Multicomponent bandages versus normal bandages for chronic edema

Review information

Authors

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Citation example: S. Multicomponent bandages versus normal bandages for chronic edema. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Contact person

[Empty name]

Characteristics of studies

Characteristics of included studies

deAbreu 2015

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention ● *Age mean (sd)*: 56.3(14.1) ● *Number of females*: 4 ● *Number of males*: 5 ● *Mean weight*: ● *Mean BMI*: 29.1(6) ● *Main reason for Chronic oedema CVI*: 6 ● *Mobile/immobile*: Control ● *Age mean (sd)*: 56.6(18) ● *Number of females*: 3 ● *Number of males*: 6 ● *Mean weight*: ● *Mean BMI*: 24.4(4.5) ● *Main reason for Chronic oedema CVI*: 5 ● *Mobile/immobile*: Overall ● *Age mean (sd)*: ● *Number of females*: 7 ● *Number of males*: 11 ● *Mean weight*: ● *Mean BMI*: ● *Main reason for Chronic oedema CVI*: 11 ● *Mobile/immobile*: **Included criteria:** walking patients, over 18 years old; with a medical diagnosis of Chronic Venous Insufficiency (CVI), not diabetic; presenting palpable dorsalis pedis and posterior tibial pulses, with an ankle-brachial index (ABI) of >0.9, a venous ulcer with a minimum size of 6.0 cm2 and a maximum of 9.0 cm2. **Excluded criteria:** pregnant women; patients with signs of allergy, cyanosis, with venous ulcers which were infected and/or with necrotic tissue, and who discontinued use of the therapies **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Time interval*: 13 weeks. Weekly changing ● *Description of treatment*: Unnaboot. The changing of the dressing and the evaluation of the wound were undertaken weekly in the outpatient center by the same trained researcher. Control ● *Time interval*: 13 weeks. Daily change ● *Description of treatment*: Bandage group (group A) removed the bandage at night and put it back on in the morning
Outcomes	*Sårheling (wound healing) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome ● **Direction**: Higher is better ● **Data value**: Endpoint *Tryksår (pressure ulcer) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better *Ødem (edema) End of treatment, max 6 mdr* ● **Outcome type**: DichotomousOutcome

	● **Direction**: Higher is better ● **Data value**: Endpoint *Drop out End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better *Hudforandringer skin changes) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better *Livskvalitet quality of life) End of treatment, max 6 mdr.* ● **Outcome type**: ContinuousOutcome *Roseninfektion (Cellulitis, erysipelas) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better *Smerter (pain) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** none reported **Country:** Brazil **Setting:** Hospital in Rio de Janeiro **Comments:** **Authors name:** Alcione Matos de Abreu **Institution:** Universidade Federal Fluminense **Email:** alci_abreu@yahoo.com.br **Address:** Rua Doutor Celestino 47, Centro, 24020-091 Niteroi, RJ, Brazil
Notes	*NKR 49 Oedem* on 18/01/2017 02:54 **Included** Kirsten: Dublet *Elisabeth Marie Ginnerup-Nielsen* on 30/01/2017 19:07 **Outcomes** Ved Ødem: Her er der tale om hvor mange der HAR Ødem ved endt behandling

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "The randomization was implemented by the Research Unit's statistician, using a table of random numbers, generated by the Biostat 5.0 software"
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: Concealment not reported
Blinding of participants and personnel (performance bias)	Unclear risk	Judgement Comment: Nothing described but as both patient get a bandage they probably do not know wich is the best
Blinding of outcome assessment (detection bias)	High risk	Judgement Comment: It was the same person changing the bandages and who did the evaliation/reporting
Incomplete outcome data (attrition bias)	Low risk	Judgement Comment: only one dropout - 10 percent
Selective reporting (reporting bias)	Low risk	Judgement Comment: all outcome seem reported
Other bias	Low risk	

Dolibog 2014

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention ● *Age mean (sd)*: 65.19(10.87) ● *Number of females*: 20 ● *Number of males*: 10 ● *Mean weight*: 82.15(12.01) ● *Mean BMI*: ● *Main reason for chronic oedema*: ● *Mobile/immobile*: Control ● *Age mean (sd)*: 64.01(10.11 ● *Number of females*: 20 ● *Number of males*: 10 ● *Mean weight*: 83.01(13.12) ● *Mean BMI*:

	● *Main reason for chronic oedema*: ● *Mobile/immobile*: Overall ● *Age mean (sd)*: ● *Number of females*: ● *Number of males*: ● *Mean weight*: ● *Mean BMI*: ● *Main reason for chronic oedema*: ● *Mobile/immobile*: **Included criteria:** Patients with the venous leg ulcers were included in the study. **Excluded criteria:** The exclusion criteria were: (1) an ankle brachial pressure index (ABPI) lower than 1.0, (2) diabetes, (3) cancer, (4) peripheral nerve injury, (5) rheumatoid arthritis, (6) ventricular arrhythmia, (7) cardiac pacemaker, (8) ulcer surgery, (9) skin in-fection, (10) pregnancy and (11) after steroid therapy, (12) bilateral ulcers. The (13) lymphedema, (14) pul-monary edema and (15) congestive heart failure, (16) chronic renal failure were exclusion criteria in our protocol too **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Time interval*: 2 Month ● *Description of treatment*: Patients from group E underwent the compres-sion treatment by means of Unna's boot. After rinsing the wound with physiological sodium chloride solu-tion, Unna's rigid paste bandage was tied around the limbs from below the toes up to the knee. This dress-ing was changed every 7 days. including micronized purified fla-vonoid fraction 450 mg diosmin, 50 mg hesperidin, 2 tablets of 500 mg (Daflon 500) once daily. Control ● *Time interval*: 2 Month ● *Description of treatment*: Patients in group D were treated with two layer short-stretch bandaging (Sigvaris, Gianzoni & Cie AG, Switzerland). The pressure values were also stand-ardized in use of Kikuhime manometer (20–25 mmHg for superficial reflux and 25–30 mmHg for superficial with deep venous reflux). The bandages were worn day (10 –12 hours) and put off on night. including micronized purified fla-vonoid fraction 450 mg diosmin, 50 mg hesperidin, 2 tablets of 500 mg (Daflon 500) once daily.
Outcomes	*Sårheling (wound healing) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome ● **Direction**: Higher is better *Tryksår (pressure ulcer) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better *Ødem (oedema) End of treatment, max 6 mdr* ● **Outcome type**: DichotomousOutcome *Drop out End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better *Hudforandringer skin changes) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Livskvalitet quality of life) End of treatment, max 6 mdr.* ● **Outcome type**: ContinuousOutcome *Roseninfektion (Cellulitis, erysipelas) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Smerter (pain) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** Not recorted **Country:** Polen **Setting:** Not reported **Comments:** **Authors name:** Pawel Dolibog **Institution:** Department of medical biophysics, Medical University of Silesia in Katowice, Polen **Email:** j.taradaj@awf.katowice.pl **Address:** Department of Physiotherapy Basics, Academy of Physical Education in Katowice, Mikolowska Street 72, buildingB 40-065, Poland.
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Judgement Comment: Computer generated random numbers in sealed envelops
Allocation concealment (selection bias)	Low risk	Judgement Comment: Sealed envelopes was used

