

# Impact of Re-Sternotomy in Acute Type A Aortic Dissection Repair

**Akiko Tanaka, Y Ikeno, L Ribe, A  
Mills, H Sandhu, C Miller, S  
Eisenberg, V Bobovnikov, and  
Anthony L. Estrera**

Department of Cardiothoracic and Vascular Surgery  
McGovern Medical School at UTHealth  
Houston, Texas / USA

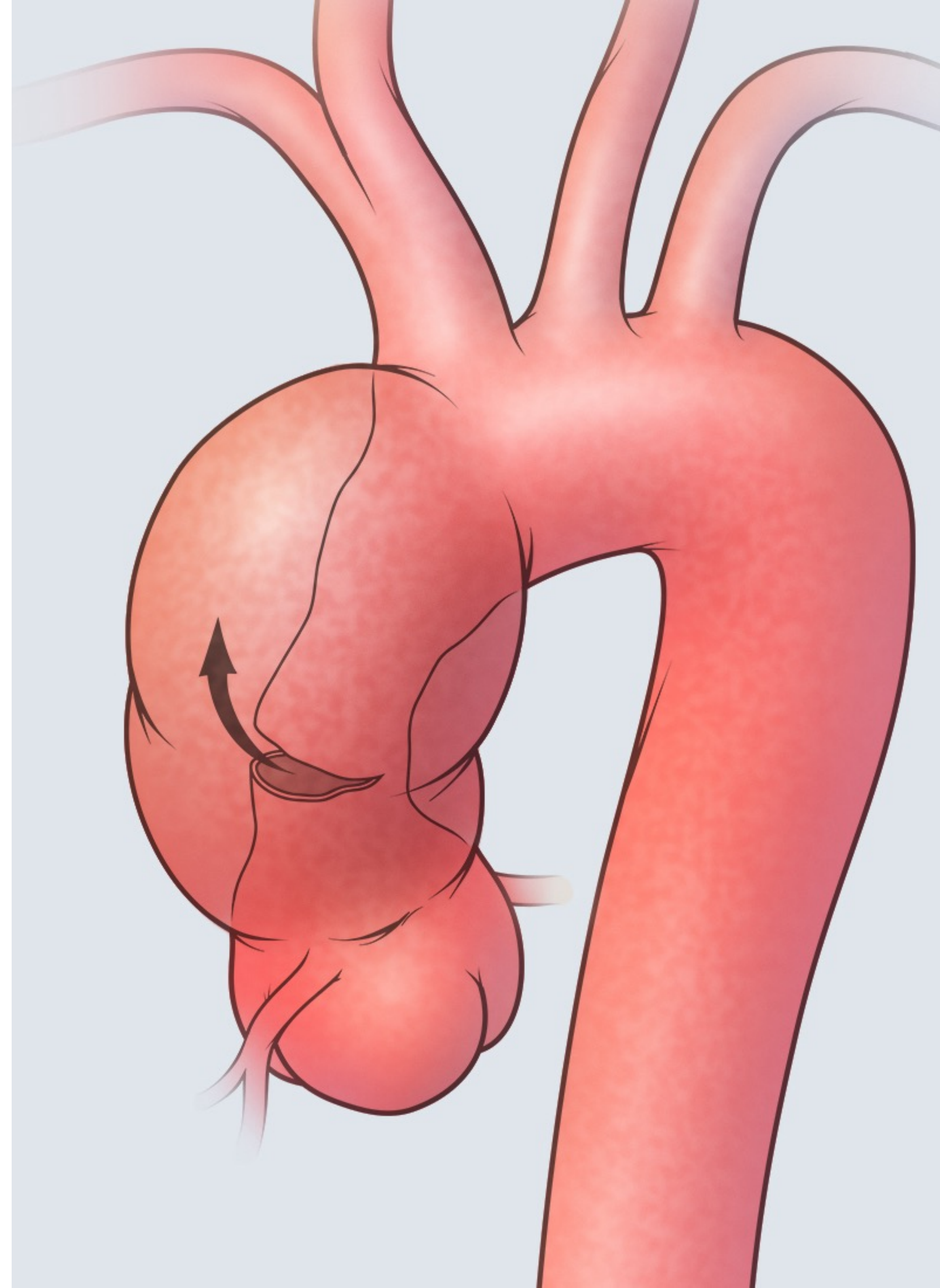
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**Cardiothoracic &  
Vascular Surgery**

  
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# Introduction

We reviewed our near two-decades experience to evaluate for the impact of **resternotomy** in acute type A aortic dissection (ATAD)





