



Kawasaki Saiwai Hospital

Kawasaki Aortic Center

Confidence and responsibility as a pioneer

2026



- prologue -

The Singular Elegance and Obligation of Being the Country's Only Specialized Aortic Treatment Facility

A Specialized Medical Center for Aortic Aneurysms and Aortic Dissections

This center is the only medical facility in the country that specializes in the treatment of aortic aneurysms and aortic dissections. We perform surgeries for all types of aortic aneurysms and dissections, including those that are considered to be high-risk or in elderly patients. Since our establishment in 2003 as the first aortic specialty facility in the country, we have continued to provide specialized care for aortic diseases.

Leading National Treatment Records

We take pride in our treatment records, particularly in the number of surgical procedures we've performed, which are the highest in the country. Our center receives referrals from hospitals all over Japan, from Hokkaido to Okinawa, and patients and their families from across the nation come to us for treatment of aortic diseases. Over the past 22 years, we have provided care for approximately 33,000 patients with aortic conditions and have conducted around 13,800 aortic surgeries.

Cutting-Edge Technology and Facilities at the Pinnacle of Excellence

Our team of doctors, who are specialists with extensive experience in aortic surgery both domestically and internationally, work alongside dedicated nurses, clinical engineers, and physiotherapists who are experts in aortic care. Together, they provide the highest level of aortic care. Furthermore, our medical care is delivered in a ward specifically designed for aortic diseases, equipped with a dedicated aortic operating theatre and an intensive care unit.



Unique Characteristics of Aortic Treatment at the Kawasaki Aortic Center

1. Open Chest/Abdominal Surgery and Stent Graft Treatment

In our approach to aortic surgeries, we tailor the choice between open chest/abdominal surgery and stent graft treatment, taking into consideration the patient's condition and symptoms. We are proud to hold the highest records nationwide for both procedures.

2. Complex Aortic Surgeries Requiring High Difficulty

We cater to patients who require complex surgeries due to the co-occurrence of aortic dissection and aneurysm, or those with concurrent heart conditions such as coronary artery disease or valvular diseases.

3. Aortic Surgery Catering to the Super Elderly and High-Risk Patients

We conduct aortic surgeries for patients who are over 90 years old, those undergoing dialysis, and those with severe complications such as cerebral infarction, among other serious comorbidities.

4. Surgical Interventions for Complex Cases Including Repeat and Multiple Reoperations

We cater to patients requiring aortic reoperations, including those who have previously undergone heart or aortic surgeries, and even those cases necessitating multiple reoperations.

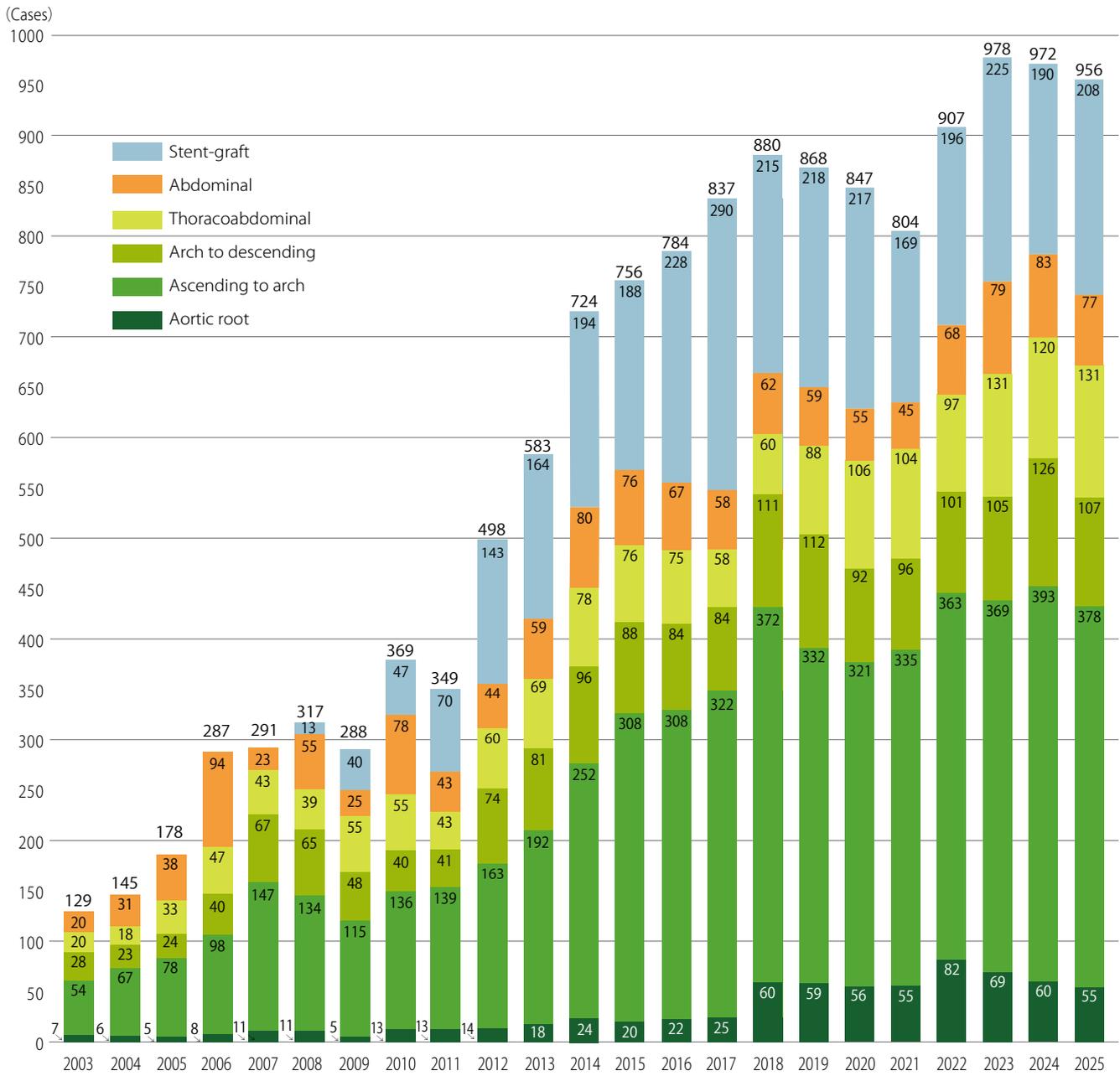
5. Comprehensive Aortic Surgery for Cases of Unsuccessful Stent Graft Treatments

We conduct definitive aortic surgeries for patients who have previously undergone stent graft treatments for aortic aneurysms, but whose condition has progressed necessitating further treatment.