Blinding of participants and personnel (performance bias)	Unclear risk	Judgement Comment: It is not possible to blind the two different compression bandages. But maybe not a problem
Blinding of outcome assessment (detection bias)	Unclear risk	Judgement Comment: It is not described.
Incomplete outcome data (attrition bias)	Low risk	
Selective reporting (reporting bias)	Low risk	
Other bias	Low risk	

Harrison 2011

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention ● *Age mean (sd)*: 64.4(16.2)(23.8-93.0) ● *Number of females*: 111 ● *Number of males*: 98 ● *Mean weight*: ● *Mean BMI*: ● *Main reason for Chronic oedema CVI*: 97,1 % ● *Mobile/immobile*: 174(80.9) Control ● *Age mean (sd)*: 64.4(16.2)(23.8-93.0) ● *Number of females*: 119 ● *Number of males*: 98 ● *Mean weight*: ● *Mean BMI*: ● *Main reason for Chronic oedema CVI*: 99,1 % ● *Mobile/immobile*: Overall ● *Age mean (sd)*: (65) ● *Number of females*: 230 ● *Number of males*: 194 ● *Mean weight*: ● *Mean BMI*: ● *Main reason for Chronic oedema CVI*: 413 ● *Mobile/immobile*: n.s **Included criteria:** dult (≥ 18 years), English-speaking or with access to translation, able to providewritten informed consent, clinical presentation ofvenous insufficiency with an ankle brachial pressureindex (ABPI)≥ 0.8, and a leg ulcer with minimum dura-tion of one week that measured at least 0.7 cm in anyone dimension. After conducting a small pilot study, theeligibility criterion was changed from having an ulcer ofat least 1 cm in any one dimension to 0.7 cm since itwas found that too many individuals were beingexcluded that would have normally been treated with comoression **Excluded criteria:** Exclusion criteria were: medication-con-trolled diabetes mellitus, failure to improve over a 3-month period with either bandaging system prior to the trial, previous enrollment in the trial, and cognitive impairment. **Pretreatment:** Allocation was similar for the 2 groups who recieved compression treatment with SSB or 4LB
Interventions	**Intervention Characteristics** Intervention ● *Time interval*: Ulver healed or max 30 month ● *Description of treatment*: Cotton short-stretch bandages (SSB) Comprilan®(Beiersdorf-Jobst, Inc.) were applied using the modifiedPutter technique [55]. Varying widths of bandage, e.g., 8cm, 10 cm and 12 cm, were used according to the widthof the limb. A layer of orthopedic wool padding wasapplied beneath the bandage to distribute the compres-sion evenly. Bandages were changed when required, asdetermined by the attending nurse. Participants washedand reused the short stretch wherever possible. Control ● *Time interval*: Ulcer healed or max 30 month ● *Description of treatment*: The 4LB system (control arm) was originally developedin the UK (Charing Cross Hospital) [53]. The commer-cial product widely used in Canada is Profore®(Smith& Nephew Medical Ltd.). Precise components of the4LB depend on the ankle circumference [54]. Bandagescan remain in situ for up to one week (e.g. if minimalwound exudate) with bandages being changed whenrequired. Bandages were discarded after each use
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 skin changes) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome

	Livskvalitet quality of life) End of treatment, max 6 mdr. ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: FS12 scala ● **Direction**: Higher is better ● **Notes**: Physical component *Roseninfektion (Cellulitis, erysipelas) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Smerter (pain) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome ● **Direction**: Higher is better *Tid til healing (time to heal) End of treatment, max 6 mdr.* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Unit of measure**: Days *Livskvalitet quality of life/Mental compont) End of treatment, max 6 mdr.* ● **Outcome type**: ContinuousOutcome ● **Scale**: FS12 ● **Direction**: Higher is better
Identification	**Sponsorship source:** **Country:** Canada **Setting:** Community wound care services(homecare or nurse clinic) **Comments:** **Authors name:** Margaret B Harrison **Institution:** School of Nursing, Queen's University, Kingston, Ontario, Canada **Email:** margaret.b.harrison@queensu.ca **Address:** School of Nursing, Queen's University, Kingston, Ontario, Canada
Notes	*Wilja Dam* on 06/02/2017 00:49 **Outcomes** Time to heal: Uklart i fig. 2 om alle deltagere er ophelet. Derfor spørgsmålstegn ved at kunne opgive en N værdi her.Time to heal: Studiet har opgivet median time to healing og ikke mean time

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Judgement Comment: computer randomiseretAllocation was sealed in envelopes
Allocation concealment (selection bias)	Low risk	Judgement Comment: Allocation was sealed
Blinding of participants and personnel (performance bias)	Unclear risk	Judgement Comment: It is not possible to blind the 2 different bandages
Blinding of outcome assessment (detection bias)	Unclear risk	-
Incomplete outcome data (attrition bias)	Unclear risk	-
Selective reporting (reporting bias)	Low risk	
Other bias	Low risk	

