**Title page**

**Title**: Letter to the Editor: Gastrointestinal complications after cardiac surgery: Incidence, predictors, and impact on outcomes

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**Letter:**

To the Editor,

The article "Gastrointestinal complications after cardiac surgery: Incidence, predictors, and impact on outcomes" by Nicholas et al. has been read with great interest.1 It has been a privilege to read such a sophisticated literary work. We wholeheartedly concur with the study's findings regarding the rarity of gastrointestinal complications following cardiac surgery and their impact on early and late survival.

The study briefly overviews the incidence and predictive risk factors for GI complications following cardiac surgery. However, we would be privileged to provide additional enhancements to its findings.

First, the results were categorized based on sampling from a single institution and can raise various concerns. As one study conducted nationwide, had a higher ratio than study conducted in a single location.2 Additionally, multiple studies produced contradictory results. In one study, postoperative ileus was the most prevalent complication2, whereas in another, Clostridium Difficile infection was the most pervasive complication1. Numerous studies establish that leading cause of GI complications is splanchnic hypoperfusion resulting from low cardiac output and hypotension3. The author should have mentioned the pathophysiology that leads to all GI complications proving a significant risk factor. Second, the study could have yielded more credible findings by highlighting which specific cardiac procedures posed greatest threat to the gastrointestinal tract. One study's findings, for instance, indicate that aortic aneurysm surgery carries the highest risk of gastrointestinal complications2. Notably, the authors should have mentioned the risk factors for GI complications. As one article describes, three types of risk factors—preoperative, intraoperative, and postoperative—significantly impact the outcome and results3. The author could have provided more insight into the surgical procedure by comparing on-pump and off-pump CABG. Study shows, there was a significant difference in GI complication trends and types.4 This could be decisive in procedure selection.

Lastly, research is necessary for discovering ways to reduce mortality and prevent complications. In mesenteric ischemia and survival after laparotomy, for instance, off-pump CABG patients demonstrated significant improvement in comparison to those using on-pump technique.5 Recognition of gastrointestinal problems following cardiac surgery can be challenging. Any patient experiencing abdominal pain or tenderness should raise suspicions of a gastrointestinal side effect. Several authors have emphasized the significance of early recognition of gastrointestinal complications and a low cutoff point for laparoscopic exploration. Heart surgery will improve the cardiac status of many, allowing them to withstand general anesthesia and abdominal surgery. Pancreatitis is an additional potential complication. Rather than pancreatic cellular damage, a decreased rate of excretion into urine has been speculated as a significant cause of diabetes.

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