bandages versus no treatment for edema

Review information

Authors

The Danish Health Authority [1]

[1] [Empty affiliation]

Citation example: TDHA. bandages versus no treatment for edema. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Wong 2012 4 layer

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Judgement Comment: Randomized via statistical program
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: not described
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: Not described but probably not possible
Blinding of outcome assessment (detection bias)	Unclear risk	Judgement Comment: Not described
Incomplete outcome data (attrition bias)	Low risk	Judgement Comment: relatively low dropout and reasons for dropout described
Selective reporting (reporting bias)	Low risk	
Other bias	Unclear risk	Judgement Comment: Researchers work in the hoisery firm and study grants from hoisery firm

Wong 2012 SSB

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention ● *Age mean (sd)*: ● *Number of females*: ● *Number of males*: ● *Mean weight*: ● *Mean BMI*: ● *Main reason for chronic oedema - DVT*: ● *Main reason for Chronic oedema - Varicose veins*: ● *Mobile/immobile*: Control ● *Age mean (sd)*: ● *Number of females*: ● *Number of males*: ● *Mean weight*: ● *Mean BMI*: ● *Main reason for chronic oedema - DVT*: ● *Main reason for Chronic oedema - Varicose veins*: ● *Mobile/immobile*: Overall

	● *Age mean (sd)*: 71.7(8.5) ● *Number of females*: 115 (35.8) ● *Number of males*: 206 (64.2) ● *Mean weight*: ● *Mean BMI*: 23 (4.5) ● *Main reason for chronic oedema - DVT*: ● *Main reason for Chronic oedema - Varicose veins*: ● *Mobile/immobile*: **Included criteria:** Patients age 55 or older with confirmed venous leg ulcer **Excluded criteria:** Necrotic tissue. Unable to understand cantonese. Ulcers les than 5 cm2 or greater than 118 cm2. Ulcer duration less than 4 weeks or longer than 1 year. Multiple ulcers. ABPI less than 0.8 **Pretreatment:** Not reported
Interventions	**Intervention Characteristics** Intervention ● *Time interval*: 24 weeks ● *Description of treatment*: Compression with Profore multicomponent bandage or short strectch unelastic bandage Control ● *Time interval*: 24 weeks ● *Description of treatment*: No compression
Outcomes	*Sårheling (wound healing) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Tryksår (pressure ulcer) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Ødem (oedema) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Drop out End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Hudforandringer (alle typer) (skin changes) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Roseninfektion (erysipelas, cellulitis) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Smerter (pain) End of treatment, max 6 mdr.* ● **Outcome type**: ContinuousOutcome ● **Scale**: WAS ● **Range**: 1-10 ● **Direction**: Lower is better *Livskvalitet (quality of life) End of treatment, max 6 mdr.* ● **Outcome type**: ContinuousOutcome ● **Direction**: Lower is better *Sårheling (wound healing) End of treatment, max 6 mdr. -4 lags bandage* ● **Outcome type**: DichotomousOutcome ● **Direction**: Higher is better *Smerter (pain) End of treatment, max 6 mdr - 4lags bandage* ● **Outcome type**: ContinuousOutcome ● **Scale**: WAS ● **Range**: 1-10 ● **Direction**: Lower is better *Livskvalitet (quality of life) End of treatment, max 6 mdr.- 4 lags bandage* ● **Outcome type**: ContinuousOutcome ● **Scale**: Charing cross venous leg ulcer questionaire ● **Direction**: Lower is better *Drop out End of treatment, max 6 mdr. - 4 lags bandage* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** Health welfare and food Bureau of Hong Kong and Lohmann&Rausher GmbH Germany **Country:** Hong Kong, China **Setting:** Community settings in Kowloon **Comments:** **Authors name:** I.K.Y Wong **Institution:** School of Nursing, Hong Kong Sanotorium and Hospital,

	Email: anneke.a@tiscali.nl **Address:** School of Nursing, Hong Kong Sanotorium and Hospital, Hong Kong China
Notes	

