Philosophy and Policy

Philosophy

We are devoted to providing advanced medical treatment and safeguarding the dignity of our patients, while spearheading efforts to develop clinical medicine and foster next-generation medical professionals.

Basic policies

- ☐ We respect each patient's wishes and provide safe medical care.
- ☐ We develop and practice advanced medical treatment.
- ☐ We contribute to society and community-based medical care.
- ☐ We develop excellent, compassionate medical professionals.

Patients' rights and responsibilities

〈 **Rights** 〉

- ☐ Patients' dignity and rights are respected, and their personal information is protected.
- ☐ Patients are equally entitled to high-quality, appropriate medical care.
- ☐ Patients are entitled to receive full information about medical care they receive.
- ☐ If patients wish to get a second opinion elsewhere, we will unreservedly provide their relevant medical information.
- ☐ Patients are entitled to decide on their own whether they participate in our clinical research or to cancel their participation any time.

〈 **Responsibilities** 〉

- ☐ Medical care is a joint effort by medical professionals and patients. Patients must take due care of themselves.
- ☐ To receive appropriate medical care, patients must provide accurate information to medical professionals.
- ☐ Patients must obey hospital rules and not hinder the provision of medical care to others.
- ☐ To foster good medical professionals, patients are requested to actively participate and cooperate in medical care.

Children's rights

(Every child receiving medical care has these rights)

1. They have the right to receive kind medical treatment as a human being
2. They have the right to receive the best and safest medical care
3. They have the right to have their illness and treatment methods explained with words and pictures that they can understand
4. They have the right to tell hospital staff* if they feel worried or uncertain about their health or treatment
5. They have the right to have information about them kept secret
6. They have the right to decide about matters involving their body
7. They have the right to study and play while staying in hospital

*Hospital staff includes doctors, nurses, pharmacists, dieticians, rehab trainers, childminders and others.

Hospital Overview

Site area (m²) : 78,537.72
Total floor area (m²) : 139,851.11
Number of beds : 814

Address: 1-8-1 Inohana, Chuo-ku, Chiba City, Chiba Prefecture 260-8677, Japan
https://www.ho.chiba-u.ac.jp

Chiba University Hospital 2026-2027

English
英 語 版

CHIBA UNIVERSITY HOSPITAL

Message

OHTORI Seiji
Director General
Chiba University Hospital

Delivering Excellence in Medical Care

As I enter my third year as Director General of Chiba University Hospital, I extend my heartfelt gratitude to all who have long supported our hospital. The weight of this responsibility strengthens my resolve to meet the challenges that lie ahead in this time of drastic change, which is straining both our financial and human resources.

Even under these severe management conditions, our hospital remains firmly committed to its three core missions: providing excellent medical care, fostering outstanding medical education, and promoting world-class research.

One example of our cutting-edge research is a new cancer therapy being developed in collaboration with RIKEN. We are developing a treatment using iPS-NKT cells derived from cancer-targeting natural killer T (NKT) cells. Its safety was confirmed in a clinical trial we conducted in patients with head and neck cancer. The results were published in the international journal *Nature Communications* and attracted considerable global attention. We are now conducting a new clinical trial that combines iPS-NKT cells with NKT-activating dendritic cells.

Chiba University Hospital is dedicated to providing the best possible medical care for each patient by improving our care systems and operations and advancing digital transformation in our services. To sustain these efforts, we also rely on your financial support. With the backing of our community, we will continue striving to be a trusted hospital, fulfilling our three missions of medical care, education, and research.

Members of the hospital leadership, including the Director General, 14 Deputy Hospital Directors, and three assistants to the Director General, pose for a photo.

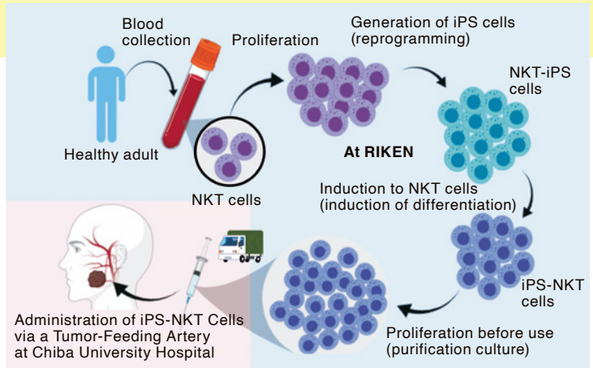
What's new

December 2025

Immune Cell Therapy for Head and Neck Cancer Published in *Nature Communications*

The results of joint research by the hospital and RIKEN on an immune cell therapy for head and neck cancer were published in *Nature Communications* on December 30, 2025. The study verified the safety of a therapy using cancer-targeting natural killer T (NKT) cells produced from iPS cells (iPS-NKT cells), which are administered directly into the arteries supplying the tumor.

Dr. IINUMA Tomohisa (left), of the Department of Otorhinolaryngology, Head and Neck Surgery, and Professor MOTOHASHI Shinichiro of the Department of Immunology, Graduate School of Medicine, present the research results at a press conference at the Ministry of Education, Culture, Sports, Science and Technology.

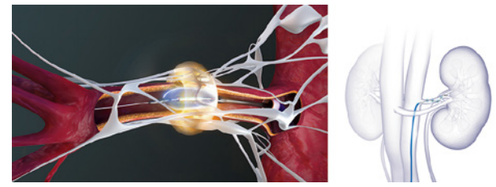


Flow chart of iPS-NKT cell production and administration
Cryopreserved iPS-NKT cells are cultured and expanded in time for administration.

April 2026

Renal Denervation Now Offered in Cardiology

Renal denervation helps lower blood pressure by reducing the activity of the sympathetic nervous system around the renal arteries. This procedure, which uses a vascular catheter under local anesthesia, became available at the hospital in April 2026. It offers an additional treatment option for patients whose blood pressure remains high despite taking three or more antihypertensive drugs.

