



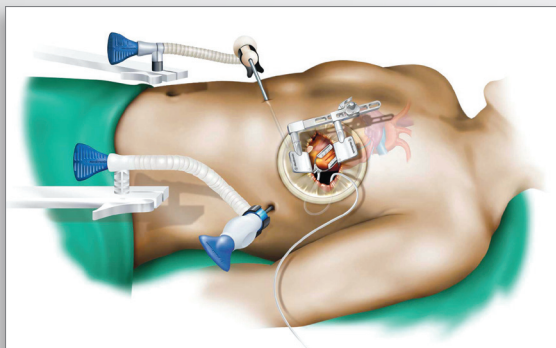
# MINIMALLY INVASIVE CORONARY REVASCULARIZATION: MICS-CABG

MVHI PROVIDER NOTES

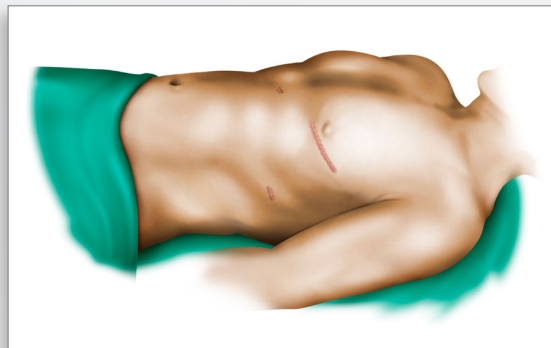
April, 2011

## ANNOUNCING THE NEW MINIMALLY INVASIVE CORONARY REVASCULARIZATION (MICS-CABG) PROGRAM AT MOHAWK VALLEY HEART INSTITUTE

- Our cardiology and cardiac surgery teams work together to deliver the best possible revascularization strategy for each patient, often using a hybrid approach which combines the best techniques from Percutaneous Coronary Intervention (PCI) and Coronary Artery Bypass Grafting (CABG).
- Only a three-inch incision between the ribs is required, thus avoiding dividing the breastbone.
- MICS-CABG uses beating-heart technology, eliminating the need for a heart-lung machine.
- MICS-CABG gives the patient the advantage of the “golden graft” from the Left Internal Mammary Artery (LIMA) to the Left Anterior Descending Coronary Artery (LAD).
- LIMA/LAD grafts improve survival rates and reduce the need for re-intervention or re-operation.
- MICS-CABG is associated with a short hospital stay, a much-reduced recovery time and a quick return to work.



Surgical instruments in place



Small incision through left chest instead of through breastbone

**MVHI PHYSICIANS  
CURRENTLY OFFERING  
THIS PROCEDURE**

Frederic Joyce, MD  
Cardiothoracic Surgery  
Mohawk Valley Surgery Group  
2211 Genesee Street  
Utica, NY 13501  
(315) 733-7798  
[www.mvsurgery.com](http://www.mvsurgery.com)

Continued ►

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## PATIENT CATEGORIES

There are three main categories of patients that would benefit from minimally invasive Coronary Artery Bypass Graft (MICS-CABG) from the Left Internal Mammary Artery (LIMA) to the Left Anterior Descending Coronary Artery (LAD):

### GROUP I

Some patients currently treated with Percutaneous Coronary Intervention (PCI – stents) to the LAD

#### Comments:

Many physicians would refer these patients for surgery if it were less traumatic and could deliver a LIMA – LAD graft. This group includes diabetics, patients with failed PCI, patients unwilling or unable to take Plavix and patients who are expected to have difficulty with PCI.

Now these patients can be treated with a minimally invasive, non-sternotomy, off-pump operation. Residual stenoses in other vessels will be managed with PCI (hybrid revascularization).

### GROUP II

Some patients currently treated with standard Coronary Artery Bypass Graft (CABG)

#### Comments:

Some of these patients can be treated with the less-invasive approach, with or without PCI.

### GROUP III

Patients currently treated with medical therapy

#### Comments:

Some patients are not suited for PCI but are too high-risk or unwilling to undergo standard CABG. MICS-CABG would provide these patients with a less invasive alternative. The delivery of a LIMA – LAD graft could have profound impact on their quality of life and longevity because it is well-documented that medical treatment alone for critical coronary artery disease is inferior to PCI and CABG.



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