

Letter to the Editor Regarding “Advantages of the Combination of Conscious Sedation Epidural Anesthesia Under Fluoroscopy Guidance in Lumbar Spine Surgery [Response To Letter]

Seung Youn Kang

Department of Anesthesiology, Nanoori Hospital Gangnam, Seoul, Republic of Korea

Dear editor

I do not know the exact acid (alkaline) activity of the 3 combined anesthetic solutions (Half 0.75% Ropivacaine, Half radiocontrast dye (Bonorex[®]) c 1:200,000 Epinephrine), because I did not prepare or make this drug combinations in the factory or lab bases, but I mixed the drugs that is approved to be administered to the epidural space and we administered the combined anesthetic solution to the epidural space, not to “the soft tissue,, in deed.

Although a pharmacology is not my specialized field, but I agree with what Aleksandr Urakov claimed. However, the drugs we used for epidural anesthesia were approved to be administered to the epidural space by public authorized institutions such as FDA. Actually, many physicians use same drugs and similar drug combinations in pain clinic all over the world, even if they do not administer drugs all together at the same time, but we can see that once it went into the epidural space, it would mix up in the epidural space later, same as the anesthetic combinations we used.

Contrary to “the peculiarities of the local action of drug solutions when injected into soft tissues in the spine” of Aleksandr Urakov's argument, Our paper is about the feasibility, safety and convenience of epidural anesthesia using c-arm and radiocontrast dye in lumbar spine surgery and the positive and additive effects of epidural anesthesia using sedation drugs.

Even before writing this paper and until now we still perform at least 4 – 5 cases of epidural anesthesia a day with the same drug dose, concentration and volume at this point. So far, it has never been a problem due to epidural anesthesia in any kind of spine surgery for less than 4 hours.

If the C-arm confirms that the anesthetic solution spreads until T12/L1, no more anesthetic solutions were injected. Therefore, the amount and dose varies from patient to patient. It can be administered in a variety of volumes from 7 mL to 20 mL (this means from 3.5 mL of 0.75% Ropivacaine + 3.5 mL of radiocontrast dye c 1:200000 Epinephrine to 10 mL of 0.75% Ropivacaine + 10 mL of radiocontrast dye c 1:200000 Epinephrine) .

The radiocontrast we used was Bonnorex in brand name (Iohexol 647 mg in generic).

Correspondence: Seung Youn Kang
Email 54kkang@naver.com

Disclosure

The author reports no conflicts of interest in this communication.

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Journal of Pain Research 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Journal of Pain Research editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Journal of Pain Research

Dovepress

Publish your work in this journal

The Journal of Pain Research is an international, peer reviewed, open access, online journal that welcomes laboratory and clinical findings in the fields of pain research and the prevention and management of pain. Original research, reviews, symposium reports, hypothesis formation and commentaries are all considered for publication. The manuscript

management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/journal-of-pain-research-journal>

<https://doi.org/10.2147/JPR.S339695>