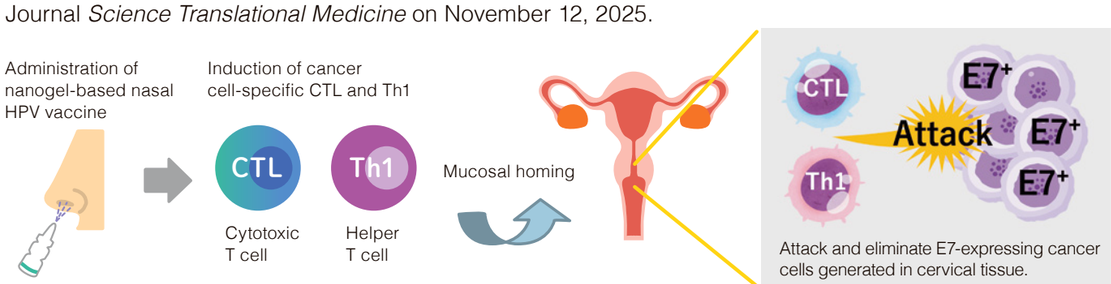


The procedure uses a vascular catheter to damage the sympathetic nerves near the kidneys.

November 2025

Nasal Therapeutic HPV Vaccine Prevents the Development of Cervical Cancer in Mice

A research group led by Specially Appointed Associate Professor NAKAHASHI Rika and Distinguished Professor KIYONO Hiroshi of the Department of Human Mucosal Vaccinology has shown that the cationic nanogel nasal vaccine effectively shrank cervical tumors in mice. The results were published in the U.S. Journal *Science Translational Medicine* on November 12, 2025.



Attack and eliminate E7-expressing cancer cells generated in cervical tissue.

Global Health Care Center

HISHIKI Tomoro

Director of Global Health Care Center
Professor at the Department of Pediatric Surgery

At our center, we are always ready to accept patients from abroad and provide them with some of the best medical care in Japan. Our staff members are polishing their English conversation skills to ensure our patients have a comfortable stay at our hospital. Our hospital has a 150-year history and is renowned for clinical medicine, so I am confident we can provide high-level, sophisticated medical care.

TANIGUCHI Toshibumi

Associate Professor at
the Department of Infectious Diseases

HIRANO Shigeki

Clinical Associate Professor at
the Department of Neurology

OAMI Takehiko

Associate Professor at the Department of Emergency and Critical Care Medicine

SAKAI Nozomu

Clinical Associate Professor at
the Department of General Surgery,
Hepato-Biliary-Pancreatic Unit

MUKAI Michiaki

Assistant Professor at
the Department of Orthopaedic Surgery

OHNO Tomoka

Head Nurse

TODEN Kazue

Head Nurse

IMAI Yoko

Head Nurse

- Reservation-only for most departments
- Prescribed medicine can be obtained at outside pharmacies
- Wearing a mask inside hospitals is common in Japan. (During periods of increased infection as announced by the hospital)
- No photos
- Referral letter required for advanced medical care, critically ill patients
- Take a number at the reception and wait until your number is called. Please wait in line where necessary
- Medical bill estimate provided through EAJ for non-Japanese patients residing overseas
- No recording
- No smoking, including in parking lots
- Please talk quietly. Please walk on one side of the corridors
- Our nurses take care of inpatients. No attendant required
- No social media

Your Journey to Health: A Guide for Medical Tourists

International residential patients are kindly asked to contact a medical coordination company. As a general rule, we ask that international residential patients who would like to have consultations and treatment at Chiba University Hospital contact a medical coordination company to arrange consultations and ensure safe treatment.
Chiba University Hospital has agreements with the companies listed below. Our Global Health Care Center works closely with them to provide care and treatment for international patients. If you wish to receive a consultation, please contact one of our partner coordination companies. This is necessary to ensure that consultations and treatment are conducted smoothly and safely. We appreciate your understanding and cooperation. Please note that patients are responsible for paying coordination fees.

Please follow the steps below to receive medical treatment at Chiba University Hospital.

Steps for International Patients

International Patients

↓ Contact us through a partner company (fees apply)

Coordination Company

↓ Support with visa, payment and interpreters, etc

Chiba University Hospital
Global Health Care Center

Contact information: for further information, please contact: byoin-kokusai@chiba-u.jp

Japan Medical & Health Tourism Center (JTB / JMHC)

I-cell Networks Co., Ltd.

Saint Lucia Healthcare Japan

Emergency Assistance Japan Co., Ltd.

CUC Inc.

Please contact one of these agents first before visiting the hospital for a medical consultation.

A Journey to Advanced Medical Care at Chiba University Hospital

Departments in charge:
Neurology and Hematology

Treatment of POEMS Syndrome

Optimal, patient tailored care through cross-departmental expertise

POEMS syndrome is an extremely rare and intractable disease caused by abnormal plasma cells, with an estimated 400 affected individuals in Japan. Our hospital is one of the world's leading centers for POEMS syndrome, providing advanced chemotherapy specifically designed for this condition. Our team uses evidence-based protocols tailored to each patient's symptoms and overall health. Chemotherapy is administered during hospitalization and may involve oral or injectable anticancer drugs. Most patients are hospitalized for about 2 to 4 weeks.

In 2003, our hospital became the first medical institution in Japan to perform autologous peripheral blood stem cell transplantation (auto PBSCT) for POEMS syndrome. With this therapy, about 50% of patients experience marked improvement, and some achieve long-term remission or cure.

