Individuals with AAOCA and symptoms of ischemic chest pain or syncope suspected to be due to ventricular arrhythmias, or a history of aborted SCD, should be activity restricted and offered surgery. *(Class 1; Level of Evidence B—supporting references*[6,18,21-23,29,32,40,58,72,82,105,113,123,124]*)*

Individuals without symptoms with anomalous origin of a left coronary artery from the right sinus of Valsalva with an interarterial course should be offered surgery. *(Class 1; Level of Evidence B—supporting references*[17-24]*)*

Surgery for repair of AAOCA from the opposite sinus of Valsalva should include elimination of the intramural course and any associated ostial narrowing by unroofing, ostioplasty, or reimplantation. *(Class I; Level of Evidence B—supporting references*[56,59,65,82,117,123]*)*

Repositioning of the pulmonary artery confluence away from the anomalous artery (laterally or anteriorly) may be considered as an adjunctive procedure. *(Class IIb; Level of Evidence C)*