Supplementary

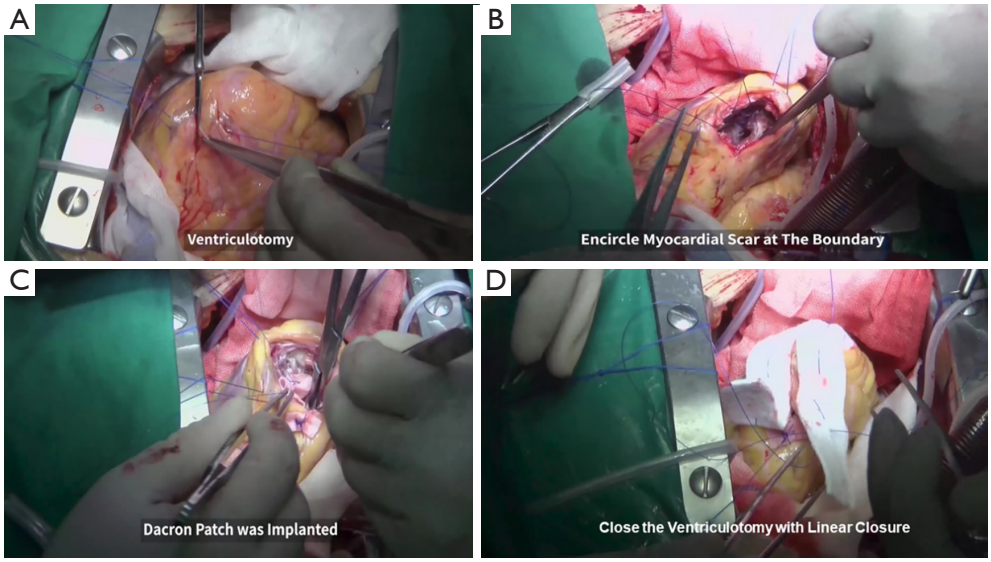

Figure S1 The procedure of circular reconstruction in a patient who underwent CABG+SVR. During circular reconstruction, after ventriculotomy is centered in the zone of anterior asynergy (A), a suture is placed in the interior of the ventricle to encircle the myocardial scar at the boundary between the akinetic and viable tissue (B). Tightening of this suture brings the healthy myocardium together. Next, a Dacron patch is used to reconstruct the shape of left ventricle (C). Finally, we closed the ventriculotomy with linear closure (D). CABG, coronary artery bypass graft; VA, ventricular arrhythmia.

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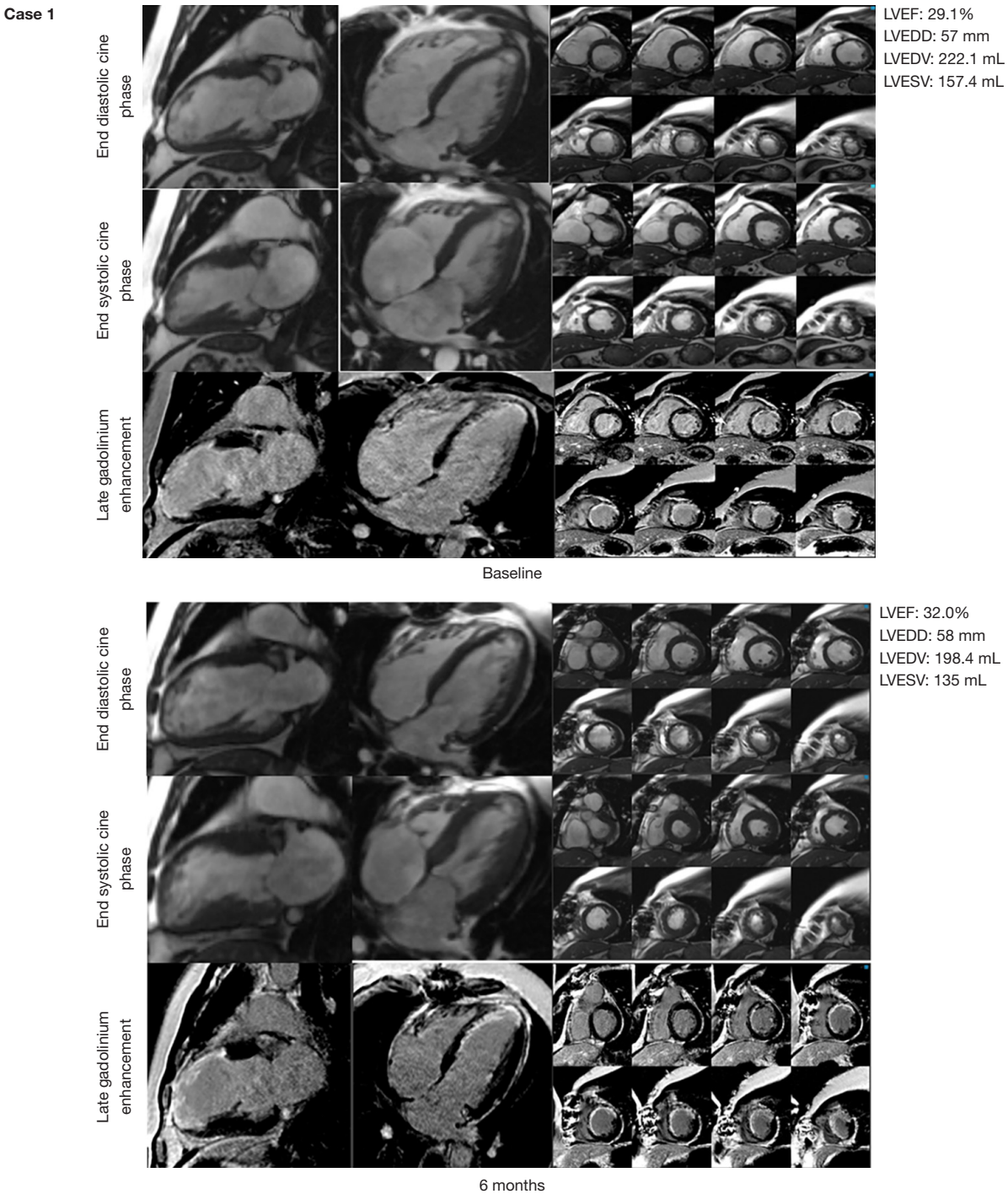

