

CORRECTION



Correction: Exploring the effectiveness of virtual technology combined with lidocaine cream in pediatric puncture pain management

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In the originally published article [1] (DOI: 10.22514/sv.2024.096), post-publication review by the Editorial Office identified that References [1], [6], and [7] did not accurately support the statements they were cited to support.

In collaboration with the authors, the following corrections have been made in this Correction:

1. Replacement of References

References [1], [6], and [7] have been replaced with more relevant citations:

[1] Birnie KA, Noel M, Chambers CT, Uman LS, Parker JA. Psychological interventions for needle-related procedural pain and distress in children and adolescents. *Cochrane Database of Systematic Reviews*. 2018; 10: CD005179.

[6] Eijlers R, Utens EMWJ, Staals LM, de Nijs PFA, Berghmans JM, Wijnen RMH, *et al.* Systematic review and meta-analysis of virtual reality in pediatrics: effects on pain and anxiety. *Anesthesia & Analgesia*. 2019; 129: 1344–1353.

[7] Nickel B, Gorski L, Kleidon T, Kyes A, DeVries M, Keogh S, *et al.* Infusion therapy standards of practice, 9th edition. *Journal of Infusion Nursing*. 2024; 47: S1–S285.

2. Corresponding Text Revisions

The following sentences have been updated for accuracy:

• Introduction

Original text: “Puncture procedures are among the most common clinical operations and are essential for treating numerous diseases. However, pediatric patients often experience significant physical pain and discomfort during punctures due to their young age, and this can lead to crying, resistance or refusal of treatment, thereby affecting the progress of the procedure and subsequent treatments. Such adverse reactions

not only impact the child's physical state but also disrupt the overall course of therapy and condition management [1].”

Corrected text: “Puncture procedures are among the most common clinical operations and are essential for diagnosis and treatment in pediatric care. However, needle-related procedures often cause pain and distress in children, which may lead to crying, fear, resistance, or poor cooperation during treatment, thereby affecting the smooth implementation of the procedure and subsequent care [1].”

• Introduction

Original text: “Currently, VR is primarily used for mental health interventions, remote live surgical broadcasts, debridement and rehabilitation for burn patients, organ transplant pain management, cancer patient injections, dental pain interventions and other scenarios [6].”

Corrected text: “Virtual reality has been increasingly explored as a non-pharmacological intervention for reducing pain and anxiety in pediatric patients undergoing medical procedures, and previous systematic evidence suggests that VR may help alleviate procedure-related pain and anxiety in children [6].”

• Materials and methods (Inclusion criteria)

Original text: “... intended for puncturing without scars, allergies or venous thrombosis in the limb [7] ...”

Corrected text: “... an intended puncture limb without obvious skin injury, scars, allergy, infection, or venous thrombosis [7] ...”

3. Clarification on Clinical Trial Registration

The authors have confirmed that this study was not registered in any public clinical trial registry. This was an oversight.

This does not affect the results or conclusions of the study.

The authors confirm that these corrections are limited to the appropriateness of the references and clarifications of the text. The scientific content, results, interpretations, and conclusions remain unchanged.

The authors sincerely apologize for these inaccuracies and any inconvenience caused. This Correction has been approved by the Editor-in-Chief. The original article PDF remains avail-

able as published and has not been altered. Readers are advised to refer to this Correction for the updated references, revised sentences, and clarification on clinical trial registration.

REFERENCES

- [1] Wu JM, Xu XF, Wang H, Shi XL, Chen SY, Shen HH, *et al.* Exploring the effectiveness of virtual technology combined with lidocaine cream in pediatric puncture pain management. *Signa Vitae*. 2024; 20: 32–39.