

NKR52_Meniere_PICO9_Kirurgi

Characteristics of studies

Characteristics of included studies

Bretlau 1989

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013
Allocation concealment (selection bias)	Unclear risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013
Blinding of participants and personnel (performance bias)	Low risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013
Blinding of outcome assessment (detection bias)	Low risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013
Incomplete outcome data (attrition bias)	High risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013
Selective reporting (reporting bias)	Low risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013
Other bias	Low risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013

Thomsen 1981

Methods	Study design: Randomized controlled trial Study grouping: Parallel group
Participants	Baseline Characteristics Intervention 1 <ul style="list-style-type: none"> ● Age : 49.9 ● Boys %: 60 Control <ul style="list-style-type: none"> ● Age : 53.9 ● Boys %: 60 Included criteria: - Presence of typical attacks of fluctuating hearing loss, tinnitus and vertigo, often accompanied by nausea, vomiting and pressure in the ear with at least attack every two weeks, - A history of at least six months of disease, but no longer than five years.- Normal renal, cardiac and thyroid function.-No allergies.- The patients has to be considered psychologically normal. Excluded criteria: Tumor or other pathologic conditions in the cerebellopontine angle.
Interventions	Intervention Characteristics Intervention 1 <ul style="list-style-type: none"> ● <i>Description:</i> Regular endolymphatic sac shunt operation with insertion of Silastic into the sac, draining out into the mastoid cavity. ● <i>Longest follow-up after end of treatment:</i> 12 months Control <ul style="list-style-type: none"> ● <i>Description:</i> Regular mastoidectomy ● <i>Longest follow-up after end of treatment:</i> 12 months
Outcomes	Evaluation of operative good effect from patients (1year and 9 year FU)
Identification	Country: Denmark Setting: 2 University hospitals Authors name: Jens Thomsen Institution: Ear, Nose and Throat Department, Rigshospitalet, Copenhagen Address: Ear, Nose and Throat Department, Gentofte Hospital, Hellerup, DK-2900, Denmark
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Nothing mentioned
Allocation concealment (selection bias)	Unclear risk	Nothing mentioned
Blinding of participants and personnel (performance bias)	Unclear risk	Nothing mentioned
Blinding of outcome assessment (detection bias)	Low risk	Judgement Comment: Patients assessed at different hospitals
Incomplete outcome data (attrition bias)	Low risk	No apparent sources of bias
Selective reporting (reporting bias)	Low risk	No apparent sources of bias
Other bias	Low risk	No apparent sources of bias

Thomsen 1998

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013
Allocation concealment (selection bias)	Low risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013
Blinding of participants and personnel (performance bias)	High risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013
Blinding of outcome assessment (detection bias)	High risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013
Incomplete outcome data (attrition bias)	Low risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013
Selective reporting (reporting bias)	High risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013
Other bias	Low risk	For more information see: Pullens et al "Surgery for Meniere" Cochrane library 2013

Footnotes

Characteristics of excluded studies

Saliba 2015

Reason for exclusion	Wrong comparator
-----------------------------	------------------

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables

Additional tables

References to studies

Included studies

Bretlau 1989

[Empty]

Thomsen 1981

Thomsen, J.; Bretlau, P.; Tos, M.; Johnsen, N. J.. Placebo effect in surgery for Meniere's disease. A double-blind, placebo-controlled study on endolymphatic sac shunt surgery. Archives of otolaryngology (Chicago, Ill.: 1960) 1981;107(5):271-277. [DOI:]

Thomsen 1998

[Empty]

Excluded studies

Saliba 2015

* Endolymphatic duct blockage: A randomized controlled trial of a novel surgical technique for Meniere's disease treatment Otolaryngology - Head and Neck Surgery (United States) 2015;152(1):122-129.

Studies awaiting classification

Ongoing studies

Other references

Additional references

Other published versions of this review

Classification pending references

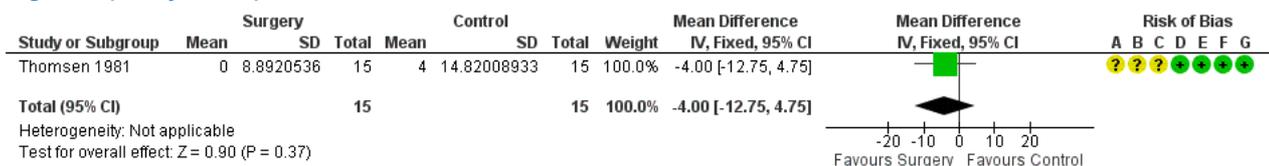
Data and analyses

1 Surgery vs Control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.3 Vertigo score. 1 year follow-up	1	30	Mean Difference (IV, Fixed, 95% CI)	-4.00 [-12.75, 4.75]
1.4 Good operative effect, estimated by patient. 1 year follow-up	1	30	Risk Ratio (IV, Fixed, 95% CI)	1.10 [0.69, 1.76]
1.5 Good operative effect, estimated by patient. 9 year follow-up	1	23	Risk Ratio (IV, Fixed, 95% CI)	1.25 [0.68, 2.27]

Figures

Figure 1 (Analysis 1.3)

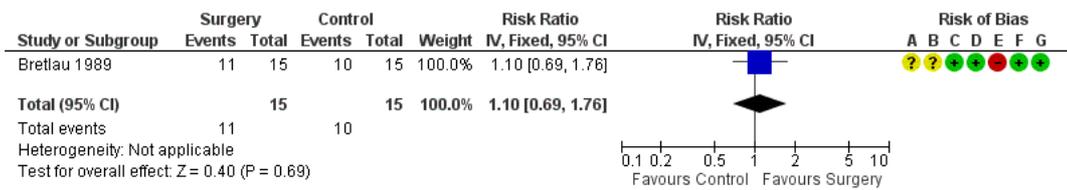


Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

Forest plot of comparison: 1 Surgery vs Control, outcome: 1.3 Vertigo score. 1 year follow-up.

Figure 2 (Analysis 1.4)

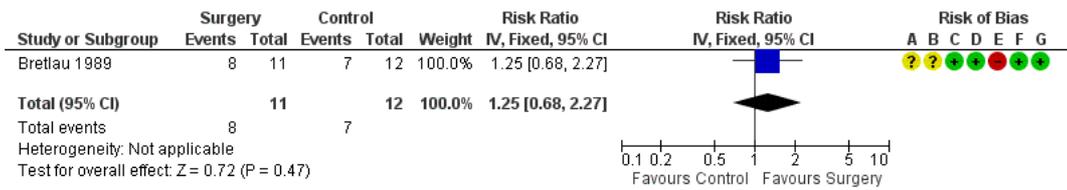


Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

Forest plot of comparison: 1 Surgery vs Control, outcome: 1.4 Good operative effect, estimated by patient. 1 year follow-up.

Figure 3 (Analysis 1.5)



Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

Forest plot of comparison: 1 Surgery vs Control, outcome: 1.5 Good operative effect, estimated by patient. 9 year follow-up.