Uncorrected Proof

Anesth Pain Med. 2026 August; 16(4): e176915 https://doi.org/10.5812/aapm-176915

Published Online: 2026 August 31 **Correction**

# Erratum: The Effectiveness and Safety of Rhomboid Intercostal Block for Postoperative Pain Management in Thoracic and Breast Surgical Procedures: A Meta-analysis [Anesth Pain Med. 2024;14(5):e150753]

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This corrects the article The Effectiveness and Safety of Rhomboid Intercostal Block for Postoperative Pain Management in Thoracic and Breast Surgical Procedures: A Meta-analysis.

Dear Readers,

We sincerely apologize to the readers of Anesthesiology and Pain Medicine for an error in our article entitled "The Effectiveness and Safety of Rhomboid Intercostal Block for Postoperative Pain Management in Thoracic and Breast Surgical Procedures: A Meta-analysis," published in Anesth Pain Med. 2024;14(5):e150753 (1). We are writing to correct two statements in Section 4.6.1 (Overall 24 h Post-surgery Opioid Consumption) of the Results that do not describe the analysis that was actually performed.

The article pooled randomized controlled trials to evaluate the effectiveness and safety of the rhomboid intercostal block (RIB) for postoperative pain management after thoracic and breast surgical procedures. One of its outcomes was postoperative opioid consumption, and Section 4.6.1 reports the pooled 24-hour opioid consumption in patients who received RIB compared with controls. In the included trials, opioid consumption was recorded as fentanyl in two studies and as morphine, tramadol, and sufentanil in one study each. As described in the same section, the morphine, tramadol, and sufentanil doses were converted to fentanyl equivalents before pooling.

However, the published text incorrectly states that the study using sufentanil was excluded from the analysis and that only four studies were analyzed. These statements are not correct. The 24-hour opioid consumption analysis included all five randomized controlled trials, with 368 patients (184 in each of the RIB and control groups), including the study that used sufentanil. The patient numbers given in the same paragraph and in Table 2 (368 patients from five randomized controlled trials) already correspond to this five-study analysis. The incorrect statements were remnants of an earlier draft of the manuscript and were not removed before publication. Because the published wording implies that one trial was removed from the pooled estimate, readers could misinterpret the number of studies and patients on which the reported reduction in 24-hour opioid consumption is based. The pooled result was in fact calculated from all five trials and is reported correctly in the article.

The text of Section 4.6.1 should therefore be corrected as follows.

In Section 4.6.1, the following sentence should be deleted:

"However, the study using sufentanil was excluded from the analysis as its converted fentanyl dose was significantly lower than in the other groups, which could skew the results."

In Section 4.6.1, the following sentence:

"Across the four remaining studies, 368 patients were included, with 184 in both the RIB and control groups."

should read:

"Across the five included studies, 368 patients were included, with 184 in both the RIB and control groups."

This correction concerns the text only. The analyzed data, the pooled estimate (SMD = -4.49; 95% CI: -6.09 to

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-2.90; P < 0.00001; $I^2$ = 95%), and the conclusions of the article remain unchanged, and no other section of the article is affected.

We regret any confusion this error may have caused and thank the readers and the editorial office of the journal for their understanding.

Yours sincerely,

Taufik Saputra

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## References

1. Saputra T, Sutiyono D, Nurcahyo WI. The effectiveness and safety of rhomboid intercostal block for postoperative pain management in thoracic and breast surgical procedures: A meta-analysis. *Anesth Pain Med*. 2024;**14**(5). e150753. [PubMed ID: 40689104]. [PubMed Central ID: PMC12275635]. https://doi.org/10.5812/aapm-150753.