

## Reviewer's comment concerning "Novel posterior technique to temporize life-threatening hemorrhage after great vessel laceration during posterior osteotomy" (10.1007/s00586-015-3944-8 by W. K. Cheng et al.)

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Major vessel injury is fortunately rare during posterior spinal surgery, but remains potentially life-threatening. It is intuitively plausible that since it is the proximity of the great vessels which puts them at risk of injury in the first place, it should also be possible to get close enough to apply manual compression and control bleeding.

For venous injury is this technique, which may make it less easy to get tamponade by dissecting the tissues surrounding the veins and take some time during which large volumes of blood may be removed by suction, preferable to packing? Even in major venous hemorrhage it is normally possible to obtain temporary control by packing. It would probably be sensible to apply packing rather than use this

method as the initial approach while appropriate resources and people are mobilized.

With arterial hemorrhage, this technique is potentially life-saving. However, it is still likely to be necessary to turn the patient over to fix the problem whether by an open or an endovascular approach during which time control is likely to be lost. Nonetheless, this could provide a very useful method of temporary control of massive arterial bleeding while resources to deal definitively are mobilized and the authors are to be congratulated.

**Conflict of interest** None.

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