

FET as a Redo after Proximal Repair:

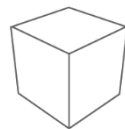
Two Center Experience



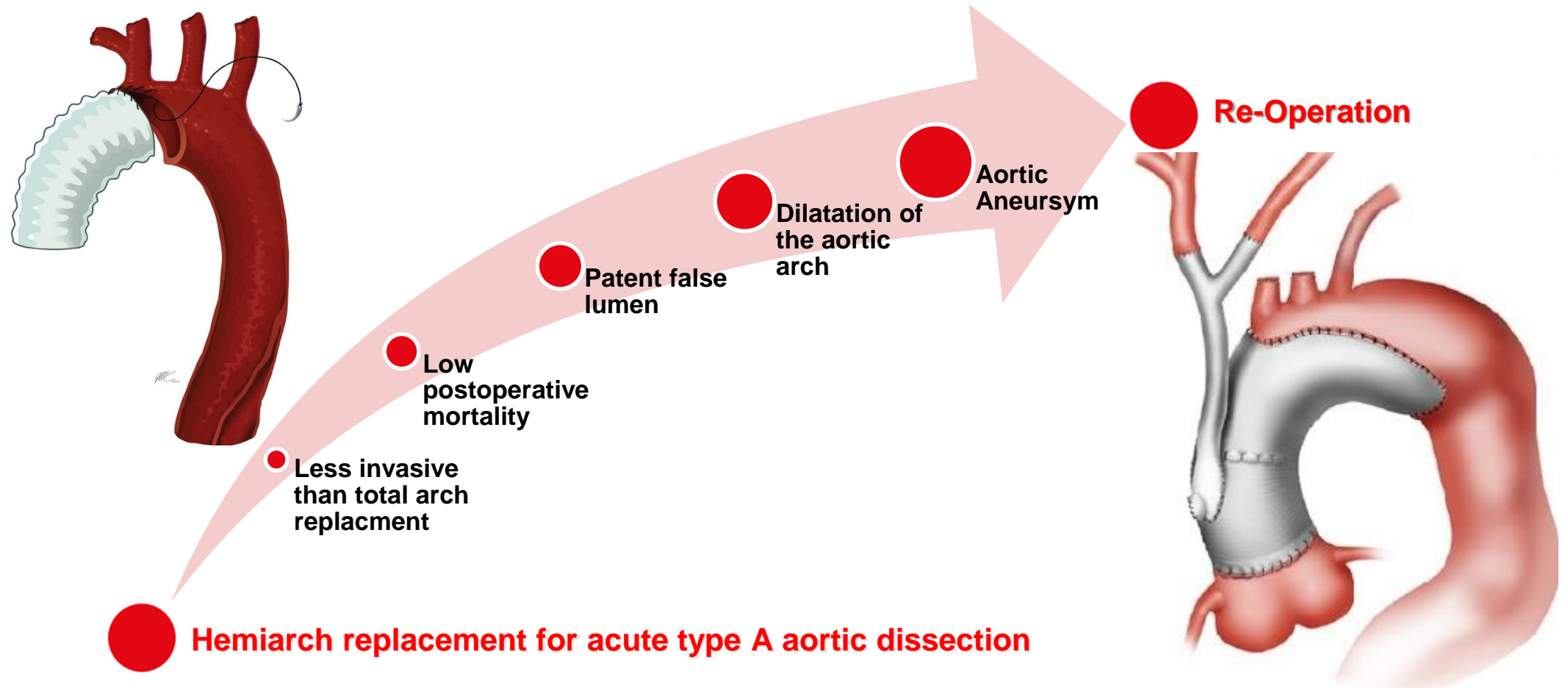
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Background