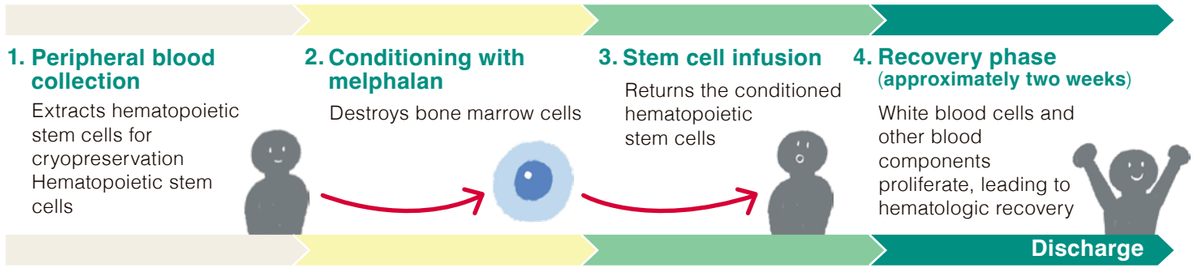
Assistant Professor SUICHI Tomoki from the Department of Neurology examines a patient with POEMS. Dr. SUICHI proposed new clinical diagnostic criteria for POEMS syndrome.

POEMS syndrome is named after the initials of its characteristic features: Polyneuropathy, Organomegaly, Endocrinopathy, M-protein (an abnormal protein produced by a single clone of plasma cells), and Skin changes.

Patient's Voice

"In my home country, there was no hospital specializing in POEMS syndrome, and I felt lost. Learning that I could receive treatment at Chiba University Hospital gave me hope. Although I was initially nervous about treatment in Japan, the staff's kindness, attentive care, and professionalism quickly put me at ease, allowing me to focus on my treatment. Now, my condition is stable, and I visit the hospital for checkups every few months. Thank you very much."

Procedures for auto-PBSCT



Flow of Autologous Peripheral Blood Stem Cell Transplantation (auto-PBSCT)

1. Hospitalization in Neurology for necessary examinations to determine optimal treatment.
2. Start of treatment (outpatient and/or inpatient).
3. If the patient is eligible for auto-PBSCT and wishes to proceed, Neurology and Hematology discuss transplantation at a joint conference.
4. If transplantation is approved, the patient is hospitalized for collection of autologous cells (hospitalization of about 1.5 to 2 months).
5. Start of conditioning chemotherapy.
6. Cell transplantation.
7. Confirmation of engraftment.
8. Discharge from hospital.

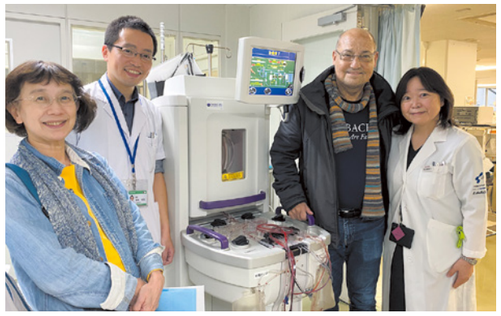
Departments in charge:
Hematology

Extracorporeal Photopheresis (ECP)

Extracorporeal photopheresis likely reduces steroid use in patients with chronic graft-versus-host disease

Patients who develop chronic graft-versus-host disease (cGvHD) after undergoing allogeneic hematopoietic stem cell transplantation to treat blood disorders often experience symptoms affecting multiple organs, such as the skin, oral mucosa, eyes, lungs, liver, and fascia. As the condition worsens, it can lead to additional complications, including infections, further impairing the patient's quality of life.

Extracorporeal photopheresis (ECP) involves extracting white blood cells from the patient's blood, irradiating them with ultraviolet light, and then returning them to the bloodstream, which can improve cGvHD symptoms and reduce the patient's reliance on steroids.



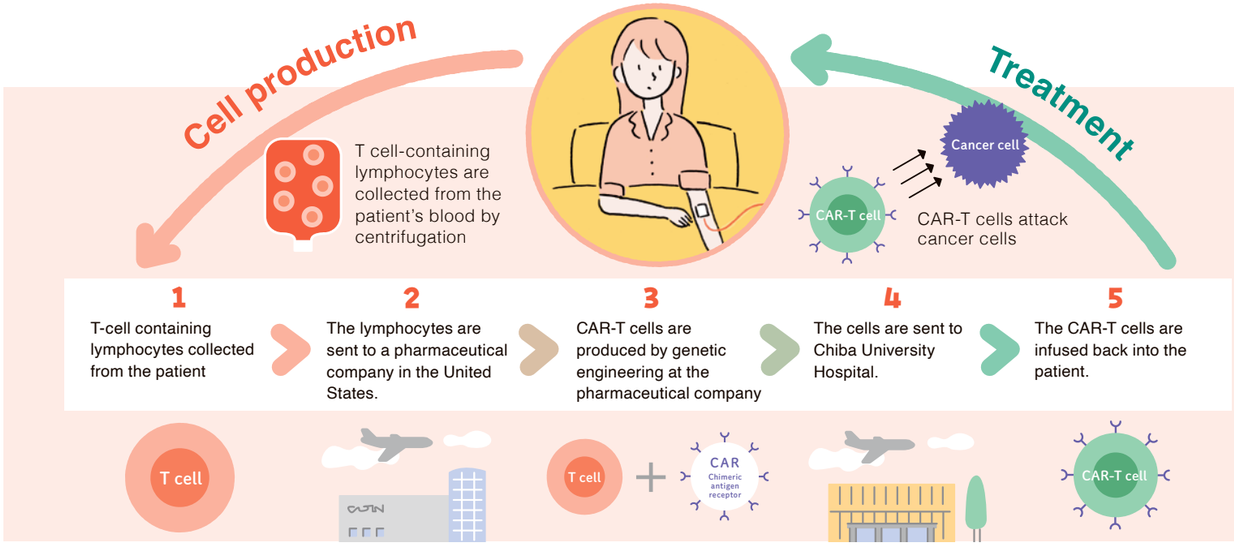
A German musician, second from right, poses for a photo during his visit to receive ECP in October 2024. Standing to his right is Clinical Professor SAKAIDA Emiko, Head of the Hematology Department.

Chimeric Antigen Receptor T Cell Therapy

An innovative treatment that engineers a patient's own immune cells and returns them to the body

Chimeric antigen receptor T (CAR-T) cell therapy was approved in Japan in 2019 as a novel treatment for leukemia, malignant lymphoma, and multiple myeloma. Our hospital was certified to provide this therapy in June 2021. Because the treatment requires advanced facilities and highly specialized personnel, our hospital has established a robust system centered on the Hematology Department in collaboration with multiple clinical departments.

