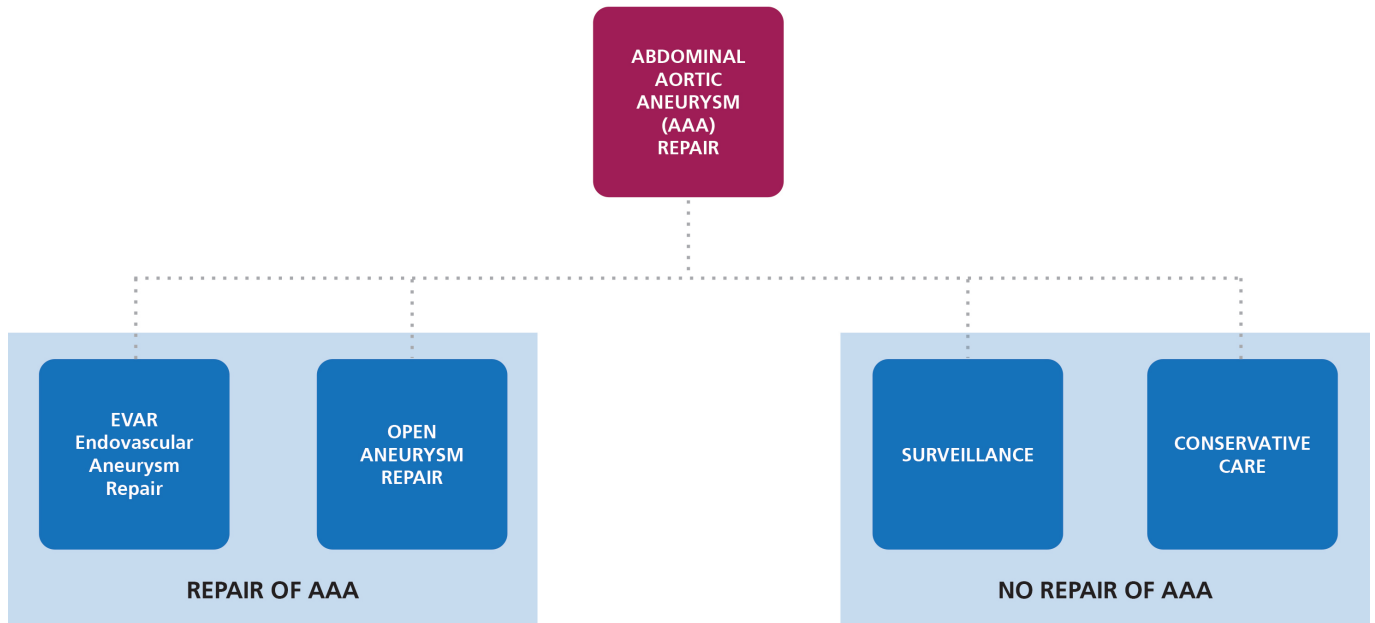


Deciding what to do about an abdominal aortic aneurysm (AAA)

This short decision aid is to help you decide what to do about an abdominal aortic aneurysm. You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

There are four main choices if you have an abdominal aortic aneurysm. You can choose:

- Endovascular repair of aneurysm
- Open surgical repair of aneurysm
- Surveillance by ultrasound
- Conservative care.



What are my options?

| | Endovascular aneurysm repair | Open aneurysm repair | Surveillance | Conservative care |
|-------------------------------|--|---|--|---|
| What is the treatment? | This is an operation that places an artificial piece of artery, called a stent, inside your artery, to strengthen the artery at the point of the aneurysm and reduce the chance of it rupturing. It is done through small cuts in your groin to access your arteries. You may sometimes hear endovascular aneurysm repair called EVAR for short. | This is an operation that stitches a piece of material, called a graft, inside your artery, to strengthen the artery at the point of the aneurysm and reduce the chance of it rupturing. It is done through a large cut in your abdomen. In some hospitals, this can be done by laparoscopic repair, using a tiny camera and small instruments to operate through smaller cuts. | This involves having regular scans to check your aneurysm, to see if it is getting worse. This can help you decide whether to eventually have surgery. You can also consider making lifestyle changes or taking medicines. These may help to reduce the chance of the aneurysm expanding, which may lower the risk of rupture. | You may make lifestyle changes or take medicines to reduce the chance of the aneurysm expanding or rupturing. But you choose not to have surgery or further scans of your aneurysm. |

| | Endovascular aneurysm repair | Open aneurysm repair | Surveillance | Conservative care |
|---|---|--|--|--|
| What is the effect on the risk of rupture? | About 3 in 100 people have a rupture within five years of having endovascular aneurysm repair surgery.[1] | Ruptures after open surgery are not common. In a group of almost 600 people, none of the people who had open repair had a rupture during the five years following surgery. [2] | Your risk of rupture is likely to increase while you have surveillance. The larger your aneurysm becomes, the more likely it is to rupture. Within a year, up to 15 in 100 aneurysms measuring 5.5 to 6 centimetres will rupture. For aneurysms measuring 8 centimetres and over, up to 50 in 100 will rupture in a year. [3] Some people having surveillance eventually decide to have surgery to repair their aneurysm. This reduces their risk of having a rupture. | Your risk of rupture is likely to increase. The larger your aneurysm becomes, the more likely it is to rupture. Within a year, up to 15 in 100 aneurysms measuring 5.5 to 6 centimetres will rupture. For aneurysms measuring 8 centimetres and over, up to 50 in 100 will rupture in a year.[4] |

