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Sir,

We thank Dr Zalmay for his correspondence. Unfortunately, he is incorrect in assuming that we have ‘misunderstood the guideline’.

In our article, we stated that use of proton pump inhibitors post-cardiac surgery is a class IIa recommendation in the European Association of Cardio-Thoracic Surgery guidelines. Dr Zalmay argues that we misunderstood the guideline, since ‘the wording used in the guideline is that prophylactic PPI [proton pump inhibitor] prescribing should be considered’ and that our mention of it as a class IIa recommendation ‘represents either a misunderstanding or misrepresentation of the guidelines referenced’. First of all, as seen in the guideline’s section 8, prophylactic prescription of proton pump inhibitors is listed as a class IIa recommendation. Furthermore, as explained in Table 2 of said guidelines, a class IIa recommendation means that it should be considered, and not ‘blanket prescribed’ (Sousa-Uva et al, 2018).

The aim of our study was not to implement blanket prescribing of proton pump inhibitors. It was rather to analyse whether a simple intervention would decrease postoperative gastrointestinal bleeding, while allowing clinicians to use their clinical judgement as to whether proton pump inhibitors would add unnecessary risks in specific patients (evidenced by the less than 100% prescription rate).

As also mentioned, use of proton pump inhibitors has been associated with increased risk of pneumonia (Eom et al, 2011). Other studies contradict this and clinical judgement is still needed (Othman et al, 2016), hence prophylactic use of proton pump inhibitors is currently just a class IIa recommendation.

We would like to reassure Dr Zalmay that we did understand the guideline and that our study was designed to build upon that. Were the guidelines totally conclusive, there would have been no need for our study. In our opinion, including that of a specialist, proton pump inhibitors might offer more benefit than harm and we recommend that clinicians keep them in mind.

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