

## Exklusionslista Bensår/Exclusion list Leg ulcer

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The following studies have after full text review, not fulfilled the inclusion criteria and do therefore not form the basis for the evidence-based results. A single study might have occurred in several interventions but is only reported once.

A bilayered living skin construct (APLIGRAF) accelerates complete closure of hard-to-heal venous ulcers
Abisi S, Tan J, Burnand KG. Excision and meshed skin grafting for leg ulcers resistant to compression therapy. <i>British Journal of Surgery</i> . 2007;94:194-7.
Ahnlide I, Bjellerup M. Efficacy of pinch grafting in leg ulcers of different aetiologies. <i>Acta Derm Venereol</i> 1997;77:144-145.
Alvarez OM, Fahey CB, Auletta MJ, Fernandez-Obregon A. A novel treatment for venous leg ulcers. <i>Journal of Foot and Ankle Surgery</i> . 1998;37:319-24.
Andriessen A, Polignano R, Abel M. Monitoring the microcirculation to evaluate dressing performance in patients with venous leg ulcers. <i>Journal of wound care</i> . 2009;18:145-6.
Andriessen A, Polignano R, Abel M. Monitoring the microcirculation to evaluate dressing performance in patients with venous leg ulcers. <i>J Wound Care</i> 2009;18:145-6.
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Armstrong DG. Manuka honey improved wound healing in patients with sloughy venous leg ulcers. <i>Evidence-Based Medicine</i> 2009;14:148.
Arnold TE, Stanley JC, Fellows EP, Moncada GA, Allen R, Hutchinson JJ, et al. Prospective, multicenter study of managing lower extremity venous ulcers. <i>Ann Vasc Surg</i> . 1994;8:356-62.

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Arosio E, Ferrari G, Santoro L, Gianese F. A placebo-controlled, double-blind study of mesoglycan in the treatment of chronic venous ulcers. <i>European Journal of Vascular and Endovascular Surgery</i> 2001;22:365-372.
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Bishop JB, Phillips LG, Mustoe TA, VanderZee AJ, Wiersema L, Roach DE, et al. A prospective randomized evaluator-blinded trial of two potential wound healing agents for the treatment of venous stasis ulcers. <i>Journal of Vascular Surgery.</i> 1992;16:251-7.

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Bitsch M, Saunte DM, Lohmann M, Holstein PE, Jorgensen B, Gottrup F. Standardised method of surgical treatment of chronic leg ulcers. <i>Scandinavian Journal of Plastic and Reconstructive Surgery and Hand Surgery</i> . 2005;39:162-9.
Bizer LS, Ramos S, Weiss PR. A prospective randomized double blind study of perioperative antibiotic use in the grafting of ulcers of the lower extremity. <i>Surgery Gynecology and Obstetrics</i> 1992;175:113-114.
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Dale JJ, Ruckley CV, Harper DR, Gibson B, Nelson EA, Prescott RJ. Randomised, double blind placebo controlled trial of pentoxifylline in the treatment of venous leg ulcers. <i>BMJ: British Medical Journal</i> ;319:875-8.
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Demling RH, Niezgoda JA, Haraway GD, Mostow EN. Small intestinal submucosa wound matrix and full-thickness venous ulcers: preliminary results. <i>Wounds: A Compendium of Clinical Research &amp; Practice</i> 2004;16:18-22.
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Dunford C. The use of honey-derived dressings to promote effective wound management. <i>Prof Nurse</i> 2005;Apr 20:35-8.
EMLA cream as a topical anesthetic for the repeated mechanical debridement of venous leg ulcers: a double-blind, placebo-controlled study
Escaleira R, Cardoso M, Rego J, Macedo P, Midoes A. Efficacy of a two-component compression system for the therapy of venous leg ulcers. <i>J Wound Care</i> 2010;19:104-9.
Falabella AF, Carson P, Eaglstein WH, Falanga V. The safety and efficacy of a proteolytic ointment in the treatment of chronic ulcers of the lower extremity. <i>J Am Acad Dermatol.</i> 1998;39:737-40.
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Franks PJ, Moffatt CJ. Health related quality of life in patients with venous ulceration: Use of the Nottingham health profile. <i>Quality of Life Research</i> . 2001;10:693-700.
Franks PJ, Moody M, Moffatt CJ, Martin R, Blewett R, Seymour E, et al. Randomized trial of cohesive short-stretch versus four-layer bandaging in the management of venous ulceration. <i>Wound Repair &amp; Regeneration</i> . 2004;12:157-62.
Franks PJ, Moody M, Moffatt CJ, Patton J, Bradley L, Chaloner D, et al. Quality of life in a trial of short stretch versus four-layer bandaging in the management of chronic venous ulceration. <i>Phlebology</i> . 2004;19:87-91.
Franks PJ, Oldroyd MI, Dickson D, Sharp EJ, Moffatt CJ. Risk factors for leg ulcer recurrence: a randomized trial of two types of compression stocking. <i>Age Ageing</i> 1995;24:490-4.
Gethin G, Cowman S. Manuka honey vs hydrogel -- a prospective, open label, multicentre, randomised controlled trial to compare desloughing efficacy and healing outcomes in venous ulcers. <i>Journal of Clinical Nursing</i> . 2009;18:466-74.
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Gohel MS, Barwell JR, Earnshaw JJ, Heather BP, Mitchell DC, Whyman MR, et al. Randomized clinical trial of compression plus surgery versus compression alone in chronic venous ulceration (ESCHAR study)--haemodynamic and anatomical changes. <i>Br J Surg</i> . 2005;92:291-7.
Gottrup F, Jorgensen B, Karlsmark T, Sibbald RG, Rimdeika R, Harding K, et al. Reducing wound pain in venous leg ulcers with Biatain Ibu: a randomized, controlled double-blind clinical investigation on the performance and safety. <i>Wound Repair Regen</i> . 2008;16:615-25.

