Rapid sequence spinal must be the new norm for an emergency LSCS in this Covid pandemic

To the Editor

I read with great interest the letter titled 'New indication for an old anesthetic technique: could we consider now rapid

sequence spinal anesthesia in a COVID-19 time?' by Varandas JS *et al*.[1]

The advocation of regional anesthesia as a whole has gained a large momentum in this pandemic. Regional anesthesia, which is not automatically contraindicated in these patients, plays a prominent role since it reduces high-risk interventions, potential staff contamination, patients' recovery time and maximize the management and efficiency of the operating room times.[2]

Regional anesthesia is promoted in obstetric practice for reasons of safety.[1] Regional anesthesia assumes even a greater role due to the benefits it brings to both mother and newborn.[2]

As already mentioned in the parent article—The rapid sequence spinal technique was first described in 2003 as a new approach to the provision of spinal anesthesia for the most urgent obstetric cases.[3] The rapid sequence spinal technique is a no-touch technique, which means performing a central neuraxial block without palpating anatomic landmarks previously.[3]

Emergency lower segment ceasarean section (LSCS) can be categorized based on Royal College of Obstetricians and Gynaecologists (RCOG) guidelines (2010) into four categories.[4] Category I and category II indicate maternal or fetal compromise where, there should be an urgent delivery and the decision delivery interval should be within 30 and 45 min, respectively. In 2011, National Institute for Health and Care Excellence UK guidelines suggested a decision to delivery interval of 30 min for category I emergency LSCS and both 30 min and 75 min to category II Emergency LSCS.[5]

In a covid suspect or confirmed covid positive patient the team delivering the patient will probably be wearing the personal protective equipment (PPE) according to the parent institute recommended protocols. The process of donning the PPE and getting the operation theater (OT) ready even in a category I LSCS scenario is going to be time consuming and can take upto 30 min. At the same time 'there is no emergency in a pandemic' probably holds true to make sure that adequate and strict protocols of covid infection control are followed for the safety of the covid team. Hence in order to compensate to a small extent for the time taken to adequately donn the PPE and get the OT prepared, the concept of a rapid sequence spinal should be the new norm in an emergency LSCS in this pandemic. It is important to note that reduction of decision delivery interval requires effective teamwork[6] and cannot be over emphasized in this current situation.

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