Attachment 5 Meta-analysis feasibility assessment

Table S 1 Feasibility assessment for meta-analysis of individual outcomes

Outcome	Number of studies (>3)	Low assessment of quality or of risk of bias (bias in blinding, randomisation, missing outcome data, outcome assessment)	Population, intervention, co (clinical and methodologica Population (eligibility, key demographics)		time frame, and study Outcome (definition and means of reporting)	design (PICOTS) Study design	assessment Time frame	Meta- analysis feasibility decision
Implantable	4 studies: Enache <i>et al.</i> (2019) [111] Nava <i>et al.</i> (2013) [113] Linde <i>et al.</i> (1998) [112] Şoşdean <i>et</i> <i>al.</i> (2015) [114]	Similar Enache <i>et al.</i> (2019): 17/30 Linde <i>et al.</i> (1998): 21/30 Nava <i>et al.</i> (2013): 24/30 Şoşdean <i>et al.</i> (2015): 22/30	Similar eligibility Enache <i>et al.</i> (2019): All patients for whom the device was indicated Linde <i>et al.</i> (1998): As above, and only patients for whom life expectancy was estimated to be lower than that of the pacemaker received a reprocessed device Nava <i>et al.</i> (2013): All patients aged 18 years and over with an indication for pacing Şoşdean <i>et al.</i> (2015): Patients requiring implantation with biventricular devices	Similar devices/procedures Enache <i>et al.</i> (2019): Implantable cardioverter defibrillators Nava <i>et al.</i> (2013): Pacemaker Linde <i>et al.</i> (1998): Pacemaker Şoşdean <i>et al.</i> (2015): Biventricular devices (pacemakers or defibrillators) Location similar Enache <i>et al.</i> (2019): Unclear, likely internal	Similar definitions (except Şoşdean et al. (2015)) Enache et al. (2019): Infections that required reintervention Linde et al. (1998): Infections that required antibiotics and/or reoperations Nava et al. (2013): I: Right endocarditis with electrode involvement; II: Sepsis without evidence of involvement of the	Similar designs Enache <i>et al.</i> (2019): Retrospective cohort Linde <i>et al.</i> (1998): Retrospective case-matched Nava <i>et al.</i> (2013): case matched prospective and retrospective Şoşdean <i>et al.</i> (2015):	Similar (except Nava et al. (2013)) Enache et al. (2019): 1– 108 months (1 month, 3 months, every 6 months), average 33 months Linde et al. (1998): 32 months (±11 months) Nava et al. (2013): Not reported	Meets criteria for meta- analysis

			Different demographics (Gender only – Enache) Age: Enache <i>et al.</i> (2019): 52 years Linde <i>et al.</i> (1998): 79 years Nava <i>et al.</i> (2013): 60 years Şoşdean <i>et al.</i> (2015): 62 years % female: Enache <i>et al.</i> (2019): 25% Linde <i>et al.</i> (1998): 55% Nava <i>et al.</i> (2013): 46% Şoşdean <i>et al.</i> (2015): 85%	Linde <i>et al.</i> (1998): Internal Nava <i>et al.</i> (2013): Internal Şoşdean <i>et al.</i> (2015): Likely internal Same number of reprocessing cycles Enache <i>et al.</i> (2019): 1 Linde <i>et al.</i> (1998): 1 Nava <i>et al.</i> (2013): 1 Şoşdean <i>et al.</i> (2015): 1	circuit or pocket; III: Infection of the pacemaker pocket; and IV: Extrusion of wires or generator Şoşdean <i>et al.</i> (2015): Device- related (not defined) Similar reporting Enache <i>et al.</i> (2019): n, %, odds ratio (OR), confidence interval (CI) Linde <i>et al.</i> (1998): n, % Nava <i>et al.</i> (2013): n, %, risk ratio (RR) (adjusted), Cl Şoşdean <i>et al.</i> (2015): n, OR (adjusted), Cl	Retrospective case-matched	Şoşdean et al. (2015): Up to 94 months, median 35 months	
Unexpecte d battery depletion	4 studies: Enache <i>et al.</i> (2019) [111] Nava <i>et al.</i> (2013) [113] Linde <i>et al.</i> (1998) [112]	Similar Enache <i>et al.</i> (2019): 17/30 Linde <i>et al.</i> (1998): 21/30 Nava <i>et al.</i> (2013): 24/30	Similar eligibility Enache <i>et al.</i> (2019): All patients for whom the device was indicated Linde <i>et al.</i> (1998): As above, and only patients for whom life expectancy	Similar devices/procedures Enache <i>et al.</i> (2019): Implantable cardioverter defibrillators	Broadly similar definitions Enache <i>et al.</i> (2019): Replacement due to untimely or	Similar designs Enache <i>et al.</i> (2019): Retrospective cohort	Similar Enache <i>et al.</i> (2019): 1– 108 months (1 month, 3 months, every 6	Meets criteria for meta- analysis