Moffatt 2012

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention ● *Age mean (sd)*: 57 ● *Number of females*: ● *Number of males*: ● *Mean weight*: ● *Mean BMI*: 39.35 ● *Main reason for Chronic oedema CVI*: ● *Mobile/immobile*: Control ● *Age mean (sd)*: 48.5 ● *Number of females*: ● *Number of males*: ● *Mean weight*: ● *Mean BMI*: 39.13 ● *Main reason for Chronic oedema CVI*: ● *Mobile/immobile*: Overall ● *Age mean (sd)*: ● *Number of females*:

	● *Number of males*: ● *Mean weight*: ● *Mean BMI*: ● *Main reason for Chronic oedema CVI*: ● *Mobile/immobile*: **Included criteria:** 18 years or older. Suffering from primary or secondary lympheodema stage II or late stage II (ISL). Had completed cancer treatment at least 6 month prior to inclusion. **Excluded criteria:** Active cancer. Lymphoedema treatment prior to inclusion. Kiddney, lever and heart failure. Arterial disease, paralysis, clinical infection or wound that has to be changed more than once a week. DVT within 3 month. Allergy towards the bandage **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Time interval*: 19 days ● *Description of treatment*: Bandaging with Coban 2, two times a week Control ● *Time interval*: 19 days ● *Description of treatment*: Bandaging with Short strech bandages (SSB) changed daily
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**: ContinuousOutcome ● **Reporting**: Fully reported ● **Unit of measure**: Målt i mililiter ● **Direction**: Higher is better *Drop out End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Hudforandringer skin changes) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Livskvalitet quality of life) End of treatment, max 6 mdr.* ● **Outcome type**: ContinuousOutcome *Roseninfektion (Cellulitis, erysipelas) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Smerter (pain) End of treatment, max 6 mdr.* ● **Outcome type**: ContinuousOutcome
Identification	**Sponsorship source:** Provided by 3M **Country:** UK and USA **Setting:** Specialist lymphoedeam clinics **Comments:** **Authors name:** C.J Moffatt **Institution:** Royal Derby Hospital **Email:** peter.franks@cricp.org.uk **Address:** Royal Derby Hospital, lymphoedema service, Derby, UK
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	
Allocation concealment (selection bias)	Low risk	
Blinding of participants and personnel (performance bias)	Unclear risk	Judgement Comment: Not possible between the 2 different bandages - but probably not a problem
Blinding of outcome assessment (detection bias)	Unclear risk	Judgement Comment: Not reported
Incomplete outcome data (attrition bias)	Low risk	Judgement Comment: Exclusion and reasons were well reported
Selective reporting (reporting bias)	Low risk	
Other bias	Low risk	

Wong 2012

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 CVI*: 87 ● *Mobile/immobile*: Control ● *Age mean (sd)*: ● *Number of females*: ● *Number of males*: ● *Mean weight*: ● *Mean BMI*: ● *Main reason for Chronic oedema CVI*: 95 ● *Mobile/immobile*: Overall ● *Age mean (sd)*: 71.7(8.5) ● *Number of females*: ● *Number of males*: ● *Mean weight*: ● *Mean BMI*: ● *Main reason for Chronic oedema CVI*: ● *Mobile/immobile*: **Included criteria:** Patients age 55 or older with confirmed venous leg ulcer. No necrotic tissue in the wound. Was able to communicate in Cantonese. **Excluded criteria:** Wounds less than 5 cm2 or greater than 118 cm2. Ulcer duration less than 4 weeks or longer than 1 year. Multible ulcers. ABPI less than 0.8. Concurrent medication witch can affect ulcer healing. **Pretreatment:** 4LBSSB
Interventions	**Intervention Characteristics** Intervention ● *Time interval*: 24 weeks ● *Description of treatment*: Four layer bandage (Profore). Changing interval not reported. Control ● *Time interval*: 24 weeks ● *Description of treatment*: Short-stretch bandage. Changing interval not reported.
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 (edema) End of treatment, max 6 mdr* ● **Outcome type**: DichotomousOutcome *Drop out End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better *Hudforandringer skin changes) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Livskvalitet quality of life) End of treatment, max 6 mdr.* ● **Outcome type**: ContinuousOutcome ● **Scale**: Charing Cross vnous ulcer questionnaire ● **Direction**: Lower is better *Roseninfektion (Cellulitis, erysipelas) End of treatment, max 6 mdr.* ● **Outcome type**: DichotomousOutcome *Smerter (pain) End of treatment, max 6 mdr.* ● **Outcome type**: ContinuousOutcome ● **Scale**: VAS Score ● **Range**: 0-10 ● **Direction**: Lower is better
Identification	**Sponsorship source:** Health, welfare and food bureau Hong Kong. Lohmann and Rauscher GmbH Germany **Country:** China **Setting:** Hong Kong sanatorium and Hospital **Comments:** **Authors name:** I.K.Y Wong **Institution:** Hong Kong sanatorium and Hospital, Hong Kong, China

	Email: anneke.e@tiscali.nl **Address:** School of nursing Hong Kong sanatorium and Hospital, Hong Kong, China
Notes	*NKR 49 Oedem* on 20/01/2017 23:49 **Population** Characteristic not reported for each group. It is not possible to ad characteristic for intervention group and control group. Nor is it possible between gender.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	
Allocation concealment (selection bias)	Unclear risk	-
Blinding of participants and personnel (performance bias)	Unclear risk	not possible to blind but maybe not a problem
Blinding of outcome assessment (detection bias)	Unclear risk	-
Incomplete outcome data (attrition bias)	Low risk	
Selective reporting (reporting bias)	Low risk	
Other bias	High risk	Judgement Comment: En af forfatterne er ansat hos ved Lohman & Rauscher, firmaet som har leveret materialer til studiet

