

Gender Differences in Patients Undergoing Surgery for Acute Type A Aortic Dissection in the UK

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OBJECTIVES:

To investigate the impact of gender on preoperative characteristics and postoperative outcomes in patients undergoing acute type A aortic dissection(ATAD).

METHODS:

Between 2007-2013, patients with ATAD were checked. Univariate comparisons of pre-operative and operative characteristics were performed. Multivariable analyses to assess gender's effect upon in-hospital and 5-year mortality.

RESULTS:

1386 patients (446 (32.2%) women and 940 (67.8%) men). Female patients were: older (median age = 67 vs. 61; $P < 0.001$), a lower BMI (25.4 vs. 26.9; $P < 0.001$), likely to have respiratory disease (14.6% vs. 19.3%; $P = 0.003$), likely to have LVEF $< 50\%$ (75.3% vs. 69.6%; $P = 0.027$), need pre-operative IV nitrates (11.0% vs. 15.0%; $P = 0.042$), to have concomitant CABG (16.4% vs. 11.5%; $P = 0.012$), less likely to have an operation that involved the arch segment of the aorta (9.0% vs. 14.5%; $P = 0.004$) with shorter operation times (median CPB time = 188.5mins vs. 202mins; $P = 0.014$, median AXC time = 101mins vs. 106mins; $P = 0.039$) than men. Operative mortality was similar between the groups (16.8% vs. 18.2%; $P = 0.53$). Logistic regression showed that gender had no effect on in-hospital mortality (OR (95% CI) for female (0.72 (0.46, 1.15); $P = 0.17$), and Cox proportional hazards showed that gender had no effect on mortality at 5 years (HR (95% CI) for female gender = 0.78 (0.57, 1.06); $P = 0.11$).

CONCLUSIONS:

Gender has no effect on in-hospital or 5-year mortality in patients with ATAD repair