

CORRECTION

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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

Paolo Mendogni^{1*}, Alessandra Mazzucco¹, Alessandro Palleschi¹, Lorenzo Rosso¹, Ilaria Righi¹, Rosaria Carrinola¹, Francesco Damarco¹, Emilia Privitera¹, Jacopo Fumagalli², Gianluca Bonitta¹, Mario Nosotti^{1,3} and Davide Tosi¹

Correction to: *Trials* 22, 163 (2021)

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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

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*Correspondence: paolo.mendogni@unimi.it

¹Thoracic Surgery and Lung Transplant Unit, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, University of Milan, Via Francesco Sforza, 35 Milan, Italy

Full list of author information is available at the end of the article



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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 into 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.

Author details

¹Thoracic Surgery and Lung Transplant Unit, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, University of Milan, Via Francesco Sforza, 35 Milan, Italy. ²Department of Anesthesia and Critical Care, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy. ³Department of Pathophysiology and Transplantation, Università degli Studi di Milano, Milan, Italy.

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