

False lumen obliteration technique in acute type A aortic dissection

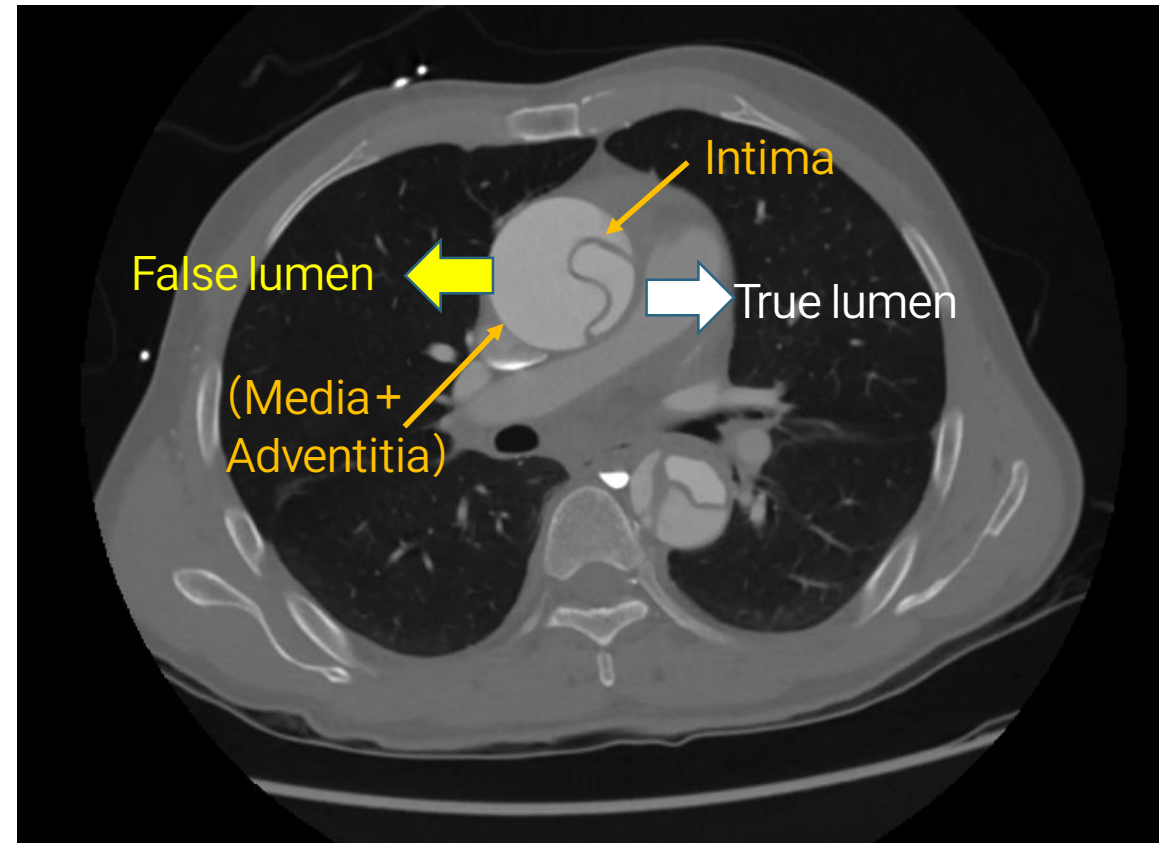
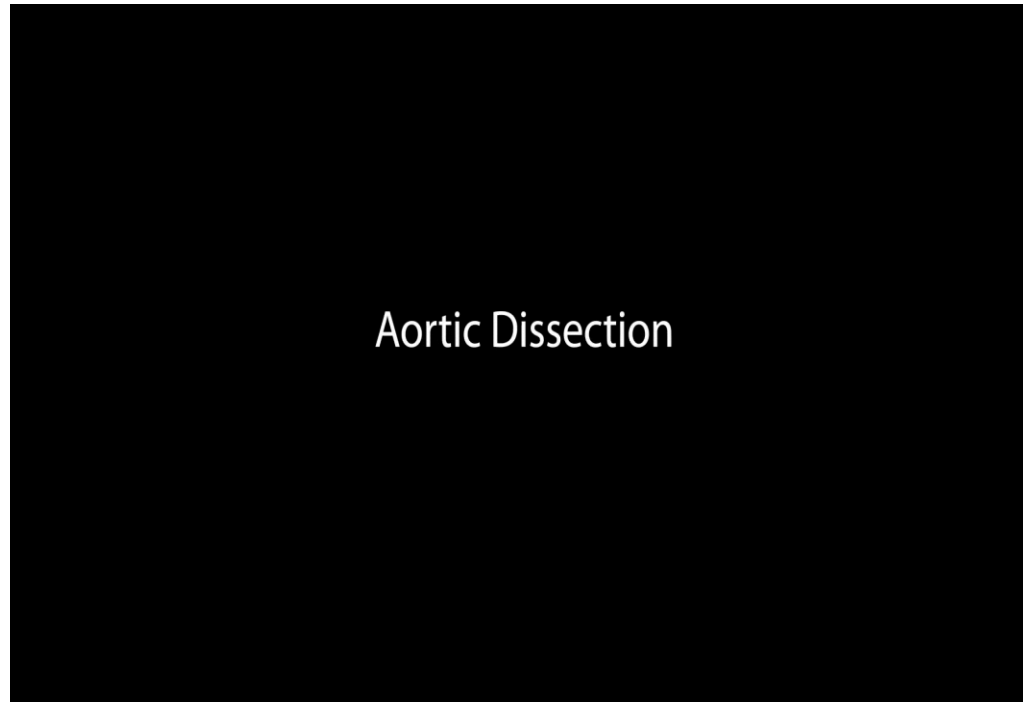
Suryeun Chung

Department of cardiovascular surgery
Samsung Medical Center



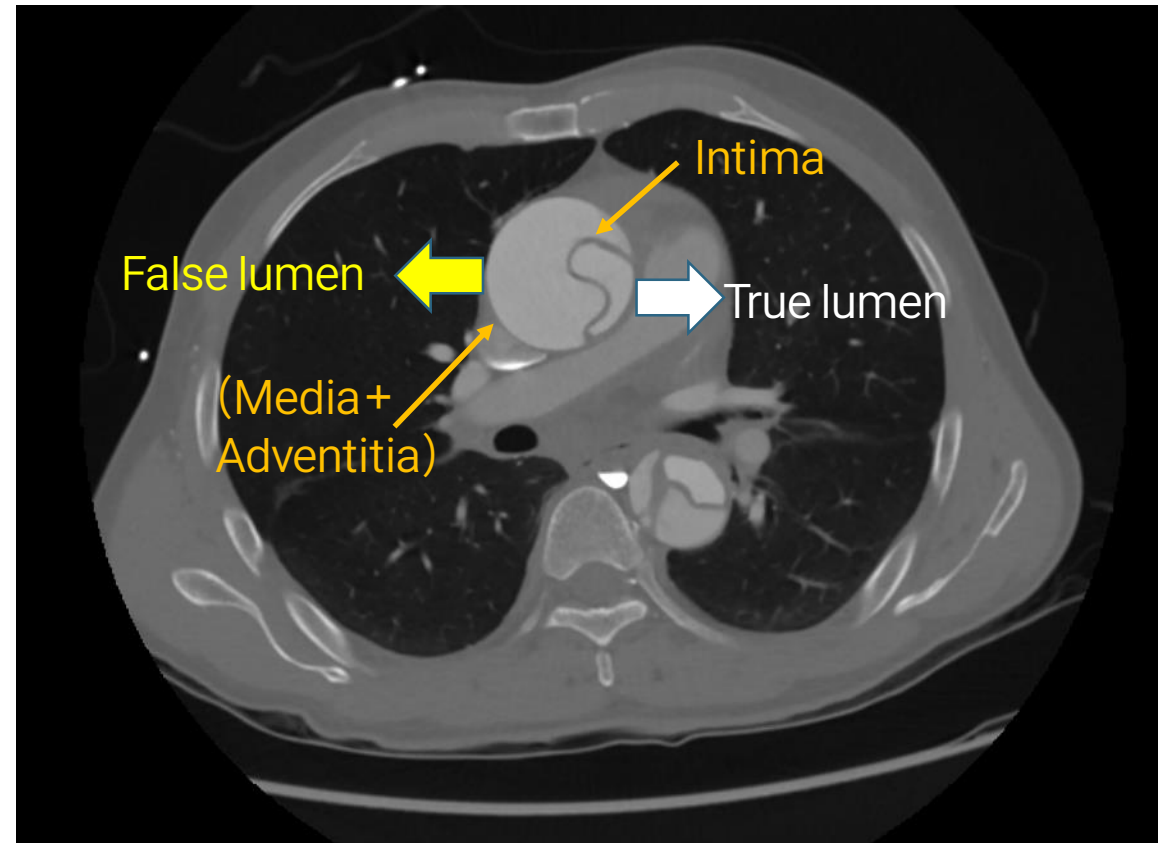
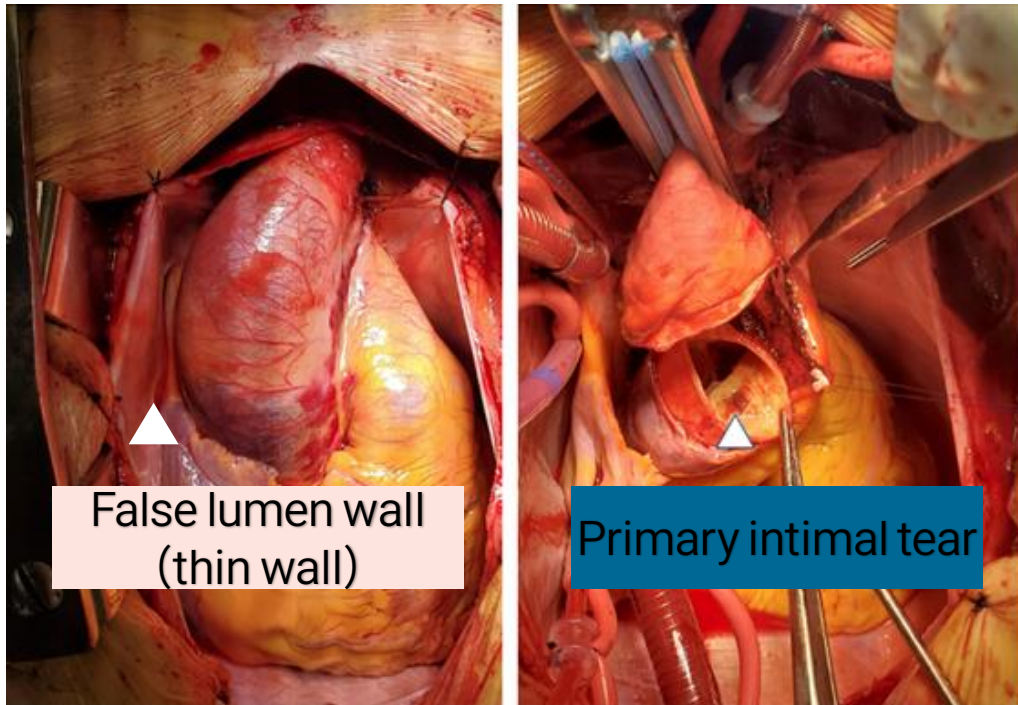
Aortic dissection