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|--|--|--|---|--|
| What is the effect on length of life? | Endovascular repair can help you live longer by preventing your aneurysm from rupturing. Around 70 in 100 people are still alive six years after endovascular surgery for a large aneurysm.[5] | Open repair can help you live longer by preventing your aneurysm from rupturing. Around 70 in 100 people are still alive six years after open surgery for a large aneurysm.[6] | Around 20 in 100 people are still alive after five years if they don't have surgery to repair an aneurysm that's larger than 5 centimetres. [7] Some people having surveillance eventually decide to have surgery to repair their aneurysm. This reduces their risk of dying, by lowering their chance of having a rupture. | Around 20 in 100 people are still alive after five years if they don't have surgery to repair an aneurysm that's larger than 5 centimetres.[8] |

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| What other consequences does this treatment have? | People spend around three days in hospital after endovascular repair.[9] Most are back to their normal activities within six weeks.[10] But people vary in how they respond. Some people will recover more quickly and others will need more time. | People spend around seven days in hospital after open repair.[11] A full recovery often takes between three and six months.[12] However, people vary in how they respond. Some people will recover more quickly and others will need more time. | The size of your aneurysm will decide how often you have an ultrasound scan. Generally, bigger aneurysms are scanned every 3 months. While having surveillance, you may decide to make lifestyle changes or take treatments to help slow the growth of your aneurysm. | You don't have surgery or regular ultrasound scans to check on your aneurysm. You may decide to make lifestyle changes or take treatments to help slow the growth of your aneurysm. |

| | Endovascular aneurysm repair | Open aneurysm repair | Surveillance | Conservative care |
|--|---|--|---|---|
| What side effects or complications does the treatment have? | <p>All operations have the risk of complications. Nearly 2 in 100 people die during surgery or in the 30 days after surgery.[13] Other risks include blood leaks around the graft, which may cause the aneurysm to continue to grow and rupture. The graft may also move, become blocked, break down or become infected. Problems with your graft can occur soon after surgery or long after.</p> | <p>All operations have the risk of complications. Around 4 in 100 people die during surgery or in the 30 days after surgery.[14] Other risks include the chance of kidney failure, problems with your bowels, leg pain, and difficulty getting an erection or having sex. Most problems happen during or soon after surgery.</p> | <p>The ultrasound scans used in surveillance don't cause any side effects. You may get side effects from any medicines you take to help slow your aneurysm growth. Aspirin can cause heartburn and bleeding. [15] Possible side effects from statins include liver problems, muscle pain, sleep problems, headaches, and stomach upsets. [16] Side effects from blood pressure drugs vary according to which drug you take.</p> | <p>You may get side effects from any medicines you take to help slow your aneurysm growth. Aspirin can cause heartburn and bleeding.[17] Possible side effects from statins include liver problems, muscle pain, sleep problems, headaches, and stomach upsets.[British National Formulary 63. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at http://bnf.org (accessed on 30 May 2012).] Side effects from blood pressure drugs vary according to which drug you take.</p> |

What are the pros and cons of each option?

People with an abdominal aortic aneurysm have different experiences about the health problem and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about repair for abdominal aortic aneurysm:

- Do they want a treatment that will help them live as long as possible?
- Are they willing to spend time in hospital, or having treatment?
- Are they willing to take the risk of complications from treatment?
- Are they willing to live with the risk of their aneurysm rupturing?
- Are they willing to have further treatment in future?

How do I get support to help me make a decision that is right for me?

Go to <http://sdm.rightcare.nhs.uk/pda/aaa-repair/> for more detailed information about treatments for **Abominal Aortic Aneursym (AAA) Repair**. People using this type of information say they understand the health problem and treatment choices more clearly, and why one treatment is better for them than another. They also say they can talk more confidently about their reasons for liking or not liking an option with health professionals, friends and family.

You can call our Decision Support service on 0845 450 5851 to speak to a trained Health Coach. The Health Coaches will assist you by:

- Providing you with information
- Helping you to understand your condition
- Recognise what is important to you regarding the outcome of treatment
- Identifying potential solutions
- Encourage you in discussing options with your family
- Transferring skills which will assist you in using the information and resources available to you
- Support you in building confidence in discussing your choice with your doctor
- You may find that this can be achieved in one telephone call with a Health Coach; however, if further calls are required to support you in reaching your decision the Health Coach will schedule these with you.

References

References can be viewed online at <http://sdm.rightcare.nhs.uk/pda/aaa-repair/references/>