Footnotes

References to studies

Included studies

deAbreu 2015

Matos, de Abreu; Baptista de Oliveira, Beatriz,Guitton Renaud. A study of the Unna Boot compared with the elastic bandage in venous ulcers: a randomized clinical trial. Revista Latino-Americana de Enfermagem (RLAE) 2015;23(4):571-577. [DOI: 10.1590/0104-1169.0373.2590]

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Dolibog 2014

Dolibog, Pawel; Franek, Andrzej; Taradaj, Jakub; Dolibog, Patrycja; Blaszczak, Edward; Polak, Anna; Brzezinska-Wcislo, Ligia; Hrycek, Antoni; Urbanek, Tomasz; Ziaja, Jacek; Kolanko, Magdalena. A comparative clinical study on five types of compression therapy in patients with venous leg ulcers.. International Journal of Medical Sciences 2014;11(1):34-43. [DOI: http://dx.doi.org/10.7150/ijms.7548]

Franek A.; Taradaj J.; Dolibog P.; Blaszczak E.; Polak A.; Brzezinska-Wcislo L.; Hrycek A.; Urbanek T.; Ziaja J.; Kolanko M.. A comparative clinical study on five types of compression therapy in patients with venous leg ulcers. International Journal of Medical Sciences 2014;11(1):34-43. [DOI:]

Harrison 2011

Harrison, Margaret B.; Vandenkerkhof, Elizabeth G.; Hopman, Wilma M.; Graham, Ian D.; Carley, Meg E.; Nelson, E. Andrea; Canadian Bandaging Trial Group. The Canadian Bandaging Trial: Evidence-informed leg ulcer care and the effectiveness of two compression technologies.. BMC Nursing 2011;10(Journal Article):20. [DOI: http://dx.doi.org/10.1186/1472-6955-10-20]

Moffatt 2012

Moffatt, C. J.; Franks, P. J.; Hardy, D.; Lewis, M.; Parker, V.; Feldman, J. L.. A preliminary randomized controlled study to determine the application frequency of a new lymphoedema bandaging system.. British Journal of Dermatology 2012;166(3):624-632. [DOI: http://dx.doi.org/10.1111/j.1365-2133.2011.10731.x]

Wong 2012

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:]

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Excluded studies

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Betts 2007

Betts, J.. 4 layer bandages were better than 1 layer bandages, and pentoxifylline may be better than placebo for venous leg ulcers. Evidence Based Nursing 2007;10(3):87-87. [DOI:]

Brizzio 2006

Brizzio E.O.; Blattler W.; Rossi G.; Chirinos A.; Cantero I.; Idiazabal G.; Amsler F.. Healing venous ulcers with different modalities of leg compression. Unexpected findings of a pilot study. Phlebologie 2006;35(5):249-255. [DOI:]

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Caprini, J. A.. Commentary on 'Adjustable Velcro Compression Devices are More Effective than Inelastic Bandages in Reducing Venous Edema in the Initial Treatment Phase: A Randomized Controlled Trial'.. European Journal of Vascular & Endovascular Surgery 2015;50(3):375. [DOI: http://dx.doi.org/10.1016/j.ejvs.2015.05.015]

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Damstra 2013

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Dolibog 2013

Dolibog, Pawel; Franek, Andrzej; Taradaj, Jakub; Polak, Anna; Dolibog, Patrycja; Blaszczak, Edward; Wcislo, Ligia; Hrycek, Antoni; Urbanek, Tomasz; Ziaja, Jacek; Kolanko, Magdalena. A randomized, controlled clinical pilot study comparing three types of compression therapy to treat venous leg ulcers in patients with superficial and/or segmental deep venous reflux .. Ostomy Wound Management 2013;59(8):22-30. [DOI:]

Finlayson 2014

Finlayson, Kathleen J.; Courtney, Mary D.; Gibb, Michelle A.; O'Brien, Jane A.; Parker, Christina N.; Edwards, Helen E.. The effectiveness of a four-layer compression bandage system in comparison with Class 3 compression hosiery on healing and quality of life in patients with venous leg ulcers: a randomised controlled trial.. International Wound Journal 2014;11(1):21-27. [DOI: http://dx.doi.org/10.1111/j.1742-481X.2012.01033.x]

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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:]

Franek 2013

Franek A.; Taradaj J.; Polak A.; Dolibog P.; Blaszczak E.; Wcislo L.; Hrycek A.; Urbanek T.; Ziaja J.; Kolanko M.. A randomized, controlled clinical pilot study comparing three types of compression therapy to treat venous leg ulcers in patients with superficial and/or segmental deep venous reflux. Ostomy Wound Management 2013;59(8):22-30. [DOI:]

Franek 2014

Franek A.; Taradaj J.; Polak A.; Dolibog P.; Blaszczak E.; Wcislo L.; Hrycek A.; Urbanek T.; Ziaja J.; Kolanko M.. Patients with superficial and/or segmental deep venous reflux: Randomized, controlled, clinical pilot study comparing three types of compression therapy for the treatment of venous leg ulcers. Vasomed 2014;26(1):43-46. [DOI:]

