

## Correction

In the article by Woodcock et al., Guidelines for the management of glucocorticoids during the peri-operative period for patients with adrenal insufficiency [1], in Table 2, under Major surgery (Postoperative steroid replacement), the text has been corrected. The revised Table 2 is as follows:

	Intra-operative steroid replacement	Postoperative steroid replacement
Major surgery	Hydrocortisone 100 mg intravenously at induction, followed by immediate initiation of a continuous infusion of hydrocortisone at 200 mg. 24 h <sup>-1</sup> ; Alternatively, dexamethasone 6–8 mg intravenously, if used, will suffice for 24 h	Hydrocortisone 200 mg. 24 h <sup>-1</sup> by i.v. infusion while nil by mouth (alternatively, hydrocortisone 50 mg every 6 h by i.m. injection) Resume enteral glucocorticoid at double the pre-surgical therapeutic dose for 48 h if recovery is uncomplicated. Otherwise continue double oral dose for up to a week
Body surface and intermediate surgery	Hydrocortisone 100 mg, intravenously at induction, followed by immediate initiation of a continuous infusion of hydrocortisone 200 mg. 24 h <sup>-1</sup> Alternatively, dexamethasone 6–8 mg intravenously, if used, will suffice for 24 h	Double regular glucocorticoid dose for 48 h, then continue usual treatment dose if uncomplicated
Bowel procedures requiring laxatives/enema	Continue normal glucocorticoid dose. Equivalent i.v. dose if prolonged nil by mouth Treat as per primary adrenal insufficiency if concerned about hypothalamo-pituitary-adrenal axis function, and risk of adrenal insufficiency	
Labour and vaginal delivery	Hydrocortisone 100 mg intravenously at onset of labour, followed by immediate initiation of a continuous infusion of hydrocortisone 200 mg. 24 h <sup>-1</sup> Alternatively, hydrocortisone 100 mg intramuscularly followed by 50 mg every 6 h intramuscularly	
Caesarean section	See major surgery	

i.m., intramuscular; i.v., intravenous.

And on page 660, under the heading Pharmacology, the sentence ‘This actually equates to 800 mg of hydrocortisone in the form of a long-acting glucocorticoid and is more than adequate to cover most situations for 24 h’ has been corrected to ‘This actually equates to 200 mg of hydrocortisone in the form of a long-acting glucocorticoid and is more than adequate to cover most situations for 24 h’.

On pages 658 and 659, reference numbering has been corrected.

The online version of the paper has been updated with these corrections.

## Reference

1. Woodcock T, Barker P, Daniel S, et al. Guidelines for the management of glucocorticoids during the peri-operative period for patients with adrenal insufficiency. *Anaesthesia* 2020; **75**: 96–108.