In this issue of the BJA, among the published articles, predicting complications and managing complications emerge as the themes.

**Predicting complications**

Dual antiplatelet therapy is known to increase risk of bleeding in cardiac surgery. However, significant individual variation remains an issue. Malm and colleagues (pages 309–15) used platelet aggregation to predict risk of bleeding in an observational study of 90 subjects, and showed that in patients pre-treated with ticagrelor and aspirin, preoperative platelet function testing predicted severe bleeding with reasonable sensitivity and specificity.

Using intraoperative photoplethysmography, Ledowski and colleagues (pages 371–4) have shown that surgical pleth index, before awakening from general anaesthesia, may have some predictive value for postoperative analgesia requirements. Khan and colleagues (pages 365–70) used somatic Preoccupation and Coping questionnaires to show that high scores at six weeks after traumatic tibial fracture were associated with significant pain interference at one year.

Toner and colleagues (pages 324–31) studied the association between postoperative baroreflex dysfunction and early postoperative morbidity. Baroreflex dysfunction was associated with excess morbidity, impaired cardiovascular performance, and delayed hospital discharge, suggesting a mechanistic role for autonomic dysfunction in determining perioperative outcome. In an editorial, commenting on a study published in a previous issue of the BJA, Foex and Higham (pages 271–4) have suggested that increased heart rate preoperatively could be a harbinger of perioperative adverse cardiac events.

**Managing complications**

Oxygen desaturation is common and rapid in children during laryngoscopy for tracheal intubation. Steiner and colleagues (pages 350–7) studied the effect of oxygen insufflation on pulse oximetry measurements during laryngoscopy on 457 children undergoing nasotracheal intubation; deep insufflation of oxygen slowed desaturation when used with either direct or video-assisted laryngoscopy.

Guilabert and colleagues (pages 284–96) have extensively reviewed various formulae, guidelines and research in the area of burns resuscitation. The review is focussed on the appropriateness of the choice of the fluid, and the reasoning, during early and late phases of resuscitation of a patient and burns.

A number of editorials have commented on managing complications. Franklin and colleagues (pages 279–81) emphasise on the fact that the first step in managing sepsis effectively is to spot it as early as possible. They highlight the importance of raising awareness of sepsis as a differential in prehospital and ward settings. Collee (pages 274–5) addresses the role of the perioperative physician in managing complications by participating in multidisciplinary discussions with the patients around appropriateness of surgical intervention, the benefits or lack of benefit of elective postoperative high dependency care, and the realities of how the need for advanced postoperative interventions may introduce uncertainty into the scheduling for their surgery. In the editorial, he recognises the need for reorganization of the current pathways from general practitioner to surgeon to postoperative care to hospital discharge.

**Cover image**

‘Anaesthetist-walking the tightrope’: a story picturised, an image written. The image has been kindly provided by Dr Rakhee Goyal, New Delhi, India. Appropriate to the themes of the articles in this issue, according to Dr Goyal the image illustrates ‘the balancing act of anaesthesia; a balance between facilitating surgery, keeping things safe, and making the patient go home happy. To fulfill this simple aim, we (the anaesthetists) toil, we juggle, and we balance. Surgery is the tightrope, on which we precisely carry our patient- precariously balancing the odds of care vs. harm, journeying through the perils of the procedure that is often fiery and bloody, and not losing sight of the finishing line at any time.’

**Podcasts**

The podcasts with the authors of the selected articles are available at http://bja.oxfordjournals.org.