**HIGH RISK**

**SUGGESTED EMERGENT CONSULTATION**

**SIGNS & SYMPTOMS**

**AAA Requiring Repair:**
- Large AAA found on surveillance imaging (greater than 5 cm in women, greater than 5.5 cm in men)
- Rapid expansion of AAA (growth greater than 0.5 cm in 6 months or greater than 1 cm 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.

**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.

**MODERATE RISK**

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

**SIGNS & SYMPTOMS**

**Small, Asymptomatic AAA:**
- AAA up to 5 cm (women) or 5.5 cm (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

**CLINICAL PEARLS**

- SVS guidelines state follow up at the following intervals:
  - 2.5-3 cm – follow up imaging at 10 years
  - 3-3.5 cm – follow up imaging at 3 year intervals
  - >4 cm – follow up imaging yearly, >5 cm – should be referred to vascular surgery for discussion of repair.

**LOW RISK**

**SUGGESTED ROUTINE CARE**

**SIGNS & SYMPTOMS**

**Identification of AAA/Screening:**
- Pulsatile abdominal mass on physical exam
- AAA (less than 4 cm) 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

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.