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3 **Nerve recovery from treatment with a vascularized nerve**

4 **graft compared to an autologous non-vascularized nerve**

5 **graft in animal models: a systematic review and meta-**

6 **analysis**

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## 27 **Abstract**

## 28 **Background**

29 Treatment of nerve injuries proves to be a worldwide clinical challenge. Vascularized nerve  
30 grafts are suggested to be a promising alternative for bridging a nerve gap to the current  
31 gold standard, an autologous non-vascularized nerve graft. However, there is no adequate  
32 clinical evidence for the beneficial effect of vascularized nerve grafts and they are still  
33 disputed in clinical practice.

## 34 **Objective**

35 To systematically review whether vascularized nerve grafts give a superior nerve recovery  
36 compared to non-vascularized nerve autografts regarding histological and  
37 electrophysiological outcomes in animal models.

## 38 **Material and methods**

39 PubMed and Embase were systematically searched. The inclusion criteria were as follows: 1)  
40 the study was an original full paper which presented unique data; 2) a clear comparison  
41 between a vascularized and a non-vascularized autologous nerve transfer was made; 3) the  
42 population study were animals of all genders and ages. A standardized mean difference and  
43 95% confidence intervals for each comparison was calculated to estimate the overall effect.  
44 Subgroup analyses were conducted on graft length, species and time frames.

## 45 **Results**

46 Fourteen articles were included in this review and all of them were included in the meta-  
47 analyses. A vascularized nerve graft resulted in a significantly larger diameter, higher nerve  
48 conduction velocity and axonal count compared to an autologous non-vascularized nerve

49 graft. However, during sensitivity analysis the effect on axonal count disappeared. No  
50 significant difference was observed in muscle weight.

## 51 **Conclusion**

52 Treating a nerve gap with a vascularized graft results in superior nerve recovery compared to  
53 non-vascularized nerve autografts in three out of four outcome measurements. However,  
54 this conclusion needs to be taken with some caution due to the inherent limitations of this  
55 meta-analysis. We recommend future studies to be performed under conditions more  
56 closely resembling human circumstances and to use long nerve defects.

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## 59 **Introduction**

60 Treatment of nerve injuries proves to be a worldwide clinical challenge. Even though  
61 adequately treated, affected patients may suffer from chronic pain or lasting motor and  
62 sensory deficits.(1) For clinical situations in which it is necessary to bridge a nerve gap, the  
63 current gold standard is an autologous non-vascularized (conventional) nerve graft. A nerve  
64 graft always has a worse outcome compared to primary coaptation, due to two anastomosis  
65 sides, ischemia of the graft and frequently a poor wound bed.(2)

66 To improve the outcome after nerve repair with conventional nerve autografts the  
67 blood supply can be taken along with the nerve graft, the so-called vascularized nerve  
68 graft. Grafted nerves need considerable energy to regenerate and to maintain function. This  
69 energy is delivered by the intraneural vascular system, which is connected to extrinsic  
70 vessels. Therefore, an instant and sufficient blood supply may be beneficial for  
71 recovery.(3),(4),(5)

72           There is no adequate clinical evidence of beneficial effect of vascularized nerve grafts  
73   except several case reports and case series.(6),(7),(8),(9),(10),(11),(12) The use of a  
74   vascularized nerve graft was first reported in 1976 by Taylor and Ham. They used 24 cm of  
75   the superficial radial nerve attached to the radial artery to reconstruct a median nerve. (13)

76           Since the first publication by Taylor and Ham, many experimental studies in animal  
77   models have been reported. Vascularized nerve grafts have been successfully attempted in  
78   rats, rabbits, dogs, and other species to develop a model that is feasible, straightforward,  
79   reliable, and reproducible.(14)

80           Nowadays, the use of vascularized nerve grafts is still debated in clinical practice  
81   because of several reasons: 1) the concern of a more significant donor site morbidity  
82   compared to conventional nerve autografts; 2) the lack of clinical evidence indicating the  
83   superiority of a vascularized nerve graft; 3) the difficulty to set up a controlled trial, due to  
84   the high heterogeneity of patients as well as nerve defects.

85           Therefore, a systematic review and meta-analysis of animal models was conducted to  
86   investigate whether vascularized nerve grafts show a superior nerve recovery compared to  
87   non-vascularized nerve autografts regarding histological and electrophysiological factors.

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## 90   **Material and methods**

### 91   **Research protocol**

92   This systematic review protocol was defined in advance and registered in an international  
93   database (PROSPERO, registration number CRD42020184363).

## 94 **Search strategy**

95 A systematic search has been performed in the PubMed (Medline) and Embase (OVID)  
96 databases to identify all original articles. The search included studies up to 26th of May  
97 2020. Search terms included 'nerve transfer', 'nerve graft', 'vascularized' and  
98 'vascularization' and their synonyms in abstract and title fields (for the complete search  
99 strategy, see S1 Table). The SYRCLE search filters to identify all animal studies were used. (15,  
100 16) Duplicates were taken out using Endnote (Clarivate Analytics, Pennsylvania, USA). Two  
101 authors (BOB and TDJ) independently screened all titles and abstracts for their relevance  
102 utilizing predetermined inclusion and exclusion criteria. A reference- and citation check of  
103 the remaining studies was conducted manually to acquire potentially missed relevant  
104 articles. Afterward, the full text of the relevant articles was screened for final selection.  
105 Contradictory judgments were resolved by consensus discussion. No language or date  
106 restrictions were applied.

## 107 **Inclusion and exclusion criteria**

108 Articles were included when 1) the study was an original full paper which presented unique  
109 data; 2) a clear comparison between a vascularized and a non-vascularized autologous nerve  
110 transfer was made; 3) the population study were animals (all species) of all genders and  
111 ages; 4) the study investigated the effects of vascularized nerve grafts on: axonal count,  
112 diameter, nerve conduction velocity and muscle weight. No language or publication date  
113 restrictions were applied.

## 114 **Critical appraisal**

115 All included studies were appraised using the SYRCLE's tool for assessing the risk of bias for  
116 animal studies. (17) This appraisal was done by two authors (BOB and TDJ) independently

117 and subsequently merged by consensus. All criteria were scored a “yes” indicating a low risk  
118 of bias or a “no” indicating high risk of bias or a “?” indicating an unknown risk of bias.  
119 Baseline characteristics were: weight, age and race. Selective outcome reporting was  
120 determined by establishing if all outcome measures mentioned in material and methods  
121 were reported in the results section as well. To compensate for judging a lot of items as  
122 “unclear risk of bias” due to highly inadequate reporting of experimental details on animals,  
123 methods and materials, we included two items. The first item was reporting on any measure  
124 of randomization and the second item was reporting on any measure of blinding. Here a  
125 “yes” signifies reported and a “no” means unreported.

## 126 **Data extraction**

127 Data were in duplicate extracted from the selected studies by two authors (BOB and TDJ).  
128 The descriptive data included: publication year, first author’s name, studied species, gender,  
129 total number of animals, total grafts, studied nerve, studied muscle, graft length and time  
130 points. For the meta-analysis, the mean, sd and n of the following outcomes were extracted  
131 for axonal count, diameter, nerve conduction velocity and muscle weight. When  
132 measurements of multiple locations per nerve were reported, the most distal segment of  
133 the graft was used. In case the SEM was reported it was converted to SD ( $SD = SEM \times \sqrt{n}$ ).  
134 When outcome measure data was missing, authors were contacted for additional  
135 information. When data were displayed only graphically, we used Universal Desktop Ruler  
136 software (<https://avpsoft.com/products/udruler/>), to determine an adequate estimation of  
137 the outcome measurements. The mean of two independent measurements was used.