Şoşdean <i>et</i> al. (2015) [114]	Şoşdean <i>et al.</i> (2015): 22/30	was estimated to be lower than that of the pacemaker received a reprocessed device Nava <i>et al.</i> (2013): All patients aged 18 years and over with an indication for pacing Şoşdean <i>et al.</i> (2015): Patients requiring implantation with biventricular devices Different demographics Age: Enache <i>et al.</i> (2019): 52 years Linde <i>et al.</i> (1998): 79 years Nava <i>et al.</i> (2013): 60 years Şoşdean <i>et al.</i> (2015): 62 years % female: Enache <i>et al.</i> (2019): 25% Linde <i>et al.</i> (1998): 55% Nava <i>et al.</i> (2013): 46% Şoşdean <i>et al.</i> (2015): 85%	Nava et al. (2013): Pacemaker Linde et al. (1998): Pacemaker Şoşdean et al. (2015): Biventricular devices (pacemakers or defibrillators) Location Enache et al. (2019): Unclear, likely internal Linde et al. (1998): Internal Nava et al. (2013): Internal Şoşdean et al. (2015): Likely internal Same number of reprocessing cycles Enache et al. (2019): 1 Linde et al. (1998): 1 Nava et al. (2013): 1 Şoşdean et al. (2015): 1	unexpected battery depletion Linde <i>et al.</i> (1998): Replacement due to battery depletion Nava <i>et al.</i> (2013): The need to remove or change the device because of unexpected battery depletion. Unexpected battery depletion was defined by study group. For new pacemakers, it was defined as depletion before the 6 th year after implantation without relation to high pacing output or abnormal electrode impedances. In reused devices, early battery depletion was defined as	Linde <i>et al.</i> (1998): Retrospective case-matched Nava <i>et al.</i> (2013): case matched prospective and retrospective Şoşdean <i>et al.</i> (2015): Retrospective case-matched	months), average 33 months Linde <i>et al.</i> (1998): 32 months (±11 months) Nava <i>et al.</i> (2013): Not reported Şoşdean <i>et al.</i> (2015): Up to 94 months, median 35 months
--	--	---	--	---	--	---

					occurring before the 4 th year. Şoşdean <i>et al.</i> (2015): Early battery depletion – considered as after less than 2 years (24 months)			
					Similar reporting Enache <i>et al.</i> (2019): N, OR, 95% Cl Linde <i>et al.</i> (1998): n Nava <i>et al.</i> (2013): n, %, RR, 95% Cl Şoşdean <i>et al.</i> (2015): n, IQR			
Other device malfunctio n	2 studies: Nava <i>et al.</i> (2013) [113] Linde <i>et al.</i> (1998) [112]	Similar Linde <i>et al.</i> (1998): 21/30 Nava <i>et al.</i> (2013): 24/30	Similar eligibility Linde <i>et al.</i> (1998): All patients for whom the device was indicated, and only patients for whom life expectancy was estimated to be lower than that of the pacemaker received a reprocessed device Nava <i>et al.</i> (2013): All patients aged 18 years and	Similar devices/procedures Linde <i>et al.</i> (1998): Pacemaker Nava <i>et al.</i> (2013): Pacemaker Same location Linde <i>et al.</i> (1998): Internal Nava <i>et al.</i> (2013): Internal	Similar definition Nava <i>et al.</i> (2013): Suspicion of pacemaker malfunction described in the file or causing replacement Linde <i>et al.</i> (1998): Suspicion of pacemaker malfunction	Similar designs Linde <i>et al.</i> (1998): Retrospective case-matched Nava <i>et al.</i> (2013): NRCT (prospective and retrospective, matched)	Unclear similarity Nava <i>et al.</i> (2013): Not reported	Does not meet criteria – too few studies