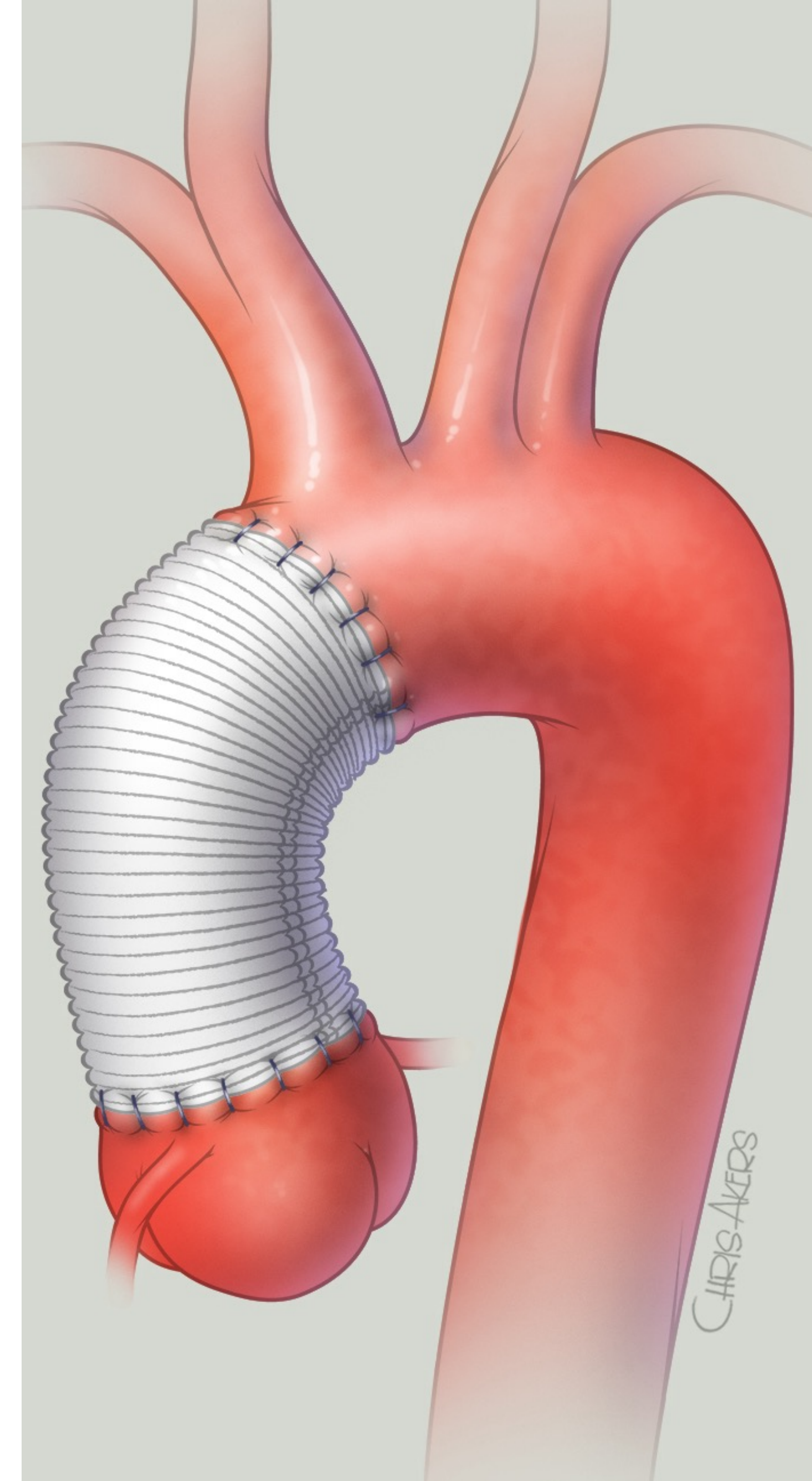
# Methods

ATAD repairs performed  
between Dec 1999 - Dec 2022

**Re-sternotomy**

VS.

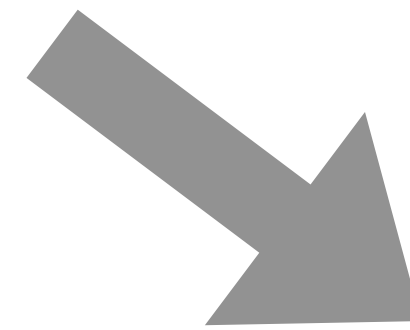
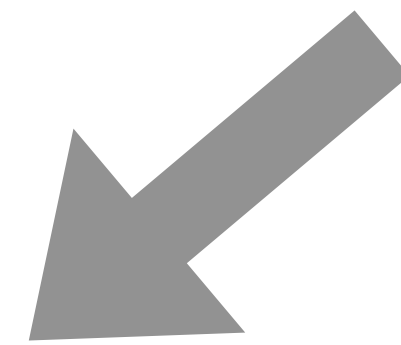
**First time sternotomy**



