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Letter to the Editor

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We read the letter of F. Rudman et al [Rudman 2017] about our article entitled "Utility of Omentoplasty in Mediastinitis Treatment following Sternotomy" [Colak 2016]. We thank them for their evaluations.

Enough debridement and reconstruction had been made in all patients. The term "purulent fluid," used in the abstract, is used instead of exudate.

During the preparation of this article, we began to perform negative pressure wound therapy (TNP). The results will be presented in a separate manuscript. For now, our therapy preference is for performing omentoplasty after TNP. In our standard practice, sternal resection is not done for omentoplasty. We only resect the necrotic tissues. In evaluation of the omentum, previous to surgery, computed tomography of the thorax and abdomen is a valuable guiding procedure for us. In patients with thicker omentum and smaller mediastinum, the omentum is partially being pulled to the mediastinum and being placed over the infected area. During the procedure, we care very much not to cause an elevation in venous pressure and to preserve the circulation of the omentum. The central venous pressure is continuously monitored during the postoperative period.

In our experience, sternal resection was not needed. That may be a result of the anatomic features of our patients.

As noted by us [Colak 2016], omentoplasty is a useful technique for treatment of mediastinitis, without a need for sternal resection. We agree with Rudman et al in the efficiency of omentoplasty; however, we think that sternal resection is not mandatory especially in patients with a thinner omentum.

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