

RETRACTION

Postoperative Neurocognitive Dysfunction in Elderly Patients after Xenon *versus* Propofol Anesthesia for Major Noncardiac Surgery: A Double-blinded Randomized Controlled Pilot Study: Retraction

The article by Höcker *et al.*, entitled “Postoperative Neurocognitive Dysfunction in Elderly Patients after Xenon *versus* Propofol Anesthesia for Major Noncardiac Surgery: A Double-blinded Randomized Controlled Pilot Study,” from the May 2009 issue of *ANESTHESIOLOGY*, has been retracted by agreement between the Journal Editor-in-Chief, James C. Eisenach, M.D., the authors, and Wolters Kluwer. This article is being retracted because we are informed by the Research Ethics Committee Chairman that the Committee was not informed that the protocol and sample size had been changed after approval, nor that the study had finished, both of which were required by the Committee.

Reference

Höcker J, Stapelfeldt C, Leiendecker J, Meybohm P, Hanss R, Scholz J, Bein B: Postoperative neurocognitive dysfunction in elderly patients after xenon *versus* propofol anesthesia for major noncardiac surgery: A double-blinded randomized controlled pilot study. *ANESTHESIOLOGY* 2009; 110:1068-76

ERRATUM

Comparison of the Potency of Different Propofol Formulations: A Randomized, Double-blind Trial Using Closed-loop Administration: Erratum

In the February 2014 issue, the propofol formulations named and discussed in this article are in error. Propoven[®], which was used in the United States during a propofol shortage (see Jensen V, Rappaport BA: The reality of drug shortages—the case of the injectable agent propofol. *N Engl J Med* 2010;363:806–7), was presented as one of the drugs studied, whereas a different formation from the same manufacturer, Propofol[®] (Fresenius), was in fact studied. Propofol[®], which is marketed worldwide but has never been used in the United States, contains only long-chain triglycerides. In contrast, Propoven[®] is formulated with a mixture of long- and medium-chain triglycerides.

The term Propofol[®] should replace Propoven[®] throughout the paper, except in the first paragraph of the introduction.

The comparison among the three formulations provides useful information in countries where all three are available. However, due to this error, the implications that a formulation marketed in the United States during the propofol shortage was studied are false, since they refer to a formulation which was not studied.

The authors contacted the journal with this information and regret the error.

Reference

Le Guen M, Grassin-Delyle S, Cornet C, Genty A, Chazot T, Dardelle D, Liu N, Dreyfus J-F, Mazoit J-X, Devillier P, Alvarez J-C, Sessler DI, Fischler M: Comparison of the potency of different propofol formulations: A randomized, double-blind trial using closed-loop administration. *ANESTHESIOLOGY* 2014;120:355–64