

## **RISK OF POSTOPERATIVE RESPIRATORY FAILURE IN PATIENTS AFTER ACUTE TYPE A DISSECTION SURGERY**

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**Methods:** Between January 2010 and December 2014 a total of 75 patients with acute aortic type A dissection underwent urgent surgery. Intraoperatively 6.7% (n=5) of patients died. Out of 70 patients 21.3% (n=16) developed acute respiratory failure. Postoperatively 12.9% (n=9) of patients underwent tracheotomy procedure and overall 11.4% (n=8) of them were directly connected to the occurrence postoperative respiratory failure.

**Results:** The mean age was 61.6±13.8. BMI reached 27.7±4.7 in this cohort. Ejection fraction (EF) was 51.2%±7.4.

Length of surgery reached (min) 345.5±78.1. Extra corporeal bypass time was (min) 198.1±66.5 with cross clamp time (min) 123.3±48.5. Overall mortality reached 21.3% (n=16). Postoperative tracheotomy was performed in 50% (n=8) of patients who developed postoperative respiratory failure. In the group of patients who developed acute respiratory failure mortality reached 43.8% (n=7) and was significantly higher than in patients without prolonged mechanical respiratory support 25% (n=4), p<0.05.

**Conclusions:** Acute type A dissection is still devastating disease burdened with significant mortality and morbidity. Postoperative acute respiratory failure occurs frequently and it is combined with high complications rate. Tracheotomy is commonly performed in prolonged treatment of postoperative respiratory failure in patients after type A dissection surgery.