Correction

In [1], the authors incorrectly ascribed pain scores which were reported one hour after surgery as having been reported 24 h after surgery. In addition, units used in the manuscript (mm) to report pain scores using the visual analogue scale (VAS) are incorrect, and should have been cm.

Therefore, the following statement in the summary is incorrect: *Lidocaine reduced pain at rest during the first 24 postoperative hours by a mean (95% CI) of 1.8 (0.7–2.9) mm.h⁻¹, $p = 0.001$* , and should be replaced by the following: *“There were no significant differences in pain at rest or on coughing at 24 h”*.

The following should be added to the Methods section:

We measured pain both at rest and during coughing at the incision site with a horizontal 0–10 visual analogue scale (VAS), with 1 unit equating to 1 cm (0: no pain, 10: worst possible pain), and documented pain on a dedicated postoperative pain chart. When more than one pain score was documented within the same time period, this was averaged.

In the results, the following should be added:

The mean VAS at rest at one hour postoperatively was 3.73 unit (1 unit = 1 cm) after saline and 1.93 units after lidocaine (effect size 1.80 units, $p = 0.001$, 95% CI: 0.73–2.88). Pain at rest was similar in both groups at 24 h. The result for the analysis of the slopes over 24 h showed that the average change per hour in rest pain after saline (–0.15 units) was significantly greater than after lidocaine (average change per hour = –0.073, $p = 0.01$; 95% CI: –0.14 to –0.02). There was no difference in pain during coughing at the start of the measurement period or at 24 h.

In the discussion, the word ‘pain’ should be deleted from the first sentence, and amended to the following:

Peri-operative infusions of lidocaine up to 24 postoperative hours reduced morphine consumption and hospital stay following radical prostatectomy.

The word ‘pain’ should be deleted from the last sentence of the discussion and amended to:

In summary, a combination of peri-operative intravenous and subcutaneous lidocaine infusion up to 24 postoperative hours after radical prostatectomy reduced morphine consumption and hospital stay compared with saline.

In addition, the final paragraph of the Methods section should be amended to the following text, to clarify how the power calculation was performed:

We calculated that 38 participants in each group would have an 80% power to detect an 18 h reduction in hospital stay from the mean (SD) 2007 duration of 108 (26.4) hours at a significance level of 0.05 [6]. We used t tests and Mann-Whitney U tests as appropriate for continuous data and chi-squared tests for categorical data with the Newcombe-Wilson method to calculate the 95% confidence interval [7]. We used estimated slopes from regressions for appropriate outcomes using summary measure statistics. We considered p values < 0.05 significant. We used standard methods to report this trial [8].

Figure 3 was incorrect and the correct version with cm as the unit for the VAS is included here:

Figure 3 Postoperative pain scores at rest after peri-operative infusions of lidocaine (---) or saline (—) for radical retropubic prostatectomies in 75 men. Values are mean (SD).

Reference

1. Weinberg L, Rachbuch C, Ting S, et al. A randomised controlled trial of peri-operative lidocaine infusions for open radical prostatectomy. *Anaesthesia* 2016; **71**: 405–10.

doi:10.1111/anae.13641

Correction

In the correspondence [1] by De Silva et al., the author names should be amended to reflect the order of authorship. The correct author list is:

S. Bampoe, S. De Silva and M. Scott

Reference

1. De Silva S, Bampoe S, Scott M. Magnetic resonance imaging safety of surgical clips and staples. *Anaesthesia* 2015; **70**: 1463.

doi:10.1111/anae.13629