FET as a Redo after Proximal Repair: Two Center Experience

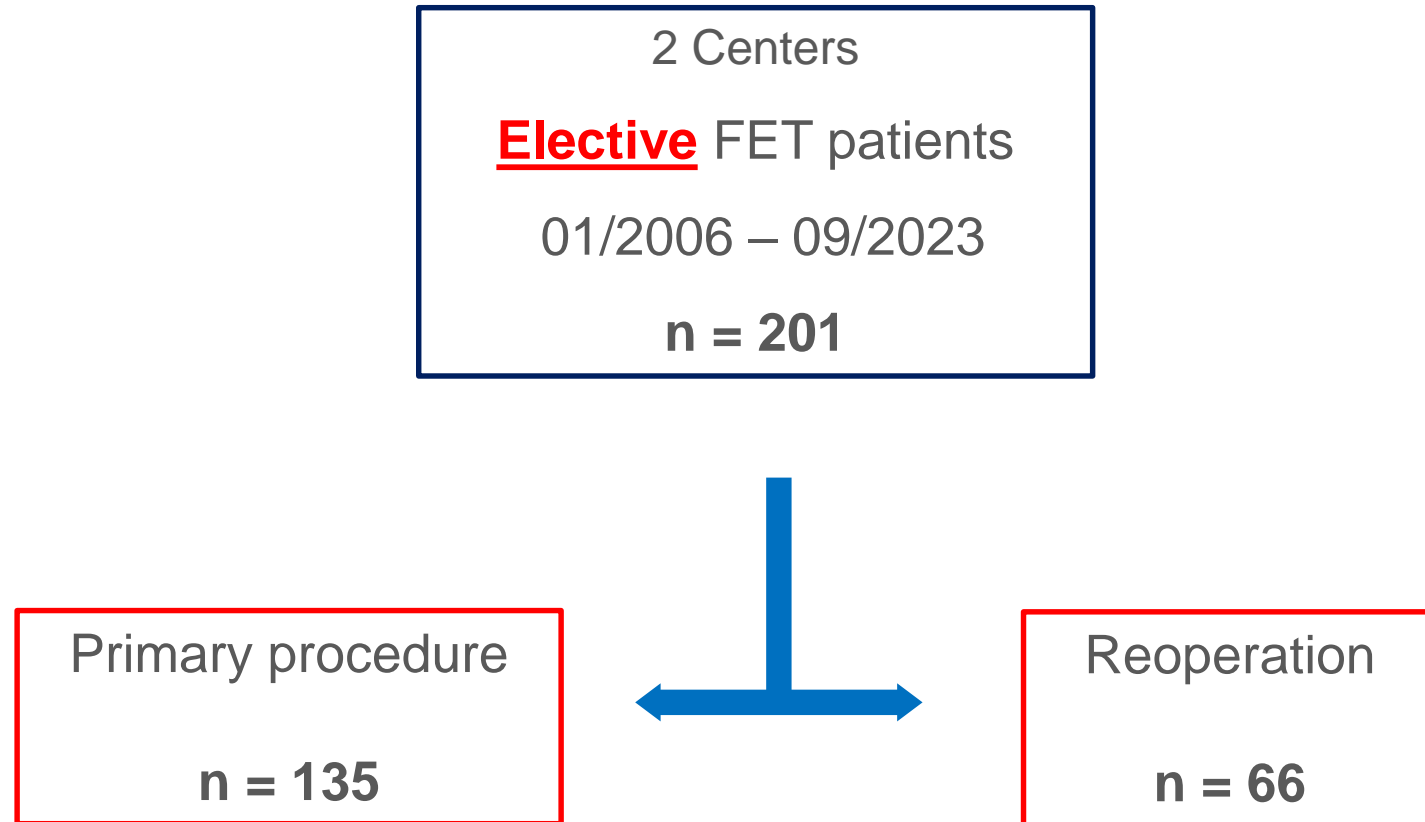


**Department of Cardiothoracic and Vascular Surgery,
Johannes Kepler University Linz, Kepler University Hospital**



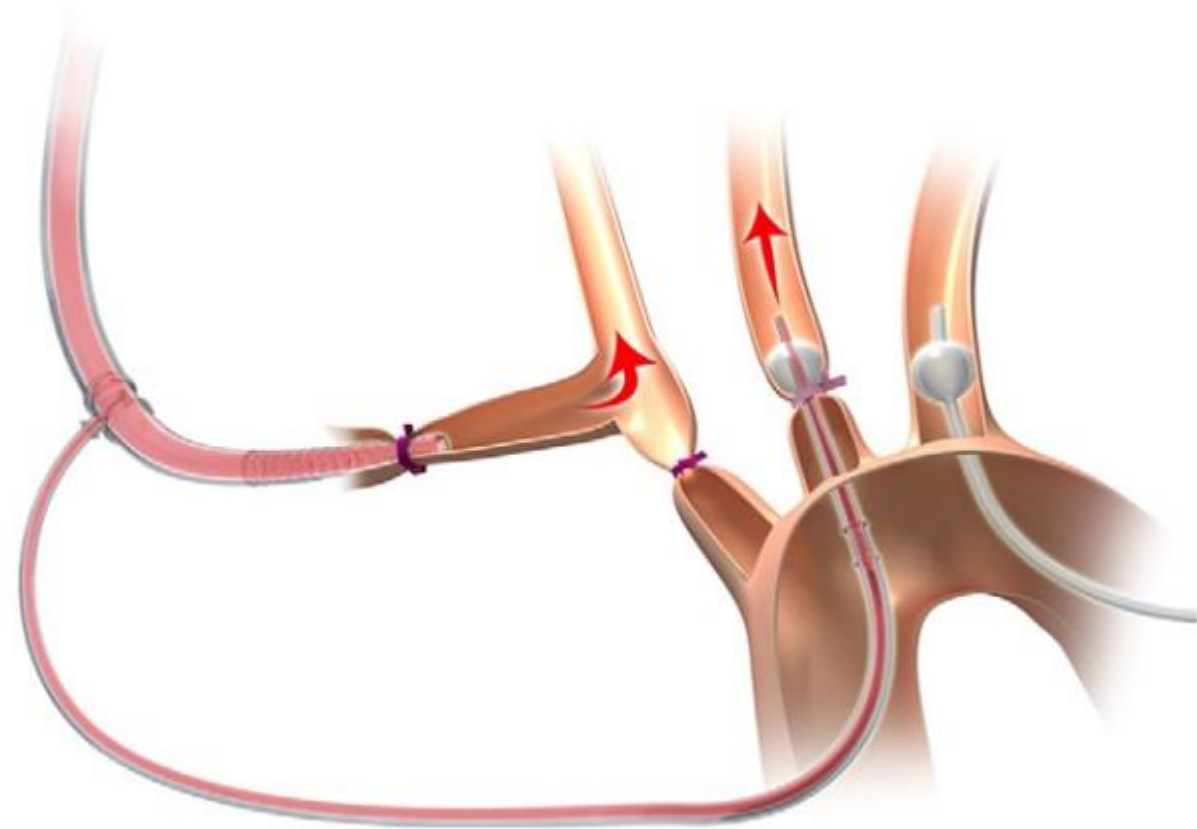
**Department of Cardiovascular Surgery,
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Inclusion Criteria



Surgical Protocol

- direct cannulation of right axillary artery
- lowest core temperature 28°C
- antegrad cerebral perfusion
(uni/bilateral)
- perfusion pressure 80 mmHg
- perfusate temperature 28-30°C
- blocked LSA



Zierer A, El-Sayed Ahmad A, Papadopoulos N, Moritz A, Diegeler A, Urbanski PP. Selective antegrade cerebral perfusion and mild (28°C-30°C) systemic hypothermic circulatory arrest for aortic arch replacement: results from 1002 patients. J Thorac Cardiovasc Surg. 2012 Nov;144(5):1042-49..

Patient Characteristics

	Total (n=201)	Primary procedure (n=135)	Reoperation (n=66)	
Age (y)	62.9 ± 11.4	65.5 ± 9.7	57.5 ± 12.8	p < 0.001
Sex (male)	54.2% (109)	51.1% (69)	60.6% (40)	p = 0.204
BMI	26.3 ± 4.4	26.2 ± 4.5	26.5 ± 4.4	p = 0.346
ES II	5.06 ± 4.05	3.90 ± 2.65	7.29 ± 5.21	p < 0.001

Stentlevel	Reoperation (n=66)
Zone 1	0 (0.0%)
Zone 2	41 (62.1%)
Zone 3	25 (37.9%)
Zone 4	0 (0.0%)

