CORRESPONDENCE

Aspirin and coronary artery surgery: an updated meta-analysis

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Editor—The ATACAS trial, which enrolled 2100 patients to evaluate the effects of preoperative aspirin in patients undergoing cardiac surgery, has now been published.1 Given that large trials provide more robust estimates of effect and with greater internal and external validity,2,3 and increase the validity and reliability of meta-analyses,4 we therefore updated our recent meta-analysis published in the BJA last year.5 We repeated our systematic review using our previous methodology, which now includes 13 randomized trials and 4499 patients.

For postoperative myocardial infarction (MI) the sample size has increased from 1437 to 3535 patients, resulting in an increase in MI events from 56 to 366 – see Fig. 1. This updated meta-analysis shows that continuing aspirin up until the day of surgery, reduces the risk of postoperative MI with no evidence of heterogeneity (I²=0), odds ratio (OR) 0.79 (95% CI: 0.64–0.99), P=0.04.

We also provide updates of the estimates of effect for recent aspirin exposure for: (i) surgical blood loss, weighted mean difference 151 mL (95% CI: 37–265 mL), P=0.01; (ii) red cell transfusion, weighted mean difference 119 mL (95% CI: 47–192 mL), P=0.001; (iii) surgical re-exploration, OR 1.40 (95% CI: 0.97–2.03), P=0.07; and (v) all-cause mortality, OR 1.39 (95% CI: 0.73–2.63), P=0.31.

Given the minimal adverse effects of aspirin on bleeding complications, and a likely reduction in MI, this updated meta-analysis supports a recommendation that aspirin be continued up until the day of coronary artery surgery.

Declaration of interest

P.S.M. was chief investigator of the ATACAS trial and is an editor of BJA. Other authors: none declared.

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Introduction of videolaryngoscopy has not reduced rates of fibreoptic intubation
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Editor—We read the letters responding to Zaouter and colleagues article suggesting videolaryngoscopy (VL) as a new standard of care with great interest.

We believe we have gone much further than many departments in the last few yr with respect to the implementation of VL. For several yr we had VL (Storz C-MAC standard and D-blades, Slough, Berkshire, UK) available for use in each of three theatre suites, for use as a rescue device. In 2012 we undertook a trial of conversion to routine use of VL for all intubations of adults: since that time VL has been available in all operating theatres, and has been used as the first choice laryngoscope for approximately 80% of intubations. Dr Dawson and colleagues raised concern regarding a reduction in rates of fibreoptic intubation (FOI), since the introduction of VL. In contrast to their experience, and despite widespread adoption of VL, we have seen no reduction in FOI: in 2012, the rate of FOI was one in every 157 intubations (one in every 497 general anaesthetics), which increased to one in 127 intubations in 2014. We have therefore not seen a reduction in opportunities to train in or perform FOI.

Declaration of interest
Our department has received numerous airway devices from manufacturers (including Ambu) either free or at reduced cost for evaluation or research. None of the authors declare any personal conflicts of interest.

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Compression forces during tracheal intubation
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Editor—We read with interest the article ‘Assessment of competency during orotracheal intubation in medical simulation’ by Garcia and colleagues. It’s interesting to know that the force exerted during intubation may serve as a measure to discriminate skill level of the performer. We have a few comments/questions about the study.

Firstly, the authors have used a pressure sensitive sensor on the tip of the laryngoscope blade. There has been evidence in the literature that a significant amount of force is applied over the tongue and upper teeth/maxillary structures also during intubation. In our opinion, pressure sensors should have also been applied on the upper part of the blade, both concave and convex sides, to assess pressure effects of intubation on tongue and maxillary structures. In the study by Doreswamy and colleagues, significant pressure effects were observed on the upper jaw in all the intubations performed in the study. In...