

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 (>5cm)
- Rapid expansion of AAA (growth >0.5cm in 6 months or >1cm in 1 year)
- Tenderness to palpation over aneurysm

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

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)

SUGGESTED WORKUP

- Start aspirin/statin (even if patients have normal cholesterol)
- Emphasis on smoking cessation
- Duplex ultrasound
- Referral to vascular surgery

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 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.

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