Title: Sciatic lateral popliteal block with clonidine alone or clonidine plus 0.2% ropivacaine: effect on the intra- and postoperative analgesia for lower extremity surgery in children. A randomized prospective controlled study

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Author's response to reviews: see over
Dear Editor,

I would like to inform you about the following corrections concerning the final version of the manuscript ID: 1324466156509649:

The final version of the abstract is as follows:

**Abstract**

**Background:** The effect of adding clonidine to local anesthetics for nerve or plexus blocks remains unclear. Most of the studies in adults have demonstrated the positive effects of clonidine on intra- and postoperative analgesia when used as an adjunctive agent or in some cases as a single to regional techniques. In the pediatric population, there are only few trials involving clonidine as an adjunct to regional anesthesia, and the analgesic benefits are not definite in this group of patients. The evidence concerning perineural administration of clonidine is so far inconclusive in children, as different types and volume of local anesthetics agents have been used in these studies. Moreover, the efficacy of regional anesthesia is largely affected by the operator’s technique, accuracy and severity of operation.

**Methods:** The use of clonidine alone or combined with 0.2% ropivacaine for effective analgesia after mild to moderate painful foot surgery was assessed in 66 children, after combined sciatic lateral popliteal block (SLPB) plus femoral block. The patients were randomly assigned into three groups to receive placebo, clonidine, and clonidine plus ropivacaine. Time to first analgesic request in the groups was analyzed by using Kaplan-Meier and the log-rank test (mean time, median time, 95% CI).

**Results:** In our study, clonidine administered alone in the SLPB seems promising, maintaining intraoperatively the hemodynamic parameters SAP, DAP, HR to the lower normal values so that no patient needed nalbuphine under 0.6 MAC sevoflurane anesthesia, and postoperatively without analgesic request for a median time of 6 hours. In addition, clonidine administered as adjuvant enhances ropivacaine’s analgesic effect for the first postoperative day (p=0.001). They didn’t also demonstrate PONV, motor blockade. Moreover, children’s parents in clonidine and clonidine plus ropivacaine groups expressed their satisfaction with the excellent perioperative management of their children, with satisfaction score 9.74±0.45 and 9.73±0.70 respectively. On the contrary all the patients in the control group required rescue nalbuphine in the recovery room, and postoperatively, along with high incidence of PONV, and children’s parents reported a low satisfaction score (7.50 ± 0.70).
**Conclusions:** Clonidine appears promising more as an adjuvant in 0.2% ropivacaine and less than alone in the SLPB plus femoral block in children undergoing mild to moderate painful foot surgery, with no side effects.

Trial registration: ISRCTN90832436, (ref: CCT-NAPN-20886).

The list of authors in the manuscript has been written exactly as it is proposed in the submission system, as well as each affiliation has been written in full:

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The table has been included in the main manuscript under the references. The figures legends has been included under the table.

We removed the previous cover letter and manuscript.
Each figure has been sent in the submission system, in a separate file.

I changed any coloured text to black.

Sincerely yours,

K. Petroheilou