

Reply to comments regarding 'efficacy of analgesia using ilioinguinal-iliohypogastric (IIH) nerve block, transversus abdominis plane (TAP) block and diclofenac after cesarean delivery under spinal anaesthesia: A non-randomised clinical trial'

We thank authors for reading our manuscript with interest.^[1,2] With respect to their observations, we would like to offer the following explanations.

We were aware while planning the study that clonidine can significantly increase the duration of analgesia with fascial blocks. This was a potential advantage because adding clonidine to the block neither entails any technical difficulties nor increases the risk of adverse events.^[3] On the other hand, with systemic analgesics like diclofenac, the duration of analgesia cannot be increased, and there is a risk of gastrointestinal, renal, and platelet-related complications. Our study aimed to establish the superiority of fascial blocks over diclofenac, and it was hence justified to potentiate the block with clonidine. While in practice, it is advisable to give the block as early as possible to keep the patient pain-free throughout the postoperative period. For the comparative study, it was necessary that a baseline be established for comparing the duration of analgesia. The persistence of analgesia related to spinal anaesthesia can be variable on a case-to-case basis and may have interfered with interpreting the duration of analgesia with the block or systemic analgesic. The pain assessments were performed every hour for the first 12 hours, followed by 2 hours for the remaining duration.

ORCID:

Ranju Singh: <https://orcid.org/0000-0001-9058-2478>
 Kavita Yadav: <https://orcid.org/0009-0004-6748-713X>
 Pooja Singh: <https://orcid.org/0000-0002-0582-6587>

Ranju Singh, Kavita Yadav, Pooja Singh

Department of Anaesthesia, Lady Hardinge Medical College and
 Smt Sucheta Kriplani and Kalawati Saran Children's Hospital,
 New Delhi, India

Address for correspondence: Dr. Ranju Singh,

Department of Anaesthesia, Lady Hardinge Medical College and
 Smt Sucheta Kriplani and Kalawati Saran Children's Hospital,
 New Delhi, India.

E-mail: ranjusingh1503@gmail.com

Submitted: 09-Oct-2023

Revised: 16-Nov-2023

Accepted: 23-Dec-2023

Published: 16-Aug-2024

REFERENCES

1. Bansal T, Singhal S. Comments on the published article: Efficacy of analgesia using ilioinguinal-iliohypogastric nerve block, transversus abdominis plane block and diclofenac after caesarean delivery under spinal anaesthesia: A non-randomised clinical trial. *Indian J Anaesth* 2024;68:216.
2. Singh R, Yadav K, Singh P. Efficacy of analgesia using ilioinguinal- iliohypogastric (IIH) nerve block, transversus abdominis plane (TAP) block and diclofenac after caesarean delivery under spinal anaesthesia: A non-randomised clinical trial. *Indian J Anaesth* 2023;67:638-43.
3. Singh R, Kumar N, Jain A, Joy S. Addition of clonidine to bupivacaine in transversus abdominis plane block prolongs postoperative analgesia after caesarean section. *J Anaesthesiol Clin Pharmacol* 2016;32:501-4.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Quick response code	Website: https://journals.lww.com/ijaweb
	DOI: 10.4103/ija.ija_983_23

How to cite this article: Singh R, Yadav K, Singh P. Reply to comments regarding 'efficacy of analgesia using ilioinguinal-iliohypogastric (IIH) nerve block, transversus abdominis plane (TAP) block and diclofenac after cesarean delivery under spinal anaesthesia: A non-randomised clinical trial'. *Indian J Anaesth* 2024;68:848.