Courding on the			over with an indication for pacing Different demographics Age: Linde <i>et al.</i> (1998): 79 years Nava <i>et al.</i> (2013): 60 years % female: Linde <i>et al.</i> (1998): 55% Nava <i>et al.</i> (2013): 46%	Same number of reprocessing cycles Linde <i>et al.</i> (1998): 1 Nava <i>et al.</i> (2013): 1	described in the file or causing replacement Similar reporting Nava <i>et al.</i> (2013): n, % (unadjusted) Linde <i>et al.</i> (1998): n, % (unadjusted)			
Cardiac cath Minor complicati ons (pyrogen reactions (fever, temperatu re, white blood cell count), creatine kinase, author- labelled minor complicati ons)	3 studies: Plante <i>et al.</i> (1994) [118] Browne <i>et</i> <i>al.</i> (1997) [115] Leung <i>et al.</i> (2019) [116]	2/3 similar Leung <i>et al.</i> (2019): 20/30 Browne <i>et al.</i> (1997): 15/30 Plante <i>et al.</i> (1994): 23/30	Similar eligibility Plante <i>et al.</i> (1994): All patients undergoing coronary angioplasty Browne <i>et al.</i> (1997): All patients undergoing coronary angioplasty Leung <i>et al.</i> (2019): All patients undergoing elective atrial fibrillation ablation Similar demographics Age: Browne <i>et al.</i> (1997): 64 years Plante <i>et al.</i> (1994): 60 years	Broadly similar devices/procedures Plante <i>et al.</i> (1994): Balloon, no brand/coronary angioplasty Browne <i>et al.</i> (1997): Angioplasty balloon catheters Leung <i>et al.</i> (2019): Circular mapping catheter/elective AF ablation Different locations Plante <i>et al.</i> (1994): Internal	Similar definition Plante <i>et al.</i> (1994): Temperature (>38 °C buccal or 38.5 °C rectal), creatine kinase levels Browne <i>et al.</i> (1997): Temperature and white blood cell count, obtained before and 24 hours after the procedure (screen for pyrogen reactions)	Similar designs Plante <i>et al.</i> (1994): Observational Browne <i>et al.</i> (1997): NRCT, case-matched Leung <i>et al.</i> (2019): NRCT, case-matched	Different follow-up times Plante <i>et al.</i> (1994): Admission to discharge Browne <i>et</i> <i>al.</i> (1997): Admission to discharge Leung <i>et al.</i> (2019): 3 months	Does not meet criteria – too few studies