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Footnotes

Characteristics of excluded studies

Benbow 2014

Reason for exclusion	Wrong study design

Bland 2015

Reason for exclusion	Wrong study design

Coull 2006

Reason for exclusion	Wrong study design

Fox 2016

Reason for exclusion	Wrong study design

Guest 2013

Reason for exclusion	Wrong study design

Jayasekera 2014

Reason for exclusion	Wrong patient population

Tiwari 2015

Reason for exclusion	

Footnotes

References to studies

Included studies

Wong 2012 4 layer

[Empty]

Wong 2012 SSB

.. Erratum: Randomized controlled trial comparing treatment outcome of two compression bandaging systems and standard care without compression in patients with venous leg ulcers (Journal of Vascular Surgery (2012) 26 (102-110)). Journal of Vascular Surgery 2012;56(6):1830. [DOI:]

Retracted: Randomized controlled trial comparing treatment outcome of two compression bandaging systems and standard care without compression in patients with venous leg ulcers [J Vass Surg 2012;55:1376-85]. Journal of Vascular Surgery 2012;56(6):1830. [DOI:]

Wong I.K.Y.; Andriessen A.; Abel M.. Clinical and cost efficacy of venous leg ulcer patient treatment: Results of a randomized controlled trial comparing two compression bandaging systems and standard care without compression. Phlebology 2012;27(6):311. [DOI:]

Wong, I. K. Y.; Andriessen, A.; Charles, H. E.; Thompson, D.; Lee, D. T. F.; So, W. K. W.; Abel, M.. Randomized controlled trial comparing treatment outcome of two compression bandaging systems and standard care without compression in patients with venous leg ulcers.. Journal of the European Academy of Dermatology & Venereology 2012;26(1):102-110. [DOI: http://dx.doi.org/10.1111/j.1468-3083.2011.04327.x]

Wong, Irene K. Y.; Andriessen, Anneke; Lee, Diana T. F.; Thompson, David; Wong, Lau Yun; Chao, David V. K.; So, Winnie K. W.; Abel, M.. Randomized controlled trial comparing treatment outcome of two compression bandaging systems and standard care without compression in patients with venous leg ulcers. Journal of Vascular Surgery 2012;55(5):1376-1385. [DOI: http://dx.doi.org/10.1016/j.jvs.2011.12.019]

Excluded studies

Benbow 2014

Benbow, Maureen. Safety, tolerability and acceptability of KTwo. Journal of wound care 2014;23(4 Suppl):S4-19. [DOI:]

Bland 2015

Bland, J. Martin; Dumville, Jo C.; Ashby, Rebecca L.; Gabe, Rhian; Stubbs, Nikki; Adderley, Una; Kang'ombe, Arthur R.; Cullum, Nicky A.. Validation of the VEINES-QOL quality of life instrument in venous leg ulcers: repeatability and validity study embedded in a randomised clinical trial.. BMC Cardiovascular Disorders 2015;15(Journal Article):85. [DOI: http://dx.doi.org/10.1186/s12872-015-0080-7]

Coull 2006

Coull A.; Tolson D.; McIntosh J.. Class-3c compression bandaging for venous ulcers: Comparison of spiral and figure-of-eight techniques. Journal of advanced nursing 2006;54(3):274-283. [DOI:]

Fox 2016

Fox J.D.; Baquerizo-Nole K.L.; Freedman J.B.; Liu S.; Van, Driessche F.; Yim E.; Kirsner R.S.. Ankle range of motion, leg pain, and leg edema improvement in patients with venous leg ulcers. JAMA Dermatology 2016;152(4):472-474. [DOI:]

Guest 2013

Guest, J. F.; Charles, H.; Cutting, K. F.. Is it time to re-appraise the role of compression in non-healing venous leg ulcers?.. Journal of wound care 2013;22(9):453-460. [DOI:]

Jayasekera 2014

Jayasekera P.; Trehan P.; Collins J.; Chen K.S.; Hussain W.; Flohr C.; Pynn E.V.. Does compression improve wound healing when applied to lower-leg excisions left to heal by secondary intention? The COMPRESS Survey. British Journal of Dermatology 2014;171(Web Page):72-73. [DOI:]

