

a positive effect on outcome in patients following revascularisation. But we cannot comment on this on the basis of our data. Furthermore, to our knowledge cilostazol is approved only for claudicants, not however for patients with CLI, in Europe. Therefore, we believe our data reflect the local situation.

The three patients with extra-anatomic reconstructions were considered too frail for aortic surgery and therefore received extra-anatomic revascularisations as primary operation. None of the patients had undergone previous vascular surgery, as we described initial treatment in patients presenting with their first episode of CLI.

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### Response to Letter to the Editor Re “What are the Risk Factors for Renal Failure Following Open Elective Abdominal Aortic Aneurysm Repair?”

We would like to thank the authors of the letter for their comments regarding our manuscript.<sup>1</sup> We agree that intraoperative blood loss and subsequent transfusion are likely to be important risk factors for the development of post-operative renal failure following major surgery of all types. The aim of this study was however to identify the pre-operative risk factors associated with post-operative renal failure following open elective abdominal aortic aneurysm (AAA) repair. The ability to identify high-risk patients pre-operatively is important as renal optimisation strategies, including the avoidance of nephrotoxic agents in the peri-operative period and the use of autotransfusion, can be decided on prior to surgery. At our centre autotransfusion use is routine for open elective AAA repair. It is also being used increasingly throughout the North West of England with cell salvage utilised for 30% of open elective AAA repairs between 2000 and 2005 and for 47% of cases between 2006 and 2010 (OR 2.07, 95%CI 1.75–2.46,  $p < 0.001$ ,  $\chi^2$ ).

We agree with Gokalp and colleagues that it is also important to identify the modifiable peri-operative risk factors that are associated with the development of post-operative renal failure. One of the most significant peri-operative risk factors for renal failure on univariate analysis in our cohort is the return to theatre for bleeding with renal failure occurring in 21.3% of patients requiring re-operation compared to 4.9% of patients who did not require re-operation (OR 5.27, 95%CI 3.43–8.11,  $p < 0.001$ ,  $\chi^2$ ). Further analyses of the peri-operative risk factors that are associated with the development of post-operative renal failure are planned.

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### Factors Affecting the Development of Renal Failure after Abdominal Vascular Surgery

We congratulate the authors for the study about the predisposing risk factors of renal dysfunction following elective abdominal aortic aneurysm repair.<sup>1</sup> We believe that the effect of perioperative blood transfusion on postoperative renal failure should be evaluated in this large study group as well, regarding many papers suggesting this result for either cardiac or noncardiac surgery.<sup>2–4</sup> If the relation between blood transfusion and postoperative renal failure can be shown especially for major abdominal vascular surgery, methods like autotransfusion should be considered carefully and at length.

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