

In Response

TO THE EDITOR:

First, I want to thank Dr. Ling Ye and his colleagues for reading my article and providing valuable feedback.

In terms of the dexmedetomidine administration, the doses of dexmedetomidine added to long-acting local anesthetics ranged between a predetermined dose and a weight-based dose. As proven in previous studies, we use a predetermined dose (50 µg) administered intravenously or perineurally as an adjuvant to local anesthetics (1,2).

The study only included patients with ASA I or II, excluding those with significant liver or renal dysfunction, heart failure, or severe arrhythmia.

Then, while I agree that ropivacaine is safer than

bupivacaine in terms of cardiac toxicity and adverse neurological manifestations, it is not available in my institute. Furthermore, a recent meta-analysis comparing the impact of adjuvants in ophthalmic regional anesthesia shows that our combination of lidocaine 2% and bupivacaine 0.5% was used in many trials (3).

Lastly, the requirement for postoperative analgesia was the satisfaction-scoring criteria in our study.

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REFERENCES

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