

How is AAA treated?

Small aneurysms have a low risk for rupture. They need no treatment other than “watchful waiting,” and can be monitored periodically via an ultrasound or CT scan. Once an aneurysm reaches a certain size or grows at a rapid rate, repair may be necessary to prevent rupture. There are two methods to repair AAA:

1. Open Surgical Repair

This surgery involves opening the abdomen and replacing the weakened aorta with a fabric tube. The patient usually stays in the hospital for 10 days with 2-3 months of subsequent recovery.



2. Endovascular Stent Graft Repair

A relatively new procedure and less invasive than open surgery, this involves implanting a stent covered with a synthetic material into the aorta through a small incision in the groin. The stent graft allows blood to flow through the aorta without putting pressure on the aneurysm. The procedure takes approximately 1-2 hours and patients usually go home the following day; subsequent recovery is approximately 6 weeks.

NOHC Locations

Bellevue
1400 W. Main St.
Bellevue, Ohio 44811

Clague
960 Clague Rd.
Suite 2300
Westlake, Ohio 44145

Cleveland
2322 East 22nd St.
Suite 200
Cleveland, Ohio 44115

Elyria
125 E. Broad St.
Suite 305
Elyria, Ohio 44035

Independence
6701 Rockside Rd.
Suite 100
Independence, Ohio
44131

Lorain
3600 Kolbe Rd.
Suite 127
Lorain, Ohio 44053

Medina
3457 Medina Rd.
Medina, Ohio 44256

Middleburg Heights
7255 Old Oak Blvd. C-408
Middleburg Heights, Ohio
44130

Norwalk
282 Benedict Ave.
Medical Park II, Suite D
Norwalk, Ohio 44857

Sandusky
703 Tyler St.
Suite 250
Sandusky, Ohio 44870

Westlake
29325 Health Campus Dr.
Suite 3
Westlake, Ohio 44145

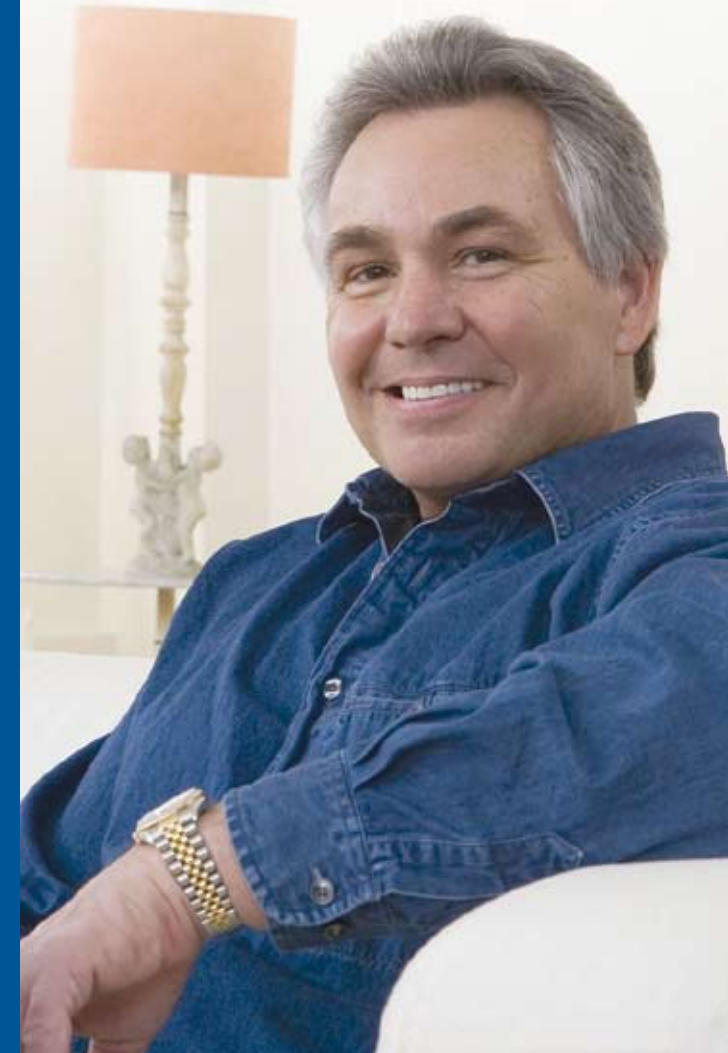


www.nohc.com

www.ohiomedicalgroup.com

WHAT TO KNOW

Abdominal Aortic Aneurysms



Partners for your health.

What is AAA?

An abdominal aortic aneurysm (AAA) is a weakness or “ballooned out” area of the aorta, which is the main blood vessel carrying blood from the heart. The normal diameter of the aorta is about an inch or 2.5 cm. When the diameter of the weakened segment grows to twice its normal size it is an aneurysm.

This condition, if not treated, can result in a rupture. The risk of rupture is size related, the larger the aneurysm, the more likely it is to burst. Once an aneurysm ruptures, internal bleeding occurs and unless treated immediately, will be fatal. Only 50% of patients with a ruptured aneurysm who get treatment survive; for this reason, aneurysms are considered a serious health condition.

Who is at risk?

Since there is a high association between atherosclerosis (hardening of the arteries) and AAA, risk factors for atherosclerosis are similar for AAA:

- Men over 60 years of age
- Family history of AAA
- High blood pressure
- Emphysema (COPD)
- Smokers
- Patients with Peripheral Arterial Disease (PAD)

What are the symptoms of AAA?

AAA is a “silent killer,” as most patients have NO symptoms of an aneurysm, even if it grows to a large size. Those patients who have symptoms prior to rupture, most commonly experience:

- Pain in the abdomen (may be constant or come and go)
- Pain in the lower back (may radiate to buttocks, groin or legs)
- Pulsating or throbbing mass in abdomen
- Presence of a soft mass in the abdomen
- Severe and/or sudden onset of abdominal or back pain (may indicate imminent rupture)

How is AAA diagnosed?

Your doctor can detect only 10% of AAA on routine physical examination. Most abdominal aneurysms are diagnosed while the patient is undergoing an abdominal exam, usually for unrelated reasons. The tests used to detect and follow AAA include:

- Abdominal ultrasound
- CT Scan
- Magnetic Resonance Imaging (MRI)

Your Circulatory System

