### What is an abdominal aortic aneurysm and how is it diagnosed?

Abdominal aortic aneurysm (AAA) is a life-threatening condition in which the large vessel that supplies blood to the abdomen, pelvis and legs becomes weak and balloons.

When diagnosed early, AAA can be treated or even cured with highly effective and safe procedures. Ultrasound is a painless, non-invasive and accurate way of finding and measuring AAA.

If you or your physician suspect you have this condition it is vital that you pursue a diagnosis immediately as the aneurysm can burst and cause severe internal bleeding which can lead to shock or even death.

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Oct 2023

# Abdominal Aortic Aneurysm

A patient's guide





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# Understanding abdominal aortic aneurysm (AAA)

The aorta is the largest artery in your body, running through your chest (thoracic aorta) and your abdomen (abdominal aorta). There, it splits into two branches that carry blood into each leg. When a weak area of the abdominal aorta expands or bulges, it is called an abdominal aortic aneurysm (AAA). A normal aorta is about 1 inch (or about 2 centimeters) in diameter. However, an AAA can stretch the aorta beyond its safety margin, putting the patient at risk of a deadly rupture. Even before rupturing, clots or debris can form inside the aneurysm and travel to blood vessels leading to other organs in your body. If one of these blood vessels becomes blocked, it can cause severe pain or even more serious problems, such as limb loss.

#### What causes AAA?

The exact cause is unknown, but the leading thought is that an aneurysm may be caused by inflammation in the aorta, which may cause its wall to break down. Some researchers believe that this inflammation can be associated with atherosclerosis or risk factors that contribute to atherosclerosis, such as high blood pressure (hypertension). In atherosclerosis, fatty deposits, called plaque, build up in an artery. Over time, this buildup causes the artery to narrow, stiffen and possibly weaken.

#### What are the symptoms?

Although you may not feel any symptoms with AAA, you may experience one or more of the following:

- a pulsing feeling in the abdomen, similar to a heartbeat
- severe, sudden pain in your abdomen or lower back (if this is the case, your aneurysm may be about to burst)
- painful or discolored feet because of material shed from the aneurysm

If your aneurysm bursts, you may suddenly feel intense weakness, dizziness or pain, and you may eventually lose consciousness. This is a life-threatening situation, and you should seek medical attention immediately.

## Who should have ultrasound screening for AAA?

Even if you are symptom-free, you may have risk factors that indicate a screening is appropriate. These include:

- having an immediate relative, such as a mother or brother, who has had AAA
- being a man over 60
- a history of smoking
- high blood pressure
- atherosclerosis
- high cholesterol

To schedule an AAA ultrasound screening or for more information, please visit www.ausrad.com or call (512) 453-6100.

# What should I expect during an abdominal ultrasound?

Ultrasound imaging of the abdomen is painless and fast. You will change into a gown for the test and be asked to lie on your back. The ultrasound technologist will apply a gel to your abdomen to help the transducer get a better picture. Then, the technologist will move the transducer, a hand-held device that sends and receives sound waves, against your skin to see images of your abdomen. After the exam, one of our board-certified radiologists will interpret your ultrasound and send the results to your doctor.

#### How should I prepare?

- For a morning exam, do not have anything to drink or eat after midnight. For an afternoon exam, you may have a low-fat breakfast with no dairy products no later than 7:30 a.m.
- A physician referral is required for all AAA screenings. Please bring a copy to your appointment.
- If you have had an AAA screening at an office other than Austin Radiological Association, please inform the scheduler or bring those films with you for comparison.