Treatment Outcomes

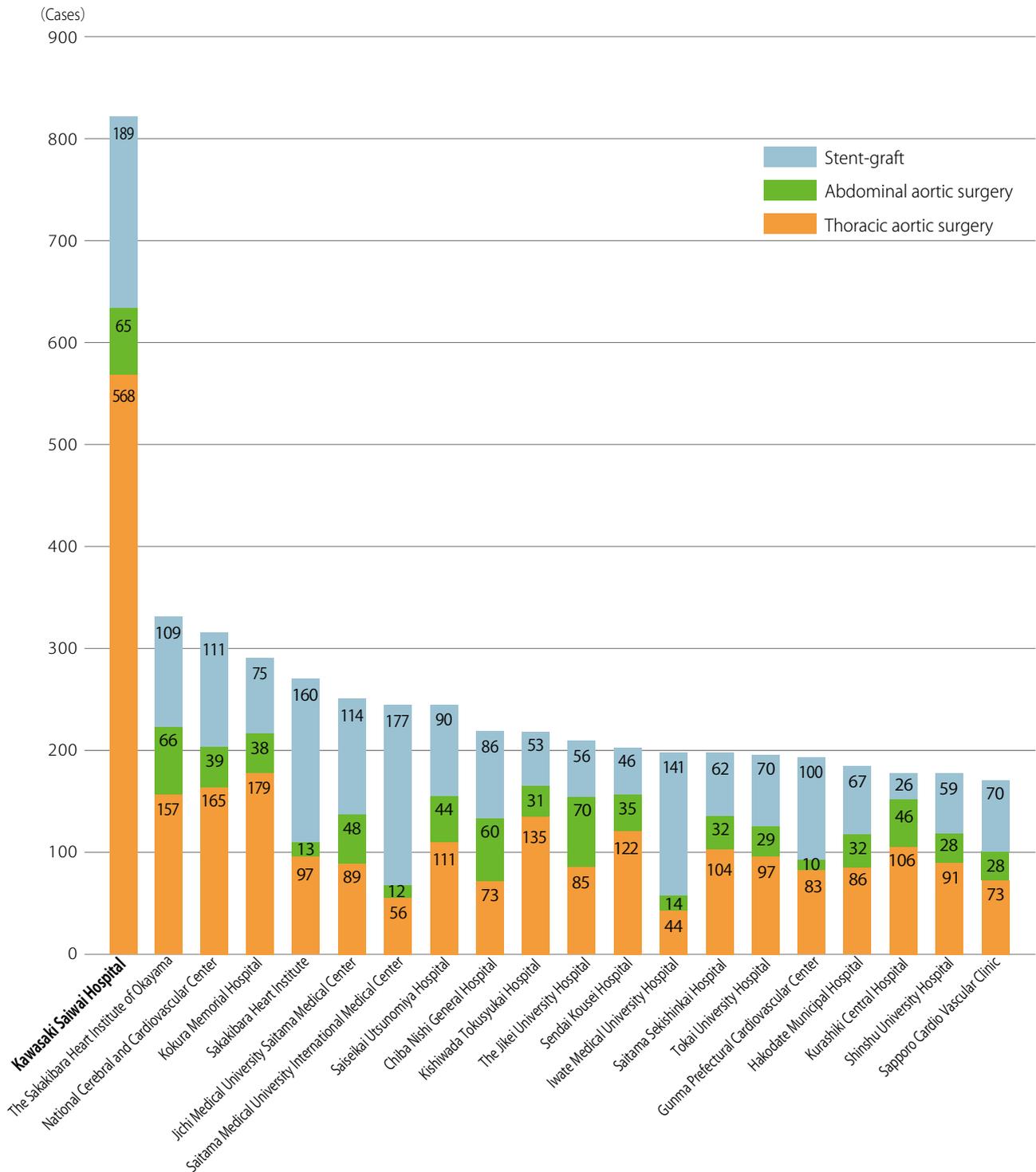
Procedure-Specific Surgical Statistics



		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Thoracic Aorta	ARR	7	6	5	8	11	11	5	13	13	14	18	24	20	22	25	60	59	56	55	82	69	60	55	※1 698
	ASR~TAR	54	67	78	98	147	134	115	136	139	163	192	252	308	308	322	372	332	321	335	363	369	393	378	5,376
	DAR~DSR	28	23	24	40	67	65	48	40	41	74	81	96	88	84	84	111	112	92	96	101	105	126	107	1,733
	TAAAR	20	18	33	47	43	39	55	55	43	60	69	78	76	75	58	60	88	106	104	97	131	120	131	1,606
	Total	109	114	140	193	268	249	223	244	236	311	360	450	492	489	489	603	591	575	590	643	674	699	671	9,413
Abdominal Aorta and Stent	AAAR	20	31	38	94	23	55	25	78	43	44	59	80	76	67	58	62	59	55	45	68	79	83	77	1,319
	EVER						13	40	47	70	143	164	194	188	228	290	215	218	217	169	196	225	190	208	※1 3,015
	Total	20	31	38	94	23	68	65	125	113	187	223	274	264	295	348	277	277	272	214	264	304	273	285	4,334
All Aortic Surgeries	Grand Total	129	145	178	287	291	317	288	369	349	498	583	724	756	784	837	880	868	847	804	907	978	972	956	13,747

※ ARR : Aortic root replacement DAR : Distal arch replacement ※ Including overlapping surgeries with other procedures
 ASR : Ascending aortic replacement DSR : Descending aortic replacement
 TAR : Total arch replacement TAAAR : Thoracoabdominal aortic aneurysm repair

National Hospital Case Volume: MHLW DPC Published Data



Aggregation Method

This compilation displays the top 20 facilities out of 486 institutions with a record of aortic disease surgeries among DPC-eligible hospitals, DPC-preparatory hospitals, and hospitals submitting DPC data other than those, based on the results report of the survey "Discharged Patient Survey" in the impact assessment of the introduction of DPC by the Ministry of Health, Labour and Welfare for the fiscal year 2023.

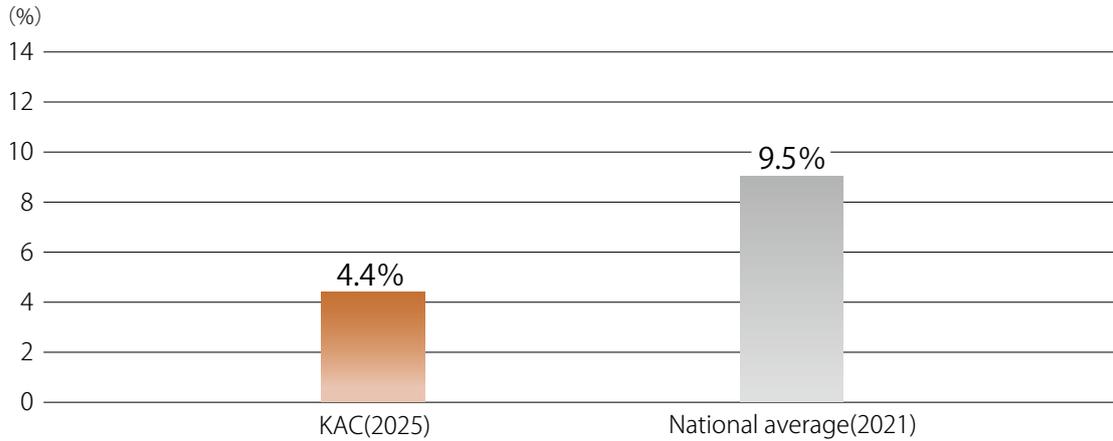
The breakdown of eligible diseases for each operation is as follows: 060161 Dissecting aortic aneurysm, 060162 Ruptured aortic aneurysm and 060163 Non-ruptured aortic aneurysm, iliac artery aneurysm, according to DPC diagnosis group classification.

This compilation is based on publicly available data from the Ministry of Health, Labour and Welfare and is aggregated at our hospital. Additionally, please note that the aggregation is done on a fiscal year basis (April to the following March), and the period covered differs from the surgery cases posted on our hospital's website (January to December).

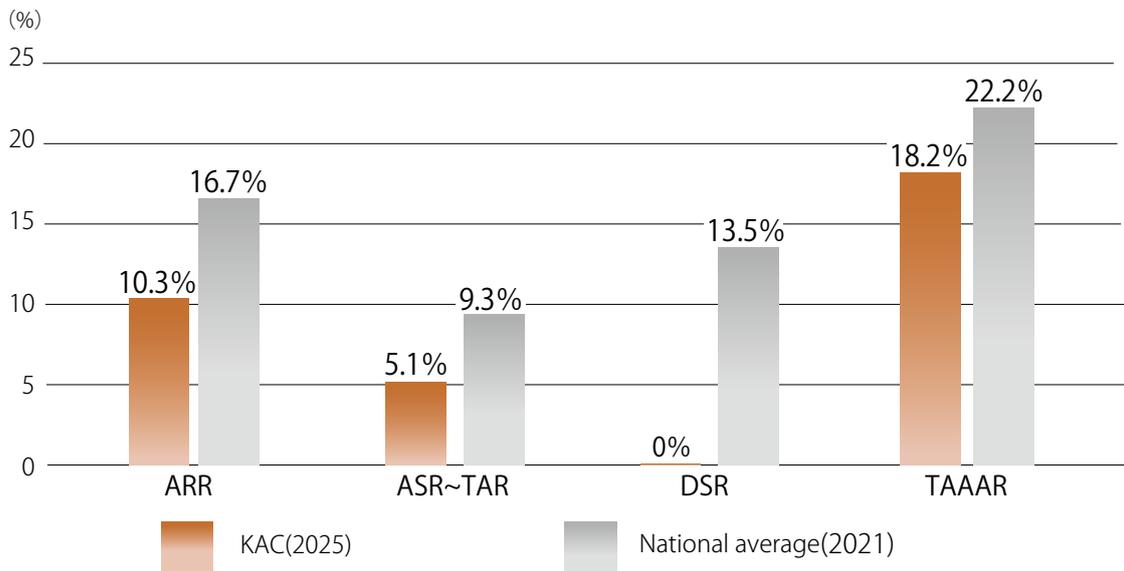
Treatment Outcomes

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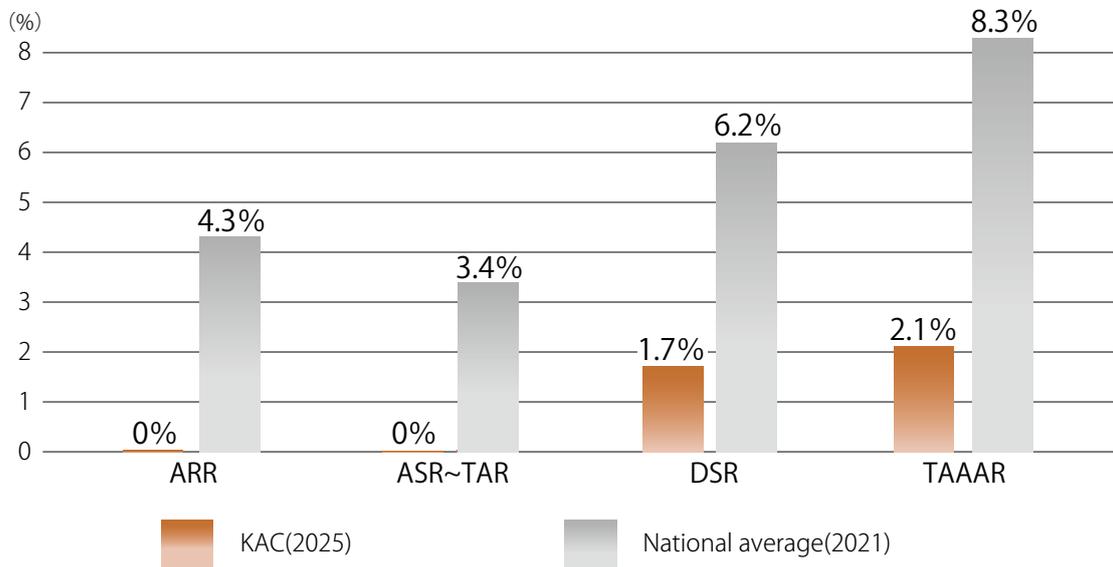
Operative Outcomes of Stanford Type A Aortic Dissection: In-Hospital Mortality



