**Workbook EBHC SR III**

**Cvičení 1a**

1a. Prohlédněte si inkluzní kritéria pro dané systematické review a následně rozhodněte, které záznamy byste během 1. kola screeningu zařadili do dalšího kola. (pro účely cvičení jsou k dispozici jen názvy)

1b. Rozhodněte, které záznamy byste pak zařadili do review během screeningu plnotextů (pro účely cvičení jsou k dispozici jen abstrakta, místo plnotextů).

**Review 1**

**Inkluzní kritéria:**

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| **Review 1** |
| **Název: Interventions for preventing upper gastrointestinal bleeding in people admitted to intensive care units** |
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| **Inkluzní kritéria** |
| **Types of studies:**  Randomised controlled trials (RCTs).  Quasi randomised studies |
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| **Types of participants:**  People (any age and gender) admitted to intensive care units for more than 48 hours.  We will excluded trials where participants were admitted to ICUs primarily for the management of gastrointestinal bleeding. |
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| **Types of interventions:**  We will compare the following interventions administered by any route and at any dose.  **Drugs that reduce gastric acid secretion**  1. H2 receptor antagonists: ranitidine, cimetidine, famotidine, roxatidine, nizatidine, loxatidine.  2. Proton pump inhibitors: esomeprazole, rabeprazole, omeprazole, lansoprazole, pantoprazole.  3. Prostaglandin analogues: misoprostol, enprostol, rioprostil.  4. Anticholinergics: pirenzepine, propantheline, oxyphenonium, doxepin, trimipramine.  **Drugs that neutralise gastric acid (antacids)**  1. Systemic: sodium bicarbonate, sodium citrate.  2. Non-systemic: magnesium hydroxide, magnesium trisilicate, aluminium hydroxide gel, magaldrate, calcium carbonate.  **Ulcer protectives**  1. Sucralfate.  2. Colloidal bismuth subcitrate.  **Ulcer healing drugs**  Carbenoxolone sodium, deglycyrrhizinated liquorice.  **Others**  1. Enteral nutrition.  2. Any other intervention used to reduce upper gastrointestinal bleeding.  3. Combinations of interventions, e.g. omeprazole-bicarbonate combinations.  4. No prophylaxis.  5. Placebo. |

**Cvičení 1a: Title/abstract screening (k dispozici názvy)**

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| **Review 1**  **Název: Interventions for preventing upper gastrointestinal bleeding in people admitted to intensive care units** | |
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| **Title screening** | **Zařadit?** |
| 1. How one academic medical center is ensuring safe and effective use of dabigatran |  |
| 1. Comparing the effects of pantoprazole and ranitidine in the prevention of post-operative gastrointestinal complications in patients undergoing coronary artery bypass graft surgery. |  |
| 1. Enteral feeding timing and outcomes after simultaneous tracheostomy and peg placement in the ICU |  |
| 1. Intubation of the morbidly obese patient: GlideScope vs. FastrachTM |  |
| 1. A Randomized Controlled Study on the Effectiveness and Safety of PPI and H2RA in the Prevention of Stress Ulcer in Patients During Perioperative Urology |  |
| 1. Extra gastrointestinal manifestation of Helicobacter pylori-facts or myth? |  |
| 1. The acute management of nonvariceal upper gastrointestinal bleeding |  |
| 1. Update on the treatment of granulomatosis with polyangiitis (Wegener's) |  |
| 1. Systematic review and meta-analysis: Helicobacter pylori eradication therapy after simple closure of perforated duodenal ulcer. |  |
| 1. Medication use evaluation on the inappropriate use of stress ulcer prophylaxis in general medicine and surgical patients |  |

**Cvičení 1b: Full-text screening (k dispozici abstrakta)**

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| **Review 1**  **Název: Interventions for preventing upper gastrointestinal bleeding in people admitted to intensive care units** | |
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| **Full-text screening (2 záznamy)** | **Zařadit?** |
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| A Randomized Controlled Study on the Effectiveness and Safety of PPI and H2RA in the Prevention of Stress Ulcer in Patients During Perioperative Urology  INTERVENTION: PPI :Use PPI to prevent stress ulcer bleeding ;H2RA:Use H2 receptor antagonist to prevent stress ulcer bleeding ; CONDITION: Stress Ulcer PRIMARY OUTCOME: Clinically significant gastrointestinal bleeding; SECONDARY OUTCOME: Occult gastrointestinal bleeding;Obvious gastrointestinal bleeding;Postoperative hospital stay;Adverse events; INCLUSION CRITERIA: 1) Aged >= 18 years; 2) Patients who are planning to undergo surgery; 3) Expected hospital stay >= 48h; 4) Sign the informed consent form voluntarily. |  |
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| Comparing the effects of pantoprazole and ranitidine in the prevention of post-operative gastrointestinal complications in patients undergoing coronary artery bypass graft surgery.  Background: The present study aims at comparing the effects of pantoprazole and ranitidine in reducing the incidence of gastrointestinal complications in patients undergoing coronary artery bypass graft surgery (CABG). Methods: In a clinical trial, 90 candidates for CABG surgery were randomly divided into two groups of 45 patients. In the first group, pantoprazole and in the second group, ranitidine was prescribed before and after surgery until releasing from Intensive care unit (ICU). Findings: During hospitalization in ICU, 13 patients from pantoprazole and 15 patients from ranitidine group showed gastrological symptoms (28.9% on contrary to 33.3%); however, the difference between two groups was not significant (P = 0.65). The mentioned gastrological symptoms include abdominal distention and vomiting and no case of hematomas and melena was observed in either of groups. The mean duration of hospitalization in ICU in pantoprazole and ranitidine groups were 44.1 +/- 12.9 and 51.0 +/- 28.1 hours, respectively; however, the difference between two groups was not significant (P = 0.14). Conclusion: There is no advantage in using pantoprazole rather than ranitidine for patients hospitalized in ICU and ranitidine could be preferred due to economical matters. |  |

