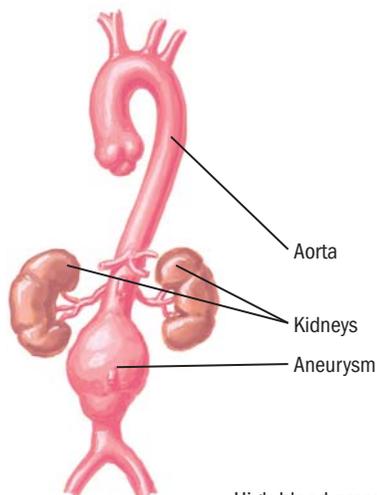


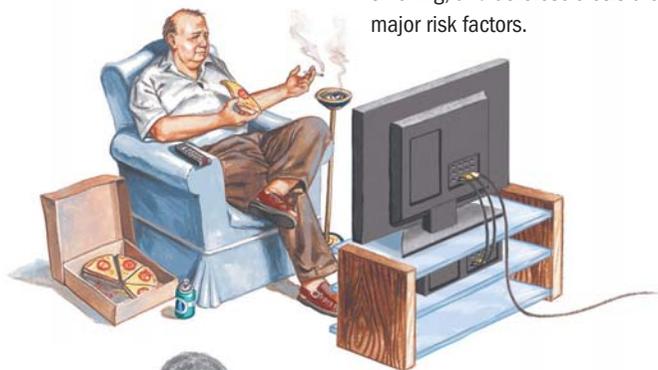
# MANAGING YOUR ABDOMINAL AORTIC ANEURYSM



An abdominal aortic aneurysm is a bulging of the aorta, the largest artery in the body. This is dangerous because it may burst if untreated.



High blood pressure, cigarette smoking, and atherosclerosis are major risk factors.



Symptoms, when present, usually include pain in the middle of the abdomen or in the back.

## 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.

These aneurysms commonly 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).

## 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 doctors. A doctor can feel a large aneurysm pulsating over the middle of the abdomen.

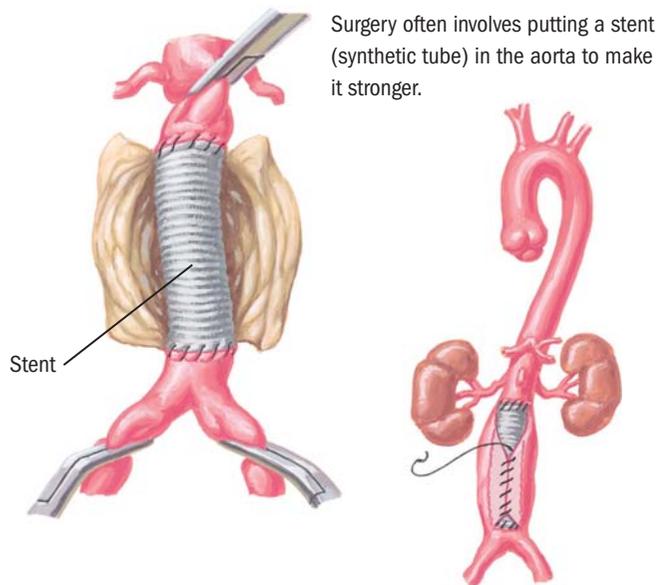
If an aneurysm is suspected, the doctor will order abdominal ultrasound (sonogram) and computed tomography (CT). Ultrasound is nearly 100% accurate in finding an aneurysm and can estimate the size, but CT is more accurate in estimating size.

## 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

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Surgery often involves putting a stent (synthetic tube) in the aorta to make it stronger.

Stent



Don't smoke, and make sure your blood pressure is controlled.



Follow up with your doctor on a regular basis to monitor your aneurysm.

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 often involves putting a synthetic mesh tube (stent) in the aorta to make it stronger.

Treatment of aneurysms between 4 and 5 cm (1.6 and 2 inches) remains unclear. Some doctors 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 doctor if you know you have an abdominal aneurysm and get new back or abdominal pain.
- ✓ **DO** call your doctor 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.

### 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@over.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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