Non-meta-analysis results					
Intervention	Review (#	Comparator	Conclusion	Conclusion	
	of studies				
	included)				
<u>Venous leg ulcers – time te</u>	o healing or rate	e of healing (1 review)	II II	NT . 1	
Applied freeze-dried	Nelson,	Vehicle or usual care	Topically applied	Neutral	
keratinocyte lysate	2011a[//]		freeze-dried		
(topical)	(CK: Nalson		keratinocyte Tysate		
	2008[110]		offoctivo et increasing		
	(1)		healing rates at 24		
	(1)		weeks		
Collagenase (topical)	Nelson.	Usual care or versus each	Results are	Indeterminate	
Conagenase (copreas)	2011a[77]	other (debriding agents)	inconclusive due to		
	(CR:		incomplete reporting		
	Nelson,		of the studies.		
	2008[119])				
	(31)				
Compression stockings	Nelson,	Compression bandages	Compression	Positive	
	2011a[77]		stockings may be more		
	(CR:		effective at increasing		
	Nelson,		healing rates and		
	2008[119])		reducing mean time to		
	(19)		healing in people with		
Eleveneide :	Nalson	Comprosion	We den't know	Indotorminato	
compression	$2011_{0}[77]$	Compression	whether flavonoids	Indeterminate	
compression	2011a[77]		nlus compression are		
	Nelson		more effective than		
	2008[119])		compression alone at		
	(14)		increasing ulcer		
			healing rates		
Intermittent pneumatic	Nelson,	Compression stockings or	We don't know	Indeterminate	
compression +	2011a[77]	bandages alone	whether adding		
compression	(CR:		pneumatic		
	Nelson,		compression to		
	2008[119])		compression stockings		
	(4)		is more effective than		
			stockings or bandages		
			alone at increasing		
L arged thereasy	Nalson	Hudrogal	Compared with	Indotorminato	
Laivar therapy	$2011_{2}[77]$	Hydroger	bydrogel we don't	mueterminate	
	(CR)		know whether larval		
	Nelson.		therapy is more		
	2008[119])		effective at improving		
	(1)		time to ulcer healing in		
			people with venous leg		
			ulcers		
Laser therapy	Nelson,	Sham treatment	Compared with sham	Indeterminate	
	2011a[77]		or control treatment,		
	(CR:		we don't know		
	Nelson,		whether low-level		

	2008[119])		laser treatment is more	
	(7)		effective at increasing	
	(7)		ulcor booling rotos of A	
			ulcer heating fales at 4	
T 1 1' ' 1	NT 1	¥ ¥ 1		T 1 4
Leg ulcer clinics, wound	Nelson,	Usual care	Compared with usual	Indeterminate
care program	2011a[77]		care we don't know	
	(CR:		whether leg ulcer	
	Nelson,		clinics are more	
	2008[119])		effective at increasing	
	(5)		ulcer healing rates	
Multi-layer elastomeric	Nelson,	Short-stretch bandages or	Multi-layer	Neutral
high –compression	2011a[77]	Unna's boot/paste-based	elastomeric high-	
	(CR:	systems	compression bandages	
	Nelson		seem no more	
	2008[119])		effective than short-	
	(12)		stratch bandagas at	
	(12)		increasing bashing	
			rates, but may reduce	
			time to healing	
Platelet-derived growth	Nelson,	Placebo	Compared with	Indeterminate
factor (oral)	2011a[77]		placebo, we don't	
	(CR:		know whether platelet-	
	Nelson,		derived growth factors	
	2008[119])		are more effective at	
	(2)		increasing ulcer	
			healing rates	
Rutosides (oral)	Nelson.	Placebo	Compared with	Indeterminate
	2011a[77]		placebo, we don't	
	(CR:		know whether oral	
	Nelson		rutosides alone or with	
	2008[119])		compression are more	
	(3)		effective than placebo	
	(3)		at increasing ulcer	
			had increasing uncer	
			meaning fates at 0 to 12	
	NY 1		weeks	
Semi-occlusive dressings:	Nelson,	Simple low-adherent	Compared with simple	Neutral
foam, film, hyaluronic	2011a[77]	dressings, in the presence of	low-adherent	
acid-derived dressings,	(CR:	compression	dressings, semi-	
collagen, cellulose, or	Nelson,		occlusive dressings	
alginate	2008[119])		(foam, film,	
	(16)		hyaluronic acid-	
			derived dressings,	
			collagen, cellulose, or	
			alginate) may be no	
			more effective than	
			simple low-adherent	
			dressings (such as	
			naraffin_tulle or	
			knitted viscoso	
			dressings) at	
			aressings) at	
			increasing wound	
			healing rates in the	
			presence of	
			compression	
Single-layer non-elastic	Nelson,	Multi-layer non-elastic	We don't know how	Indeterminate
system stockings	2011a[77]	system	single-layer and multi-	

