

modest experience, anatomical repair has given better results than with bulking agents.

Obviously, further casuistry and multicentre studies are needed to validate the technique as a paradigm shift in anal sphincter reconstruction. The present article is only a technical description and the results of our prospective series are in the process of being published, but suffice it to say that in a medium-term follow-up (median 30 months), 70% are excellent and 25% good compared to the 46% and 23% respectively, also obtained prospectively by our group using classic sphincteroplasty.² The fact that such a marked improvement has been obtained in patients with similar characteristics and operated on by the same surgeons makes it difficult for us to consider, even from an ethical point of view, a comparative study with respect to classic sphincteroplasty.

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Conflict of interests

The authors have no conflict of interests to declare.

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Reply to Dr. López-Soriano and Dr. Belmonte. «Taurine surgery in the 21st century. From glory to contempt»[☆]



Réplica al Dr. López-Soriano y al Dr. Belmonte. «Cirugía taurina en el siglo XXI. De la gloria al desprecio»

We would like to thank Dr. López Soriano and Dr. Belmonte for their comments to the article¹ on the current problems of bullfighting surgery. They are highly interesting comments which complement the data supported in the article², in addition to putting forward a key issue in medicine—the health inspection of facilities where healthcare is carried out in festivities with fighting animals.

Regarding their comments, they speak of an essential and basic aspect: care quality with regard to the safety of bullring

infirmaries. However, these bullring infirmaries are the only health facilities to lack periodical health inspections. In other words, when any of us operate in a theatre, whether this be in the public or private health sphere, the facilities undergo mandatory inspections in surgical practice. We do not have to be concerned about whether the operating theatre is safe or not. However, in the bullring operating theatres (bullring infirmaries) this is not the case. There is no health inspection of these facilities and responsibility therefore falls on the

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bullring surgical team. In this sense, one is forced to decide on the viability of a supposed operating theatre in the midst of the festivities, with the pressure of full stands, Government delegates, etc. Furthermore, if we are objective, it is difficult to guarantee that the basic operating theatre aseptic standards are met, regardless of the clear limitations due to lack of facilities or equipment.

As doctors López-Soriano and Belmonte rightly report, if these facilities were forced to pass periodical inspections the care quality would improve significantly, in being able to guarantee safe and effective health facilities^{3,4}.

The other interesting aspect they comment on is the presence of an anaesthetist in bullring surgery for popular festivities and minor festivities in village or town squares. This idea, however, is at odds with the availability of anaesthetists for these festivities. Prior to the pandemic almost 20,000 festivities took place in Spain per year, which would involve participation from anaesthetists in them^{1,3}. It should be remembered that with the current legislation, it is difficult to cover bullfighting surgery teams with anaesthetists for the major and bullfighting ring events, which are a low percentage of these 20,000. It has even been raised in several forums that there could be a potential substitution between anaesthetists and intensive care specialists, especially in cases where anaesthetists are not available. We would have to be careful about proposing legislation that is more protective but difficult to enforce, as it would mean that thousands of celebrations that are currently taking place would not take place due to lack of staff.

Regarding the last questions posed by the authors, they are highly interesting and I hope that they can provide us with the answers when they find them, because they are not easily resolved, at least not with current legislation.

To conclude, I would like to make a few comments about the authors who sent the letter to the editor, to which I am responding. Dr. López Soriano is a reference in Spanish anaesthesia and a very involved collaborator in bullfighting surgery. From his prestigious position and his working hospital, both in the public network (Hospital Comarcal del Noroeste) and in the private network (Clínica Bernal), he has contributed to the improvement of the quality of care at all levels, including bullfighting surgery. In this sense, the bullrings in the Northwest area of the Autonomous Community of Murcia are among the best equipped in terms of facilities, mainly due to the donations of material obtained by him and Lucía Bernal. Thus, in a bullfighting event held in the area a few months ago, I was able to see that in the infirmary of the bullring there is a photo tribute to him and his team. He is also highly committed to humanitarian action in Central America, and especially in Honduras. This is why, after his recent retirement, he has received tributes in this respect, one of them in one of the leading cattle ranches in the area, in relation to his bullfighting health activity, and where I was lucky enough to be able to meet him personally (Fig. 1). I have allowed myself these words because in today's world, full of stereotypes, it is necessary to recognise figures such as Dr. López Soriano, who combine professional competence, solidarity, humanitarian actions in third world countries and



Fig. 1 – Presentation of the recognition award for their dedication to anaesthesia in bullfighting surgery teams to Dr. López-Soriano (left) and Lucía Bernal (centre), officiated by Dr. Ríos (right).

Authorisation to publish the photo obtained from the three people who are in it: Francisco López-Soriano, Lucía Bernal and Antonio Ríos.

dedication to his patients. His pro-bullfighting sentiment and his dedication to bullfighting surgery stem from his social commitment to his homeland, as the people injured in these celebrations are often lifelong friends and family members. All of this is far removed from some of the stereotypes that always emerge when talking about a pro-bullfighting healthcare specialist.

Lastly, I would not like to forget Dr. Belmonte, a young anaesthetist in my hospital who recently obtained an international PhD degree and who regularly works in bullfighting festivities. I have been lucky enough to work with him in organ transplantation which we are both involved in.

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