

Abdominal Aortic Aneurysm

Help Rodney
spread the word
that AAA
is no joke.



Following open surgery in 1992 to repair his abdominal aortic aneurysm (AAA), classic comedian Rodney Dangerfield has wisecracked his way to his 80th birthday. But he's very serious when it comes to AAA awareness. Rodney wants to educate the public about this silent killer and encourage high-risk individuals to get screened. And he needs your help.

A quick refresher.

An abdominal aortic aneurysm (AAA) is a sac-like enlargement of the lower portion of the aorta. While the exact cause is unknown, AAA begins with a weakened spot in the aortic wall. Over time, the constant pressure of circulating blood can stretch out the aorta, much like an inflating balloon. If the aorta grows to 1.5 times its normal diameter, this by definition constitutes AAA.¹

AAAs typically expand at a rate of 0.33–0.5 cm per year.² As the diameter increases, so do the chances that the aneurysm will rupture. Due to the massive internal hemorrhaging that results, only an estimated 18% of rupture victims make it to the hospital and survive emergency surgery.³

The silent killer that no one knows about.

Each year approximately 15,000 Americans die from a ruptured AAA, making the condition similar in magnitude to emphysema or renal disease.⁴ While those better-known conditions have recognizable signs and symptoms, however, AAA is generally asymptomatic. Rarely will the condition bring patients into your office with complaints.

In fact, 75% of AAAs are detected incidentally—usually during an imaging scan performed for unrelated reasons.⁵

We hope to change that.

When patients see you for a check-up or an annual physical, evaluate whether or not they may be at risk for AAA.

People over the age of 60, especially men, have the highest risk of developing AAA. There is also strong correlation with smoking. A 1999 study found that current smokers were 7.6 times more likely to have AAA than non-smokers, and that former smokers were 3 times more likely.⁶



Courtesy of David Deaton, M.D.

Risk Factors

- Family history of AAA
- Over 60 years of age
- Male gender
- Smoking
- Hypertension
- High cholesterol
- Atherosclerosis
- Cardiovascular disease

A family history of AAA, however, is an independent risk factor. Individuals diagnosed with AAA have a 20% chance of having a close relative with the condition.⁴

Screen them when you have them!

When performing abdominal palpation of the aorta during your physical exam, look for an unusually wide aorta, as well as a pulsating or tender mass. Abdominal palpation can be effective in thinner patients or with larger aneurysms. If the patient has a waistline over 40 inches, however, palpation becomes much less sensitive.

Ultrasound examination—the screening method of choice—is 82-99% accurate in diagnosing AAA.⁷ It can frequently identify aneurysms that are not discovered by palpation.

If there are strong enough risk factors, consider ordering a baseline ultrasound even if there are no manually detected physical abnormalities.

For those with a family history, ultrasound screenings should not be delayed until the patient reaches age 60. If a close relative experienced a rupture at 45, for example, it makes sense to screen your patient before or around that same age.

My patient has AAA. When do I refer?

If your patient has a small aneurysm (< 4.5 cm in diameter), the risk of rupture is low—approximately 1%.⁸ This typically warrants a “watchful waiting” approach, where regular ultrasound surveillance is employed to closely track the aneurysm’s growth and morphology.

Annual Rate of Rupture by Diameter

4.0-4.9 cm:	1%
5.0-5.9 cm:	3%
6.0-6.9 cm:	9%
7.0 cm & up:	25%

If the AAA enlarges to 5 cm, the Joint Council of the Society for Vascular Surgery (SVS) and the American Association for Vascular Surgery (AAVS) recommends surgery to repair the aorta and prevent a rupture.⁹ At the 5 cm threshold, Law MR et al show that the annual rate of rupture triples (see chart).

Thus somewhere between 4.5-5 cm, it is appropriate to refer your patient to a vascular specialist. This could be a vascular surgeon or, in some cases, an interventional radiologist with training and experience in minimally invasive AAA repair.

Open Surgery vs. Endovascular Surgery

As the advent of endovascular surgery has created a choice of treatment methods, many patients now feel anxious about making the “right decision.” Encourage your patient to seek full information and several opinions about the benefits, complications, and risks of both conventional open surgery and endovascular surgery.

Open Surgery


- Requires a large incision in abdomen/side
- Opens the aneurysm and implants a graft
- Average hospital stay: 1 week
- Average total recovery time: 1-3 months
- Has the potential complications of major surgery, but has been proven effective and durable in long-term studies

Endovascular Surgery

- Requires 2 small incisions in the groin area
- Re-lines the aneurysm with a graft
- Average hospital stay: 2-3 days
- Average total recovery time: 1-2 weeks
- FDA approved in 1999, this minimally invasive procedure requires diligent annual follow-up; long-term efficacy has yet to be established

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Refer your patients to Spotlight Health (<http://www.spotlighthealth.com>) for comprehensive, understandable, physician-reviewed medical information. With online support groups, interviews with vascular specialists and celebrity survivors, and regular live chats, our online AAA community is the first to be exclusively devoted to the condition.




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When Rodney Dangerfield was treated for pancreatitis in 1992, his X-ray revealed something that makes even a comedian get serious—an abdominal aortic aneurysm, commonly abbreviated as AAA (pronounced "Triple-A"). His aorta, the largest artery in the body, had ballooned to nearly twice its normal size.

Thanks to surgery, Rodney has now wisecracked his way to his 80th birthday. In this eye-opening multimedia journey, find out why he thinks this little-known condition should get some respect.

Are You At Risk?
AAA Risk Questionnaire

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quick facts about AAA

- 200,000 new cases of AAA are diagnosed each year in the U.S.
- An estimated 1.5 million Americans currently have an abdominal aortic aneurysm
- Only about 50% of the 1.5 million people with AAAs have been diagnosed
- AAA is four times more common in men than women
- Mortality from a ruptured AAA is approximately 80%
- Prevalence of AAA has increased 300% in the last 30 years ¹⁰
- Ruptured AAAs killed Albert Einstein, Lucille Ball, Conway Twitty, and George C. Scott



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