## BEST PRACTICE RECOMMENDATIONS

## ABDOMINAL AORTIC ANEURYSMS

Rupture of Abdominal Aortic Aneurysms (AAAs) is one of the most fatal surgical emergencies, with a mortality rate of approximately 90%, whereas the mortality rate for elective repair of AAAs is 3-7%. Surveillance of AAAs at recommended intervals enables timely elective repair, limits ruptures and thereby saves lives. To address this crucial need, RP developed and implemented Best Practice Recommendations (BPRs) RP-wide for the surveillance of AAAs. RP BPRs are based on the 2013 ACR white paper on Managing Incidental Vascular Findings on Abdominal and Pelvic CT and MRI.

AAA size (cm)	Recommended Follow-Up
≤ 2.6 cm to 2.9 cm	Normal Diameter of infrarenal aorta
2.1 cm to 2.5 cm	Not AAA. If reported AND described as dilated, no f/u rec
2.6 cm to 2.9 cm	Every 5 years <sup>1</sup>
3.0 cm to 3.4 cm	Every 3 years
3.5 cm to 3.9 cm	Every 2 years
4.0 cm to 4.4 cm	Every 12 months, Recommend vascular consultation
4.5 cm to 5.4 cm	Every 6 months, Recommend vascular consultation
≥ 5.5 cm	Referral to vascular specialist

1. For aortas with maximum diameter of 2.6-2.9 cm meeting the criteria for AAA ( $\ge$ 1.5 x proximal normal segment, no f/u if < 1,5 x proximal normal segment). This only applies to suprarenal aortas.

## References

ACR Managing Incidental Vascular Findings on Abdominal and Pelvic CT and MRI, 2013 Society for Vascular Surgery AAA Guidelines Update, 2018

Society for Vascular Surgery - Guidelines for AAA, 2009

The risk of rupture in untreated aneurysms: The impact of size, gender, and expansion rate, 2003 Guidelines for the treatment of abdominal aortic aneurysms, 2003

Incidence, follow-up, and outcomes of incidental abdominal aortic aneurysms, 2010

AAA A Comprehensive Review, 2011

Rupture Rates, 2003

Small AAAs JVS, 2003

Small AAAs NEJM, 2003

Ultrasound surveillance of ectatic abdominal aortas, 2008

2330 Utah Avenue, Suite 200 | El Segundo, CA 90245 info@radpartners.com | Phone/Fax: 424-290-8004



In accordance with RP's mission to provide high clinical quality to our patients, referring physicians, and clients, RP has developed numerous Best Practice Recommendations (BPRs). RP's BPRs are developed through extensive literature review and in collaboration with our radiologists across multiple specialties. RP is committed to excellence and accountability and therefore consistently monitors BPRs adherence and provides feedback to our practices.

THE LARGEST
PHYSICIAN-OWNED
AND PHYSICIAN-LED
RADIOLOGY PRACTICE
IN THE U.S.

