



P.E.A.R.L.S.

practical evidence about real life situations

The New Zealand Guideline Group fund the Cochrane Primary Care Field to produce the P.E.A.R.L.S. (click [here](#) for the websitelink)

Access <http://www.cochraneprimarycare.org/> to view the PEARLS online.

The actual Cochrane abstracts for the P.E.A.R.L.S are at

- 132. Early laparoscopic cholecystectomy beneficial for biliary colic
- 134. Systemic antibiotics do not improve healing of venous leg ulcers
- 135. Limited evidence for honey in topical treatment of wounds
- 136. Increased police patrols may prevent alcohol-impaired driving

Colophon

Sign in!

We would be grateful if you could forward the URL for colleagues to sign up to our website by going to

<http://lists.cochrane.org/mailman/listinfo/primarycare>

More information

For more information about the Field, or to view the previously published PEARLS please visit: <http://www.cochraneprimarycare.org>

To (un)subscribe

To (un)subscribe please visit:

<http://lists.cochrane.org/mailman/listinfo/primarycare>

Bruce Arroll ¹, Jaap van Binsbergen ², Tom Fahey ³, Tim Kenealy ¹,
Floris van de Laar ²

Tilly Pouwels ²

Secretary to Cochrane Primary Health Care Field

email: t.pouwels@cochraneprimarycare.org

The Cochrane Primary Health Care Field is a collaboration between:

¹ New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland and funded by the New Zealand Guidelines Group;

² Academic Department of Primary and Community Care in The Netherlands, The Dutch College of General Practitioners, and the Netherlands Institute for Health Services Research;

³ Department of General Practice, Royal College of Surgeons in Ireland, Dublin.

Abstracts

Early laparoscopic cholecystectomy beneficial for biliary colic

Clinical question	What are the benefits and harms of early versus delayed laparoscopic cholecystectomy for patients with biliary colic due to gallstones?
Bottom line	Based on evidence from only 1 trial with a high risk of bias, it appears that early laparoscopic cholecystectomy (<24 hours after diagnosis of biliary colic) decreases the morbidity during the waiting period for elective laparoscopic cholecystectomy, decreases the rate of conversion to open cholecystectomy (0% v 20%), decreases operating time (by about 15 minutes), and decreases hospital stay (by 1 day). Fourteen patients (35%) required 18 hospital admissions for symptoms related to gallstones during the mean waiting period of 4.2 months in the delayed group – equivalent to 11 admissions per 100 persons per month.
Caveat	These results are based on 1 trial which involved only 75 patients, and had a high risk of systematic errors due to unclear allocation concealment and lack of blinding and sample size calculation.
Context	Cholecystectomy for symptomatic gallstones is one of the commonest abdominal operations performed. Laparoscopic cholecystectomy is usually performed on a delayed (elective) basis for gallstone pain (without gallbladder inflammation), ie, biliary colic, but can be

	performed as an emergency surgery. Patients can develop life-threatening complications while waiting for surgery.
Cochrane Systematic Review	Gurusamy KS et al. Early versus delayed laparoscopic cholecystectomy for biliary colic. Cochrane Reviews 2008, Issue 4. Article No. CD007196. DOI: 10.1002/14651858.CD007196.pub2. This review contains only 1 trial involving 75 participants.
PEARLS 132, January 2009, written by Brian R McAvoy	

[References]

