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Reply to the Editor:

We read with interest the letter from Dashwood and colleagues. Although the authors have highlighted some important issues with regard to vein harvesting, we are a little disappointed they have misunderstood the essence of our article.

Our study was merely a comparison of veins harvested with the Mayo dissector and the conventional technique. We have not compared the Mayo dissector with any other harvesting technique, either endoscopic or no-touch pedicled, which the authors allude to. Nor have we made any claims about the Mayo dissector producing the most superior results. We have modestly concluded that “the Mayo

extraluminal vein stripper preserves endothelium in a similar fashion as conventional vein harvest.”

The authors refer to the PREVENT IV trial to suggest that harvesting veins with the Mayo dissector results in inferior graft patency and increased late cardiac events.¹ This is highly misleading because the PREVENT IV trial compared endoscopic vein harvesting and *not* the Mayo dissector with the conventional technique. In fact, this lends further justification for us to have published a picture of the Mayo dissector because evidently it is easy to confuse the Mayo dissector, which is an instrument from the past, with the more modern endoscopic techniques currently in vogue.

However, we agree with Dashwood and colleagues that the pedicled no-touch technique for vein harvesting is promising. The pedicled technique has been shown to preserve wall architecture and endothelial function.² In addition, veins harvested using the pedicled technique demonstrated superior patency compared with veins harvested conventionally at 8.5 years of angiographic follow-up.³ However, leg wound morbidity is an important limitation of this technique, as reported by the authors themselves.⁴ Nevertheless, we congratulate the authors for their work on the “no-touch technique,” and we believe that it may have a significant impact on future clinical practice. To further assess the no-touch technique, we have designed a randomized controlled trial (the HAR-VeST Trial) to compare the

technique described by Souza³ with the conventional harvesting method and another technique previously described by our group.⁵ The effect of these 3 techniques will be assessed on the degree of medial-intimal proliferation and lumen encroachment with intravascular ultrasound 12 months after grafting. This will no doubt provide us with further insight into these promising techniques.

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