Reply to a letter

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To the Editor:

We maintained a shallow depth of anesthesia during the intermediate cervical plexus block (ICPB) procedures, so as not to delay the patients' wake-up times. As a result of review of the records, the duration from termination of blockade to the end of anesthesia was within 15 min in all patients, and the distance from the operating room to the post-anesthesia care unit (PACU) was only a few min walking distance. We measured the first diaphragmatic motion when the patients were fully cooperative. Postoperative nausea and vomiting, as well as pain, were well controlled, and hence, these symptoms did not interfere with the measurement of diaphragmatic motion.

The analgesic effect of 0.2% ropivacaine lasts for 5–16 h [1]. The duration of action of ropivacaine is affected by the concentration, the local tissue conditions, and the site of injection, but not the plasma half-life [1]. In our study, a loss of cold sensation in the neck and chest persisted for over 1 h after the patients were admitted to the PACU, which means that the effect of the ICPB had not dissipated 60 min after admission to the PACU. In addition, a previous report found that it took 30 min for hiccups to disappear after a 10 ml injection of the 0.2% ropivacaine directly targeting the

phrenic nerve [2]. Therefore, we believe that an ICPB using 0.25% ropivacaine of 0.2 ml/kg at the C4-5 intervertebral level did not cause ipsilateral hemi-diaphragmatic paresis.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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