

Review title or ID	
Study ID ( <i>surname of first author and year first full report of study was published e.g. Smith 2001</i> )	
PMID	
Associated PMID (errata, comments or retractions)	
Notes	

## General Information

Date form completed ( <i>dd/mm/yyyy</i> )	
Name/ID of person extracting data	
Reference citation	
Study author contact details	
Publication type ( <i>e.g. full report, abstract, letter</i> )	
Notes:	

## Study eligibility

Study Characteristics	Eligibility criteria	Eligibility criteria met?		
		Yes	No	Unclear
Type of study	Randomised Controlled Trial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prospective or retrospective cohort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prospective or retrospective case-serie (with or without controls)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other design requiring closer assessment :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participants	Adults > 18 y.o. with primary or secondary lymphedema (not parasitic) with documented characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Types of intervention	LVA or VLNT (including combination with flap reconstruction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Types of comparison	Any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcomes:	Volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Circumference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Number of compressive decongestive therapy (CDT) per defined period of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use of compressive garments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Number of infectious episodes per defined period of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lymphoscintigraphy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lymphography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MRI/CT/SPECT-CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Quality of life (QoL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Patient satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INCLUDE

Reason for exclusion

**DO NOT PROCEED IF STUDY EXCLUDED FROM REVIEW**

## Characteristics of included studies

### Methods

	Descriptions as stated in report/paper
Design	
Start date	
End date	

### Participants

	Description <i>Include comparative information for each intervention or comparison group if available</i>	Location in text or source (pg & ¶/fig/table/other)
Population description		
Inclusion criteria		
Exclusion criteria		
Total no. of patients included		

Withdrawals and exclusions		
Age + SD		
Sex		
BMI + SD		
Etiology of lymphedema		
Location of lymphedema		
Preop. conservative therapy (Y/N)		
Stages of lymphedema (prefer ISL)		
Duration of lymphedema (since diagnosis)		

## Intervention

	Description as stated in report/paper
Type of intervention	
Co-interventions	
Number of anastomosis performed if LVA	

## Outcomes

**NB: Duplicate table if several outcomes reported**

	Description as stated in report/paper
Outcome :	
Unit and technique of measurement	

## Risk of Bias assessment

Refer to NOS form and Cochrane risk of bias form

## Data and analysis.

	Description as stated in report/paper					
Outcome						
Time point/follow-up						
Results	Intervention			Comparison (if applicable)		
	Mean	SD (or other variance, specify)	No. participants	Mean	SD (or other variance, specify)	No. participants
Any other results reported (e.g. mean difference, CI, P value)						
Statistical methods used and appropriateness of these (e.g. adjustment for correlation)						
Reanalysis required? (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Yes	No	Unclear			
Reanalysis possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Yes	No	Unclear			
Reanalysed results						

## Other information

	Description as stated in report/paper
Key conclusions of study authors	
References to other relevant studies	
Need to contact authors?	