## 138 **Statistical analysis**

139 Data were analyzed using Review Manager, Version 5.4. Copenhagen: The Nordic Cochrane  
140 Centre, The Cochrane Collaboration. Meta-analysis was performed for all four outcome  
141 measurements by calculating the standardized mean difference (SMD) between vascularized  
142 and conventional grafts. Whenever a comparison reported an SD of 0 it was excluded from  
143 meta-analysis. A random effects model was applied, taking into account the accuracy of  
144 independent studies and the variation among studies and weighing all studies accordingly.  
145 Heterogeneity was measured using  $I^2$ . Subgroup analyses were performed for different  
146 species (rabbit and rat), different graft length (0-2 cm, 2-4 cm and 4 > cm) and different time  
147 frames (0-2 months, 2-4 months and 4 > months). The results of subgroup analysis were only  
148 interpreted when groups consisted of 3 or more individual studies.

149 Funnel plots, egger regression and Trim and Fill analysis were used to search for  
150 evidence for publication bias if at least 10 or more studies per outcome. Because SMDs may  
151 cause funnel plot distortion, we plotted the SMD against a sample size-based precision  
152 estimate( $1/\sqrt{n}$ ).

153 To assess the robustness of our findings, a sensitivity analysis was performed. We  
154 evaluated the impact of excluding studies which used animals as their own control group.

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## 157 **Results**

### 158 **Study selection process**

159 The search strategy presented in S1 Table retrieved 303 records, including 131 in PubMed  
160 and 172 in Embase. After removing duplicates, 203 articles appeared to be unique (Fig 1.

161 shows a consort flow chart). After title abstract screening, 28 studies entered the full text  
162 screening phase. Finally, 14 articles were included in the review.

### 163 **Study quality and risk of bias**

164 This review clearly revealed that methodological details of animal experiments were often  
165 poorly reported. Reporting about any randomization and blinding measures taken in the  
166 conducted studies was respectively 21% (3 out of 14 publications)

167 The general results of our risk of bias assessment of the included references in this  
168 review are presented in Fig 2. Poor reporting of essential methodological details in most  
169 animal experiments resulted in an unclear risk of bias in the majority of studies. Risk of bias  
170 was scored separately for the 3 studies that used animals as their own control group  
171 because some aspects were not applicable (Fig 3).

### 172 **Study characteristics**

173 The characteristics of the 14 included publications are shown in Table 1.(18-31) All studies  
174 used either a rabbit (57%) or rat (43%) model. Notably, more than half the studies did not  
175 report gender (8 out of 14 studies). Out of the remaining studies 3 used females, 2 used  
176 males and in one both females and males were used. The sciatic nerve was the most  
177 commonly used nerve (50%), followed by the median nerve (29%), facial nerve (7%),  
178 peroneal nerve (7%) and auricular nerve (7%).

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184 **Table 1. The characteristics of all 14 included references.**

<i>Reference</i>	<i>Outcome measurements</i>	<i>Species</i>	<i>Gender</i>	<i>Animals</i>	<i>Grafts</i>	<i>Nerve</i>	<i>Muscle</i>	<i>Graft size (mm)</i>	<i>Time points (days)</i>
Bertelli et al., 1996	Muscle weight	Rat	Female	70	70	Median	FCR	20	95, 120, 150, 210, 360
Donzelli et al., 2016	Axonal count Diameter	Rabbit	Male	20	20	Sciatic			30, 90
Hems et al., 1992	Axonal count	Rabbit	NR	8	8	Peroneal		50	250
Kanaya et al., 1992	Axonal count Nerve conduction velocity Muscle weight	Rat	Female	22	22	Sciatic	Tibialis anterior	25	84
Kawai et al., 1990	Axonal count Diameter	Rabbit	NR	34	67	Median		20,40, 60	56, 168
Koshima et al., 1985	Axonal count Diameter	Rat	Male	38	38	Sciatic		15	28, 56, 84, 112, 140, 168
Koshima.2 et al., 1985	Axonal count Diameter	Rat	NR	74	74	Sciatic		15	21, 28, 35, 42, 49, 56, 84,112, 140, 168, 224
Mani et al., 1992	Diameter	Rabbit	Male/ Female	11	11	Sciatic		30	308
Matsumine et al., 2013	Axonal count Diameter	Rat	NR	14	14	Median		7	210
Ozcan et al., 1993	Axonal count Diameter	Rabbit	Female	10	10	facial		10	84
Seckel et al., 1986	Axonal count	Rat	NR	13	26	Sciatic		10	21, 28, 42
Shibata et al., 1988	Axonal count Diameter Nerve conduction velocity	Rabbit	NR	39	39	Median		30	70, 168
Tark et al., 2001	Axonal count	Rabbit	NR	33	66	Sciatic		40	56, 84, 112
Zhu et al., 2015	Nerve conduction velocity	Rabbit	NR	6	6	Auricular		20	112

185 NR: not reported

186 FCR: flexor carpi radialis

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## 188 **Axonal count**

189 Data on axonal count could be retrieved from 11 independent studies containing 37

190 comparisons.(19-24, 26-30) Seven comparisons had to be excluded because not all outcome

191 data was available. Out of the remaining 30 experiments conducted, data obtained from  
192 rabbits and rats was both 50%. In total 352 grafts were placed in 309 animals.  
193 There was a variation in graft length from 7 to 60 mm. The graft length was unreported in  
194 two of the comparisons. Data were extracted at different time points varying between 21  
195 and 250 days.

196 Overall analysis showed a significant difference in favor of treatment with a  
197 vascularized nerve graft (SMD, 0.46 [95% CI 0.06 to 0.86], N = 30) (Fig 4). The overall  
198 between study heterogeneity was moderate to high at  $I^2 = 61\%$ .

199 Subgroup analyses revealed no differences in graft length, species and time frames  
200 when comparing axonal count between vascularized and conventional nerve autografts. The  
201 graft length middle group consisted of too few studies for subgroup analyses. (S1 Fig, S2 Fig,  
202 S3 Fig).

## 203 **Diameter**

204 Eight studies, containing 31 comparisons, reported nerve fiber diameter on histological  
205 examination.(19, 22-27, 29) Since not all data was available, 10 of the 31 comparisons had to  
206 be excluded. Rabbits and rats were used in 52% and 48% respectively. All 21 comparisons  
207 combined, a total of 148 animals were operated on, resulting in 185 grafts that met our  
208 selection criteria. Graft length varied between 7 and 60 mm. In one of the studies, it was  
209 unclear which graft length was used. The time points at which data were extracted ranged  
210 from 21 to 308 days.

211 Analysis of all 21 included comparisons showed a significantly larger diameter after  
212 treatment with a vascularized nerve graft (SMD, 0.59 [95% CI 0.16 to 1.02], N = 21) (Fig 5).  
213 Study heterogeneity was moderate ( $I^2 = 36\%$ ).

214 The subgroup analysis for graft length could not be interpreted because both the  
215 middle and long group consisted of fewer than 3 studies.

216 For species however, there was a significant difference in diameter comparing rabbits  
217 and rats showing a more positive result in rats (SEM 0.13 [95% CI -0.28 to 0.54], N = 11;  $I^2 =$   
218 11% compared to SEM 1.40 [95% CI 0.74 to 2.06], N = 10;  $I^2 = 3%$ ; P = 0.005). Rats showed a  
219 significant larger nerve fiber diameter in vascularized grafts compared to conventional grafts  
220 (S4 Fig).

221 A significant difference in diameter could not be found comparing different time  
222 frames (S5 Fig).

## 223 **Nerve conduction velocity**

224 Data on nerve conduction velocity could be extracted from 3 studies containing 4  
225 comparisons.(21, 29, 31) Three comparisons used a rabbit model. A total of 74 animals were  
226 operated on, resulting in 74 grafts that met our selection criteria. Graft length ranged from  
227 20 to 30 mm. Outcomes were measured at time points between 70 and 168 days.