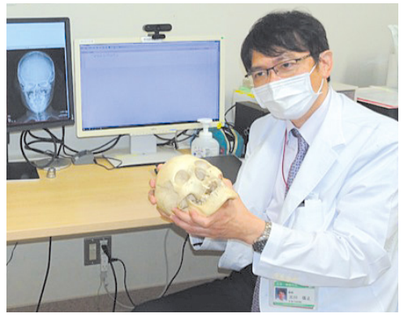
This therapy is intended for patients with relapsed or refractory blood disorders, including those with CD19-positive B-cell acute lymphoblastic leukemia, various B-cell lymphomas and multiple myeloma.



Departments in charge:
Plastic, Reconstructive and Aesthetic Surgery

Plastic Surgical Treatment of Cranio Maxillofacial Deformities

Excellent plastic surgery for functional restoration and cosmetic improvements



Professor MITSUKAWA Nobuyuki explains a patient's condition.

Professor MITSUKAWA Nobuyuki conducts plastic surgery.

Cranio-maxillofacial deformities may be congenital or caused by injury. Our plastic surgery restores both function and appearance using advanced techniques such as osteotomy, bone lengthening, and reconstructive flap surgery. Treatment varies by case, ranging from outpatient care to several weeks of hospitalization or multiple procedures. Patients come from across Japan, and some also travel from overseas for surgery. Most achieve significant improvement with high satisfaction. In some cases, full results take time to appear after surgery.

Diseases we treat:
Craniosynostosis, Treacher Colins syndrome, Pierre Robin Sequence, facial clefts, hemifacial microsomia, cleft lip, jaw and palate, facial deformation due to orbital asymmetry, jaw deformities, and many other conditions

Treatment of Lymphedema

Exploring the world of 0.5 millimeters—delivering patient-centered care with precision

What is lymphedema?

Lymphedema is swelling of the arms and/or legs caused by stagnation of lymph flow, often after cancer treatment. Symptoms include swelling, a heavy or tired feeling, warmth in the limb, and sometimes infection (cellulitis).

Treatment of lymphedema

The main surgical treatment is lymphatico-venous anastomosis (LVA), using supermicrosurgery. An extremely fine lymphatic vessel, about 0.5 mm in diameter, is located through a small skin incision and connected to a fine vein. Our expert surgeons perform this procedure to reduce the physical burden on patients. In advanced cases, LVA may be combined with lymph node transfer or fat reduction surgery. We also provide conservative treatments such as compression therapy.

Departments in charge:
Orthopedic Surgery

Shoulder Arthroplasty

Mitigating shoulder pain and improving arm elevation through shoulder arthroplasty

Anatomical Total shoulder arthroplasty

Reverse Total shoulder arthroplasty

As the population ages, an increasing number of patients are suffering from shoulder osteoarthritis, irreparable massive rotator cuff tears, or osteoarthritis resulting from rotator cuff tears — considered the terminal stage of rotator cuff rupture. For these patients, we have performed either anatomic total shoulder arthroplasty or reverse shoulder arthroplasty. Our hospital conducts approximately over 100 shoulder joint replacements annually. Postoperatively, patients generally experience remarkable improvements in shoulder mobility. Patients are admitted the day before surgery and are typically discharged one to two weeks afterward. Following discharge, they undergo rehabilitation at a facility close to their homes.

Associate Professor OCHIAI Nobuyasu of the Department of Orthopedic Surgery

Performing Arts Medicine (PAM) Clinic for Musicians and Dancers

Creating a hub for Performing Arts Medicine (PAM): Expert care for musicians and ballet dancers

Assistant Professor KANAZUKA Aya of the Department of Orthopedic Surgery

Our hospital opened the Performing Arts Medicine (PAM) Outpatient Clinic in September 2018. PAM is a growing field, developed mainly in Europe and the United States, to treat physical and mental problems in musicians, dancers, and actors. We mainly treat pain, numbness, and movement disorders of the upper limbs, as well as overuse and misuse syndromes from intensive practice and conditions such as tendon inflammation. In collaboration with other specialists, we also treat a wide range of orthopedic disorders.

Diseases we treat:
- Upper limb pain, numbness, and mobility disorders in musicians
- Lower limb pain, deformity, and injuries in dancers

Departments in charge:
General Medicine

General Medicine

A dedicated team of physicians specializing in complex and undiagnosed conditions

Patients we see

- People with long term symptoms without a clear diagnosis
- People with multiple symptoms or diseases, making the cause unclear
- People who still lack a clear treatment plan after visiting several medical institutions and clinical departments
- People who feel anxious because they do not know whom to consult
- People with subacute symptoms lasting or progressing over several weeks, who may benefit from assessment by a team of general medicine physicians

Our perspective on hard-to-diagnose symptoms

We assess each patient holistically: biomedical, psychological, behavioral, and social aspects. We integrate medical history, lifestyle, examination findings, and past test results.

Our approach to examination and treatment

General medicine doctors carefully examine patients and explore possible diagnoses. For difficult cases, we collaborate with specialized departments and other healthcare professionals as needed to clarify the diagnosis, develop a treatment plan, and share the assessment and plan with the patient's referring or primary care physician. This self-funded second-opinion service, not covered by health insurance, offers a comprehensive, multi-perspective evaluation in a single consultation.

What we value

From a whole-person perspective, we address the concerns of patients with undiagnosed conditions. We explain findings in clear language and consider the best treatment policy together with each patient.

General Medicine Department conference

Over 20 doctors meet weekly to discuss difficult cases from multiple viewpoints, improving diagnostic accuracy and optimizing treatment plans.

Doctors attend a General Medicine Department conference.