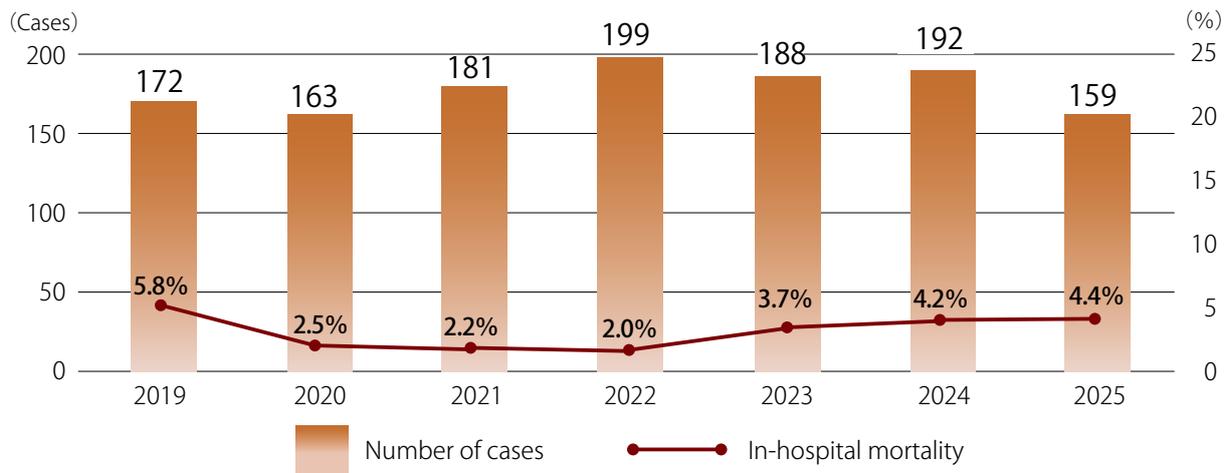
Operative Outcomes by Major Technique: In-Hospital Mortality of Emergent Surgery



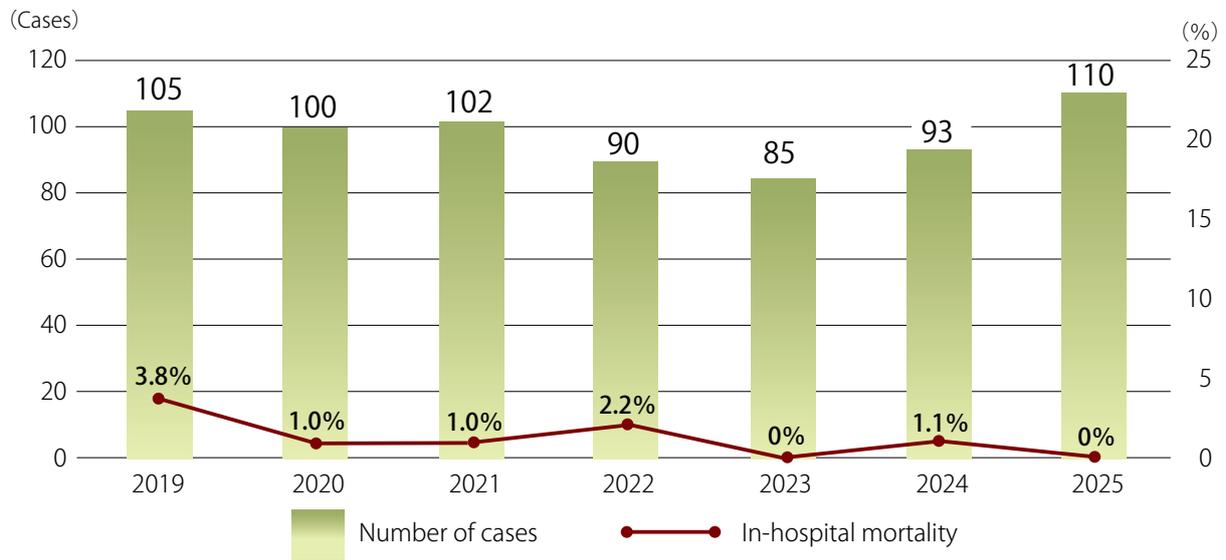
Operative Outcomes by Major Technique: In-Hospital Mortality of Elective Surgery



Operative Outcomes of Stanford Type A Aortic Dissection: Annual Trends

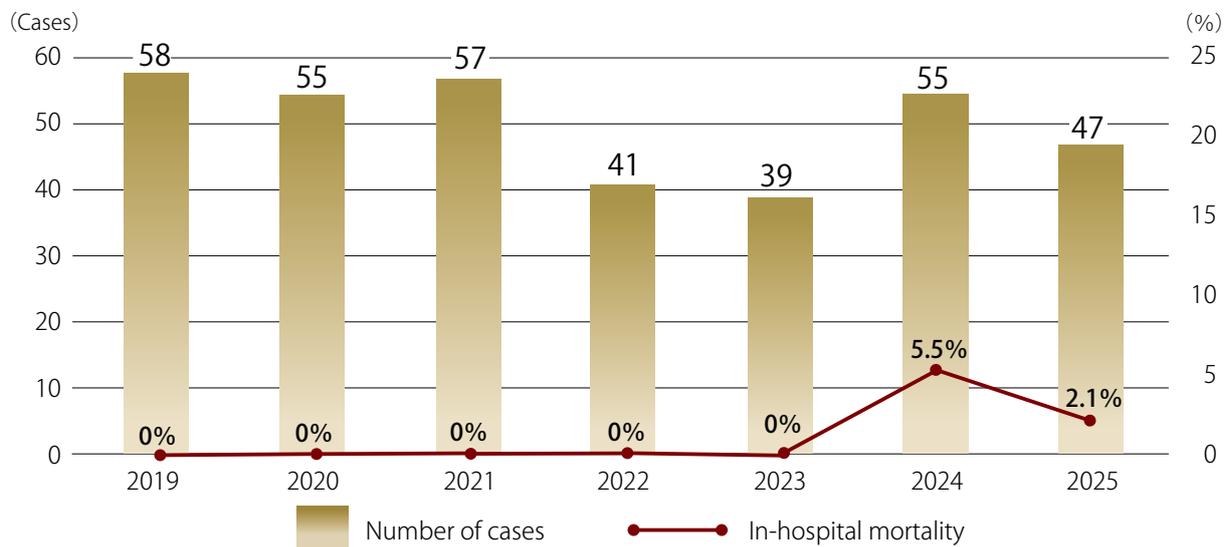


Operative Outcomes for Elective TAR: Annual Trends



*Including AVR, ARR, CABG, etc.

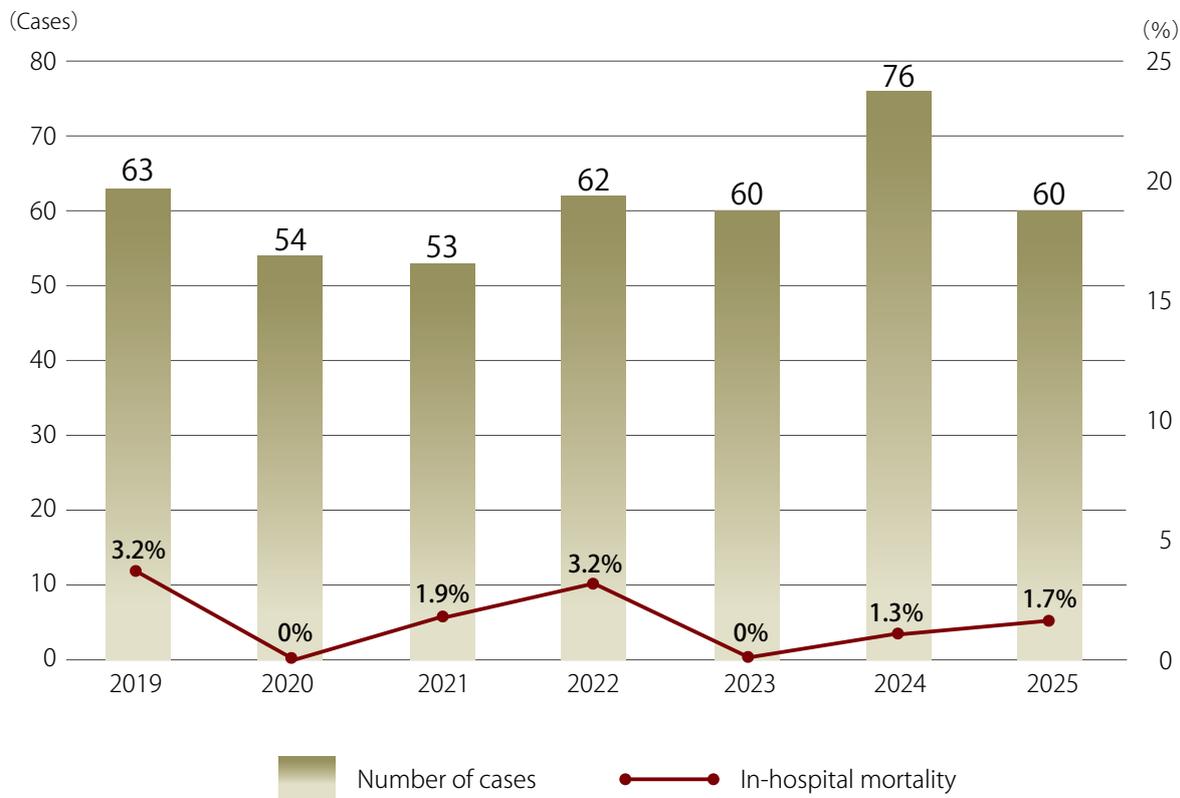
Operative Outcomes for Elective TAAAR: Annual Trends



