Non-invasive ventilation for weaning, avoiding reintubation after extubation and in the postoperative period: a meta-analysis

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The authors found that there were errors in this article that were not noticed until after publication:

1. The second author’s surname was incorrectly spelled: it should be Shephard (not Shepherd).
2. The odds ratio (OR) for Hospital Survival when NIV is used for weaning was incorrectly interpreted. The sentences referring to OR should have read as shown below.

Abstract

‘There was insufficient evidence to suggest that NIV improves ICU survival, but an increased hospital survival in weaning (OR 0.55, 95% CI 0.31–0.98) and post-surgery (OR 4.54, 95% CI 1.35–15.31) was seen’ should have read:

‘There was insufficient evidence to suggest that NIV improves ICU survival, but an increased hospital survival in post-surgery (OR 4.54, 95% CI 1.35–15.31) and a reduction after weaning (OR 0.55, 95% CI 0.31–0.98) was seen.’

Results

‘Hospital survival was increased when NIV was used for weaning [combined OR 0.55 (95% CI 0.31–0.98)] and postsurgery [combined OR 4.54 (95% CI 1.35–15.31)], but not when used post-ICU extubation [combined OR 1.24 (95% CI 0.78–1.98)]’ should have read:

‘Hospital survival was increased when NIV was used post-surgery [combined OR 4.54 (95% CI 1.35–15.31)], but not when used post-ICU extubation [combined OR 1.24 (95% CI 0.78–1.98)] and reduced survival when used for weaning [combined OR 0.55 (95% CI 0.31–0.98)].’

Discussion

‘Hospital survival was increased in weaning and post-surgical patients who received NIV, but not in post-ICU extubation patients’ should have read:

‘Hospital survival was increased in post-surgical patients who received NIV, but not in weaning or post-ICU extubation patients.’

Conclusion

‘NIV also reduces the incidence of pneumonia in post-surgery and weaning patients, reintubation, and length of hospital stay in post-surgery patients and improves hospital survival in weaning and post-surgery patients’ should have read:

‘NIV also reduces the incidence of pneumonia in post-surgery and weaning patients, reintubation, and length of hospital stay in post-surgery patients and improves hospital survival in post-surgery patients.’

The authors apologize for any misunderstanding this may have caused.