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Reply

I thank Dr Sedgwick et al for writing with their results, which support our findings, and for agreeing that fentanyl should be used with caution in this setting. Measurement of umbilical blood flow, as suggested, may help clarify the mechanism, although in pilot studies in sheep we found difficulties restraining the ewe made obtaining good quality flow velocity waveforms with ultrasound problematic, while anesthetizing the ewe may affect the underlying mechanisms. Implanting flow probes in or around the umbilical cord is technically challenging. I wish Dr Sedgwick luck with future studies.

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Outcome of uterine embolization and hysterectomy for leiomyomas

To the Editors: We read with interest this article¹ attempting to compare 2 therapeutic procedures for uterine leiomyoma. It is generally believed that randomized trials comparing different surgical procedures are more difficult to accomplish than clinical trials comparing different medications, but certainly they are not impossible. Using 'contemporaneous cohorts,' as the authors describe in this study, is disturbing. The authors probably would have been better off just presenting their case series of embolization patients, their outcome, and complications. Just because a group of patients had a different procedure performed for the same general indication during the same time period does not justify using them as a comparison group. One cannot be certain that these 2 groups were comparable. Probably patients who chose hysterectomy are very different from those who underwent embolization. The only way of making meaningful comparison would be to per-

form a randomized, controlled study (RCT). Even though RCTs are difficult to conduct for surgical procedures, they are do-able, as illustrated by certain well-designed studies comparing anti-incontinence procedures.^{2,3}

Also, the numbers (2:1 for embolization) indicate an unusual preference for embolization at the study centers. Nationwide, hysterectomy is the most common elective surgical procedure performed, with over 600,000 procedures performed annually, and uterine leiomyoma is the commonest indication for hysterectomy. Uterine arterial embolization is a more recent procedure performed only for a minority of subjects with uterine leiomyoma.

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