- Aorta intimal injury

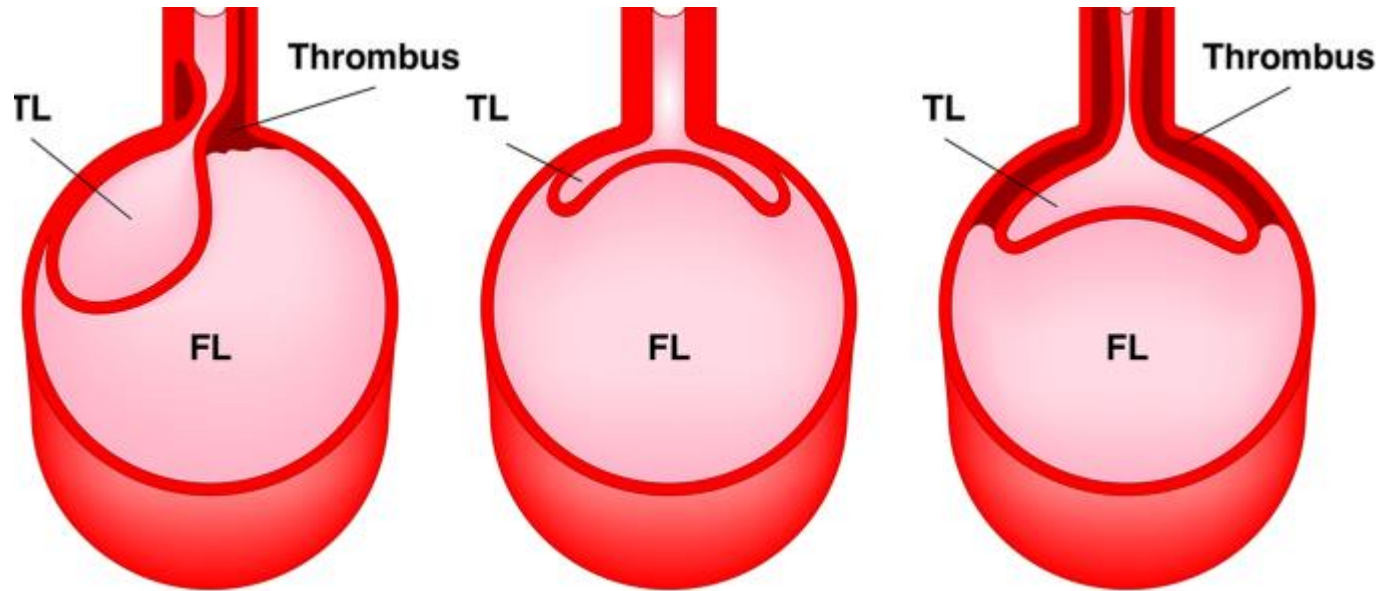


Aortic dissection

- Aorta intimal injury



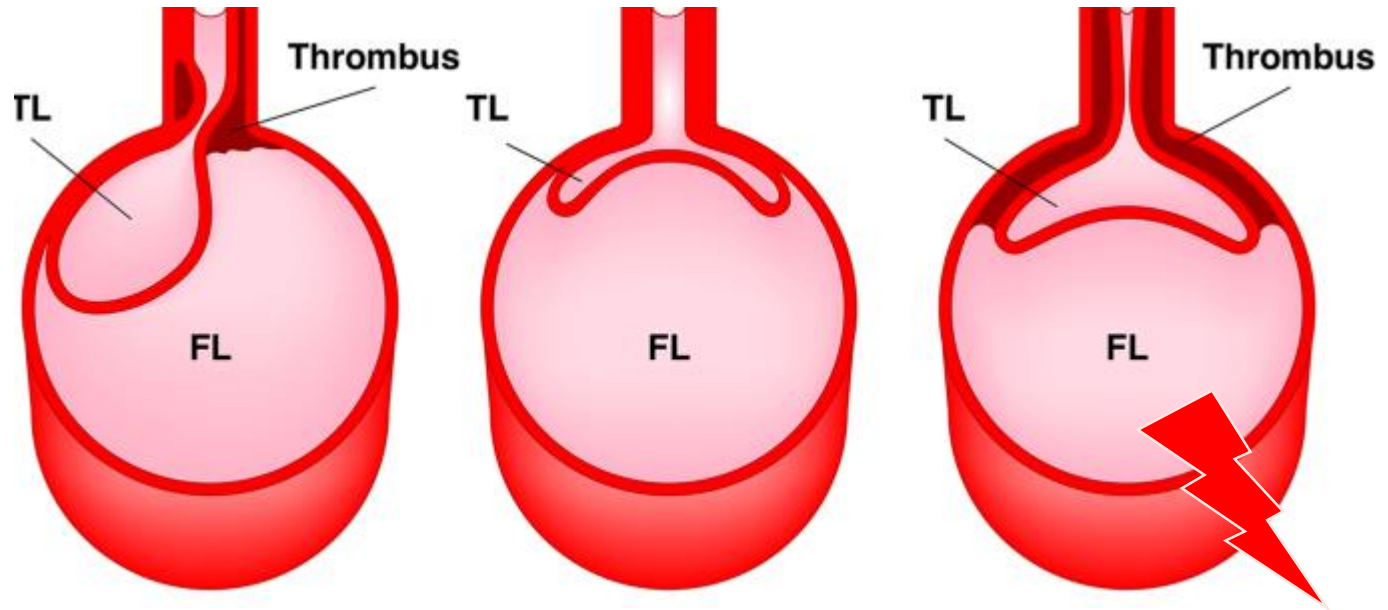
Goal of Aortic dissection surgery



1. Malperfusion

2. Rupture of false lumen

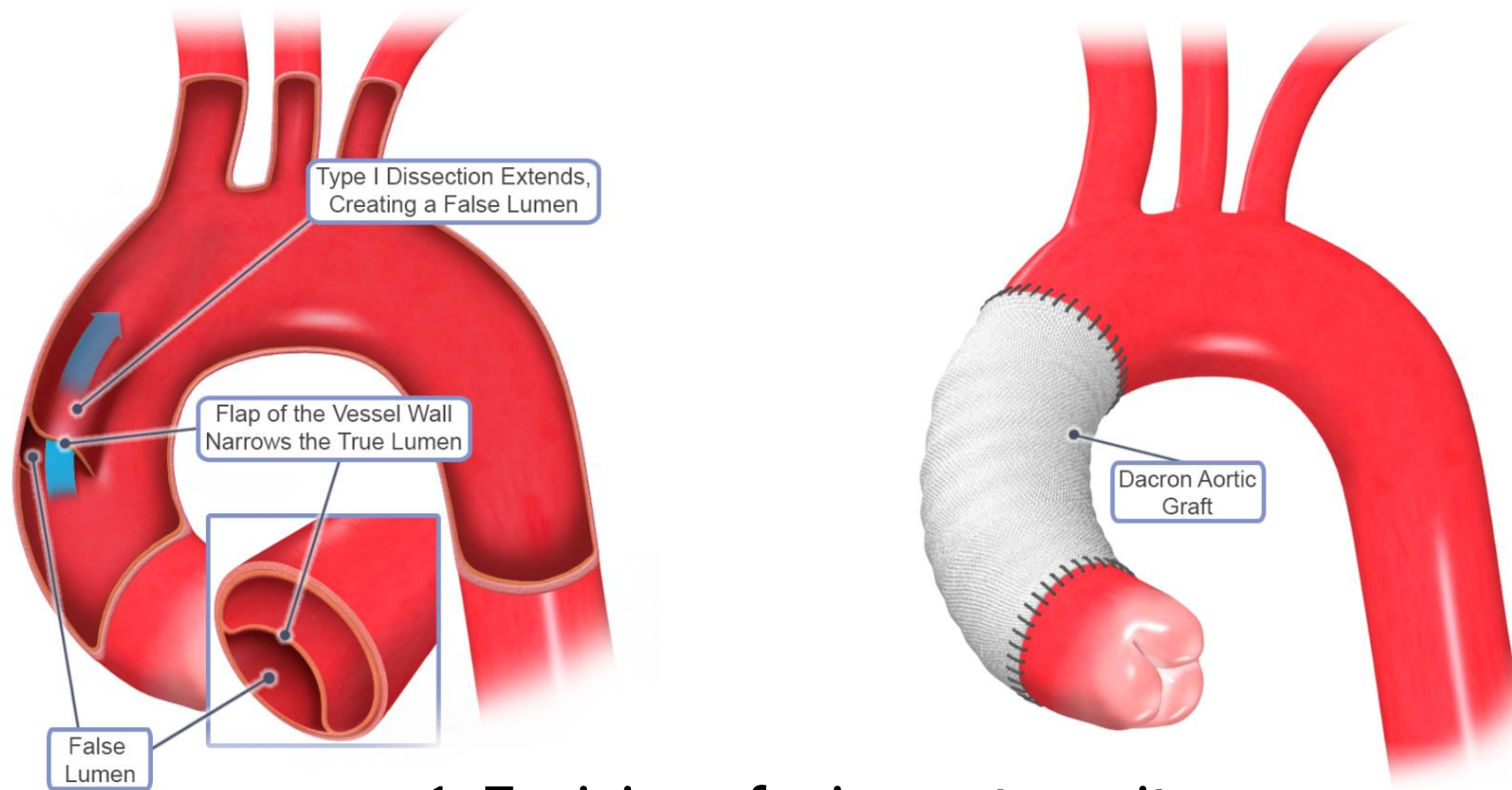
Goal of Aortic dissection surgery



1. Malperfusion

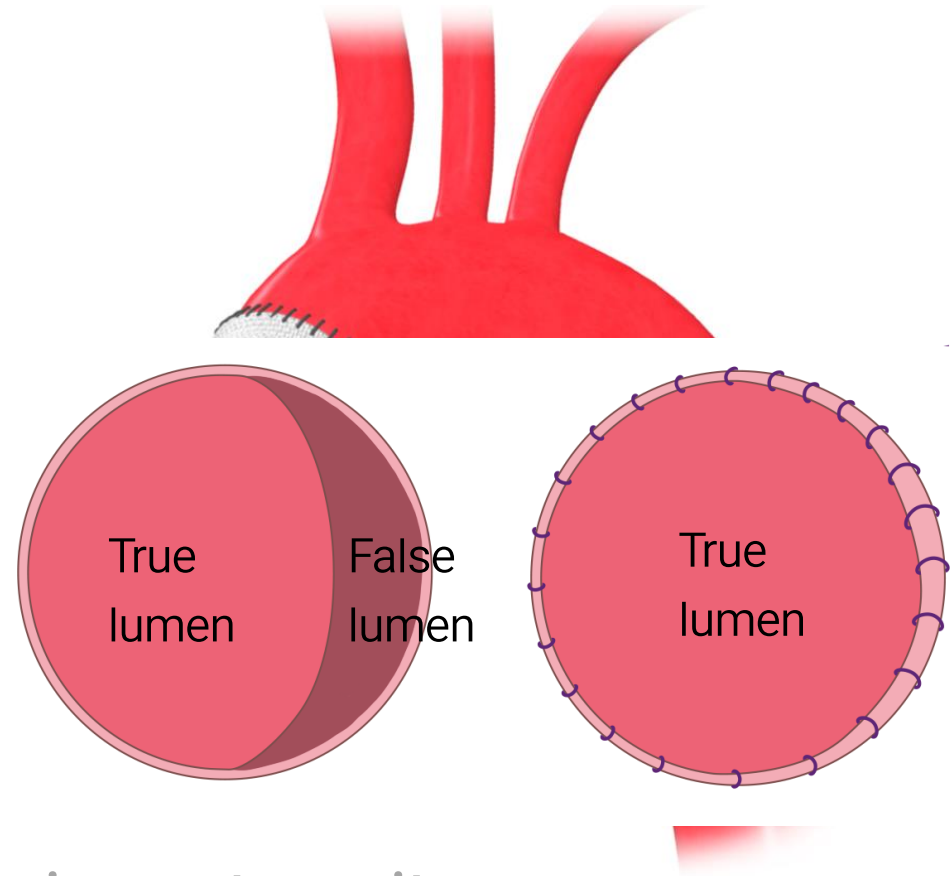
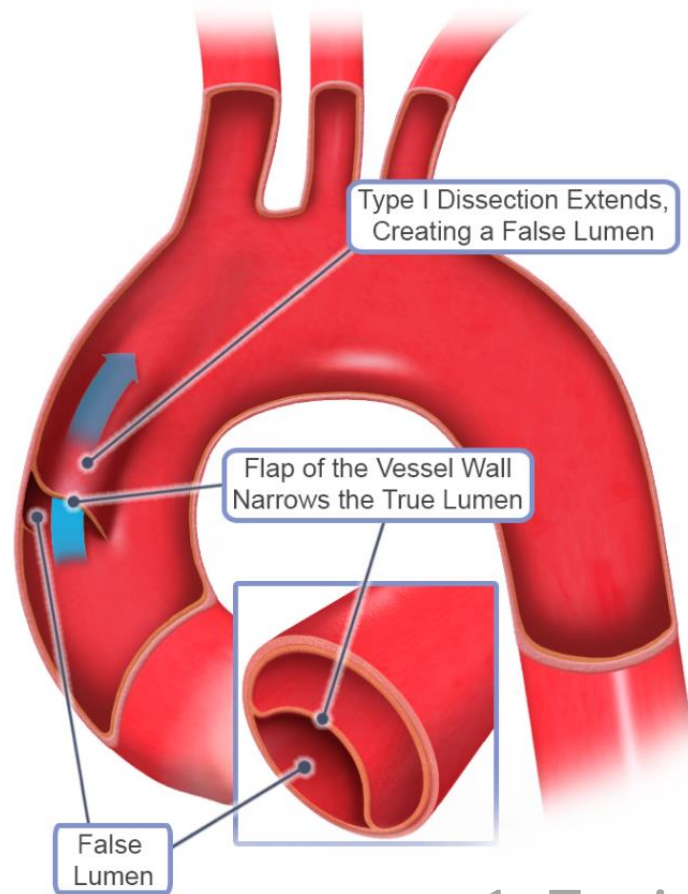
2. Rupture of false lumen

