

Title WHO SHOULD REPAIR TYPE A AORTIC DISSECTIONS?

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Introduction The natural history of acute type A aortic dissections mandates early surgical intervention. Traditionally the mortality is quoted to increase 1% every hour for the first 48-hours.

Aim To identify features of acute type A aortic dissections that would predict outcomes.

Methods All patients having aortic surgery for acute type A aortic dissections during 2005-2009 were identified. Prospectively recorded clinical and operative data were analysed.

Results 60 patients had surgery for acute type A aortic dissection. Mean logistic Euroscore was 33.6%, median age 59.8yrs. 33/60 (55%) were referrals from secondary centres, 19/60 (31.6%) from emergency room and remainder from other hospital departments. The median time taken from diagnosis to surgery for patients from secondary centres was 460 minutes compared to 300minutes for patients presenting directly to our tertiary centre. There was a divergence in 30-day MACE outcomes (neurological and respiratory) with time ($p=0.02$) in favour of early surgery. The 30-day mortality for our centre was lower compared to the national SCTS data (16.6% vs. 22.8%). The 30-day mortality for specialist aortic surgeons was 14.8% vs. 21.2% for non-aortic surgeons ($p=0.004$). The operative procedures for aortic surgeons were more varied and complex.

Conclusions There is a reduction in MACE outcomes in favour of early surgery but not mortality. The morality in our centre is lower when compared to the national data. Specialist aortic surgeon's outcomes are statistically better than non-aortic surgeons (early and overall mortality). This may represent a challenge for future restructuring and delivery of aortic-vascular surgery services.