



## DECISION AID

### Abdominal aortic aneurysm: What are your treatment options?

If you're reading this, you've probably been diagnosed with a large abdominal aortic aneurysm. That means that the abdominal aorta has become much wider in one place: The diameter in men would be over 5.5 centimeters (cm), and in women over 5 cm. Most large aneurysms never cause any problems. But an aneurysm can get so big that it can rupture (burst open) without warning. That is a life-threatening situation.

There are various ways to deal with a large aneurysm. An artificial blood vessel (graft) can be implanted in the aneurysm. This is done by either opening the abdominal wall and the aorta, or by using a catheter. There is also the option of regularly checking whether the aneurysm is growing – without the use of surgery.

The aim of this decision aid is to help you to decide together with your doctors whether or not to have surgery. If your doctor has recommended surgery, you have the right to get a second medical opinion.

#### THESE ARE THE TREATMENT OPTIONS:

**Surgical procedure** [ Open surgery through an abdominal incision (cut)  
Endovascular procedure using a catheter

**Regular check-ups** — Regular examinations

Your choice of surgical procedure may be limited – for example, by your health or the exact position of the aneurysm. Many hospitals are specialized in endovascular procedures as well.

*You can read  
about the pros  
and cons of these  
treatments on the  
next pages.*

#### MAKING AN INFORMED DECISION

This decision aid probably won't include all of the information that you need. You will still need to talk to a doctor, but the decision aid can help you. A decision for or against treatment will mostly depend on your answers to these questions:

- How do you view the risk associated with the aneurysm?
- How do you view the risks of a surgical procedure?

This will involve individual factors such as your age and how you cope with regular check-ups, or being aware that you have an aneurysm.



Even if you find the aneurysm very distressing: Take the time to find out what you want to know and don't let anyone pressure you into choosing a certain treatment.

## SUMMARY OF TREATMENT OPTIONS

	Regular check-ups	Open surgery	Endovascular surgery
<b>What does the treatment involve?</b>	<p>Imaging techniques are used to regularly check on whether the aneurysm is growing, and if so, how fast. If the risk of rupture increases, the suitability of a surgical procedure may be reconsidered.</p> <p>Other conditions that you might also have, like high blood pressure or high blood lipid levels, are treated with medication.</p>	<p>The aneurysm is opened through an abdominal incision (cut) and an artificial blood vessel (graft) is implanted. This graft is stitched into the abdominal aorta.</p> <p>General anesthetic is needed for this procedure.</p> <p>You will usually have to stay in the hospital for about 2 weeks (and in the intensive care unit at the start).</p> <p>Complete recovery takes several weeks or months.</p> <p>There are single follow-up appointments after the surgery.</p> <p>Other conditions that you might also have, like high blood pressure or high blood lipid levels, are treated with medication.</p>	<p>A catheter is pushed through a small cut or insertion point and guided through an iliac artery to where the aneurysm is along tube. The stent graft is then expanded and implanted.</p> <p>This is usually done under general anesthetic.</p> <p>You typically need to stay in the hospital for one week.</p> <p>It takes several weeks to recover fully.</p> <p>Afterwards, you need to have check-ups for the rest of your life.</p> <p>Other conditions that you might also have, like high blood pressure or high blood lipid levels, are treated with medication.</p>
<b>Who is the treatment suitable for?</b>	<p>For anyone.</p> <p>This is the only option for people for whom the risks of surgery are too high.</p>	<p>For people in good general health who don't have any other serious medical conditions.</p>	<p>For people with a good or moderate health status, and whose aneurysm and abdominal aorta have the right sort of conditions.</p> <p>The right stent graft must be available.</p>
<b>How much can the treatment help?</b>	<p>The aneurysm is checked regularly. If the risk of rupture is too great, the suitability of a surgical procedure is reconsidered.</p>	<p>The aneurysm is reinforced: This greatly reduces the risk of rupture.</p>	<p>The aneurysm is reinforced: This greatly reduces the risk of rupture.</p>