Tiwari 2015

Tiwari K.K.; Shrestha K.G.; Sah B.; Reddy D.J.. Treatment of chronic venous ulcers using new four layers compressive bandage dressing. Journal of the Nepal Medical Association 2015;53(199):158-163. [DOI:]

Data and analyses

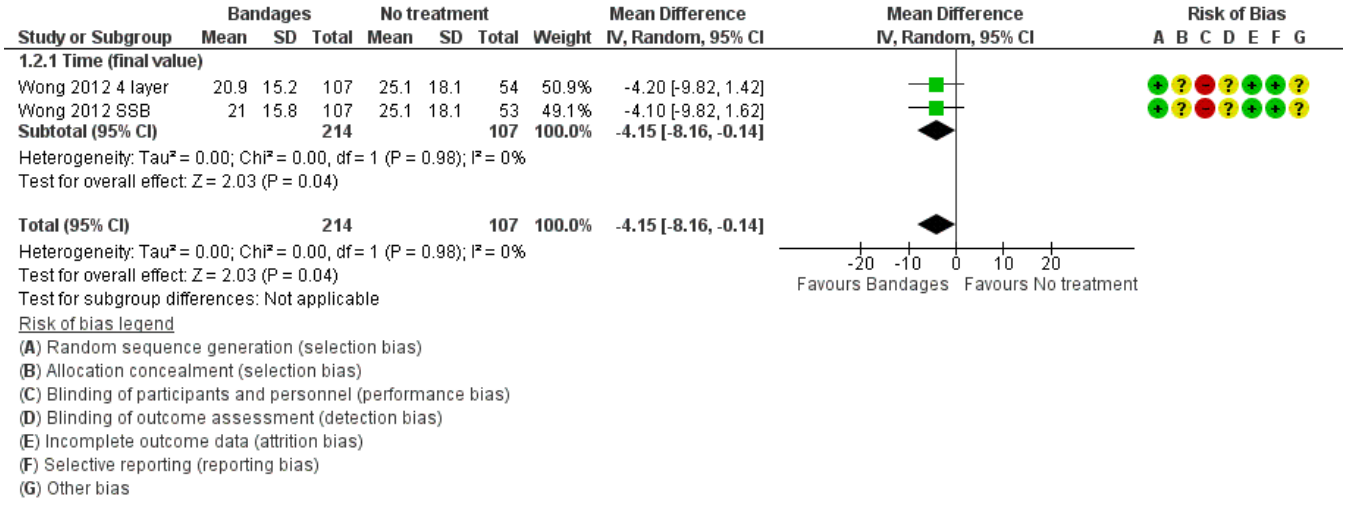
1 Bandages vs No treatment

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.2 Livskvalitet (quality of life) End of treatment, max 6 mdr. SSB + 4 layer	2	321	Mean Difference (IV, Random, 95% CI)	-4.15 [-8.16, -0.14]
1.2.1 Time (final value)	2	321	Mean Difference (IV, Random, 95% CI)	-4.15 [-8.16, -0.14]
1.3 Smerter (pain) End of treatment, max 6 mdr - SSB + 4lags bandage	2	321	Mean Difference (IV, Random, 95% CI)	-0.89 [-1.50, -0.27]
1.3.1 Time (final value)	2	321	Mean Difference (IV, Random, 95% CI)	-0.89 [-1.50, -0.27]
1.5 Sårheling (wound healing) End of treatment, max 6 mdr. SB + 4 layer	2	321	Risk Ratio (IV, Random, 95% CI)	1.20 [1.00, 1.44]
1.5.1 Time (final value)	2	321	Risk Ratio (IV, Random, 95% CI)	1.20 [1.00, 1.44]
1.7 Ødem (oedema) End of treatment, max 6 mdr.	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.8 Drop out End of treatment, max 6 mdr. SSB + 4 layer	2	321	Risk Ratio (IV, Random, 95% CI)	0.62 [0.38, 0.99]
1.8.1 Time (final value)	2	321	Risk Ratio (IV, Random, 95% CI)	0.62 [0.38, 0.99]
1.9 Hudforandringer (alle typer) (skin changes) End of treatment, max 6 mdr.	0		Risk Ratio (IV, Fixed, 95% CI)	No totals

