

Caring for patients with an abdominal aortic aneurysm: Data, knowledge, and wisdom

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An ever-increasing challenge in the practice of medicine is in the management of an explosive growth of information; information presented in textbooks, journals of increasing number, variety, and scope, and on the world wide web from sources ranging in quality and type. As patterns become discernable within these very large and varying data sets, a tapestry emerges from these disparate threads of information that begins to present a comprehensible view of the scope and the scale of the subject at hand. It is in the perception of patterns from broad data sets that knowledge is attained. But it is in understanding how to apply knowledge in a truly beneficial manner that wisdom is achieved.

The Society for Vascular Surgery (SVS) has been active for more than 60 years in promoting programs that have led to dramatic improvements in the care of patients with an abdominal aortic aneurysm. SVS-sponsored initiatives have contributed to improvements in diagnosis and treatment and a substantially greater appreciation of this life threatening condition among health care providers and patients, as well as officials in the private and public arena involved in the formulation of health care plans and in the development and regulation of new diagnostic and treatment modalities.

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The SVS charged a writing committee with the task of updating practice guidelines for surgeons and physicians who are involved in the preoperative, operative, and post-operative care of patients with abdominal aortic aneurysms. This supplement contains recommendations for evaluating the patient, including risk of aneurysm rupture and associated medical comorbidities, guidelines for selecting surgical or endovascular intervention, intraoperative strategies, perioperative care, long-term follow-up, and treatment of late complications.

The recommendations of these practice guidelines reflect the application of our current state of knowledge to optimize the health and well being of patients with abdominal aortic aneurysms. Oftentimes, recommended guidelines for patient care reflect on controversies for which information is incomplete, outcomes derived from the probability of occurrence of a given event, judgments of risk and benefit based upon competing values, or areas in a state of flux due to evolving technology. Nonetheless, careful deliberation of the writing committee sought to define sound approaches to patient care that were guided not only by context and personal experience, but through the presentation of a rational case derived from the best available information, however incomplete. In the process, areas where further research is necessary were highlighted.

It is our hope that in the integration of current knowledge this document assists clinicians to provide care for patients with an abdominal aortic aneurysm that is both thoughtful and wise.