Departments in charge:
Diabetes Complications Center

Diabetes Complication Center

For patients with diabetes who have, or are at risk for, diabetes-related complications

This center treats diabetic patients who have, or are at risk for, complications. In Japan, over 10 million people have diabetes; about one in four to six people aged 60 or older is affected. Treatment aims to prevent complications and slow their progression, improving prognosis and quality of life. Because routine practice can make assessment and self-management difficult, a multidisciplinary team across departments works together to evaluate, prevent, and treat complications in a coordinated way.

Our hospital also runs a Diabetic Foot Care Clinic where dermatologists, cardiologists, orthopedic surgeons, plastic and reconstructive surgeons, and nurses provide specialized team-based care.

MAEZAWA Yoshiaki, Chair, Diabetes Complications Center
(Head, Department of Diabetes, Metabolism and Endocrinology)

Core Departments and Divisions

Department of Diabetes, Metabolism, and Endocrinology
Department of Ophthalmology
Department of Nephrology
Department of Neurology
Clinical Nutrition Department
Nursing Department

Collaborating Departments and Divisions

Department of Cardiology
Department of Dermatology
Department of Orthopedic Surgery
Department of Plastic and Reconstructive / Aesthetic Surgery
Department of Pharmacy
Clinical Laboratory Department
Department of Rehabilitation
Patient Support Services
Center for Geriatric Medicine

Departments in charge:
Infectious Diseases

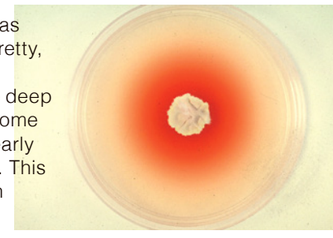
Specialized Fungal Infection Clinic

Clinic attracts many patients from across Japan and overseas for diagnosis and treatment

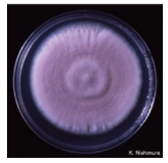
Fungal infections can affect internal organs, making diagnosis and treatment difficult, and the condition can easily worsen. Our hospital was the first in Japan to establish a specialized outpatient clinic within internal medicine for systemic fungal infections and other hard-to-diagnose cases.

The clinic, equipped with advanced diagnostic systems, works closely with Chiba University's world-leading Medical Mycology Research Center to provide specialized testing and evidence-based, sophisticated treatment. While most hospitals can perform only some of the many types of fungus-related tests available, we are committed to offering the full range—from the newest testing methods to advanced laboratory tests that general hospitals cannot provide—in the future. Many patients who were previously regarded as undiagnosable and untreatable elsewhere have, for the first time, received an accurate diagnosis and optimal treatment at our clinic.

Professor KAMEI Katsuhiko of theDepartment of Infectious Diseases, Specialized Fungal Infection Clinic



Talaromyces marneffei has grown red. It may look pretty, but when its spores are inhaled, they can invade deep inside the body and become life-threatening without early diagnosis and treatment. This fungus is found mainly in Southeast Asia.



Purpureocillium lilacinum has grown purple. It primarily infects the eyes and skin, but when a patient's physical strength is reduced, the fungus can spread throughout the entire body.

Departments in charge:
Radiology

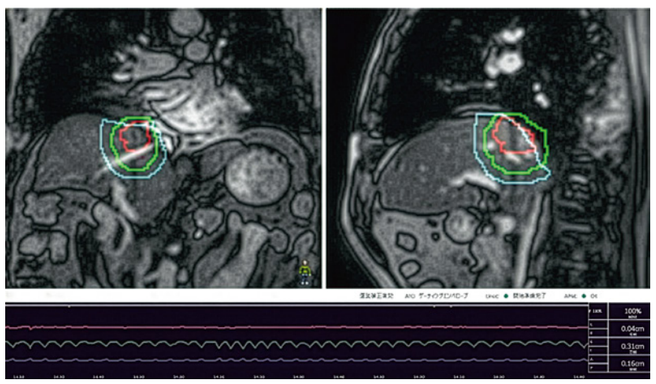
Advanced Radiation Therapy with MR-Linac

Minimally invasive, high-precision radiation treatment

Our hospital is one of the few in Japan with an MR-Linac. In October 2025, we upgraded it with the Comprehensive Motion Management (CMM) system, enabling precise radiation delivery while tracking the tumor in real time with 1.5-T MRI. By continuously monitoring tumor motion, we can target the lesion more precisely than conventional linac therapy, which often treats a wider area to account for movement. MR-Linac also eliminates the need for internal metal markers used with CT/X-ray guidance. This can reduce patient burden, limit side effects, and shorten treatment time.

Conventional radiotherapy (Linac)	Online adaptive radiotherapy (MR-Linac)
	
Tumor position is confirmed on CT before treatment. Because motion (breathing/positioning) is expected, a 10–20 mm margin is added, increasing exposure to nearby healthy organs.	Real-time, high-resolution MRI lets us track the tumor and organs during treatment, reducing exposure to healthy tissue and enabling high-precision, high-dose treatment in fewer sessions.

Professor UNO Takashi, Chair of the Department of Radiology



Radiation is delivered only when the tumor (red) is within the high-dose zone (green); if it moves out, irradiation automatically pauses.

Number of cases treated with MR LINAC (April 2025-March 2026)

Prostate cancer	112
Liver cancer	9
Lung cancer	1
Pancreatic cancer	3
Kidney cancer	3
Gynecologic cancer	16
Others	6

(Irradiation of non-primary carcinoma,including lymph node and bone metastases)

Departments in charge:
Reproduction Support Center

Reproduction Support Center

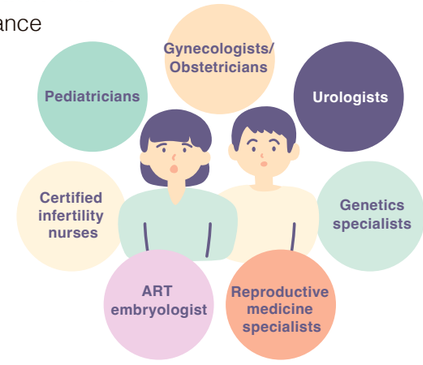
Providing one-stop medical care for couples seeking pregnancy

Our hospital opened the Reproduction Support Center on April 1, 2024, to provide advanced reproductive medicine for couples seeking infertility treatment. Our team includes specialists in gynecology, obstetrics, and urology, as well as nurses, embryologists, and other professionals.
We offer treatment planning and a range of options, including medication, intrauterine insemination, and assisted reproductive technologies (ART) such as in vitro fertilization and intracytoplasmic sperm injection, as well as fertility-preservation options.

