

# OHVI RECOMMENDATIONS

## AAA Clinical Pathway

The goal of the AAA clinical pathway is to standardize the treatment of AAA at all OhioHealth facilities to ensure patients are not “under or over” treated based on established guidelines and evidence based scientific publications.

### RECOMMENDATIONS:

#### Screening

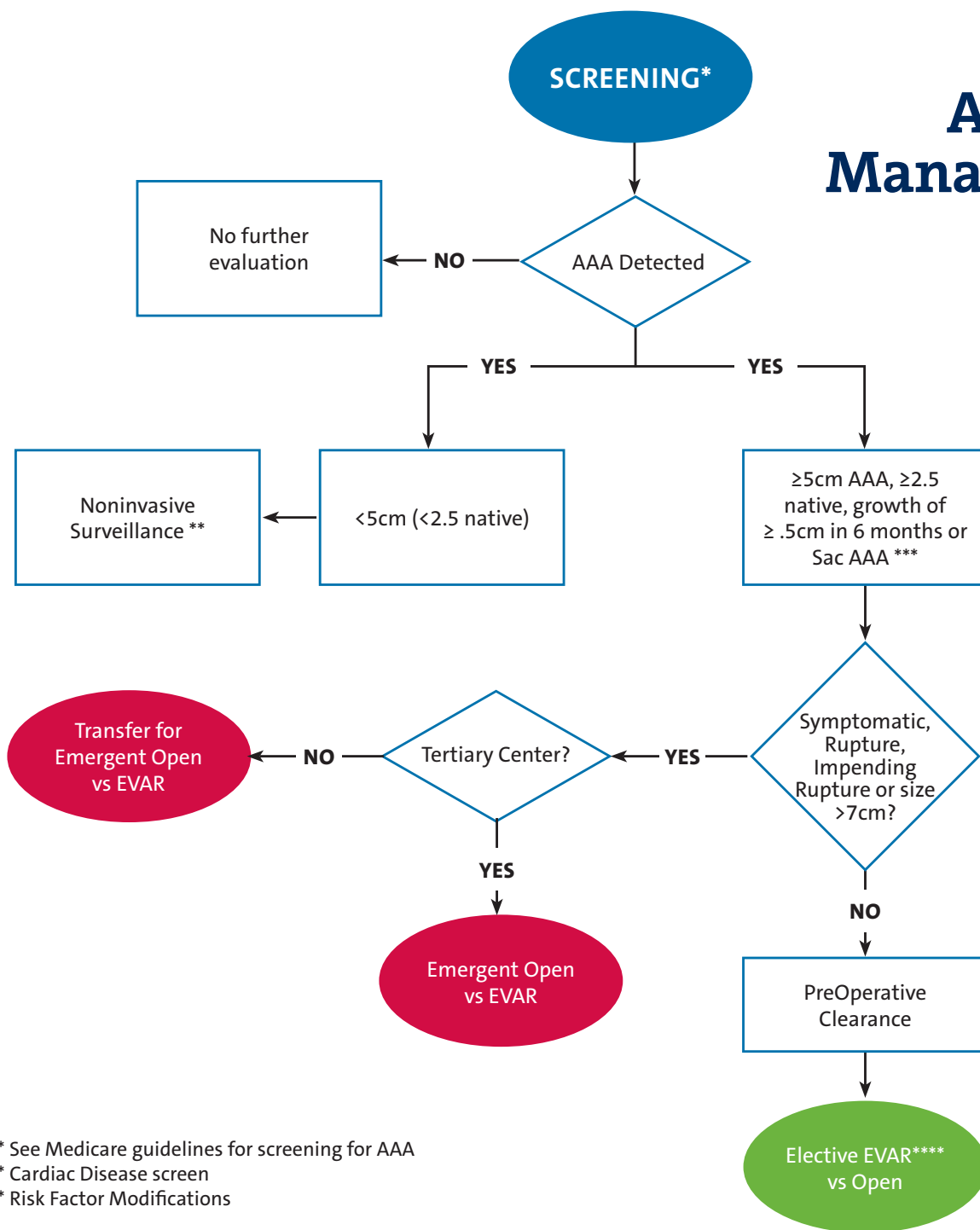
- + Males: all  $\geq 65$  yo or  $\geq 55$ yo with +FHx
  - Smoking Hx – ( $\geq 100$  cigarettes) duration more important
  - FHx – 12 – 19% have 1st deg relative with AAA
- + Women:  $\geq 65$ yo with FHx or smoker ( $\geq 100$  cigarettes)
- + U/S preferred for screening
  - Surveillance US
    - 2.6 to 2.9cm – 5 yrs
    - 3.0 to 3.4cm – 3 yrs
    - 3.5 to 4.4cm – 12 months
    - 4.5 to 5.0cm – 6 months
- + CTA for symptomatic AAA, pre-op or needed for improved imaging

