



Correction to: Innovative Bariatric Procedures and Ethics in Bariatric Surgery: The IFSO Position Statement

Ashraf Haddad¹  · Lilian Kow² · Miguel F. Herrera³ · Ricardo V. Cohen⁴ · Jacques Himpens⁵ · Jan Willem Greve⁶ · Scott Shikora⁷

Published online: 22 August 2022

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2022

Correction to: Obesity Surgery

<https://doi.org/10.1007/s11695-022-06220-8>

- a) Reference number 40 is listed as two separate references (40 and 41), making subsequent references misnumbered by one.
- b) The fourth paragraph under the subheading “Innovation and Surgical Progress” should not be numbered as item “1.”
- c) The text under the subheading “The Duty of the Surgeon to the Patient” should not be numbered as item “1.”
- d) The text, “Alternative bariatric procedures recommendations” in the Recommendations section is not correctly formatted.
- e) The first row of Table 1 should not be a heading.
- f) The word “eventually” should not appear in item 5 of the “Alternative Bariatric Procedures Recommendations” section.

Corrected version details:

- a) *The correct Reference 40:*
Ospanov O, Maleckas A, Orekesova A. Gastric greater curvature plication combined with Nissen fundoplication in treating gastroesophageal reflux disease and obesity. *Medicina (Kaunas)*. 2016;52(5):283–290. <https://doi.org/10.1016/j.medic.2016.08.001>.
Subsequent reference numbers should be shifted accordingly (Ref 42 is 41; Ref 43 is 42, etc.).
- b) The fourth paragraph under the subheading “Innovation and Surgical Progress” should appear simply as paragraph 4. Reference [4] should also be cited at the end of this paragraph.
- c) The text under the subheading “The Duty of the Surgeon to the Patient” should appear simply as a paragraph. Reference [4] should also be cited at the end of this paragraph.
- d) The subheading, “Alternative Bariatric Procedures Recommendations” in the Recommendations section should be bold and title-capitalized.
- e) The first row of Table 1 should simply appear as item 1.
- f) Item 5 in the “Alternative Bariatric Procedures Recommendations” section should appear as follows:

5. The LSG-DJB seems to offer the benefits of the RYGB while not leaving an excluded stomach. It was based on the same physiological hypothesis of RYGB rather than new unfounded data. It can be offered to patients at a high risk of leaving an excluded stomach. Long-term efficacy data is pending.

The original article can be found online at <https://doi.org/10.1007/s11695-022-06220-8>

✉ Ashraf Haddad
Ashraf.haddad@gbmc-jo.com

¹ Minimally Invasive & Bariatric Surgery, Gastrointestinal Bariatric and Metabolic Center (GBMC), Jordan Hospital, Amman, Jordan

² Flinders University, Bedford Park, South Australia, Australia

³ Endocrine and Bariatric Surgery, UNAM at INCMNSZ, Mexico City, México

⁴ The Centre for the Treatment of Obesity and Diabetes Hospital Oswaldo Cruz, Sao Paulo, Brazil

⁵ Delta CHIREC Hospital, Brussels, Belgium

⁶ Research School NUTRIM and Department of Surgery Zuyderland Medical Center, Maastricht University Medical Center, Heerlen, the Netherlands

⁷ Center for Metabolic and Bariatric Surgery, Brigham and Women’s Hospital, Harvard Medical School, Boston, MA, USA

Publisher’s Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.