Reoperation (n=66)	
CPB	208 ± 50
X-Clamp	102 ± 33
SCAP	57 ± 19
▪ bilateral	48 (72.7%)
▪ unilateral	18 (27.3%)

Results

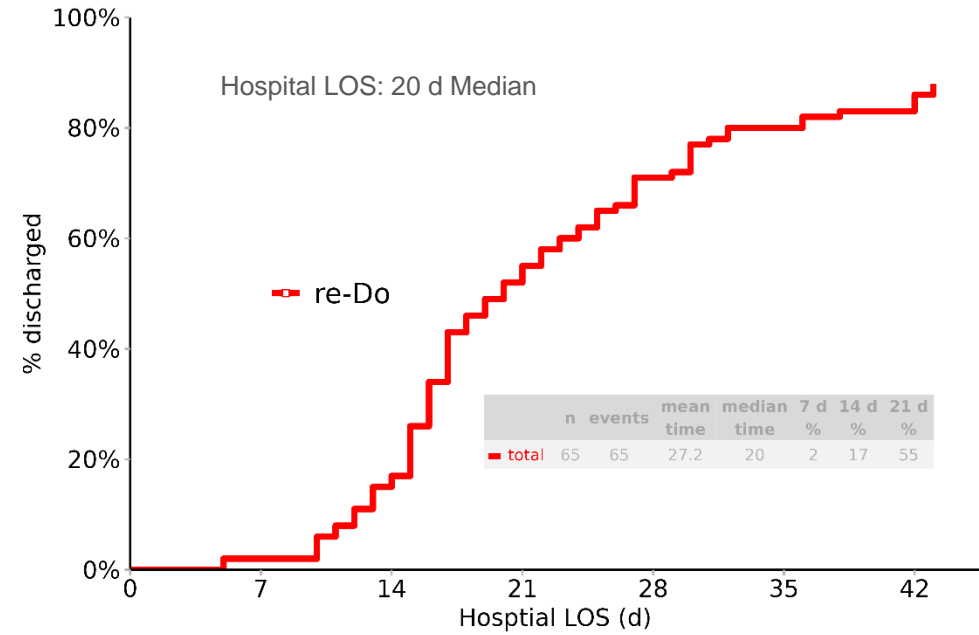
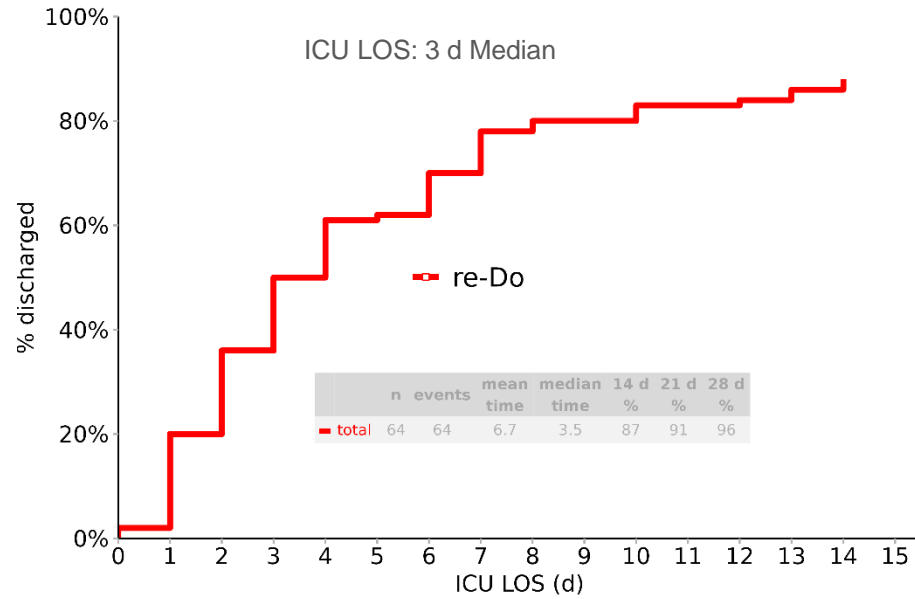
Reoperation (n=66)

