



Corrigendum: Application of and Clinical Research on Enhanced Recovery After Surgery in Perioperative Care of Patients With Supratentorial Tumors

Jingmi Wu¹, Weina Zhang¹, Jie Chen¹, Hui Fei², Hong Zhu² and Haofen Xie^{3*}

¹ Department of Neurology, Ningbo First Hospital, Ningbo, China, ² Department of Theater, Ningbo First Hospital, Ningbo, China, ³ Department of Nursing, Ningbo First Hospital, Ningbo, China

OPEN ACCESS

Edited and reviewed by:

David D. Eisenstat,
Royal Children's Hospital, Australia

*Correspondence:

Haofen Xie
xiehaofendr@163.com

Specialty section:

This article was submitted to
Neuro-Oncology and
Neurosurgical Oncology,
a section of the journal
Frontiers in Oncology

Received: 27 January 2022

Accepted: 28 March 2022

Published: 28 April 2022

Citation:

Wu J, Zhang W, Chen J, Fei H, Zhu H
and Xie H (2022) Corrigendum:
Application of and Clinical Research on
Enhanced Recovery After Surgery in
Perioperative Care of Patients
With Supratentorial Tumors.
Front. Oncol. 12:863458.
doi: 10.3389/fonc.2022.863458

Keywords: supratentorial tumors, perioperative care, enhanced recovery after surgery, surgical treatment, safe and effective

A Corrigendum on

Application of and Clinical Research on Enhanced Recovery After Surgery in Perioperative Care of Patients With Supratentorial Tumors

By Wu J, Zhang W, Chen J, Fei H, Zhu H and Xie H (2021) *Front. Oncol.* 11:697699.
doi: 10.3389/fonc.2021.697699

In the original article, there was a mistake in **Tables 1** and **2** as published. There were errors with the data calculation in both tables. The corrected **Tables 1** and **2** appear below.

In the original article, there was an error. Due to the change of table data, the description of the data needs to be corrected.

A correction has been made to **Results, Comparison of Nursing Outcome Indicators Between the Two Groups**, Paragraph 2. The corrected paragraph appears below.

“In **Table 1**, the postoperative hospital stay in the ERAS group was not significantly shortened ($P>0.05$), while the total hospitalization expenses of patients in the ERAS group were significantly lower than those in the control group ($P<0.05$). Meanwhile, the patients from the ERAS group spent less in hospitalization, and their expenditure was six times lower than that in the control group as

TABLE 1 | Clinical outcomes.

	ERAS group (n=75)	Control group (n=76)	P value
Postoperative Hospital Stay (d)	12.51 ± 3.52	13.43 ± 3.31	0.09739
Total Hospital Costs (¥)	51128.43 ± 14193.91	57916.16 ± 14259.5	0.003907
Postoperative Eating Time (d)	1.11 ± 1.53	1.53 ± 0.69	0.0001024
Removal Time of Postoperative Urinary Catheter (d)	2.22 ± 2.57	3.53 ± 2.60	0.002282
Time of Getting Out of Bed after Operative (d)	2.56 ± 2.66	4.13 ± 3.42	0.001993

TABLE 2 | Postoperative complications in detail.

	ERAS group (n=75)	Control group (n=76)	P Value
Intracranial Infection	2	3	1
Lung Infection	0	5	0.0584026
Urinary Tract Infection	1	2	1
Electrolyte Disorders	1	3	0.61998311
Intramuscular Vein Thrombosis of Lower Extremity	0	1	1
Pleural Effusion	2	2	1
Hypoglycemia	0	2	0.49668874

shown in **Table 1**. Additionally, there was less readmission and reoperation in the ERAS group, but the difference was not significant ($p = 0.765$ in readmission and $p=1.000$ in reoperation)".

A correction has also been made to **Results, Perioperative Complications of the Two Groups of Patients**, Paragraph 1. The corrected paragraph appears below.

"The characteristics of the surgical complications were similar in the ERAS group and control group (**Table 2**). All patients received timely symptomatic treatment for complications. In the present study, there was no related death. There was no significant difference between the two groups of patients with complications such as intracranial infection, lung infection, urinary tract infection, and electrolyte disorders ($P>0.05$). Although the difference was not significant on the rest of the complications, the incidence had a lower tendency after the ERAS treatment".

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

Publisher's Note: All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

Copyright © 2022 Wu, Zhang, Chen, Fei, Zhu and Xie. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.