A 58-year-old male patient with a history of smoking, diabetes mellitus, hypercholesterolemia and implantation of multiple stents presented to our hospital. Coronary angiography was performed and three vessels were found to be diseased with diffuse restenosis within the stented segments of the LAD (left anterior descending) artery and Cx (circumflex) artery. The increasing use of multiple coronary stents in diffuse and distal lesions of the coronary arteries was a challenging situation for cardiac surgeons. Because the LAD was stented nearly throughout its length with multiple consecutive stents, there was no favorable area to perform an arteriotomy. We performed a triple CABG (coronary artery by-pass grafting) operation with open endarterectomy on the LAD from the 1st septal branch to the healthy distal portion, simultaneously removing the previously implanted multiple coronary stents. The arteriotomy was closed with a sapheneous vein patch and the LIMA (left internal mammary artery) was anastomosed onto the patch in end to side fashion. The postoperative period was uneventful and the patient was discharged with administration of oral anticoagulation therapy on the 7th postoperative day.