

Return to Work After Type A Aortic Dissection

Geisinger

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Objective

Ascending aortic dissection is a highly morbid condition that requires prompt surgical intervention. It frequently affects patients in their working years. The aim of this study is to quantify the socioeconomic impact of aortic surgery on our patient population by their ability to participate and return to work in this multi-center, single institution review.

Methods

After IRB approval, we conducted a retrospective review of a prospectively maintained database and included any patient who suffered an acute Type-A aortic dissection (TAAD) that was treated operatively. We then analyzed those who survived beyond thirty days. We then contacted each of these patients to enroll them in a voluntary survey to assess their pre-operative and post-operative occupation and associated salary and loss there-of from their operation and perioperative period. Statistical analysis was then performed.

Results

173 patients who underwent urgent or emergent repair of TAAD from 2012 to 2023 were attempted to be contacted. Out of 173 patients surveyed, 39 were willing to participate in the survey. Incomplete surveys due to requests for patient privacy were further excluded. The mean number of missed days was 103 days and the average amount of direct missed income was \$14,662.67 per patient. Additionally, only 40.7% (11 out of 27) of patients returned to full- or part-time work after aortic surgery. Our lower income patients (annual income less than \$20,000 per annum) were noted to have a trend towards significance of not returning to work as compared to higher income earners (.333 vs .714, [p= 0.0883]).

Missed Income and Time From Work After Type A Dissection

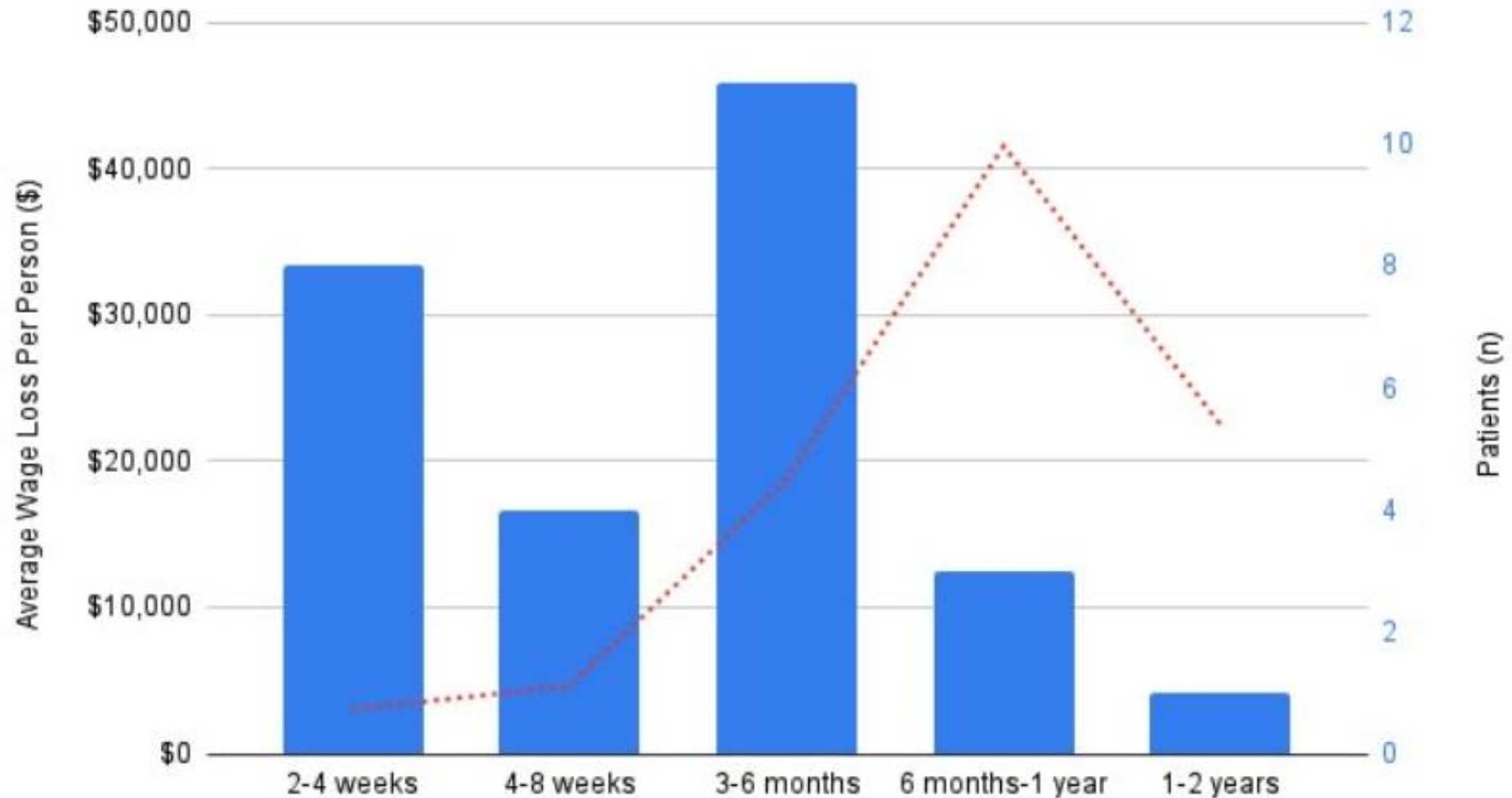


Figure 1. The number of patients stratified by the range of time they missed work plotted in columns. Average wage loss per person within each group plotted by a dashed line.

Conclusions

Aortic surgery is a major undertaking that affects multiple aspects of our patient's life – including their ability to return to work. Many patients do not return to work after aortic surgery, and our lower income patients are potentially more vulnerable to this phenomenon. This negative impact to our patients, and our community should be better addressed with a multi-disciplinary approach to help patients return to work.

Thank you

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