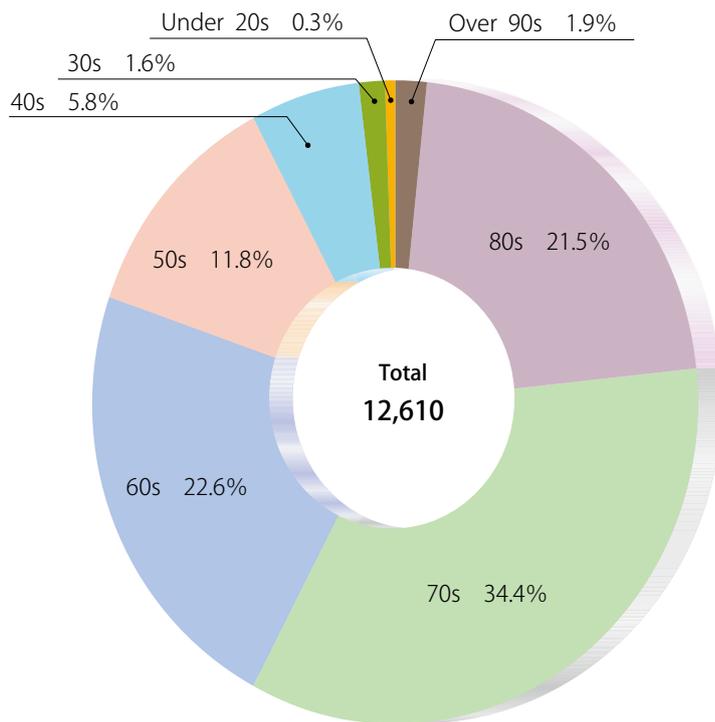
*Counted only Extent I-III repair

Treatment Outcomes

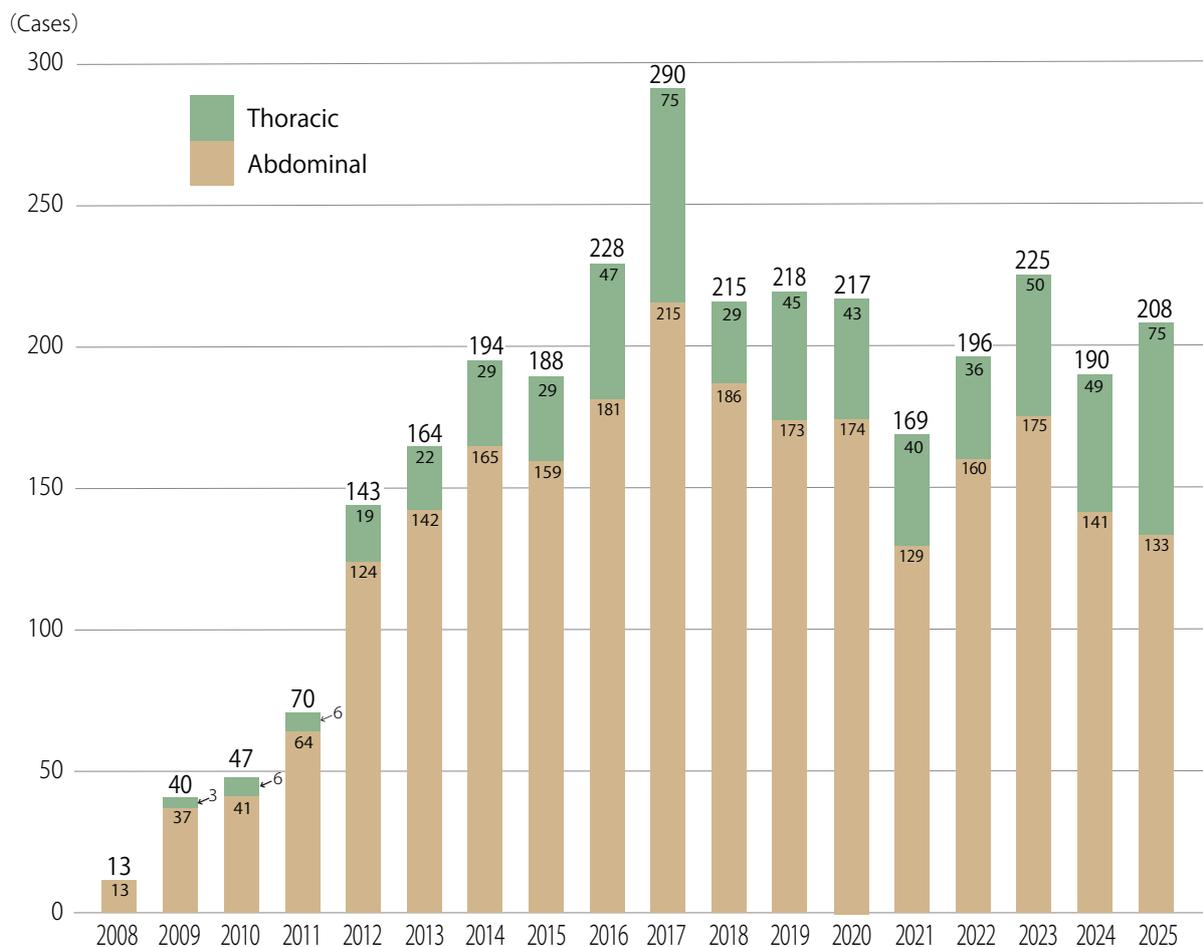
Operative Outcomes for Elective DSR: Annual Trends



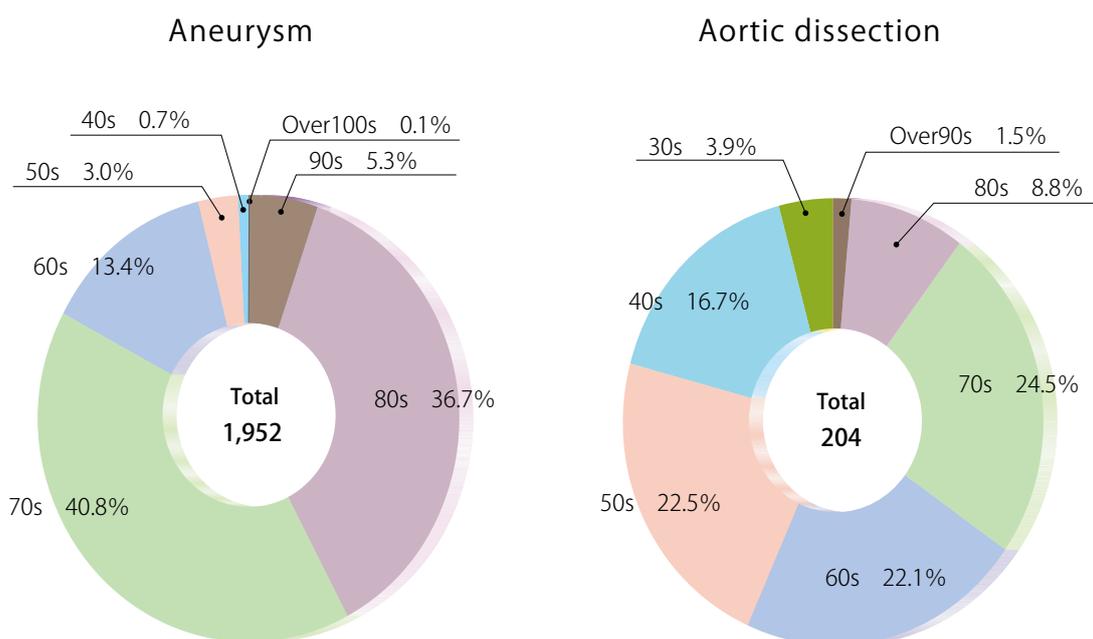
Number of Patients by Age (2003~2025)



Annual Trends in Stent Graft Procedures



Number of Patients by Age for Stent Graft Treatments (2003~2025)



Doctor Car

We operate a Doctor Car, available 24/7, to accommodate patients with acute aortic disorders that require immediate surgical intervention. Our physicians from the Kawasaki Aortic Center accompany the transport, ensuring a smooth transfer from the referring hospital to our center. This has eliminated the previous necessity for doctors from the referring hospital to accompany patient transports in an ambulance.



