

## Attachment 1: Literature search

Manufacturer: Foosin Medical Supplies Inc. Ltd.  
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Shandong,  
China 264210

Medical device: WEGO-BRAIDED SILK

WEGO-NYLON

WEGO-POLYESTER

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## 1 Background

Device under evaluation:	WEGO-BRAIDED SILK, WEGO-NYLON, WEGO-POLYESTER
Equivalent devices:	Perma-Hand© Silk Suture/ MERSILK© Braided Silk Suture (Ethicon), Sofsilk® (Covidien), Silikam (B.Braun) Ethilon® (Ethicon), Surgilon®/Monosof®/Dermalon® (Covidien), Dafilon®/Supramid® (B.Braun) Mersilene® (Ethicon), Ethibond EXCEL (Ethicon), Ti-Cron® (Covidien), PremiCron® (B.Braun)

The equivalent devices are other non-absorbable sutures currently available on the market. The comparison carried out in the clinical evaluation report demonstrates that the entire intended use of the WEGO-BRAIDED SILK, WEGO-NYLON, and WEGO-POLYESTER sutures is covered.

The literature review will provide data on current therapies for the intended patient population in order to give input to the assessment of acceptable benefit/risk ratios, what is currently considered as providing a high level of protection of health and safety. Therefore, the literature search addressed the state of the art, similar products and the device in question.

The present literature search was performed in the course updating the clinical evaluation.

## 2 Objective

The research questions were carefully constructed using the PICO strategy.

**Table 1: Research questions using the PICO strategy**

Population(s)/disease(s) or conditions	wound closure
Intervention/indicator	Non-absorbable sutures
Comparison/control	Other therapeutic options
Outcome of interest	Successful wound healing

## 3 Methods and details of the literature research

### 3.1 Data collection plan

#### 3.1.1 Literature search strategy and sources

The applied literature search strategy included two independent searches as follows:

##### Search 1:

**Systematic searches** addressing either the state of the art or the performance and safety of the device under evaluation / similar devices are conducted using

- MeSH and text word search in the MEDLINE database via PubMed (Cochrane filters were used for clinical trials) (<http://www.ncbi.nlm.nih.gov/pubmed>)
- Cochrane review library (<http://www.cochranelibrary.com/>)

The systematic search comprises the standard literature sources.

**Search 2:**

**Non-systematic searches** addressing either the state of the art or the performance and safety of the devices under evaluation / the equivalent devices are performed for the completion of the systematic searches using extended search terms. This search strategy includes free web searching (manufacturers’ websites, guideline databases, Google, Google Scholar, MEDLINE via PubMed, adverse events databases) and handsearching (healthcare journals) as well as manual literature search basing on literature referenced in investigated publication.

Additionally, existing articles from previous searches performed by the manufacturer are also considered and bibliography of relevant articles retrieved has been checked.

**3.1.2 Name of person undertaking the literature search**

All literature searches were carried out by Dr. Ruth Zeller-Adam, *Expert Scientific and Regulatory Affairs, i.DRAS GmbH* (see Att. 2: CV).

**3.1.3 Periods covered by each search**

The time period covered by the systematic search 1 and the non-systematic search 2 is not time limited if not otherwise indicated in tables 3 – 4.

**3.1.4 Date of search**

Table 2 displays the dates when the literature searches were performed.

**Table 2: Start and end dates of each search**

Search	Month/Day/Year
Search 1: Systematic search	02/14/2017
Search 2: Non-systematic search	02/14/2017

**3.1.5 Search terms**

The following tables show the list of the key words that were used. For each key word a separate literature search was performed or in rational combination.

**Table 3: Systematic search (search 1) in the MEDLINE database and Cochrane review library addressing the state of the art**

Database	Keyword	Hits
Medline	((((("Wound Closure Techniques/classification"[Mesh] OR "Wound Closure Techniques/contraindications"[Mesh] OR "Wound Closure Techniques/epidemiology"[Mesh] OR "Wound Closure Techniques/instrumentation"[Mesh] OR "Wound Closure Techniques/methods"[Mesh] OR "Wound Closure Techniques/standards"[Mesh] OR "Wound Closure Techniques/therapeutic use"[Mesh] OR "Wound Closure Techniques/therapy"[Mesh] OR "Wound Closure Techniques/utilization"[Mesh]))) AND (review[Publication Type] OR meta analysis[Publication Type])) AND ("2013/01/01"[Date - Publication] : "2017/02/14"[Date - Publication])	228
Medline	("Sutures"[Mesh]) AND review[Publication Type]) AND meta analysis[Publication Type]	52
Cochrane review	Non-absorbable sutures	4

By non-systematic search (search 2) addressing the state of the art, 32 references were retrieved in Medline and free internet search.

