

Chronic Type B Aortic Dissection: A Perspective on UK Open Surgical Outcomes

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Objectives:

Currently, the optimal management of chronic type B aortic dissections (CBAD) remains undetermined. The aim of this study was to delineate reflect national surgical outcomes in CBAD.

Methods:

From 2007-2013 we identified 454 patients from the NACSA database who underwent aortic surgery for chronic dissection. We examined their pre-operative and operative characteristics and post-operative outcomes. 411 (90.5%) patients were successfully linked to their follow up mortality data, which was also assessed.

Results:

The median age of the cohort was 64 years (IQR = 52 to 73 years), 146 (32.2%) patients were female. 113 (24.9%) cases were non-elective. 124 (27.3%) patients underwent surgery on the root segment of the aorta, 296 (65.2%) on the ascending segment, 120 (26.4%) on the arch segment, 95 (20.9%) on the descending segment and 38 (8.4%) on the abdominal segment. 79 (17.7%) patients had a concomitant CABG procedure and 201 (44.9%) had a concomitant valve procedure. The in-hospital mortality rate for the cohort as a whole was 13.7% (n=62). In-hospital returns to theatre occurred in 57 (12.6%) patients, CVA in 25 (5.5%) patients and post-operative dialysis in 38 (8.4%) patients. Follow up mortality data was available in 411 (90.5%) patients, the mean follow up time was 2.2 years. The 90 day, 1 year, 3 year and 5-year actuarial mortality rates were 14.4%, 18.9%, 28.1% and 36.7%, respectively.

Conclusion:

Despite the surge of endovascular device technology for management of chronic type B dissection, open surgical repair still represents acceptable outcomes and mid-term survival.