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Outcomes of aortic root and arch replacement at Aga Khan University hospital: Single surgeon experience

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Introduction: The first modern replacement of the ascending aorta with the use of cardiopulmonary bypass was reported by Cooley and DeBakey using an aortic allograft in 1956. In the last two decades, most centers consistently report an operative mortality for acute type-A dissection of between 10-20%.

Objective: This study was aimed to evaluate the outcomes in terms of mortality and morbidity of all patients who underwent aortic root/arch replacement procedures by single surgeon in a tertiary care hospital of South Asian Region. This study also shared the different techniques adopted for myocardium, cerebral and end organs protection in our set-up.

Materials & Methods: This was a retrospective chart review study from 1998 to 2013 by single surgeon. Charts selected using ICD-9 CM coding for aneurysm/dissection and aortic root/arch replacement. A Performa was designed and filled by the primary researcher. Charts with only type-A dissections, root, ascending and arch aneurysms were included. Outcome was evaluated using 30-day morbidity and mortality.

Results: A total of 37 cases were retrieved, out of which 2 were excluded due to missing files. 27 were males and 8 were females. 23 cases had aortic aneurysm and 12 had aortic dissection. The mean age was 42.6 +/- 6.2 years, range 13-72 years, mean BMI 25.1 +/- 2.2 kg/m², mean ejection fraction 48.45 +/- 8.2, mean cross clamp time 137.4 +/- 15.2 minutes, mean cardiopulmonary bypass time 232.69 +/- 16.8 minutes and mean hospital stay 11.4 +/- 2.1 days. 30-day mortality was 11.4 %.

Conclusion: This study concluded that Aortic Root surgery is technically demanding. Our outcomes are comparable to western literature. Being low facility nation we have adopted different innovations and improvised techniques to stand with the development in Aortic Root Surgery.

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