Nelson, 2008[119] systems compare at increasing healing rate. Neutral elastic system, multi- layer elastomeric (or compression regimens Multi-layer elastomeric (or non-elastomeric) high- compression regimens, four- layer elastomeric) high- compression regimens, four- layer compression bandages Multi-layer elastomeric high- compression handages Neutral Sulodexide (oral) + compression and lager Nelson, 2008[119] Compression handages Multi-layer elastomeric high- compression handages Neutral Sulodexide (oral) + compression Nelson, 2011a[77] Compression 2008[119] Compression andages and other multi-layer high-compression andages Positive Thromboxane o2 antagonists (oral) Nelson, 2008[119] Compared with placebon, 2008[119] Positive Thromboxane o2 antagonists (oral) Nelson, 2008[119] Placebo Compared with placebo, we don't thromboxane o2 antagonists are more effective at increasing healing rates are nore effective at increasing ulcer healing rates Positive Topical negative pressure (vacuum-assisted closure) Nelson, 2008[119] Usual care (CR: Nelson, 2008[119] Usual care compared with usual care, topical negative pressure (vacuum- assisted closure) Positive care techniques at reducing time to complex with venus or areriovenous ulcers of at least 6 nonths' duration Neutral Ultrasound Nelson, 2008[119] <t< th=""><th></th><th>(CR:</th><th></th><th>laver non-elastic</th><th></th></t<>		(CR:		laver non-elastic	
2008[119] (1) increasing healing rate. Stockings: multi-layer elastic system, multi- layer clastomeric (or mor- clastomeric) high- compression regimens Multi-layer clastic system, multi-layer elastomeric (or clastomeric) high- compression regimens Neutral 2008[119] (10) Nelson, 2008[119] Differ for uper compression bandages other multi-layer high- compression and dues other multi-layer high-compression and due or antagonist or all antagonists (oral) Positive Sulodexide (oral) + compression Nelson, 2008[119] Compression Compared with compression and due compression is more antagonists are more effective at increasing healing rates outch realing rates antagonists (oral) Indeterminate placebo. we don't know whether oral thromboxane o2 2011a[77] (CR: Nelson, 2001a[77] Indeterminate placebo. we don't know whether oral thromboxane o2 2011a[77] (CR: Nelson, 2001a[77] Obsen, 2011a[77] (CR: Nelson, 2008[119] Usual care Compared with presure (vacuum- assisted closure) Positive compression so more effective at increasing there are tracking ime to healing at 12 weeks and increasing the proportion of people with head ulcers of at least of months' duration Ultrasound Nelson, 2008[119] Standard care (Crear techning ime to healing at 12 weeks and increasing the proportio		Nelson.		systems compare at	
Image: contract of the system set of the sy		2008[119])		increasing healing rate.	
Stockings: multi-layer clastic system, multi- layer clastomeric (orn on- clastomeric) figh- compression regimens Neutral Multi-layer clastic system, multi- layer clastomeric) figh- compression regimens, four- layer compression bandages Neutral 2011[17] (CR: Nelson, 2008[119]) Nelson, (10) Compression bandages other multi-layer high- compression bandages and other multi-layer high-compression adanges Neutral Sulodexide (oral) + compression Nelson, 2011[17] Compression Compared with compression adanges Positive Sulodexide (oral) + compression Nelson, 2011[17] Compression Compared with compression adanges Positive Thromboxane a2 antagonists (oral) Nelson, 2011[17] Placebo Compared with subdexide plus compression adanges Indeterminate Topical negative pressure (vacuum-assisted closure) Nelson, 2008[119] Placebo Compared with subdexide regime (CR: Nelson, 2008[119] Nelson, 2008[119] Placebo Compared with subdexide regime (care topical negative pressure (vacuum- assisted closure) Positive Ultrasound Nelson, 2008[119] Usual care Compared with standard care, vacuum- assisted closure) Nelson, 2008[119] Nelson, 2008[119] Nelson, 2008[119] Nelson, 2008[119] Nelson, 2008[119] Nelson, 2008[119]		(1)		meneral meaning rates	
elastic system, multi- layer elastomeric (or elastomeric) high- compression regimens, 2008[119]) (10) 2018[119]) (10) 2018[119]) (10) 2018[119]) (10) 2018[119]) (10) 2018[119]) (10) 2018[119]) (10) 2018[119]) (10) 2018[119]) (10) 2018[119]) (10) 2018[119]) 2018[119]) (10) 2018[119] 2018[119] 2018[Stockings: multi-layer	Nelson.	Multi-layer elastic system.	Multi-laver	Neutral
layer elastomeric (or non- elastomeric) high- compression regimens Intervent (CR: Nelson, 2008[119]) Intervent (CR: Nelson, 2008[119]) Intervent (CR: Nelson, 2011a[77] Intervent (CR: Nelson, 2011a[77] Intervent (CR: Nelson, 2008[119]) Intervent (CR: Nelson, 2011a[77] Intervent (CR: Nelson, 2008[119]) Intervent (CR: Nelson, 2008[119]) Intervent (CR: Nelson, 2008[119]) Intervent (CR: Nelson, 2008[119]) Positive Thromboxane a2 antagonists (oral) Nelson, 2011a[77] Compression Compression is more effective at increasing healing rates Positive Topical negative pressure (vacuum-assisted closure) Nelson, 2008[119]) Placebo Compared with placebo, we don't pressure (vacuum- assisted closure) Positive Topical negative pressure (vacuum-assisted closure) Nelson, 2008[119]) Usual care Compared with placebo, we don't thromboxane a2 antagonists or all care techniques at reducing rates Positive Topical negative pressure (vacuum-assisted closure) Nelson, 2008[119]) Usual care Compared with pressure (vacuum- assisted closure) Positive (1) Clason, 2008[119]) Standard care Compared with pressure (vacuum- assisted closure) Positive (1) Clason, 2008[119]) Standard care Compared with standard care, utrassound lay to vecks and increasing the proportion of people with healed ucers at 12 nonths <	elastic system multi-	2011a[77]	multi-layer elastomeric (or	elastomeric high-	rtoutiui
Compression regimens Nelson, 2008[119]) compression regimens, four- layer compression bandages of ther multi-layer high- compression bandages compared with each other, four-layer multi-layer high- compression bandages and other multi-layer high-compression bandages may be equally effective at increasing healing rates Sulodexide (oral) + compression Nelson, 2011a[77] (CR: Nelson, 2003[119]) Compression Compression bandages Positive Thromboxane a2 antagonists (oral) Nelson, 2011a[77] (CR: Nelson, 2003[119]) Compression 2011a[77] (CR: Nelson, 2003[119]) Placebo Compression alone, oral sulodexide plus compression alone, oral sulos al to romboane a2 antagonists (oral) Indeterminate placebo, we don't know whether oral thromboxane a2 antagonists are more effective than iscreasing ulcer healing rates Ultrasound Nelson, 2003[119]) (1) Usual care Compared with standard care, ultrasound alone, are reducing time to complex with venous or arteriovenous ulcers of al least 6 months' duration Neutral standard care, ultrasound is no m	laver elastomeric (or non-	(CR)	non-elastomeric) high-	compression regimens	
Compression regimens 2008[119] (10) Tayer compression bandages, other multi-layer high- compression bandages, other multi-layer high- compression bandages Other, four-layer compression bandages, and other multi-layer high-compression bandages and other multi-layer or al subdexide plus compression alonce effective at increasing healing rates at 2 to 3 months Positive Sulodexide (oral) + compression alonce 2008[119]) (4) Nelson, 2011a[77] (CR: Nelson, 2008[119]) Compression alonce effective at increasing healing rates at 2 to 3 months Indeterminate Thromboxane a2 antagonists (oral) Nelson, 2011a[77] (CR: Nelson, 2008[119]) Placebo Compared with placebo, we don't know whether oral antagonists are more effective at increasing ulcer healing rates Positive care, topical negative pressure (vacuum- assisted closure) Positive (CR: Nelson, 2008[119]) Topical negative pressure (vacuum-assisted closure) Nelson, 2008[119] Usual care (CR: Nelson, 2008[119]) Usual care (CR: Nelson, 2008[119]) Compared with usual care techniques at reducing time to complete healing in people with venous or at lease to moths' duration Neutral standard care, ultrasound is no more effective than standard care at reducing time properion of people with healed ulcers at 12 months	elastomeric) high-	Nelson	compression regimens four-	compared with each	
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Image: Compression bandages Nelson, Standard care Compared with standard care, ultrasound is no more effective than standard care, ultrasound is no more effective than standard care at reducing time to healing at 12 weeks and increasing the proportion of people with healed ulcers at 12 months Neutral				arteriovanous ulcars of	
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Ultrasound Nelson, Standard care Compared with Neutral 2011a[77] (CR: ultrasound is no more ultrasound is no more (CR: ultrasound is no more effective than standard and increasing time (2008[119]) (2) to healing at 12 weeks and increasing the (2) 12 months proportion of people with healed ulcers at 12 months Nelson Desitive Desitive				duration	
Onlasound Aleison, Standard care Compared with Nedular 2011a[77] standard care, ultrasound is no more (CR: ultrasound is no more Nelson, effective than standard 2008[119]) care at reducing time (2) to healing at 12 weeks and increasing the proportion of people with healed ulcers at 12 months	Liltrasound	Nalson	Standard cara	Compared with	Noutral
2011a[77] Standard care, (CR: ultrasound is no more Nelson, effective than standard 2008[119]) care at reducing time (2) to healing at 12 weeks and increasing the proportion of people with healed ulcers at 12 months Venous leg ulcers – ulcer healing (5 reviews) No compression Compression bandages Nelson	Oluasound	$2011_{0}[77]$	Standard care	standard cara	Incutat
(CK. Initiasound is no more Nelson, effective than standard 2008[119]) care at reducing time (2) to healing at 12 weeks and increasing the proportion of people with healed ulcers at 12 months Venous leg ulcers – ulcer healing (5 reviews) Positive				ultrasound is no more	
1001501, 2008[119]) care at reducing time (2) to healing at 12 weeks and increasing the proportion of people with healed ulcers at 12 months Venous leg ulcers – ulcer healing (5 reviews) Compression bandages Positive		Nelson		effective than standard	
(2) to healing at 12 weeks and increasing the proportion of people with healed ulcers at 12 months Venous leg ulcers – ulcer healing (5 reviews) Compression		2008[110])		care at reducing time	
Venous leg ulcers – ulcer healing (5 reviews) No compression Compression bandages Positive		(2)		to healing at 12 weeks	
Venous leg ulcers – ulcer healing (5 reviews) No compression Compression bandages Positive		(2)		and increasing the	
Venous leg ulcers – ulcer healing (5 reviews) No compression Compression bandages Positive				proportion of people	
Venous leg ulcers – ulcer healing (5 reviews) No compression Compression bandages Positive				with healed ulcers at	
Venous leg ulcers – ulcer healing (5 reviews) Compression bandages Nelson				12 months	
Compression handages Nelson No compression Compression handages Positive	Venous leg ulcors - ulcor	healing (5 rovie	l ws)	12 monuis	
A A A A A A A A A A A A A A A A A A A	Compression bandages	Nelson	No compression	Compression bandages	Positive

stockings	2011a[77]		and stockings heal	
stockings	(CR)		more ulcers compared	
	Nelson		with no compression	
	2008[110]		with no compression.	
	(7)			
	(7) Nalaan	Latana ittaat aa aaaa tia	The DCT is to a small	In data mada
	Nelson,	intermittent pneumatic	The RCT is too small	Indeterminate
	2011a[//]	compression	to draw a reliable	
	(CR:		conclusion.	
	Nelson,			
	2008[119])			
	(1)			*
Electromagnetic therapy	Aziz,	Sham electromagnetic	2/3 trials positive for	Positive
	2011[73]	therapy	electromagnetic	
	(CR: Aziz,		therapy vs sham	
	2010[117])		electromagnetic	
	(3)		therapy.	
Hydrocolloid (occlusive)	Nelson,	Simple dressings	Compared with simple	Neutral
dressings + compression	2011a[77]		dressings,	
	(CR:		hydrocolloid dressings	
	Nelson,		are no more effective	
	2008[119])		than simple low-	
	(23)		adherent dressings at	
	~ /		increasing ulcer	
			healing rates in people	
			receiving compression	
Intermittent pneumatic	Berliner.	Other compression devices.	3/8 studies showed	Indeterminate
compression (Flowtron	2003[103]	standard wound care	positive for	
sequential gradient lobst	(8)	(Setopress Unna boot	intermittent pneumatic	
extremity nump)	(0)	debridement ulcer	compression but	
extremity pump)		cleansing compression	available data cannot	
		stocking continued	be relied on to inform	
		compression bandage)	the optimal choice of	
		compression bandage)	compression therapy	
			or optimal protocol	
Magnet debuidement	Zanahi	Under al bridge alloid		Desition
theremy	2012(72)(7)	Hydrogel, hydrocolloid,	Larvar therapy as	Positive
ulerapy	2012[72](7)	conventional therapy (same	being significantly	
		gauze)	more effective than	
			hydrogel or a mixture	
			of conventional	
			therapy modalities,	
			including	
			hydrocolloid, hydrogel	
			and saline moistened	
			gauze.	
Mesoglycan (topical)	Nelson,	Plant-based extract, topical	Compared with plant-	Indeterminate
	2011a[77]		based extract, we don't	
	(CR:		know how topical	
	Nelson,		mesoglycan (a	
	2008[119])		profibrinolytic agent)	
	(1)		and plant-based extract	
			compare at increasing	
			ulcer healing.	
Skin grafts	Nelson,	Usual care or vs each other	Different types of skin	Indeterminate
	2011a[77]		grafts compared with	
	(CR:		other treatments for	

	Nelson		legulcers we don't	
	2008[110]		know how different	
	2008[119])			
	(1)		types of skin grafts	
			and other treatments	
			for leg ulcers compare	
			at increasing healing	
			of venous ulcers	
Superficial venous	Howard.	Conservative compression	Surgery results in a	Positive [*]
surgery	2008[89]	therapy	less impressive	
Surgery	(54)	and ap y	reduction in ulcer	
	(51)		recurrence in patients	
			These patients appear	
			to still be a fit from	
			surgery due to the	
			hemodynamic and	
			clinical benefits that	
			result.	
Venous leg ulcers – propor	rtion of patients	with healed wounds (2 reviews		
Antimicrobial (topical)	Nelson,	Placebo or usual care	Compared to placebo	Neutral
	2011a[77]		or usual care, topical	
	(CR)		antimicrobial agents	
	Nelson		may be no more	
	2008[110]		effective at increasing	
	(1)		the propertien of	
	(1)		the proportion of	
			people with	
			completely healed	
			ulcers.	
Autologous platelet lysate	Nelson,	Placebo	Compared with	Neutral
(topical)	2011a[77]		placebo, topically	
	(CR:		applied autologous	
	Nelson,		platelet lysate seems	
	2008[119])		no more effective at	
	(1)		increasing the	
			proportion of people	
			with healed ulcers at 9	
			months	
Calcitonin gane related	Nelson	Placebo	Compared with	Noutral
pontido (topical)	$2011_{0}[77]$	T lacebo	placabo, calcitonin	iveutiai
peptide (topical)	2011a[//]		placebo, calcitolilli	
	(CK:		gene-related peptide	
	Nelson,		plus vasoactive	
	2008[119])		intestinal polypeptide	
	(1)		seems no more	
			effective at increasing	
			the proportion of	
			people with healed	
			ulcers at 12 weeks	
Cultured allogenic bilayer	Nelson,	Non-adherent dressing	Cultured allogenic	Positive
skin replacement	2011a[77]	C	bilayer skin	
	(CR)		replacement	
	Nelson		(containing both	
	2008[110]		enidermal and dermal	
	(2)		components) scome	
	(2)		more offective et	
			more effective at	
			increasing the	
			proportion of healed	
			ulcers.	

