Deaths after Abdominal Aortic Aneurysm Repair

Summary of the Perioperative Mortality Review Committee’s Sixth Annual Report findings

What is an abdominal aortic aneurysm (also called AAA)?
- The abdominal aorta is a vessel that carries blood to the lower half of the body.
- An AAA is when the wall of the aorta is weakened and bulges, and is at risk of bursting.

MORE THAN 5% of the population OVER 55 has one.

Signs of an AAA:
- If you have one:
  - you might not feel any different
  - it might not be at risk of bursting.
- If you can feel a strong heartbeat between your ribs and your belly button, you should see your doctor. They may do an ultrasound or other scans to check.

If your AAA is small and at low risk of bursting, your doctor will talk with you about LIFESTYLE CHANGES like stopping smoking and managing high blood pressure.

If your AAA is at risk of bursting, you might be scheduled for surgery
- Chance of dying after AAA repair: 1 in 50

If your AAA isn’t noticed and bursts, you might have emergency surgery
- Chance of dying after AAA repair: 1 in 5

AAA repair in New Zealand is as safe as in other OECD countries.

The chance of dying after AAA repair depends on:

AGE: 80+
- 2X greater risk than UNDER 65s

ILLNESS: AT LEAST 4X GREATER RISK for those with a life-threatening illness

REPAIR TYPES
- There are two types of repair. Each type depends on patient suitability, and hospital/surgeon capability.
  - Open repair: goes through the abdomen and repairs the aorta from the outside.
  - Endovascular repair: a syringe pushes a tube up through a vessel in the groin, and the aorta is repaired from the inside.

Type of repair: OPEN REPAIR 4X GREATER RISK than endovascular repair

Ask your surgeon if endovascular repair is an option for you

2 Defined by the POMRC as deaths within 30 days of AAA repair.
3 Adjusted for other sociodemographic (age, gender, ethnicity, socioeconomic deprivation) and clinical (repair type, admission type, illness severity) factors.