

In reply: Assessing interaction between dexmedetomidine and propofol

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To the Editor:

We thank Dr. Yang and his colleagues for their comments on our study ‘The effect of dexmedetomidine pretreatment on the median effective bolus dose of propofol for facilitating laryngeal mask airway insertion’ [1]. We agree that a different median effective dose of propofol for LMA insertion would have been obtained if we waited for the peak effect of dexmedetomidine (15 min), because onset time of a drug is critical in evaluating the effect of an adjuvant drug during anesthesia induction.

In our study, 10 min after dexmedetomidine infusion, following propofol injection over 30 s, LMA insertion was performed 90 s later. Basically, an initial loading dose of dexmedetomidine should be injected over 10 min, and its onset of action is less than 5 min and the peak effect occur within 15 min [2]. In the many studies in regard to anesthetic requirement and hemodynamic response during anesthetic induction, dexmedetomidine was injected over 10 min [3, 4].

We can use dexmedetomidine not only for the smooth anesthesia induction but also for the reduction of intraoperative anesthetic requirement, smooth emergence, and postoperative analgesic effect. In busy clinical settings, especially

in the short-time anesthesia using the LMA or other supra-glottic airway, the rapid induction technique has practical advantage. To fit conditions similar to clinical practice, we inserted the LMA 90 s after propofol administration instead of waiting 15 min of the peak onset time in our study.

Compliance with ethical standards

Conflict of interest None.

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