Granulocyte-macrophage colony-stimulating factor (peri-ulcer injection)	Nelson, 2011a[77] (CR: Nelson, 2008[119]) (1)	Placebo	Recombinant human granulocyte- macrophage colony- stimulating factors (rHuGM-CSF) are more effective at increasing the proportion of people with completely	Positive
			weeks	
Multi-layer elastomeric high-compression bandages	Nelson, 2011a[77] (CR: Nelson, 2008[119]) (4)	Single-layer bandages	Multi-layer elastomeric high- compression bandages compared with single- layer bandage multi- layer compression bandages are more effective at increasing the proportion of people with healed ulcers	Positive
Pentoxifylline (oral) + compression)	Nelson, 2011a[77] (CR: Nelson, 2008[119]) (7)	Placebo	Compared with placebo, oral pentoxifylline plus compression is more effective at increasing the proportion of people with healed ulcers at 8 to 24 weeks.	Positive
Prostaglandin E1 (IV)	Nelson, 2011a[77] (CR: Nelson, 2008[119]) (1)	Placebo	Compared with placebo, intravenous prostaglandin E1 may be more effective at improving the number of healed ulcers at 120 days	Positive
Single-layer non-elastic system stockings	Nelson, 2011a[77] (CR: Nelson, 2008[119]) (2)	Multi-layer elastic system	Unclear whether single-layer is more effective at increasing the proportion of limbs with complete healing of ulcers	Indeterminate
Subfascial endoscopic perforator surgery	Tenbrook, 2004[102] (20)	Unclear	Overall, after surgical treatment including subfascial endoscopic perforator surgery, with or without concomitant superficial venous ablation, ulcers in 88% of limbs healed. Ulcers recurred in 13%, at mean time of 21 months.	Positive

Superficial vein surgery	Nelson	No surgery or versus surgery	Perforator ligation	Indeterminate
Supernetar veni surgery	$2011_{9}[77]$	nlus skin grafting in the	compared with no	maeterminate
		presence of compression	surgery or surgery plus	
	Nolson	presence of compression	surgery of surgery plus	
			skin grannig, we don't	
	2008[119])		know whether	
	(2)		perforator ligation is	
			more effective at	
			increasing the	
			proportion of ulcers	
			healed at 1 year or at	
			reducing time to ulcer	
			healing	
Systemic mesoglycan	Nelson,	Placebo + compression	Systemic mesoglycan	Positive
(IM, oral) + compression	2011a[77]		plus compression	
	(CR:		seems more effective	
	Nelson,		at increasing the	
	2008[119])		proportion of people	
	(1)		with healed ulcers.	
Mixed arterial/venous leg	ulcers – ulcer h	ealing (6 reviews)		
Ciprofloxacin (oral).	O'Meara	Placebo, allopurinol	Results do not support	Neutral
trimethoprim (oral)	2001[110]	(topical), hydrocolloid	routine use of systemic	
polynoxilin (topical)	(CR·	dressing another antibiotic	antibiotics for leg	
dimethyl sulfoyide	O'Meara	collagen gel cetrimide	ulcers or diabetic foot	
(topical) munirocin	2000[124]	lotion clavulanic acid	ulcers without acute	
(topical), nuprochi	(22)	hydrogol drossing silestic	infaction but they may	
(topical), povidone-loane	(22)	form drossing, shashe	he wasful as an adjunct	
(topical) with		Ioani dressnig	be useful as all adjulict	
nydrocolloid, silver			to surgery for phonidal	
cream or impregnated			sinuses.	
dressing, levamisole				
(oral), benzoyl peroxide				
(topical), AZAC cream,				
eosin and chloroxylenol				
spray, hexachlorophane				
lotion, oxyquinoline				
lotion, gentian violet				
0.1% with dibutyryl				
adenosine (topical),				
amoxylcillin (oral),				
clindamycin (oral),				
chlorhexadine (topical),				
cefotoxin, metronidazole,				
gentamicin. Eusol pack				
Electromagnetic therapy	McGaughev	A sham or a different	For venous ulcers.	Positive
guere morupy	2009[82]	intensity of pulsed	there is strong	
	(11)	electromagnetic therapy No	evidence that pulsed	
	(11)	nulsed electromagnetic	electromagnetic	
		therany or other treatments	therapy is more	
		therapy of other treatments.	affective then show	
			pulsed electromegnetic	
			the sector of th	
			and planters 1	
			and plantar ulcers,	
			there is moderate	
			evidence that pulsed	
			electromagnetic	
			therapy, in	
1			combination with	

			conventional wound care is better than conventional wound care alone.	
Honey (topical)	Mwipatayi, 2004[101] (2)	Phenytoin, topical, commercial wound dressings or systemic and topical antibiotics	Inconclusive due to trials differences.	Indeterminate
Ketanserin ointment, 2% (topical)	Nelson, 2009[84] (CR: Nelson, 2006[122]) (1)	Vehicle (polyethylene glycol)	The trial was too small and for too short a follow-up period to be able to determine any difference in healing rates	Indeterminate*
Primary nursing delivery, team members received training in leg ulcer management; standardized treatment from a wound care team comprising trained community pharmacists and nurses - a standardized protocol along with training was provided to team members	Ministry of Health and Long-term Care, 2009b[83] (2)	Usual care (no wound treatment protocol was used)	The evidence supports that managing chronic wounds with a multidisciplinary wound care team significantly increases wound healing	Positive
Silver releasing dressing	Vermeulen, 2010[80] (3)	Dressing with silver, different dosages, no silver, other antiseptics	The data from these trials show that silver- containing foam dressings did not significantly increase complete ulcer healing as compared with standard foam dressings or best local practice after up to four weeks of follow- up.	Neutral [*]
<u>Diabetes foot/leg ulcers – </u>	wound area/size	reduction (2 reviews)		
Hyperbaric oxygen therapy (systemic + usual care)	Hunt, 2011[79] (CR: Hunt, 2009[120]) (1)	Usual care	Hyperbaric oxygen plus usual care may be no more effective at promoting ulcer healing.	Neutral
Stem cell therapy	Hinchliffe, 2008[88] (2)	Saline, conventional treatment	2/2 studies positive for stem cell therapy vs placebo.	Positive
Diabetes foot/leg ulcers – t	<u>ime to healing o</u>	or rate of healing (3 reviews)	1	
Human skin equivalent	Hunt, 2011[79] (CR: Hunt, 2009[120]) (1)	Saline-moistened gauze	Study positive for human skin equivalent vs saline-moistened gauze	Positive
Human cultured dermis	Hunt,	Usual care	Human cultured	Neutral

	2011[79]		dermis substitute plus	
	(CR: Hunt,		usual care is no more	
	2009[120])		effective at increasing	
	(1)		ulcer healing rates vs	
			usual care	
Laser therapy and	Hinchliffe.	NR	Couldn't draw	Indeterminate
complex intervention	2008[88] (1)		conclusions from	
compren men remain	_000[00](1)		study.	
Platelet derived growth	Hunt.	Placebo	4/6 studies positive for	Positive
factors (topical)	2011[79]		topical growth factors	1 0010110
fuetors (topicul)	$(CR \cdot Hunt)$		vs placebo	
	2009[120]		vs placebo	
	(6)			
Pressure off-loading	Hunt	Pressure off-loading	No significant	Neutral
felted foam	2011[79]	(pressure-relief half shoe)	difference between	rioutur
Tened Toum	$(CR \cdot Hunt)$	(pressure rener nun snoe)	felted foam vs	
	(CR. 11011, 2000[120])		pressure relief half	
	(1)		shoo	
Prossure off loading total	(1) Hunt	Traditional drassing changes	Shot Study positive for	Positivo
contact or non removable	2011[70]	Traditional dressing changes	pressure off loading vs	1 Ositive
contact of non-removable	(CP: Hunt)		traditional drassing	
cast	(CK, 11011, 2000(1201))		changes	
	(1)		changes	
Stem cell therapy	(1) Hinchliffe	Saline	1/1 study neutral (no	Neutral
Stell cell therapy	2009[991(1)]	Same	significant difference)	incuttat
	2008[88] (1)		for store coll vs coline	
Strin creafts	Linchliffe	Split thiskness coeft	1/1 study neutral (not	Noutral
Skill graits	2009(991(1))	Spin unckness gran	1/1 study neutral (not	Ineutral
	2008[88] (1)		significant) for skin	
Tenieslassetine and	T The hairs for		graits vs controis.	Nanatura 1*
1 opical negative pressure		Hydrocolloid wound gel and	Topical negative	Neutral
	2008a[95]	gauze dressings,	pressure does not	
	(7)	chlorophyllin copper	significantly increase	
		complex /Papain-urea	the healing rate of	
		topical, saline gauze,	chronic wounds	
		hydrogels, alginates,	compared with	
		compression bandages,	comparators.	
		ringers soaked bandages		
Diabetes foot/leg ulcers – i	ulcer healing (1	<u>0 reviews)</u>	T 1 '	T 1 4
Alginate, foam, hydrogel,	Mason,	Sterile gauze dressings,	Inconclusive	Indeterminate
nydrocolloid dressings	1999[112]	other dressings		
Algingto badress 1	(10)	Coline resistant 1	2/2 atradian at a star	N
Alginate, hydrogel,	Hinchliffe,	Saline-moistened gauze,	2/2 studies showed no	Neutral
hydrocellulase, semi-	2008[88] (7)	wet/dry sterile gauze	difference between	
permeable membrane			alginate vs saline-	
dressings			moistened gauze. $1/3$	
			studies were positive	
			tor hydrogel vs saline-	
			moistened gauze. 1/1	
			study positive for	
			hydrocellulase vs	
			saline-moistened	
			gauze. 1/1 study	
			positive for semi-	
			permeable membrane	
			vs saline-moistened	

