

The best treatment for each patient
With world-class technology and expertise, we provide patients with effective, less-invasive, highly-advanced surgical treatment.



Our mission is to help patients regain the highest possible quality of life after surgery. To obtain the best surgical results, we adopt state-of-the-art surgical techniques and patient managements. We perform nearly 600 procedures and often treat very high risk patients who are referred to us as a last resort from nation-wide hospitals.

Whenever deemed appropriate we perform coronary artery bypass graft (CABG) surgery without the use of cardiopulmonary bypass pumps ("beating heart" CABG or off-pump CABG). This method is effective in decreasing peri-operative neurological and renal complications, and in minimizing blood transfusion. We use as many arterial grafts as possible in order to improve long-term graft patency. Our in-hospital mortality rate of isolated CABG is only one out of more than 400 cases for the past 5 years.

For valve diseases, our first-choice approach is valve repair. For years 97-98 % of severe mitral regurgitation patients have been treated successfully with this technique. The repair is performed with minimally invasive approach with a minute 7-8 cm of thoracotomy incision and with 100 % successful repair rate. This is far better than the national average and we remain one of the most active team in Japan. When valve replacement is required, our first choice is bioprosthetic valves, which do not require post-operative anticoagulation. Mechanical heart valves, in contrast, require life-long anticoagulation imposing daily fears of

bleeding, thrombus, and embolism on the patient. We assure that the risk and frequency of reoperation after bioprosthetic valve replacement is not as high as the patients would think.

We also aggressively perform the Maze procedure to treat atrial fibrillation in order to eliminate the need for anticoagulation. For thoracic aortic aneurysms and dissections we perform 100 thoracic aortic replacements and stent grafting procedures per annuus. Stent-graft repair of both abdominal and thoracic aortic aneurysms utilizes a catheter deployed device without making a large operation scar. Stent graft repair enables the patient to stand and walk the next day of surgery and shortens the length of the hospital stay to 7 or 8 days.

