---|---|
| MI / Angina | | | |
| CVA/ TIA | | | |
| Diabetes | | | |
| Hypertension | | | |
| Cholesterol | | | |
| Family history | | | |
| Shortness of Breath | | | |
| Operations | | | |

# Medication

**Smoking Status**

Non Smoker Ex Smoker Smoker How long

Attempted to stop?

**AAA assessment**

AP

Follow up