Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · VASCULAR

Abdominal aortic aneurysm
a single scan at 65, and most men never have it

An abdominal aortic aneurysm is a swelling of the main artery in the abdomen. It causes no symptoms until it ruptures, at which point most people do not survive. **England offers all men a free ultrasound scan in the year they turn 65** — it takes ten minutes, and around a fifth of men invited never attend.

Call 999 immediately if there is

- **sudden severe pain in the abdomen, back or flank**
- pain with **collapse, dizziness or a racing heart**
- a **pulsating sensation in the abdomen** with pain
- **sudden severe back pain** in anyone with a known aneurysm
- **mottled or blue skin** on the legs with abdominal pain

A ruptured aortic aneurysm is immediately life-threatening — call 999 and say you suspect it. Do not drive to hospital. This is the reason screening exists. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

The screening programme

Men at 65
invited automatically in England

10 minutes
a painless ultrasound of the abdomen

Over 65
can self-refer if never screened

- Screening is offered to **men in the year they turn 65**. You do not need to prepare, undress fully or fast.
- **Men over 65 who have never been screened can request a scan directly** from their local programme — this is not widely known and applies at any age.
- **Women are not routinely screened**, as aneurysms are much less common, though risk rises with smoking and family history.
- Around 1 in 70 men screened has an aneurysm, and the great majority are small and simply monitored.

What the result means

- **Under 3cm — normal.** No aneurysm, and no further scans needed. This is the result for around 99 in 100 men.
- **3.0 to 4.4cm — small.** Annual scans. Risk of rupture is very low at this size.
- **4.5 to 5.4cm — medium.** Scans every three months.
- **5.5cm or larger — large.** Referral to a vascular surgeon to consider repair.
- Rapid growth — more than 1cm in a year — also prompts referral regardless of size.

Being monitored is not being ignored

Most men found to have an aneurysm are put on surveillance rather than offered surgery, and that can feel like being left with a time bomb. It is not. **Below 5.5cm, the risk of rupture is lower than the risk of the operation**, so monitoring is genuinely the safer option — and the scan interval is set so that growth is detected long before it becomes dangerous. What matters is attending every scan and controlling the things that drive growth.

What slows growth

Genuinely effective

- Stopping smoking — by far the most important. Smoking both causes aneurysms and accelerates growth
- Controlling blood pressure
- A statin, and usually an antiplatelet, for overall cardiovascular risk
- Regular moderate exercise, which is safe and beneficial
- Attending every surveillance scan

Worth knowing

- No diet or supplement shrinks an aneurysm
- Moderate exercise does not cause rupture — inactivity is worse
- Very heavy lifting and straining are best avoided at larger sizes
- First-degree relatives of someone with an AAA have raised risk and may warrant screening
- You may need to inform the DVLA at larger sizes, particularly for group 2 licences

Repair

- **EVAR** — a stent inserted through the groin arteries. Shorter recovery, but requires lifelong scan surveillance because the stent can leak or move.
- **Open repair** — a larger operation replacing the segment with a graft. Longer recovery, and more durable.
- The choice depends on the aneurysm's shape and position, your age and your other conditions — and it is a genuine discussion rather than a foregone conclusion.

Who is at higher risk

Men; age over 65; **smoking, which is the strongest modifiable factor**; high blood pressure; a **first-degree relative with an aneurysm**, which roughly doubles risk; existing cardiovascular disease; and connective tissue conditions such as Marfan syndrome, in which aneurysms occur younger and are managed differently.

Why come to us. If you are a man over 65 who never attended screening, or you have a family history, we can perform an **abdominal aortic ultrasound on site and give you the result in the same appointment** — no waiting for a letter. We also assess and treat what drives growth: blood pressure, cholesterol and structured stop-smoking support, with bloods taken in-house. Where surveillance or vascular referral is needed we arrange it through our CQC-registered partners.

Scanned and told the result in the same visit

Ultrasound on site, cardiovascular risk assessed in-house.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Ultrasound Scans** · **Health Screening & MOT** · **Cardiology** · **Men's Health Clinic** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS Abdominal Aortic Aneurysm Screening Programme and NICE NG156 guidance. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.