



# High spinal block in cesarean section

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To the Editor

We thank Yuan and colleagues for their interest in our work [1]. The authors highlighted the importance of the spinal block level for its possible impact on maternal hemodynamics. Indeed, most of vasopressor studies use a pragmatic approach which simulates real practical scenarios [2]. Therefore, the dose of local anesthetic is standardized at 10–12.5 mg bupivacaine which usually achieve an adequate block for surgery [2]. A block level of T4 is deemed sufficient to initiate surgery and a dose of 10 mg bupivacaine rarely produces block levels higher than T2 [3] [4]. None of our patients developed such a high block nor in any of our previous studies and the comparable data between the groups is expected in a randomized controlled well-powered study [5–8]. A spinal block higher than T2 is usually associated with severe hypotension and bradycardia [3] which did not occur in any of our patients. Therefore, we confirm that the results of our study are valid and there is no impact for the level of the block on our findings.

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**Declarations**

**Conflict of interest** None.

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