Goal of Aortic dissection surgery



1. Excision of primary tear site
2. False lumen obliteration

Goal of Aortic dissection surgery

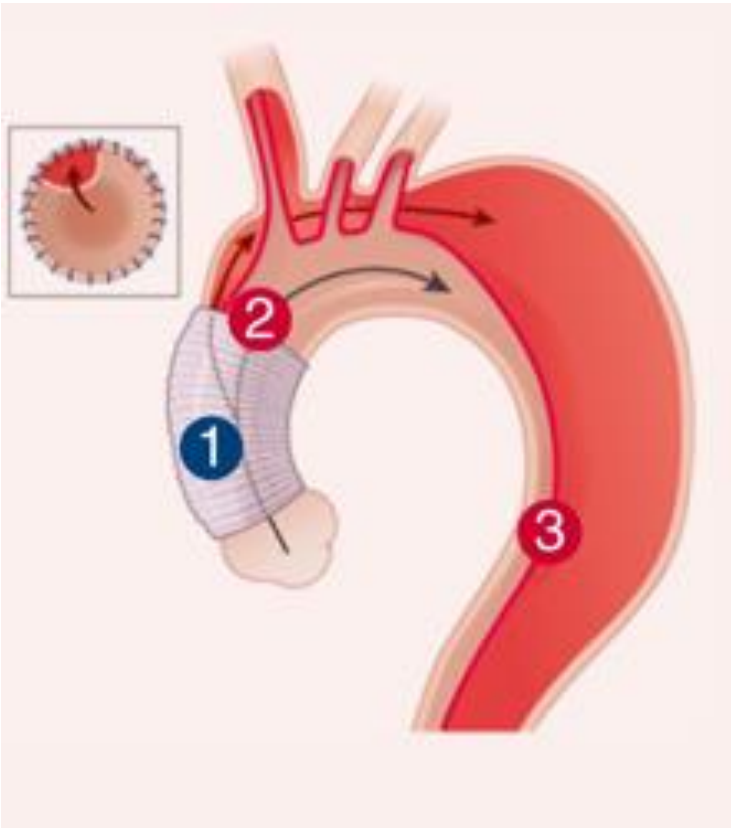


1. Excision of primary tear site

2. False lumen obliteration

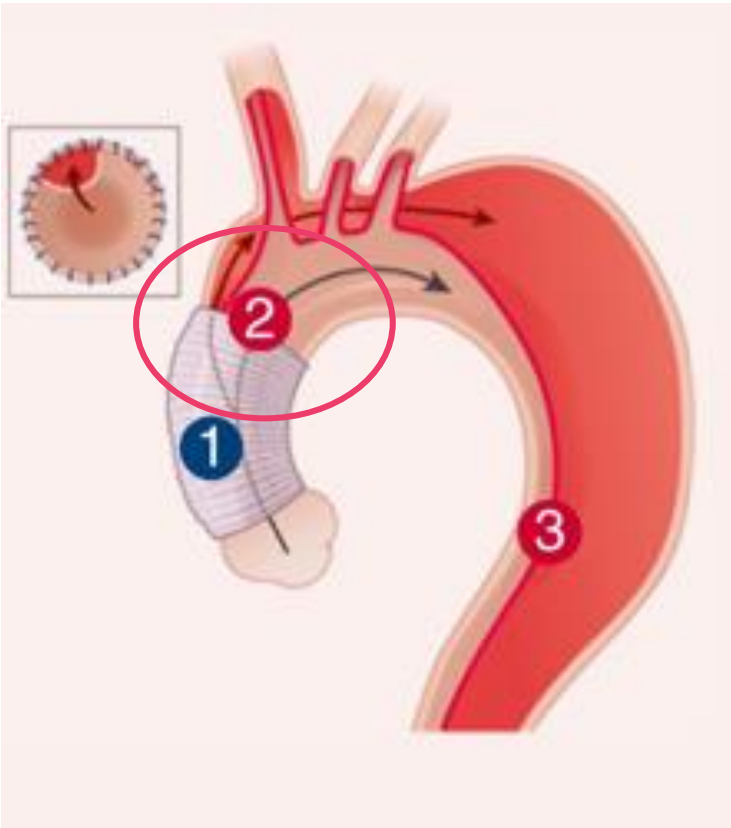
Importance of false lumen obliteration

1. Complete hemostasis (prevent uncontrolled bleeding)
2. Thrombosis of false lumen (Positive remodeling)



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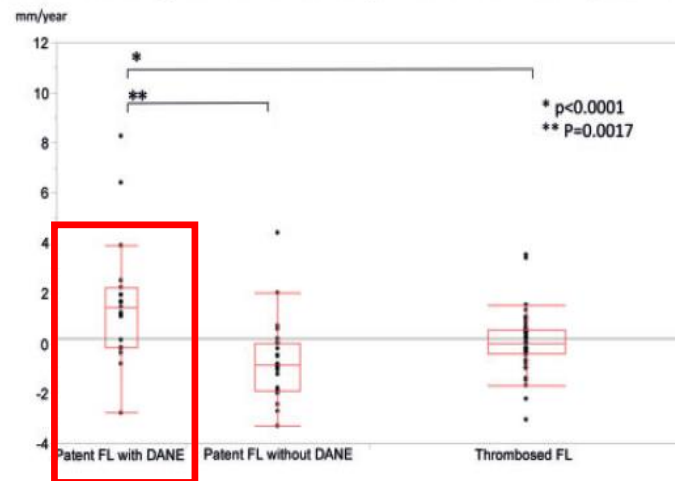
DANE (Distal anastomosis new entry)

- Thin adventitia tear + High pressure flow (without primary tear)
= uncontrolled bleeding
- Risk factor of aortic related event

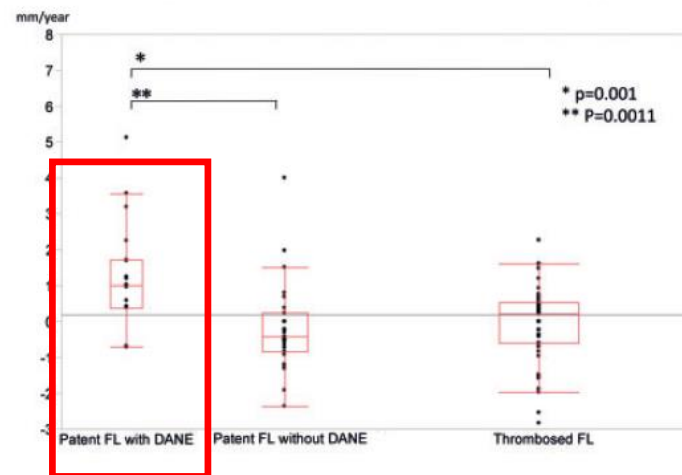
The impact of DANE after type A dissection repair

- 122 patients with DeBakey type I aortic dissection
- Patency false lumen (PFL) with DANE (n=19)
vs Patency false lumen (PFL) without DANE (n=27)
vs Thrombosed FL (n=47)

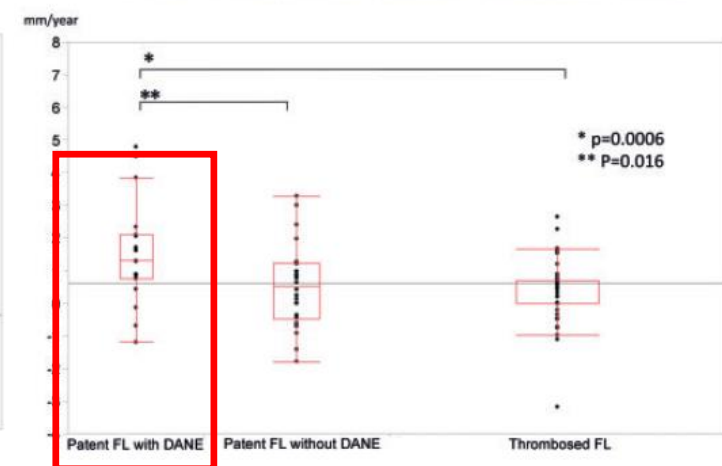
A Aortic growth rate at the proximal descending aorta



