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## Non-invasive mechanical ventilation after the successful weaning: a comparison with the venturi mask



## Ventilação mecânica não invasiva após desmame bem-sucedido: uma comparação com a máscara venturi

Dear Editor,

Thank you for the comments on our study that shows the beneficial effects of NIV after weaning.

NIMV is not a new form of treatment for respiratory failure in selected group of patients. In many ICUs it has been used successfully when the patient obviously needs some respiratory support in between oxygen flow only and invasive ventilatory therapy. Its place both for pulmonary and for some cardiologic problems has also been well described.

Profilactic routine use of NIMV after extubation is an exciting new field. The main idea is to prevent the development of extubation failure that is not normally expected.

The study has performed in a mix ICU that admits both surgical and medical patients. We deliberately have chosen a mix group of patients and also did not carefully select the ones who might need NIV more than the other. A standardized selection criteria that showed neurologic, respiratory and hemodynamic stabilization after an hours trial period were accepted sufficient to enter the study. This is deliberately done so, because the main idea of this new area of NIV is to use this form of respiratory support for more patients, for more occasions not to miss any unrecognized patients harboring high risk of extubation failure

In our study the mean age in both groups are over 67 and 71. Most of the medical and many surgical patients needed ICU admission and MV postoperatively had significant co-morbidities.

This actually may be both the reason of the higher success rate of NIV group and higher rate of extubation failure in VM group of patients, compared to the rates in literature. Yet,

there had to be a less detailed selection criterion to test a more systematic use of NIV in post-extubation field.

The different results in similar studies may actually be representing different and possibly less severe patient populations.<sup>1,2</sup> Our results reflect our units patient population. They are usually at higher age with systemic problems and they usually have high risk operations. In this respect, the characteristics of our study population might have been better described. And in such patient groups, if not all, we believe that NIV may well be beneficial to prevent post extubation respiratory failure development.

### Conflicts of interest

The authors declare no conflicts of interest.

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