30d mortality	2 (3.0%)
Stroke	6 (9.1%)
Temporary SCI	1 (1.5%)
Permanent SCI	2 (3%)

Reoperation (n=66)

Temporary renal failure	9 (13%)
Permanent renal failure	1 (1.5%)

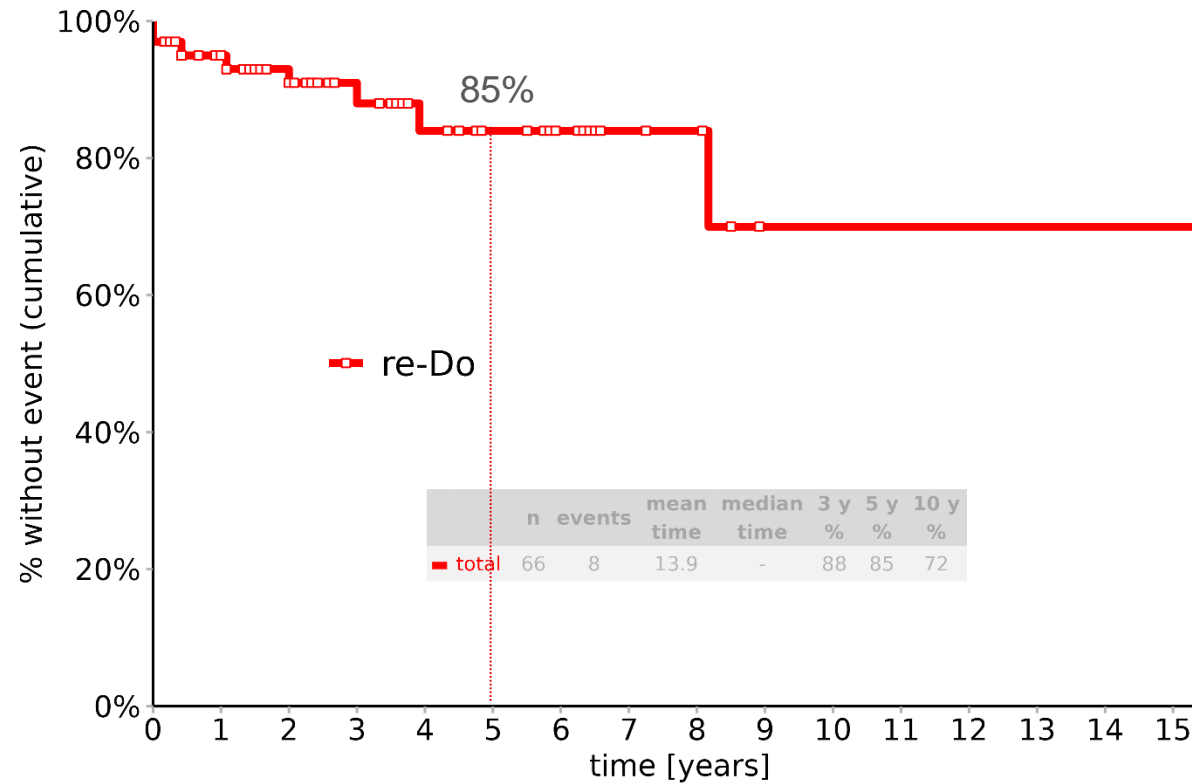
Results - ICU LOS and Hospital LOS



at risk	64	63	51	41	32	25	24	19	14	13	11	10	9
events	1	12	10	9	7	1	5	5	1	2	1	1	1
censored	0	0	0	0	0	0	0	0	0	0	0	0	0

at risk	65	64	55	31	19	13	11
events	1	9	24	12	6	2	5
censored	0	0	0	0	0	0	0

Results – Longterm Survival



at risk	66	52	41	30	23	19	15	8	7	3
events	3	1	1	2	0	0	0	0	1	0
censored	11	10	10	5	4	4	7	1	3	2

- Redo FET is safe and can be performed with an excellent safety profile by a dedicated aortic team.
 - Our findings justify a less aggressive distal extend during initial surgery for acute type A aortic dissection.
 - Successful redo aortic arch surgery employing the FET technique serves as an ideal platform for further downstream aortic interventions.
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Thank you for your attention !

