drainage of the left upper lobe may become symptomatic if the right lung becomes functionally impaired as a result of lung disease or surgery.\(^2\) For instance, a right pneumonectomy could have fatal consequences in a patient with partial anomalous pulmonary venous drainage of the left upper lobe. In such a situation, shunt volume would dramatically increase to \(\sim 50\%\) of total pulmonary blood flow, and only the left lower lobe would be contributing to the systemic oxygen supply. In such situations, surgical correction of the anomalous drainage would be indicated. We report the rare situation of an anomalous pulmonary venous drainage, associated with a left-to-right shunt which became clinically relevant under specific conditions.

**Declaration of interest**

S.G.S. is a member of the Medical Advisory Board of Pulsion Medical Systems AG, Germany, and has received honoraria from this company and MSD Sharp & Dohme, Germany, for giving lectures.

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**A new type of coronary artery stent**

Editor—Patients who present for non-cardiac surgery with a coronary stent present specific issues regarding the perioperative management of their antiplatelet regimes. The risks of stopping the antiplatelet therapy and exposing the patient to stent thrombosis during the prothrombotic perioperative period have to be weighed against continuing the antiplatelet treatment during surgery, thus increasing the bleeding tendency and contra-indicating regional anaesthesia.\(^1\) There are two major types of coronary artery stent (bare metal stents and drug-eluting stents) and management depends on which type has been inserted.\(^1\) These issues are at their most relevant in the patient with a recently inserted coronary stent who then presents for urgent non-cardiac surgery.\(^2\)

Guidelines have been proposed for the management of the antiplatelet drugs in these patients according to the surgical haemorrhagic risk and the cardiovascular risk.\(^3\)\(^4\) Continuing antiplatelet therapy after stent insertion depends on the type of stent. It has been recommended in this journal that bare metal stents require 4–6 weeks of antiplatelet treatment with vital surgery postponed for \(\geq 6\) weeks.\(^3\) However, we recently managed a patient who presented for urgent non-cardiac surgery 3 weeks after insertion of a new type of coronary artery stent.

A 76-yr-old man was diagnosed with a gastric adenocarcinoma after a gastrointestinal bleed and was noted to have ST depression inferiorly and anteriorly on his ECG. A coronary angiogram revealed significant stenosis to the proximal and mid left anterior descending (LAD) coronary artery and a Genous\(^\text{TM}\) bare metal stent was inserted in the LAD coronary artery. The patient was commenced on aspirin and clopidogrel and was undergoing a sub-total gastrectomy 3 weeks later. His clopidogrel was stopped 5 days before surgery. He underwent a laparotomy under general anaesthetic and without epidural analgesia. The tumour was found to be unresectable and the patient was managed on the high dependency unit after operation. On the advice of the cardiologists, the clopidogrel was not re-started. The patient had an uneventful intraoperative and postoperative course.

The coronary stent inserted in this patient was a Genous R-stent\(^\text{TM}\) (OrbusNeich, Fort Lauderdale, FL, USA). This is a new bio-engineered stainless steel coronary artery stent coated with a biocompatible matrix covered with antibodies specific to CD34, a surface antigen present on circulating endothelial progenitor cells (EPCs). After stent insertion, these antibodies capture endogenous EPC from the circulation and these EPC mature into endothelial cells. This process causes endothelial healing to occur in a rapid and controlled manner, thus facilitating and accelerating the natural healing process and minimizing the time at which the stent surface is exposed to the risk of thrombosis. As a result of this rapid endothelialization, the manufacturers recommend only 4 weeks of dual antiplatelet therapy. However, these stents have been implanted with as little as 7 days clopidogrel treatment and varies at the discretion of the cardiologist. This obviously has potential advantages over traditional bare metal stents in patients who require urgent non-cardiac surgery with regard to the period when antiplatelet treatment is required. We believe this case adds to the current knowledge of coronary artery stents and highlights the importance of liaising with the cardiologists. These stents may be most useful in those patients who require urgent non-cardiac surgery. The
initial trials of these stents seem promising but as ever we await the evaluation of long-term outcome studies.

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Short message service for outpatient data collection

Editor—During an audit of day-case analgesia experiences, we used short message service (SMS) as a novel means of outpatient data collection. Patients who had undergone day-case surgical procedures were asked to respond to a simple questionnaire evaluating overall patient satisfaction and pain scores up to 2 days post-procedure.

In the first audit period, patients were provided with a paper-based questionnaire and a stamped addressed envelope. During the second period, patients were given the same questions with instructions of how to reply by SMS to a specified number. Patients able to provide their mobile number before operation were sent a text message reminder after discharge.

Sixty-two patients were included in the postal group with a response rate of 69% (43). Of the 25 patients asked to reply by text, there was a response rate of 40% (10) which increased to 70% (a further 10) when sent a reminder.

Fifty-nine billion text messages were sent in 2007 and 86% of UK adults owned a mobile phone in the same period. SMS has previously been used successfully in healthcare for reasons including appointment reminders, sexual health promotion, contraception reminders, and diabetes education. An Australian study found that almost all patients aged 16–24 with mobile phones would be prepared to use them as a method of communication for research. There is some evidence supporting the use of SMS in healthcare, with a reduction in time to treatment for genital Chlamydia trachomatis with the use of SMS recall and a reduced rate of non-attendance at an ENT outpatient clinic after text message reminders.

Potential advantages of SMS communication for data collection include improved patient convenience, instant results, with reduced paper use, and reduced cost. Limitations on the use of SMS as a form of outpatient communication include maintaining confidentiality, inability to convey large or complicated information, lack of access and understanding, especially in the elderly population, and transfer of cost to patients. We were unable to demonstrate improved response rates with the use of SMS. However, if a mobile phone number is recorded before discharge and an SMS reminder is sent, it may be possible to achieve similar results at greater patient convenience.

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