228 Overall, analysis showed treatment with a vascularized nerve graft resulted in a  
229 significantly higher nerve conduction velocity (SMD, 1.19 [95% CI 0.19 to 2.19], N = 4) (Fig 6).  
230 Between studies, heterogeneity was high ( $I^2 = 79%$ ). There were not enough studies to  
231 perform a subgroup analysis.

## 232 **Muscle weight**

233 Two studies, containing 6 comparisons, assessed muscle weight.(18, 21) A total of 92  
234 animals, all rats, were operated on, resulting in 92 grafts. The two graft lengths used were 20  
235 and 25mm. The varying time points at which data were extracted were between 84 and 360  
236 days.

237 Overall, no significant difference was found between the treatment groups (SMD,  
238 0.18 [95% CI -0,24 to 0,60], N = 6),  $I^2$  was 0% (Fig 7). There were not enough studies to  
239 perform a subgroup analysis.

## 240 **Sensitivity analyses**

### 241 **Axonal count**

242 Exclusion of the studies in which animals were their own control group altered our results  
243 significantly. The previous effect in favor of a vascularized nerve graft compared to a  
244 conventional nerve autograft was no longer available (SMD 0.26 [95% CL -0.09 to 0.62], N =  
245 18), heterogeneity was  $I^2 = 17%$  (Fig 8). Conclusions of all subgroup analyses appeared to be  
246 robust (S6 Fig, S7 Fig, S8 Fig)

### 247 **Diameter**

248 Exclusion of the studies in which animals were their own control group did not alter our  
249 results significantly. A significant difference in favor of a vascularized nerve graft compared  
250 to a conventional nerve autograft was found (SMD 1.03 [95% CL 0.39 to 1.68], N = 15),  
251 heterogeneity was  $I^2 = 46%$  (Fig 9).

252 Next to that, the result of the subgroup analysis on species was altered. No  
253 significant difference in favor of rats was found. (SEM 0.39 [95% CI -0.68 to 1.45], N = 5;  $I^2 =$   
254 62% compared to SEM 1.40 [95% CI 0.74 to 2.06], N = 10;  $I^2 = 3%$ ; P = 0.13) (S9 Fig). Other  
255 conclusions appeared to be robust (S10 Fig)

## 256 **Publication bias analysis**

257 Publication bias was assessed for axonal count only, because all other outcomes contained  
258 fewer than 10 studies.

### 259 **Axonal Count**

260 The funnel plot suggested some asymmetry. Duval and Tweedie's Trim and Fill  
261 analysis resulted in 6 extra data points (see Fig 5), indicating the presence of publication bias  
262 and some overestimation of the identified summary effect size.

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## 265 **Discussion**

266 This review suggests that a vascularized nerve graft does result in a significantly better nerve  
267 recovery compared to non-vascularized nerve autografts in animal models regarding the  
268 outcome measurements nerve fiber diameter, nerve conduction velocity and axonal count.  
269 However, the effect on axonal count did not appear to be very robust as after sensitivity  
270 analysis the effect was no longer present. Muscle weight did not differ between vascularized  
271 and non-vascularized grafts. Subgroup analysis indicated that the effect of vascularized graft  
272 on nerve fiber diameter is larger in rats compared to rabbits. However, this difference  
273 disappeared after sensitivity analysis.

274         There is a lot of discussion on what the best outcome measurement for nerve  
275 regeneration is. Until this day there is no proper "gold standard" to test nerve recovery,  
276 although the ultimate goal of nerve recovery is to maximize sensation and motion. The most  
277 commonly used outcome measurement for sensation is the von Frey test.(32) For motion,  
278 walking track analysis was believed to be the best overall assessment.(33-36) At the moment  
279 it is rarely used and some would say it is even obsolete. Additionally, walking track analysis  
280 does not reflect maximum muscle force capacity. Others say the most precise measurement  
281 is the isometric response of muscle to tetanic contraction.(37) The authors are aware of the  
282 fact that histomorphometry, electrophysiology and axonal count in particular may be

283 minimally correlated to the real functional recovery of sensation or motion.(38) Still, these  
284 were the outcome measurements used for want of better ones.

285         This present meta-analysis of animal studies is, to the best of our knowledge, the first  
286 of its kind. Only some human case reports exist to try to put our findings into a broader  
287 perspective.(8, 11, 39) The clinical observations in these human case reports did not include  
288 the outcome measurements of this review. Nevertheless, all showed a superior sensory  
289 recovery in vascularized nerve grafts compared to conventional nerve grafts using different  
290 outcome measurements, such as the presence of a sharp/blunt discrimination, cold  
291 intolerance, the Tinel's sign and the Semmes-Weinstein monofilament test.

292         Notably, clinical case reports found that vascularized nerve grafts give a better  
293 recovery in large nerve grafts compared to conventional nerve autografts. Terzis et al. (40)  
294 showed that a vascularized nerve graft successfully bridges a nerve defect longer than 13 cm  
295 where conventional nerve grafts generally fail. Also Xu et al. (41) and Okinaga et al. (42)  
296 concluded that when the graft length was short, the results were not significantly in favor of  
297 a vascularized nerve graft. However, we did not find a difference in recovery between  
298 various graft lengths in this meta-analysis.

## 299 **Limitations of this review**

300 Firstly, our risk of bias analysis showed that most studies reported poorly on important  
301 methodological details. Therefore, most of the risk of bias items assessed had to be scored  
302 as unclear risk of bias. Even though this is quite commonly seen in animal studies, it is  
303 something to be taken into account.(43) The absence of reporting such methodological  
304 details could, to a certain extent, indicate the negligence of using these methods to minimize  
305 bias and confounding.(44) This can seriously hamper the possibility to draw reliable  
306 conclusions from the included animal studies.

307           Secondly, the number of studies included in this meta-analysis is relatively low,  
308 especially on nerve conduction velocity and muscle weight. This resulted in subgroups being  
309 relatively small, even to the extent that some subgroup analysis could not be interpreted.  
310 Furthermore, heterogeneity was moderate to high. However, because of their explorative  
311 nature a moderate to high heterogeneity between animal studies is expected.

312           To account for anticipated heterogeneity, we used a random effects model,  
313 conducted sensitivity analyses and explored the suggested causes for between study  
314 heterogeneity by means of subgroup analyses. Exploring this heterogeneity is one of the  
315 added values of meta-analyses of animal studies and might help to inform the design of  
316 future animal studies and subsequent clinical trials.

317           Thirdly, the graft length used to repair a nerve defect in rat and rabbit models is  
318 presumably smaller than those needed in humans. Therefore, the results shown in these  
319 animal experiments might not be correlated with the expected clinical outcomes.

320           Fourthly, a possible reason for heterogeneity could be the use of animals as their  
321 own control in some studies. Therefore, a sensitivity analysis was performed. This led to 3  
322 studies being excluded because animals were used as their own control group. When Kawai  
323 et al. (22), Seckel et al. (28) and Tark et al. (30) were excluded there was not a significant  
324 difference in axonal count in favor of vascularized nerve grafts compared to conventional  
325 nerve autografts.

326           Lastly, the presence of publication bias was identified. Our funnel plot suggested  
327 some asymmetry and Duval and Tweedie's Trim and Fill analysis predicts some  
328 overestimation of the identified summary effect size of axonal count.

