

CORRECTION

Open Access



# Correction: Short-term outcomes associated with the use of a new powered circular stapler for rectal reconstructions: a retrospective study comparing it to manual circular staplers using inverse probability of treatment weight analysis

Nobuhisa Matsuhashi<sup>1\*</sup>, Jesse Yu Tajima<sup>1</sup>, Ryoma Yokoi<sup>1</sup>, Shigeru Kiyama<sup>1</sup>, Masahide Endo<sup>1</sup>, Yuta Sato<sup>1</sup>, Masashi Kuno<sup>1</sup>, Hirokatsu Hayashi<sup>1</sup>, Ryuichi Asai<sup>1</sup>, Masahiro Fukada<sup>1</sup>, Itaru Yasufuku<sup>1</sup>, Yoshihiro Tanaka<sup>1</sup>, Naoki Okumura<sup>1</sup>, Katsutoshi Murase<sup>1</sup>, Takuma Ishihara<sup>2</sup> and Takao Takahashi<sup>1</sup>

**Correction:** *BMC Surg* 23; 1 (2023)

<https://doi.org/10.1186/s12893-023-02218-w>

Following publication of the original article [1], there are some text change in the abstract section under Result the paragraph should need to change from “Result One hundred thirty-nine patients (58.4%) were performed by manual circular stapling, 99 patients (41.6%) by powerd circular stapling. Diverting stoma was performed in 45 cases (32.4%) by manual circular stapling, 42 patients (42.4%) by powerd circular stapling Postoperative complications were occurred clavier-dindo grade II or higher in 57 cases (23.9%) and grade III or higher in 20 cases (8.4%). Anastomotic leakage occurred in 14 patients (5.9%) within

all grades. After IPTW, the variables of patient characteristics was  $SMD \leq 0.2$  (Table 3), and there was a significant difference in anastomotic leakage (Odds Ratio (OR), 0.57; 95% Confidence Interval(CI), 0.34–0.98;  $p=0.041$ ). In addition, there was no significant difference in postoperative complications in grade II or higher (OR, 0.88; 95%CI,0.65–1.19;  $p=0.417$ ) and grade III or higher (OR, 0.46; 95%CI, 0.29–0.74;  $p=0.001$ ) were significantly remarkable lower in powered circular stapling group.” to “ One hundred thirty-nine patients (58.4%) were performed by manual circular stapling, 99 patients (41.6%) by powerd circular stapling. Diverting stoma was performed in 45 cases (32.4%) by manual circular stapling, 42 patients (42.4%) by powerd circular stapling Postoperative complications were occurred clavier-dindo grade II or higher in 57 cases (23.9%) and grade III or higher in 20 cases (8.4%). Anastomotic leakage occurred in 14 patients(5.9%) within all grades. After IPTW, the variables of patient characteristics was  $SMD \leq 0.2$  (Table 3),and there was a significant difference in anastomotic leakage (Odds Ratio (OR), 0.58; 95% Confidence Interval(CI), 0.34–0.98;  $p=0.044$ ). In addition, there was no significant difference in postoperative complications in grade II or higher (OR, 0.88; 95%CI,

The original article can be found online at <https://doi.org/10.1186/s12893-023-02218-w>.

\*Correspondence:

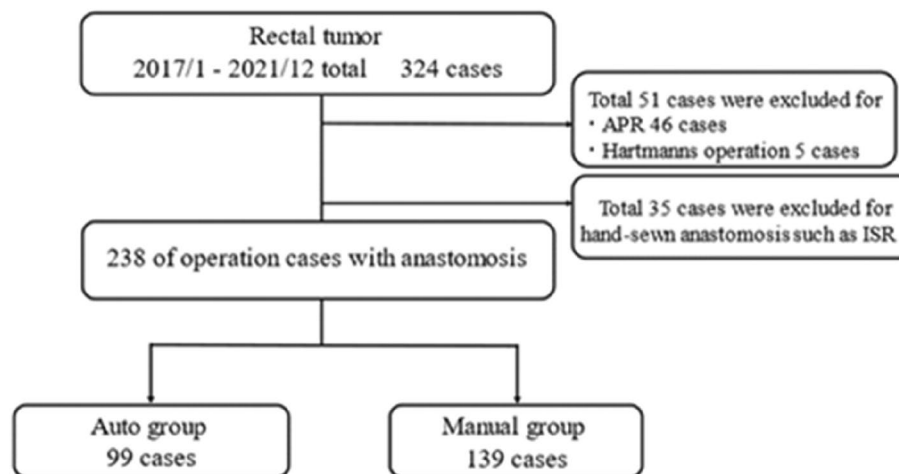
Nobuhisa Matsuhashi  
nobuhisa517@hotmail.com

<sup>1</sup> Department of Gastroenterological Surgery and Pediatric Surgery, Gifu University Graduate School of Medicine, 1-1 Yanagido, Gifu City 501-1194, Japan

<sup>2</sup> Innovative and Clinical Research Promotion Center, Gifu University Graduate School of Medicine, Gifu City, Japan



© The Author(s) 2023. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.



**Fig. 1** Flowchart of the study

0.65–1.18;  $p=0.394$ ) and grade III or higher (OR, 0.45; 95%CI, 0.28–0.73;  $p=0.001$ ) were significantly remarkable lower in powered circular stapling group.”

In addition, there is a change in the Fig. 1 and the same has shown below:

The original article has been corrected.

Accepted: 27 November 2023

Published online: 19 December 2023

#### Reference

1. Matsuhashi N, et al. Short-term outcomes associated with the use of a new powered circular stapler for rectal reconstructions: a retrospective study comparing it to manual circular staplers using inverse probability of treatment weight analysis. BMC Surg. 2023;23:1. <https://doi.org/10.1186/s12893-023-02218-w>.