			gauze.	
Amoxicillin + clavulanic acid (oral), ofloxacin, imipenem/cilastatin,	Mason, 1999[112] (4)	Placebo, other antibiotics	Inconclusive	Indeterminate
ampicillin/sulbactam (IV)				
Antibiotics, choice based on bone biospsy (IV, oral)	Peters, 2012[70] (1)	NR	Inconclusive	Indeterminate
Ayurvedic preparations (oral + topical)	Nelson, 2006[98] (CR: O'Meara, 2000[124]) (1)	Standard care	The majority of trials were underpowered and too dissimilar to be pooled. There was no strong evidence for recommending any particular antimicrobial agent for the prevention of amputation, resolution of infection or ulcer healing.	Indeterminate
Clindamycin, fluoroquinolone, rifampicin, amoxicillin/clavulanic acid (oral, topical) +/- surgical intervention	Lima, 2011[74] (8)	No controls; all observational studies	There is insufficient evidence to support early use of broad- spectrum antibiotics against methicillin- resistant Staphylococcus aureus to promote healing of diabetic ulcers, since antibiotic resistance may develop from such treatment.	Indeterminate*
Compression	Hinchliffe, 2008[88] (1)	Placebo	1/1 study positive for compression vs placebo	Positive
Cultured human dermis	Mason, 1999[112] (2)	Standard wound care, conventional care	Inconclusive	Indeterminate
Dressings + debridement (hydrogel)	Hunt, 2011[79] (CR: Hunt, 2009[120]) (4)	Other debridement techniques (hydrogel), standard wound care	3/4 studies positive for hydrogel vs standard wound care. Indeterminate study between hydrogel purilon vs hydrogel intrasite.	Positive
Early surgical intervention + antibiotics	Peters, 2012[70] (2)	Systemic antibiotics	Hard to draw any conclusions from these data	Indeterminate
Electrical stimulation	Hinchliffe, 2008[88] (2)	NR	1/2 studies positive for electrical stimulation	Neutral
Endovascular or open bypass revascularization surgery of an ulcerated foot	Hinchliffe, 2012[69] (49)	NR	There were insufficient data to recommend one method of revascularization over	Indeterminate

For care time interventions 2011[79] CK: Hunt, 2009[120] Interventions Interventions Granulocyte-colony Mason, Placebo Intitial result indicates Indetermin stimulating factor (SC) Mason, Placebo Intitial result indicates Indetermin Nelson, Standard care, placebo The majority of trials Indetermin OO(124) (1) The majority of trials Indetermin Ventor Nelson, Standard care, placebo The majority of trials Indetermin OO(124) (4) Standard care, placebo The majority of trials Indetermin (4) Peters, 2000[124]) no strong evidence for recommending any particular antimicrobial agent for the prevention of amputation, resolution of infection or ulcer healing. Indetermin Peters, 2012[70] (5) Saline gauze, dry gauze, stup of thas gauze Neutra gauze Indetermin Growth factors (topical) Hinchliffe, 2008[88] (8) Placebo, saline-moistened gauze 4/8 studies positive for growth factors vs placebo Neutra antimicrobial agent for the prevention of amputation, resolution of strong evidence for recommending any particular antimicrobial agent for the prevention of amputation, resolution of infection or ulcer 0.3% chlorox	Foot care clinic	Hupt	Liqual cara	another. Of the 49 studies cited in this review, 46 are case series and have no control group. Of the remaining three studies with a control group: no revascularization was noted.	Indeterminate
Granulocyte-colony stimulating factor (SC)Mason, 1999[112] (1)PlaceboInitial result indicates that granulocyte- colony stimulating factor treatment should receive more extensive evaluationIndetermin(1)(1)Standard care, placeboThe majority of trials were underpowered and too dissimilar to be pooled. There was no strong evidence for recommending any particular antimicrobial agent for the prevention of amputation, resolution of infection or ulcerIndeterminPeters, 2012[70] (5)Usual careResults of these five studies are inconsistent and provide no clear evidence on which intervention is more effectiveIndeterminGrowth factors (topical)Hinchliffe, 2006[98] (CR: (5)Placebo, saline-moistened gauze4/8 studies are inconsistent 	interventions	2011[79] (CR: Hunt, 2009[120]) (1)	Usual care	indeterminate	indeterminate
Nelson, 2006[98] (CR: O'Meara, 2000[124]) (4)Standard care, placeboThe majority of trials were underpowered and too dissimilar to be pooled. There was no strong evidence for 	Granulocyte-colony stimulating factor (SC)	Mason, 1999[112] (1)	Placebo	Initial result indicates that granulocyte- colony stimulating factor treatment should receive more extensive evaluation	Indeterminate
Peters, 2012[70] (5)Usual careResults of these five studies are inconsistent and provide no clear evidence on which intervention is more effectiveIndetermin of evidence on which intervention is more effectiveGrowth factors (topical)Hinchliffe, 2008[88] (8)Placebo, saline-moistened gauze4/8 studies positive for growth factors vs placeboNeutra placeboHydrogel, cadexomer iodine ointment, dressings, larval therapy, sugar (topical) systemic antibioticsNelson, 2006[98] (CR: (CR: (5)Saline gauze, dry gauze, attibiotics, standard care, 		Nelson, 2006[98] (CR: O'Meara, 2000[124]) (4)	Standard care, placebo	The majority of trials were underpowered and too dissimilar to be pooled. There was no strong evidence for recommending any particular antimicrobial agent for the prevention of amputation, resolution of infection or ulcer healing.	Indeterminate*
Growth factors (topical)Hinchliffe, 2008[88] (8)Placebo, saline-moistened gauze4/8 studies positive for growth factors vs placeboNeutraHydrogel, cadexomer iodine ointment, dressings, larval therapy, sugar (topical) systemic antibioticsNelson, 2006[98] (CR: 0'Meara, 2000[124])Saline gauze, dry gauze, antibiotics, standard care, streptokinase, 2% eosin and 0.3% chloroxylenol spray, gauze and chlorhexidine, sugar dressingsThe majority of trials were underpowered and too dissimilar to be pooled. There was no strong evidence for recommending any particular antimicrobial agent for the prevention of amputation, resolution of infection or ulcer		Peters, 2012[70] (5)	Usual care	Results of these five studies are inconsistent and provide no clear evidence on which intervention is more effective	Indeterminate
Hydrogel, cadexomer iodine ointment, dressings, larval therapy, antibioticsNelson, 2006[98] (CR: O'Meara, 2000[124])Saline gauze, dry gauze, antibiotics, standard care, streptokinase, 2% eosin and 0.3% chloroxylenol spray, gauze and chlorhexidine, sugar dressingsThe majority of trials were underpowered and too dissimilar to be pooled. There was no strong evidence for recommending any particular 	Growth factors (topical)	Hinchliffe, 2008[88] (8)	Placebo, saline-moistened gauze	4/8 studies positive for growth factors vs placebo	Neutral
Humanharia ovugan Himahliffa Standard core 5/6 studies politics for Desitive	Hydrogel, cadexomer iodine ointment, dressings, larval therapy, sugar (topical) systemic antibiotics	Nelson, 2006[98] (CR: O'Meara, 2000[124]) (5)	Saline gauze, dry gauze, antibiotics, standard care, streptokinase, 2% eosin and 0.3% chloroxylenol spray, gauze and chlorhexidine, sugar dressings	The majority of trials were underpowered and too dissimilar to be pooled. There was no strong evidence for recommending any particular antimicrobial agent for the prevention of amputation, resolution of infection or ulcer healing.	Indeterminate*

therapy	2008[88] (6)		hyperbaric oxygen	
			care.	
	Hunt, 2011[79] (CR: Hunt, 2009[120])	Usual care	2/2 studies positive for hyperbaric oxygen therapy vs usual care.	Positive
	(2) Mason, 1999[112] (2)	Clinical management, standard care	Studies show no significant differences between hyperbaric oxygen therapy and standard care, clinical management	Neutral
	Peters, 2012[70] (1)	NR	Inconclusive	Indeterminate
Hyperbaric oxygen therapy (systemic + usual care)	Hunt, 2011[79] (CR: Hunt, 2009[120]) (1)	Usual care	Hyperbaric oxygen plus usual care may be no more effective at promoting ulcer healing.	Neutral
Imipenem/cilastatin, cefazolin, Ampicillin/sulbactam, Linezolid, Piperacillin/tazobactam. Amoxycillin + clavulanic acid, clindamycin hydrochloride (oral), pexiganan cream	Nelson, 2006[98] (CR: O'Meara, 2000[124]) (13)	Piperacillin/clindamycin, ceftriaxone, cefoxitin, amoxicillin clavulanate, placebo, cephalexin, ofloxacin, standard care.	There was no strong evidence for recommending any particular antimicrobial agent for the prevention of amputation, resolution of infection or ulcer healing. Topical pexiganan cream may be as effective as oral antibiotic treatment with ofloxacin for the resolution of local infection.	Neutral [*]
Ketanserin (oral, topical)	Mason, 1999[112] (2)	Placebo, saline	Inconclusive	Indeterminate
Larval therapy	Hinchliffe, 2008[88] (2)	NR	2/2 studies positive for larval therapy	Positive
Lyophilized collagen, platelets and derived products (topical)	Hinchliffe, 2008[88] (4)	Hyaluronic acid-medicated gauze, saline, placebo	1/1 study positive for lyophilized collage vs hyaluronic acid- medicated gauze. 3/4 studies positive for platelets and derived products.	Positive
Magnet and normothermic therapy	Hinchliffe, 2008[88] (3)	Saline	2/2 no significant differences (neutral) for normothermic therapy. No significant differences between magnet therapy and control.	Neutral

