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## Correction to: Improvement of analgesic efficacy for total hip arthroplasty by a modified ultrasound-guided supra-inguinal fascia iliaca compartment block



Ting Zheng<sup>1,2</sup>, Bin Hu<sup>2</sup>, Chun-ying Zheng<sup>1,2</sup>, Feng-yi Huang<sup>1,2</sup>, Fei Gao<sup>1,2</sup> and Xiao-chun Zheng<sup>1,2,3\*</sup>

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Following publication of the original article [1], the authors reported an error in: the authors' institution and the Fig. 2 has a minor adjustment. Because Our author's institution has recently made a change, so I must to replace all the authors' institution as follow:

- 1 Shengli Clinical Medical College of Fujian Medical University, Fuzhou, Fujian, China
- 2 Department of Anaesthesiology, Fujian Provincial Hospital, Fuzhou, China
- 3 Fujian Emergency Medical Center, Fuzhou, China

## **Author details**

<sup>1</sup>Shengli Clinical Medical College of Fujian Medical University, Fuzhou, Fujian, China. <sup>2</sup>Department of Anaesthesiology, Fujian Provincial Hospital, Fuzhou, China. <sup>3</sup>Fujian Emergency Medical Center, Fuzhou, China.

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<sup>&</sup>lt;sup>2</sup>Department of Anaesthesiology, Fujian Provincial Hospital, Fuzhou, China Full list of author information is available at the end of the article



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<sup>\*</sup> Correspondence: zhengxiaochun7766@163.com

<sup>&</sup>lt;sup>1</sup>Shengli Clinical Medical College of Fujian Medical University, Fuzhou, Fujian, China

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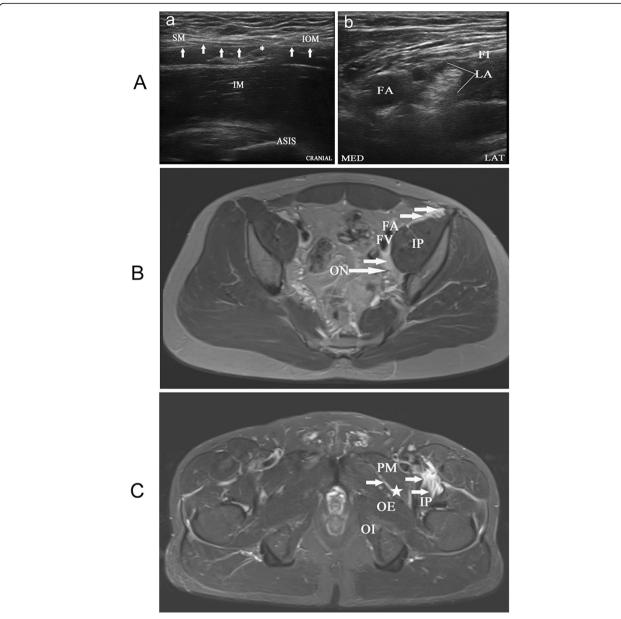


Fig. 2 Ultrasound and magnetic resonance images. a. Ultrasound images of a novel suprainguinal fascia iliaca compartment block (FICB). (a) Ultrasound image for identification of the relevant structures for FICB. White arrows, fascia iliaca; \*, needle; ASIS, anterior superior iliac spine; SM, sartorius muscle; IOM, internal oblique muscle; IM, iliac muscle; (b) local anesthetic around the FN. FI, fascia iliaca; FN, femoral nerve; FA, femoral artery; MED, medial; LAT, lateral. b. An axial T2- weighted fat-suppressed magnetic resonance image at the level of the fourth sacral vertebra shows medial spread of injectate (small white arrows) in a plane superficial to the IP muscle and deep to the FA and FV. IP: iliopsoas; ON: obturator nerve; FA: femoral artery; FV: femoral vein. c. An axial T2-weighted fatsuppressed magnetic resonance image at the level of the second coccygeal vertebra shows medial spread of injectate (white arrows) in a plane superficial to the IP muscle and diffuses below the pectineus muscle to obturator nerve (☆). PM: pectineus muscle; IP: iliopsoas; OE: obturator externus; OI: obturator internus