

In Response

To the Editor:

Thank you very much for your interest and inquiry regarding our study (Li QD, Yang JS, Gong HL, Wei JM, Wang XF, Zou P, Zhang B, Hao DJ, Zhao YT, Chu L. Can Additional Facet Joint Block Improve the Clinical Outcome of Kyphoplasty for Acute Osteoporotic Vertebral Compression Fractures? *Pain Physician*. 2021 May; 24(3):283-291.)

As described in our study, the mixture (1 mL) was injected into the bilateral facet joint space. The remaining mixture was divided into 2 parts for injections around the bilateral facet joint capsule with different segments attached to execute the effective nerve block of the medial branch of the spinal dorsal ramus. The 7 mL mixture for performing extra articular injection not only covers the joint capsule, but also includes the surrounding muscle. Although the total amount of the mixture was 16 mL, the total amount of roparaine used in the operation was within the safe range. According to the literature, the recommended dose for ropivacaine is 3 mg/kg, single maximum dose is 225 mg. In this study, the intraoperative dose of ropivacaine (37.5 mg) was far less than the maximum dose, and the concentration was not high, ensuring the safety of intraoperative use (1). We also share your other concern and will further explore whether the same satisfactory analgesic effect can be produced by injecting the facet

joint just above the facet or one layer above and below the affected facet so as to further reduce the amount of anesthesia.

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REFERENCES

1. Waldinger R, Weinberg G, Gitman M. Local anesthetic toxicity in the geriatric population. *Drugs Aging* 2020; 37:1-9.