

Letters to the Editor

To the Editor:

I would like to address a question about the article “In Vitro Evaluation of the Air Separation Ability of Four Cardiovascular Manufacturer Extracorporeal Circuit Designs” appearing in *J Extra Corpor Technol.* 2006;38:206–13. The study seems to be well done and of major importance to the practice of perfusion. However, for some undeclared reason, the results are blinded to the reader. I have never heard of a paper that blinds the results instead of the study. In my opinion, it is irresponsible to identify a discrepancy in the safety of a piece of equipment and not identify the equipment. I would like to know which equipment represents the best air handling so I can determine whether I am treating my patients in the safest clinical manner.

Gary Hay, BS, CCP, LP
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Reply:

Mr. Hay's inquiry reinforces some important and frequently shared concerns regarding our decision to blind manufacturer names.

There are several important factors that lead us to believe that blinding the manufacturer names was appropriate.

Historically, the Hatteland device has been the de facto standard in measuring gaseous microemboli (GME); however, we chose to use the embolus detection and classification system (EDAC) device. As stated in our Discussion section, the EDAC device has not been widely used outside of Dr. Stump's group at Wake Forest, NC (1,2). Determining the best technology (device) to measure GME is largely unknown.

Second, as stated in the Materials and Methods section, the EDAC device has undergone some algorithmic refinements since we first used the device. Through our own testing, these refinements seem to have dramatically improved the quantitative aspects of air emboli detection.

Third, as stated in the Discussion section, we tested only two each of the complete ECCs from the four manufacturers. Repeating the experiment with larger sample sizes with different lot numbers is desirable to confirm our initial results.

Last and perhaps most importantly, as stated in the Discussion section, it has been difficult to establish the quantity of GME needed to produce neurologic impairment (3). All of our test devices passed very small quantities of

air; thus, it is impossible to infer from our work that one device is clinically superior or safer.

Timothy A. Dickinson
Jeffrey B. Riley
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REFERENCES

1. Jones TJ, Deal DD, Vernon JC, Blackburn N, Stump DA. How effective are cardiopulmonary bypass circuits at removing gaseous microemboli. *J Extra Corpor Technol.* 2002;34:34–9.
2. Jones TJ, Deal DD, Vernon JC, Blackburn N, Stump DA. Does vacuum assisted venous drainage increase gaseous microemboli during cardiopulmonary bypass? *Ann Thorac Surg.* 2002;74:2132–7.
3. Barbut D, Yao FS, Lo YW, et al. Determination of size of aortic emboli and embolic load during coronary artery bypass grafting. *Ann Thorac Surg.* 1997;63:1262–7.

Dear Editor:

First of all I must congratulate you on one of the best editorials I have had the pleasure to read in a long time (Volume 38, Number 4, 2007). Secondly, I must thank you for pointing out the professional benefits and personal rewards that come from taking your thoughts and bringing them all the way into a published work. As you know, no one pays an author to do what they do and unfortunately, more often than not, their countless hours at home putting the finished paper together often undergoes harsh or critical reviews by their peers upon publication.

Interestingly enough, the most ambivalent and cavalier attitudes come from those who have never gone through this process, yet are vocal enough to criticize those who have.

There is absolutely no better way to give back to a profession that has shaped your life, than to take at least one problem or question in that profession that is unanswered or uncertain, and find a solution through critical literature review or meticulous research and publication of your findings.

A motto I have posted in my office reads:

An opinion supported by data is worthy of consideration.

An opinion supported by data and experience is worthy of change.

But an opinion supported by nothing . . . is just another opinion.

Every professional has questions in their mind about most aspects of their daily practice. A large majority of those individuals have comments or opinions they are willing to pass on to students or peers who will listen. However, there are a very small number of individuals who do not practice by opinions or past experiences alone. These individuals are the researchers, authors, and educators of

our time, who help to move our profession forward by not only asking the relevant questions but reach out to find the relevant answers.

As a past editor of the *Canadian Perfusion Journal*, I do appreciate how difficult it is to place your heart on your sleeve every Editorial. Coming up with a topic is difficult enough, but making that chosen topic relevant to all perfusionists can take hours of research and personal doubt. This editorial was certainly not done in a day, and I have no doubt took a lot of soul searching as well.

I also encourage your readers to get involved with research and publication of their findings, no matter how insignificant they feel their research is. This leads to professional fulfillment and helps future perfusionists take your findings to the next level in our profession. It is easy

to sit by, graduate, and practice a profession . . . but it is entirely another matter to put your professionalism, curiosity, and ego on the line for others to judge.

Finally, I also want to congratulate you for taking manuscript submission for *JECT* to the next level. Replacing the time it takes to write, print, photocopy and post a paper submission, with that of electronic submissions, is indeed a quantum leap forward for the *journal*.

Once again, well done Bob.

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