

Complex Aortic surgery in Irish regional referral center.

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Objective

Acute type A aortic dissection is a life threatening condition requires urgent surgical management. Due to acute and unpredictable nature of this disease, regional centers are committed to perform these complex surgeries under on call general cardiothoracic surgical team. We aimed to analyze the outcomes of surgically repaired type A aortic dissections in our institution and to compare them with specialized aortic surgery centers internationally.

Method

We retrospectively analyzed data from July 2004 till July 2015, all adult patients underwent emergency repair of type A aortic dissection at our institution were enlisted in the study. More than fifty variables were analyzed; including demographic details, co morbidities, type of surgery, perioperative variables. Statistical analysis was performed using SPSS version 22(IBM). In hospital mortality, 1 year, 3 years and 5 years mortalities were plotted in Kaplan Meiers survival estimator.

Results

51 patients had emergency aortic surgeries. 32/51 (62.7%) were type A aortic dissection (male 16: female 16), 11/51(21.5%) trauma to aorta and 8/51(15.1%) type B dissection. Age range 34 till 88. Total of 20 ascending aortic replacement, 9 modified Bentall repair and 3 aortic arch surgery were performed. In hospital mortality were 4/32 (12.5%) and late mortality were 2/32(6.25%). Neurological impairment (9.3 %), renal impairment(6.25%)

and respiratory dysfunction (12.5%) were analysed.

Conclusion

This study shows, our in-hospital mortality (9.3%) and morbidity rates were acceptable when comparing with specialized aortic surgery centers. This also points out that a regional tertiary referral center in cardiothoracic surgery can perform complex acute aortic surgery with acceptable outcomes.