ABDOMINAL AORTIC ANEURYSM REFERRAL GUIDELINE

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

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SIGNS & SYMPTOMS

AAA Requiring Repair:

Large AAA found on surveillance imaging (>5cm)

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

Tenderness to palpation over aneurysm

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SIGNS & SYMPTOMS

Small, Asymptomatic AAA:

AAA 4-5 cm found on imaging study

No symptoms (back pain, abdominal pain)

LOW RISK

SUGGESTED ROUTINE CARE

SIGNS & SYMPTOMS

Screening:

Pulsatile abdominal mass on physical exam

AAA seen on imaging study

Screening for all men > age 65, men > age 55 with a family history of AAA, or women > age 65 with a family history of AAA or smoking history

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

SUGGESTED WORKUP

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

Emphasis on smoking cessation

Duplex ultrasound

Referral to vascular surgery

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

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.



A department of Maine Medical Center

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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