



Abdominal Aortic Aneurysm (AAA) Screening



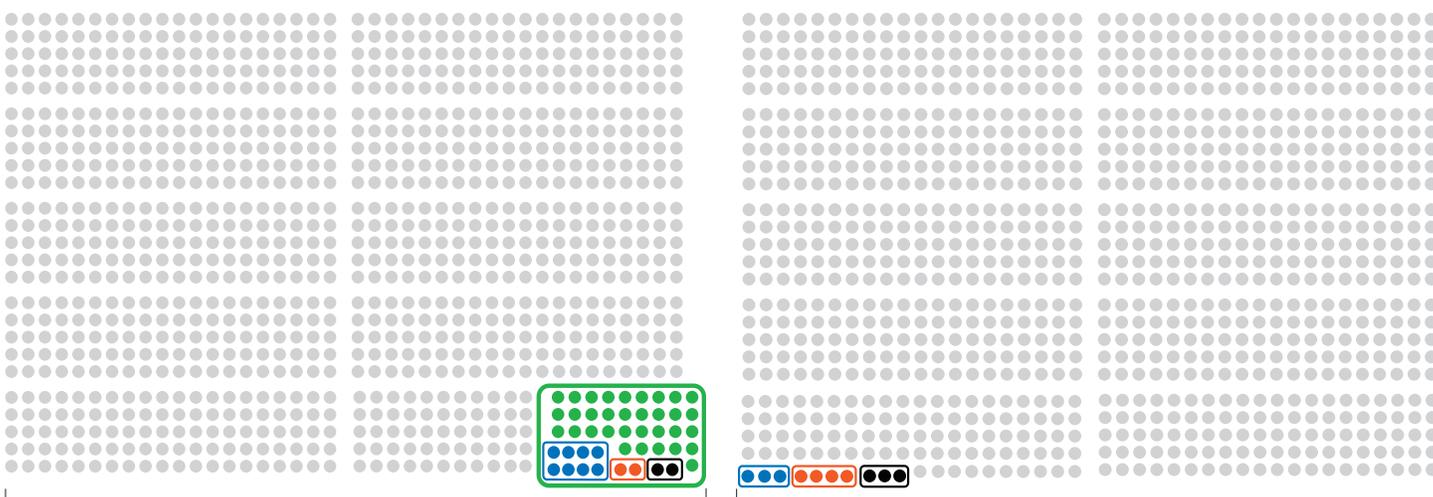
We recommend one-time screening with ultrasound for AAA in men aged 65 to 80.
 We recommend not screening men older than 80 years for AAA.
 We recommend not screening women for AAA.

Key Points

- Screening involves examining someone who does not show symptoms of a condition or illness.
- Screening uses a specific tool to identify a condition or illness.
- AAA is a weakening in the wall of the aorta that bulges due to pressure from blood flow.
- **Male sex, family history, and older age** are all associated with an increased risk of AAA.
- Being a **current or former smoker** is also an important risk factor for AAA.
- Women are less likely to have an AAA, and there is no evidence that screening has a positive impact on their health.

1000 men aged 65 to 80 who get screened*

1000 men aged 65 to 80 who are not screened*



● Men with an AAA identified from a screen and monitored each year depending on the size of the AAA (<5.5 cm)	45	0 [†]
● Men who undergo an elective procedure‡	8	3
● Men who experience a ruptured AAA	2	4
● Men who die from their AAA (rupture or complications)	2	3

*Follow-up period of 3–5 years.

†If you are not screened, your AAA is not identified by a screening test.

‡Surgery that is planned in advance, rather than in an emergency.

Screening is a personal decision. It is important that you weigh the benefits and harms for yourself and then discuss your decision with your primary care provider.

References:

Ali, et. al. (2016). Screening for abdominal aortic aneurysm in asymptomatic adults. *Journal of Vascular Surgery*, 64(6), 1855 - 1868.

Norman, P.E., Jamrozik, K., Lawrence-Brown, M.M., Le, M.T., Spencer, C.A., Tuohy, R.J., et al. (2004). Population based randomised controlled trial on impact of screening on mortality from abdominal aortic aneurysm. *BMJ*, 329(7477), 1259.