

AAA & Surveillance Policy

Anyone booked for AAA surveillance scan over next 6 months will have their previous scan/ size reviewed:

- Those with 5.5cm AAA will need to be counselled as to their operative/ recovery risk versus rupture risk
 - It is likely that, unless there has been rapid sac growth / symptomatic/ large aneurysm (>7cm); we would delay their treatment until AFTER September
 - *Particularly Open repairs*
- If there has been AAA growth (>6mm) over the preceding year, then the patient should have their scan performed as planned. *Particularly if they are >4.5cm AAA.*
 - *We expect these to be a small number of those under surveillance*
- For those 3.0 < 4.4cm AAA, who do not meet above criteria, we will re-list them for surveillance from Sept 2020 onwards as 'Low priority'
- For those 4.5 < 5.4cm AAA, again who do not meet above criteria, we will re-list them for surveillance from Sept 2020 onwards as 'High priority'
 - Should normal service not have restarted by Sept, we will review the cases again

EVAR / bypass/ Stent surveillance:

- Unless there were adverse features on their previous surveillance scan, delay until Sept 2020:
 - EVAR - sac growth +/- endoleak
 - Bypass/ Stent- **Velocity >x2 or ABPI drop
 - Stent- Pre D/c ABPI, then stent surveillance post-COVID ??Sept 2020.
 - Bypass- Pre D/c Duplex +/- ABPI, Telephone FU at 1/52 + assuming all well a further one at 6/52. Hopefully into surveillance post-COVID ??Sept 2020

All discharges for Telephone FU ANP @ 1/52, then Consultant/ Team @ 6/52