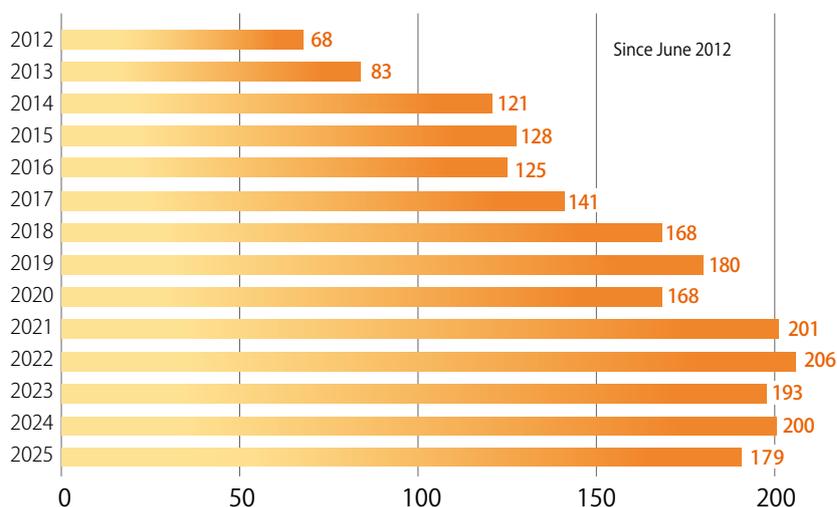
TEL 044-544-4611



Approximate Arrival Time of Doctor Car



Annual Trends in Total Procedures for Stanford Type A Aortic Dissection



Operational Performance of Doctor Car

Year	Doctor Car
2012	40
2013	104
2014	154
2015	233
2016	241
2017	250
2018	267
2019	291
2020	313
2021	309
2022	303
2023	349
2024	312
2025	248
Total	3,414

International Training Activities

Advancing the Future of Aortic Care Through International Collaboration

Since its establishment in 2003, the Kawasaki Aortic Center (KAC) has continuously promoted active international collaboration through the acceptance of overseas fellows and observers, active participation in international scientific meetings, and surgical mentorship at medical institutions abroad.

As of February 2026, a total of three physicians from Thailand and Taiwan are training at our center as clinical fellows, striving to acquire advanced surgical techniques and perioperative management skills. In addition to long-term fellows, KAC regularly welcomes short-term visitors and training groups from overseas. These programs involve not only physicians but also multidisciplinary professionals, including nurses and clinical engineers. Through surgical observation and the sharing of perioperative management expertise, we contribute to international professional exchange and the advancement of global medical standards.

In 2018, KAC signed a Memorandum of Understanding (MOU) with the Society of Thoracic Surgeons of Thailand (STST), which was renewed for the first time in Bangkok in 2025. Furthermore, in February 2026, KAC established a new MOU with the Taiwan Society for Vascular Surgery (TSVS), steadily expanding its international collaborative network.

In 2025, as part of a collaborative initiative with STST, KAC launched the Visiting Professor Program, through which Dr Ozaki the Associate Director of our center stayed in Thailand for one year to provide surgical training and educational activities. This program represents a symbolic initiative promoting international technical exchange and the development of future generations of surgeons.

Since 2022, KAC has also hosted the weekly online case conference, the Kawasaki Aortic Surgery (KAS) Conference, held every Monday. Physicians from around the world—including Taiwan, Thailand, India, France, and Ukraine—participate regularly, fostering continuous international academic exchange through case discussions and knowledge sharing.

To date, numerous healthcare professionals from countries including Thailand, Taiwan, the Philippines, Vietnam, India, France, Ukraine, and Ethiopia have visited KAC for clinical training and academic exchange.

The Kawasaki Aortic Center will continue to actively promote international collaboration and educational initiatives, contributing not only to the advancement of aortic care in Japan but also throughout Asia and the global medical community.



Italy



Jacopo Marchello

Vietnam



Chien v. Pham

Taiwan



Lien Yu Hsuan



Then Wen Zhuang



Lin Yu-Huei

Thailand



Chayawan Rungkanjanakul



Chayuth Sriwatanavorachai



Kanakorn Kaewkitipong

Comments from the Clinical Fellows

When the number of cases increase and a good infrastructure is given to competent staff, the surgical outcomes will no doubt be superb. These are what KAC have, competent staff doing their share in the Aortic team the best they can. Its coupled by a good infrastructure and a caseload second to none.

KAC is a highly specialized center with very competent staff working together with a purpose, to deliver the best Aortic care possible. Emphasis is not only on the technical side of Aortic Surgery but also the patient preparation and post operative care. Our Aortic Database is one of the most robust that I know off. The Center has a long track record of doing complicated Aortic procedures in a high level. From its humble beginnings in the early part of the millennium, it blossomed as one of the best Aortic Centers there is.

I came here because I want to learn Aortic Surgery, the KAC style. My teachers and seniors here are very friendly and willing to share their expertise with me all the time. They helped me adjust to my life away from home. Teachers may go as far as having illustrations and schema written when we discuss to make sure the young surgeons understand the teacher' s topic. For all these, I am very thankful.

Pocholo Carlo R. Bernardo, M.D.

University of the Philippines Manila
and Philippine General Hospital, Philippines



Overseas Study Report

Kawasaki Aortic Center Deputy Division Chief
Kensuke Ozaki, M.D.

Kawasaki Aortic Center: KAC at Kawasaki Saiwai Hospital has fostered a long-standing collaborative relationship with the Society of Thoracic Surgery Thailand: STST, formally signing a MOU (Memorandum of Understanding) in 2018. As part of this partnership, I was invited as a Visiting Professor for a one-year term starting in December 2024 to provide local technical instruction.

My clinical rotations were based at Chiangmai University Hospital (December–February), Buddhachinnaraj Hospital (March–May), and Siriraj Hospital Mahidol University (June–November). Additionally, I provided technical guidance at over ten other hospitals upon request and had the privilege of presenting at various academic conferences across Thailand on a monthly basis.

Surgical instrumentation and cardiopulmonary bypass (CPB) configurations varied significantly between institutions, requiring me to operate using only the equipment available on-site. While this presented certain constraints, I intentionally avoided bringing my own instruments. My ultimate goal was to ensure that each hospital could independently and safely perform these procedures after my departure. Therefore, while respecting the existing style of each facility, I worked to integrate KAC surgical methodologies.

For example, at our center, we prioritize neuroprotection by initiating selective antegrade cerebral perfusion (SCP) while maintaining retrograde cerebral perfusion (RCP) via a dedicated circuit to prevent air or debris embolism, only terminating RCP once SCP is established. Replicating this exact setup locally would have required complex modifications to the CPB circuits and intraoperative exchanges. Instead, I adopted a strategy of controlling venous return to raise the CVP to 20–30 mmHg prior to starting SCP. By filling the cervical branches with backflow, we achieved a comparable neuroprotective effect without major circuit alterations. Other memorable innovations included using cut pediatric feeding tubes as intercostal artery occluders and performing anastomoses with handmade felt pledgets crafted by local scrub nurses.

At one point, a Thai surgeon remarked, "Most foreign doctors bring an entire team; it is impressive that you do this alone." While patient safety is always the paramount priority, my objective was to empower the local medical teams to achieve excellent outcomes independently. This involved meticulous preoperative briefings, lectures, and the sharing of surgical strategies. Success was not just about the surgery itself, but about achieving those results with the Thai staff. This required the full mobilization of my knowledge and experience, rigorous preparation, and cautious execution. Beyond technical skill and strategy, I realized that sharing a surgical philosophy is the essential "soil" for nurturing the next generation of surgeons.

One particular incident remains vivid in my mind. Upon revisiting Buddhachinnaraj Hospital after my rotation, I was performing a dissection around the descending aorta. As the anesthesiologist attempted to adjust the transesophageal echo probe, the perfusionist intervened, saying, "The surgeon is currently dissecting; please check with him before moving the probe." This was a practice I had emphasized repeatedly. I was deeply moved by their proactive stance on patient safety and their understanding of the surgical field—it was a moment where I felt our shared philosophy had truly taken root.

In Thailand, centralized care at large-scale facilities is challenging due to the insurance system and legal restrictions on transfers. Furthermore, the Thai cultural preference often leans toward definitive, single-stage repairs rather than staged interventions. Navigating these institutional and cultural backgrounds reaffirmed that treatment strategies are determined not only by the characteristics of the disease but also by comprehensive judgment within a social context. Additionally, actively using the Thai language I had learned helped bridge the gap with the staff and improved teamwork. I truly felt that respect for and understanding of the local culture are the most vital components of working abroad.

