

CORRECTION

Correction: Clinical Utility and Limitations of Intraoperative Monitoring of Visual Evoked Potentials

Yeda Luo, Luca Regli, Oliver Bozinov, Johannes Sarnthein

There are errors in the Anesthesia management section of the Methods. This section should read: Following our standard protocol for neurosurgical interventions, anesthesia was induced with intravenous application of Propofol (1.5–2 mg/kg) and Fentanyl (2–3 μ g/kg). The intratracheal intubation was facilitated by Atracurium (0.5 mg/kg). Anesthesia was maintained with Propofol (5–10 mg/kg/h) and Remifentanil (0.1–2 μ g/kg/min). Patients were continuously relaxed with Atracurium (0.5 mg/kg/h) unless motor evoked potentials were monitored.

Reference

 Luo Y, Regli L, Bozinov O, Sarnthein J (2015) Clinical Utility and Limitations of Intraoperative Monitoring of Visual Evoked Potentials. PLoS ONE 10(3): e0120525. doi: 10.1371/journal.pone.0120525 PMID: 25803287





Citation: Luo Y, Regli L, Bozinov O, Sarnthein J (2015) Correction: Clinical Utility and Limitations of Intraoperative Monitoring of Visual Evoked Potentials. PLoS ONE 10(7): e0133819. doi:10.1371/journal. pone.0133819

Published: July 20, 2015

Copyright: © 2015 Luo et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.