Corrigendum

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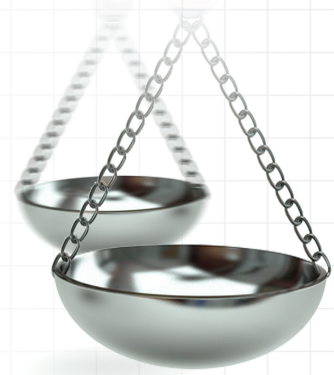

Journal of **Comparative Effectiveness Research**

Corrigendum

The Research Article by Bradley Gill *et al.*, 'Economic impact of reduced postoperative visits after inflatable penile prosthesis implantation', which appeared in the March 2025 issue of the *Journal of Comparative Effectiveness Research* 14(3), e240204 (2025), included an Abstract that reflected preliminary 2023 data rather than the finalized 2024 data presented in the main manuscript.

The 'Results' section of the Abstract appeared as:

Results: Annually, reducing one 30-min IPP postoperative visit for practices performing 25/50/100 IPP implants recaptured 750/1500/3000 min, respectively. This recaptured time translates into as much as $18,325 additional annual Medicare reimbursement. At 25 implants yearly, urologists could help an additional 13–25 patients with office visits and observe an additional $2049–$2270 reimbursement. At 50 implants yearly, office evaluation and counseling for 7 ED patients who progress to IPP implantation results in an additional $4125 reimbursement, excluding any diagnostic procedures and/or downstream surgical cases. At 100 implants yearly, recaptured schedule capacity can facilitate 37 in-office vasectomies, which translates to a $12,563 reimbursement.

The updated and accurate 'Results' section of the Abstract is:

Results: Annually, reducing one 30-minute IPP postoperative visit for practices performing 25/50/100 IPP implants recaptured 750/1500/3000 minutes, respectively. This recaptured time translates into as much as $17,654 additional annual Medicare reimbursement. At 25 implants yearly, urologists could help an additional 13–25 patients with office visits and observe an additional $2054–$2234 reimbursement. At 50 implants yearly, office evaluation and counseling for 7 ED patients who progress to IPP implantation results in an additional $4048 reimbursement, excluding any diagnostic procedures and/or downstream surgical cases. At 100 implants yearly, recaptured schedule capacity can facilitate 37 in-office vasectomies, which translates to a $12,234 reimbursement.

This update aligns the Abstract with the final data used throughout the manuscript and does not affect the study's conclusions. The Abstract has now been updated accordingly.

The authors of this study, and editors of the *Journal of Comparative Effectiveness Research* appreciate the attention of our readers and thank you for your understanding.

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