## 329 **Conclusion**

330 Treating a nerve gap with a vascularized graft results in superior nerve recovery compared to  
331 non-vascularized autografts nerve grafts in three out of four outcome measurements.  
332 However, this conclusion needs to be taken with some caution due to the inherent  
333 limitations of this meta-analysis. In addition, we recommend future studies to be performed  
334 under conditions more closely resembling human circumstances and to use long nerve  
335 grafts. Furthermore, we underline that future studies should use the Gold Standard  
336 Publication Checklist or ARRIVE guidelines to improve the reporting and methodological  
337 quality of animal studies.(45, 46) This is essential to improve the quality of the evidence  
338 presented in animal studies and the successful translation to humans in a clinical setting.

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## 341 **Acknowledgements**

342 The authors would like to thank Mrs On Ying Chan (Health Sciences reference librarian,  
343 Radboud University) for assisting with the development of the search strategy.

344

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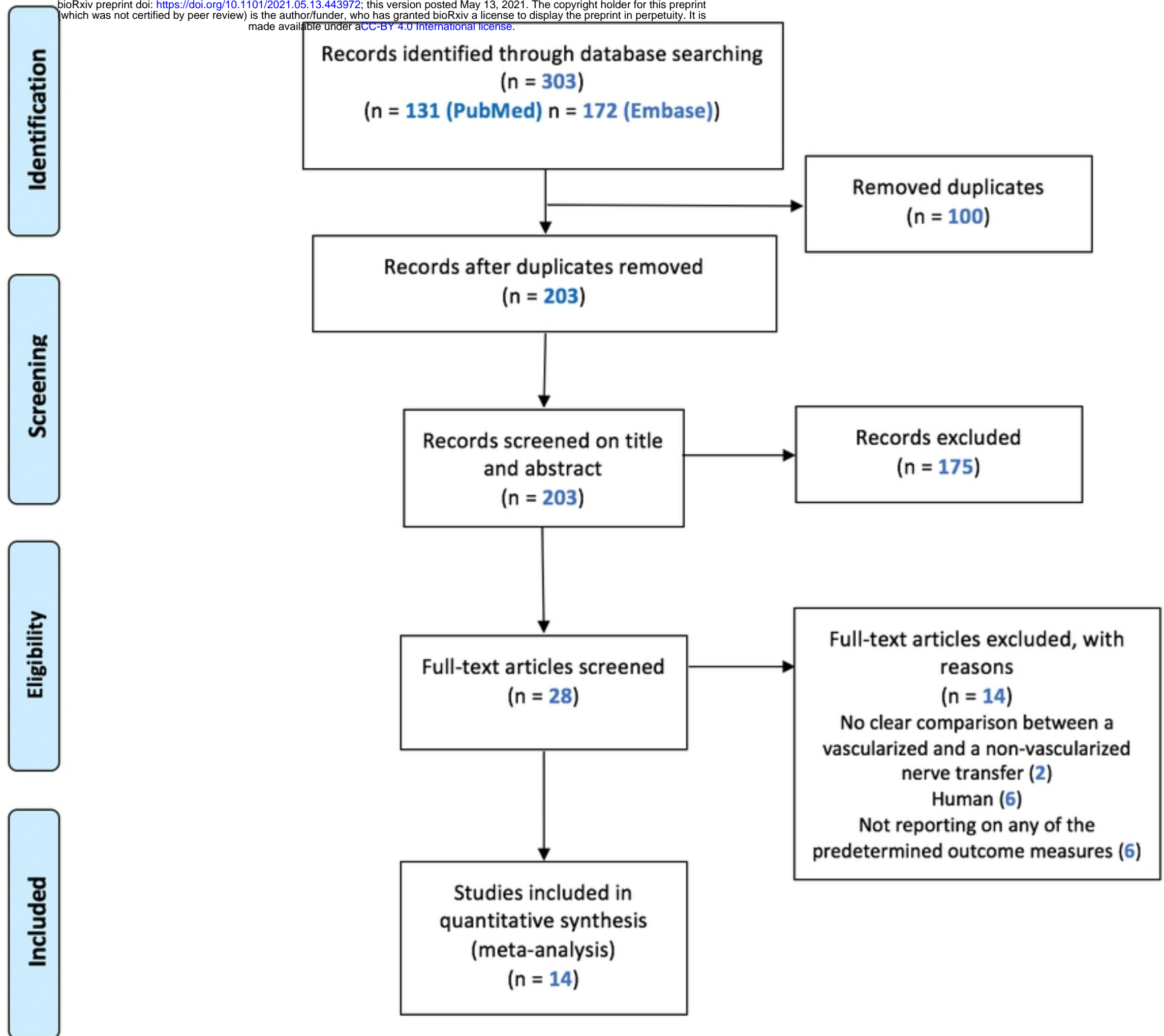
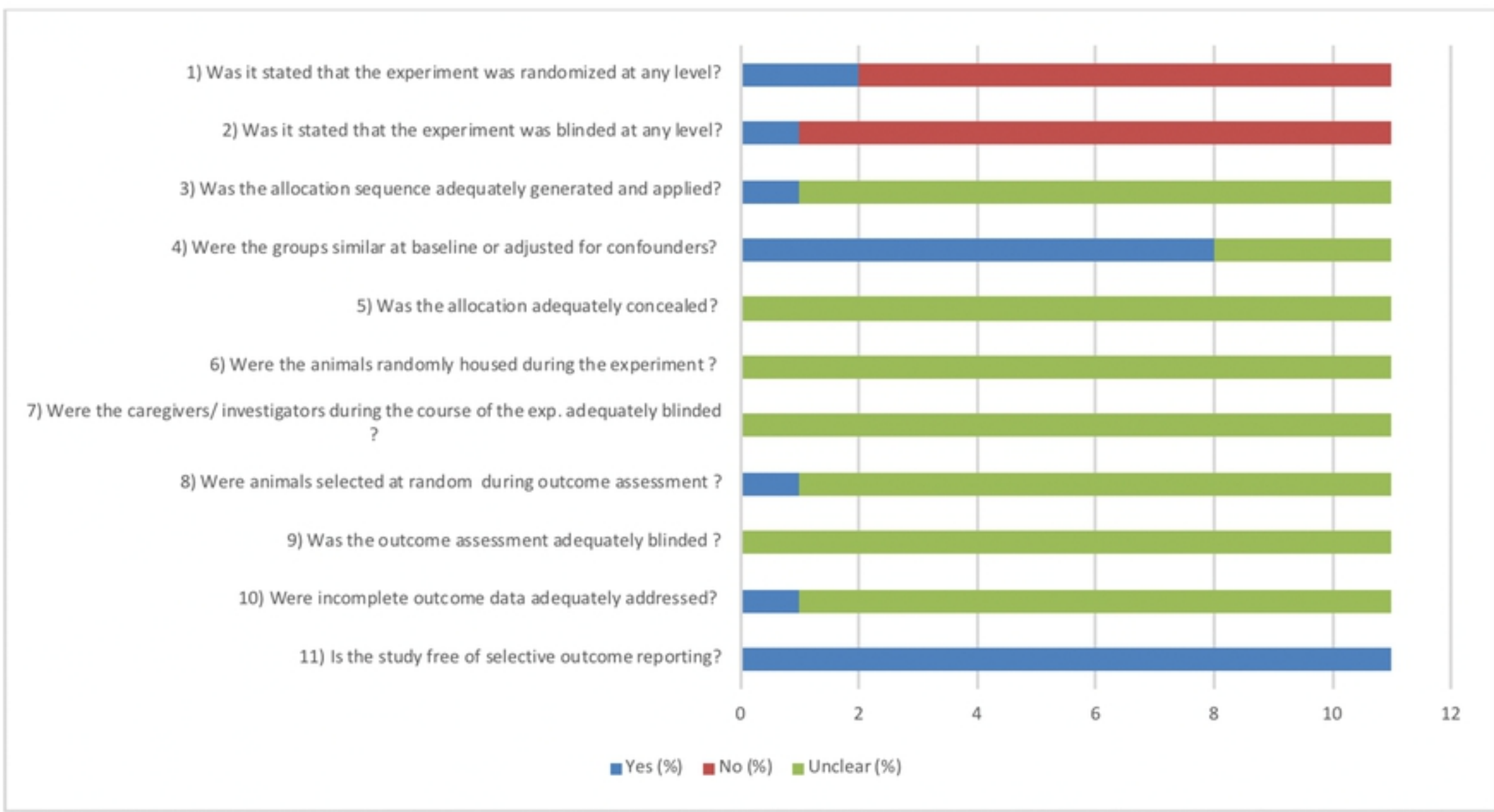
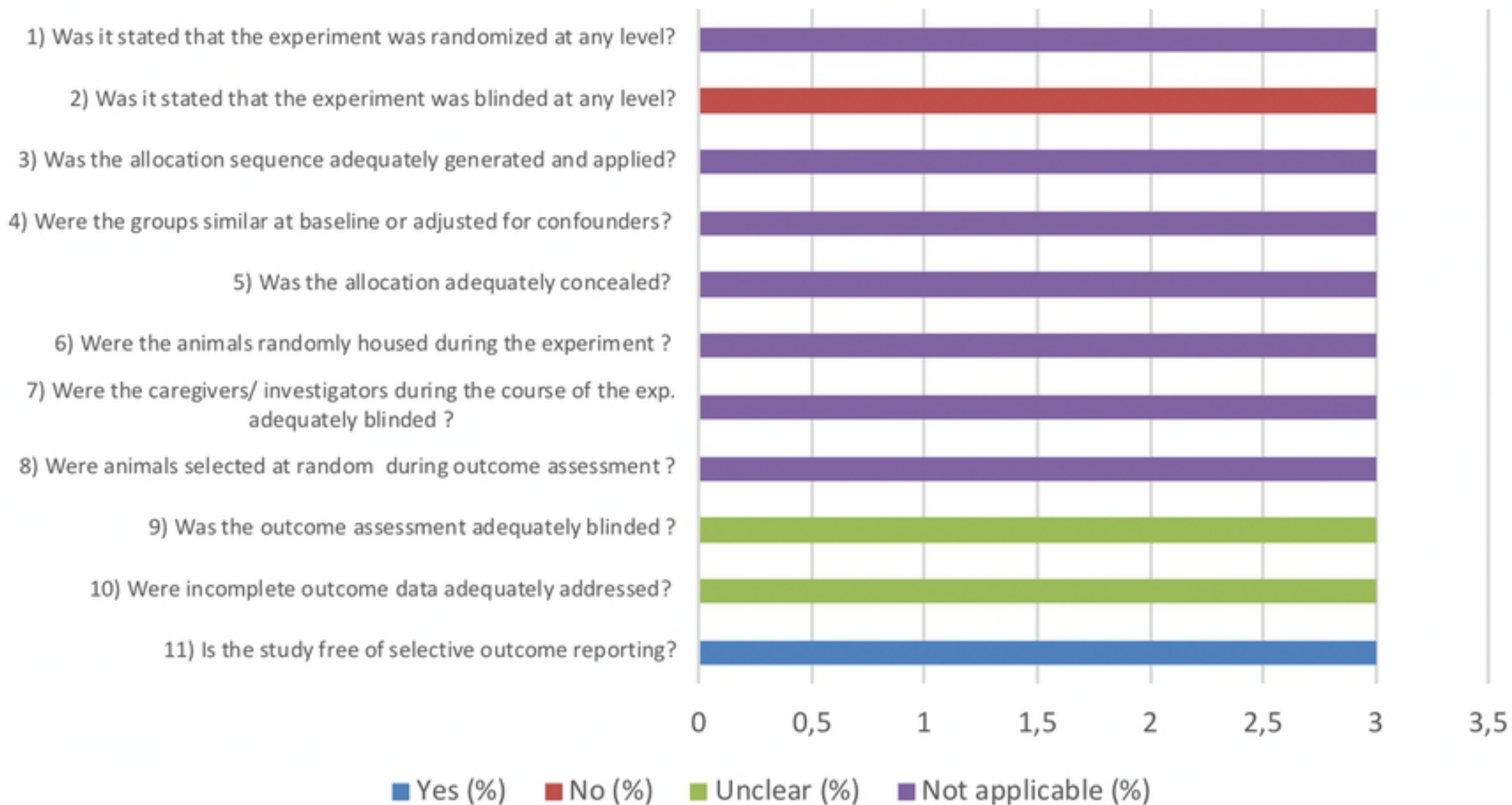


