EJA

Eur J Anaesthesiol 2016; **33**:1–1

CORRESPONDENCE

Reply to: crystalloids and hydroxyethyl starches in noncardiac surgical patients

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Editor,

We thank Dr Colomina and colleagues[1] for their letter and are encouraged that their findings and guidelines[1,2] concur with ours. As acknowledged in our study,[3] a limitation was the inclusion of some older studies into our meta-analysis. These used older generation hydroxyethyl starches that may behave differently. As per our study design, we did not include studies performed in cardiac surgery, and this is one of the main differences between our meta-analysis and others previously published.

The evidence base for perioperative fluid choice remains poor, with both the benefit and safety of synthetic colloids still to be shown in the perioperative setting. There is a similar paucity in the literature to substantiate safety or support any significant benefit with fluid resuscitation with gelatins. A 2011 meta-analysis of 40 randomised controlled trials with 3275 patients concluded that 'the safety and efficacy of gelatin cannot be reliably assessed'.[4] Twenty-nine of these trials ($n = 2001$ patients) were in the elective surgical population.

Until we have better evidence on which to base practice, we agree that balanced crystalloid solutions should be the basis of perioperative fluid replacement therapy. Balanced third-generation synthetic starches can be considered in patients refractory to crystalloids who have no risk factors or contraindications.

Acknowledgements relating to this article

Assistance with the reply: none.

Financial support and sponsorship: none.

Conflicts of interest: none.

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DOI:10.1097/EJA.0000000000000475