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LETTER TO THE EDITOR RESPONSE

Reply to Liang *et al.*

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This is in response to the letter to the editor by Xin *et al*. [1] on our original article [2].

According to the article of my colleague Dr Yashiki, in the case of awake OPCAB procedure, it is rather in a parasympathetic tone than sympathetic tone, drops to a lower level.

With my own experience of awake surgeries, using high TEA, thorax and upper abdominal area are not affected by external irritation.

I found in most patients that BIS monitor shows keeping fully awake but patients are onset of sleep and are able to open their eyes when I call.

Patients are not anxious for being kept awake; therefore, fast track does not have negative effect on patients.

I would recommend simultaneous use of TEA and GA. This hybrid treatment allows early postoperative awake with less amount of drugs. However, awake surgeries using only TEA are ultimate optimal for patients with severe pulmonary disease who prefer to avoid intratracheal intubation or even extremely severe brain dysfunction with severe cerebral vessel stenosis.

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LETTER TO THE EDITOR

Leadership in cardiac surgery: challenging the paradigms

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The review by Rao *et al.* [1] is a welcome analysis of the challenges that cardiac surgery must overcome if it is to have a secure future, but an analysis that is too limited in scope, depth and subsequent recommendations. The word *paradigm* is used four times, and yet there is a failure to critique some of the most fundamental paradigms that constrain the current innovative capacity and strategic direction of cardiac surgery [2].

The first paradigm that must be challenged relates to sources of strategy. The review adheres to the classical perspective of strategy formulation as the act of leaders,