most likely it is probably technical. And we are getting better with time, but most likely that is what it is.

Dr A. Franco-Cereceda (Stockholm, Sweden): Just a comment. You find the occluded vessels because you look for it. We don’t do it in conventional CABG, so we probably have similar rates of occluded anatomicos. I have just one question. We heard earlier from Denmark that there is a trend in CABG going up because of the application of this technique in the clinic. Do you see the same? Are cardiologists more prone to send you patients?

Dr Adams: No, I don’t think it has changed at the institution. At our institution the relationship between cardiac surgery and cardiology is very positive. They have weekly rounds where they come together and we talk about different patients and different revascularization strategies. We think at our centre it is an option for patients, and it is presented to them as an alternative to PCI, as a possible second to third option to conventional surgery. So it is discussed and it probably has not affected the referral pattern in Ontario and Canada.
background for optimal patient care. Discussion of cases within this interdisciplinary team should allow for optimized and tailor-made treatment strategies according to the individual patient’s anatomy and risk profile.

REFERENCES

