Erratum to: Electrosurgical bipolar vessel sealing for vaginal hysterectomies

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In the present erratum we re-tabulated the data of included studies (Table 1) concerning the outcomes of intraoperative and postoperative complications, based on certain modifications which are further explained in our present “Definitions” section and we also corrected certain errors that were present in our previous tables [1–8]. In this context, we performed a new meta-analysis of intraoperative and postoperative complications. We observed, that in both cases the outcomes continued to be statistically non-significant, and we present them in the present erratum. Furthermore, we performed a meta-analysis of visual analogue scale scores in order to clarify whether the usage of EBVS improves this outcome among patients offered a vaginal hysterectomy procedure.

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Definitions of intraoperative and postoperative complications

As “Intraoperative complications” we specifically included in the present erratum every complication that arose during the initial procedure. These included intraoperative blood loss requiring transfusion or intraoperative blood loss of more than 500 ml, bladder damage, rectal damage. Skin burns were excluded from the present erratum because we feel that they do not represent a life-threatening complication and that they are not as severe as abdominal visceral organ damage. As “Postoperative complications” we included in the present erratum every complication that arose after the completion of the initial procedure, either during the hospitalization period or after this period had ended. “Major postoperative complications” were the following: repetition of laparotomy, re-admission to the hospital, hemorrhage requiring transfusion, hemorrhage stated by the authors as severe or resulting in blood loss of more than 500 ml and hematoma formation. As “Minor postoperative complications” we included cases of postoperative blood loss that did not necessitate blood transfusion and were not stated by the initial authors as severe, any febrile cases and any cases experiencing infectious diseases of the lower abdomen that did not require surgical treatment and cases experiencing urinary tract infections.

Outcomes

Intraoperative complication rates: There were no significant differences in intraoperative complications (585 patients, FEM, OR 0.77, 95 % CI 0.32, 1.85, $p = 0.56$).

Postoperative complication rates: There were no significant differences in postoperative major (554 patients,

Table 1 Intraoperative and postoperative characteristics (EBVS vs suture ligation)

	Reference	Intraoperative complications	Postoperative complications major	Postoperative minor	Pain (10-scale VAS)
^a One patient required intraoperative conversion to laparotomy that necessitated both intraoperative and postoperative transfusion. This case was, therefore, characterized as experiencing both intraoperative and postoperative major complications	Levy [1]	0/30 vs 0/30	0/30 vs 0/30	2/30 vs 2/30	N/A
	Cronje [2]	0/37 vs 0/31	0/37 vs 0/31	0/37 vs 0/31	4 ± 5 vs 6 ± 5
	Hefni [3]	2/57 vs 3/59	0/57 vs 2/59	1/57 vs 4/59	N/A
	Silva-Filho [4]	1/45 vs 1/45	0/45 vs 0/45	1/45 vs 3/45	1.6 ± 0.4 vs 3.6 ± 0.4
	Elhao [5]	1/50 vs 2/53 ^a	3/50 vs 1/53 ^a	0/50 vs 0/53	N/A
	Zubke [6]	0/88 vs 1/87	2/88 vs 2/87	5/88 vs 2/87	3.4 ± 2.5 vs 3.6 ± 2.4
	Samulak [7]	0/30 vs 0/30	1/30 vs 0/30	N/A	N/A
	Lakeman [8]	5/49 vs 5/51	6/49 vs 7/51	N/A	N/A

FEM, OR 1.03, 95 % CI 0.46, 2.30, $p = 0.93$) or minor complications (441 patients, OR 0.81, 95 % CI 0.33, 2.00, $p = 0.66$).

Visual analogue scale pain scores: Patients treated with EBVS systems did not experience significantly lower postoperative pain VAS scores, although this effect was marginally close to statistical significance (333 patients, REM, MD −1.31 points, 95 % CI −2.79, 0.16, $p < 0.08$).

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