**Table 4: Update of the systematic search (search 1) in the MEDLINE database and Cochrane review library addressing performance and safety of the device under evaluation / similar devices**

Database	Keyword	Hits
Medline	WEGO BRAIDED SILK	-
Medline	WEGO NYLON	-
Medline	WEGO POLYESTER	-
Medline	Dafilon AND suture AND ("2015/01"[Date - Publication] : "2017/02/14"[Date - Publication])	2
Medline	Ethibond EXCEL AND suture AND ("2015/01"[Date - Publication] : "2017/02/14"[Date - Publication])	17
Medline	Ethilon AND suture AND ("2015/01"[Date - Publication] : "2017/02/14"[Date - Publication])	18
Medline	Mersilene AND suture AND ("2015/01"[Date - Publication] : "2017/02/14"[Date - Publication])	8
Medline	Supramid AND suture AND ("2015/01"[Date - Publication] : "2017/02/14"[Date - Publication])	16
Medline	(Surgilon OR Monosof OR Dermalon) AND suture AND ("2015/01"[Date - Publication] : "2017/02/14"[Date - Publication])	-
Medline	(Ticron OR Ti-Cron) AND suture AND ("2015/01"[Date - Publication] : "2017/02/14"[Date - Publication])	17
Medline	(Premicron OR Premi-Cron) AND suture AND ("2015/01"[Date - Publication] : "2017/02/14"[Date - Publication])	-
Medline	(Ethicon OR Sofsilik OR Silikam) AND silk	18

**Table 5: Previous systematic search in the MEDLINE database addressing state of the art, performance and safety of the device under evaluation / equivalent devices (date 2015-11-18)**

Database	Keyword	Hits
Medline	("Sutures"[Mesh]) AND ("clinical trial"[Publication Type] OR "comparative study"[Publication Type] OR "meta analysis"[Publication Type] OR "review"[Publication Type]) AND (polyester OR nylon OR silk) AND ("2004"[Date - Publication] : "2014/10/20"[Date - Publication])	309
Medline	surgilon[All Fields]	11
Medline	((("nylons"[MeSH Terms] OR "nylons"[All Fields] OR "supramid"[All Fields]) AND ("sutures"[MeSH Terms] OR "sutures"[All Fields] OR "suture"[All Fields])) AND ("2004"[PDAT] : "2014"[PDAT]) AND "humans"[MeSH Terms]	94
Medline	((("Ethibond"[Supplementary Concept] OR "Ethibond"[All Fields] OR "ethibond"[All Fields]) OR (polybutylate[All Fields] AND coated[All Fields] AND ("polyesters"[MeSH Terms] OR "polyesters"[All Fields] OR "polyester"[All Fields]))) AND ("sutures"[MeSH Terms] OR "sutures"[All Fields] OR "suture"[All Fields])	275

## 3.2 Appraisal plan

### 3.2.1 Applied literature inclusion criteria

Publication data for the safety and performance evaluation was chosen if:

- It addresses the state of the art

- It gives relevant information regarding technical and clinical features of the device under evaluation or devices / methodologies that were considered as sufficiently similar.
- It gives relevant information regarding performance and/or safety of the device in question/equivalent devices.

and

- It contains sufficient information for a rational and objective assessment.
- It is based on an appropriate study design.

### 3.2.2 Applied literature exclusion criteria

Articles not fulfilling the inclusion criteria as stipulated in section 3.2.1 were excluded. In particular, the following exclusion criteria were applied:

- Articles written in languages other than English or German were not respected due to linguistic restrictions.
- Articles for which no abstracts were available were not respected unless the title really promised relevant information.
- Articles, that were found more than one time due the usage of different search terms were identified and respected only once.
- Grade 3 (see section 3.2.3) except for publications rated “E3” that are essential for the description for the state of the art or demonstration of performance and safety.
- Articles that omit disclosure on elementary aspects e.g. methods, identity of products, number of patients, statistical significance test.
- Articles with improper statistical methods
- Articles with probable bias due to lack of adequate controls e.g. subjective endpoint assessment, when there may be other influencing factors (e.g. outcomes affected by variability of the patient population, the disease, user skills).
- Articles with misinterpretation by the authors
- Articles not conducted in compliance with local regulations, studies without ethic vote
- Article full text was not available.

