When is Open Repair of TAAAs the Only Solution: When is it the Best Solution: When is No Repair the Best Solution

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No financial disclosures.

It’s always best to do open repair.

Our Experience

2011 TAAA & DTAA Repairs:
(1991–2016)
Median age: 69 (3 - 94)
♂ 63% ♀ 37%
1. Distal aortic pressure
2. Moderate hypothermia
3. CSF pressure

Results

<table>
<thead>
<tr>
<th>SCI</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
<td>59 / 2011</td>
<td>2.9</td>
</tr>
<tr>
<td>Delayed</td>
<td>117 / 2011</td>
<td>5.8</td>
</tr>
<tr>
<td>Overall</td>
<td>167 / 2011</td>
<td>8.3</td>
</tr>
</tbody>
</table>
### Neurologic Deficit
Multiple Logistic Regression Analysis

<table>
<thead>
<tr>
<th>Variable</th>
<th>OR</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAAA Extent II</td>
<td>6.41</td>
<td>0.0001</td>
</tr>
<tr>
<td>Renal Dysfunction</td>
<td>2.28</td>
<td>0.03</td>
</tr>
<tr>
<td>(+) Adjunct</td>
<td>0.26</td>
<td>0.0004</td>
</tr>
<tr>
<td>Aortic Clamp Time</td>
<td>1.01</td>
<td>0.11</td>
</tr>
</tbody>
</table>

### Risk of Neurologic Deficit

<table>
<thead>
<tr>
<th>Normal Clamp &amp; Sew Era</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Era</td>
<td>&lt;3%</td>
<td>&lt;5%</td>
<td>&lt;6%</td>
<td>&lt;3%</td>
<td>&lt;3%</td>
</tr>
</tbody>
</table>

### When it is the Best Solution
When No Repair is the Best Solution

- Age
- Low ejection fraction <20%
- Metastatic cancer
- Life expectancy <2 yrs
- Renal function GFR <30ml/min/BSA
- Severe grade 5 atheromatous plaque
- Patient preference

Long-term Survival

Survival by Age
THANK YOU