Trials

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# Correction: Uniportal and three-portal video-assisted thoracic surgery pulmonary lobectomy for early-stage lung cancer (UNIT trial): study protocol of a single-center randomized trial

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**Correction to: Trials 22, 163 (2021)**
**https://doi.org/10.1186/s13063-021-05115-w**

Following the publication of the original article [1], we were notified about a mistake in the analgesia scheme reported in the manuscript.

**Incorrect paragraph on page 5**:

"Postoperative analgesia is initiated in the recovery room as soon as full recovery of consciousness is observed: intravenous morphine is administered at a rate of 1 mg/h for the first 6 h postoperatively. Six hours after surgery completion and every 4 h thereafter, nurses record the dynamic NRS for pain evaluation. If at any evaluation timepoint the NRS value is below 4, morphine infusion is halved; if NRS value is between 4 and 6, morphine infusion rate is maintained, while, if NRS value is higher than 6, a bolus of 1–2 mg morphine is administered. Parallel administration of intravenous acetaminophen 1 g every 6 h and ketorolac 30 mg every 8 h is performed for the first 3 postoperative days."

**Corrected paragraph**:

"We used NRS for evaluation of pain, with 0 to 10 rates. Pain was rated and registered every four hours after the procedure; mean NRS was then calculated daily from POD 1 to POD 7.

Intravenous infusion of 1 mg/h of morphine started about one hour before the end of surgery. At the end of the procedure, surgeons performed intercostal nerve block of 3-4 intercostal spaces under thoracoscopic vision, using 2-5 mL of ropivacaine 7.5% per intercostal space. After surgery, postoperative analgesia started in the recovery room and consisted of intravenous morphine infusion, which was maintained at 1 mg/h for 6 hours, 1000 mg intravenous acetaminophen three times a day and 30 mg intravenous ketorolac three times a day.

After the first 6 hours, morphine infusion rate was reduced to 0.5 mg/h. The infusion rate was then adjusted according to NRS, which was assessed every 4 hours, as follows:

- NRS <4: infusion rate was decreased by 0.125 mg/h
- NRS =4: infusion rate was not altered
- NRS >4: infusion rate was increased by 0.125 mg/h

The original article can be found online at https://doi.org/10.1186/s13063-021-05115-w.

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- NRS >6: 1 mg bolus of morphine was administered

Morphine infusion was stopped when a NRS lower than 4 was reported by a patient receiving a 0.125 mg/h dose, or if any side effect occurred (dizziness, confusion, vertigo, nausea, and vomiting). After chest drain removal, acetaminophen (1000 mg three times a day) was administered orally, and ketorolac 30 mg was administered only with a NRS > 4.

Non-steroidal anti-inflammatory drugs (NSAIDs) consumption was taken in consideration and converted to morphine equivalents according to equianalgesic charts, thus calculating the cumulative morphine consumption (CMC) [reference now numbered 23 Nosotti et al EJCTS 2015]."

The original article has been corrected.

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Published online: 06 July 2022

**Reference**

1. Mendogni, et al. Uniportal and three-portal video-assisted thoracic surgery pulmonary lobectomy for early-stage lung cancer (UNIT trial): study protocol of a single-center randomized trial. Trials. 2021;22:163. https://doi.org/10.1186/s13063-021-05115-w.