While endovascular treatment has become globally prevalent, open surgery is increasingly avoided as "invasive." However, open surgery remains indispensable for young patients, infectious cases, anatomically unsuitable cases for stenting, or stentgraft failure. Among the 70 cases I performed in Thailand, 10 involved stent-graft explantation following TEVAR (seven of which were thoracoabdominal repairs). Many cases of late complications or aneurysmal expansion are often managed expectantly due to a lack of surgical confidence, even when radical open repair is clearly indicated. I believe that demonstrating excellent outcomes through highly reproducible methods is the first step toward changing this mindset. Only when a foundation of proficient open surgery is maintained can we truly optimize endovascular treatment and achieve the "best mix treatment."

Despite the challenges, this year has taught me that any obstacle can be overcome with communication, innovation, and a steadfast will. I intend to build upon this invaluable experience to contribute to the advancement of medicine in Japan, Thailand, and the world.

*Based on an article published in the Japanese College of Angiology News Letter No. 56, with subsequent revisions.

Kawasaki Aortic Center -Staff Introduction-

Cardiovascular Surgery Department



Dr. Susumu Oshima

Center Director and Medical Division Chief,
CVS Department



Dr. Kensuke Ozaki

Deputy Division Chief, CVS Department



Dr. Shigeru Sakurai

Chief Physician, CVS Department



Dr. Tomohiro Hirokami

Chief Physician, CVS Department



Dr. Makoto Okiyama

CVS Department



Dr. Kazumasa Ishiko

CVS Department



Dr. Kou Yamaguchi

CVS Department



Dr. Koichi Akutsu

CVS Department



Dr. Hideo Morita

CVS Department



Dr. Yosuke Sumii

CVS Department



Dr. Yuki Mochida

Part-time Physician, CVS Department



Dr. Shin Yamamoto

Hospital Director

Nurse Practitioner



Fumihiko Hirahata

Endovascular Surgery Department



Dr. Soichiro Hase
Deputy Division Chief, EVS Department



Dr. Tassei Nakagawa
Deputy Division Chief, EVS Department

Nursing Department



Sumie Sekiguchi
Head,
Ward Nursing



Yukiie Okazaki
Head,
Ward Nursing

Shoko Takayama
Deputy Head,
Ward Nursing

Takanori Tajima
Chihiro Haeno
Saori Adachi
Ayumi Imasaka
Emi Ishikawa

Principal,
Ward Nursing



Sachie Yoshikawa
Principal,
OR Nursing

Rehabilitation Department



Hiroaki Asada
Head,
Physical Therapist



Yuka Iida
Deputy Head,
Physical Therapist



Yunosuke Sei
Principal,
Physical Therapist



Atsuko Orui
Deputy Principal,
Speech and Language
Therapist

Clinical Engineering Department



Yoichi Nagasawa
Head,
Clinical Engineer

Number of staff

Doctor14
Operating Nurse16
Nurse78

Clinical Engineer19
Physical Therapist6
Speech and Language Therapist1

Occupational Therapist1
Administrative Coordinator6
Emergency Medical Technician15

Facility Introduction

The Kawasaki Aortic Center has 58 dedicated beds on specialized floors (including 8 ICU beds and 8 HCU beds) and 3 dedicated aortic operating rooms (including 1 hybrid operating room) to provide 24/7 care for aortic diseases.



1 OR1



2 OR2



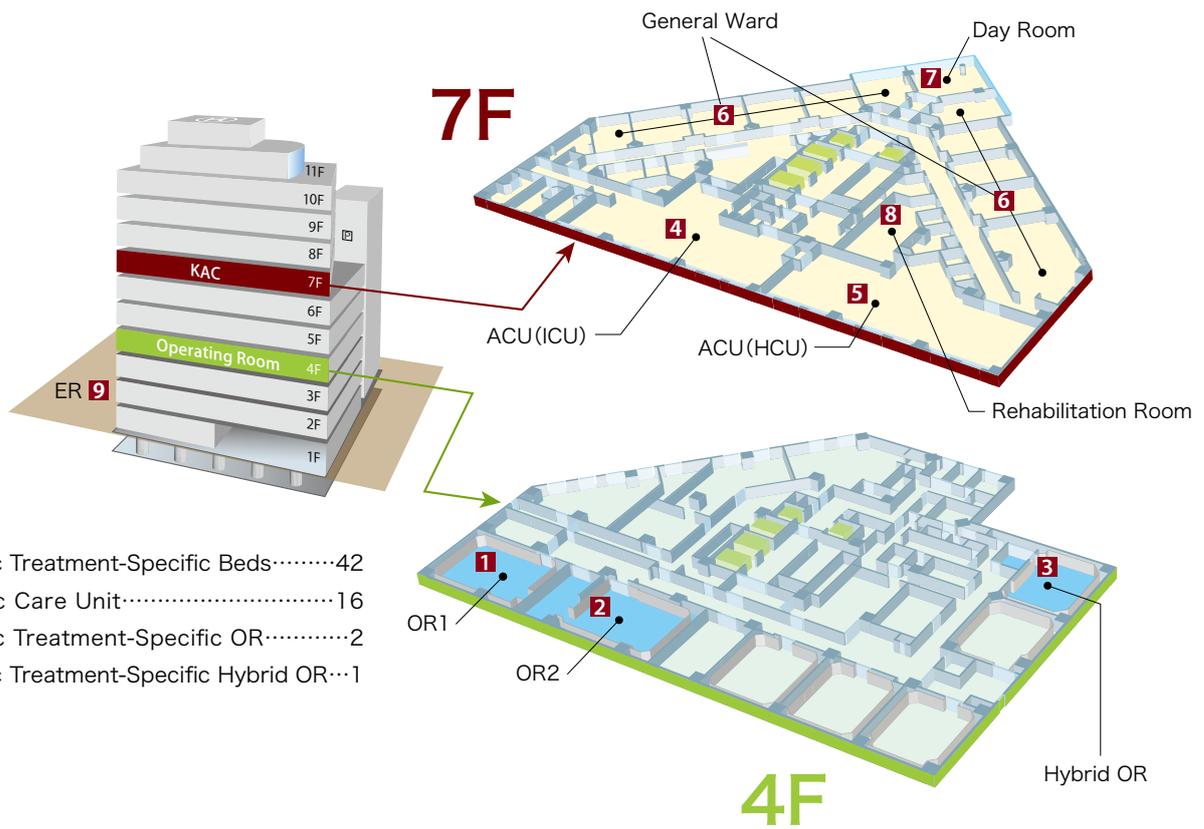
3 Hybrid OR



4 Aortic Care Unit (ICU)



5 Aortic Care Unit (HCU)



6 General Ward (7F)



7 Day Room (7F)



8 Rehabilitation Room (7F)



9 Emergency Room (2F)

Publications

Takashi Watanabe, Kazu Minami, Akira Miyamoto, Yasunori Sugiyabu, Masafumi Akita, Michio Nukariy.

Unusual growth of a left atrial myxoma complicated by a secundum atrial septal defect.
Circulation journal vol.67(12): 1068-1069, 2003.

Shinichi Wada, Shin Yamamoto, Jiro Honda, Akinori Hiramoto, Hideichi Wada, Yasuyuki Honda.

Transapical aortic cannulation for cardiopulmonary bypass in type A aortic dissection operations.
Journal of thoracic and Cardiovascular Surgery vol.132(2): 369-72, 2006.

Yuya Koike, Chihiro Hirai, Jun-ichi Nishimura, Nobukazu Moriya, Yasushi Katsumata.

Percutaneous transvenous embolization of the thoracic duct in the treatment of chylothorax in two patients.
J Vasc Interv Radiol. 2013 Jan; 24(1): 135-7.

Hideichi Wada, Masanori Nishimura, Hitoshi Matsumura, Shin Yamamoto, Yuji Sekine, Yasuyuki Hosoda.

Risk Factors in the treatment of Abdominal Aortic Aneurysms in the Endovascular ERA.
Ann Thorac Cardiovasc Surg. 2013 Jun 4.

Yuya Koike, Jun-ichi Nishimura, Hiroshi Nishimaki, Soichiro Hase, Nobukazu Moriya, Susumu Oshima, Takuya Fujikawa, Yuji Sekine.

Use of the Endurant Stent Graft System for Ruptured Infra renal Aortic Aneurysms: Short-term Experience in Nine Patients.
J Vasc Interv Radiol. 2013 Oct; 24(10): 1462-9. doi: 10.1016/j.jvir.2013.04.020. Epub 2013 Jun 28.

Yuji Sekine, Shin Yamamoto, Takuya Fujikawa, Susumu Oshima, Makoto Ono, Shiro Sasaguri.

Surgical repair for giant ascending aortic aneurysm to superior vena cava fistula with positive syphilitic test.
General Thoracic and Cardiovascular Surgery. 2013 Sep 3.

Yuya Koike, Jun-ichi Nishimura, Hiroshi Nishimaki, Soichiro Hase, Nobukazu Moriya, Susumu Oshima, Takuya Fujikawa, Yuji Sekine.

