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Outcome after Aortic Valve Replacement in Octogenarians

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Background: The advancing age of the population and improvements in surgical techniques and postoperative care have resulted in an increasing number of very elderly patients undergoing cardiac operations. The aim of this study is to evaluate the surgical outcome of octogenarians after aortic valve replacement.
Methods: We retrospectively identified 191 patients (90 men, 101 women) aged 83.2 ± 2 years (range, 80 to 92 years) who underwent aortic valve replacement alone (73 patients, 38%) or in combination with coronary artery bypass grafting (118 patients, 62%), between October 2003 and September 2009. These patients had significant severe aortic stenosis with a mean valve area of 0.7 ± 0.19 cm2 and a peak gradient of 80 ± 25 mm Hg.
Results: The in-hospital mortality rate was 8.2% for the isolated AVR, and 12.7% for the combined AVR and CABG (p=0.24). Actuarial survival at 1 and 5 years was 76% and 61%, respectively for isolate AVR, and 73% and 50%, respectively for combined AVR and CABG (p=0.21). Predictors for in-hospital mortality were redo surgery, severe LV dysfunction, and critical preop status. Predictors of late mortality were critical preop status, and COPD.
Conclusions: The outcome after aortic valve replacement in octogenarians is excellent; The addition of CABG does not seem to carry statistically worse results and the long term survival of the patients approaches the life expectancy of the general age matched population. Cardiac surgery should not be withheld on the basis of age alone.