### 3.2.3 Applied literature selection and assessment pathway

Suitability of clinical data for demonstration of performance and safety of the product under evaluation is evaluated in accordance to MEDDEV 2.7/1 Rev. 4 (2016). The appraisal criteria for clinical data addressing performance and safety of the device under evaluation / the similar device are outlined in the following table.

**Table 6: Criteria for appraisal of literature addressing performance and safety**

Suitability criteria	Grading System	Grading
Appropriate device / Technology	Actual device	D1
	Equivalent device or similar device	D2
	Other device	D3
Appropriate application / intended use	Same use	A1
	Minor deviation	A2
	Major deviation	A3

Appropriate patient group	Applicable	P1
	Limited	P2
	Different population	P3
Grade of evidence	High evidence	E1
	Medium evidence	E2
	Low evidence	E3
Quality of information	High quality	R1
	Medium quality	R2
	insufficient quality	R3
Contribution to the clinical evaluation	High input	C1
	Medium input	C2
	Low input	C3

Grade of evidence (E) was evaluated in consideration of methodological quality and scientific validity and rated according to the following scheme:

High evidence:

Peer reviewed journal articles, systematic reviews, review (high quality), randomized controlled studies, cohort studies, prospective comparative case series (> 30 patients), prospective observational studies (> 30 patients);

Medium evidence:

Case control studies, observational studies, prospective comparative case series (> 10 patients), retrospective case series, feasibility studies (> 10 patients), reviews (low quality);

Low evidence:

Animal studies, feasibility studies (< 10 patients), case series, case reports (exception: identification of new risks), descriptive articles, not peer reviewed journal articles;

Typically, clinical data should receive the highest weighting, when generated through a well-designed and monitored randomized controlled clinical trial, conducted with the device under evaluation with patients and users that are representative of the target population. However, randomized clinical trials may not always be feasible or appropriate and the use of alternative study designs may provide relevant clinical information of adequate weighting.

Quality of information (R) was evaluated in consideration of the following parameters:

- Data source type (appropriate study design)
- Appropriate outcome measures that reflect the intended performance
- Appropriate follow-up time
- Statistical significance
- Clinical significance

Based on their scientific validity and relevance, the data are weighted according to their relative contributions (C). The following aspects are used for determining if and in what respect data are relevant to the clinical evaluation:

- Publication covers determination of similarity, justification of criteria for the evaluation of acceptability of side-effects, justification of criteria for the evaluation of the risk/benefit ratio, establishment of current knowledge, estimation and management of risks, identification of hazards, claims, pivotal performance data or pivotal safety data.

- Publication is representative of the entire intended purpose with all claims or only of specific aspects of the intended use or claims or does not concern the intended use or claims.
- Publication is relevant to a specific user group, model of the device, medical indication, target population

According to the criteria described in MEDDEV 2.7/1 rev 4, chapter 9.3.2, the publications retrieved in the literature search for the state of the art (as presented above) are appraised (scientific validity summarised as criterion "grade of evidence") and weighted (summarised as criterion "contribution to the clinical evaluation") for their contribution for identifying and defining the current state of the art in the corresponding medical field. The following appraisal criteria are applied:

