

# **Madigan Army Medical Center Referral Guidelines**

## **Abdominal Aortic Aneurysm**

### **Diagnosis/Definition**

- Aortic widening greater than 3 cm in diameter.

### **Initial Diagnosis and Management**

- Asymptomatic:
  - Generally found via either routine clinical exam or a diagnostic procedure performed for other reasons to include abdominal X-ray, CAT scan, MRI, or ultrasound
  - Patients suspected of having an AAA should undergo an initial screening duplex imaging study done through Vascular Surgery. Depending on size of the aneurysm and patient's overall health, repair is then entertained
  - Patients should have risk factor reduction and management of co-morbid conditions. Specifically, smokers should be encouraged to quit smoking, people with elevated cholesterol and lipids should have this controlled, and diabetics should have their disease maximally managed.
  - Management of concomitant cardiac and pulmonary disease, which is often associated with AAA, should be managed appropriately along with control of obesity.
- Symptomatic:
  - Symptomatic aneurysms require urgent referral and intervention by Vascular Surgery Service, ruptured aneurysms are a true emergency and require immediate involvement of Vascular Surgery

### **Ongoing Management and Objectives**

- All patients with asymptomatic AAAs should be screened in Vascular Surgery
- Repair in young and otherwise healthy individuals is entertained in aneurysms that are larger than 4 cm
- Aneurysms larger than 5 cm are repaired in most individuals unless there are prohibitive co-morbid conditions
- Symptomatic aneurysms are repaired urgently
- Endovascular techniques are available for aneurysm repair and each patient will be considered for the appropriate technique (open vs. endovascular)

### **Indications for Specialty Care Referral**

- Any patient with an AAA or suspected AAA should undergo an initial evaluation by Vascular Surgery, which will include a duplex of the aorta and its major tributaries
- Patients over the age of 65 or over the age of 55 with a positive history of AAA should be referred to Vascular Surgery for a screening abdominal duplex scan of the aorta
- Any patient with a descending thoracic aortic aneurysm should be referred to Vascular Surgery for evaluation and coordination of additional diagnostic studies

## **Criteria for Return to Primary Care**

- Any patient whose aneurysm does not currently warrant repair, but will require periodic follow up in the Vascular Clinic, can return to their primary care manager for risk factor modification and management of any co-morbid conditions.
- The Vascular Surgery Service will coordinate the care of patients with significant AAAs that require intervention. Vascular Surgery will also schedule follow-up abdominal duplex scans at appropriate intervals depending on the size of the aneurysm. Following repair of an AAA, the patient will require lifelong follow up in the Vascular Surgery Clinic.
- The patient's primary care manager should continue to manage co-morbid conditions and emphasize reduction of risk factors.

Last Review for this Guideline: **July 2010**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division  
Clinical Practice and Referral Guidelines Administrator