#### Risk Factor Modification

*Primarily aimed at cardiac and neuro event reduction.*

- + Statin
- + ACE-inhibitor
- + Immediate smoking cessation counselling
- + Vascular rehabilitation
- + Treat HTN per JNC-7 guidelines (ACEI preferred, consider even without HTN for MI and CVA risk reduction)
- + Treat Lipids with Statin preferred per NCEP / ATP guidelines
- + AntAHbA1C  $< 7\%$
- + +/- ASA

# AAA Management



\* See Medicare guidelines for screening for AAA  
 \* Cardiac Disease screen  
 \* Risk Factor Modifications

\*\* Surveillance

- 2.6 to 2.9cm – 5 yrs
- 3.0 to 3.4cm – 3 yrs
- 3.5 to 4.4cm – 12 months
- 4.5 to 5.0cm – 6 months

\*\*\* ≥4.5 and anatomical concerns for endo fix and/or psychological cripple from AAA presence

\*\*\*\* Short neck consider referral to center that does fenestrated stent graft

- + <5cm — Office visit
- + ≥ 5cm — Discuss with vascular surgeon or interventionalist
- + Saccular aneurysm — Discuss with vascular surgeon or interventionalist

## Medical Care

### Pre-Operative Cardiac Assessment

#### Active cardiac condition?

- + Angina or recent MI <1mo
- + Decompensated CHF
- + Significant arrhythmias [AV block, Afib (poor control), VT]
- + Severe valve disease
  - Delay repair until treated, consider coronary angiography

#### Good functional capacity?

- + MET  $\geq$ 4 (heavy housework, climb 1 flight stairs)
- + Risk factors
  - Mild stable angina, prior mi, compensated CHF, DM, CRI
- + Proceed with repair Bblocker is appropriate if 1 risk factor.

#### Poor functional capacity?

- + MET <4 (only walking or light housework)
- + Risk factors
  - Pre-op noninvasive testing if will change management

#### Screening for Carotid Artery Disease

## WHAT IS A RECOMMENDATION?

A guideline outlining the OhioHealth philosophy for care and/or treatment of a specific patient population.

## ACTION REQUIRED:

- + **VI Education Pillar:** Communicate new recommendation at VI meeting.
- + **VI Members:** Communicate new recommendation at campus meetings.
- + **Physicians:** Use as a resource or guideline within your practice.
- + **Nurses:** utilize as a resource to address patient questions.

## WHY?

The goal of the AAA Clinical Pathways is to standardize the treatment of AAA at all OhioHealth facilities to ensure patients are not “under or over” treated based on established guidelines and evidence based scientific publications with clinically relevant interpretation to a broader patient population.

## WHERE TO DOCUMENT:

Documentation should be maintained in the patient’s medical record.

## APPROVED BY:

- + Vascular Institute Executive Committee: 02/11/15
- + Heart & Vascular Clinical Guidance Committee: 04/08/15
- + ED Clinical Guidance Committee: 05/21/15
- + Primary Care Clinical Guidance Committee: 06/03/15
- + Critical Care Clinical Guidance Committee: 06/24/15
- + Hospitalist Clinical Guidance Committee: 06/25/15
- + System Clinical Guidance Committee:

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