to reduce the risk of developing this complication but that we may also have a lower index of suspicion should clinical and biochemical parameters begin to drift detrimentally so that corrective surgery can be implemented quickly.

Conflict of interest: none declared.

REFERENCES

[15] Doguet F, Litzler PY, Tamion F, Richard V, Hellot MF, Thuillez C et al. Identification of risk factors for perioperative atrial fibrillation as a risk factor raises an important issue as it is frequently associated with acidosis and general deterioration after cardiac surgery, so its use as a factor to predict the risk of bowel ischemia is statistically and clinically unsound, as it is a postoperative factor. We previously speculated that Virchow’s triad applies to bowel ischemia [2], and identified creatine kinase muscle-brain isoenzyme (CKMB), reoperation for bleeding, and blood product usage as additional risk factors for bowel ischemia. CKMB is associated with perioperative myocardial damage and subsequent low cardiac output [3]. Reoperation for bleeding is associated with hypotension and low cardiac output. Blood product usage is associated with bleeding and tamponade. Interestingly, single unit transfusions may not be an important risk factor [4]. Were these factors available for analysis? The creation of random groups to create and then test the risk model is standard statistical practice. Was bootstrapping [5] used to try and eliminate errors due to sampling secondary to the low incidence of bowel ischemia in the study cohort? The demonstration of good long term survival in survivors of bowel ischemia concurs with our findings, however the conclusion that laparotomy is associated with improved survival is probably based on a selection bias, however few if any patients will survive bowel ischemia without surgical intervention. Interestingly, we identified preoperative renal failure, and female gender as a significant associated risk factor [2], which was not identified by Ariyaratnam et al [1].

We thank Ariyaratnam et al for their important contribution to this important cause of mortality post-cardiac surgery, and their finding that aggressive surgical management is associated with good long term survival, if successful.

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References