B Aortic growth rate at the middle descending aorta

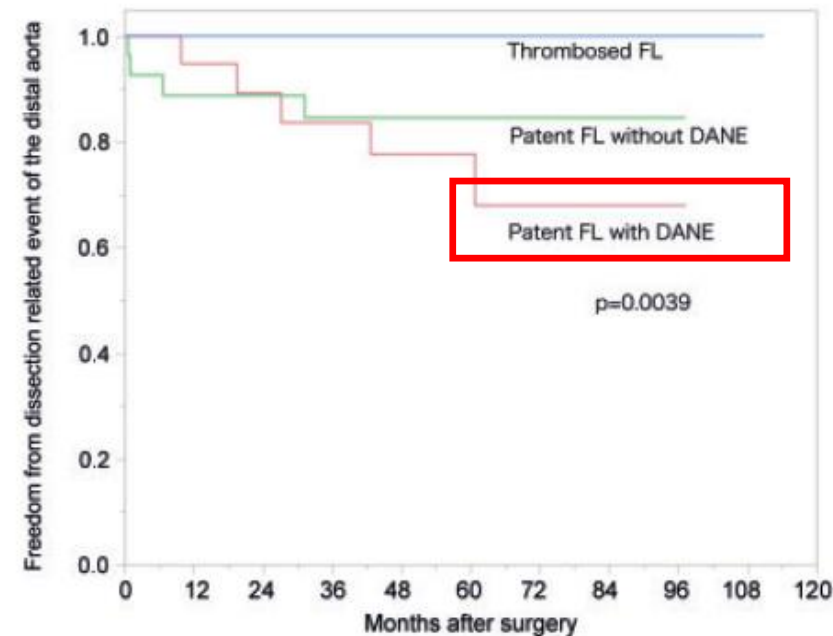
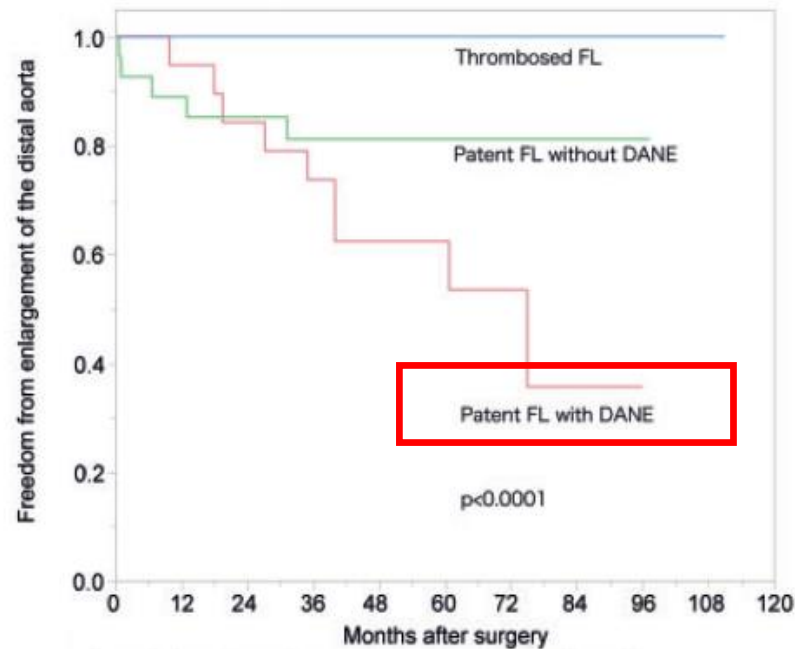


C Aortic growth rate at the distal descending aorta



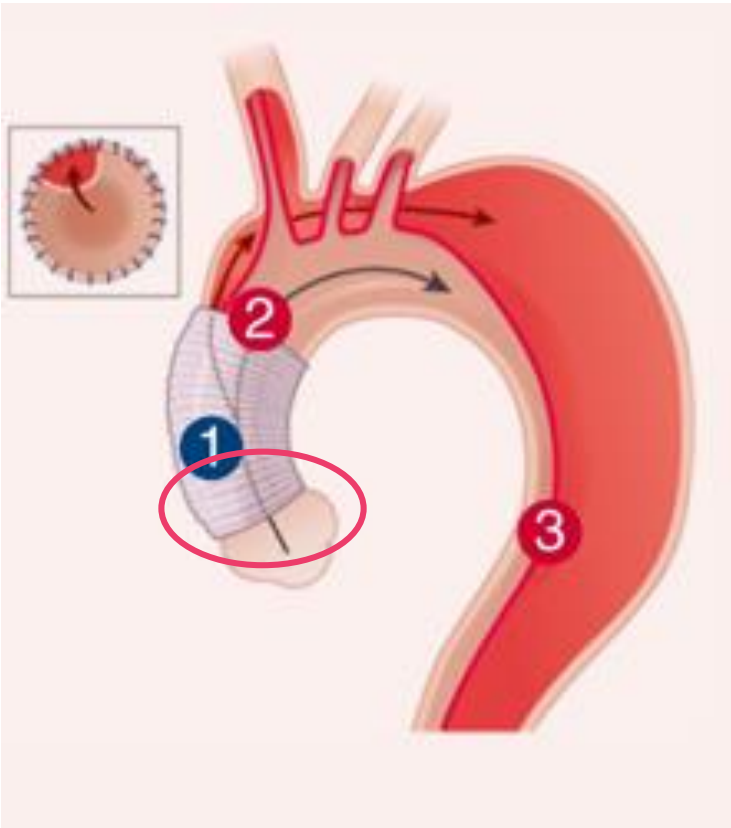
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Importance of false lumen obliteration

1. Complete hemostasis (prevent uncontrolled bleeding)
2. Thrombosis of false lumen (Positive remodeling)

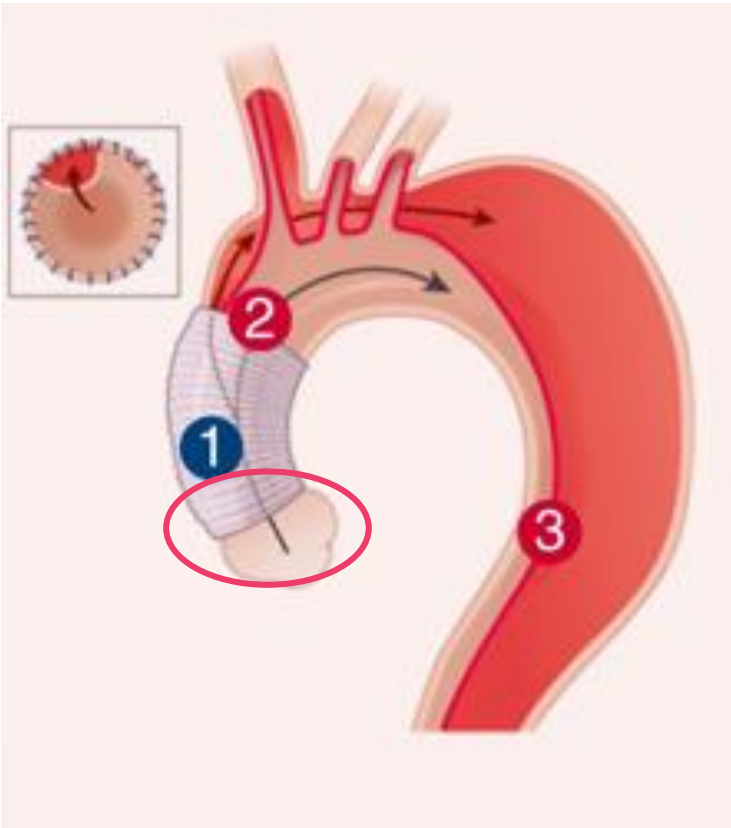


Failure of false lumen obliteration at proximal anastomosis (esp. aortic root)

- Thin adventitia tear + flow pressure without primary tear
 - = > > uncontrolled bleeding
 - = > > Root rupture (Catastrophic event)
- Aortic root pseudoaneurysm

Importance of false lumen obliteration

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2. Thrombosis of false lumen (Positive remodeling)



Failure of false lumen obliteration at proximal anastomosis (esp. aortic root) without primary tear

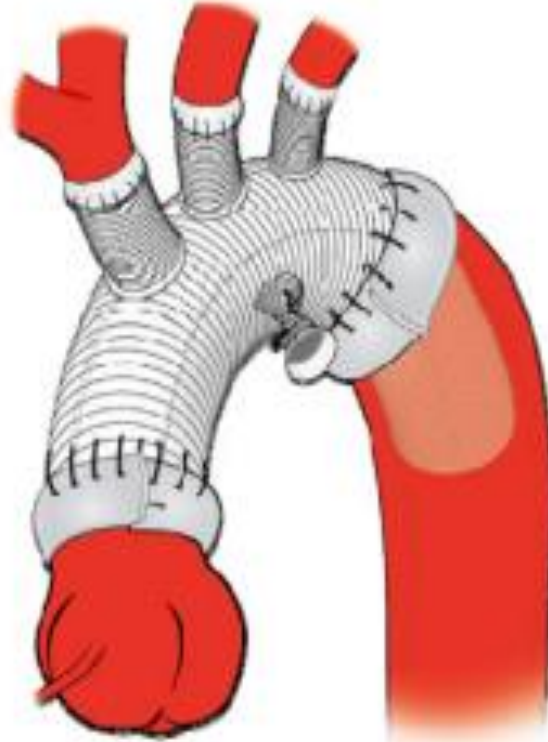
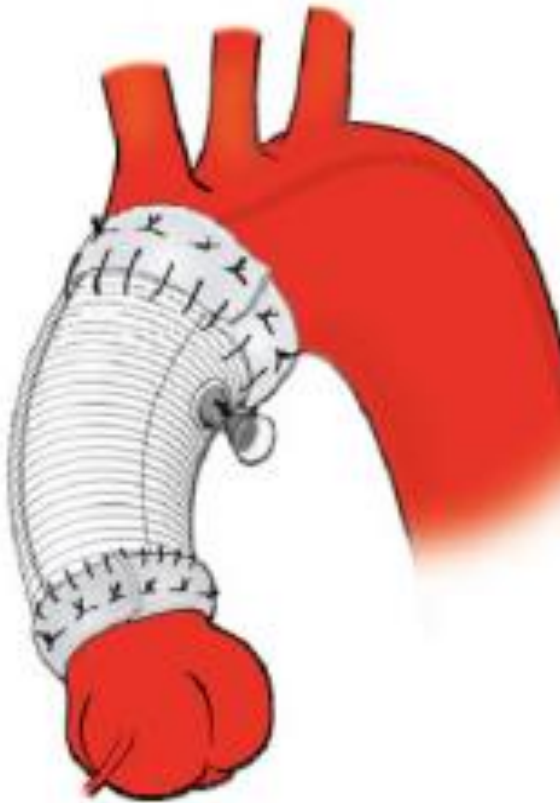


Severe AR with pseudoaneurysm at root (1year after AAD repair)

A blurred background image showing several surgeons in an operating room. They are wearing blue scrubs, surgical masks, and caps. The scene is dimly lit, with a bright light source visible in the center, likely the surgical lamp. The focus is on the surgeons' heads and shoulders as they lean over a patient.