Gethin 2009

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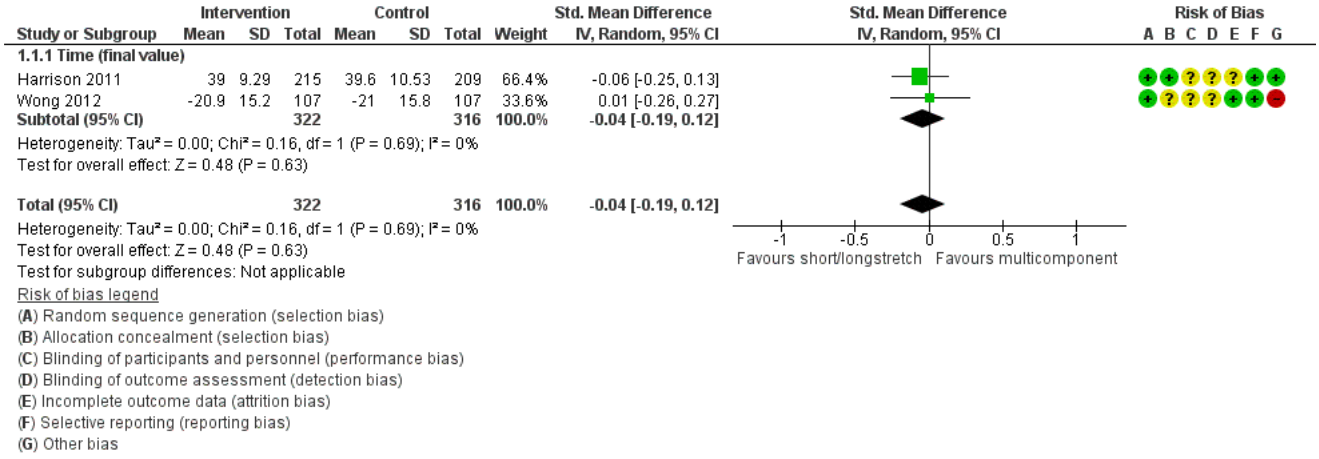
Data and analyses

1 Mulitikomponent vs kort/langstræksbandager

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Livskvalitet (quality of life) physical component End of treatment, max 6 mdr.	2	638	Std. Mean Difference (IV, Random, 95% CI)	-0.04 [-0.19, 0.12]
1.1.1 Time (final value)	2	638	Std. Mean Difference (IV, Random, 95% CI)	-0.04 [-0.19, 0.12]
1.2 Livskvalitet (quality of life/Mental compont) End of treatment, max 6 mdr.	1	424	Mean Difference (IV, Fixed, 95% CI)	-0.70 [-2.73, 1.33]
1.3 Smerter (pain) End of treatment, max 6 mdr.	1	214	Mean Difference (IV, Fixed, 95% CI)	0.13 [-0.38, 0.64]
1.3.1 Time (final value)	1	214	Mean Difference (IV, Fixed, 95% CI)	0.13 [-0.38, 0.64]
1.5 Ødem (edema) End of treatment, max 6 mdr	1	17	Mean Difference (IV, Fixed, 95% CI)	-682.00 [-1539.50, 175.50]
1.5.1 Time (change value)	1	17	Mean Difference (IV, Fixed, 95% CI)	-682.00 [-1539.50, 175.50]
1.6 Sårheling (wound healing) End of treatment, max 6 mdr.	3	293	Risk Ratio (IV, Random, 95% CI)	0.94 [0.79, 1.12]
1.6.1 Time (final value)	3	293	Risk Ratio (IV, Random, 95% CI)	0.94 [0.79, 1.12]
1.7 Tryksår (pressure ulcer) End of treatment, max 6 mdr.	1	424	Risk Ratio (IV, Fixed, 95% CI)	1.12 [0.55, 2.30]
1.7.1 Time (final value)	1	424	Risk Ratio (IV, Fixed, 95% CI)	1.12 [0.55, 2.30]
1.8 Drop out End of treatment, max 6 mdr.	2	231	Risk Ratio (IV, Random, 95% CI)	1.60 [0.84, 3.05]
1.8.1 Time (final value)	2	231	Risk Ratio (IV, Random, 95% CI)	1.60 [0.84, 3.05]
1.9 Hudforandringer (skin changes) End of treatment, max 6 mdr.	1	424	Risk Ratio (IV, Fixed, 95% CI)	0.77 [0.48, 1.23]
1.9.1 Time (final value)	1	424	Risk Ratio (IV, Fixed, 95% CI)	0.77 [0.48, 1.23]
1.10 Roseninfektion (Cellulitis) End of treatment, max 6 mdr.	2	441	Risk Ratio (IV, Random, 95% CI)	0.80 [0.51, 1.26]
1.10.1 Time (final value)	2	441	Risk Ratio (IV, Random, 95% CI)	0.80 [0.51, 1.26]
1.11 Total reduktion af smerter (total reduction of pain) End of treatment, max 6 mdr.	1	424	Risk Ratio (IV, Fixed, 95% CI)	0.85 [0.61, 1.19]
1.11.1 Time (final value)	1	424	Risk Ratio (IV, Fixed, 95% CI)	0.85 [0.61, 1.19]

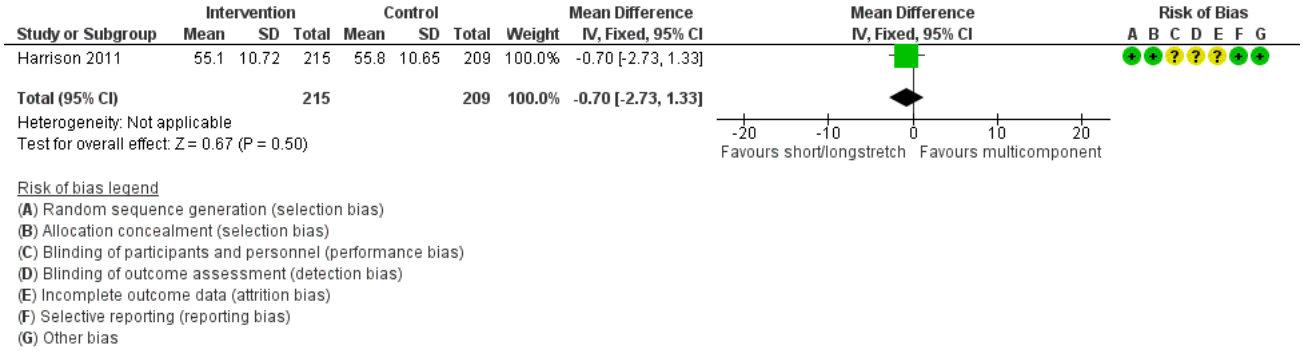
Figures

Figure 1 (Analysis 1.1)