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Gottrup F, Jorgensen B, Karlsmark T, Sibbald RG, Rimdeika R, Harding K, et al. Less pain with Biatain-Ibu: initial findings from a randomised, controlled, double-blind clinical investigation on painful venous leg ulcers. <i>Int Wound J.</i> 2007;4 Suppl 1:24-34.
Grabs AJ, Wakely MC, Nyamekye I, Ghauri ASK, Poskitt KR. Colour duplex ultrasonography in the rational management of chronic venous leg ulcers. <i>British Journal of Surgery</i> 1996;83:1380-1382.
Greguric S, Budimcic D, Soldo-Belic A, Tudoric M, Baricevic B, Cajkovac V, et al. Hydrocolloid dressing versus a conventional dressing using magnesium sulphate paste in the management of venous leg ulcers. <i>Acta Dermatovenerologica Croatica</i> 1994;2:65-71.
Guan H, Wang Y, Zhang B, Ye W, Fu W, Liang W, et al. Comparison of beraprost and ticlopidine in Chinese patients with chronic peripheral arterial occlusion: a multicenter, single-blind, randomized, controlled study. <i>Current Therapeutic Research</i> 2003;64:488-503.
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Harding K, Sumner M, Cardinal M. A prospective, multicentre, randomised controlled study of human fibroblast-derived dermal substitute (Dermagraft) in patients with venous leg ulcers. <i>Int Wound J</i> 2013;10:132-137.
Harding KG, Krieg T, Eming SA, Flour ML, Jawien A, Cencora A, et al. Efficacy and safety of the freeze-dried cultured human keratinocyte lysate, LyphoDerm 0.9%, in the treatment of hard-to-heal venous leg ulcers. <i>Wound Repair Regen</i> 2005;13:138-47.
Harma M, Asko-Seljavaara S, Lauharanta J. Surgical treatment of chronic leg ulcers [11]. <i>Acta Derm Venereol</i> 1994;74:484-485.
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Heinen M, Borm G, van der V, Carine, Evers A, Oostendorp R, et al. The Lively Legs self-management programme increased physical activity and reduced wound days in leg ulcer patients: Results from a randomized controlled trial. <i>International Journal of Nursing Studies</i> . 2012;49:151-61.
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Hommel L, Ruffieux P, Saurat JH. Treatment of chronic leg ulcers by grafts: A long-term evaluation. <i>Dermatology</i> 1996;193:160.
Humphreys ML, Stewart AHR, Gohel MS, Taylor M, Whyman MR, Poskitt KR. Management of mixed arterial and venous leg ulcers. <i>British Journal of Surgery</i> . 2007;94:1104-7.
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Karimi L, Miller C, Kapp S, Newall N, Lewin G, Carville K, et al. Client perceptions of two types of antimicrobial dressings and compressions bandaging. <i>Wound Practice &amp; Research</i> . 2010;18:124-32.
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Nedanstående studier har efter fulltextgranskning inte uppfyllt inklusionskriterierna och ligger således inte till grund för de evidensbaserade resultaten. En och samma studie kan ha förekommit i flera interventioner men redovisas endast en gång.

The following studies have after full text review, not fulfilled the inclusion criteria and do therefore not form the basis for the evidence-based results. A single study might have occurred in several interventions but is only reported once.

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## Exklusionslista Bensår/Exclusion list Leg ulcer

Nedanstående studier har efter fulltextgranskning inte uppfyllt inklusionskriterierna och ligger således inte till grund för de evidensbaserade resultaten. En och samma studie kan ha förekommit i flera interventioner men redovisas endast en gång.

The following studies have after full text review, not fulfilled the inclusion criteria and do therefore not form the basis for the evidence-based results. A single study might have occurred in several interventions but is only reported once.

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