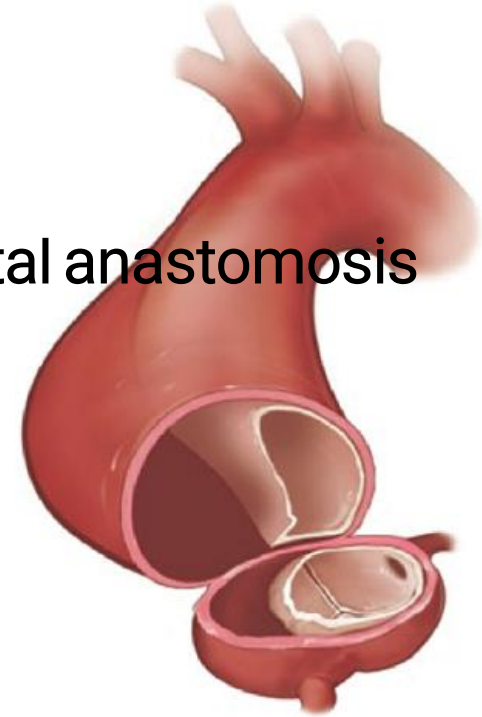
False lumen obliteration technique

False lumen obliteration site



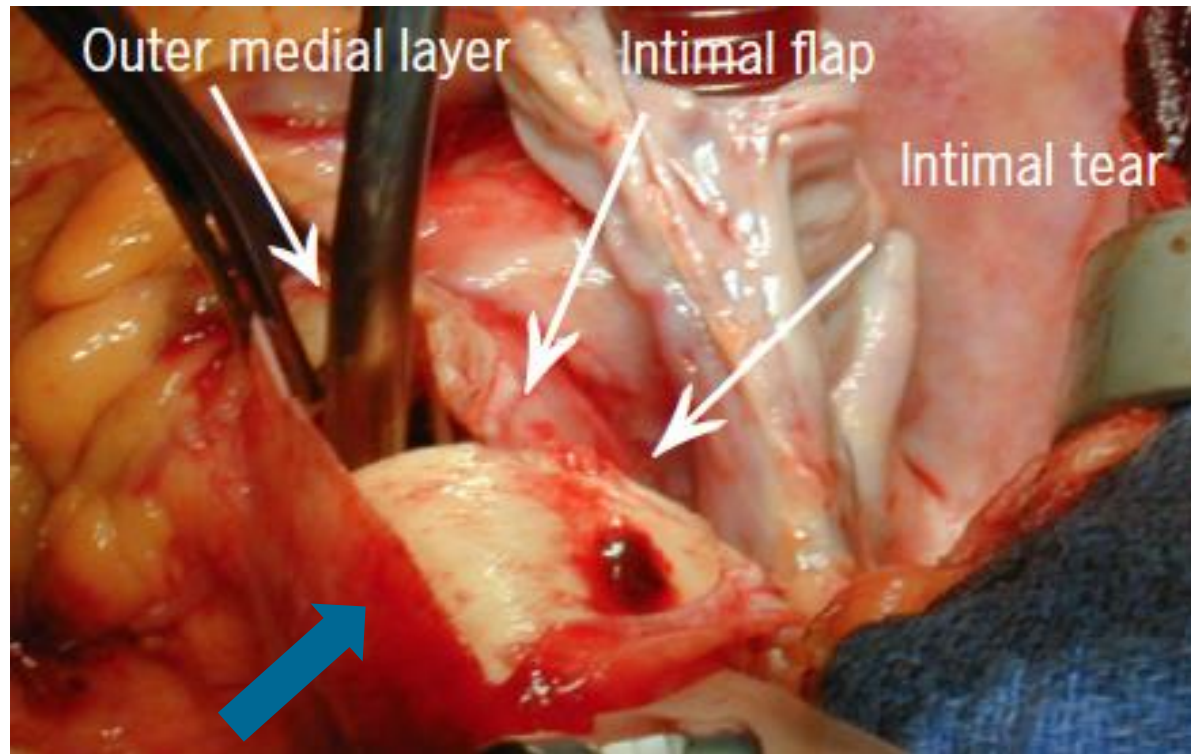
Cerebral vessel branch

Distal anastomosis



Proximal anastomosis
(aortic root)

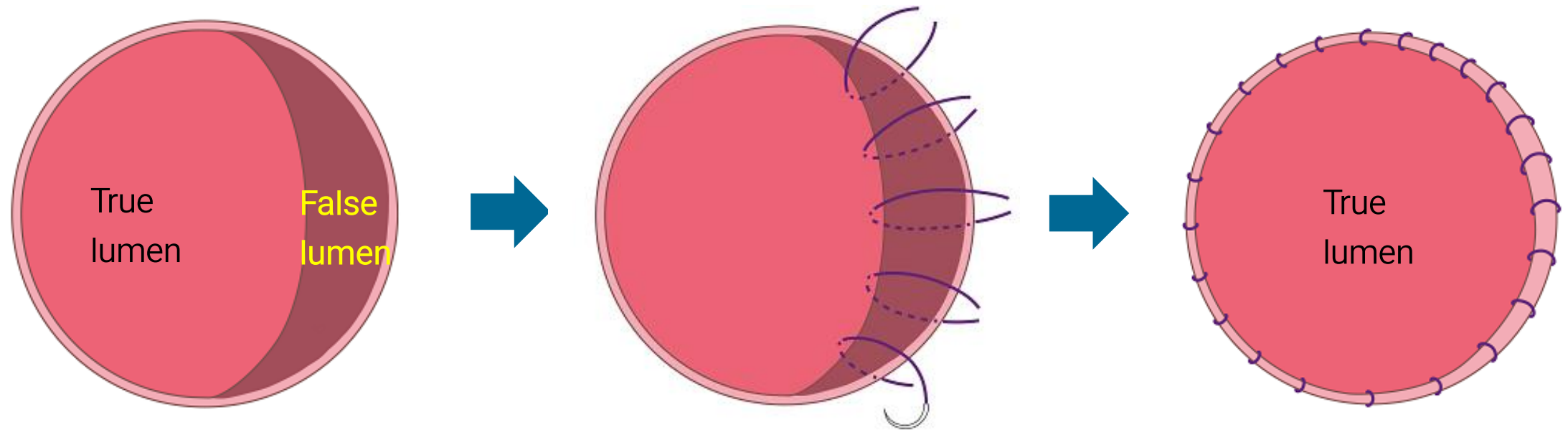
Tips of False lumen obliteration



Adventitia layer of aortic dissection

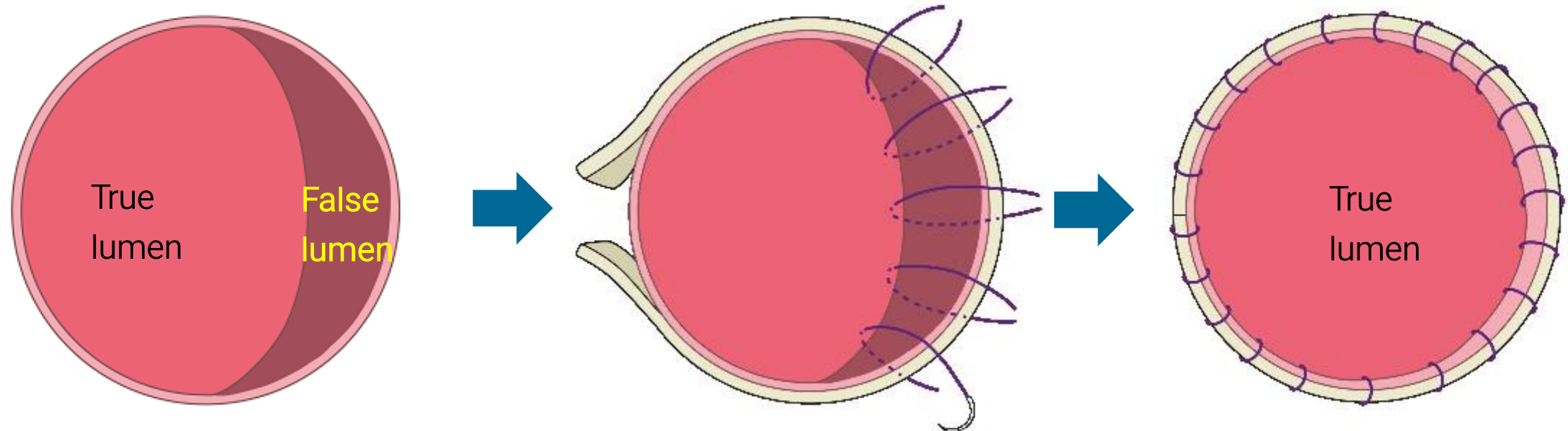
- Very thin & Fragile
- Gently handling of adventitia
- Avoid over traction and resection

I. Direct false lumen closure



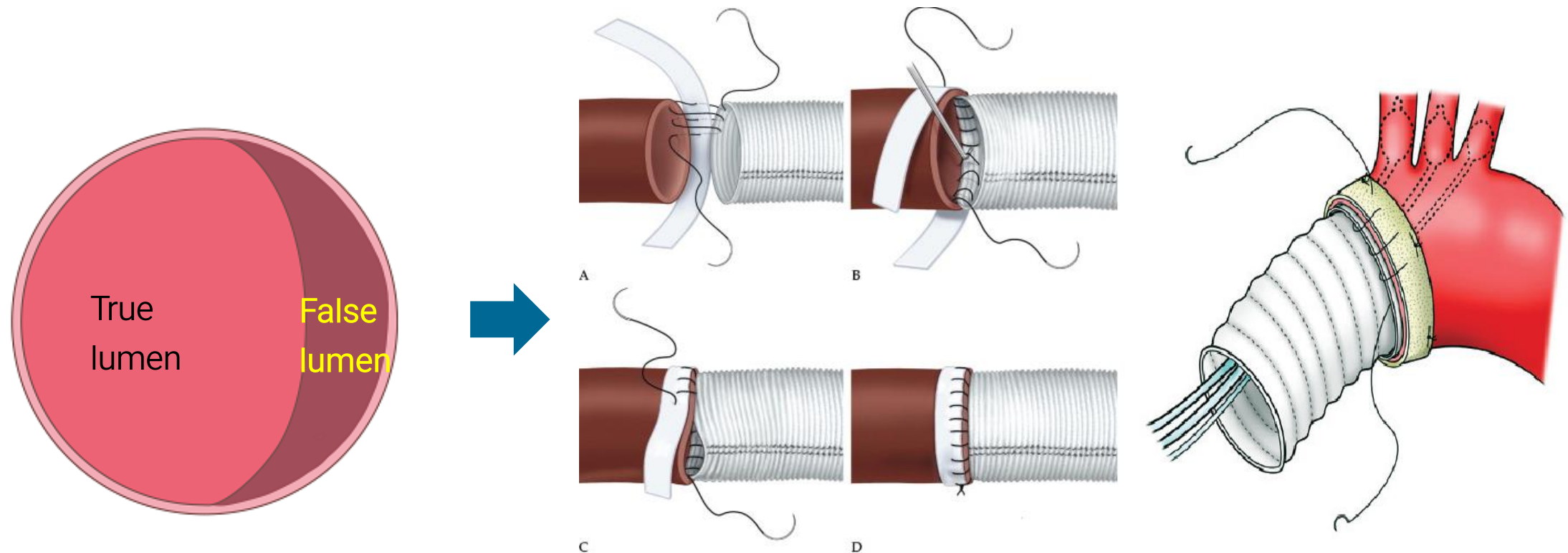
Direct false lumen closure
(4-0 Prolene continuous running suture)

