

NHS Abdominal Aortic Aneurysm (AAA) Screening Programme**- Frequently asked questions -****Programme Roll-out****Where will screening be offered first?**

The NHS AAA Screening Programme is being introduced gradually to make sure it works as effectively as possible. Six areas in England have been selected to offer screening in the first phase of implementation. The first programmes will be in South Manchester, Gloucestershire, Leicester, South West London, West Sussex and South Devon and Exeter.

Each programme will operate as a collaboration between Primary Care Trusts, hospital trusts and Vascular Networks. By March 2013 screening is expected to be offered to all men in England in their 65th year.

How many screening centres will there be?

Once the programme is fully rolled out across England it is anticipated there will be up to 60 local screening centres, offering screening to an estimated total population of around 270,000 men aged 65 every year. These centres will also provide follow up screening for those within their surveillance programmes.

What scientific evidence is there to support screening?

The programme is being introduced following research evidence, pilot programmes and economic evaluation. The UK National Screening Committee has assessed the evidence around the introduction of an AAA screening programme against a set of internationally recognised criteria to ensure that it will deliver benefits at a reasonable cost.

How many lives will be saved by the programme?

It is estimated that, once fully implemented, the programme will reduce the death rate from abdominal aortic aneurysm by around 50 percent.



The Condition

How common is the condition?

It is estimated that around 4% of men in England aged between 65 and 74 have an AAA. Most of these are small and not serious. However, small AAAs can increase in size and develop into a large AAA – which is a serious condition.

What is the chance of dying from a ruptured AAA?

If an AAA ruptures it is a surgical emergency as it can lead to serious blood loss. The death rate after a rupture is about 80%, as many patients die before they reach hospital. The aim of the screening programme is to detect and treat large AAAs early therefore reducing the number of deaths from ruptured AAA.

The Process

How will men be invited?

Men eligible for screening will be sent an invitation letter, containing a date and time for their scan and an information leaflet, around three weeks before the appointment. Invitations will be sent from the local screening office and will contain full details about attending for screening, the test, and the possible results.

If the time or date is inconvenient men are able to reschedule their appointment. If a man does not respond to an invitation letter, or attend for his appointment, he will be invited again.

Can men who are over 65 be screened?

Men only need one scan during the year in which they turn 65 to screen for AAA. So men who receive a normal result do not need follow up scans. Men who are older than 65 and who have never had screening or treatment for an AAA can request to be screened when the Programme is available in their area.

The Test

What test is used to screen for AAA?

An ultrasound scan of the abdomen is used to look for an AAA – this is similar to the scan used in pregnancy to check how the baby is developing. The test is simple, quick and completely painless. The test is carried out by a sonographer or a specially trained screening technician (also called a 'screeener') who will be trained to standards set by the NHS AAA Screening Programme.



The test process

1. The man will be asked to lie on a bed and lift up his shirt. There is no need for him to undress
2. The screening technician will put some clear, water-based jelly on the man's abdomen
3. An ultrasound probe is passed gently over the man's abdominal skin
4. An image of the aorta is displayed on a monitor. The screening technician will be able to measure the diameter of the aorta and determine if an aneurysm is present
5. The man will be told his results straight away and given a written version of his results to take home. He will have the opportunity to discuss the results on the day and be given a phone number for any further questions.

What happens if the aorta can't be seen?

Occasionally the screening technician will not be able to see the aorta or measure it accurately. The man will be invited for a further scan, usually at a different clinic.

What if a man doesn't want to be screened?

Attending for AAA screening is a choice, and there is no obligation to attend. If a man has considered the AAA screening test and decided that he does not wish to be screened he can telephone his local screening office and ask to be removed from the list.

Where will screening take place?

Local screening services will be provided by Primary Care Trusts. Guidelines provided by the NHS AAA Screening Programme state that the initial and surveillance screens should be provided in community healthcare facilities, for example at community hospitals and GP clinics. Some areas may also commission mobile units.

The results

What should men do if they are diagnosed with a small aneurysm?

Aneurysms grow very slowly so the risk of having serious problems is very low. Men who have a small aneurysm detected will be invited back for regular surveillance to monitor the size of the aneurysm. They will also be provided with advice on how they may slow the growth of the aneurysm, generally this will be by:

- Stopping smoking
- Eating a balanced diet
- Ensuring their weight is at a normal level
- Taking regular exercise
- Taking medication on the advice of their GP.



A man's GP may also want to review what medication he is taking and provide regular blood pressure monitoring.

What about men who have a very large aorta?

Men with an aorta that has a diameter of 5.5cm or over will be referred to see a specialist, within two weeks, to have further scans and discuss having an operation.

What are the chances of a man having a small or large aneurysm?

It is estimated that for every 200 men screened by the NHS AAA Screening Programme, 8 will have an aneurysm, but only 1 will have a large aneurysm that may require treatment.

Treatment

What treatment is available?

Almost all large AAAs can be treated through surgery if they are detected early. The vascular surgeon will discuss treatments options with the man once an AAA has been diagnosed.

Generally there are two types of treatment available:

- Most aneurysms are treated by an operation in which the aneurysm is replaced with an artificial artery made of a very strong plastic. This 'artificial artery' should last for the rest of the man's life and will protect the aorta against possible rupture
- Some aneurysms are suitable for a different operation called Endovascular Aneurysm Repair (EVAR) or 'stenting'. This involves threading thin tubes through the arteries from the groin, until they reach the aorta. The tubes are used to carry stents to the site of the aneurysm. A stent is a special type of tube which expands to line the inside of the aorta and protect against possible rupture.

Why are small aneurysms not treated?

It is highly unlikely that a small AAA will pose a serious risk. As with any operation, there is a risk associated with having surgery or stenting for an AAA. As this risk is greater than that posed by monitoring the AAA, surgeons do not recommend treatment for men with a small AAA. If the aneurysm grows and becomes a serious risk then surgery or stenting may become an option and will be discussed with the man.



Further information on the NHS Abdominal Aortic Aneurysm Screening Programme can be found at <http://aaa.screening.nhs.uk>

The NHS AAA Screening Programme press office can be contacted on 020 7478 7802 or email: aaascreeningprogramme@trimediauk.com