

Surgery for acute type a dissection using total arch replacement: the uk experience with 198 patients

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Objectives:

We aim to delineate the UK experience of extended aortic arch repair in the setting of ATAD.

Method:

From 2007-2013, 1614 Type A Acute Aortic Dissections (TAAAD) were identified from the NACSA database. 198 (12.7%) patients underwent surgery on the aortic arch concomitantly with acute type A aortic dissection repair. We examined their pre-operative, operative characteristics and post-operative outcomes. 177 (89.4%) patients were successfully linked to their follow up mortality data, which was also assessed.

Results:

The median age of the cohort was 62 years (IQR = 51 to 72 years), 42 (21.2%) patients were female. As well as receiving arch surgery, 49 (24.7%) patients had surgery on the root segment of the aorta and 164 (82.8%) on the ascending segment. 23 (11.6%) patients had a concomitant CABG procedure and 72 (36.4%) had a concomitant valve procedure. The in-hospital mortality rate for the cohort as a whole was 20.2% (n=40). In-hospital returns to theatre occurred in 38 (19.2%) patients, CVA in 20 (10.1%) patients and post-operative dialysis in 25 (12.6%) patients. Follow up mortality data was available in 177 (89.4%) patients, the mean follow up time was 2.3 years. The 1, 3 and 5-year actuarial mortality rates were 28.9%, 31.1% and 35.1%, respectively.

Conclusion:

Given the complexity of the cohort operated on, the contemporary outcomes and survival are comparable with established international aortic results.