In Errata

The guidelines article Perioperative Management Of Antiplatelet And Anticoagulant Therapy In Patients Undergoing Interventional Techniques: 2024 Updated Guidelines From The American Society Of Interventional Pain Physicians (ASIPP) some minor changes were made. Below is a list of changes and the updated article is available at:

https://www.painphysicianjournal.com/current/pdf?article=Nzg3NQ%3D%3D

In the Summary of Recommendations, Tables 19, 20, and 22:

- Under 7) Procedures categorized as moderate or intermediate-risk,
  We added e) Peripheral nerve stimulation trial and implantation of medial branches
- Under 11) In patients on anticoagulant therapy with Warfarin, low risk procedures may be performed with INR of ≤ 3.0 with 1 to 2 days of cessation if warranted, for moderate or intermediate risk procedures an INR of ≤ 2.0 is recommended with 2 to 3 days of cessation of Warfarin therapy if warranted, and for high-risk procedures an INR of < 1.5 is recommended with cessation of Warfarin therapy for 3 to 5 days if warranted.
  We added 1 to 2 days of cessation if warranted for low risk and changed high-risk from 2 days to 3-5 days

In Table 8:

- Corrected the brand name for Apixaban from ReoPro to Eliquis

In Table 23:

- Under 2.2 Antiplatelets
  We removed Ticlopidine (Ticlid) and added Ticagrelor (Brilinta)
- Under 2.3 DOACs
  We added Rivaroxaban (Xarelto)
- Under 2.7 SSRIs
  Corrected brand name for Citalopram from Cipramil to Celexa
  Removed Vortioxetine (Brintellix)
  Added Escitalopram (Lexapro), Paroxetine (Paxil), and Sertraline (Zoloft)

In Fig. 15"

- We removed Ticlopidine (Ticlid) from the caption.