1.10 Roseninfektion (erysipelas, cellulitis) End of treatment, max 6 mdr.	0		Risk Ratio (IV, Fixed, 95% CI)	No totals

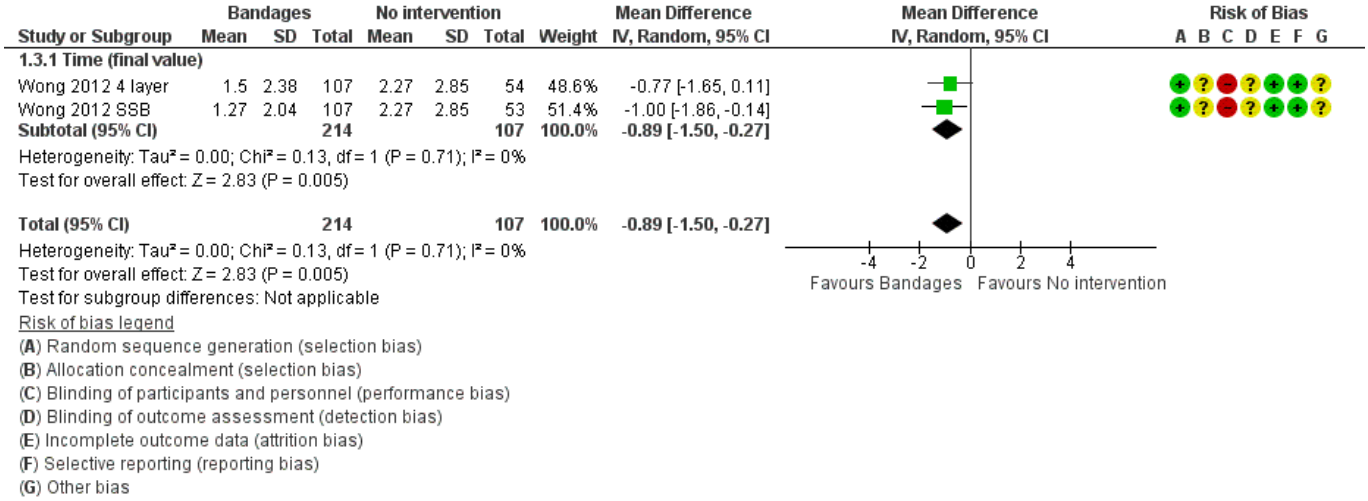
Figures

Figure 1 (Analysis 1.2)



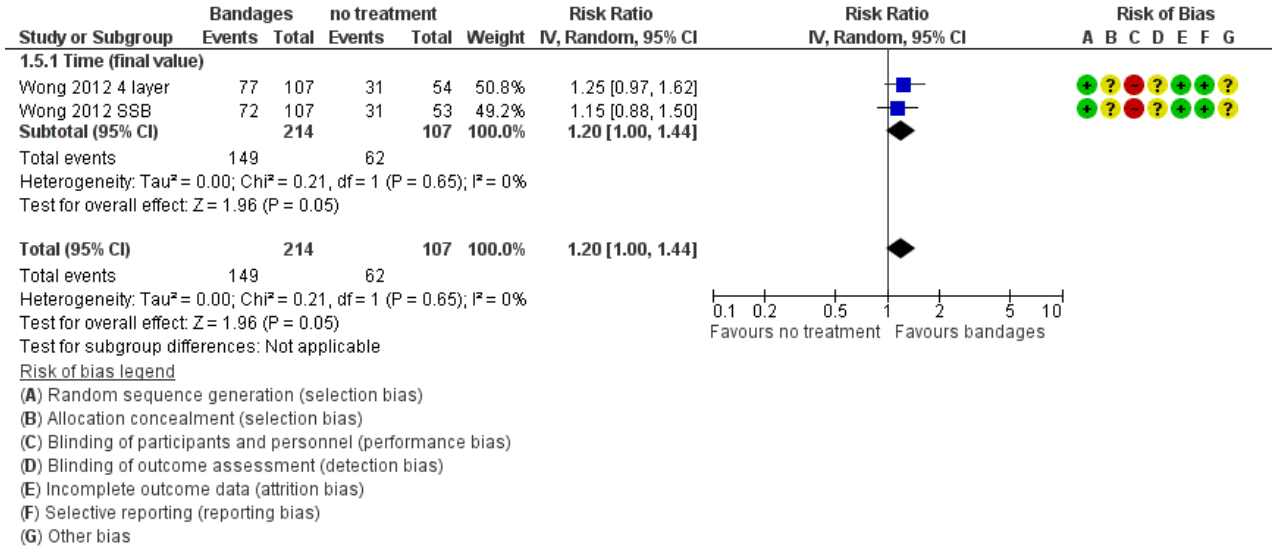
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.2 Livskvalitet (quality of life) End of treatment, max 6 mdr. SSB + 4 layer.