			Leung <i>et al</i> . (2019): 66 years % female: Plante <i>et al</i> . (1994): 28% Browne <i>et al</i> . (1997): 44% Leung <i>et al</i> . (2019): 32%	Browne <i>et al.</i> (1997): External Leung <i>et al.</i> (2019): External Unclear similarity for number of reprocessing cycles Plante <i>et al.</i> (1994): 1–6 (not reported by cycle) Browne <i>et al.</i> (1997): Not reported Leung <i>et al.</i> (2019): 1–2	Leung <i>et al.</i> (2019): Any pyrexial or infective illness Similar reporting Plante <i>et al.</i> (1994): n, % Browne <i>et al.</i> (1997): n, % Leung <i>et al.</i> (2019): n, %			
Major complicati ons (evidence of subsequen t myocardial infarction (MI) or requireme nt for emergent percutane ous or	4 studies: Plante <i>et al.</i> (1994) [118] Browne <i>et</i> <i>al.</i> (1997) [115] Leung <i>et al.</i> (2019) [116] Unverdorbe n <i>et al.</i> [120]	Similar (except Browne <i>et al.</i> (1997)) Leung <i>et al.</i> (2019): 20/30 Unverdorben <i>et al.</i> (2005): 23/30 Browne <i>et al.</i> (1997): 15/30 Plante <i>et al.</i> (1994): 23/30	Similar eligibility Plante <i>et al.</i> (1994): All patients undergoing coronary angioplasty Browne <i>et al.</i> (1997): All patients undergoing coronary angioplasty Unverdorben <i>et al.</i> (2005): Coronary angioplasty patients with coronary artery stenosis of ≥70% and <100%, and a visually estimated maximum lesion length of <20 mm in	Broadly similar devices/procedures Plante <i>et al.</i> (1994): Balloon, no brand/coronary angioplasty Unverdorben <i>et al.</i> (2005): No brand/coronary angioplasty Browne <i>et al.</i> (1997): Angioplasty balloon catheters Leung <i>et al.</i> (2019): Circular mapping	Broadly similar definitions Plante <i>et al.</i> (1994): Angiographically successful angioplasty of all attempted lesions without in-hospital adverse clinical event (defined as death, MI, stroke, emergency angioplasty, or bypass surgery)	Similar designs Plante <i>et al.</i> (1994): Observational Browne <i>et al.</i> (1997): NRCT, case-matched Unverdorben <i>et al.</i> (2005): RCT Leung <i>et al.</i> (2019): NRCT, case-matched	Different follow-up times Plante <i>et al.</i> (1994): Admission to discharge Browne <i>et</i> <i>al.</i> (1997): Admission to discharge Unverdorbe n <i>et al.</i> (2005): 3 months	Does not meet criteria for meta- analysis – too few studies after removal of Browne <i>et</i> <i>al.</i> (1997) (poor- quality study) and double zero

surgical	association with angina	catheter/elective AF	Browne <i>et al</i> .	Leung <i>et al</i> .	event
revasculari	pectoris	ablation	(1997): Evidence of	(2019): 3	studies
sation of	Leung <i>et al</i> . (2019): All		subsequent MI or	months	
the target	patients undergoing	Different locations	requirement for		
vessel,	elective AF ablation	Plante <i>et al</i> . (1994):	emergent		
death,		Internal	percutaneous or		
other	Similar demographics	Browne <i>et al</i> . (1997):	surgical		
complicati	Age: Browne <i>et al</i> . (1997):	External	revascularisation of		
ons	64 years	Unverdorben <i>et al</i> .	the target vessel,		
(thrombus;	Plante <i>et al</i> . (1994): 60	(2005): Internal	and death		
acute and	years	Leung <i>et al</i> . (2019):	Unverdorben <i>et al</i> .		
subacute	Unverdorben <i>et al</i> . (2005):	External	(2005): Q-wave MI		
MI))	66 years		was diagnosed with		
	Leung <i>et al</i> . (2019): 66	Unclear similarity for	the occurrence of		
	years	number of	new Q-waves		
	% female: Plante <i>et al</i> .	reprocessing cycles	(>0.04 seconds)		
	(1994): 28%	Plante <i>et al</i> . (1994):	and rise of creatine		
	Browne <i>et al</i> . (1997): 44%	1–6 (not reported by	kinase twice the		
	Unverdorben <i>et al</i> . (2005):	cycle)	upper limit of		
	23%	Browne <i>et al</i> . (1997):	normal with		
	Leung <i>et al</i> . (2019): 32%	Not reported	significant increase		
		Unverdorben <i>et al</i> .	in creatine kinase		
		(2005): 1–3	whereas in non-Q-		
		Leung et al. (2019):	wave MIs,		
		1–2	pathological Q-		
			waves were absent		
			Leung <i>et al</i> . (2019):		
			Evidence of		
			complications of		
			the procedure		
			•		

