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Sir

We read this article with interest. The ventilatory equivalent for carbon dioxide (VE/VCO₂) and the Revised Cardiac Risk Index (RCRI) were significantly correlated with survival after AAA repair.

However, although the VE/VCO₂ was found to be a predictor of survival, the anaerobic threshold (AT) was also found to correlate with survival on both univariate (P < 0.001) and multivariate analysis (P = 0.03). The authors do not specify either the methods used to determine the AT, or the level at which the AT correlated with survival. We suggest that since the AT is also an accurate preoperative marker of aerobic capacity 1 and therefore useful in patients undergoing major vascular surgery, survival curves using the AT both independently and combined with the VE/VCO₂ should also have been displayed. The combined use of these two variables has been shown to identify patients at risk of early death from chronic heart failure 2.

We also suggest that in addition to survival, it would be useful to consider other outcome measures such as length of hospital stay, intensive care bed requirement and incidence of postoperative cardiorespiratory complications, since these are also key considerations in deciding whether a patient should undergo major surgery.

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