TITLE: Passy-Muir Tracheostomy One-way Speaking Valve for Patients Requiring Tracheostomy or Ventilation: Clinical and Cost-Effectiveness

DATE: 12 September 2008

RESEARCH QUESTIONS:

1. What is the clinical effectiveness of using Passy-Muir tracheostomy one-way valves to decrease time to decannulation or weaning time off of mechanical ventilation?

2. What is the cost-effectiveness of using Passy-Muir tracheostomy one-way valves to decrease time to decannulation or weaning time off of mechanical ventilation?

METHODS:

A limited literature search was conducted on key health technology assessment resources, including PubMed and Embase and CINAHL on the Ovid platform, the Cochrane Library (Issue 3, 2008), University of York Centre for Reviews and Dissemination (CRD) databases, ECRI, EuroScan, international health technology agencies, and a focused Internet search. Results are limited to English language publications only. No filters were used to limit the retrieval by study type or by date. Internet links are provided, where available.

RESULTS:

HTIS reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by economic evaluations, randomized controlled trials (RCTs), and observational studies.

No relevant health technology assessments, systematic reviews, economic evaluations, RCTs, or observational studies were identified pertaining to the use of Passy-Muir tracheostomy valves to decrease time to decannulation and off of mechanical ventilation. Additional information that may be of interest has been included in the Appendix.
Health technology assessments
No literature identified.

Systematic reviews and meta-analyses
No literature identified.

Economic analyses and cost information
No literature identified.

Randomized controlled trials
No literature identified.

Observational studies
No literature identified.

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APPENDIX – FURTHER INFORMATION:

Case reports


Additional references


   See sections 5.0-5.6