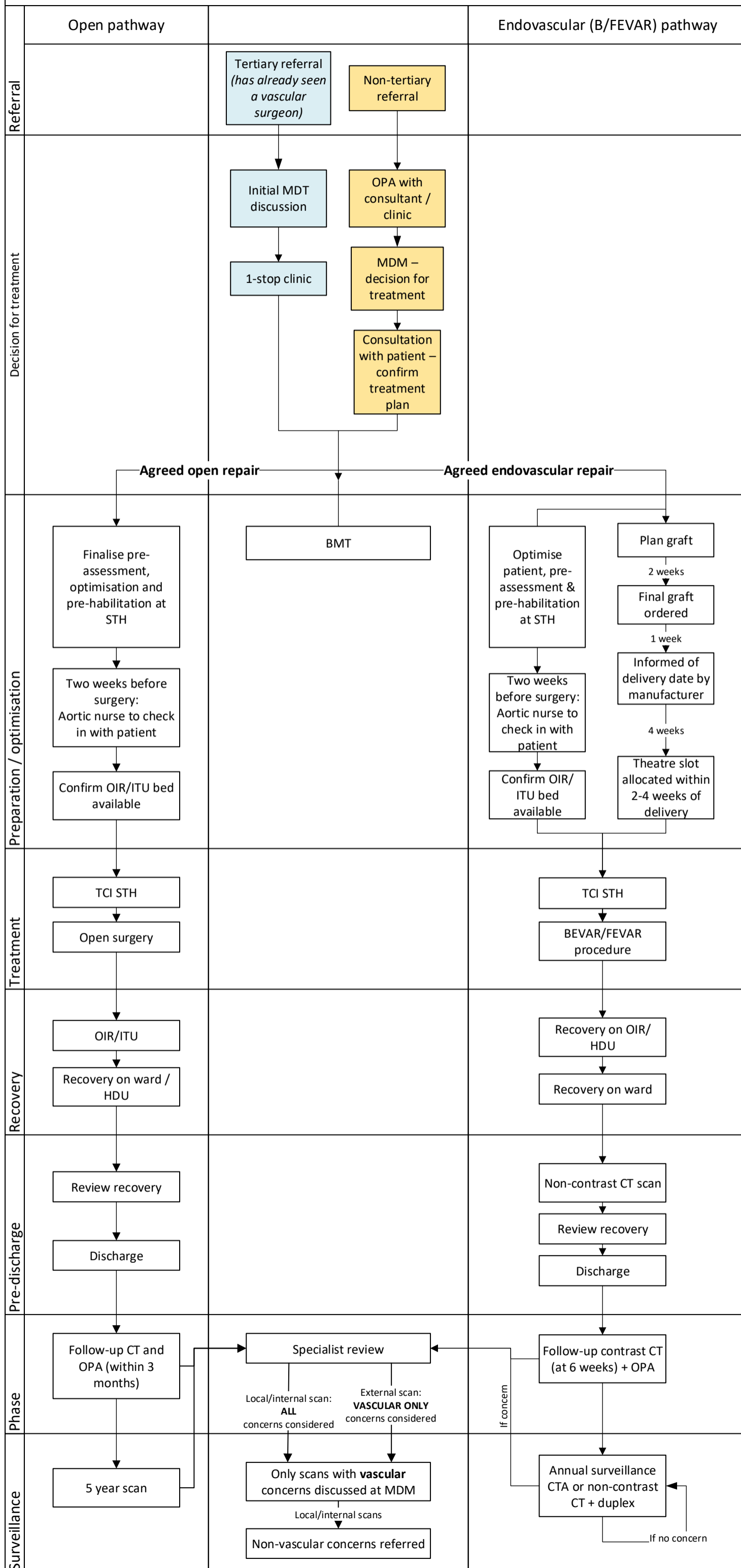


**Complex AAA – unruptured juxtarenal, suprarenal and thoracoabdominal (type 4) aortic aneurysm pathway**

**The pathway states the minimum requirements for a patient with complex AAA**



**REFERRAL**  
Patient medical history, latest scans and notes should be included in referral and collated before clinic planning

**MDM**

- Requiring representation and expertise in both open surgery and endovascular repair
- All thoracoabdominal aneurysms should be discussed at an MDM that allows joint discussion with cardiologists and cardiac surgeons (Friday for GSTT)
- Patients are to be considered on a case-by-case basis
- Agree any necessary steps before surgery (work-up and scans)
- Agree recommended treatment for patient
- The patient's needs regarding OIR, spinal drain and MEPS are to be agreed

**PATIENT CONSULTATION**

- This consultation is to inform the patient of the MDM recommendation for treatment
- If in-person, this must be co-ordinated with any other necessary scans/tests

**ADDITIONAL SCANS**  
Only to be completed if scans are 'out of date' (>6 months old) or if previous scans are insufficient

**GRAFT TIMELINE**

- If an off-the-shelf device is appropriate for a patient, offering no clear disadvantage to a bespoke graft, this should be used (off-the-shelf devices, should have reduced delivery time)
- The time waiting for the graft to be made and delivered can be utilised by ensuring that any remaining preassessment, prehabilitation and optimisation is completed

**SURVEILLANCE**

- For open surgery patients, a follow-up CT scan should be completed alongside an OPA within 3 months of surgery
- For FEVAR/BEVAR patients, a contrast CT scan and OPA should be conducted at 6 weeks, with surveillance scans 12 months and annually.
- Surveillance scans are to be undertaken in the patient's local hospital, where possible, and sent to GSTT / KCH without undue delay
- Additional scans may be undertaken on a case by case basis where there is cause for concern – these should be undertaken locally or coordinated with other OPA to minimise number of appointments and travel
- All external scans must be accompanied by a report
- Follow-up scans are triaged by specialist image interpreters (with review type dependent on source of scan internal/external) – with any vascular concerns identified to be discussed at MDM.