Figure S2 Case 1. The CE-CMR of a patient at baseline and 6 months after I-CABG. Example of CE-CMR images before and 6 months after I-CABG of a 56-year-old man with a 6-scar segment who suffered from congestive heart failure 9 months after surgery. CE-CMR, contrast-enhanced cardiovascular magnetic resonance imaging; I-CABG, isolated coronary artery bypass graft; LVEDD, left ventricular end-diastolic diameter; LVEDV, left ventricular end-diastolic volume index; LVEF, left ventricular ejection fraction; LVESV, left ventricular end-systolic volume.

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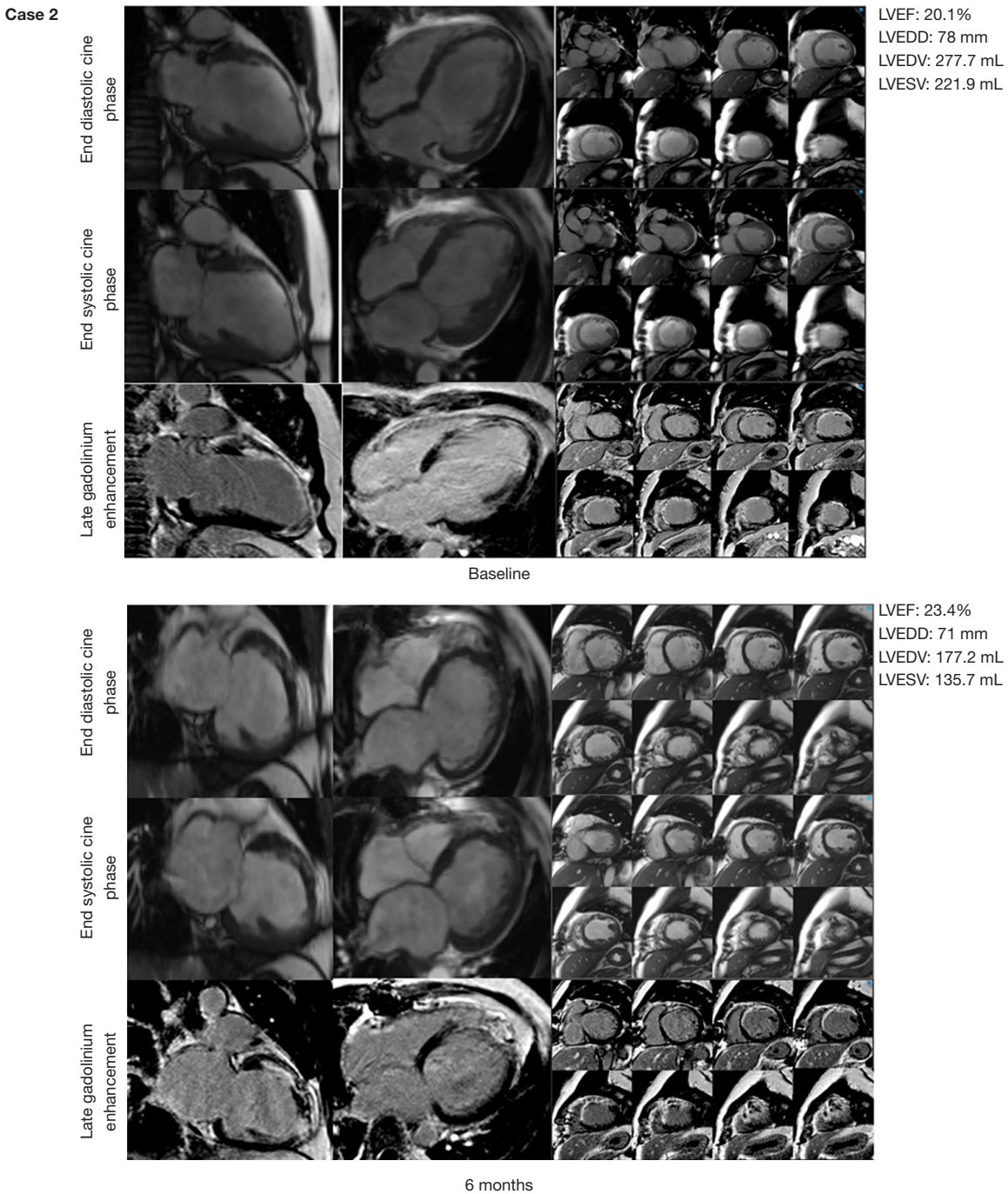

Figure S3 Case 2. The CE-CMR of a patient at baseline and 6 months after CABG+SVR. Example of CE-CMR images before and 6 months after CABG+SVR of a 54-year-old man with a 7-scar segments who survived without CVEs during follow-up. CE-CMR, contrast-enhanced cardiovascular magnetic resonance imaging; I-CABG, isolated coronary artery bypass graft; CVEs, cardiovascular events; LVEDD, left ventricular end-diastolic diameter; LVEDV, left ventricular end-diastolic volume index; LVEF, left ventricular ejection fraction; LVESV, left ventricular end-systolic volume; SVR, surgical ventricular reconstruction.

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