

Higher acute aortic dissection risk with lower-volume care

May 13 2013



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Joanna Chikwe, M.D., from the Mount Sinai Medical Center in New York City, and colleagues analyzed outcomes data from the Nationwide Inpatient Sample (2003 to 2008) on 5,184 patients (mean age, 60.3 years; 65.9 percent male) diagnosed with acute aortic dissection.

The researchers found that with similar preoperative patient risk profiles across institutions and individual surgeons the overall [operative mortality](#)

was 21.6 percent. There was a significant, inverse relationship between operative mortality and both institution and surgeon volume.

Specifically, surgeons who averaged less than one aortic dissection repair annually had a mean operative mortality of 27.5 percent, compared with 17.0 percent for those averaging five or more annually (odds ratio, 1.78). Similar findings were seen with institutional volume and mortality.

Operative mortality was 27.4 percent in institutions performing three or fewer acute aortic dissections a year, compared with 16.4 percent in those performing more than 13 annually. Operative mortality decreased steadily nationally, from 23 percent in 1998 to 2000 to 19 percent in 2005 to 2008, with no significant change in patient risk profile.

"Patients undergoing emergency repair of [acute aortic dissection](#) by lower-volume surgeons and centers have approximately double the risk-adjusted mortality of patients undergoing repair by the highest volume care providers," the authors write.

Two authors disclosed [financial ties](#) to Edwards Lifesciences and/or Medtronic.

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Citation: Higher acute aortic dissection risk with lower-volume care (2013, May 13) retrieved 2 May 2024 from <https://medicalxpress.com/news/2013-05-higher-acute-aortic-lower-volume.html>

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