We hope that these guidelines might be of value to others across Europe, when assessing and arranging the transfer of patients with ruptured abdominal aortic aneurysm.

REFERENCES

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Comment on: ‘Re. Response to Letter to the Editor: Regional Disparities in Incidence, Handling and Outcomes of Patients with Symptomatic and Ruptured Abdominal Aortic Aneurysms in Norway’

Dear Dr Hinchcliffe and coworkers,

Thank you very much for your comment on our article. We do agree with the target, transfer within 30 min and welcome the guidelines, which are to a great extent in accordance with our current practice. The main exceptions are that diagnosis is usually confirmed by CT prior to transfer, and that time to transfer may exceed 30 min due to waiting time for helicopter or airplane transportation. Communication about the patient will usually be between the surgeon on call at the local hospital and the vascular surgeon on call at the vascular centre.

We have so far not assessed why 80% of the patients were referred directly to hospitals with a vascular surgery service. This is most likely due to a complex set of reasons, such as the distribution of vascular centres and good pre-hospital assessment aided by The Norwegian Index for Emergency Medicine. In addition, there are reports indicating that Norway has a higher number of local hospitals with acute services per capita than the other Scandinavian countries. Other contributing factors to the high percentage of patients that can be operated upon after transportation may include a shared imaging infrastructure between hospitals, facilitating expert assessment and allowing operation planning prior to arrival, which is especially useful in EVAR. However, this is at present only available in one regional health authority, covering 15% of the population and has thus no great impact on overall results.

Improving patient logistics and infrastructure certainly is worthwhile, but we want to emphasize our view, that only screening of all men over 65 years of age for early diagnosis...
and surveillance will result in a significant reduction in mortality from AAA rupture. If the recently noticed decrease in incidence of AAA is true, the time to implement such screening is now.

REFERENCES


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