Author's Reply

Reply to Letter Regarding Article, "Postoperative Treatment With Carvedilol, a -Adrenergic Blocker, Prevents Paroxysmal Atrial Fibrillation After Coronary Artery Bypass Grafting"

I thank Dr Banach and colleagues for their kind suggestions. A β -adrenergic blocker often induces hypotension and bradycardia. Thus, in this study, we avoided preoperative administration of this agent to patients undergoing surgery! As suggested, the study was a case-cohort study with a historical control. There was no effect on postoperative atrial fibrillation (POAF) of confirmed predictors, such as age, preoperative left ventricular ejection fraction, preoperative arrhythmias, or diabetes mellitus, renal failure and chronic obstructive pulmonary disease in the history.^{2,3} The results are probably a consequence of the small size of the groups of patients included in the study. We did not assess the effect of ACE inhibitors or statins on POAF.^{2,4} The incidence of preoperative antiarrhythmic treatment was higher in the control group than in the carvedilol group. The incidence of preoperative administration of β -adrenergic blocker was lower in the control group than in the carvedilol group. However, significant differences between the 2 groups were not observed. Our surgical results are equal to those in

other institutes in Japan.⁵ The hospitalization time is commonly 10 days longer in many cardiosurgical centers in Japan.

References

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