Systemic antibiotics do not improve healing of venous leg ulcers

Clinical question	How effective are systemic antibiotics and antiseptics in healing venous ulcers?
Bottom line	There is no evidence to support the routine use of systemic antibiotics to promote healing in venous leg ulcers. One study (involving daily dressings and bed rest but no compression) showed a statistically significant result in favour of cadexomer iodine (a topical agent with debriding and antibacterial effects) when compared with standard care in terms of frequency of complete healing at 6 weeks (NNT*5). However, only 60 patients were involved in the final analysis. *NNT = number needed to treat to benefit 1 individual.
Caveat	The regimen used with cadexomer iodine was intensive and hospital based, and so these findings may not have been generalisable to most everyday clinical settings. Further good quality research is required before definitive conclusions can be made about the effectiveness of systemic antibiotics and topical agents, such as povidone iodine, peroxide-based preparations, ethacridine lactate and muciprocin. In the light of the increasing problems of bacterial resistance to antibiotics, current prescribing guidelines recommend antibacterial preparations should only be used in cases of defined infection and not for bacterial colonisation.
Context	Venous leg ulcers affect up to 1% of adults in

	developed countries at some point during their life. Many of the wounds are colonised by bacteria or show signs of clinical infection, which may delay ulcer healing.
Cochrane Systematic Review	O' Meara S et al. Antibiotics and antiseptics for venous leg ulcers. Cochrane Reviews 2008, Issue 1. Article No. CD003557. DOI: 10.1002/14651858.CD003557.pub2. This review contains 22 trials involving 1543 participants.
PEARLS 134, June 2008, written by Brian R McAvoy	

[References]

Limited evidence for honey in topical treatment of wounds

Clinical question	Does honey increase the rate of healing in acute and chronic wounds?
Bottom line	Honey may improve healing times in mild to moderate superficial and partial burns compared with conventional dressings (gauze and film dressings). Honey dressings do not significantly increase rates of healing of venous leg ulcers at 12 weeks when used as an adjunct to compression bandaging. There is insufficient evidence to determine the effect of honey compared with other treatments for burns or in other acute or chronic wound types.
Caveat	All the included burns trials have originated from a single centre which may have an impact on the replicability of findings.
Context	Honey is a viscous, supersaturated sugar solution derived from nectar gathered and modified by the honey bee, <i>Apis mellifera</i> . Honey has been used since ancient times as a remedy in wound care. More recently, trials have evaluated the effects of using honey to help wound healing in both acute wounds (eg, burns, lacerations) and chronic wounds (eg, venous leg ulcers, pressure ulcers).
Cochrane Systematic Review	Jull AB et al. Honey as a topical treatment for wounds. Cochrane Reviews 2008, Issue 4. Article No. CD005083. DOI: 10.1002/14651858.CD002106.pub2. This review

contains 19 trials involving 2554 participants.

PEARLS 135, January 2009, written by Brian R McAvoy

(First published in New Zealand Doctor, 11 March 2009)

[References]

Increased police patrols may prevent alcohol-impaired driving

Clinical question	How effective are increased police patrols for preventing alcohol-impaired driving?
Bottom line	Most studies found increased police patrols reduced traffic crashes and fatalities. Evidence for the effect on traffic injuries was less consistent. Existing evidence, although supportive, does not firmly establish whether increased police patrols, implemented with or without other intervention elements, reduce the adverse consequences of alcohol-impaired driving.
Caveat	The detail provided on the methodology of included studies was almost uniformly poor. When this information was reported, the methodological quality was often weak. Methodological limitations included inadequate sample size, dissimilar baseline measures, contamination, and inadequate data analysis. Nearly three-quarters of the studies had at least one methodological limitation which could affect their results.
Context	Road traffic injuries cause 1.2 million deaths worldwide each year. Alcohol consumption increases the risk of traffic crashes, especially fatal crashes. Increased police patrols aim to increase both the perceived and actual likelihood of being caught driving while alcohol-impaired, potentially reducing alcohol-related driving, crashes and injuries.
Cochrane Systematic Review	Goss CW et al. Increased police patrols for preventing alcohol-impaired driving. Cochrane Reviews 2008, Issue 4. Article No. CD005242. DOI: 10.1002/14651858.CD005242.pub2. This review contains 32 studies involving 28 million participants.
PEARLS 136, February 2009, written by Brian R McAvoy	

[References]



**COCHRANE
PRIMARY HEALTH
CARE FIELD**