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Appendix

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Appendix to: Scott IA. Looking for value in health care. *Med J Aust* 2012; 197: 538-539. doi: 10.5694/mja12.11497.

Box. Examples of commonly used interventions identified as potentially 'low-value'*

Group A – evidence of no benefit or of harm

- Arthroscopic lavage or debridement for knee osteoarthritis versus medical care
- Repair of asymptomatic inguinal hernia versus observation
- Vertebroplasty for painful osteoporotic vertebral fractures versus medical care
- Radical prostatectomy for early stage localised prostrate cancer versus observation
- Endovascular repair of infrarenal abdominal aortic aneurysms in medically fit patients versus open repair
- Endoscopic retrograde cholangiopancreatiography in acute gallstone pancreatitis without cholangitis versus no endoscopic procedure
- Total fundoplication in gastroesophageal reflux disease versus partial fundoplication
- Upper airway surgery for obstructive sleep apnoea syndrome versus no surgery
- Hysterectomy as first-line treatment for heavy menorrhagia versus no surgery
- Caesarian section without clinical indication versus vaginal delivery
- Routine episiotomy in spontaneous vaginal delivery versus selective episiotomy
- Laparoscopic colposuspension for urinary incontinence in women versus open colposuspension
- Neurosurgical clipping in aneurysmal subarachnoid haemorrhage versus endovascular coiling
- Radiotherapy following mastectomy for locally advanced, node-negative breast cancer versus no radiotherapy
- Standard central venous and haemodialysis catheters versus catheters treated with anti-infective agents
- Cognitive behavioural therapy for psychotic disorders and major depression versus medical care
- Vertebral biopsy versus magnetic resonance imaging in differentiating osteoporotic from non-osteoporotic vertebral fractures
- Whole brain radiotherapy for multiple brain metastases versus supportive care
- Post-operative radiotherapy following complete resection of early stage non-small cell lung cancer versus no radiotherapy
- Non-operative treatment for acute Achilles tendon rupture versus open repair
- Occlusal adjustment for temporomandibular joint dysfunction versus no procedure
- Screening for hepatic or skeletal muscle injury in patients receiving statin drugs versus no screening
- Frequent monitoring of HbA1c levels in adults with stable diabetes versus 6-monthly testing
- Routine daily chest X-rays versus on-demand films in intensive care patients
- Imaging for uncomplicated lower back pain versus no imaging
- CT or ultrasound scans to diagnose appendicitis versus no imaging

- Monitoring of bone mineral density within first 3 years versus after 3 years of commencement of bisphosphonate treatment
- CT or MRI scans versus adrenal vein sampling in diagnosing bilateral versus unilateral primary aldosteronism
- Routine ultrasound in infants or children with first-time uncomplicated urinary tract infection versus selected imaging in atypical cases
- Routine use of MRI or CT scans versus no scans in patients with first-episode psychosis and normal neurological examination
- Cardiac stress testing in low risk patients before major non-cardiac surgery versus no testing

Group B – no evidence of benefit

- Lumbar discectomy for lumbar disc herniation versus no operation
- Radiofrequency facet joint denervation for low back pain versus no operation
- Carotid endarterectomy for occlusive carotid artery disease in surgically fit patients versus carotid artery stenting
- Intracavity lavage in potentially contaminated surgery versus antibiotic prophylaxis
- Coronary artery stenting for stable angina versus medical care
- Vena caval filters for prevention of pulmonary embolism versus anticoagulation in patients able to be anticoagulated
- Hypothermia for traumatic head injury versus usual care
- Radiotherapy for neovascular age-related macular degeneration versus usual care
- Chest physiotherapy for pneumonia in adults versus no physiotherapy
- Cystoscopy in men with uncomplicated lower urinary tract symptoms versus no cystoscopy
- Extracorporeal shock wave lithotripsy versus percutaneous nephrolithotomy or retrograde intrarenal surgery for kidney stones
- Routine screening for risk of spontaneous pre-term labour in uncomplicated pregnancy versus no screening
- Factor V Leiden testing in adults with history of venous thromboembolism or in their family members versus no testing
- Routine antenatal screening for asymptomatic genital chlamydial infection versus no screening
- Exercise electrocardiogram in patients with suspected, or at risk of, coronary disease versus no testing
- Antenatal cardiotocography (CTG) for fetal assessment versus computerised CTG in women with increased risk of complications
- Sentinel lymph node biopsy in patients with ductal carcinoma in situ versus no biopsy
- Urodynamic studies at initial assessment in men with lower urinary tract symptoms versus no testing
- Hospitalisation for bed rest in late term multiple pregnancy versus no hospitalisation

Group C – patient-sensitive benefits and harms

- Transurethral resection for symptomatic benign prostatic obstruction versus no surgery
- Rubber band ligation versus excisional haemorrhoidectomy for grade 3 haemorrhoids

*Categorisation based on data provided by Elshaug et al in their on-line appendix
Elshaug AG, Watt AM, Mundy L, Willis CD. Over 150 potentially low-value health care practices: an Australian study. *Med J Aust* 2012; 197: 556-560. doi: 10.5694/mja12.11083.