**Table 5: Criteria for appraisal of literature addressing state of the art**

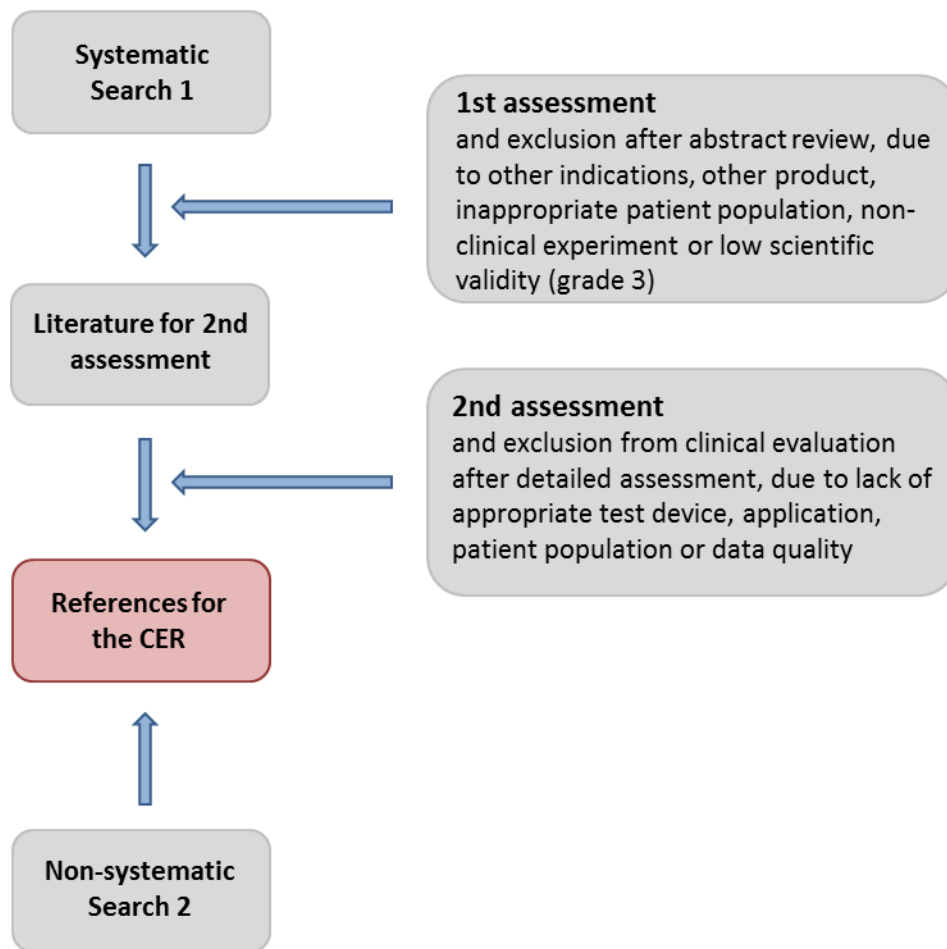
<b>Suitability criteria</b>	<b>Grading System</b>	<b>Grading</b>
Grade of evidence	High evidence	E1
	Medium evidence	E2
	Low evidence	E3
Contribution to the clinical evaluation	High input	C1
	Medium input	C2
	Low input	C3

The outcome of the systematic literature search 1 served as basic stock. Literature selection and assessment from this stock was conducted as shown in the following graph. Non-systematic search 2 served as completeness validation.

Literature selection is processed in two steps (figure 1):

- Step 1: Titles and abstracts of all retrieved publications are reviewed and articles are excluded according to the exclusion criteria as stipulated in section 3.2.2.
- Step 2: All remaining publications are subject to a more detailed evaluation based on full texts. Articles are graded according to the appraisal criteria and publications that are assigned to grade 3 are excluded from further evaluation as described in section 3.2.2. Only literature is included in the clinical evaluation that is not assigned to grade 3 for any criterion after full text evaluation (exceptions for the grade of evidence evaluation as explained in section 3.2.2).





**Figure 1: Literature search assessment**

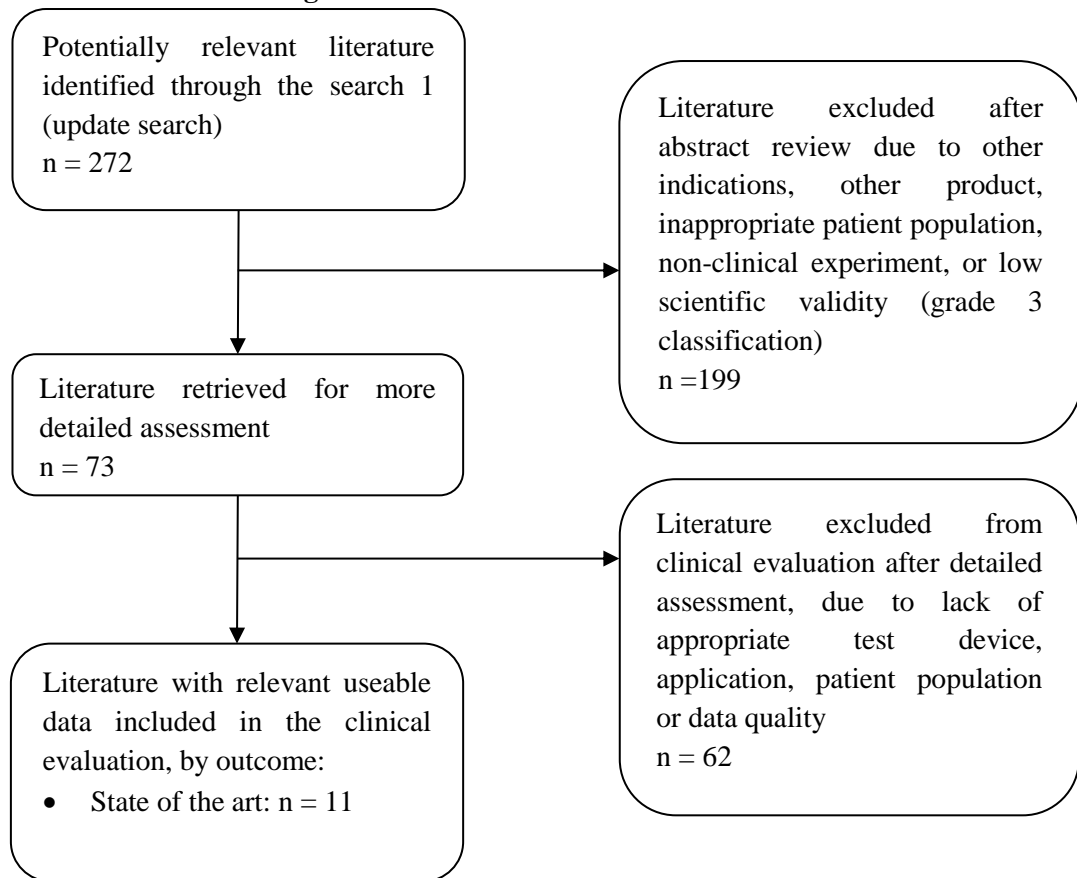
In the first step a first assessment of contents was made in order to identify all papers not related to the subject of our evaluation.