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Journal of vascular and interventional radiology, vol.24(10): 1462-1469, 2013.

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The upside down Endurant iliac limb stent graft for treatment of a common iliac artery aneurysm.
Vasc Endovascular Surg. 2014 Jan; 48(1): 58-60. doi: 10.1177/1538574413510615. Epub 2013 Oct 30.

Yuji Sekine, Shin Yamamoto, Takuya Fujikawa, Susumu Oshima, Makoto Ono, Shiro Sasaguri.

Haemolytic anaemia resulting from the surgical repair of acute type A aortic dissection.
Interact Cardiovasc Thorac Surg. 2013 Nov 7.

Yuya Koike, Jun-ichi Nishimura, Soichiro Hase, Motoshige Yamasaki.

Sac Angiography and Glue Embolization in Emergency Endovascular Aneurysm Repair for Ruptured Abdominal Aortic Aneurysm.
Cardiovasc Intervent Radiol. 2014 Mar 14. [Epub ahead of print].

Yuya Koike, Kazushi Ishida, Soichiro Hase, Yasuyuki Kobayashi, Jun-ichi Nishimura, Motoshige Yamasaki, Norifumi Hosaka.

Dynamic volumetric CT angiography for the detection and classification of endoleaks: application of cine imaging using a 320-row CT scanner with 16-cm detectors.
J Vasc Interv Radiol. 2014 Aug; 25(8): 1172-1180.e1. doi: 10.1016/j.jvir.2014.03.19. Epub 2014 May 14.

Wanchai Wongkornrat, Shin Yamamoto, Yuji Sekine, Makoto Ono, Takuya Fujikawa, Susumu Oshima and Shiro Sasaguri.

Predictors of paraplegia with current thoracoabdominal aortic aneurysm repair.
Asian Cardiovascular and Thoracic Annals. Published online 7 Sep 2014.

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Surgical strategy for Kommerell's diverticulum with aberrant subclavian artery.
Asian Cardiovascular and Thoracic Annals. Published online 20 Oct 2014.

Takuya Fujikawa, Shin Yamamoto, Yuji Sekine, Susumu Oshima, Reo Kasai and Shiro Sasaguri.

Beveled reversed elephant trunk procedure for complex aortic aneurysm.
Asian Cardiovascular and Thoracic Annals. Published online 20 Nov 2014.

Takuya Fujikawa, Shin Yamamoto, Yuji Sekine, Susumu Oshima, Reo Kasai, Yuki Mochida and Shiro Sasaguri.

Operative Results and Clinical Features of Chronic Stanford Type B Aortic Dissection: Examination of 234 Patients Over 6 Years.
Eur J Vasc Endovasc Surg. 2015 Dec; 50(6): 738-43. doi: 10.1016/j.ejvs.2015.07.012.

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Two giant thoracic aortic aneurysms with thoracic vertebral erosion.
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Mitral valve plasty using left antero-axillary thoracotomy for a patient with pulmonary hypoplasia.
EUROPEAN JOURNAL OF CARDIO-THORACIC SURGERY. Dec 30, 2015.

Koichi Akutsu.

What are diagnostic implications and limitations of assessing D-dimer and fibrin degradation products levels in the management of patients with aortic dissection.
J Thorac Dis. 2017 Aug; 9(8).

Susumu Oshima.

CASE REPORT: Descending aortic stenosis caused by intramural thrombus in the setting of severe thrombocytosis: a rare mimicker of aortic angiosarcoma.
Published: May 7, 2025. doi: 10.1510/mmcts.2025.025. Fundamental.

Susumu Oshima.

CASE REPORT: Open surgical conversion after debranching thoracic endovascular aortic repair for chronic aortic dissection in a young patient with connective tissue disease.

Published: Aug 6, 2025. doi: 10.1510/mmcts.2025.077. Advanced.

Kensuke Ozaki.

CASE REPORT: Right thoracotomy for surgical repair of Kommerell' s diverticulum with a right-sided aortic arch and aberrant left subclavian artery: a video case report.

Published: Sep 5, 2025. doi: 10.1510/mmcts.2025.088. Fundamental.

Takahide Yoshio.

CASE REPORT: Left thoracotomy removal of a fenestrated stent graft and arch/descending aortic replacement for chronic aortic dissection.

Published: Feb 17, 2026. doi: 10.1510/mmcts.2026.013. Innovative.

Conference Presentations

2020

Susumu Oshima: "Surgery for infected Graft Prosthesis"

28th Congress of the Asian Society for Cardiovascular & Thoracic Surgery (ASCVTS 2020), Thailand, February 2020.
[Lecture]

Susumu Oshima: "Surgery for Complex Thoraco-Abdominal Aortic Aneurysm"

28th Congress of the Asian Society for Cardiovascular & Thoracic Surgery (ASCVTS 2020), Thailand, February 2020.
[Lecture]

Kensuke Ozaki: "End Organ Protection Strategy for Extensive Thoracoabdominal Aneurysm"

28th Congress of the Asian Society for Cardiovascular & Thoracic Surgery (ASCVTS 2020), Thailand, February 2020.
[Lecture]

Kensuke Ozaki: "chronic type B aortic dissecting aneurysm"

Taiwan Society for Vascular Surgery, Taiwan, June 2020.
[Lecture]

Soichiro Hase: "Endovascular stent placement for acute upper limb ischemia following central repair of a type A acute aortic dissection"

Cardiovascular and Interventional radiological Society of Europe, Web, September 2020.
[Oral Session]

Kensuke Ozaki: "What is the radical therapy as open conversion after EVAR?: median and lateral approach"

The 48th Annual Meeting of Japanese Society for Vascular Surgery, Web, November 2020.
[Symposium]

Takaaki Itohara: "Single-center experience with in situ replacement of 35 infected aneurysms of the thoracic and thoracoabdominal aorta"

The 48th Annual Meeting of Japanese Society for Vascular Surgery, Web, November 2020.
[Oral Session]

Shigeru Sakurai: "Experience of 1045 patients surgery for acute type A aortic dissection"

The 48th Annual Meeting of Japanese Society for Vascular Surgery, Web, November 2020.
[Oral Session]

Makoto Okiyama: "Surgical Treatment for Endoleak After EVAR by Median Laparotomy Approach"

The 48th Annual Meeting of Japanese Society for Vascular Surgery, Web, November 2020.
[Panel Discussion]

Tomohiro Hirokami: "Study of emergent surgery for ruptured abdominal aortic aneurysm in our center"

The 48th Annual Meeting of Japanese Society for Vascular Surgery, Web, November 2020.
[Symposium]

Susumu Oshima: "Surgery for extensive aortic disease in the heyday of stent-graft (total arch replacement from left thoracotomy)"

INTERNATIONAL SCIENTIFIC-PRACTICAL CONFERENCE "TOPICAL ISSUES OF ANGIOLOGY", Web, November 2020.
[International Session]

Susumu Oshima: "Open repair of thoracoabdominal aortic aneurysm eight years outcome from a single center with 328cases in Kawasaki"

INTERNATIONAL SCIENTIFIC-PRACTICAL CONFERENCE "TOPICAL ISSUES OF ANGIOLOGY", Web, November 2020.
[International Session]

Kensuke Ozaki: "687 cases of conventional and classical total arch replacement"

INTERNATIONAL SCIENTIFIC-PRACTICAL CONFERENCE "TOPICAL ISSUES OF ANGIOLOGY", Web, November 2020.
[International Session]

Kensuke Ozaki: "Open conversion after EVAR"

INTERNATIONAL SCIENTIFIC-PRACTICAL CONFERENCE "TOPICAL ISSUES OF ANGIOLOGY", Web, November 2020.
[International Session]

2021

Soichiro Hase: "The Superiority of EVAR in Comparison to Open Aortic Surgery"

Medtronic Endovascular Masters Japan Meeting, Web, February 2021.
[International Session]

Susumu Oshima: "Management of residual aortic dissection"

STST Virtual Annual Conference, Web, March 2021.
[International Session]

Kensuke Ozaki: "Aortic arch replacement via left thoracotomy: Kawasaki Experience"

Aortic Asia 2021, Web, May 2021.
[International Session]

Susumu Oshima: "conventional thoracoabdominal aortic replacement in the Largest volume center in Japan."

Aortic Asia 2021, Web, May 2021.
[International Session]

Susumu Oshima: "Open aortic repair after TEVAR failure"

ANNUAL CONGRESS OF THE ASSOCIATION OF THORACIC AND CARDIOVASCULAR SURGEONS OF ASIA, Web, November 2021.
[Symposium]

Kensuke Ozaki: "Open repair to rescue TEVAR complication"

International summit on Diagnosis and Treatment of CV Diseases 2021, Web, November 2021.
[Lecture]

Susumu Oshima: "Open thoracoabdominal aortic management"

International summit on Diagnosis and Treatment of CV Diseases 2021, Web, November 2021.
[Lecture]

Susumu Oshima: "Recent 10-year experience of thoracoabdominal aortic aneurysm repair at the Kawasaki Aortic Center"

CHENG HSIN Live 2021 TAIPEI CHIP & Aortic Symposium, Web, December 2021.
[Lecture]

2022

Kensuke Ozaki: "Holistic approach to the best outcome in management of TAAD"

The Annual Medical Aortic Masters Meeting in 2022, Web, April 2022.
[Symposium]

Susumu Oshima: "Management of complex aortic arch surgery"

The Annual Medical Aortic Masters Meeting in 2022, Web, April 2022.
[Symposium]

Kensuke Ozaki: "open repair to rescue TEVAR complication"

AATS 102nd annual meeting Aortic Symposium Workshop, Web, May 2022.
[On-Demand Presentation]

Kensuke Ozaki: "open conversion for late complications after EVAR: what is radical treatment strategy?"