KOGA Kaori, Chair of the Department of Obstetrics and Gynecology and Head of the Reproduction Support Center

We offer infertility care, fertility preservation, and preconception care.

1. Infertility/recurrent miscarriage testing, treatment consultation, and guidance
2. ART, including in vitro fertilization and intracytoplasmic sperm injection
3. Fertility preservation for young cancer patients: embryo, oocyte, and sperm freezing
4. Preconception health consultations (preconception care)



We collaborate with physicians and specialists from other departments as needed.

Collaboration across specialists

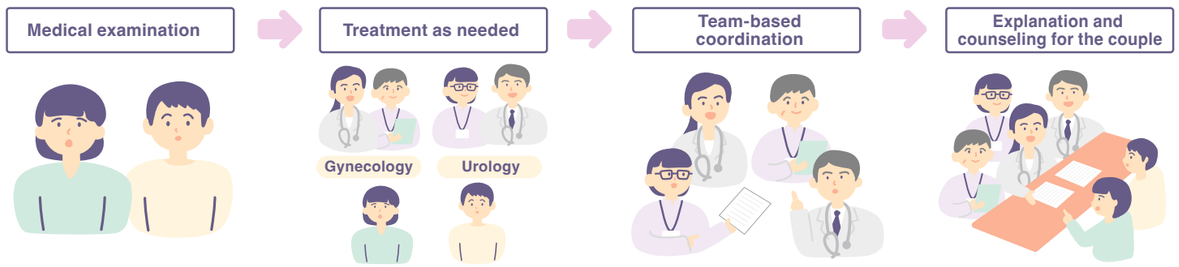
1. Gynecologists, obstetricians, and urologists work together as a team.
2. The team includes Japan Society for Reproductive Medicine-certified specialists and certified ART embryologists.
3. Certified infertility nurses conduct patient interviews and provide emotional support.

Main patients

Those trying to conceive	1. Couples with infertility or recurrent miscarriage
Those seeking advice for future pregnancy	2. Patients transitioning from Pediatrics or Pediatric Surgery 3. Infant-to-young-adult cancer patients
Those trying to conceive with concerns	4. Patients with chronic illness or a history of illness 5. Patients with prior pregnancies complicated by maternal or fetal issues

Couples can be evaluated together

Electronic medical records and appointment information are shared across the hospital. If the male partner needs testing while the female partner is being evaluated, we can arrange it smoothly.



Departments in charge:
Endoscopy Center

Endoscopy Center

Advanced endoscopic care backed by academic expertise

At the Endoscopy Center, specialists in gastrointestinal, pancreatobiliary, and respiratory endoscopy work together to provide safe, minimally invasive, and evidence-based care. Drawing on the clinical experience and research of our university hospital, we offer advanced diagnostic and therapeutic endoscopy.

KATO Jun, Chair of the Department of Gastroenterology and Head of the Endoscopy Center

Gastrointestinal Endoscopy

We diagnose and treat tumors, bleeding, inflammatory diseases, and functional esophageal disorders of the gastrointestinal tract. Using magnifying endoscopy, capsule/small-bowel endoscopy, and EUS, we provide high-accuracy diagnosis and advanced endoscopic treatment including EMR and ESD.

- Gastrointestinal bleeding, including diverticular and small-bowel bleeding
- Esophageal functional disorders including GERD and achalasia
- Inflammatory bowel disease, including ulcerative colitis and Crohn's disease

Pancreatobiliary Endoscopy

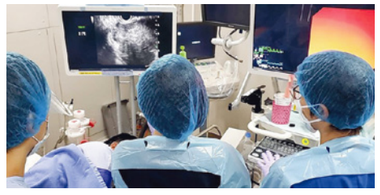
We provide advanced ERCP- and EUS-based diagnosis and treatment for biliary and pancreatic diseases, including malignancy, biliary strictures, bile duct stones, and chronic pancreatitis.

- EUS-guided tissue sampling and biliary drainage
- Endoscopic stenting for biliary obstruction
- Endoscopic treatment for bile duct stones and pancreatic stones
- Advanced care for benign and malignant pancreatobiliary diseases

Bronchoscopy

We perform bronchoscopic and thoracoscopic diagnosis and treatment for pulmonary, airway, and pleural diseases using EBUS and image-guided navigation systems.

- Bronchoscopic diagnosis and biopsy of lung lesions
- EBUS for hilar and mediastinal lesions
- Thoracoscopy under local anesthesia
- Endoscopic management of airway lesions and foreign bodies



Section in charge:
Heart Center

Heart Center

Team-based care led by Cardiovascular Surgery and Cardiology

Our Heart Center treats a broad range of cardiovascular disease (severe heart disease, valve disease, aortic disease) through close collaboration between Cardiology and Cardiovascular Surgery, supported by Radiology, ICU, Anesthesiology, Rehabilitation, and the Clinical Engineering Center.

Clinical focus

- **Minimally invasive care**: the heart team selects the best option—catheter-based therapy, surgery, or hybrid treatment.
- **TAVI**: offered proactively for older patients or those at high surgical risk; also for dialysis patients, failed bioprosthetic valves, and redo cases.
- **MTEER (MitraClip/PASCAL)**: for significant mitral regurgitation that is hard to operate on; individualized decisions by the team for elderly and severe cases.

(From right) Dr. MATSUURA Kaoru of Cardiovascular Surgery and KITAHARA Hideki of Cardiology.

