In Reply:

We thank Dr. Gambling et al. for their interesting and pertinent comments. Parturients presenting for spinal anesthesia for elective cesarean delivery are not only fluid replete but also have the expanded blood volume of pregnancy. In a recent investigation, we demonstrated that the initial 20% decrease in mean arterial pressure after induction of spinal anesthesia was associated with a partial compensatory increase in maternal cardiac output mediated by an increase in stroke volume and heart rate, provided adequate lateral tilt during spinal anesthesia for cesarean delivery. Anesth Analg 2010; 110:154–8.

Therefore, in summary, we agree with Dr. Gambling that phenylephrine given in doses adequate to restore the baseline heart rate is the vasopressor of choice in most cases and that ephedrine has an important role to play when indicated by the maternal hemodynamic response to spinal anesthesia.

Robert A. Dyer, Ph.D.,* Anthony R. Reed, F.R.C.A., Michael F. James, Ph.D., *University of Cape Town, Cape Town, South Africa. robert.dyer@uct.ac.za

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