Author’s response to reviews

Title: Decreased morbidity following long saphenous vein harvesting using a minimally invasive technique: A Randomised controlled trial comparing two techniques for long saphenous vein harvest

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My comments are as follows:

Davis:

I disagree that this is not an important topic. The vast majority of surgeons in the UK at least still use an open technique. We are aware of the endoscopic technique and reports of its use. The measured pain response was disappointing, as we state in the manuscript, but is probably a reflection of how difficult it is to measure pain.

Livesey:

If you use an internal mammary and a radial graft in almost all patients, and average 3 grafts per patient then it is relatively rare to need more than a single length of vein. This explains why the thigh is used relatively infrequently. However the same principles apply and we are happy to use it in the thigh when required.

Cook:

I think it says in the manuscript that the surgeons are both consultants. We could add that both have extensive experience in both harvest techniques. This was not a study designed to explore learning curves.

There was no selection of candidates for this trial. All patients are suitable for the minimally invasive technique.

I think that we referenced minimization in the manuscript. It is a standard technique of reducing the risk of bias in RCT's.