Patient education	Hunt, 2011[79]	Usual care	Indeterminate	Indeterminate
	(CR: Hunt.)			
	2009[120])			
	(5)			
	Mason,	Usual care	The education	Indeterminate
	1999[112]		intervention contains a	
	(1)		"scare-tactic"	
			component and it is	
			unclear whether this	
			approach is generalizable Method	
			merits evaluation in	
			other contexts.	
Percutaneous flexor	Roukis,	All are case series so there	Inconclusive due to	Indeterminate
tenotomy	2009[86] (2)	aren't any control groups	poor methodologies of	
			studies.	
Procaine +	Peters,	NR	No significant	Neutral
polyvinylpyrrolidone	2012[70] (1)		difference between	
(IM)		~	groups	
Resection of the chronic	Hinchliffe,	Conservative or usual	2/4 studies positive for	Neutral
wound	2008[88] (4)	treatment	surgery vs	
			treatment	
Sharp debridement	Uinchliffo	ND	The avidence of	Indotorminato
Sharp debridement	2008[88](1)	INK	henefit of sharp	mueterminate
	2008[88] (1)		debridement is not	
			strong and is based on	
			a single study	
			comprising a subgroup	
			analysis of cases from	
			an RCT of another	
			intervention. Healing	
			at 12 weeks was more	
			likely following a	
			more vigorous	
			debridement.	
Skin grafts	Hinchliffe,	Saline moistened gauze,	4/5 studies positive for	Positive
	2008[88] (5)	conventional treatment,	skin grafts vs standard	
		standard care	care, saline moistened	
			gauze, conventional	
Stem cell therapy	Hinchliffe	Standard/conventional	$\frac{2/2}{2}$ positive for stem	Positive
Stem een merapy	2008[88](2)	treatment	cell therapy vs	rositive
	(=)		standard/conventional	
			treatment	
Superoxidized water and	Peters,	Other topical disinfectants	Inconclusive	Indeterminate
soap, povidone iodine	2012[70] (2)	-		
(topical)				
Therapeutic footwear	Hunt,	Usual footwear	Indeterminate	Indeterminate
	2011[79]			
	(CR: Hunt,			
	2009[120])			
Thrombin induced	(2) Macon	Dlacabo	Those findings need	Indotorminate
1 momoni-maacca	iviason,	1 10000	i nese innunigs need	muciciminate

human platelet growth	1999[112]		confirmation from	
factor, recombinant	(6)		further trials	
platelet derived growth	(-)			
factor, recombinant basic				
fibroblast growth factor				
arginine-glycine-aspartic				
acid peptide matrix				
(topical)				
Topical pagativa prassura	Uinchliffa	Salina maistanad gauza	3/2 studios positivo for	Positivo
Topical negative pressure	2009[991(2)]	standard care	5/5 studies positive for	rostuve
	2008[88] (3)	standard care		
			pressure vs same	
			monstened gauze,	
Nagative massing themany	Noble Dell	Dressings, clainstes	Standard care.	Desitive
Regative pressure therapy	Nodie-Bell, $2008[021(4)]$	Dressings: alginates,	the second second	Positive
	2008[93] (4)	hydrocolloids, foams or	therapy is more	
		hydrogels, saline gauze,	effective than	
		moist dressing	conventional	
			dressings, but quality	
			of the studies were	
			weak.	
	Xie,	Standard wound dressing,	Consistent evidence of	Positive
	2010[81]	wet-to-dry dressings,	the benefit of negative	
	(10)	advanced moist wound	pressure therapy	
		therapy and stand moist	compared with control	
		gauze dressing	treatments.	
Total contact casting	Mason,	Standard treatment	Preliminary finding	Indeterminate
	1999[112]		from this one small	
	(1)		trail suggests further	
			investigation of this	
			intervention is	
			appropriate	
Ultrasound	Hinchliffe,	Sham therapy	No significant	Neutral
	2008[88] (1)		differences for	
			ultrasound vs sham	
Zinc oxide tape	Hinchliffe,	Hydrocolloid dressing	1 study positive for	Positive
	2008[88] (1)		zinc oxide vs	
			hydrocolloid.	
Pressure ulcers – wound a	rea/size reductio	on (3 reviews)		
Air-fluidised support	Reddy,	Standard care	Compared with	Positive
	2011[78] (4)		standard care, air-	
			fluidised supports may	
			be more effective than	
			standard care	
			(alternating-pressure	
			mattresses, regular	
			changes of position,	
			sheepskin, gel pads, or	
			limb protectors) at	
			healing established	
			pressure ulcers.	
Alternating pressure	Reddv.	Fluid mattress overlay. air	No clear evidence	Neutral
mattress. low-air-loss	2008[94] (8)	and foam mattress.	favored one support	
mattress, air-fluidised		specialized foam mattress	surface over another.	
mattress		overlay, foam overlay.		
		alternating pressure		

		mattress, alternating pressure mattress covered with foam		
Collagenase	Reddy, 2011[78] (3)	Other debridement agents	Unclear whether any one debriding agent is consistently more effective than the other debriding agents at healing pressure ulcers.	Indeterminate
Collagenase, hydrogel dressings	Reddy, 2008[94] (6)	Pain-urea-chlorophyllin copper, fibrinolysin or deoxyribonuclease, hydrocolloid, moist saline gauze, dextranomer, sugar and egg white	No other dressing was superior to alternatives. Little evidence supports the use of a specific support surface or dressing over other alternatives	Neutral
Electric current, electromagnetic therapy	Reddy, 2008[94] (5)	Placebo	There is little evidence to support adjunctive therapies compared with standard care.	Neutral
Foam, calcium alginate, radiant heat dressing, dextranomer powder dressings	Reddy, 2008[94] (4)	Foam with wound-contact layer, dextranomer, topical, alginate dressing, moist saline gauze	No other dressing was superior to alternatives. Little evidence supports the use of a specific support surface or dressing over other alternatives.	Neutral
Hydrocolloid dressings	Heyneman, 2008[87] (29)	Saline gauze, foam dressing, hydrogels, less-contact layers, topical enzymes, povidine gauze, pheytoin, biosynthetics, radiant heat therapy (wound wrapped in polyurethane film), sequential use of hydrocolloids and alginates dressing	Hydrocolloids are more effective than gauze dressings for the reduction of the wound dimensions.	Positive
Hydrocolloid, hydrogel wafer, hydrogel, occlusive polyurethane, transparent moisture- permeable dressings	Reddy, 2008[94] (10)	Hydrocolloid dressing, calcium alginate dressing, polyurethane foam dressing, dextranomer, moist saline gauze	No other dressing was superior to alternatives. Little evidence supports the use of a specific support surface or dressing over other alternatives.	Neutral
Hydrogel, cadexomer iodine, semelil gel, radiant heat, zinc salt spray, aluminum hydroxide, vitamin A ointment, streptokinase- streptodornase, dialysate,	Reddy, 2008[94] (10)	Povidoine-iodine gauze, placebo spray and ointment, zinc oxide, standard care, moist saline gauze, saline	No other dressing was superior to alternatives. Little evidence supports the use of a specific support surface or dressing over other	Neutral

topical insulin, moist			alternatives.	
saline gauze and				
whirlpool semelil				
dressings				
Low lovel locar thereby	Paddy	Standard arra ultracound	There is little avidence	Noutrol
Low level laser therapy,	2008[0.41(2)]	Standard care, utrasound	there is intre evidence	Ineutial
laser and standard care	2008[94] (2)	and UV-C and standard care	to support adjunctive	
			therapies compared	
			with standard care.	
Polarized light,	Reddy,	Standard care, cadexomer	There is little evidence	Neutral
monochromatic light and	2008[94] (2)	iodine or hydrocolloid	to support adjunctive	
cadexomer iodine or			therapies compared	
hydrocolloid			with standard care.	
Ultrasound	Reddy,	Placebo ultrasound	There is little evidence	Neutral
	2008[94] (1)		to support adjunctive	
	/		therapies compared	
			with standard care.	
Vacuum therapy	Reddy	Moist gauze cadexomer	There is little evidence	Neutral
v accum morapy	2008[94](2)	iodine tonical papain-urea-	to support adjunctive	rioutiui
	2000[74] (2)	chlorophyllin copport topical	therapies compared	
		emotophynni copper, topicar	with stondard some	
Mitania Caral	D. 11	With a first Characteria to the	with standard care.	NT
Vitamin C and	Reddy,	Vitamin C and placebo	Nutritional supplement	Neutral
ultrasound, consistent	2008[94] (4)	ultrasound, standard care	studies showed mixed	
wound care and		and standard diet, placebo	results.	
controlled nutritional				
support, vitamin C, zinc				
sulfate				
Pressure ulcers - time to h	ealing or rate of	f healing (3 reviews)		
Ascorbic acid, high-	Reddy,	Control (low dose or no	Unclear whether	Indeterminate
protein diet, concentrated.	2011[78] (8)	supplements)	nutritional	
fortified collagen protein	()		supplements are more	
hydrolysate supplement			effective than control	
disease specific putrition			at increasing healing	
treatment			at increasing incaring	
	Dut	Calina and Anna and	of pressure ulcers	T. 1. (
Amorphous hydrogel	Dat,	Saline gauze dressing	No significant	Indeterminate
dressing derived from	2012[68] (1)		difference between	
Aloe vera wound			interventions. The	
dressings			poor quality of the	
			included trials	
			indicates that the trial	
			results must be viewed	
			with extreme caution	
			as they have a high	
			risk of bias.	
Electromagnetic therapy	Reddy	Sham, standard treatment	Unclear whether	Indeterminate
low-intensity direct	2011[78] (7)	Shand, Standard troutmont	electrotherany is more	macterinnute
current negative_polarity	2011[/0](/)		effective than sham	
and positive polarity			alactrothorapy or	
alastrotherapy and			standard acro at	
electromerapy, and			standard care at	
alternating-polarity			nearing pressure ulcers	
electrotherapy			as we found	
		-	insufficient evidence.	
Hydrocolloid dressings	Reddy,	Gauze soaked in saline,	Unclear whether	Indeterminate
	2011[78] (1)	hypochlorite, or povidone	hydrocolloid dressings	
		iodine	are more effective at	
			healing pressure ulcers	

