

# Publication Summary



## Scottish Abdominal Aortic Aneurysm (AAA) Screening Programme Statistics

Update to 31 March 2015

Publication date – 1 March 2016

### About this Release

This publication from Information Services Division is the first release on the Abdominal Aortic Aneurysm screening programme for men aged 65 in Scotland, which started a phased roll-out in June 2012. The publication provides information on invitations, uptake rates and screening results for men eligible for screening to 31 March 2014, and self-referrals and surveillance screens to 31 March 2015.

### Key Points

Men eligible for screening to 31 March 2014:

- The invite rate was 100% and uptake of screening was high at 85.8%. Uptake rates exceeded 80% in all NHS Boards.
- Uptake of screening was lower in the most deprived areas. Uptake was 77.4% for men in the most deprived areas compared to 90.4% for men in the least deprived areas.
- 61,942 men attended for initial screens and an Abdominal Aortic Aneurysm was detected in 936 of these men (1.5%). A large aneurysm was detected in 64 of these men.

Self-referral and surveillance screens to 31 March 2015:

- 3,292 men attended for initial screening following self-referral into the programme and 89 (2.7%) had an aneurysm detected. A large aneurysm was detected in 13 of these men.
- 812 men in Scotland attended for surveillance screens. For these men there were over 1,900 surveillance screens. A large aneurysm was detected in 85 of these men.

### Background

An Abdominal Aortic Aneurysm (AAA) is a swelling of the aorta, the main artery in the body, as it passes through the abdomen. As some people get older, the wall of the aorta in the abdomen can become weak and balloon out to form an aneurysm. The condition is most

common in men aged 65 and over and usually there are no symptoms. Large aneurysms are uncommon but can be very serious. As the wall of the aorta stretches, it becomes weaker, and it can rupture (burst). If the aneurysm ruptures, this leads to life-threatening internal bleeding and, in 8 out of 10 cases, death [1].

A screening programme for Abdominal Aortic Aneurysms (AAA) for men aged 65 was implemented in Scotland in line with the advice from the [UK National Screening Committee \(NSC\)](#). There was a phased roll-out of the programme from June 2012. NHS Highland and NHS Western Isles were the first NHS Boards to implement the screening programme and by November 2013 all NHS Boards were participating.

The screening test is a simple ultrasound scan of the abdomen which takes around 10 minutes. Most men have a normal result and are discharged from the screening programme. Men with detected small or medium aneurysms are invited for regular surveillance screening to check the size of the aneurysm. Men with large aneurysms are referred to vascular specialist services.

The Scottish AAA screening programme aims to reduce deaths associated with the risk of aneurysm rupture in men aged 65 and over by identifying aneurysms early so that they can be monitored or treated. Men aged 65 are invited to attend AAA screening and men aged over 65 can self-refer into the screening programme.

## Further Information

Further information can be found in the [Scottish Abdominal Aortic Aneurysm \(AAA\) Screening Programme Statistics Report](#).

## Contact

**Judith Tait**  
Principal Information Analyst  
0131 275 6833

**Ben Tait**  
Senior Information Analyst  
0131 275 6613

**Ewout Jaspers**  
Information Analyst  
0131 314 1707

Email: [nss.isdaascreen@nhs.net](mailto:nss.isdaascreen@nhs.net)

## Feedback

The figures are published as developmental as they are new statistics undergoing evaluation and the methodology used to collate the figures will be reviewed. The statistics in this publication will be developed to monitor and evaluate the Scottish AAA screening programme through the reporting of performance indicators. A key part of this is user engagement in the evaluation of these statistics to help inform their development. Readers are invited to send comments on the publication to [nss.isdaascreen@nhs.net](mailto:nss.isdaascreen@nhs.net).

### References:

[1] Reimerink, J. J. et al. (2013). Systematic review and meta-analysis of population-based mortality from ruptured abdominal aortic aneurysm. *British Journal of Surgery*. 100(11):1405-13

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