					n, % Browne <i>et al</i> . (1997): n, % Unverdorben <i>et al</i> . (2005): n, % Leung <i>et al</i> . (2019): n, %			
Procedure time	4 studies: Plante <i>et al.</i> (1994) [118] Browne <i>et</i> <i>al.</i> (1997) [115] Leung <i>et al.</i> (2019) [116] Unverdorbe n <i>et al.</i> [120]	Similar (except Browne <i>et al.</i> (1997)) Leung <i>et al.</i> (2019): 20/30 Unverdorben <i>et al.</i> (2005): 23/30 Browne <i>et al.</i> (1997): 15/30 Plante <i>et al.</i> (1994): 23/30	Similar eligibility Plante <i>et al.</i> (1994): All patients undergoing coronary angioplasty Browne <i>et al.</i> (1997): All patients undergoing coronary angioplasty Unverdorben <i>et al.</i> (2005): Coronary angioplasty patients with coronary artery stenosis of ≥70% and <100%, and a visually estimated maximum lesion length of <20 mm in association with angina pectoris Leung <i>et al.</i> (2019): All patients undergoing elective AF ablation Similar demographics	Broadly similar devices/procedures Plante <i>et al.</i> (1994): Balloon, no brand/coronary angioplasty Unverdorben <i>et al.</i> (2005): No brand/coronary angioplasty Browne <i>et al.</i> (1997): Angioplasty balloon catheters Leung <i>et al.</i> (2019): Circular mapping catheter/elective AF ablation Different locations Plante <i>et al.</i> (1994): Internal	Same definition Similar reporting (minutes) Plante <i>et al.</i> (1994): μ, SD Browne <i>et al.</i> (1997): μ, SD Unverdorben <i>et al.</i> (2005): μ, SD Leung <i>et al.</i> (2019): μ, SD	Similar designs Plante <i>et al</i> . (1994): Observational Browne <i>et al</i> . (1997): NRCT, case-matched Unverdorben <i>et al</i> . (2005): RCT Leung <i>et al</i> . (2019): NRCT, case-matched	Same time frame (procedure duration)	Does not meet criteria for meta- analysis – non- normally distributed data

Similar reporting Plante *et al*. (1994):

			Age: Browne <i>et al.</i> (1997): 64 years Plante <i>et al.</i> (1994): 60 years Unverdorben <i>et al.</i> (2005): 66 years Leung <i>et al.</i> (2019): 66 years % female: Plante <i>et al.</i> (1994): 28% Browne <i>et al.</i> (1997): 44% Unverdorben <i>et al.</i> (2005): 23% Leung <i>et al.</i> (2019): 32%	Browne <i>et al.</i> (1997): External Unverdorben <i>et al.</i> (2005): Internal Leung <i>et al.</i> (2019): External Unclear similarity for number of reprocessing cycles Plante <i>et al.</i> (1994): 1–6 (not reported by cycle) Browne <i>et al.</i> (1997): Not reported Unverdorben <i>et al.</i> (2005): 1–3 Leung <i>et al.</i> (2019): 1–2				
Fluoroscop y time	4 studies: Plante <i>et al.</i> (1994) [118] Browne <i>et al.</i> (1997) [115] Leung <i>et al.</i> (2019) [116] Unverdorbe n <i>et al.</i> [120]	Similar (except Browne <i>et al.</i> (1997)) Leung <i>et al.</i> (2019): 20/30 Unverdorben <i>et al.</i> (2005): 23/30 Browne <i>et al.</i> (1997): 15/30 Plante <i>et al.</i> (1994): 23/30	Similar eligibility Plante <i>et al.</i> (1994): All patients undergoing coronary angioplasty Browne <i>et al.</i> (1997): All patients undergoing coronary angioplasty Unverdorben <i>et al.</i> (2005): Coronary angioplasty patients with coronary artery stenosis of ≥70% and <100%, and a visually	Broadly similar devices/procedures Plante <i>et al.</i> (1994): Balloon, no brand/coronary angioplasty Unverdorben <i>et al.</i> (2005): No brand/coronary angioplasty	Same definition (fluoroscopy time) Same reporting (minutes) Browne <i>et al</i> . (1997): μ, SD Plante <i>et al</i> . (1994): μ, SD Unverdorben <i>et al</i> . (2005): μ, SD	Similar designs Plante <i>et al.</i> (1994): Observational Browne <i>et al.</i> (1997): NRCT, case-matched Unverdorben <i>et al.</i> (2005): RCT	Same time frame (during procedure)	Does not meet criteria for meta- analysis – non- normally distributed data