Low-air-loss beds Reddy, 2011[78] (5) Standard beds, standard care 2011[78] (5) Compared with standard care, we don't know whether low-air- loss beds are more effective than standard care at increasing pressure ucer healing. Indeterminate Low level laser therapy Reddy, 2011[78] (2) Sham treatment, standard care Unclear whether laser treatment is more effective than standard care at increasing pressure ucer healing. Indeterminate Low-tech constant-low- pressure supports Reddy, 2011[78] (1) Other low-tech constant- low-pressure supports Unclear whether as the standard care Indeterminate Phenytoin ointment (topical) Reddy, 2011[78] (3) Other low-tech constant- low-pressure supports Unclear whether topical penstre increasing healing of pressure ucer healing. Indeterminate Seat cushions Reddy, 2011[78] (3) Hydrocolloid/standard dressings or antibiotic ointment Unclear whether topical phenytoin ointment Indeterminate Seat cushions Reddy, 2011[78] (2) Seat cushions, standard care tregimen of three gel products) Unclear whether seat cushions are more effective than standard care at reducing time to complete healing, or whether different seat cushions are more effective than gauze solution or a regimen of three gel products) Indeterminate Topical negative pressure ucer healing. Control (gauze soaked in Ringer's solution or a regime of three gel products) <				vs gauze soaked in saline, hypochlorite or povidone iodine.	
Indeterminatestandard care, we don't know whether low-air- loss beds are more effective at increasing pressure ulcer healing.Low level laser therapy pressure supportsReddy, 2011[78] (2)Sham treatment, standard careUnclear whether laser treatment is more effective than standard care at increasing pressure ulcer healing.Indeterminate indeterminate treatment is more effective than standard care at increasing pressure ulcer healing.Low-tech constant-low- pressure supportsReddy, 2011[78] (1)Other low-tech constant- low-pressure supportsUnclear whether a layered-foam replacement mattress is more effective than a water mattress at increasing pressure ulcer healing of pressure ulcer healing of pressure ulcer healing, or yrsIndeterminate layered-foam replacement mattress is more effective than a water mattress at increasing pressure ulcer healing, or yrsPhenytoin ointment (topical)Reddy, 2011[78] (3)Hydrocolloid/standard dressings or antibiotic ointmentUnclear whether set cushions, standard care ointmentIndeterminate topical phenytoin ointmentSeat cushionsReddy, 2011[78] (3)Seat cushions, standard care Ringer's solution or a regime of three gel products)Unclear whether set cushions at more effective than standard care at reducing time to complete healing, or whether increasing phenyton ointmentIndeterminate increasing pressure ulcer healing, or whether increasing phenyton solution or a regimen of three gel products at increasing healing of pressure is more effective than standard care at reducing time to complete healing, or whether	Low-air-loss beds	Reddy, 2011[78] (5)	Standard beds, standard care	Compared with standard beds or	Indeterminate
Image: series of the series				standard care, we don't	
Image: series of the series				know whether low-air-	
Indeterminateeffective at increasing pressure ulcer healing pressure ulcer healing careIndeterminate treatment is more effective than standard care at increasing 				loss beds are more	
Low level laser therapy Low level laser therapy and the laser therapy 2011[78] (2)Reddy, 2011[78] (2)Sham treatment, standard careUnclear whether laser treatment is more effective than standard care at increasing pressure ulcer healing.IndeterminateLow-tech constant-low- pressure supportsReddy, 2011[78] (1)Other low-tech constant- low-pressure supportsUnclear whether a layered-foam replacement mattress at increasing healing of pressure ulcer healing.IndeterminatePhenytoin ointment (topical)Reddy, 2011[78] (4)Hydrocolloid/standard dressings or antibiotic ointmentUnclear whether topical pressure ulcers.Indeterminate increasing healing of pressure ulcers.Seat cushionsReddy, 2011[78] (3)Seat cushions, standard care cushions standard care cushions standard care increasing healing, or whether different seat cushions are more effective tan standard care are reducing time to complete healing, or whether different seat cushions are more effective tan standard care are reducing time to complete healing, or whether different seat cushions differ in effective ness at increasing pressureIndeterminate to complete healing, or whether different seat cushions differ in effectiveness at increasing pressureIndeterminate to complete healing, or whether different seat cushions differ in effective tan standard care are reducing time to complete healing, or whether different seat erestions differ in effective tan standard care are reducing time to complete healing, or whether different seat increasing healing of pressure ulcer healing, or whether different seat increas				effective at increasing	
Low level laser therapy 2011[78] (2)Reddy, 2011[78] (2)Sham treatment, standard careUnclear whether laser effective than standard care at increasing pressure ulcer healing.IndeterminateLow-tech constant-low- pressure supportsReddy, 2011[78] (1)Other low-tech constant- low-pressure supportsUnclear whether a layered-foam replacement mattress is more effective than a water mattress at increasing healing of pressure ulcers.IndeterminatePhenytoin ointment (topical)Reddy, 2011[78] (4)Hydrocolloid/standard dressings or antibiotic ointmentUnclear whether layered-foam replacement mattress is more effective than a water mattress at increasing healing of pressure ulcers.IndeterminateSeat cushionsReddy, 2011[78] (3)Seat cushions, standard care standard dressings or antibiotic ointmentUnclear whether seat custions are more effective at increasing pressure ulcer healing, or whether different seat increasing pressure ulcer whether seat cushions are more effective than standard care at reducing time to complete healing, or whether different seat ulcer healing, or whether different seat cushions differ in effective than standard care at reducing time to complete healing, or whether different seat cushions are regimen of three gel products)Indeterminate to complete healing, or whether different seat cushions differ in effective than gauze solution or a regimen of three gel products)Unclear whether to complete healing, or whether different seat cushions are regimen of three gel products at increasing healing of pressure increasing healing of pressure increasing pressure <b< td=""><td></td><td></td><td></td><td>pressure ulcer healing.</td><td></td></b<>				pressure ulcer healing.	
2011[78] (2)carereatment is more effective than standard care at increasing pressure supportsIndeterminateLow-tech constant-low- pressure supportsReddy, 2011[78] (1)Other low-tech constant- low-pressure supportsUnclear whether a layered-foam replacement mattress at increasing healing of pressure ulcers.IndeterminatePhenytoin ointment (topical)Reddy, 2011[78] (4)Hydrocolloid/standard dressings or antibiotic ointmentUnclear whether topical phenytoin ointmentIndeterminateSeat cushionsReddy, 2011[78] (3)Seat cushions, standard care regimen of three gel protectionUnclear whether topical phenytoin ointmentIndeterminateSeat cushionsReddy, 2011[78] (3)Seat cushions, standard care regimen of three gel products)Unclear whether vistor vistor bydrocolloid/standard dressings or antibiotic ointment.Indeterminate topical phenytoin ointmentTopical negative pressureReddy, 2011[78] (2)Control (gauze soaked in Ringer's solution or regimen of three gel products)Unclear whether topical negative gress solution or a regimen of three gel products at increasing pressure is more effective than gauze soaked in Ringer's solution or a regimen of three gel products at increasing pressure is more effective than gauze soaked in Ringer's solution or a regimen of three gel products at increasing healing of pressure is more effective than gauze solution or a regimen of three gel products at increasing healing of pressure is more effective than gauze solution or a regimen of three gel products at increasing healing o	Low level laser therapy	Reddy,	Sham treatment, standard	Unclear whether laser	Indeterminate
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Image: series of the series		2011[78] (3)		cushions are more	
Image: constraint of the section of				effective than standard	
Image: constraint of the constra				care at reducing time	
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Image: series of the series				whether different seat	
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Triple antibiotic Reddy, Placebo, hydrocolloid, Little evidence Neutral Triple antibiotic Reddy, 2008[94] (2) phenytoin suspension supports the use of a supports the use of a		2011[78] (2)	Ringer's solution or a	topical negative	
Triple antibiotic Reddy, Placebo, hydrocolloid, Little evidence Neutral dramating 2008[94] (2) phenytoin suspension supports the use of a supports the use of a			regimen of three gel	pressure is more	
Triple antibiotic Reddy, Placebo, hydrocolloid, Little evidence Neutral 0 intment, active cream 2008[94] (2) phenytoin suspension supports the use of a Neutral			products)	effective than gauze	
Triple antibiotic Reddy, Placebo, hydrocolloid, Little evidence Neutral dressing 2008[94] (2) phenytoin suspension supports the use of a Neutral				soaked in Ringer's	
Triple antibiotic Reddy, Placebo, hydrocolloid, Little evidence Neutral 0 intment, active cream 2008[94] (2) phenytoin suspension supports the use of a Neutral				solution or a regimen	
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$\frac{1}{2000[74]} \frac{2000[74]}{2000[74]} \frac{2000[74]}{2000[74]} \frac{1}{2000} \frac{1}{200} \frac{1}{2$	ointment active cream	2008[041 (2)	phenytoin suspension	supports the use of a	ineutral
	dressings	2006[94] (2)	phenytoin suspension	supports the use of a	
surface or drassing	uressings			specific support	
over other alternatives				over other alternatives	

