

ABDOMINAL AORTIC ANEURYSM REFERRAL GUIDELINE

For more information or referral questions, contact your local vascular practice. For a complete listing, visit mainehealth.org/services/cardiovascular/service-locations

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SIGNS & SYMPTOMS

AAA Requiring Repair:

Large AAA found on surveillance imaging (greater than 5 cm in women, greater than 5.5cm in men)

Rapid expansion of AAA (growth greater than 0.5cm in 6 months or greater than 1cm in 1 year)

Recent onset of abdominal or back pain

SUGGESTED PREVISIT WORKUP

Start aspirin/statin (even if patients have normal cholesterol)

Emphasis on smoking cessation

Referral to vascular surgeon for discussion of surgical options (contact office to discuss what pre-visit imaging should be ordered).

Patients with tenderness to palpation or painful AAA should be referred to the ED.

MODERATE RISK

**SUGGESTED
CONSULTATION OR
CO-MANAGEMENT**

SIGNS & SYMPTOMS

Small, Asymptomatic AAA:

AAA up to 5cm (women) or 5.5cm (men)

No symptoms (back pain, abdominal pain)

SUGGESTED WORKUP

Start aspirin/statin (even if patients have normal cholesterol)

Emphasis on smoking cessation

Referral to vascular surgeon

LOW RISK

SUGGESTED ROUTINE CARE

SIGNS & SYMPTOMS

Identification of AAA/Screening:

Pulsatile abdominal mass on physical exam

AAA (less than 4cm) seen on imaging study

Screening for all men age 65-75 with smoking history, men greater than age 55 with family history of AAA, or women greater than age 65 with a family history of AAA or smoking history.

SUGGESTED MANAGEMENT

Start aspirin/statin (even if patients have normal cholesterol)

Emphasis on smoking cessation

Duplex ultrasound of the abdominal aorta

Referral to vascular if AAA identified

Some aneurysms warrant treatment at a smaller size

Ultrasound surveillance as detailed below

CLINICAL PEARLS

- Any AAA found should be referred to vascular surgery for consideration of repair, as there are some anatomic features that may warrant repair at a smaller size, after initial evaluation, follow up may be done by PCP.
- SVS guidelines state follow up at the following intervals: 2.5-3cm – follow up imaging at 10 years, 3-3.9cm – follow up imaging at 3 year intervals, 4-4.9cm – follow up imaging yearly, >5cm – should be referred to vascular surgery for discussion of repair.

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