

Finally, the quality of the blood products that were transfused was not described. Were the PRBC units that were transfused leukoreduced? What about the age of the blood transfused? These factors could have affected the known negative association between the transfusion of one or two PRBC units and postoperative morbidity and mortality.

In conclusion, any inappropriate PRBC transfusion should be avoided because the benefit-to-risk ratio of this treatment does not appear favorable for the patient. However, undertransfusion may also be unacceptable because it may expose patients to an increased risk of complications.¹⁸ Distinguishing the effects of PRBC transfusion on patient postoperative outcome definitely requires well-conducted, prospective randomized studies that account for the multiple confounders associated with transfusion practice.

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Other Issues with Defibrillators

To the Editor:

I read with great enthusiasm the updated advisory on the management of cardiac implantable electronic devices.¹ In March 2006, I was a lucky person who survived an out-of-hospital sudden cardiac arrest while on Air Force Reserve duty. Now I have a Medtronic (Minneapolis, MN) automatic implantable cardioverter-defibrillator.

I would like to add a few points:

1. In 2006, there were reported cases of lead fractures with Medtronic Fidelis leads.² Although the rate was only 3%, a danger is that people with lead fractures could

This letter was sent to the authors of the above-referenced article. The authors felt that a reply was not necessary.—James C. Eisenach, M.D., Editor-in-Chief.

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receive premature shocks or no shocks when needed. Many of these devices have programmable alarms that warn of lead fracture.

2. Because the devices may be implanted under the pectoralis major muscle, they may not be palpated.
3. These devices are interrogated on a regular basis, which is generally quarterly. Patients now can use a device at home to interrogate the implantable cardioverter-defibrillator and then send the information to a cardiologist in the community or at a tertiary referral center.
4. Finally, I advise all physicians to maintain their advanced cardiac life support certification. It saves lives—I am living proof.

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