Fig 1. Flow chart of the study selection



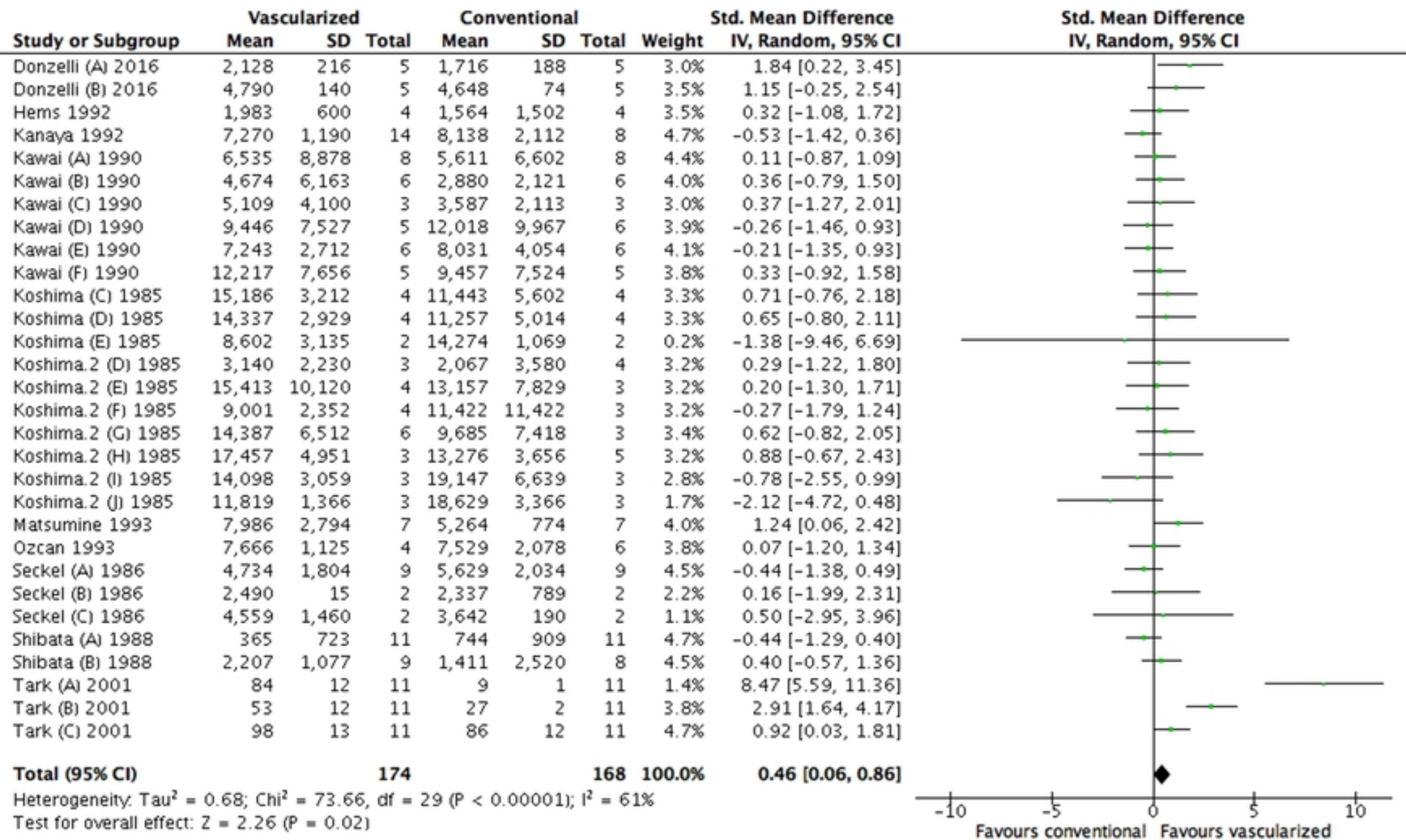
The first two items assess study quality by scoring reporting, a "yes" score indicates reported and a "no" score indicates unreported. The other items assessed risk of bias, with "yes" indicating low risk of bias, "no" high risk of bias, and "?" unclear risk of bias.

