

## Thoracic and Abdominal Aortic Aneurysms Guidance Material

### Pre-repair

#### **Thoracic and supra renal abdominal aortic aneurysms:**

Class 1: unfit

Class 2: <5cm OSL/ORL with 6 monthly cardiological review (may be increased to annual if <4cm)  
≥ 5cm unfit

#### **Infra-renal abdominal aortic aneurysms:**

Class 1: <5cm OML  
≥ 5cm unfit

Class 2: <5cm unrestricted  
5-5.5cm OSL/ORL  
>5.5cm unfit

### Post-repair

No sooner than 6 months after repair and following complete recovery the applicant should provide:

a. Report(s) from surgeon to include:

(The following points are for guidance purposes only and should not be taken as an exhaustive list)

- Medical history, including presentation, management and medication
- Segment of the aorta affected
- Other relevant medical history including underlying conditions associated with aneurysm (e.g. connective tissue disorders)
- Other co-morbidities e.g. hypertension, coronary artery disease
- Screening for other aneurysms (particularly abdominal aortic aneurysms)
- Priority with which the surgery was undertaken i.e. elective, emergency
- Type of repair
- Post-operative recovery
- Blood pressure
- Treatment – current and recent past medication (dose, frequency, start date)
- Reports from ultrasound scans/MRI/CT scans
- Plan for follow-up and further investigations/referrals planned or recommended
- Prognosis – risk of incapacity

b. Report from a cardiological review to include:

- Cardiovascular risk assessment
- Investigations used to screen for coronary artery disease prior to repair e.g. angiogram
- If not already screened for coronary artery disease:
  - o Exercise ECG (Bruce Protocol and symptom rather than target heart rate limited)

- Echocardiogram

### Notes

It is unlikely that applicants with a congenital cause for developing aneurysms will be able to be assessed as fit for Class 1 or 2 following repair, although there may be a few younger applicants in this group, who have no other significant co-morbidities who could be considered for Class 2 OSL or ORL following an open repair.

Amongst applicants with spontaneous/acquired aneurysms, those below the age of 65 years, with few comorbidities, who develop an aneurysm of the ascending aorta and undergo elective repair may be able to obtain Class 1 OML or unrestricted Class 2 medical certification. Those who are older than 65 years, who survive 12 months beyond elective repair may be able to obtain Class 2 OSL or ORL certification. Emergency operations may have a higher perioperative mortality however annual risk of incapacitation may eventually match those who have had elective repairs after several years.

Post repair, applicants should be advised by their AME to avoid flying aerobatic/high 'G' manoeuvres and may need a limitation with this restriction on their medical certificate.