

CORRECTION

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# Correction: Aspiration prevention surgeries: a review

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**Correction: *Respiratory Research* (2023) 24:43**  
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Following publication of the original article [1], the authors identified an error in Table 1 which occurred

during the editing process of the publisher. The correct table (Table 1) is given in this correction.

The original article has been updated.

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The original article can be found online at <https://doi.org/10.1186/s12931-023-02354-0>.

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**Table 1** Aspiration prevention surgeries

Aspiration prevention surgeries	Types of anesthesia	Operative time	Amount of bleeding	Risk of suture failure	Possible postoperative speech	UES opening effect
<b>Surgeries to remove the larynx</b>						
Total laryngectomy [14–19]	G	> 2 h	Relatively large	Relatively low	Eso-S/VP	+
Central-part laryngectomy [20–24]	G, L	≈ 2 h	Small	Low	Eso-S/VP	+
<b>Surgeries to change the tracheal structure</b>						
Tracheoesophageal diversion [4, 25–29]	G	> 2 h	Small	Relatively low	Eso-S/VP	–
Laryngotracheal separation [30–34]	G, L	≈ 2 h	Small	Low	–	–
Tracheal flap method [35, 37, 38]	G, L	≈ 2 h	Small	Low	–	–
<b>Surgeries to close the larynx</b>						
Supraglottic laryngeal closure						
Epiglottic flap [1, 39, 40]	G	≈ 2 h	Small	Moderate	–	–
Vertical laryngoplasty [41–43]	G	≈ 2 h	Small	Moderate	Possible in some cases	–
Transoral supraglottic closure [44]	G	≈ 2 h	Small	Moderate	–	–
Glottic laryngeal closure [21, 22, 24, 45–57]	G, L	≈ 2 h	Small	Low	–	With CPM*
Subglottic laryngeal closure [21, 58, 59]	G, L	≈ 2 h	Small	Low	–	With CPM or TC*

G general anesthesia, L local anesthesia, UES upper esophageal sphincter, ≈ 2 h around 2 h, Eso-S esophageal speech, VP voice prosthesis, CPM cricopharyngeal myotomy, TC total cricoideotomy

\*Only in patients with cricopharyngeal myotomy or total cricoideotomy

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#### Reference

1. Ueha R, Magdayao RB, Koyama M, Sato T, Goto T, Yamasoba T. Aspiration prevention surgeries: a review. *Respir Res.* 2023;24:43. <https://doi.org/10.1186/s12931-023-02354-0>.

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