Fig 2. Results of the risk of bias assessment of 11 included studies



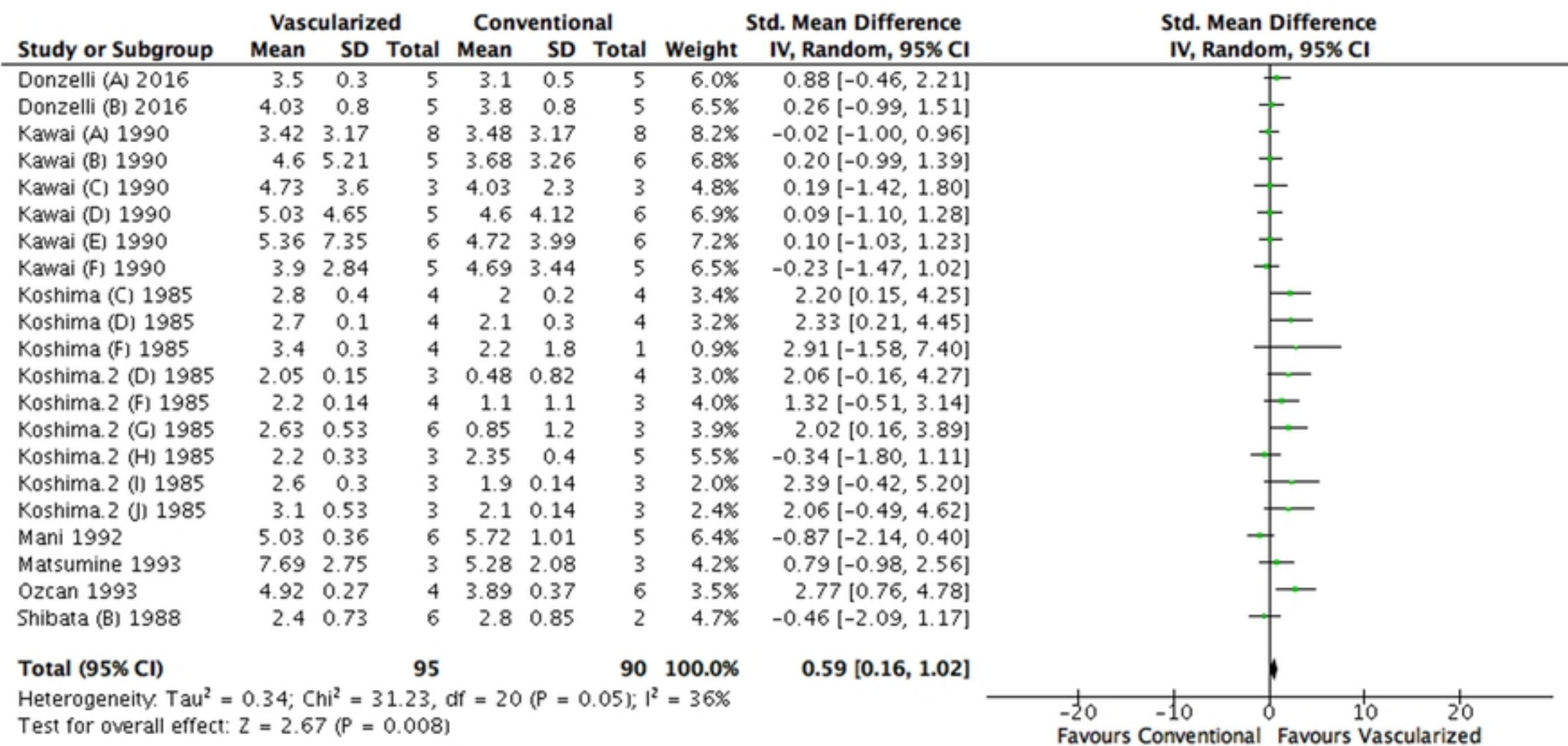
The first two items assess study quality by scoring reporting, a “yes” score indicates reported and a “no” score indicates unreported. The other items assessed risk of bias, with “yes” indicating low risk of bias, “no” high risk of bias, and “?” unclear risk of bias.

Fig 3. Results of the risk of bias assessment of the 3 included studies



Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CL).

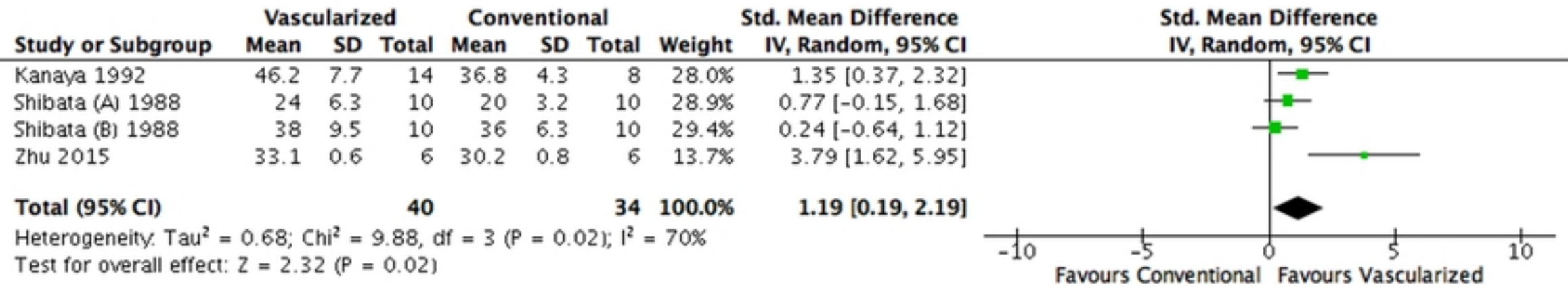
Fig 4. Forest plot of the effect of treatment with a vascularized n



Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CL).

