Johns Hopkins Enhanced Recovery Program for Cardiac Surgery, also avoided any recommendation for the use of hyperoxia. Thus, the hyperoxia recommendation no longer appears to be influencing enhanced recovery methodology.

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References  

Remaining text from the reply from the authors:  
We thank Drs Storey, Stacey, and Anwar for a thoughtful and important letter.¹ You are correct in pointing out concerns with hyperoxia being detrimental, and this is our opinion and practice as well to avoid hyperoxia. With initiation of our enhanced recovery pathway,² we incorporated the World Health Organization “NO BUGS” protocol perioperatively, aiming for normothermia, appropriate antibiotic dosing, avoidance of hypoventilation, glycemic control, and appropriate skin prep. However, we did not incorporate from the original “NO BUGS” protocol the use of hyperoxia.³ Intraoperatively, patients were given 100% oxygen before the induction of anesthesia, potentially during more prolonged periods of breath-holding requested by the surgeon or during periods of hemodynamic instability concerning for poor oxygen delivery to the patient. As you describe,¹ the World Health Organization changed the recommendation to conditional last year based on the discovery of flawed data.⁴ The icon we used for the flow pathway² was adapted from the 2016 iteration, and we will change the fraction of inspired oxygen recommendation in the illustration. The first “O” in “NO BUGS” for our Enhanced Recovery after Surgery Cardiac Surgery pathway is actually best suited for nOrmoxia.

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