estimated maximum lesion length of <20 mm in association with angina pectoris Leung <i>et al.</i> (2019): All patients undergoing elective AF ablation	Browne <i>et al.</i> (1997): Angioplasty balloon catheters Leung <i>et al.</i> (2019): Circular mapping catheter/elective AF ablation	Leung <i>et al</i> . (2019): μ, SD	Leung <i>et al</i> . (2019): NRCT, case-matched
Similar demographics Age: Browne <i>et al.</i> (1997): 64 years Plante <i>et al.</i> (1994): 60 years Unverdorben <i>et al.</i> (2005): 66 years Leung <i>et al.</i> (2019): 66 years % female: Plante <i>et al.</i> (1994): 28% Browne <i>et al.</i> (1997): 44% Unverdorben <i>et al.</i> (2005): 23% Leung <i>et al.</i> (2019): 32%	Different locations Plante <i>et al.</i> (1994): Internal Browne <i>et al.</i> (1997): External Unverdorben <i>et al.</i> (2005): Internal Leung <i>et al.</i> (2019): External Unclear similarity for number of reprocessing cycles Plante <i>et al.</i> (1994): 1–6 (not reported by cycle) Browne <i>et al.</i> (1997): Not reported Unverdorben <i>et al.</i> (2005): 1–3 Leung <i>et al.</i> (2019): 1–2		

Contrast used	3 studies: Plante <i>et al.</i> (1994) [118] Browne <i>et al.</i> (1997) [115] Unverdorbe n <i>et al.</i> [120]	2/3 similar Unverdorben <i>et</i> <i>al.</i> (2005): 23/30 Browne <i>et al.</i> (1997): 15/30 Plante <i>et al.</i> (1994): 23/30	Similar eligibility Plante <i>et al.</i> (1994): All patients undergoing coronary angioplasty Browne <i>et al.</i> (1997): All patients undergoing coronary angioplasty Unverdorben <i>et al.</i> (2005): Coronary angioplasty patients with coronary artery stenosis of ≥70% and <100%, and a visually estimated maximum lesion length of <20 mm in association with angina pectoris Similar demographics Age: Browne <i>et al.</i> (1997): 64 years Plante <i>et al.</i> (1994): 60 years Unverdorben <i>et al.</i> (2005): 66 years % female: Plante <i>et al.</i> (1994): 28% Browne <i>et al.</i> (1997): 44% Unverdorben <i>et al.</i> (2005): 23%	Broadly similar devices/procedures Plante <i>et al.</i> (1994): Balloon, no brand/coronary angioplasty Unverdorben <i>et al.</i> (2005): No brand/coronary angioplasty Browne <i>et al.</i> (1997): Angioplasty balloon catheters Different locations Plante <i>et al.</i> (1997): External Browne <i>et al.</i> (1997): External Unverdorben <i>et al.</i> (2005): Internal Unverdorben <i>et al.</i> (2005): Internal Unclear similarity for number of reprocessing cycles Plante <i>et al.</i> (1994): 1–6 (not reported by cycle) Browne <i>et al.</i> (1997): Not reported	Definition Unverdorben <i>et al.</i> (2005): Not reported Plante <i>et al.</i> (1994): Volume of contrast medium used Browne <i>et al.</i> (1997): Dye volume Similar reporting (mL) Unverdorben <i>et al.</i> (2005): μ, SD Plante <i>et al.</i> (1994): μ, SD Browne <i>et al.</i> (1997): μ, SD	Similar designs Plante <i>et al.</i> (1994): Observational Browne <i>et al.</i> (1997): NRCT, case-matched Unverdorben <i>et al.</i> (2005): RCT	Same time frame (during procedure)	Does not meet criteria – too few studies, as Browne <i>et</i> <i>al.</i> (1997) is excluded due to poor study quality
------------------	---	--	---	--	--	--	---	---

Unverdorben <i>et al</i> .
(2005): 1–3

References (supplemental files)

