

## LETTERS

## INTRAOPERATIVE FLUID MANAGEMENT

**Outcomes not justified by data**

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Kuper and colleagues' non-randomised before and after project merely tries to reproduce the outcomes of previous randomised trials.<sup>1</sup> To create a study that does not advance knowledge of goal directed fluid treatment in major surgery seems to be nonsensical.

Although this study is billed as a quality improvement report, there is no mention of advice, if not approval, having been sought from a research ethics committee. The assumption is that this study is a service evaluation.

Were the patient groups comparable on the basis of a single physiological scoring system? The intervention group seemingly contains many more young patients with less morbidity. Perhaps the group demographics should be given?

The choice of colloid solution was inconsistent across sites. Can cardiac output measurements be comparable when the two have dissimilar pharmacokinetics?

We read the guide produced by the NHS Technology Adoption Centre with the help of the authors. Some of its statements are

bold, given that the re-admission and re-operation data are not significant.

We are curious about how much this guide cost to produce when something similar could have been produced using the increasingly popular NHS Networks—a free platform specifically developed to promote the sharing of ideas and pooling of experience among NHS employees.

In conclusion, much effort and resource has been expended on this implementation project, which cites the evidence base of no less than eight randomised controlled trials and yet produces outcomes that are not justified by the data presented.

Competing interests: None declared.

1 Kuper M, Gold SJ, Callow C, Quraishi T, King S, Mulreany A, et al. Intraoperative fluid management guided by oesophageal Doppler monitoring. *BMJ* 2011;342:d3016 (24 May.)

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