# Results

**ATAD Repair**

**697** patients



**Re-sternotomy**

**49** patients

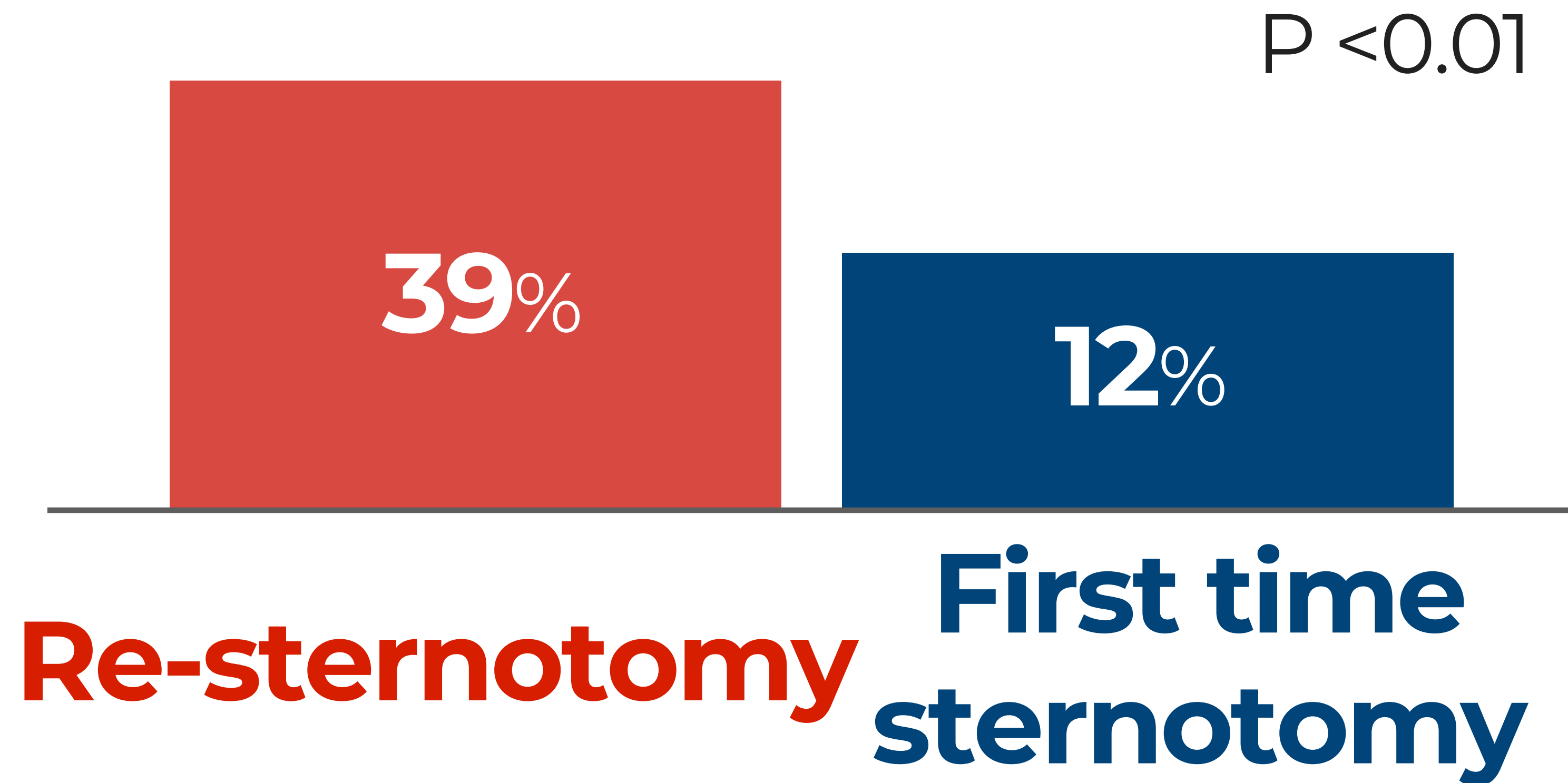
**First time sternotomy**

**648** patients

# Patient Characteristics

	Resternotomy (n=49)	Completion (n=648)	p value
Age (years)	67	57	<0.01
Hypertension	82 %	64 %	<0.01
AAA Repair	10 %	1 %	<0.01
Aortic clamp time (min)	100	96	0.134
Circulatory arrest time (min)	27	26	0.294
CPB time (min)	178	153	<0.01

30-day mortality was higher  
in **Re-sternotomy**



# Early Outcomes

	Resternotomy (n=49)	Completion (n=648)	p value
ARDS	13 (27)	84 (13)	<0.01
Respiratory failure	23 (47)	216 (33)	0.05
Newly required dialysis	12 (24)	89 (14)	<0.01
GI complication	13 (27)	140 (22)	0.42
Stroke	4 (8)	74 (11)	0.64
Re-exploration for bleeding	4 (8)	22 (3)	0.10
Discharge to home	19 (39)	355 (55)	0.03

# Conclusions

ATAD patients with previous sternotomy had more comorbidities compared to first time sternotomy patients.

Outcomes after ATAD patients remain challenging despite the advancement of perioperative care in ATAD.



# Thank You!



Department of  
**Cardiothoracic &  
Vascular Surgery**

 **UTHealth** Houston  
McGovern Medical School

   **UTH\_CVSurgery**  
info.ctvs@uth.tmc.edu

<https://med.uth.edu/cvs/>