Departments in charge:
General Surgery, Hepato-Biliary-Pancreatic Unit

Liver-Biliary-Pancreatic Cancer Surgery & Transplant

Team-based, expert care with advanced techniques —together with the patient

We perform about 140 high-complexity hepatobiliary-pancreatic surgeries each year, including liver transplants from living and brain-dead donors. When appropriate, we use laparoscopic or robot-assisted techniques.

Our approach

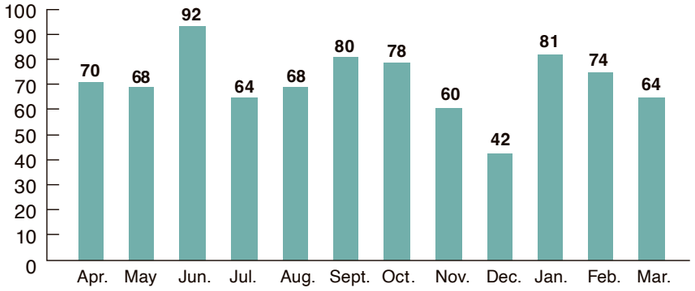
- Liver cancer: multimodal care with Internal Medicine
- Biliary tract cancer: surgical treatment built upon meticulous perioperative management
- Pancreatic cancer: extended resection combined with chemotherapy
- Liver transplant: the prefecture's only center certified for brain dead-donor liver transplant
- Minimally invasive surgery: laparoscopic and robotic options

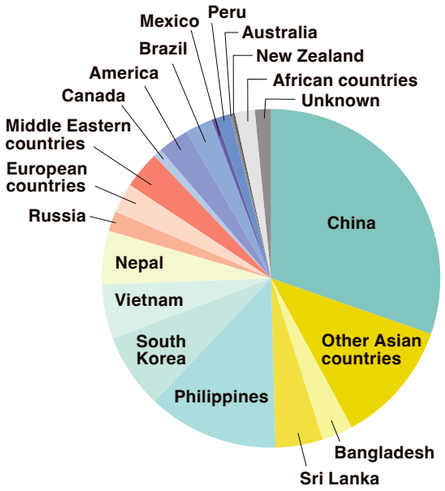
Diseases we treat:
liver cancer, biliary tract cancer, pancreatic cancer, liver metastases, cirrhosis, liver failure, gallstones, and pancreatic cystic tumors, etc.

(Center) Surgical procedure performed by Professor OTSUKA Masayuki

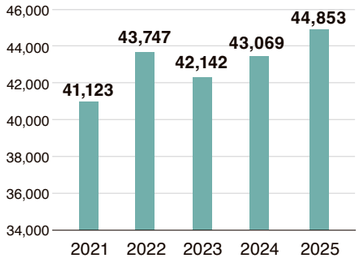
Number of new non-Japanese outpatients

We have recorded each patient's nationality and native language on medical examination request forms since December 2016. The number of non-Japanese patients is increasing: An average of 71 such patients per month visited our hospital in fiscal 2025.

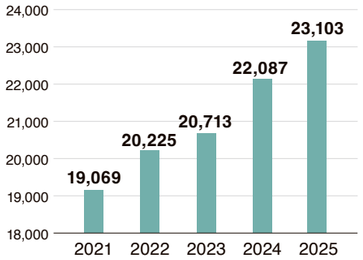




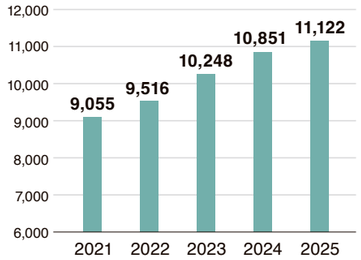
Number of new outpatients per year



Number of new inpatients per year



Number of operations per year



Number of Deliveries (FY2025)

709 cases

Normal Deliveries	Full-term infants: 257 cases Preterm infants: 78 cases
Complicated Deliveries	Full-term infants: 262 cases Preterm infants: 111 cases
Other	1 case

Number of Organ Transplants (FY2025)

Total (Brain-dead donors)	11 cases
Total (Living donors)	15 cases

Kidney

Brain-dead donors	5 cases
Living donors	13 cases

Liver

Brain-dead donors	1 case
Living donors	2 cases

Heart

Brain-dead donors	3 cases

Lung

Brain-dead donors	2 cases
Living donors	0 cases

Number of emergency outpatients (FY2025)

Condition	Number of Cases
Trauma	852
Respiratory Diseases	621
Gastrointestinal Diseases	953
Cardiovascular Diseases	695
Genitourinary Diseases	417
Cerebrovascular Diseases	331
Metabolic Diseases	44
Neoplasms (Tumors)	428
Pregnancy, Childbirth and the Puerperium	597
Other	4,585
Total	9,523

Nos. of new inpatients, new outpatients, surgeries and ward beds by clinical department (fiscal 2025)

Clinical department		No. of new inpatients (persons)	No. of new outpatients (persons)	No. of surgeries (cases)	No. of ward beds
Internal medicine departments	Gastroenterology	2,155	3,046	81	47
	Hematology	440	629	13	26
	Nephrology	436	551	102	11
	Allergy and Clinical Immunology	200	786	0	13
	Diabetes, Metabolism and Endocrinology	456	1,199	0	14
	Cardiovascular Medicine	1,941	2,941	288	37
	Respiratory Medicine	987	1,385	0	28
	Japanese-Oriental (KAMPO) Medicine	13	131	0	1
	Infectious Diseases	0	137	0	0
	Medical Oncology	88	205	0	3
Surgical departments	Cardiovascular Surgery	592	568	650	25
	Esophageal-Gastro-Intestinal Surgery	1,106	725	589	50
	General Surgery, Hepato-Biliary-Pancreatic Unit	779	427	397	36
	Breast Surgery	293	376	262	7
	General Thoracic Surgery	703	503	416	20
	Anesthesiology, Pain and Palliative Care Medicine	2	4,481	10	0
	Urology	1,058	1,088	614	21
Sensory/motor function departments	Orthopedic Surgery	1,004	2,408	1,237	41
	Ophthalmology	1,332	3,136	2,803	14
	Dermatology	346	1,283	203	10
	Otorhinolaryngology, Head and Neck Surgery	964	1,479	475	31
	Dentistry and Oral-Maxillofacial Surgery	415	5,001	492	12
	Plastic, Reconstructive and Aesthetic Surgery	475	912	425	12
Neurological and psychiatric departments	Clinical Psychiatry	282	421	363	41
	Neurological Surgery	1,063	1,236	609	31
	Neurology	457	1,241	0	20
Pediatrics and maternal/ women's health departments	Gynecology	1,138	1,121	470	24
	Obstetrics	877	837	296	18
	Pediatrics	1,399	1,428	9	27
	Pediatric Surgery	403	458	309	10
Radiological department	Radiology	25	845	2	0
General Medicine department	General Medicine	0	333	0	0
Central clinical facilities	Cardiovascular Interventions	0	1	0	0
	Clinical Child Psychiatry	0	80	0	0
	Clinical Genetics	0	262	0	0

