**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

**HIGH RISK**

**SUGGESTED EMERGENT CONSULTATION**

**MODERATE RISK**

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

**LOW RISK**

**SUGGESTED ROUTINE CARE**

**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 surgeon

**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, 3.3-3.9cm – follow up imaging at 3 year intervals, 4.4-4.9cm – follow up imaging yearly, >5cm – should be referred to vascular surgery for discussion of repair.

*Maine Medical Partners*

A department of Maine Medical Center

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