

Correction

Fawzi A, Maddekar N, Khan S, *et al.* S95 Ambulatory management of pneumothorax: is there a need for a dedicated pleural team-led service? *Thorax* 2016;71:A55–A56 doi:10.1136/thoraxjnl-2016-209333.101

There are 2 corrections to this abstract:

1. Two authors, Ganaie B and Iqbal M, were omitted from the original publication and has now been included, due to this the author list order has been updated. The corrected author list of this abstract should be as follows:

Fawzi A, Maddekar N, Ganaie B, Bikhalla S, Osman W, Maqsood U, Khan S, Iqbal M, Haris M.

2. Corrections have been made to the ‘Methods’ and ‘Results’ section of this abstract. The changes are in **bold**.

Methods

Hospital attendances of pneumothorax at a large teaching hospital between 2008–2015 were reviewed. Type of pneumothorax was characterised: primary spontaneous (PSP), secondary spontaneous (SSP), iatrogenic (IP) and traumatic/post-operative. The data for PSP was then correlated against the data retrieved from the systematic review of outpatient pneumothorax management.¹

Results

Total number of pneumothorax episodes were 877; PSP 266, SSP 229, IP 41 and traumatic/post-operative 341. Average length of stay (LOS) for all episodes of pneumothorax was 12.39 days. LOS for PSP was 6.9 days. **Total number of hospital admissions for PSP 266/7=38 patients/year. Extrapolated from systematic review 1: Successful outpatient PSP management 38×78%=29.64 patients/year. Potential bed days saved for PSP (29.64×6.9)=204 /year.**

Thorax 2017;72:262. doi:10.1136/thoraxjnl-2016-209333.101corr1



CrossMark