PATIENT SELECTION

Coronary Anatomy
- Left main coronary artery disease (CAD) with normal right coronary artery (RCA)
- Triple vessel disease with medium to large posterior descending artery (PDA)
- Complex proximal left-sided lesions with or without large branch involvement
- Previous unsuccessful stenting

Co-Morbidities
- Long-term steroid use
- Advanced age
- Need for present or anticipated major operative procedures
- Severe deconditioning
- Advanced orthopedic disease
- Diabetics
- Resistance to Plavix

CONTRAINDICATIONS
- Emergency cases
- Patients with hemodynamic instability

POTENTIAL CONTRAINDICATIONS
- Morbid obesity
- Patients with posterolateral branch disease
- EF < 20%
- Patients with peripheral vascular disease (PVD)
- Patients with dilated cardiomyopathy
- Severe Pectus Excavatum

Dr. Joseph T. McGinn, Jr.
Medical Director, THE HEART INSTITUTE

Dr. McGinn pioneered MICS CABG and has performed more than 400 procedures since 2005. He is the Chairman of General Surgery and Cardiothoracic Surgery at Staten Island University Hospital, as well as the Medical Director of THE HEART INSTITUTE. He is triple board certified in general surgery, cardiothoracic surgery and surgical critical care, and has performed more than 5000 cardiac surgeries to date. He is considered the U.S. authority on minimally invasive coronary surgery and trains surgeons from all corners of the globe in MICS CABG.

For more information or to refer a patient, contact Jerry Rymar, Physician Liaison, at 347-563-2280 or email JRymar@theHeartInstituteNY.com.

A live webcast of a MICS CABG procedure can be viewed at ORlive.com. Search MICS CABG.

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THE HEART INSTITUTE
New York’s Center for Minimally Invasive Cardiac Surgery

MINIMALLY INVASIVE CARDIAC SURGERY
CORONARY ARTERY BYPASS GRAFTING

The most advanced minimally invasive cardiac surgery today.

Pioneered and perfected by Dr. Joseph McGinn, Medical Director, THE HEART INSTITUTE.
WHAT IS A MICS CABG PROCEDURE?
MICS CABG is an “off-pump,” multi-vessel coronary artery bypass surgery. It is much less invasive than traditional bypass surgery, in that, the surgery is performed through three small incisions rather than the typical sternotomy incision. Additionally, it is performed without breaking the ribs or breastbone. The anastomoses are performed under direct vision through the lateral mini-thoracotomy. The internal mammary artery (IMA) takedown is performed under direct vision, with video assistance, or robotically. Additionally, in order to achieve complete revascularization, a pump-assisted beating heart approach can be employed.

THE MANY ADVANTAGES OF MICS CABG
• Better access to the entire length of the LIMA; great access to anterior (LAD/Diag) and lateral vessels (OM/Circ)
• PDA is possible in most cases
• Not robot dependant
• Complete revascularization
• Enables hybrid procedures
• Maintains the same principals of normal “off-pump” CABG
• Small 5 – 7 cm Posterior-Lateral Thoracotomy providing improved patient and referring physician satisfaction
• Shortened intubation time
• Increased referral base
• Hospital and physician marketing program opportunities

PATIENTS WANT MICS CABG BECAUSE
• Less risk of infection
• Shorter hospital stay – return home sooner
• Less pain, soreness and discomfort
• Much quicker recovery time – days vs. months
• Quicker return to normal activities; less restrictions post-surgery
• No broken bones, no post-operative sternal precautions
• Less use of narcotics during surgery (off-pump)
• Overall less trauma to body
• Less scarring – improved cosmetic outcome