methodology described, it would be helpful to have answers to the following questions: (i) How many patients (according to treatment group) received midazolam? (ii) What doses (range and mean) were administered to those patients receiving midazolam?

Secondly, an increasing body of literature highlights an association between intraoperative hypotension and several undesirable perioperative outcomes, including neurological sequelae, such as delirium. With this in mind, would the authors be able to comment on the: (i) definitions of intraoperative hypotension used; (ii) incidence of intraoperative hypotension between treatment groups; and (iii) clinical management of intraoperative hypotension used?

**Declaration of interest**

None declared.

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5 Guarracino F, Pinsky MR. Ventriculo-arterial (VA) coupling is already feasible and safe in the critically ill setting, we advocate that further efforts should concentrate on implementing ways to continuously and non-invasively determine these entities in a real-time fashion.

**Declaration of interest**

None declared.

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