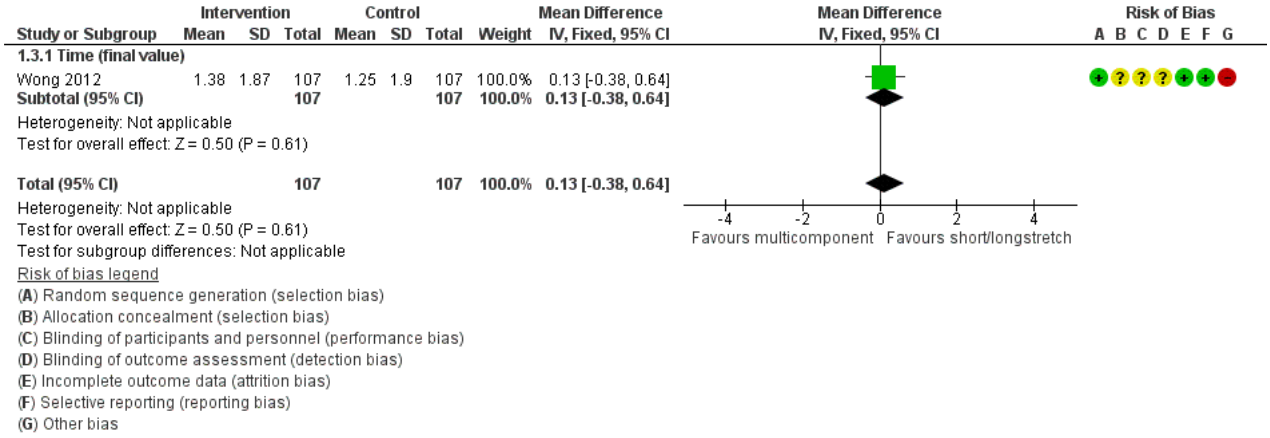
Forest plot of comparison: 1 Mulitikomponent vs kort/langstræksbandager, outcome: 1.1 Livskvalitet (quality of life) physical component End of treatment, max 6 mdr..

Figure 2 (Analysis 1.2)



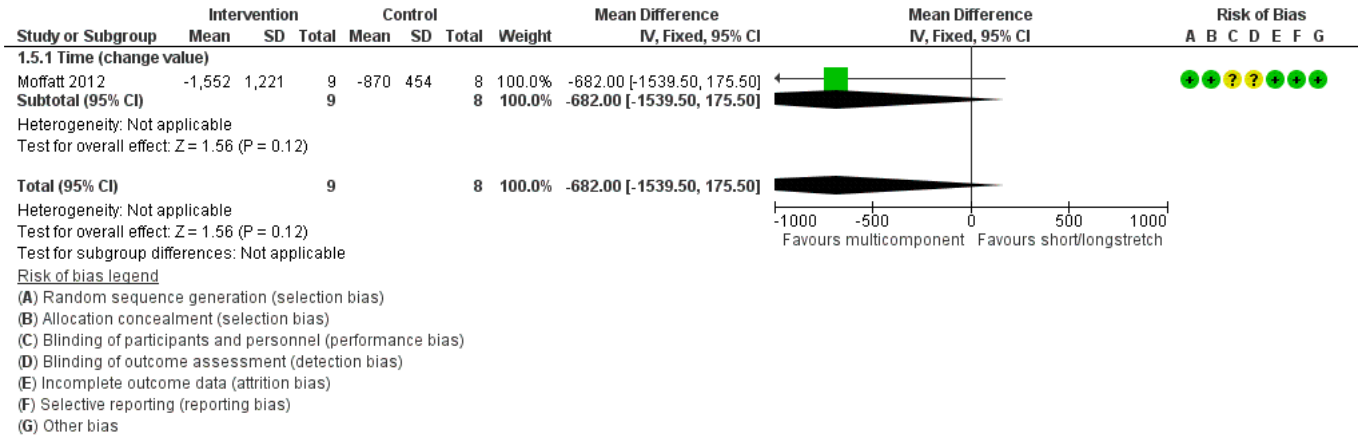
Forest plot of comparison: 1 Mulitikomponent vs kort/langstræksbandager, outcome: 1.2 Livskvalitet (quality of life/Mental compont) End of treatment, max 6 mdr..

Figure 3 (Analysis 1.3)



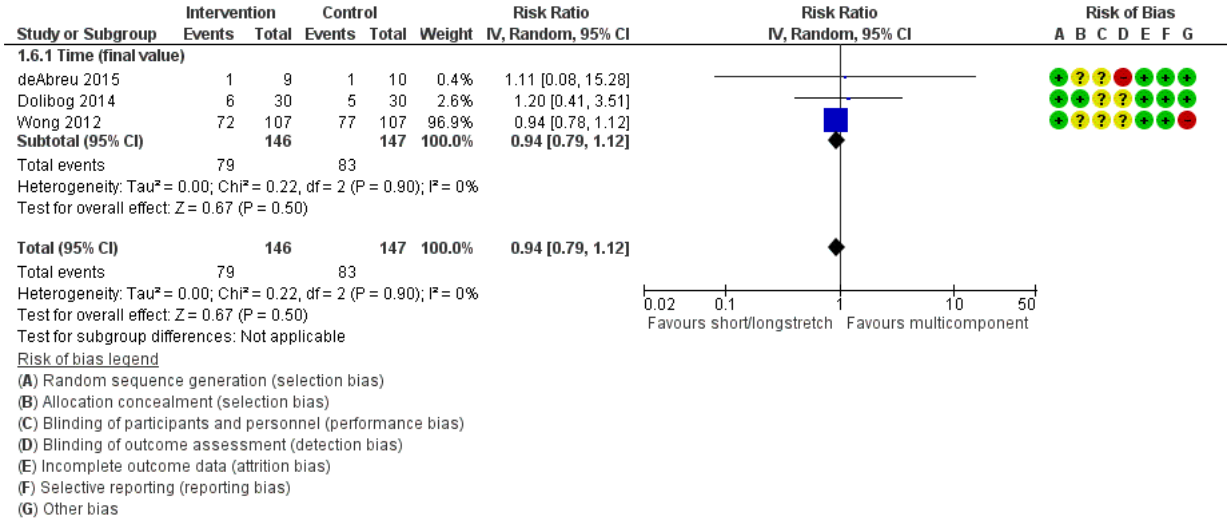
Forest plot of comparison: 1 Mulitikomponent vs kort/langstræksbandager, outcome: 1.3 Smerter (pain) End of treatment, max 6 mdr..

