CORRECTION

Correction to: Transversus abdominis plane block compared with wound infiltration for postoperative analgesia following Cesarean delivery: a systematic review and network meta-analysis

Pervez Sultan, MBChB, FRCA, MD (Res) · Selina D. Patel, BMBS, FRCA · Sandra Jadin, MD · Brendan Carvalho, MBBCh, FRCA · Stephen H. Halpern, MD, MSc, FRCPC

Published online: 21 October 2020
© Canadian Anesthesiologists' Society 2020

Correction to:

Correction to: Can J Anesth/J Can Anesth
<https://doi.org/10.1007/s12630-020-01818-x>

The original article was updated to amend number “0.09” in Table 2a (instead “-0.09”).

The original article can be found online at <https://doi.org/10.1007/s12630-020-01818-x>.

P. Sultan, MBChB, FRCA, MD (Res) (✉)
Department of Anesthesiology, Perioperative and Pain Medicine,
Stanford University, Stanford, CA, USA
e-mail: psultan@stanford.edu

Stanford University School of Medicine, 300 Pasteur Drive,
Stanford, CA, USA

S. D. Patel, BMBS, FRCA
Department of Anesthesia, Pain and Perioperative Medicine,
University of Miami Miller School of Medicine, Miami, FL,
USA

S. Jadin, MD · S. H. Halpern, MD, MSc, FRCPC
Department of Anesthesia, Sunnybrook Health Sciences Centre,
University of Toronto, Toronto, ON, Canada

B. Carvalho, MBBCh, FRCA
Department of Anesthesiology, Perioperative and Pain Medicine,
Stanford University, Stanford, CA, USA

Table 2a League table of point estimates for the primary outcome, 24 hour opioid consumption

Inactive control			
-1.97 (-3.54 to -0.40)	Wound catheter		
-2.97 (-4.50 to -1.43)	1.00 (-1.01 to 3.00)	TAP	
-1.69 (-3.46 to 0.09)	-0.28 (-2.60 to 2.03)	-1.28 (-3.28 to 0.72)	Wound infiltration

Interventions are displayed along the main diagonal. The standardized mean difference (SMD) and associated 95% confidence interval is reported in the cell common between the column-defining intervention and the row-defining intervention. A SMD value < 0 favours row-defining intervention; > 0 favours column-defining intervention. Numbers in bold signify statistical significance i.e., wound catheter is significantly better than inactive control or TAP is significantly better than inactive control

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