## SUMMARY OF TREATMENT OPTIONS

	Regular check-ups	Open surgery	Endovascular surgery
What are the possible disadvantages of treatment?	<p>The following information is from studies involving nearly only men as participants. Women can use the figures in the table as a rough guide. It is best to discuss any questions about the possible complications with your doctor.</p> <p>Much less is known about the advantages and disadvantages of the surgical procedures in women with aneurysms than in men. But experts believe that surgery in women is associated with more risks.</p>		
	<p>The aneurysm can rupture (burst open). A ruptured aneurysm is a life-threatening emergency situation. A large aneurysm ruptures within one year in about 3 to 6 out of 100 men.</p> <p>For men in <b>poor health</b>: Check-ups do not have any disadvantages compared to a stent graft.</p>	<p>For men in <b>good health</b>: Open surgery is riskier than an endovascular procedure – but the long-term chances of survival are not worse.</p> <p>In figures:</p> <p><b>30 days after the surgery:</b></p> <ul style="list-style-type: none"> <li>About 4 out of 100 men die.</li> </ul> <p><b>Four years after the surgery:</b></p> <ul style="list-style-type: none"> <li>About 10 out of 100 men die.</li> <li>About 7 out of 100 men need to have surgery again.</li> </ul> <p><b>Several years after the surgery:</b></p> <ul style="list-style-type: none"> <li>About 8 out of 100 men have lung complications.</li> <li>About 1 out of 100 men have kidney complications.</li> <li>About 1 out of 100 men have a non-fatal stroke.</li> </ul> <p>Like all operations, the surgery is also associated with risks such as infections or wound healing problems.</p>	<p>For men in <b>good health</b>: An endovascular procedure is less invasive than open surgery – but it does not offer better chances of survival over the long term.</p> <p>In figures:</p> <p><b>30 days after the surgery:</b></p> <ul style="list-style-type: none"> <li>About 1 out of 100 men die.</li> </ul> <p><b>Four years after the surgery:</b></p> <ul style="list-style-type: none"> <li>About 10 out of 100 men die.</li> <li>About 16 out of 100 men have to have surgery again.</li> </ul> <p><b>Several years after the surgery:</b></p> <ul style="list-style-type: none"> <li>About 3 out of 100 men have lung complications.</li> <li>About 1 out of 100 men have kidney complications.</li> <li>About 1 out of 100 men have a non-fatal stroke.</li> </ul> <p>Like all operations, the surgery is also associated with risks such as infections or wound healing problems.</p>

## YOUR DECISION

You can now weigh the pros and cons of the different treatments for yourself. Which of them are better suited to you and your life circumstances, and which of them aren't?

### WHAT IS IMPORTANT TO YOU?

You can use this table to note the main issues for you when considering the options. Which of them will affect your decision? How important are they to you? Mark the statements that apply to you, and add any thoughts of your own. Ranking the statements could help: For instance, you could mark the statements that are especially important to you with a 1, those that are a little less important with a 2, and so on.

Which statements apply to you?		Your ranking (1, 2, ....)
It is important to me to reduce the risk of a life-threatening rupture of the aneurysm as soon as possible.	<input type="radio"/>	
It is important to me to avoid serious complications due to preventive surgery.	<input type="radio"/>	
It is hard for me to live knowing that I have an untreated aneurysm.	<input type="radio"/>	
Regular check-ups aren't a problem for me.	<input type="radio"/>	
Any surgical procedure should be maximally less invasive.	<input type="radio"/>	
If I have surgery, it is important to keep the risk of having more surgery later on low.	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	

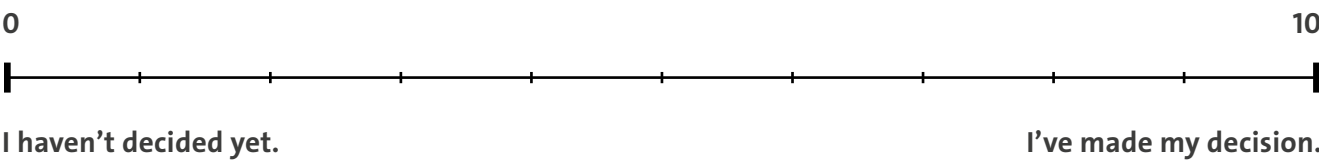
WHICH TREATMENT WOULD YOU CONSIDER?

You can use this table to assess the different treatments. Mark the ones you would consider and write down what you like and don't like about them.

Which treatment would you consider?		What do you like about it?	What don't you like about it?
Regular check-ups	<input type="radio"/>		
Open surgery	<input type="radio"/>		
Endovascular surgery	<input type="radio"/>		

HOW FAR HAVE YOU GOT WITH YOUR DECISION?