I. Direct false lumen closure (Teflon felt reinforcement)



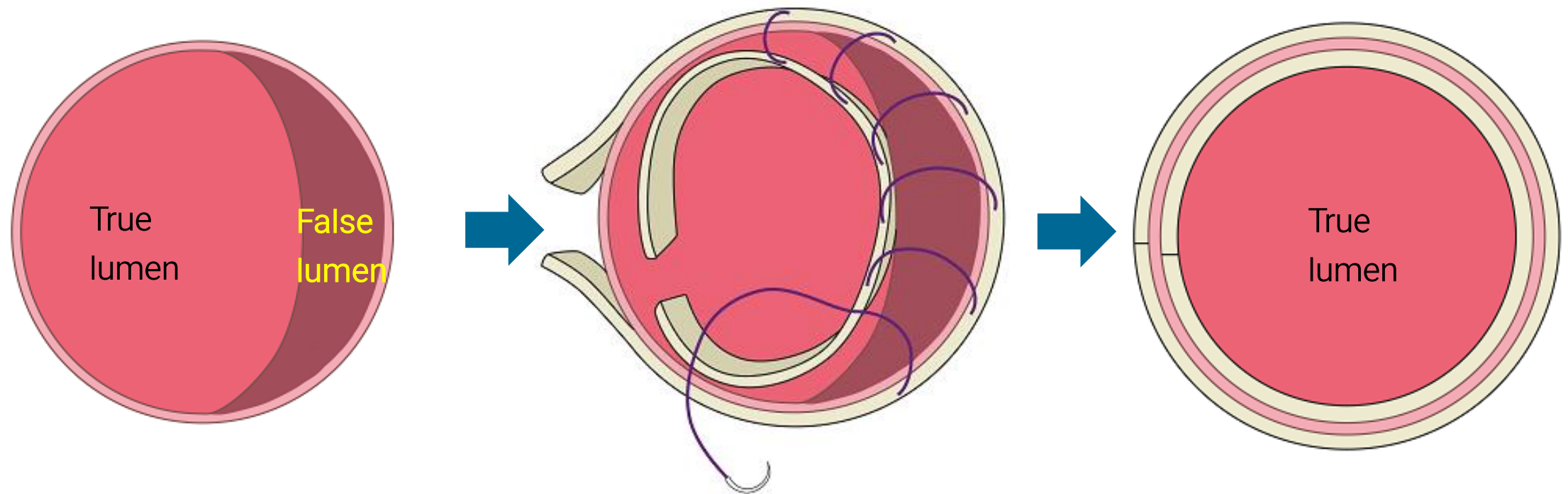
Direct false lumen closure
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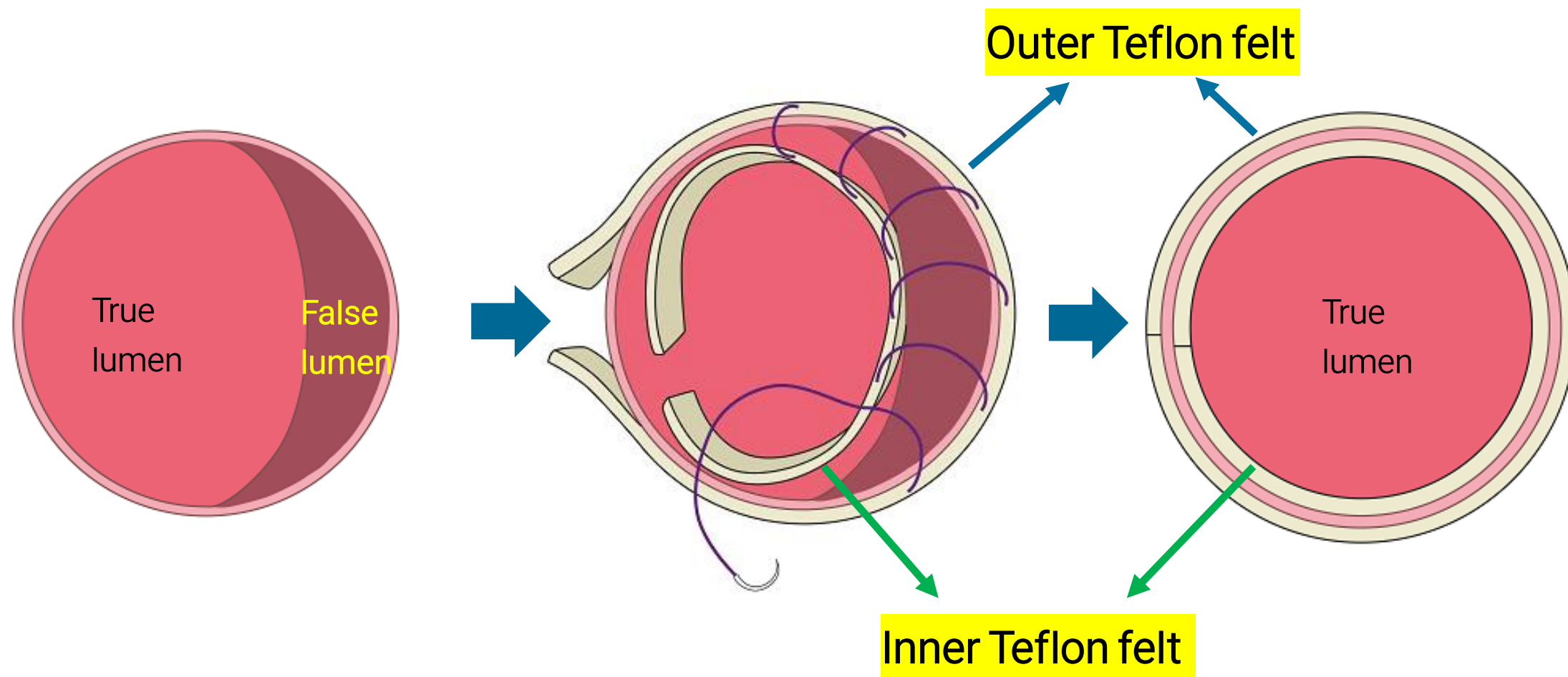
Direct false lumen closure
(Teflon felt reinforcement)

II. Teflon felt sandwich technique



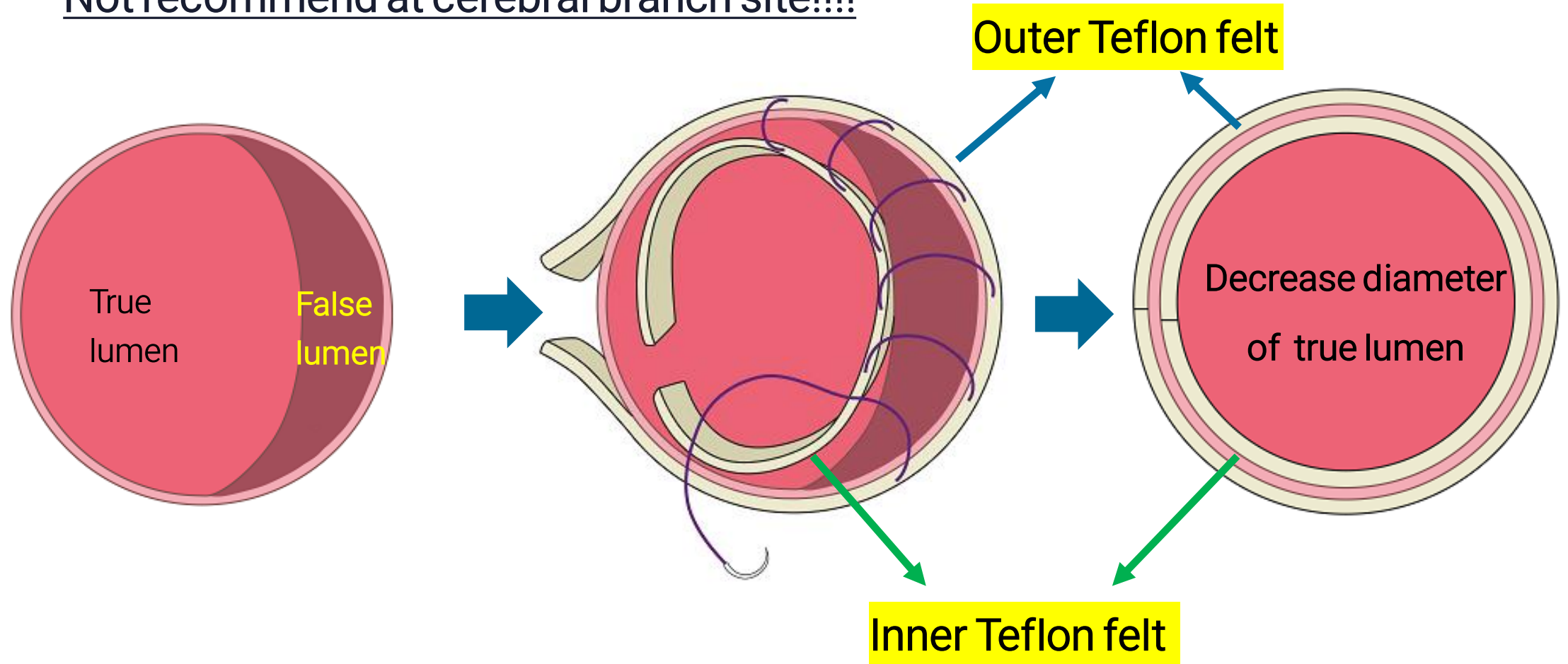
Teflon felt sandwich technique

II. Teflon felt sandwich technique



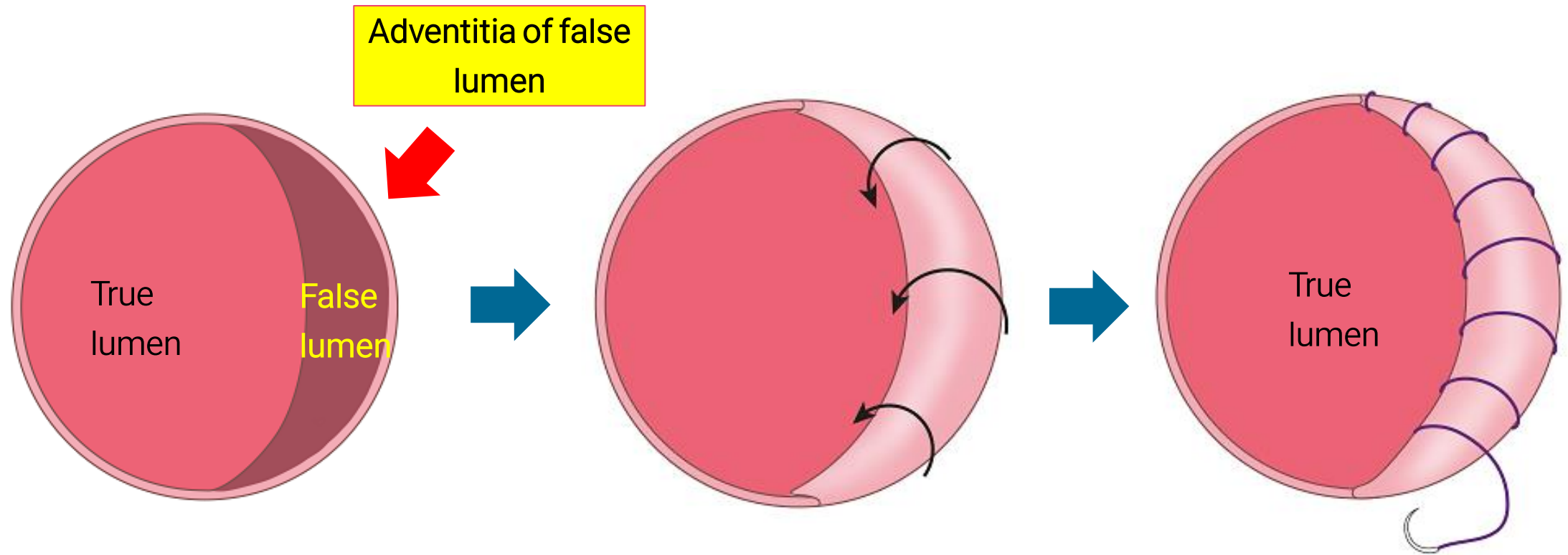
II. Teflon felt sandwich technique

Not recommend at cerebral branch site!!!!



