

Title Effectiveness and safety of microsurgery in limb lymphedema

Agency Avalia-t. Scientific Advice Unit, The Health Knowledge Agency (ACIS)
Edificio Administrativo San Lázaro 15781 Santiago de Compostela
Telf.: 881 541 831 Fax: 881 542 854 e-mail: avalia-t@sergas.es <http://avalia-t.sergas.es>

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Aim

The main objective of this study was to assess the diagnostic accuracy and effectiveness of the procedure for determining glycated hemoglobin in capillary blood. The specific objectives were to ascertain: a) whether ambulatory determination of HbA1c in capillary blood enhances the results of metabolic control as compared to conventional laboratory testing, and if this is safe for patients with diabetes; and, b) whether there is a good correlation between ambulatory determination of capillary blood HbA1C values and determination as performed at a central laboratory.

of the databases of ongoing studies. Two independent reviewers selected the papers in accordance with a series of pre-established selection criteria. The data were then extracted using a purpose-designed form and qualitatively summarised in evidence tables. Study quality was assessed using the SIGN (Scottish Intercollegiate Guidelines Network) scale.

Written by: Beatriz Casal-Acción. Scientific Advice Unit, Avalia-t. The Health Knowledge Agency (ACIS) Spain.

Conclusions and results

Currently, available scientific evidence to show that determination of HbA1C in capillary blood is more effective than the traditional model for correct management of metabolic control in patients with DM. Determination of capillary blood HbA1C at emergency facilities, not only enables unknown DM to be diagnosed and the degree of control in the previous 2-3 months to be monitored, but also brings about a clinically significant improvement in HbA1C over a two-week period, by making it possible to intensify the treatment and motivate the patient in terms of adherence to treatment and self-care techniques. The precision and accuracy of the point-of-care testing analysers used to determine HbA1C on an ambulatory basis — Afinion and DCA — are similar, and the differences can be regarded as clinically insignificant when compared to the reference method. There is a need for new RCTs to be undertaken, targeted at: assessing the impact of learning the HbA1C results immediately, when treatment changes are actively applied, the decisions are discussed with the patient, and these are then documented and implemented; stratifying patients according to HbA1C baseline values; and clearly establishing the definition of standard and intensive health-care processes in cases where HbA1C values are ascertained on an ambulatory basis.

Methods

A systematic search was made of the medical literature covering the main computerised biomedical databases, i.e., PubMed, Embase, ISI Web of Knowledge, Centre for Reviews and Recommendations, Cochrane, etc. To retrieve unpublished data, the process was completed by a search