Ultrasound	Reddy,	Placebo ultrasound	There is little evidence	Neutral
	2008[94] (1)		to support adjunctive	
			therapies compared	
Pressure ulcers – ulcer hee	ling (11 review	<u>s)</u>	with standard care.	
Air-fluidised beds	Emergency	Conventional therapies	Not conclusive, with	Indeterminate [*]
	Care	(including: alternating	none demonstrating	
	Research	pressure pads, air support	statistically significant	
	Institute,	mattresses, water mattresses	differences between	
	2001[106]	and high-density foam pads	Group 2 support	
	(10)		surfaces and foam	
			mattresses in complete	
Air fluidigad bada air	MaInnas	Conventional trastment 2	Ulcer nealing.	Noutrol*
suspension beds, foam	2011[76]	bourly turns heel and elbow	evidence about the	Ineutiai
replacement mattress	(18)	protectors alternating-	superiority of any	
replacement matterss	(10)	pressure mattresses, low-air-	support surface for the	
		loss mattress, wheelchair	treatment of existing	
		seat cushion, foam mattress	pressure ulcers.	
		overlay, flat-based bed with	-	
		a pressure		
		relieving/redistributing		
		mattress/cushion,		
		convoluted foam mattress		
		overlay mattress		
Alternating pressure	Reddy.	Standard care, other care	Unclear whether	Indeterminate
surfaces	2011[78] (5)		alternating-pressure	
			surfaces are more	
			effective than standard	
			care at healing	
			pressure ulcers, or	
			whether any one	
			alternating-pressure	
			more effective than all	
			the others	
Alternating pressure	McGinnis.	Pegasus Cairwaye	Indeterminate	Indeterminate [*]
surfaces (alternating	2011[75] (1)	alternating mattress		
pressure mattress +		replacement (1 in 3		
pressure relief cushion)		alternating cycle) and		
		Proactive cushion		*
Ascorbic acid, zinc	Langer,	10 mg ascorbic acid, high	It was not possible to	Indeterminate
sulphate	2008[90] (4)	protein, placebo	draw any firm	
			effect of enteral and	
			parenteral nutrition on	
			the prevention and	
			treatment of pressure	
			ulcers.	
Collagen protein,	Reddy,	Placebo, standard hospital	Nutritional supplement	Neutral
standard hospital diet and	2008[94] (3)	diet, standard hospital diet +	studies showed mixed	
hospital dist and high		nign protein $+$ zinc $+$	results.	
protein and zinc and		anginine + vitalilli C +		
r		unitoniumito		

arginine and vitamin C				
Collagenase (topical)	Ramundo, 2009[85] (CR: Ramundo, 2008[123]) (12)	Placebo, hydrogel, silver sulfadiazine, autolysis, papin-urea ointment, trypsin, fibrinolysin/DNAse ointment	Collagenase ointment is a safe and effective choice for debridement of cutaneous ulcers.	Positive
Fibroblast-derived dermal replacement	Reddy, 2008[94] (1)	Standard care	Study positive for skin substitute vs standard care. However, the incremental benefit of this biological agent over less expensive standard wound care remains uncertain.	Positive
Hydrocolloid, polyurtheate, dextranomer, hydrogel, polyhydroxyethyl metahcrylate, amino acid copolymer dressings	Bouza, 2005a[99] (21)	Other advanced dressings, conventional dressings (Saline gauze, Gauze Dakin's solution, Poridone- iodine guaze, Paraffin guaze, Collagen, Hydrocolloid Alginate)	Comparisons showed greater efficacy of hydrocolloid dressings but failed to confirm advantages of other advanced dressings compared with conventional ones	Neutral
Low-air-loss mattress, alternating pressure mattress, air-fluidised mattress	Reddy, 2008[94] (1)	Specialized foam mattress overlay, alternating pressure mattress	No clear evidence favored one support surface over another.	Neutral
Phenytoin solution, antibiotics dressings	Reddy, 2008[94] (2)	Antibiotic ointment, honey dressing	Little evidence supports the use of a specific support surface or dressing over other alternatives	Neutral
Protease-modulating matrix, recombinant platelet-derived growth factor BB, nerve growth factor, transforming growth factor beta, granulocyte- macrophage/colony stimulating factor, basic fibroblast growth factor (topical)	Reddy, 2008[94] (9)	Petrolatum-soaked gauze, placebo	Several trials reported benefits with different topical growth factors. However, the incremental benefit of these biological agents over less expensive standard wound care remains uncertain.	Positive
Saline spray containing aloe vera, silver chloride and decyl glucoside, saline, whirlpool	Moore, 2008[92] (3)	No wound cleansing, or different wound cleansing solutions, or different cleansing techniques (Isotonic saline solution, tap water, no whirlpool)	No statistically significant change in healing was seen when water was compared with saline. No statistically significant change in healing was seen for ulcers cleansed with, or without, a whirlpool.	Neutral
Topical negative pressure	van den Boogaard.	Cadexomer-iodine impregnated dressing, papin-	TNP has not proven to be more effective than	Neutral

	2008[97] (5)	urea ointment hydrocolloid	various control	
	2000[77](3)	alginate acetic acid sodium	interventions	
		hypochlorite gauzes wetted	interventions.	
		in a saline solution or		
		Dinger's solution		
		nitrofurelum		
Training	Diama	miroruraium Maiatasa haalthaaint	E	N 1
I opical negative pressure	Pham,	Moist gauze, nealthpoint	For management of	Neutral
(vacuum assisted wound	2003[104]	system, opposite dressing,	pressure sores and	
closure)	(17)	standard pressure, bolster	ulcers, no difference	
		dressing, conventional	could be detected	
		dressing	between vacuum	
			assisted wound closure	
			and use of traditional	
			gauze dressings or the	
			healthpoint system.	
			Vacuum assisted	
			wound closure therapy	
			appeared to be more	
			effective than Opsite	
			and bolster dressings	
			in skin graft	
			management. Patients	
			managed with vacuum	
			assisted wound closure	
			had increased rate of	
			reepithelialisation and	
			fewer patients required	
			repeat split thickness	
			skin graft to the same	
			site. Vacuum assisted	
			wound closure was	
			more effective at	
			treating various	
			chronic and complex	
			wounds than wet-to-	
			moist gauze as there	
			was a significantly	
			greater reduction in	
			wound volume depth	
			and treatment duration	
Prossure ulcars proporti	on of nationts w	ith healed wounds (? reviews)	and treatment duration.	
Collagenase dressings	Reddy	Hydrocolloid dressing	No other dressing was	Neutral
Conagenase, uressings	2008[9/1 (1)	Tryaroconoid dressing	superior to	incutat
	2000[74](1)		alternatives. Little	
			avidence supports the	
			use of a specific	
			support surface or	
			dressing over other	
	Dedda	Disselve Standard som	There is little socidence	Nasatus 1
Electric current,		Placebo, Standard care	There is little evidence	Neutral
electromagnetic therapy	2008[94] (3)		to support adjunctive	
			therapies compared	
			with standard care.	
Hydrogel, hydrocolloid,	Reddy,	Transparent absorbent	No other dressing was	Neutral
hydrocolloid alginate,	2008[94]	acrylic dressing, hydrogel	superior to	
polyurethane foam	(12)	dressing, copolymer	alternatives. Little	

dressings		membrane, moist povidone- iodine gauze, moist saline gauze, collagen, change indicator, polyhema	evidence supports the use of a specific support surface or dressing over other alternatives.	
Laser therapy + moist saline gauze	Reddy, 2008[94] (1)	Moist saline gauze	There is little evidence to support adjunctive therapies compared with standard care.	Neutral
Monochromatic phototherapy, UV light	Reddy, 2008[94] (2)	Placebo, placebo UV light	There is little evidence to support adjunctive therapies compared with standard care.	Neutral
Oxyquinoline, radiant heat, soft silicone, hydrogel or foam, active ointment with live yeast derivative, topical insulin (dressings)	Reddy, 2008[94] (6)	Lanolin, petrolateum, hydrocolloid or alginate dressing, hydropolymer dressing, transparent film, standard care, placebo	No other dressing was superior to alternatives. Little evidence supports the use of a specific support surface or dressing over other alternatives.	Neutral
Resin salve absorbent dressings	Reddy, 2008[94] (1)	Sodium caroxymethylcellulose hydrocolloid polymer dressing	No other dressing was superior to alternatives. Little evidence supports the use of a specific support surface or dressing over other alternatives.	Neutral
Specialized foam mattress, alternating pressure mattress	Reddy, 2008[94] (3)	Water mattress, alternating pressure overlay, alternating pressure mattress	No clear evidence favored one support surface over another.	Neutral
Ultrasound	Reddy, 2011[78] (2)	Sham ultrasound	Unclear whether therapeutic ultrasound is more effective than sham ultrasound at increasing the number of sores healed.	Indeterminate
Mixed chronic wounds – u	lcer healing (5	reviews)		
Adhesive zinc oxide tape	Bradley, 1999a[111] (1)	Hydrocolloid dressing	Study positive for adhesive zinc oxide tape vs traditional treatment	Positive*
Dextranomer polysaccharide beads or paste, cadexomer iodine polysaccharide beads or paste	Bradley, 1999a[111] (18)	Traditional/control treatment, other debriding agents	3/9 positive for dextranomer vs control. 2/9 positive for control vs dextranomer. 3/9 positive for cadexomer	Neutral [*]
	Bradley, 1999a[111] (4)	Other debriding agents: collagenase and streptokinase/streptodornase, hydrogel	1/3 studies positive for dextranomer polysaccharide vs hydrogel	Neutral [*]
	Bradley, 1999a[111]	Dextranomer polysaccharide, Hydrogel	No studies showed statistically significant	Neutral [*]

