

# **Redo CABG for ACS via the Left Thoracotomy Using the PAS-Port System to the Descending Thoracic Aorta: A Case Report**

Yoshinori Watanabe, MD, PhD, Takeshiro Fujii, MD, PhD, Masanori Hara, MD, Yuki Sasaki, MD, Tomoyuki Katayanagi, MD, Noritsugu Shiono, MD, PhD, and Nobuya Koyama, MD, PhD

*From Division of Cardiovascular Surgery, Department of Surgery, School of Medicine, Faculty of Medicine, Toho University, Tokyo, Japan*

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Address reprint requests to Yoshinori Watanabe, MD, PhD: Division of Cardiovascular Surgery, Department of Surgery, School of Medicine, Faculty of Medicine, Toho University, 6-11-1 Omori-Nishi, Ota-ku, Tokyo 143-8541, Japan.

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**A 74-year-old female patient with left main trunk (LMT) and triple vessel disease underwent coronary artery bypass graft (CABG) surgery. The patient began to experience exertional dyspnea. A coronary artery angiogram confirmed a severe stenosis in the proximal side of the saphenous vein graft (SVG). The patient had impending infarction immediately after the unsuccessful attempt for percutaneous coronary intervention, which resulted in an emergent CABG procedure. A left thoracotomy at the 4<sup>th</sup> intercostal space was made with the patient in the right lateral position. We then interrupted the use of intra-aortic balloon pumping (IABP), confirmed on transesophageal echocardiography (TEE) that the balloon was in a position distal to the target anastomosis site, and made a proximal anastomosis using the PAS-Port system (Cardica, Redwood City, CA, USA). After its successful deployment, IABP was repositioned back and resumed. The distal anastomosis was made to the previously bypassed graft. The patient had no postoperative myocardial damage or complications and was discharged on postoperative day 21. A redo CABG for post-CABG acute coronary syndrome patient was thought to be an extreme high risk; however, the operative time could be minimized by using the PAS-Port system, which enabled a safe redo CABG with left thoracotomy. (Ann Thorac Cardiovasc Surg 2010; 16: 367–369)**