

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

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## 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<sup>®</sup>) 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).

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## Disclosure

The author reports no conflicts of interest in this communication.

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