**Review 2**

**Inkluzní kritéria:**

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| **Review 2** |
| **Název: Spinal fusion is not always necessary in the treatment of degenerative lumbar spondylolisthesis: a systematic review and meta-analysis of randomized trials** |
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| **Inkluzní kritéria** |
| **Types of studies:**  Randomised controlled trials (RCTs). |
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| **Types of participants:**  We included randomized controlled studies comparing isolated decompression (any surgical technique) with decompression with fusion in adult participants with DS with at least 12 months follow-up. Only patients undergoing instrumented spinal fusion with pedicular screw fixation with or without interbody fusion were included. Excluded were cases with isthmic spondylolisthesis, degenerative scoliosis, spinal stenosis with other causes, or who had previous spinal surgery. |
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| **Types of interventions:**  comparing isolated decompression (any surgical technique) with decompression with fusion |

**Cvičení 1a: Title/abstract screening (k dispozici názvy)**

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| **Review 2**  **Název: Spinal fusion is not always necessary in the treatment of degenerative lumbar spondylolisthesis: a systematic review and meta-analysis of randomized trials** | |
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| **Title screening** | **Zařadit?** |
| 1. Degenerative spondylolisthesis |  |
| 1. Decompression alone versus decompression with instrumental fusion the NORDSTEN degenerative spondylolisthesis trial (NORDSTEN-DS); study protocol for a randomized controlled trial |  |
| 1. Physiologic Decompression of Lumbar Spinal Stenosis Through Anatomic Restoration Using Trans-Kambin Oblique Lateral Posterior Lumbar Interbody Fusion (OLLIF): A Retrospective Analysis |  |
| 1. PMCF Study on the Safety and Performance of PROSPACE 3D PROSPACE 3D OBLIQUE TSPACE 3D |  |
| 1. Posterior migration of fusion cages in degenerative lumbar disease treated with transforaminal lumbar interbody fusion: A report of three patients |  |
| 1. Inadequacy of 3-month Oswestry Disability Index outcome for assessing individual longer-term patient experience after lumbar spine surgery |  |
| 1. Decompression with or without Fusion in Degenerative Lumbar Spondylolisthesis |  |

**Cvičení 1b: Full-text screening (k dispozici abstrakta)**

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| **Review 2**  **Název: Spinal fusion is not always necessary in the treatment of degenerative lumbar spondylolisthesis: a systematic review and meta-analysis of randomized trials** | |
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| **Full-text screening (2 záznamy)** | **Zařadit?** |
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| Decompression with or without Fusion in Degenerative Lumbar Spondylolisthesis  BACKGROUND: In patients with lumbar spinal stenosis and degenerative spondylolisthesis, it is uncertain whether decompression surgery alone is noninferior to decompression with instrumented fusion.METHODS: We conducted an open-label, multicenter, noninferiority trial involving patients with symptomatic lumbar stenosis that had not responded to conservative management and who had single-level spondylolisthesis of 3 mm or more. Patients were randomly assigned in a 1:1 ratio to undergo decompression surgery (decompression-alone group) or decompression surgery with instrumented fusion (fusion group). The primary outcome was a reduction of at least 30% in the score on the Oswestry Disability Index (ODI; range, 0 to 100, with higher scores indicating more impairment) during the 2 years after surgery, with a noninferiority margin of -15 percentage points. RESULTS: The mean change from baseline to 2 years in the ODI score was -20.6 in the decompression-alone group and -21.3 in the fusion group (mean difference, 0.7; 95% confidence interval [CI], -2.8 to 4.3). In the modified intention-to-treat analysis, 95 of 133 patients (71.4%) in the decompression-alone group and 94 of 129 patients (72.9%) in the fusion group had a reduction of at least 30% in the ODI score (difference, -1.4 percentage points; 95% CI, -12.2 to 9.4), showing the noninferiority of decompression alone. CONCLUSIONS: In this trial involving patients who underwent surgery for degenerative lumbar spondylolisthesis, most of whom had symptoms for more than a year, decompression alone was noninferior to decompression with instrumented fusion over a period of 2 years. Reoperation occurred somewhat more often in the decompression-alone group than in the fusion group. (NORDSTEN-DS ClinicalTrials.gov number, NCT02051374.). |  |
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| Degenerative spondylolisthesis  Degenerative spondylolisthesis is one important type of spinal stenosis. The spinal canal stenosis varies in degree. This is the result of anterior slipping of the whole vertebra, usually L4 on L5. The clinical picture is not greatly different from that observed in the other types of lumbar canal stenosis. The surgical management involves decompression of the cauda equina by laminectomy. Often this is associated with arthrectomy to decompress the nerve roots. Extensive excision of the neural arch may result in further spinal instability for which spinal fusion is generally advisable. |  |