III. Adventitial inversion technique

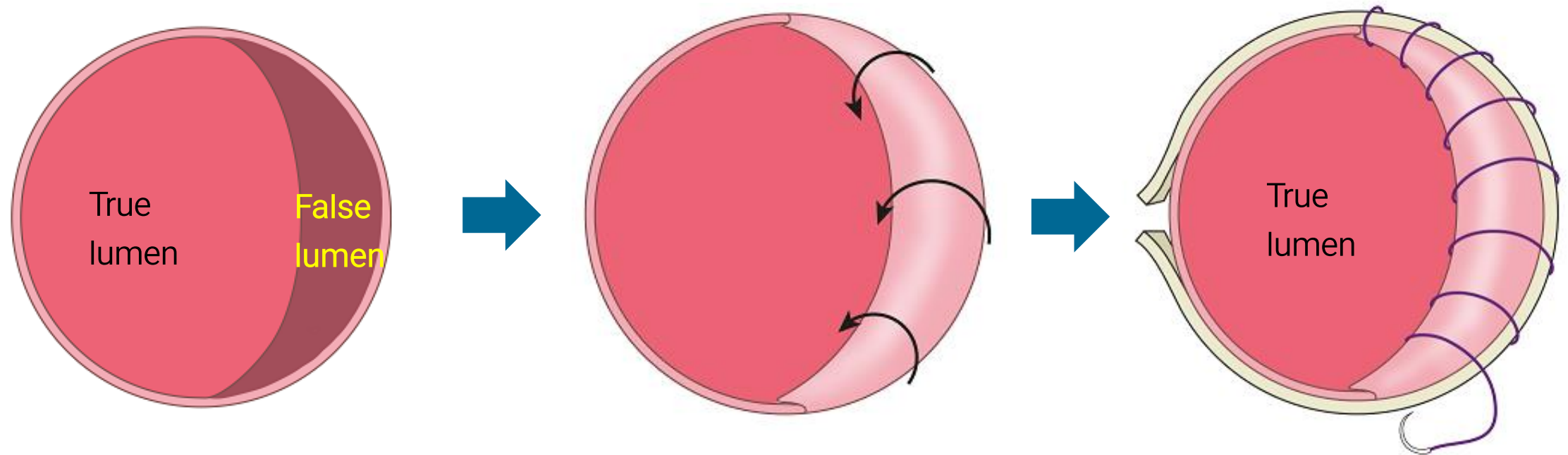
First reported in 1995 by Floten (St. Vincent hospital , USA)



Fold the adventitial layer into inner space

(5-0 Prolen continues running suture)

III. Adventitial inversion technique



Adventitia inversion technique + Teflon felt reinforcement

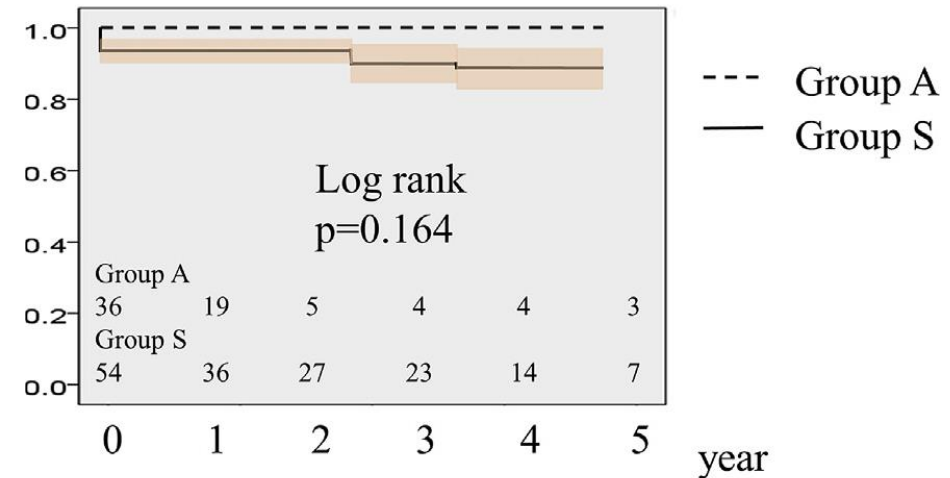
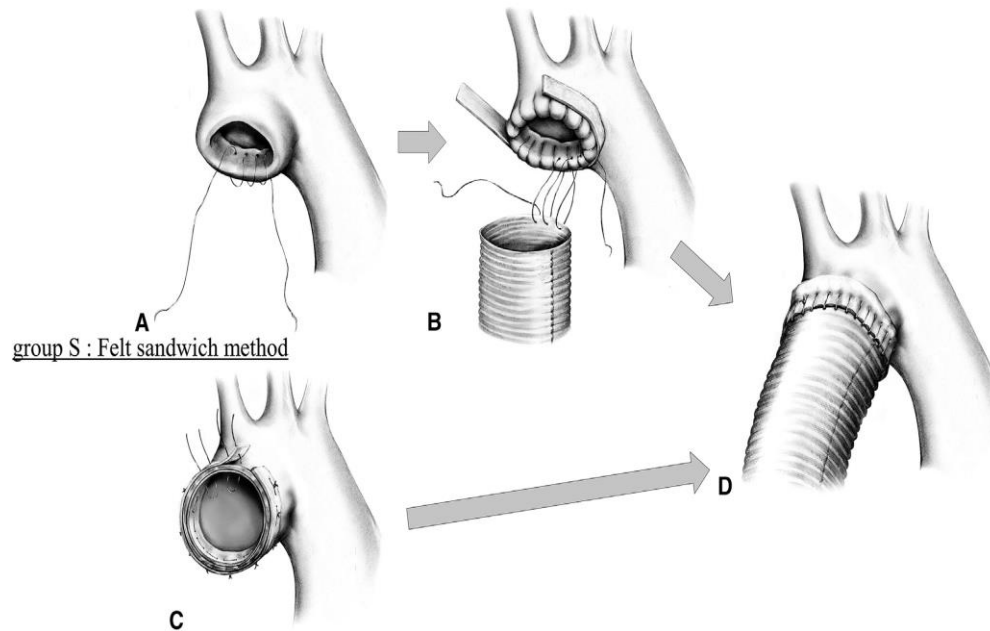
Adventitial inversion vs Felt sandwich

- 90 patients with DeBakey type I aortic dissection
- Adventitial inversion (Group A/ n=36) vs Sandwich method (Group S/ n=54)
- Patent rate of false lumen & aortic re-intervention rate

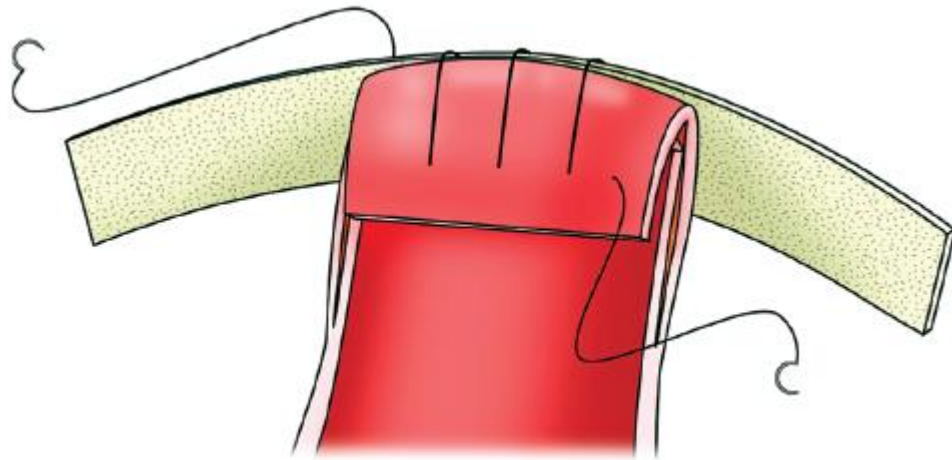
<False lumen thrombosis rate>

Group A	Group S	P value
78.8%	47.9%	0.026

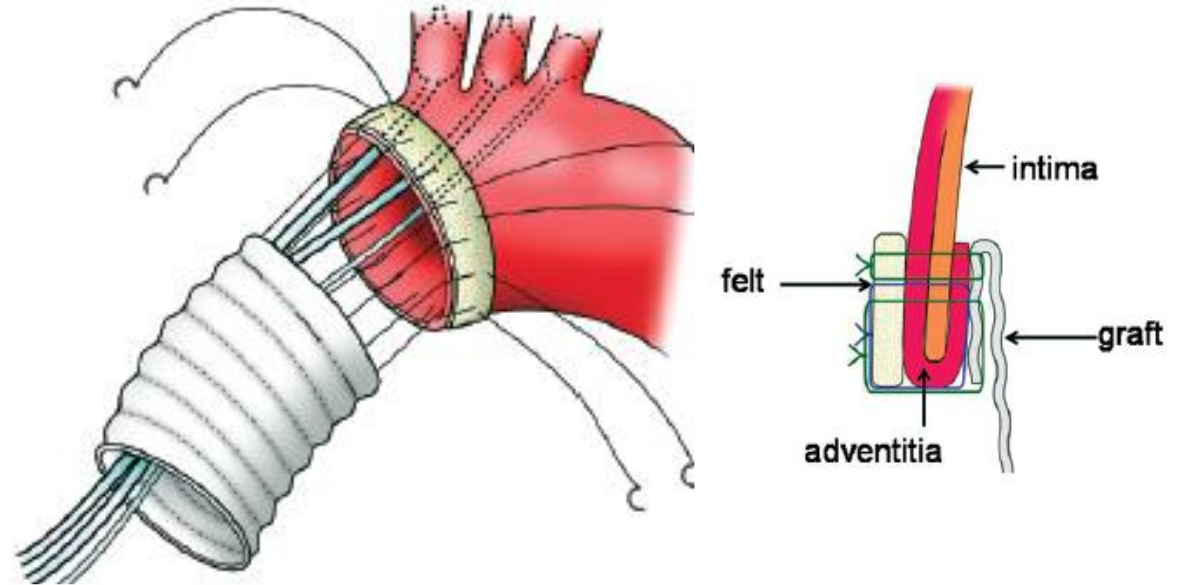
group A : Adventitial inversion technique