Figure 4 (Analysis 1.5)



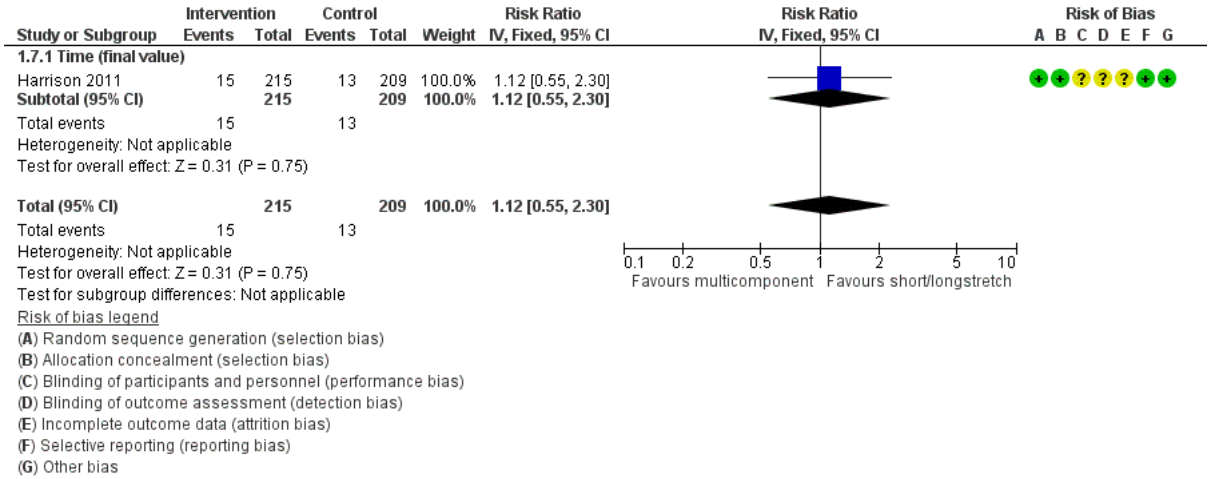
Forest plot of comparison: 1 Mulitikomponent vs kort/langstræksbandager, outcome: 1.5 Ødem (edema) End of treatment, max 6 mdr.

Figure 5 (Analysis 1.6)



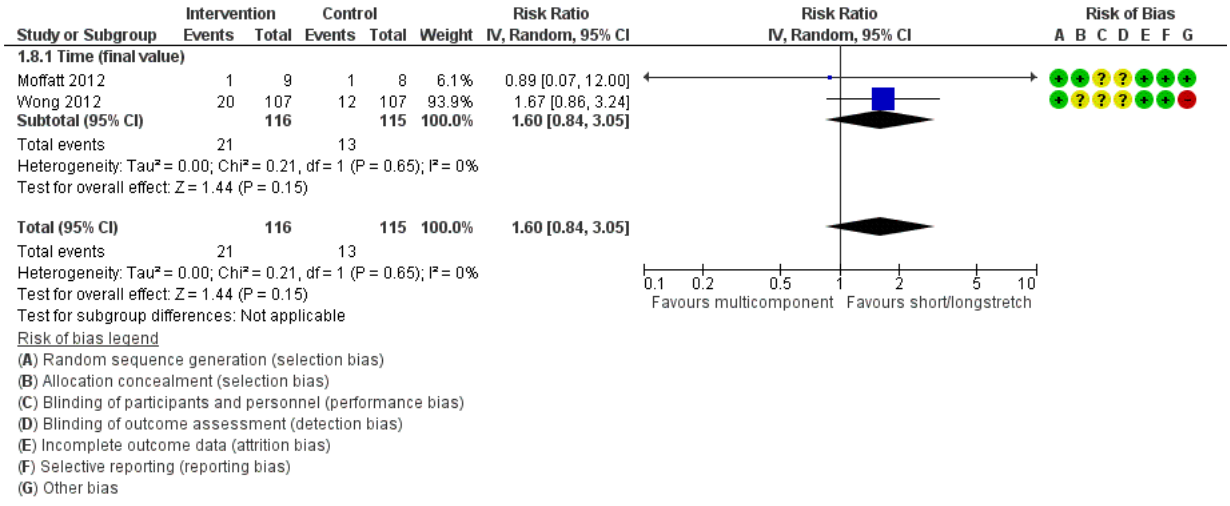
Forest plot of comparison: 1 Mulitikomponent vs kort/langstræksbandager, outcome: 1.6 Sårheling (wound healing) End of treatment, max 6 mdr..

Figure 6 (Analysis 1.7)