You can use this section to record how far along you are in your decision-making process. Mark where you are on a scale of 0 to 10.




If you still aren't sure and need more help, you can find some tips and more information on the following pages.

## WHAT ELSE DO YOU NEED IN ORDER TO MAKE A DECISION?

With all the different pros and cons to consider, it can be hard to choose a treatment. Then the following might help:

<b>Knowledge</b> If you feel that you don't have enough information:	<input type="checkbox"/> Write down your questions. <input type="checkbox"/> Make notes on where you could get answers (for example, on the internet, at the library, or from healthcare professionals or counselors). <input type="checkbox"/> You have the right to seek a second medical opinion. You can find out more about that option on the next page. <input type="checkbox"/> There you will also find links to further information.
<b>Importance to you</b> If you aren't sure which pros and cons are most important to you:	<input type="checkbox"/> Talk with people who know about these pros and cons from their own experience. <input type="checkbox"/> Speak to others who have already made the same kind of decision. <input type="checkbox"/> Read about others who were in a similar situation and see what mattered most to them. <input type="checkbox"/> Discuss with other people what is most important to you.
<b>Support</b> If you feel you aren't getting the support you need:	<input type="checkbox"/> Discuss the various options with a trusted person (for instance, with your doctor, someone in your family, or a friend). <input type="checkbox"/> Take this decision aid with you to your next appointment and talk about it with your doctor. <input type="checkbox"/> Contact patient advice services or a support group. You will find more information about this on the next page. <input type="checkbox"/> Seek help to support your choice (like financial support, childcare, transport for appointments, or someone to go with you).
If you feel pressured by others to choose a certain option:	<input type="checkbox"/> Focus on those people's opinions that matter to you the most. <input type="checkbox"/> Discuss this decision aid with others. <input type="checkbox"/> Ask someone else to fill in this decision aid. Where do your answers match? If you disagree on the facts, get more information. If you disagree on what matters most, consider the other person's point of view. Take turns listening to what matters most to the other person. <input type="checkbox"/> Find a neutral person to help you and the other people who are involved.

**YOU WILL FIND IN-DEPTH INFORMATION ABOUT THE FOLLOWING TOPICS  
ON THE INTERNET:**

	<b>Abdominal aortic aneurysm</b> <a href="http://www.informedhealth.org/abdominal-aortic-aneurysm.html">www.informedhealth.org/abdominal-aortic-aneurysm.html</a>
	<b>When is surgery recommended for the treatment of abdominal aortic aneurysm?</b> <a href="http://www.informedhealth.org/abdominal-aortic-aneurysm-surgery">www.informedhealth.org/abdominal-aortic-aneurysm-surgery</a>
	<b>At the hospital in Germany</b> <a href="http://www.informedhealth.org/at-the-hospital.html">www.informedhealth.org/at-the-hospital.html</a>
	<b>Surgery</b> <a href="http://www.informedhealth.org/surgery.html">www.informedhealth.org/surgery.html</a>
	<b>Second medical opinion</b> <a href="http://www.informedhealth.org/second-opinion-before-surgery.html">www.informedhealth.org/second-opinion-before-surgery.html</a>
	<b>Patient advice services and support groups</b> <a href="http://www.informedhealth.org/support-groups-and-information-centers">www.informedhealth.org/support-groups-and-information-centers</a>

**PREPARING FOR THE DOCTOR'S APPOINTMENT**

Do you still have any questions or concerns? Write down your questions or your own thoughts to discuss with the doctor.

There's a list of possible questions here:

[www.informedhealth.org/list-of-questions/](http://www.informedhealth.org/list-of-questions/)

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## PUBLISHING DETAILS

Institute for Quality and Efficiency in  
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[www.informedhealth.org/about-us](http://www.informedhealth.org/about-us)

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The format of this decision aid is based on the following:

- Ottawa Personal Decision Guide. O'Connor, Stacey, Jacobsen 2012. Ottawa Hospital Research Institute and University of Ottawa, Canada.
- MAKING SDM A REALITY – Hospital-wide shared decision making – G-BA Innovation fund 2023.
- Institute for Quality and Efficiency in Health Care (IQWiG, Germany). Development of a decision aid for hysterectomy: Rapid Report; Commission P18-01. 2019.