After surgery:
What patients can expect

Recovery

MICS CABG patients commonly are extubated earlier and have shorter ICU stays than conventional OPCAB patients. The MICS CABG approach can also potentially lead to shorter hospital stays compared to conventional OPCAB.

Once at home, MICS CABG patients have fewer physical restrictions because of a smaller incision. MICS CABG patients often report being able to get back to normal activities within days, versus weeks with conventional OPCAB. This type of recovery results in patients who are happy to see you at their follow-up appointments.

References


Caution: Federal law (USA) restricts this device to sale by or on the order of a physician. For a listing of indications, contraindications, precautions and warnings, please refer to the Instructions for Use.

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What is a MICS CABG Procedure?

MICS CABG is an off-pump, multi-vessel CABG procedure in which the anastomoses are performed under direct vision through a lateral mini-thoracotomy (a 5-7cm posterior lateral thoractomy). The internal mammary artery (IMA) harvest can be performed under direct vision, with video assistance, or robotically. Additionally, to assist in achieving complete revascularization, a hybrid approach or pump-assisted beating heart approach can be employed.

Potential Benefits of the MICS CABG Procedure

• Complete revascularization can be achieved
• Improved cosmetic outcome and patient satisfaction
• Reduced hospital length of stay
• Faster return to normal activities and fewer restrictions post-surgery
• Referring physician can provide more surgical options for their patients
• Lasting effects of a surgical LIMA-LAD anastomosis

Patient Selection

Patients who meet the following criteria may benefit from MICS CABG:

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

Patients who are at a high risk for problems with median sternotomy, including but not limited to:
• Long-term steroid use
• Severe chronic obstructive pulmonary disease (COPD)
• Advanced age
• Need for other major non-cardiac operative procedure
• Severe deconditioning
• Arthritis or orthopedic problems

An Attractive Alternative

Patients who need surgery and desire a minimally invasive approach now have an option: a CABG procedure performed with minimal incisions – a surgical procedure without the traditional sternotomy scar. The clinical benefits, combined with cosmetic benefits and increased satisfaction levels, make MICS CABG a very attractive option for you and your patients.