- 1 Deeks JJ, Dinnes J, Abdulnabi R, *et al.* Evaluating non-randomised intervention studies. *Health Technol Assess Winch Engl* 2003;**7**:iii–x, 1–173. doi:https://doi.org/10.3310/hta7270
- 2 Hooper P, Jutai JW, Strong G, *et al.* Age-related macular degeneration and low-vision rehabilitation: a systematic review. *Can J Ophthalmol J Can Ophtalmol* 2008;**43**:180–7. doi:https://doi.org/10.3129/i08-001
- 3 Evers S, Goossens M, de Vet H, *et al.* Criteria list for assessment of methodological quality of economic evaluations: Consensus on Health Economic Criteria. *Int J Technol Assess Health Care* 2005;**21**:240–5. doi:https://doi.org/
- 4 Jacobs P, Polisena J, Hailey D, *et al.* Economic analysis of reprocessing single-use medical devices: a systematic literature review. *Infect Control Hosp Epidemiol* 2008;**29**:297–301. doi:https://doi.org/10.1086/529587
- 5 Hamberg-van Reenen HH, Proper KI, van den Berg M. Worksite mental health interventions: a systematic review of economic evaluations. *Occup Environ Med* 2012;**69**:837–45. doi:https://doi.org/10.1136/oemed-2012-100668
- van Dongen J, Proper K, van Wier MF, et al. Systematic review on the financial return of worksite health promotion programmes aimed at improving nutrition and/or increasing physical activity. Obes Rev Off J Int Assoc Study Obes 2011;12:1031–49. doi:https://doi.org/10.1111/j.1467-789X.2011.00925.x
- 7 Uegaki K, de Bruijne MC, Lambeek L, *et al.* Economic evaluations of occupational health interventions from a corporate perspective - a systematic review of methodological quality. *Scand J Work Environ Health* 2010;**36**:273–88. doi:https://doi.org/10.5271/sjweh.3017
- Browne K, Maldonado R, Telatnik M, *et al.* Initial experience with reuse of coronary angioplasty catheters in the United States. *J Am Coll Cardiol* 1997;**30**:1735–40. doi:https://doi.org/10.1016/S0735-1097(97)00362-8
- 9 Leung L, Evranos B, Grimster A, et al. Remanufactured circular mapping catheters: safety, effectiveness and cost. J Interv Card Electrophysiol 2019;56:205–11. doi:https://doi.org/10.1007/s10840-018-0497-x
- 10 Plante S, Strauss BH, Goulet G, *et al.* Reuse of balloon catheters for coronary angioplasty: A potential cost-saving strategy? *J Am Coll Cardiol* 1994;**24**:1475–81. doi:https://doi.org/10.1016/0735-1097(94)90142-2
- 11 Unverdorben M, Degenhardt R, Erny D, *et al.* Clinical and angiographic procedural and mid-term outcome with new versus reused balloon catheters in percutaneous coronary interventions. *Indian Heart J* 2005;**57**:114–20. doi:https://doi.org/
- 12 Enache B, Şoşdean R, Macarie R, *et al.* Assessing the safety of implantable cardioverterdefibrillator reuse—A retrospective case-control study. *PACE - Pacing Clin Electrophysiol* Published Online First: 2019. doi:https://doi.org/10.1111/pace.13742
- 13 Linde C, Bocray A, Jonsson H. Re-used pacemakers: as safe as new? A retrospective case-control study. *Eur Heart J* 1998;**19**:154–7. doi:https://doi.org/10.1053/euhj.1997.0728

- 14 Nava S, Morales J, Márquez M, *et al.* Reuse of pacemakers: comparison of short and long-term performance. *Circulation* 2013;**127**:1177-1183. doi:https://doi.org/10.1161/CIRCULATIONAHA.113.001584
- 15 Şoşdean R, Mornoş C, Enache B, *et al.* Safety and feasibility of biventricular devices reuse in general and elderly population – A single-center retrospective cohort study. *Clin Interv Aging* 2015;**10**:1311–8. doi:https://doi.org/10.2147/CIA.S88805
- 16 Tessarolo F, Disertori M, Guarrera GM, *et al.* Reprocessing single-use cardiac catheters for interventional cardiology. A cost-minimization model for estimating potential saving at departmental scale and national level. *Ital J Public Health* 2009;**6**:140–9.
- 17 Mak K-H, Eisenberg MJ, Eccleston DS, *et al.* Cost-efficacy modeling of catheter reuse for percutaneous transluminal coronary angioplasty. *J Am Coll Cardiol* 1996;**28**:106–11. doi:https://doi.org/10.1016/0735-1097(96)00097-6