Passageways to each wing

(no connecting routes, except those on the first floor)

To Center for Treatment and Care
To West Wing
To East Wing
To South Wing
To Reception for X-ray examination

Escalator
Elevator
Restroom
Restroom for wheelchair users
Multi-purpose restroom (Ostomate toilets available)
Changing table
Public phone
AED

W West Wing

5-11F	Ward rooms on 5th to 11th floor
4F	HCU/SCU
3F	Lawson/Medical Supply Store/ barber shop/public phone Outpatient Nursing/Neuropsychological
1F	testing room/Medical Center for Dementia/Nutrition Counselling Room

E East Wing

11F	Nanohana Library
2-10F	Ward rooms on 2nd to 10th floor
1F	Center for Advanced Medicine/ FamilyMart/ Eat-in corner

Dialysis room

Reception for X-ray examination

Rehabilitation Medicine

Renga-no-Niwa

Use the elevator in the West Wing to go down to the first basement floor

Bank ATM

S South Wing

2-3F	Ward rooms on 2nd to 3rd floor
1F	Pediatric/Pediatric Surgery/ Perinatal Medical Center/NICU/ Nursing Room

Please use passageways on the first floor when you visit other wings

T Center for Treatment and Care

For CT and MRI examinations, go to the first basement floor of the Center for Treatment and Care

Rooftop	Heliport
6F	Intensive Care Unit (ICU/CCU)
5F	Pathology/Pathological Diagnostic
3-4F	Operation Management Office
2F	Transfusion and Cell Therapy/ Central Supply
1F	Emergency and Critical Care Center (EICU)
B1-B3F	Examination rooms for MRI/CT/ Nuclear Medicine/Angiography/ Fluoroscopy and Radiation Therapy rooms

To the first basement floor

Post office

Lawson

1 C

Nursing room

Lawson

1 D

Reservation counter for medical scanning

After-hours automated payment machine

Support Center for Patients

1 A

1 B

To the second floor

③ Automated payment area
② Reception for payment
① Reception for first visit patients, accounting
④ Reception for having medical certificates, etc. issued.

Off-hours entrance/exit

General Information

Wheelchair depot

Café

Main entrance

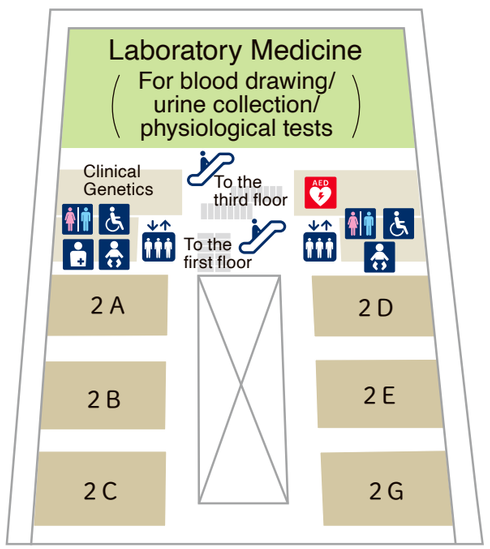
Center for Outpatient Health

First Floor

Center for Outpatient Health

5F	Medical Oncology/ Outpatient Chemotherapy/ Radiology/Japanese-Oriental (KAMPO) Medicine/ Clinical Research Center
4F	Endoscopy Center/ Otorhinolaryngology, Head and Neck Surgery/ Dentistry and Oral-Maxillofacial Surgery
3F	Gynecology/Maternal-Fetal Medicine/Urology/ Dermatology/Diabetes, Metabolism and Endocrinology/ Nephrology/Diabetes Complication Center/Ophthalmology
2F	Gastroenterology/General Surgery, Hepato-Biliary-Pancreatic Unit/ Breast Surgery/Breast Center/Esophageal-Gastro-Intestinal Surgery/ Cardiovascular Medicine/Cardiovascular Interventions/ Cardiovascular Surgery/Allergy and Clinical Immunology/ Hematology/Blood and Marrow Transplant Center/ Respiratory Medicine/General Thoracic Surgery/Infectious Diseases/ Comprehensive Pulmonary Hypertension Center/ Laboratory Medicine (blood drawing, urine collection, physiological tests)/Clinical Genetics
1F	Neurological Surgery/Neurology/Medical Center for Dementia/ Comprehensive Stroke Center/General Medicine/ Geriatric Medical Center/Orthopedic Surgery/ Support Center for Patients/Consultation Service/ Cancer Patient Counselling & Support Center/ Perioperative Quality Management Center
B1F	Anesthesiology, Pain and Palliative Care Medicine/ Plastic, Reconstructive and Aesthetic Surgery/ Palliative Care Center/Clinical Psychiatry/Clinical Child Psychiatry/ Cognitive Behavior Therapy Center/Pharmacy/ Pharmacy Window/Home Medical Supplies

For blood drawing, urine collection, electro-cardiogram, echography and other tests,
go to the second floor of the Center for Outpatient Health.



Second floor