The second step comprised a detailed assessment of the content of each publication and sorting out all studies that did not meet the inclusion criteria.

All publications were collected in a single database and duplicate references were removed as soon as the references were added to the database (after each single search). In order to identify doublets, the contents (e.g. number of enrolled subjects, baseline characteristics, study data analysis, follow up periods etc.) were evaluated in detail in order to become aware whether the publication in question contains results already published elsewhere or if any new aspects were presented.

## 4 Results of the literature search

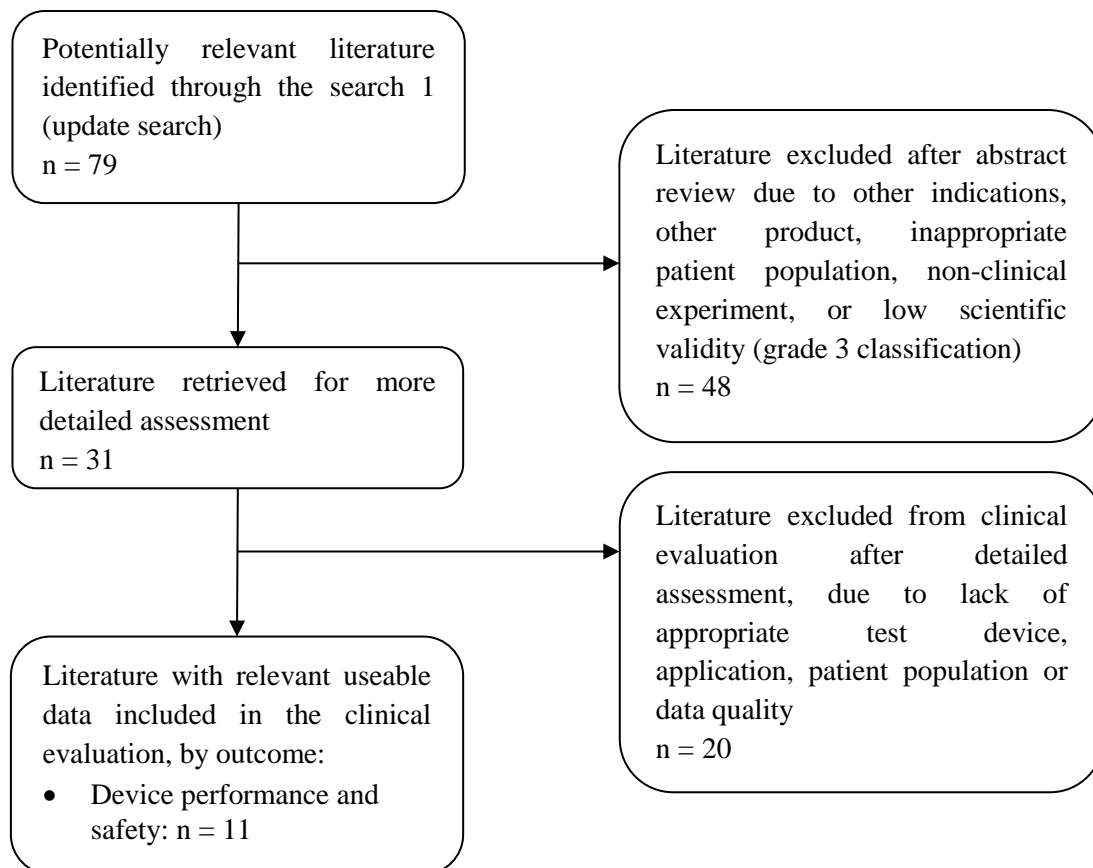
### 4.1 Pertinent data addressing the state of the art



**Figure 2: Flow Chart of the selection process of literature addressing the state of the art**

In order to assure completeness of the available relevant literature, additional papers identified from the non-systematic search 2 addressing the state of the art as well as literature provided by the manufacturer were added and also considered (n = 32).