III. Modified Sandwich technique

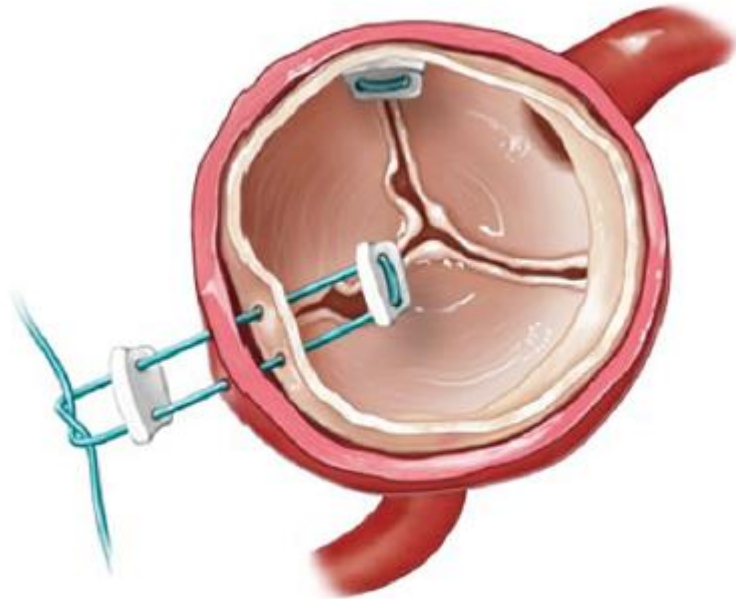


1. Adventitia inversion technique
+ Teflon felt reinforcement

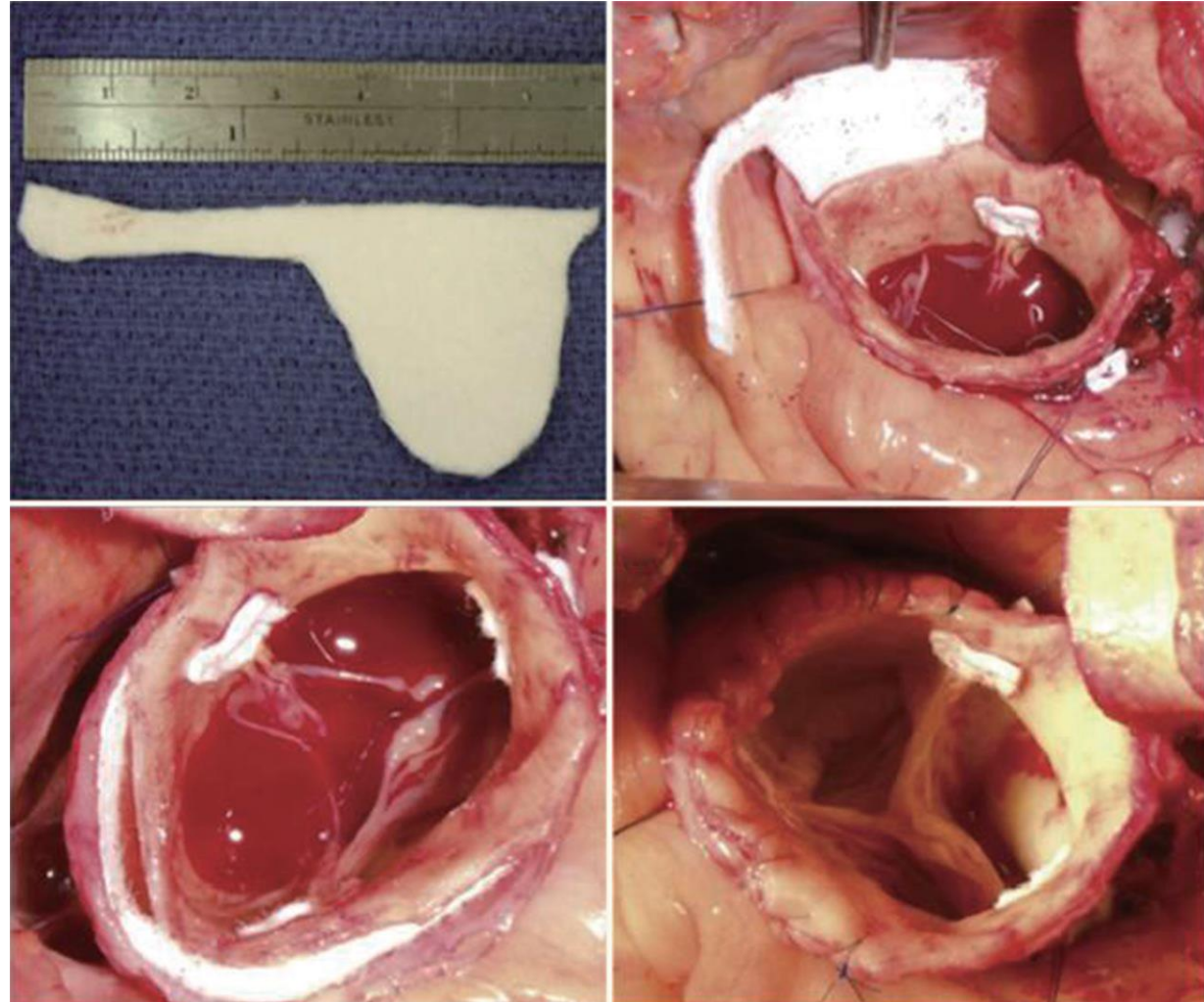


2. Graft Turn-up procedure

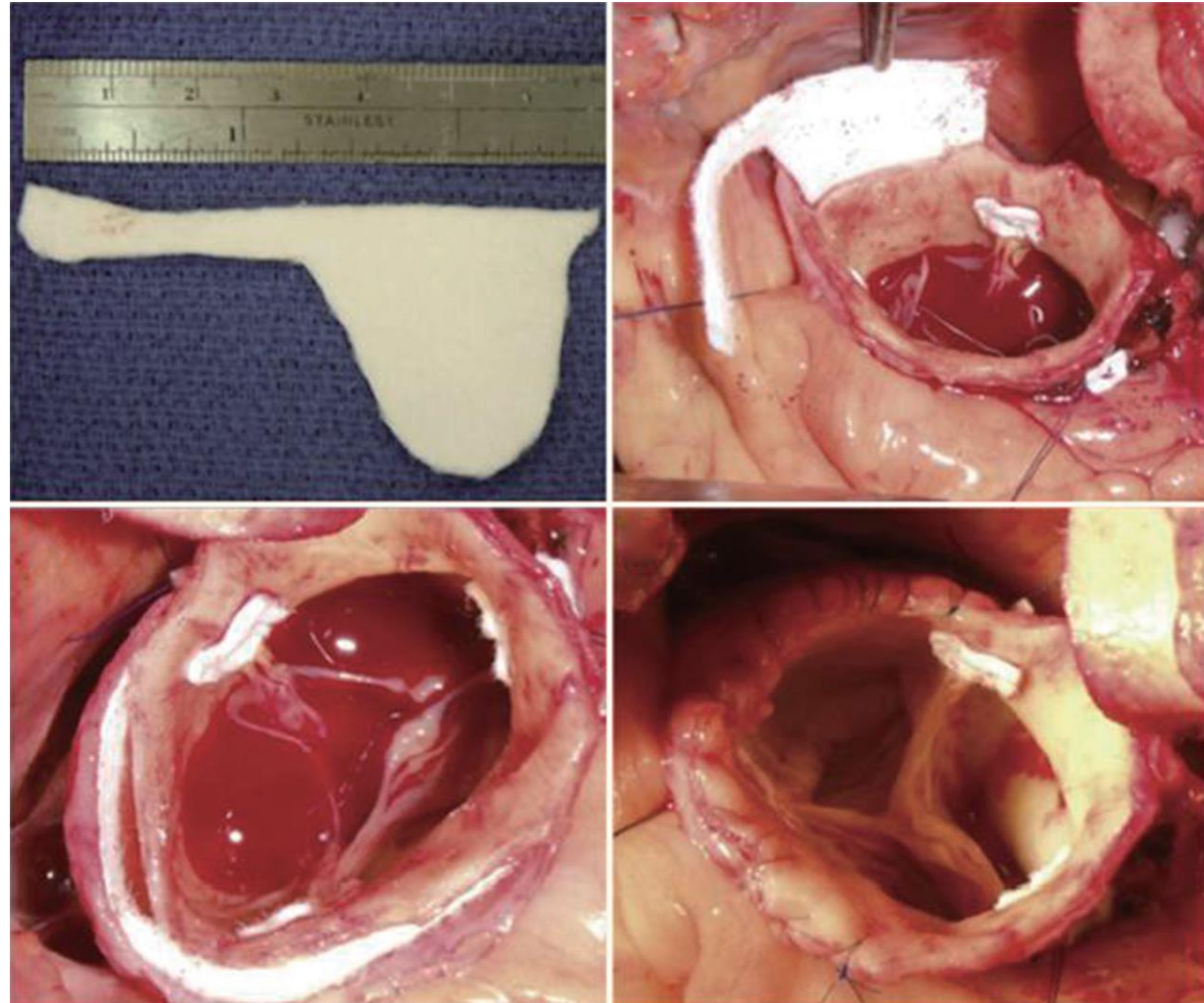
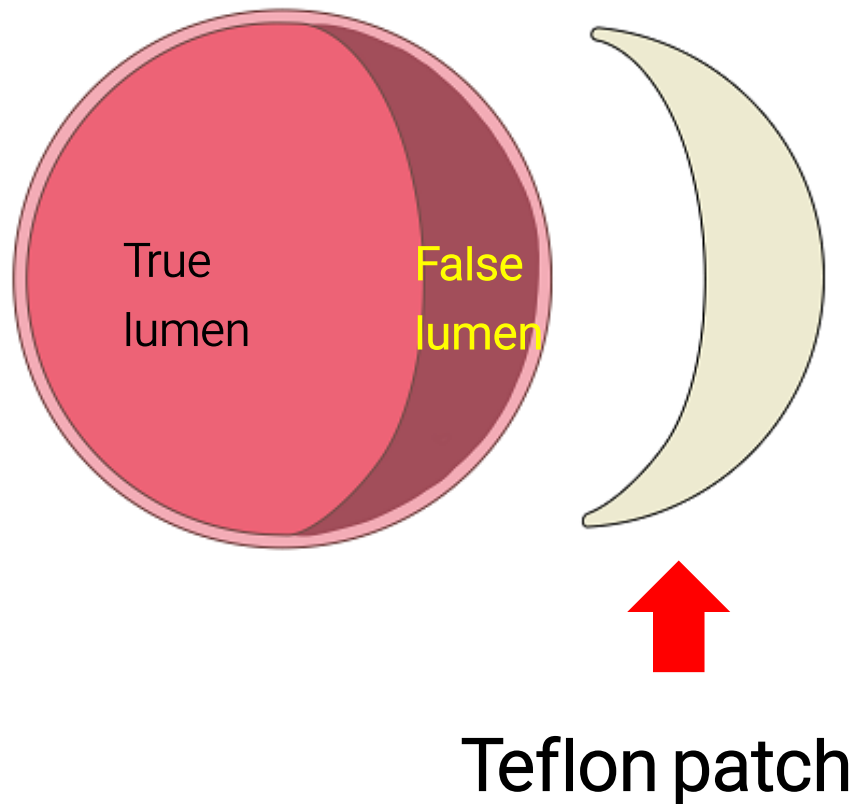
How to control false lumen at root ??



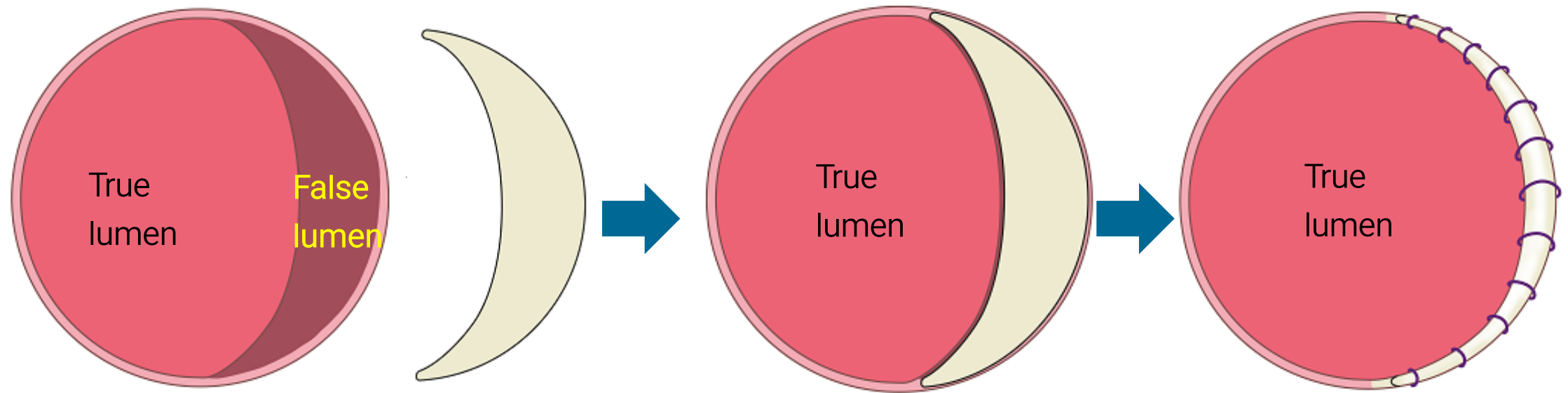
AV resuspension



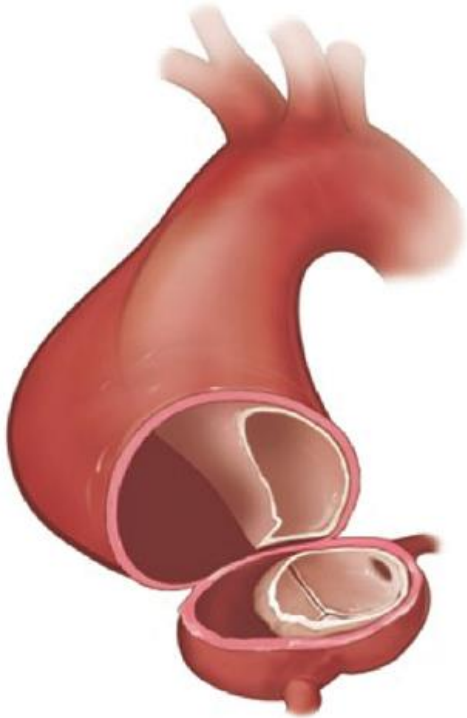
IV. Neo-media formation (proximal site)



IV. Neo-media formation



Take home massage



1. Eagle's eyes

2. Lady's hands

3. Lion's Hearts

