



University Hospital Galway

EMERGENCY DEPARTMENT GalwayEM.ie

[Management of Ruptured Abdominal Aortic Aneurysms](https://galwayem.ie/guidelines/surgical-emergencies/management-ruptured-abdominal-aortic-aneurysms) [\(https://galwayem.ie/guidelines/surgical-emergencies/management-ruptured-abdominal-aortic-aneurysms\)](https://galwayem.ie/guidelines/surgical-emergencies/management-ruptured-abdominal-aortic-aneurysms)

Category

[Surgical Emergencies \(https://galwayem.ie/guidelines/surgical-emergencies\)](https://galwayem.ie/guidelines/surgical-emergencies)

Be cautious when diagnosing renal colic, mechanical back pain and collapse in the elderly. Haematuria can occur with AAA.

The **aim** is to get patients operated on **as soon as possible**. The diagnosis is made clinically by feeling an expansile, pulsatile mass in the abdomen of a shocked (usually elderly) patient with abdominal or back pain. An iliac rupture may present with severe groin pain. Any aneurysm that is tender in a symptomatic patient should be considered to be leaking. Ultrasound and other investigations are NOT indicated in this case and should only be done if there is significant doubt. The best resuscitation is control of the haemorrhage surgically.

Therefore, as soon as a ruptured aortic aneurysm is confidently diagnosed, **Do No further investigations/treatment in the Emergency Department.**

- Inform the Surgical Registrar and duty Anaesthetist.
- Give high flow oxygen by mask.
- If not already done, set up wide bore IV infusion x 2 and catheterise the patient.
- Bloods for FBC, U & E's, X match 10 units (also ask for 4 units of O neg) clotting screen.
- Hypotensive resuscitation. Avoid excess IV fluids in patients – a systolic BP of 90-100 mmHg is adequate.
- CTA may be arranged in presence of Vascular surgeons, to decide on best therapeutic intervention (open vs endovascular)

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