#### 4.2 Pertinent data addressing the performance and safety



**Figure 3: Flow Chart of the selection process of literature addressing the performance and safety**

In order to assure completeness of the available relevant literature, additional papers identified from the non-systematic search 2 addressing performance and safety as well as literature provided by the manufacturer (including results from previous searches) were added and also considered (n = 16). The resulting literature data comprise favourable as well as non-favourable results concerning the device in question.

#### 4.3 Summary of the results

Finally, the selected references (n = 70) were discussed regarding the aspects listed in the following table.

**Table 7: Number of references per chapter**

Chapter	Number of references
State of the art	43
Clinical data on performance and safety	27

#### 4.4 List of excluded literature

Publications that were excluded after abstract review in the course of the first assessment or excluded after full text review in the course of the second assessment are listed in the following table. Literature was excluded according to the exclusion and inclusion criteria as described in sections 3.2.1 and 3.2.2.

Additionally, poor-rating of publications related to the appraisal criteria also led to exclusion (see section 3.2.3).

**Table 8: Literature from the systematic search excluded**

1.	Abraham, V.T., B.H. Tan, and V.P. Kumar, <i>Systematic Review of Biceps Tenodesis: Arthroscopic Versus Open</i> . Arthroscopy, 2016. <b>32</b> (2): p. 365-71.
2.	Adkins, C.L., <i>Wound care dressings and choices for care of wounds in the home</i> . Home Healthc Nurse, 2013. <b>31</b> (5): p. 259-67; quiz 268-9.
3.	Aires, F.T., et al., <i>Efficacy of stapler pharyngeal closure after total laryngectomy: A systematic review</i> . Head Neck, 2014. <b>36</b> (5): p. 739-42.
4.	Al Hajj, G.N. and J. Haddad, <i>Preventing staple-line leak in sleeve gastrectomy: reinforcement with bovine pericardium vs. oversewing</i> . Obes Surg, 2013. <b>23</b> (11): p. 1915-21.
5.	Alavi, A., et al., <i>What's new: Management of venous leg ulcers: Treating venous leg ulcers</i> . J Am Acad Dermatol, 2016. <b>74</b> (4): p. 643-64; quiz 665-6.
6.	Alio, J.L., et al., <i>Refractive surgery following corneal graft</i> . Curr Opin Ophthalmol, 2015. <b>26</b> (4): p. 278-87.
7.	Almadi, M.A., A.M. Aljebreen, and F. Bamhriz, <i>Resolution of an esophageal leak and posterior gastric wall necrosis with esophageal self-expandable metal stents</i> . World J Gastroenterol, 2013. <b>19</b> (40): p. 6931-3.
8.	Altman, I., et al., <i>Calcinosis cutis presenting in the context of long-term therapy for chronic myeloid leukemia: a case report and review of the literature</i> . Wounds, 2015. <b>27</b> (2): p. 20-5.
9.	Aly, E.H., <i>Stapled haemorrhoidopexy: is it time to move on?</i> Ann R Coll Surg Engl, 2015. <b>97</b> (7): p. 490-3.
10.	Amirtharajah, M. and L. Lattanza, <i>Open extensor tendon injuries</i> . J Hand Surg Am, 2015. <b>40</b> (2): p. 391-7; quiz 398.
11.	Antoniou, S.A., et al., <i>Laparoscopic augmentation of the diaphragmatic hiatus with biologic mesh versus suture repair: a systematic review and meta-analysis</i> . Langenbecks Arch Surg, 2015. <b>400</b> (5): p. 577-83.
12.	Apisarnthanarak, A., et al., <i>Triclosan-coated sutures reduce the risk of surgical site infections: a systematic review and meta-analysis</i> . Infect Control Hosp Epidemiol, 2015. <b>36</b> (2): p. 169-79.