AATS 102nd annual meeting Aortic Symposium Workshop, Web, May 2022.
[On-Demand Presentation]

Susumu Oshima: "Open conversion after TEVAR: 53 cases in single center"

The 50th Annual Meeting of Japanese Society for Vascular Surgery, Japan, May 2022.
[Oral Session]

Susumu Oshima: "Lethal aorto-esophageal fistula: Rescued open repair procedure"

國際心血管疾病高峰會議, Taiwan, October 2022.
[Oral Session]

Kensuke Ozaki: "Open repair to rescue thoracic endograft complications"

23rd Congress of ASVS (Asian Society for Vascular Surgery), Taiwan, October 2022.
[Oral Session]

2023

Kensuke Ozaki: "A technical Odyssey: Open procedures Of TAAA surgery"

2023 TCVGH & TSUS international Hybrid Aortic Surgery Symposium, Taiwan, April 2023.
[Symposium]

Miori Kinoshita: "Organ protection strategies in TAAA surgery"

2023 TCVGH & TSUS international Hybrid Aortic Surgery Symposium, Taiwan, April 2023.
[Symposium]

Kensuke Ozaki: "Endoleaks and stent explantation"

Masters of Aorta and Structural Heart Surgery, France, May 2023.
[Lecture]

Susumu Oshima: "Aortic repair, the japanese approach"

Masters of Aorta and Structural Heart Surgery, France, May 2023.
[Lecture]

Tomohiro Hirokami: "Study for emergency surgery for ruptured abdominal aortic aneurysm in our center"

The 31st Annual Meeting of the Asian Society for Cardiovascular and Thoracic Surgery, South Korea, June 2023.
[Poster Session]

Soichiro Hase: "Endovascular stent placement for visceral malperfusion due to a concentric true luminal collapse of a superior mesenteric artery dissection associated with a type A acute aortic dissection"

CIRSE 2023, Denmark, September 2023.
[Poster Session]

2024

Susumu Oshima: "Open surgery after TEVAR failure"

38th ANNUAL MEETING 2024, Thailand, January 2024.
[Lecture]

Conference Presentations

Kensuke Ozaki: "total arch replacement via Left thoracotomy"

38th ANNUAL MEETING 2024, Thailand, January 2024.
[Symposium]

Kensuke Ozaki: "Complex Open Thoracoabdominal Aortic Surgery as Re-intervention Following Endovascular Therapy"

AATS: Aortic Symposium, New York, April 2024.
[Symposium]

Susumu Oshima: "TAAA Japanese discipline / Stents explantation"

8th Pam Arab Conference, Tunisia, May 2024.
[Symposium]

Susumu Oshima: "TAAA surgery technique"

6th ATCTCV conference, Tunisia, May 2024.
[Symposium]

Kensuke Ozaki: "Left thoracotomy Surgery for total arch and descending replacement in chronic aortic dissection"

Aortic Asia 2024, Hong Kong, June 2024.
[Symposium]

Kensuke Ozaki: "Stent Graft Explantation Open aortic surgery – a rapidly growing new specialty"

Aortic Asia 2024, Hong Kong, June 2024.
[Symposium]

Susumu Oshima: "Left thoracotomy total arch replacement: Approaches to Extensive Aortic Aneurysms Including the Aortic Arch"

TSVS2024 Aorta and Peripheral Artery Cadaver Workshop, Taiwan, July 2024.
[Lecture]

Susumu Oshima: "Educational steps to raise a competent aortic surgeon"

Bundang Aortic Surgery Symposium (BASS) 2024, South Korea, July 2024.
[Symposium]

Susumu Oshima: "Experience with Inhaled Nitric Oxide(iNO) in Left Thoracotomy for Aortic Surgery"

STS-ASCVTs Aortic Summit 2024, Japan, November 2024.
[Lecture]

Kensuke Ozaki: "Stent explantation: A crucial skill for the contemporary Aortic Vascular Surgeon"

30th Annual Convention of PATACSI, Philippines, November 2024.
[Symposium]

2025

Kensuke Ozaki: "Open repair to rescue TEVAR Complications: How I do it / Inclusive management for ATAAD in Kawasaki Aortic Center"

39th Meeting of Society of Thoracic Surgeons of Thailand, Thailand, January 2025.
[Invited Lecture]

Kensuke Ozaki: "A technical odyssey. Open procedure of thoracoabdominal aortic aneurysm in KAC / Open repair to rescue TEVAR complication: How to be a stent hunter"

18th Congress of the Euro Asian Bridge Society of Cardiovascular and Thoracic Surgeons, Tunisia, May 2025.
[Invited Lecture]

Susumu Oshima: "ATAAD surgery: KAC experience / Extent II TAAA: single-staged or two-staged repair"

Aortic Asia 2025, Thailand, May 2025.
[Lecture]

Kensuke Ozaki: "Management strategy of residual dissection post ascending replacement / Management of endovascular Failure: open conversion for TEVAR failure"

Aortic Asia 2025, Thailand, May 2025.
[Invited Lecture]

Kensuke Ozaki: "Management Spinal Cord Ischemia in TAAA Repair: Contemporary Strategies / Open repair to rescue TEVAR Complications"

50th Annual scientific Congress of the royal college of Thailand, Thailand, July 2025.
[Invited Lecture]

Kensuke Ozaki: "Total Arch Replacement: Kawasaki Aortic Center"

23th CCIT-CVT Surgery Annual Meeting, Thailand, July 2025.
[Invited Lecture]

Kensuke Ozaki: "When Endovascular Repair Fails: How to deal with it?"

8th CDI-International Heart Symposium, Thailand, August 2025.
[Invited Lecture]

Kensuke Ozaki: "Total Arch Replacement: Kawasaki Aortic Center / Thoracoabdominal Aortic Repair Technique Case Insights"

Indonesia Aortic Masterclass, Indonesia, August 2025.
[Invited Lecture]

Susumu Oshima: "Surgical Strategy for Acute Type A Aortic Dissection with Organ Malperfusion"

NUH Cadaveric Workshop, Singapore, August 2025.
[Oral Session]

Kensuke Ozaki: "Open surgical Approach for Abdominal Aortic Aneurysm"

Basic to Mastery Course of aortoiliac disease, Thailand, September 2025.
[Invited Lecture]

Kensuke Ozaki: "Right thoracotomy for surgical repair of Kommerell's diverticulum with right-sided aortic arch aberrant left subclavian artery: a video case report"

The Multimedia Manual of Cardio - Thoracic Surgery, September 2025.
[Journal Submission]

Kensuke Ozaki: "Management Strategy of residual dissection post ascendancy replacement"

Annual Meeting of Taiwan Society for Vascular Surgery, Taiwan, September 2025.
[Invited Lecture]

Susumu Oshima: "Suture technique in aortic surgery & root management"

TSVS2025, Taiwan, September 2025.
[Symposium]

Kensuke Ozaki: "Achieving Excellence in Thoracoabdominal Aortic Surgery: Enhancing Outcomes through Intraoperative Innovation / Why Extended? the scientific and clinical rationale for surgery in acute Type A dissection = I prefer HAR / Proactive and Preventive: The Key to Lifetime Management in Connective Tissue Disorders with Aortic Involvement "

3rd Lampang cardiac surgery seminar, Thailand, September 2025.
[Invited Lecture]

Susumu Oshima: "Step-by-Step of Thoracoabdominal aortic aneurysm replacement"

TSVS Cadaver Workshop 2025, Taiwan, October 2025.
[Lecture]

Susumu Oshima: "Tips and Tricks: Open Repair of Thoracoabdominal Aneurysm / Challenges in Open Repair in Post-TEVAR Patients / Outcomes of Complex Thoracoabdominal Aneurysm surgery"

33rd Annual Congress of Association of Thoracic and Cardiovascular Surgeons of Asia (ATCSA), Philippines, November 2025.
[Symposium]

Tomohiro Hirokami: "AAA treatment strategies and application to thoracoabdominal aortic replacement in Kawasaki Aortic Center"

International Summit on Diagnosis and Treatment of CV Disease 2025, Taiwan, November 2025.
[Lecture]

Kawasaki Aortic Center Official YouTube Channel

<https://www.youtube.com/channel/UCDVJmQt35KkAYDIFcrX8TiQ>



We have uploaded actual surgical footage of aortic surgeries on our YouTube channel.
Please take a look!



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