

### ERRATUM

An article by Ebert *et al.* published in the December 1998 issue of *ANESTHESIOLOGY* (1998; 89:1524-31) was categorized incorrectly. This article should have appeared listed as a Clinical Investigation instead of a Laboratory Investigation.

### ERRATUM

A correspondence reply by Badner and Gelb published in the November 1998 issue of *ANESTHESIOLOGY* (1998; 89:1287-8) was printed without the accompanying table. The corrected text and accompanying table appear below.

*In Reply:*—We thank Drs. Litwack and De Grutolla for their interest in our manuscript investigating postoperative myocardial infarction (PMI) after noncardiac surgery. As indicated, they would have preferred the use of multivariable statistical models in our data analysis. To answer their questions regarding change in heart rate and opioid use and the relative contributions of demographics, we performed a step-wise logistic regression using the variables listed in tables 2 and 3 of our original manuscript and postoperative change in heart rate. The main results are shown in the table. One can see that age and nitrate usage again were significantly linked with PMI. Change in heart rate on postoperative day 4 was determined to be a risk factor for PMI. Interestingly, hypotension in the postanesthetic care unit was the most significant risk factor for PMI. The decreased narcotic requirements in PMI patients again were not a significant risk factor. As indicated in our manuscript, we cannot determine whether the heart rate changes were the cause or the result of the PMI because of our lack of continuous heart rate recording. Similarly, postanesthetic care unit hypotension may have been an early clinical sign of the developing PMI and not a causative event because our enzyme assays were not performed before postanesthetic care unit arrival.

We cannot answer their question regarding the definition of MI and subsequent events because we did not, nor do we, have the ability to

determine the occurrence of all non-MI deaths that occurred. Lastly, we would be happy to share our database, as suggested, to enable the development and validation of risk profiles for MI and other surgical outcomes with appropriate investigators.

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### Reference

1. Badner NH, Knill RL, Brown JE, Novick TV, Gelb AW: Myocardial infarction after noncardiac surgery. *ANESTHESIOLOGY* 1998; 88:572-8

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**Table 1. Results of Step-wise Logistic Regression, Including the Significant Variables and Some of the Nonsignificant Ones**

Factor	Odds Ratio	P Value
PACU hypotension	9.4	0.017
nitrates usage	4.3	0.008
age	1.2	0.002
Heart rate change POD4	1.1	0.001
POD1		0.812
POD2		0.539
POD3		0.395
Opioid usage		
POD1		0.399
POD2		0.077
POD3		0.118