13.	Arce, G., et al., <i>Management of disorders of the rotator cuff: proceedings of the ISAKOS upper extremity committee consensus meeting</i> . Arthroscopy, 2013. <b>29</b> (11): p. 1840-50.
14.	Ata, B., et al., <i>Effect of hemostatic method on ovarian reserve following laparoscopic endometrioma excision; comparison of suture, hemostatic sealant, and bipolar desiccation. A systematic review and meta-analysis</i> . J Minim Invasive Gynecol, 2015. <b>22</b> (3): p. 363-72.
15.	Atema, J.J., S.L. Gans, and M.A. Boermeester, <i>Systematic review and meta-analysis of the open abdomen and temporary abdominal closure techniques in non-trauma patients</i> . World J Surg, 2015. <b>39</b> (4): p. 912-25.
16.	Aviki, E.M., et al., <i>Vacuum-Assisted Closure for Episiotomy Dehiscence</i> . Obstet Gynecol, 2015. <b>126</b> (3): p. 530-3.
17.	Back, D.A., C. Scheuermann-Poley, and C. Willy, <i>Recommendations on negative pressure wound therapy with instillation and antimicrobial solutions - when, where and how to use: what does the evidence show?</i> Int Wound J, 2013. <b>10 Suppl 1</b> : p. 32-42.
18.	Bail, D.H., T. Walker, and J. Giehl, <i>Vascular endostapling systems for vascular endografts (T)EVAR--systematic review--current state</i> . Vasc Endovascular Surg, 2013. <b>47</b> (4): p. 261-6.
19.	Barber, F.A., et al., <i>Biocomposite Implants Composed of Poly(Lactide-co-Glycolide)/beta-Tricalcium Phosphate: Systematic Review of Imaging, Complication, and Performance Outcomes</i> . Arthroscopy, 2016.
20.	Bar-Sela, S.M., O. Spierer, and A. Spierer, <i>Suture-related complications after congenital cataract surgery: Vicryl versus Mersilene sutures</i> . Journal of Cataract & Refractive Surgery. <b>33</b> (2): p. 301-304.
21.	Bartel, A.F., A.D. Elliott, and T.S. Roukis, <i>Incidence of complications after Achillon(R) mini-open suture system for repair of acute midsubstance achilles tendon ruptures: a systematic review</i> . J Foot Ankle Surg, 2014. <b>53</b> (6): p. 744-6.
22.	Bartels, M.C., et al., <i>Comparison of Complication Rates and Postoperative Astigmatism Between Nylon and Mersilene Sutures for Corneal Transplants in Patients with Fuchs Endothelial Dystrophy</i> . Cornea, 2006. <b>25</b> (5): p. 533-539.
23.	Bartholomew, R.S., C.I. Phillips, and C.G. Munton, <i>Vicryl (polyglactin 910) in cataract surgery. A controlled trial</i> . Br J Ophthalmol, 1976. <b>60</b> (7): p. 536-8.
24.	Bauder, M., A. Schmidt, and K. Caca, <i>Non-Exposure, Device-Assisted Endoscopic Full-thickness Resection</i> . Gastrointest Endosc Clin N Am, 2016. <b>26</b> (2): p. 297-312.
25.	Benayoun, Y., et al., <i>[Sutureless scleral intraocular lens fixation: report of nine cases and literature review]</i> . J Fr Ophthalmol, 2013. <b>36</b> (8): p. 658-68.
26.	Bennett, J.B. and T.L. Mehlhoff, <i>Triceps Tendon Repair</i> . J Hand Surg Am, 2015. <b>40</b> (8): p. 1677-83.
27.	Bergstrom, J.S. and D. Hayman, <i>An Overview of Mechanical Properties and Material Modeling of Polylactide (PLA) for Medical Applications</i> . Ann Biomed Eng, 2016. <b>44</b> (2): p. 330-40.
28.	Bevilacqua, N.S. and D.A. Pedreira, <i>Fetoscopy for meningomyelocele repair: past, present and future</i> . Einstein (Sao Paulo), 2015. <b>13</b> (2): p. 283-9.
29.	Biancari, F. and V. Tiozzo, <i>Staples versus sutures for closing leg wounds after vein graft harvesting for coronary artery bypass surgery</i> . Cochrane Database Syst Rev, 2010(5): p. Cd008057.