	(2)		effect between	
	(-)		cadexomer vs	
Engrementie e service	Dao di	Traditional an anntal	No gige first	Nou41*
Enzymatic agents	Bradley,	I raditional or control	No significant	Neutral
(topical)	1999a[111]	treatment	differences in studies	
	(5)			*
	Bradley,	Enzymatic agents	No significant	Neutral
	1999a[111]		differences in studies	
	(1)			
Hydrogels dressings	Bradley,	Control or traditional	1/4 studies positive for	Neutral [*]
	1999a[111]	treatment	hydrogels vs control or	
	(4)		traditional treatment	
	Bradley	Hydrogels	No statistically	Neutral [*]
	$1000_{2}[111]$	nyurogeis	significant difference	reutiai
	(1)		h strug on the true	
	(1)		between the two	
			treatments	
Hyperbaric oxygen	Wang,	Standard wound care	Hyperbaric oxygen	Positive
therapy	2003[105]		therapy may be	
	(57)		beneficial as an	
			adjunctive therapy for	
			chronic non healing	
			diabetic wounds.	
No-sting barrier film	Schuren	Conventional treatment zinc	Compared with no	Positive
handagas	2005[100]	ovida patrolatum	treatment or a placebo	1 Osterve
bandages	2003[100]	budge allaid place and	liquid film forming	
	(9)	nydrocolloid, placebo, no	inquia inim-forming	
		film	acrylate has a	
			significant impact on	
			the integrity of the	
			peri-wound skin.	
Silver releasing dressing,	Lo,	Non-silver dressings	Silver-releasing	Positive [*]
non-releasing silver-	2008[91]	including placebo	dressings show	
activated charcoal	(14)	(hydropolymer foam	positive effects on	
dressing hydrocolloid-	()	dressing calcium alginate	infected chronic	
silver Vaseline		drossing, calcium arginate	wounds	
immeranted dressing		dressing, toam dressing)	woullds.	
impregnated dressing,				
silver coated dressing,				
hydrocolloid-silver				
releasing dressing, silver				
releasing-foam dressing				
Topical Negative	Evans,	Normal wet-to-moist gauze	Two small trials	Positive [*]
Pressure (open-cell foam	2001[107]	dressings (with an occlusive	provide weak evidence	
dressing with continuous	(2)	dressing used to secure the	to suggest that topical	
suction)		gauze) changed 3 times	negative pressure may	
		daily	he superior to saline	
		Garry.	gauze drassings in	
			gauze diessings in	
			terms of wound	
			nealing. It was not	
			possible to determine	
			the optimum topical	
			negative pressure	
			regimen.	
Infected surgical wounds -	- wound area/si	ze reduction (2 reviews)		
Alginate dressings	Lewis,	Traditional gauze dressing	There was no	Neutral [*]
	2001[108]		significant difference	
	(2)		between any of the	

Foam dressings Vermeulen, 2005[113], Vermeulen, 2005[113], Vermeulen, 2005[113], Vermeulen, 2005[113], Vermeulen, 2005[113], Vermeulen, 2005[113], Vermeulen, 2012[71] (CR: Gauze and antiseptic agents The difference in reduction in wound size at 4 weeks was not significantly difference tetween gauze and foam in terms of healing. Neutral* Infected surgical wounds - time to healing or rate of healing (5 review) Only 2 small trials have compared alginate dressings Indeterminate* Vermeulen, 2012[71] (CR: Cauze and softim hypochlorite, gauze and povidone iodine Only 2 small trials have compared alginate with gauze for surgical wounds healing rate. Indeterminate* Aloe vera dermal gel (topical) Dat, 2012[08] (1) Standard care Inconclusive. The poor quality of the included trial inclustes that the trial sincitates the sand o				groups with regard to	
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Image: Cite of the second s		2012[71]		reduction in wound	1,000101
Vermeulen, 2005[113], Vermeulen, 2004[114]) (1)not significantly different. There is no clear evidence of a different. There is no clear evidence of a difference in the mean healing time for wounds results.Indeterminate [*] healing the laginate with evidence or significant difference in the mean healing time for wounds results.Indeterminate [*] weight a statistically significant difference in time to wounds results.Note of the trial statistically significant difference in time to healing time for wounds results.Note of the trial statistically significant difference in time to healing time for wounds results.Note of the trial statistically significant difference in time to healing time healing time healing time healing to wounds results.Note of the trials statistically signif		(CR:		size at 4 weeks was	
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Vermeulen, 2004[114]) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5		2005[113],		between foam and	
2004[114]) trials were small and (5) we could not be confident that any of them had blinded assessment of outcomes. There is no clear evidence of a difference between		Vermeulen,		gauze. All of these	
(5) we could not be confident that any of them had blinded assessment of outcomes. There is no clear evidence of a difference between		2004[114])		trials were small and	
confident that any of them had blinded assessment of outcomes. There is no clear evidence of a difference between		(5)		we could not be	
them had blinded assessment of outcomes. There is no clear evidence of a difference between				confident that any of	
assessment of outcomes. There is no clear evidence of a difference between				them had blinded	
outcomes. There is no clear evidence of a difference between				assessment of	
difference between				outcomes. There is no	
difference between				difference between	
gauze and foam in				gauze and foam in	

			terms of healing.	
	Vermeulen,	Dextranomer beads	There was no	Neutral [*]
	2012[71]		significant difference	
	(CR:		in time to complete	
	Vermeulen		healing There is only	
	2005[113]		1 poor quality trial	
	Vermeulen		i poor quanty that.	
	2004[114]			
	(1)			
Gauze + aloe vera	Vermeulen,	Gauze	Mean time to healing	Indeterminate [*]
dressings	2012[71]		was reported as	
	(CR:		significantly greater	
	Vermeulen,		with Aloe Vera	
	2005[113],		compared with gauze,	
	Vermeulen,		however the	
	2004[114])		differential loss to	
	(1)		follow up means that	
			these results are not	
			interpretable.	
Honey (topical)	Moore.	Antiseptics and systemic	Study positive for	Positive
	2001[109]	antibiotics	honey vs other	
	(1)		interventions	
	(1)		Confidence in a	
			conclusion that honey	
			is a useful treatment	
			for superficial wounds	
			or huma is low	
I Induce alloid duraniu an	Lauria	Traditional course durations	These sees as	Nesstar 1*
Hydrocolloid dressings	Lewis,	I raditional gauze dressings	I here was no	Neutral
	2001[108]	with povidone iodine	significant difference	
	(1)		in median healing time	
			between the	
			hydrocolloid groups	
			combined and the	
			gauze treatment group	*
	Vermeulen,	Gauze	There was no	Neutral
	2012[71]		difference in median	
	(CR:		time to healing	
	Vermeulen,		between the groups.	
	2005[113],			
	Vermeulen,			
	2004[114])			
Plaster casting	(1) Vermeulen	Flastic compression bandage	I ower limb	Positive*
i iaster castilig	2012[71]	Brastic compression bandage	amputation wounds	rositive
	2012[/1] (CD-		hoolod significantly	
	(UK: Vormoular		more quist-t-	
	2005[112]		more quickly	
	2005[115],			
	vermeulen,			
	2004[114])			
Polyurethane foam and	(1) Vermeulen	Alginate and polyurethane	There is insufficient	Indeterminate [*]
sheets dressings	2012[71]	sheets dressing	evidence to inform on	macterinnate
sneets aressings	2012[/1] (CR·	sheets uressing	the relative effects of	
	Vermeulen		foam and alginate	
	2005[113]		dressing on healing	
	2005[115],	1	areasing on nearing.	

	Vermeulen, 2004[114])			
	(1)			
Silicone elastomer foam dressings and polyurethane foam dressings	Lewis, 2001[108] (5)	Traditional moist gauze	No significant differences between interventions.	Neutral [*]
Topical negative pressure	Ubbink, 2008b[96] (13)	Hydrocolloids (gel, dressings), hydrogels, alginates (dressing), acetic acid, eusol, sodium hypochlorite gauze dressing, saline gauze, accuzyme, iodosorb, compression dressing, bolster dressing, gauze in ringers solution	In chronic and diabetic wounds, topical negative pressure did not allow earlier complete wound healing. It was, however, associated with a 1–10 day reduction in the time needed to prepare the wound for secondary closure surgery.	Neutral [*]
Infected surgical wounds – ulcer healing (2 reviews)				
Dextranomer polysaccharide beads dressings	Lewis, 2001[108] (1)	Traditional gauze dressings and Eusol	No conclusions could be drawn from the results.	Indeterminate [*]
	Vermeulen, 2012[71] (CR: Vermeulen, 2005[113], Vermeulen, 2004[114]) (1)	Gauze and Eusol	There was no significant difference between dextranomer and Eusol gauze in terms of number of wounds healing. There is insufficient evidence from one trial on the comparative effects of dextranomer bead dressing and Eusol soaked gauze	Indeterminate*
Polyurethane foam dressings	Lewis, 2001[108] (2)	Alginate dressings, silicone dressings,	No conclusions could be drawn.	Indeterminate [*]
Note: $IM = intramuscular$, $IV = intravenous$, $SC = subcutaneous$, $NR = not reported$, $RCT = randomized clinical trial$, $UV = ultraviolet$.				

*These are high quality systematic reviews (AMSTAR score ≥ 8).