

lower rate of postoperative hypotension or hypertension that required intravenous fluid or medication in the CEA group when compared with the CAS group.

Personally, we – based on the experience from more than 1000 CEA performed under LA - believe that LA ultimately is the preferred anaesthetic technique for CEA. With this technique we had a combined 30-day incidence of any stroke or death of 1.3% and a 30-day rate of myocardial infarction of 0.2%.

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Letter to the Editor regarding “Fast Track Open Aortic Surgery: Reduced Post Operative Stay with a Goal Directed Pathway”. M.A. Murphy, T. Richards, C. Atkinson, J. Perkins and L.J. Hands. *Eur J Vasc Endovasc Surg* 2007;34:274–278.

Dear Sir,

We read with interest the article by Murphy *et al.*¹ and find it particularly valuable for bringing up the topic of early discharge after surgical AAA repair. Indeed, the mean postoperative stay of 13.5 days reported by the EVAR 1 trial does not reflect common surgical practice, and the concerns raised in the Invited Commentary regarding the improved outcome of patients after a reduced postoperative length of stay appear to be excessive.² On the contrary, we wonder what clinical

benefit could be possibly associated with a two-week uncomplicated postoperative course. The historical assumption that AAA surgical repair requires ICU admission and prolonged gastric decompression for paralytic ileus have been previously challenged without any detriment for patients quality of care.^{3,4} The Authors employed an excellent goal-directed clinical pathway similar to the one implemented in our hospital. Differently though, we aim at discharge patients on day 4, allowing them to experience bowel canalization and return to solid diet within day 3. Also, epidural catheter is removed on the second or third postoperative day. We achieved this goal in 82% of the 1576 patients submitted to abdominal aortic aneurysms repair at our institution between January 2001 and October 2007. A complete recovery of vital functions while in hospital improved patients' confidence and relatives' compliance.

We believe that any reduction of unnecessary postoperative stay, that we have advocated for both carotid endarterectomy⁵ and aortic surgery since 1995, not only reduces hospital costs, but allows a more rational distribution of resources in the best interest of patients in greater need of care.

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