Author(s): Question: [Cyanoacrylate compared to [Silk suture] for [Pain, edema and trismus] Setting: Bibliography:

Certainty assessn		assessment	essment			№ of patients		Effect				
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	[Cyanoacrylate	[Silk suture]	Relative (95% Cl)	Absolute (95% CI)	Certainty	Importance
ain (follow	-up: mean 1 day	s; assessed with	: Analogic visual so	cale)								
3	randomised trials	serious <sup>a</sup>	very serious <sup>b</sup>	not serious	serious <sup>c</sup>	none	170	170	-	SMD <b>1.034 SD</b> higher (1.924 higher to 0.144 higher)	OCO Very low	CRITICAL
ain (follow	-up: 3 days; ass	essed with: Analo	ogic visual scale)									
3	randomised trials	serious <sup>a</sup>	very serious <sup>b</sup>	not serious	serious <sup>d</sup>	none	170	170	-	SMD <b>0.026 SD</b> higher (0.62 higher to 569 higher)	OCO Very low	CRITICAL
ain (follow	-up: 4 days; ass	essed with: Analo	ogic visual scale)									
3	randomised trials	serious <sup>a</sup>	not serious	not serious	serious <sup>d</sup>	none	170	170	-	SMD <b>0.195 SD</b> higher (0.484 higher to 0.095 higher)		CRITICAL
ain (follow	-up: 5 days; ass	essed with: Analo	ogic visual scale)									
3	randomised trials	serious <sup>a</sup>	very serious <sup>b</sup>	not serious	very serious <sup>c,d</sup>	none	170	170	-	SMD <b>0.726 SD</b> higher (1.507 higher to 0.056 higher)	OCO Very low	CRITICAL
dema (foll	ow-up: 1 days; a	ssessed with: vo	lumetric analysis o	of the average per	traces on the face	2)						•
3	randomised trials	not serious	not serious	not serious	serious <sup>c</sup>	none	190	190	-	SMD <b>0.286 SD</b> higher (0.541 higher to 0.031 higher)	Hoderate	CRITICAL
dema (foll	ow-up: 2 days; a	ssessed with: vo	lumetric analysis o	of the average per	traces on the face	.)						
2	randomised trials	not serious	not serious	not serious	serious <sup>d</sup>	none	70	70	-	SMD <b>0.253 SD</b> higher (0.565 higher to 0.058 higher)	Hoderate	CRITICAL
dema (foll	ow-up: 3 days; a	ssessed with: vo	lumetric analysis o	f the average per	traces on the face	2)	ļ		Į	-+		ł
2	randomised trials	not serious	not serious	not serious	serious <sup>d</sup>	none	140	140	-	SMD <b>0.126 SD</b> higher (0.458 higher to 0.206 higher)	Hoderate	CRITICAL
dema (foll	ow-up: 1 weeks;	assessed with: v	olumetric analysis	of the average pe	er traces on the fa	ce)	•		•	· ·		
4	randomised trials	not serious	not serious	not serious	serious <sup>d</sup>	none	210	210	-	SMD <b>0.239 SD</b> higher (0.466 higher to 0.011 higher)	Hoderate	CRITICAL
rismus (fo	llow-up: 1 days;	assessed with: A	ssessment by Inter	rincisal distance)			•			· ·		
2	randomised trials	not serious	very serious <sup>b</sup>	not serious	very serious <sup>c,d</sup>	none	140	140	-	SMD <b>0.592 SD</b> higher (1.002 higher to 2.187	⊕OOO Very low	CRITICAL

2	randomised trials	not serious	very serious <sup>b</sup>	not serious	very serious <sup>c,d</sup>	none	140	140	-	SMD <b>0.716 SD</b> higher (1.182 higher to 2.615 higher)	Octopy Very low	CRITICAL
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## Trismus (follow-up: 1 weeks; assessed with: Assessment by Interincisal distance)

to 1.248 higher)		3	randomised trials	not serious	very serious <sup>b</sup>	not serious	very serious <sup>c,d</sup>	none	160	160	-		⊕OOO Very low	CRITICAL
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Cl: confidence interval; SMD: standardised mean difference

## Explanations

a. High risk of bias was found for important criteria in this study design. b. Considerable heterogeneity (>75%) significant statistically was found. c. Wde confidence interval between effect estimates d. Their confidence ranges include values that favor either of the compared treatments.