Figure 2 (Analysis 1.3)



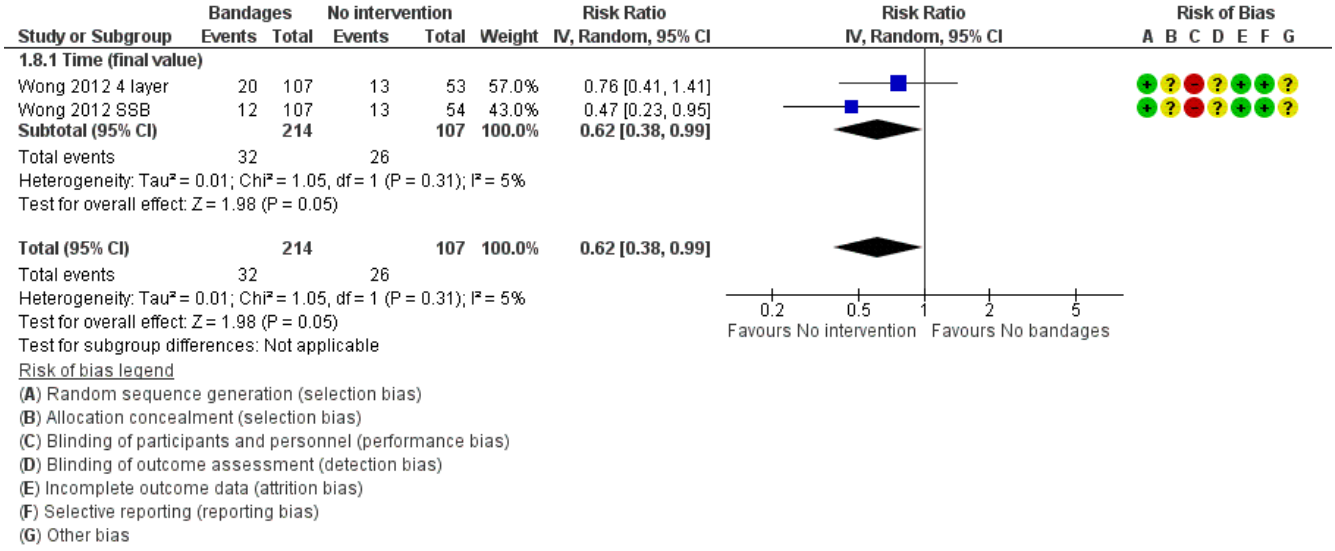
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.3 Smerter (pain) End of treatment, max 6 mdr - SSB + 4lags bandage.

Figure 3 (Analysis 1.5)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.5 Sårheling (wound healing) End of treatment, max 6 mdr. SB + 4 layer.

Figure 4 (Analysis 1.8)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.8 Drop out End of treatment, max 6 mdr. SSB + 4 layer.