patients in whom an accessory source of pulmonary flow has been retained play any role in their worse overall outcome? It is, nonetheless, reassuring to know that the authors did not decline any patient for the Fontan procedure due to "small pulmonary arteries". We also assume that none of their patients died after the Fontan procedure because of the presence of "small pulmonary arteries".

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The letter was also shown to Tom Karl, who added an editorial comment to the initial review. He commented:

The authors of the letter have published before on the outcome for patients with a cavopulmonary shunt, and they are knowledgeable in this area. I would agree with them that the statement made by Slavik and colleagues regarding the fate of the pulmonary arteries after a bidirectional cavopulmonary anastomosis was perhaps exaggerated, since certainly a lot is already known at this point. As I emphasised in my original editorial, however, it would be impossible to calculate the effect of pulmonary arterial size on the outcome of the Fontan procedure unless patients with all possible dimensions of the pulmonary arteries were subjected to this operative procedure. Since there is a selection process and there always has been, it would equally be an overstatement for Mainwaring and Lamberti to claim that pulmonary arterial size has no effect on the outcome of the Fontan procedure. The point made by Mainwaring and Lamberti about neutralisation of some risk factors by interposition of the bilateral cavopulmonary shunt helps us identify patients who should not have a Fontan operation. This is different than subjecting all patients with a cavopulmonary shunt to a Fontan operation, and seeing if they do better than patients who do not have a cavopulmonary shunt as a preliminary operation.

To add to this confusion, we must also take into account the fact that many units no longer offer an elective Fontan operation to patients who have a stable circulation with a cavopulmonary shunt. The probability of achieving the Fontan circulation, therefore, is no longer a universally accepted end-point for judging the success of palliation. Thus, the argument is a bit more complex than stated by Mainwaring and Lamberti, although they certainly have written an interesting commentary which is worthy of widespread attention.

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