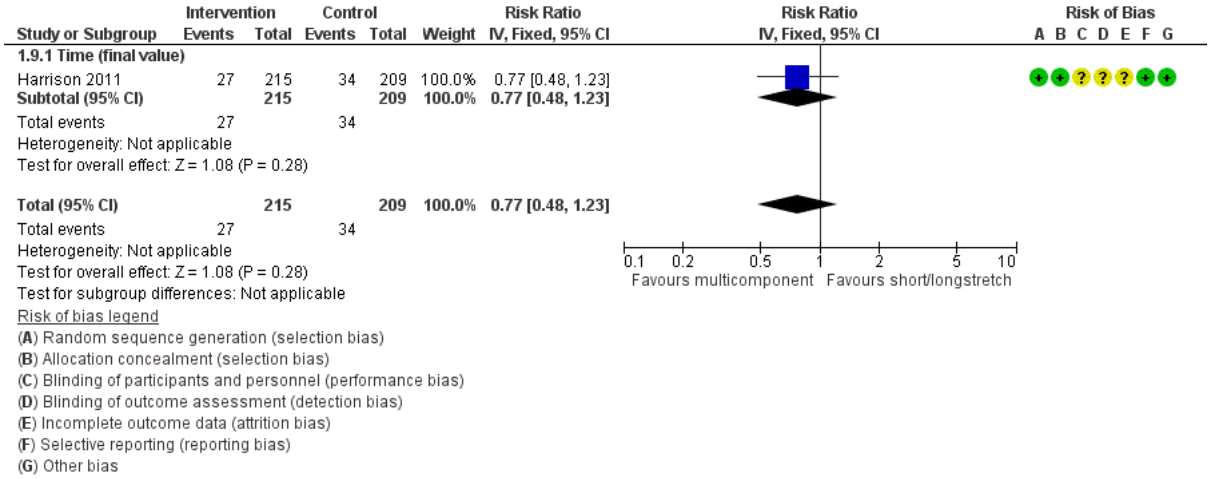
Forest plot of comparison: 1 Mulitikomponent vs kort/langstræksbandager, outcome: 1.7 Tryksår (pressure ulcer) End of treatment, max 6 mdr..

Figure 7 (Analysis 1.8)



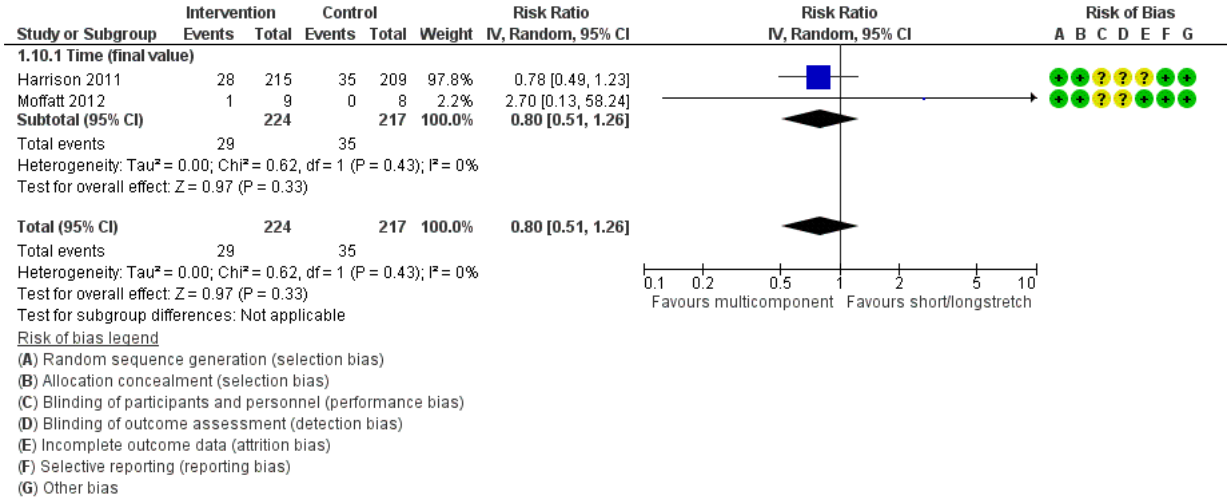
Forest plot of comparison: 1 Mulitikomponent vs kort/langstræksbandager, outcome: 1.8 Drop out End of treatment, max 6 mdr..

Figure 8 (Analysis 1.9)



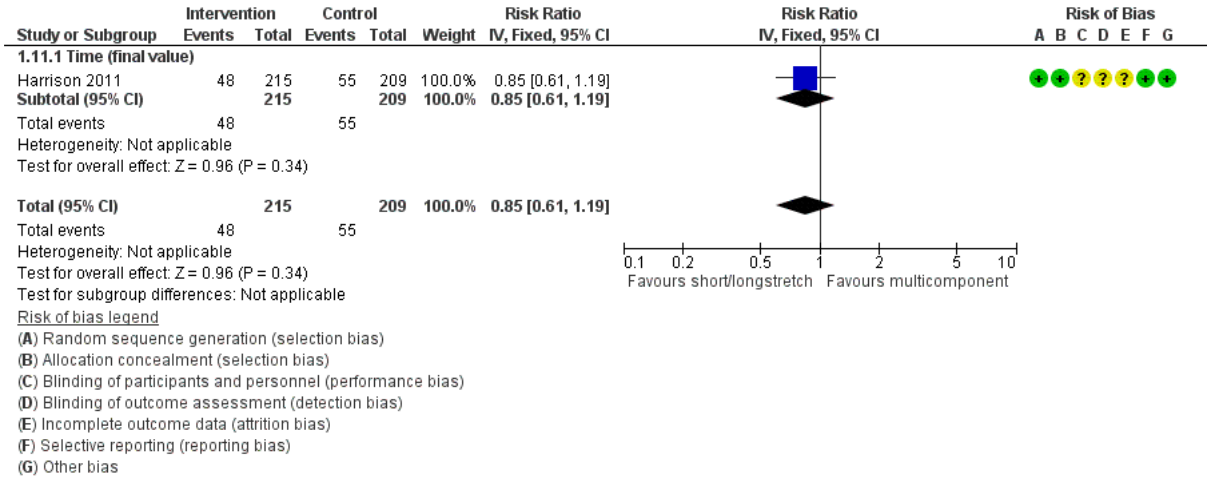
Forest plot of comparison: 1 Mulitikomponent vs kort/langstræksbandager, outcome: 1.9 Hudforandringer (skin changes) End of treatment, max 6 mdr..

Figure 9 (Analysis 1.10)



Forest plot of comparison: 1 Mulitikomponent vs kort/langstræksbandager, outcome: 1.10 Roseninfektion (Cellulitis) End of treatment, max 6 mdr..

Figure 10 (Analysis 1.11)



Forest plot of comparison: 1 Mulitikomponent vs kort/langstræksbandager, outcome: 1.11 Total reduktion af smerter (total reduction of pain) End of treatment, max 6 mdr..