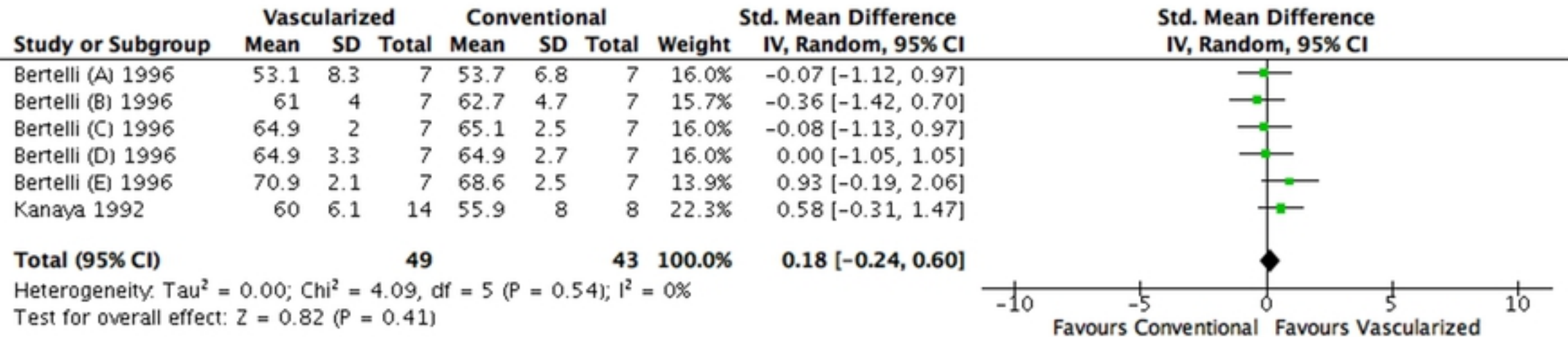
Fig 5. Forest plot of the effect of treatment with a vascularized n





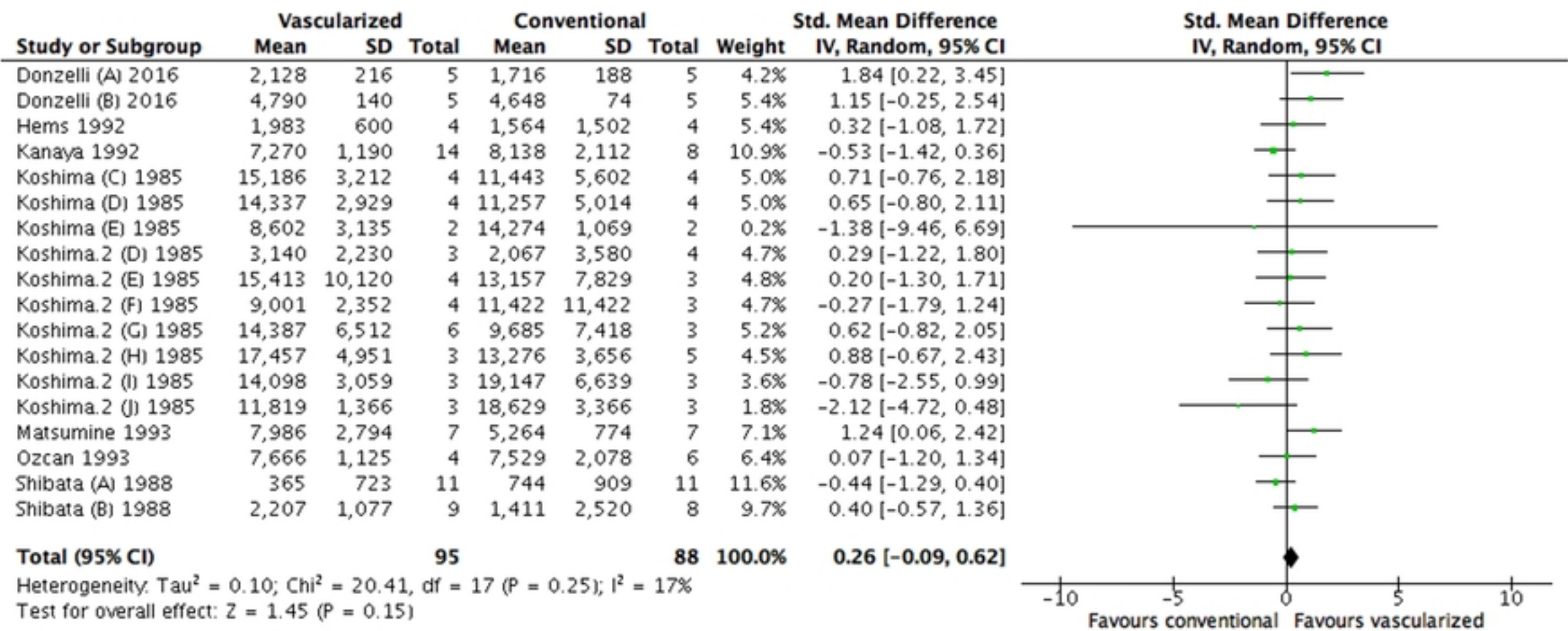
Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CL).

Fig 6. Forest plot of the effect of treatment with a vascularized n



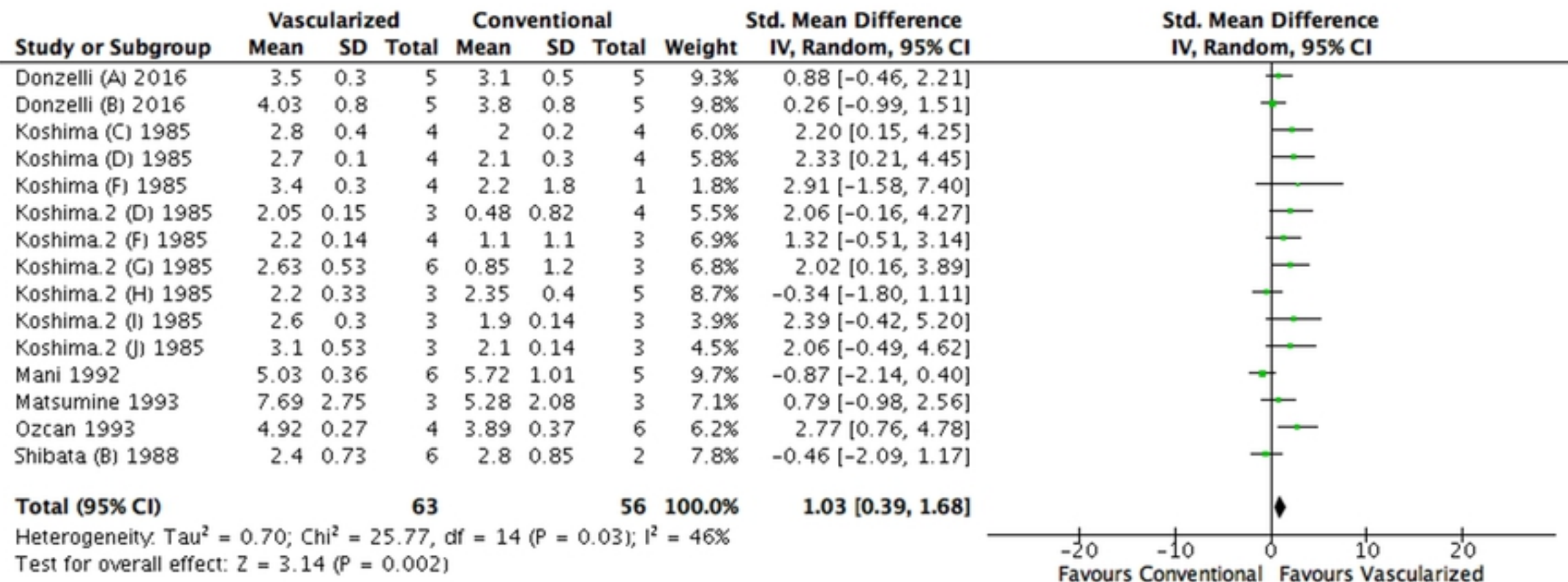
Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CL).

Fig 7. Forest plot of the effect of treatment with a vascularized n



Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CL).

Fig 8. Sensitivity analysis, forest plot of the effect of treatment w



Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CL).

