

Correction to: Comparison of Early Morbidity and Mortality Between Sleeve Gastrectomy and Gastric Bypass in High-Risk Patients for Liver Disease: Analysis of American College of Surgeons National Surgical Quality Improvement Program

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The authors regret that some of the article text, which was in the original manuscript and was intended for and addressed to the reviewers during the review process of this article, was mistakenly overlooked during the proofs stage and remains in the published article. The following sections, without the unintended text, are included below. The text sections in parentheses within the published article, which were addressed to reviewers and editors, have been removed.

In the Results section: While in diabetics, LRYGB had higher complications at MELD 15–19 (37 vs. 9.5%, $p = 0.029$).

In the title of Table 4: Table 4 Overall morbidity and mortality stratified by procedure, MELD categories, and diabetes.

In the Discussion section: We think that diabetes is more common in the LRYGB group mainly because of selection bias due to the presumed superiority of diabetes resolution.

In the Discussion section: LRYGB also changes the pharmacokinetics of immunosuppressive agents that might be needed in transplant setting [43].

In the Discussion section: On the contrary, LRYGB was reported to be superior in weight loss and improving liver fibrosis as well as other obesity-related metabolic diseases such as diabetes, hypertension, dyslipidemia, and gastroesophageal reflux disease [44–46].

In the Discussion section: MELD score is a well-recognized tool that has been used in stratifying liver disease patients [11, 15]; however, scores do not always correlate with a diagnosis of liver disease.

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