30.	Biancari, F. and V. Tiozzo <i>Staples versus sutures for closing leg wounds after vein graft harvesting for coronary artery bypass surgery</i> . Cochrane Database of Systematic Reviews, 2010. DOI: 10.1002/14651858.CD008057.pub2.
31.	Bogliolo, S., et al., <i>Barbed suture in minimally invasive hysterectomy: a systematic review and meta-analysis</i> . Arch Gynecol Obstet, 2015. <b>292</b> (3): p. 489-97.
32.	Borzio, R.W., et al., <i>Barbed sutures in total hip and knee arthroplasty: what is the evidence? A meta-analysis</i> . Int Orthop, 2016. <b>40</b> (2): p. 225-31.
33.	Bosman, W.M., et al., <i>Necrotising fasciitis due to an infected sebaceous cyst</i> . BMJ Case Rep, 2014. <b>2014</b> .
34.	Bothe, W. and F. Beyersdorf, [Modern mitral valve surgery]. Internist (Berl), 2016. <b>57</b> (4): p. 332-40.
35.	Brigic, A., et al., <i>A systematic review regarding the feasibility and safety of endoscopic full thickness resection (EFTR) for colonic lesions</i> . Surg Endosc, 2013. <b>27</b> (10): p. 3520-9.
36.	Brown, J.A., D. Canal, and C.P. Sundaram, <i>Optical-access visual obturator trocar entry into desufflated abdomen during laparoscopy: assessment after 96 cases</i> . J Endourol, 2005. <b>19</b> (7): p. 853-5.
37.	Bucci, M., et al., <i>Microbiological analysis of bacterial plaque on three different threads in oral surgery</i> . Minerva Stomatol, 2017. <b>66</b> (1): p. 28-34.
38.	Caggiano, N. and K.S. Matullo, <i>Carpal instability of the wrist</i> . Orthop Clin North Am, 2014. <b>45</b> (1): p. 129-40.
39.	Cai, M., et al., <i>Endoscopic Full-thickness Resection (EFTR) for Gastrointestinal Subepithelial Tumors</i> . Gastrointest Endosc Clin N Am, 2016. <b>26</b> (2): p. 283-95.
40.	Callahan, T.L., et al., <i>Mechanical properties of commercially available nylon sutures in the United States</i> . J Biomed Mater Res B Appl Biomater, 2016.
41.	Can, E., et al., <i>Scleral fixation of one piece intraocular lens by injector implantation</i> . Indian J Ophthalmol, 2014. <b>62</b> (8): p. 857-60.
42.	Celentano, V., J.R. Ausobsky, and P. Vowden, <i>Surgical management of presacral bleeding</i> . Ann R Coll Surg Engl, 2014. <b>96</b> (4): p. 261-5.
43.	Chang, W.K., et al., <i>Triclosan-impregnated sutures to decrease surgical site infections: systematic review and meta-analysis of randomized trials</i> . Ann Surg, 2012. <b>255</b> (5): p. 854-9.
44.	Chen, H.L., et al., <i>Ligasure versus stapled hemorrhoidectomy in the treatment of hemorrhoids: a meta-analysis of randomized control trials</i> . Surg Laparosc Endosc Percutan Tech, 2014. <b>24</b> (4): p. 285-9.
45.	Chen, L.B., et al., <i>Arthroscopic fixation of an avulsion fracture of the tibia involving the posterior cruciate ligament: a modified technique in a series of 22 cases</i> . Bone Joint J, 2015. <b>97-b</b> (9): p. 1220-5.
46.	Cheng, H.T., Y.C. Hsu, and C.I. Wu, <i>Risk of infection with delayed wound coverage by using negative-pressure wound therapy in Gustilo Grade IIIB/IIIC open tibial fracture: an evidence-based review</i> . J Plast Reconstr Aesthet Surg, 2013. <b>66</b> (6): p. 876-8.
47.	Cheng, H.T., Y.C. Hsu, and C.I. Wu, <i>Efficacy and safety of negative pressure wound therapy for Szilagyi grade III peripheral vascular graft infection</i> . Interact Cardiovasc Thorac Surg, 2014. <b>19</b> (6): p. 1048-52.
48.	Chiara, O., et al., <i>International consensus conference on open abdomen in trauma</i> . J Trauma Acute Care Surg, 2016. <b>80</b> (1): p. 173-83.
49.	Cho, C.H. and S.B. Lee, <i>Biodegradable collagen matrix (Ologen) implant and conjunctival autograft for scleral necrosis after pterygium excision: two case reports</i> . BMC Ophthalmol, 2015. <b>15</b> : p. 140.
50.	Clavijo-Alvarez, J.A., <i>Novel technique for skin grafting parastomal wounds using a negative-pressure dressing</i> . Adv Skin Wound Care, 2014. <b>27</b> (6): p. 256-8.
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