power to achieve statistical significance. And it is worth noting that the clinical events detailed in Table II. The relatively small number of patients that statins reduce cardiac mortality, our cohorts were hetero-

mortality, which were carotid endarterectomy/coronary artery bypass grafting, chronic renal insufficiency, atrial fibrillation, and statin use. Thus, the impact of this variable does not affect the statistical significance of statin use on mortality, and our conclusions remain the same.

Our group is obviously excited about the novel findings of this study and the implications for our patients. We believe that statin use may represent a useful and logical strategy for making a very effective and safe operation even better.

Bruce A. Perler, MD
Benjamin S. Brooke, MD
Mathew J. McGirt, MD
Division of Vascular Surgery
The Johns Hopkins Hospital
Baltimore, MD

REFERENCES


Regarding “Evidence for early nasogastric tube removal after infrarenal aortic surgery: A randomized trial”

In view of the lack of objective data regarding nasogastric decompression in aortic surgery, Goueffic’s group (J Vasc Surg 2005;42:654-9) have provided some useful information regarding the practice. However, we feel that their data must be interpreted with some care.

By their own admission, their series lacks sufficient power to reliably establish equivalence between early and late withdrawal of nasogastric decompression. They did demonstrate an increased rate of respiratory complications, primarily pneumonia, in the late removal group. Unfortunately, they provide no data regarding the postoperative fluid management of their patients. To date, two trials1-2 have reported the results of postoperative fluid restriction vs “standard” fluid management with 1 liter of 0.9% saline and 2 liters of 5% dextrose per day in colorectal surgical patients. Lobo2 demonstrated a reduction in ileus, reduced length of stay, and reduced risk of other complications. Brandstrup3 also reported a lower risk of complications amongst the restricted arm of his trial, including cardiopulmonary complications.