Fig 9 Sensitivity analysis, forest plot of the effect of treatment with

# Funnel plot

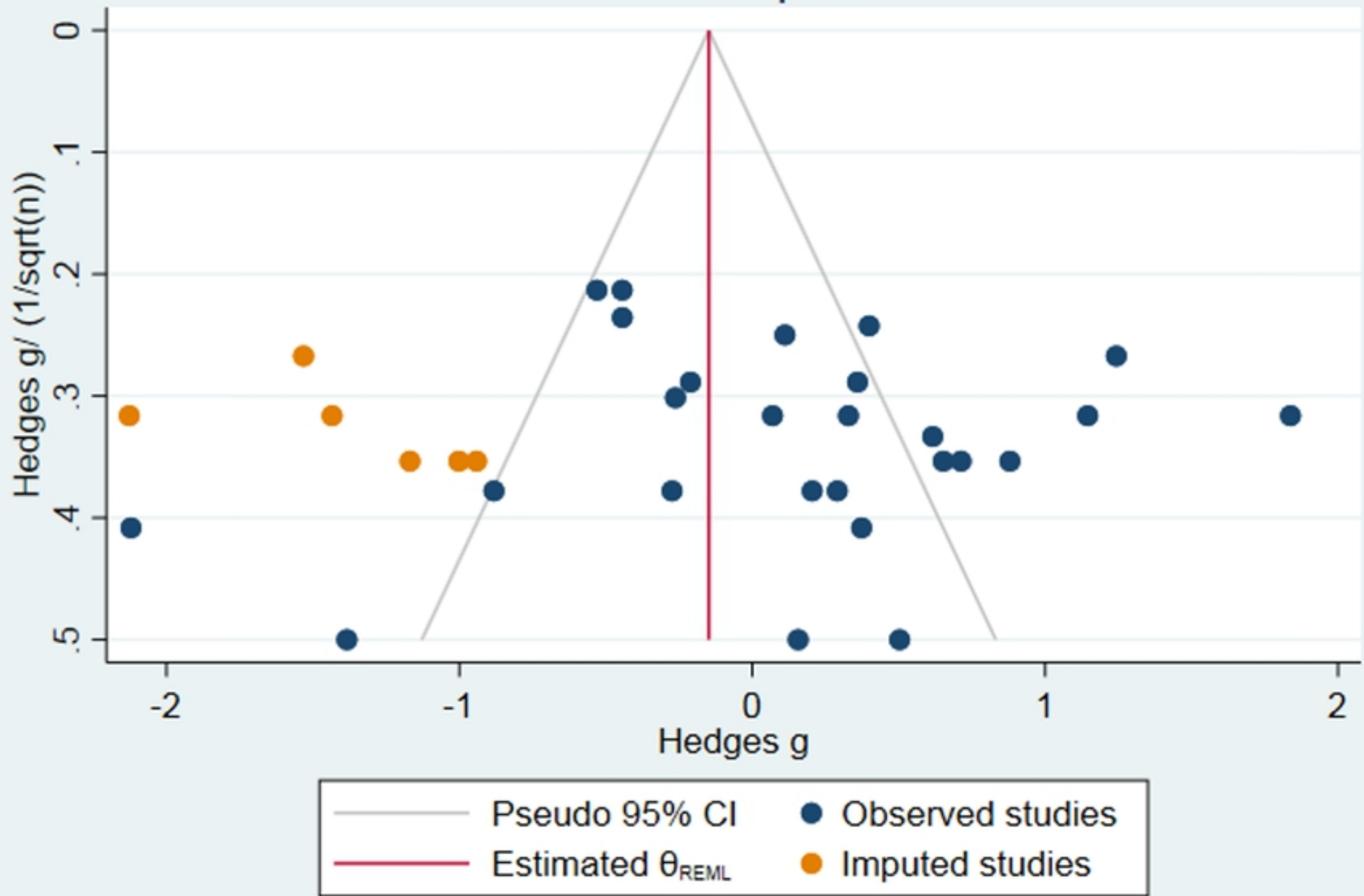
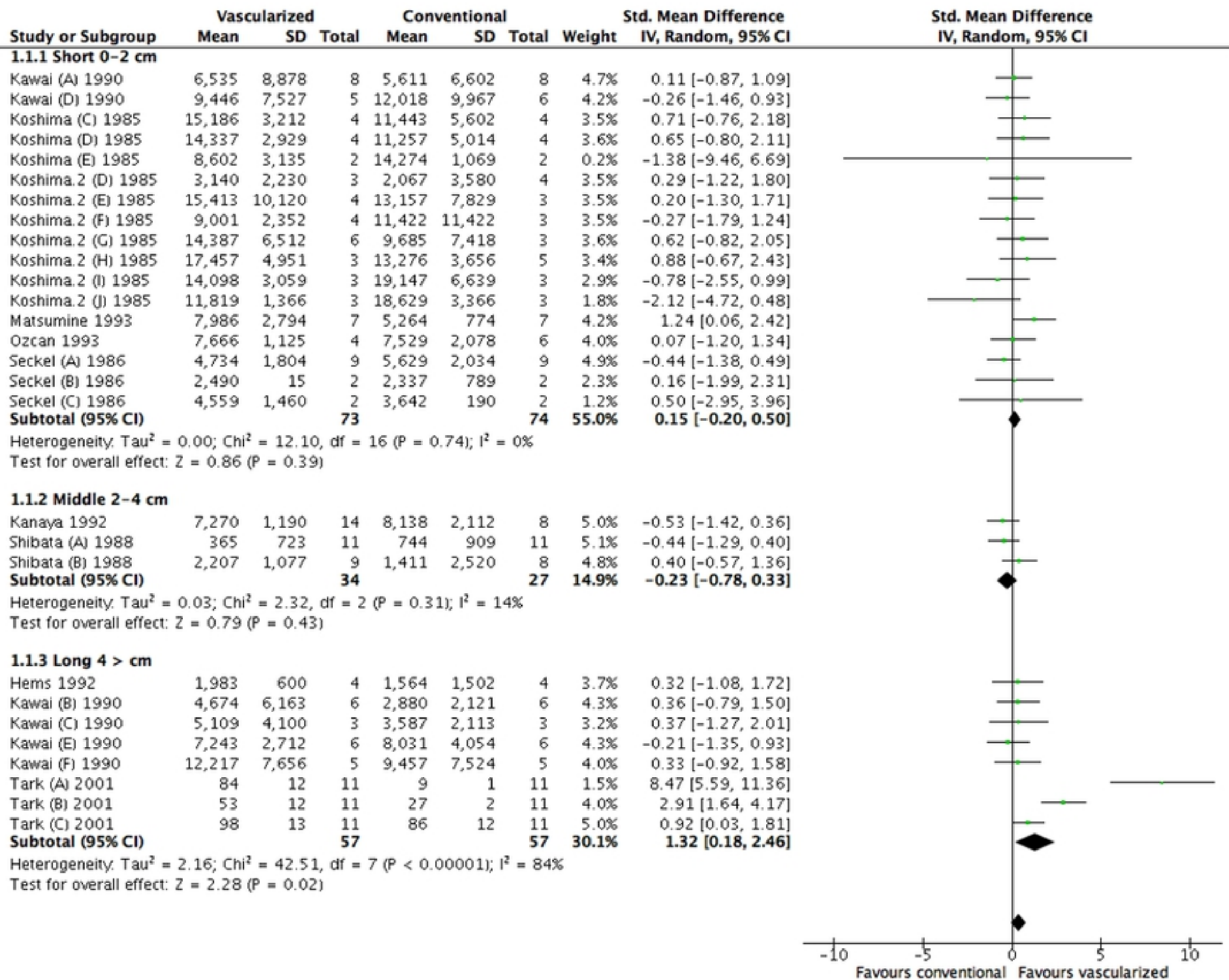
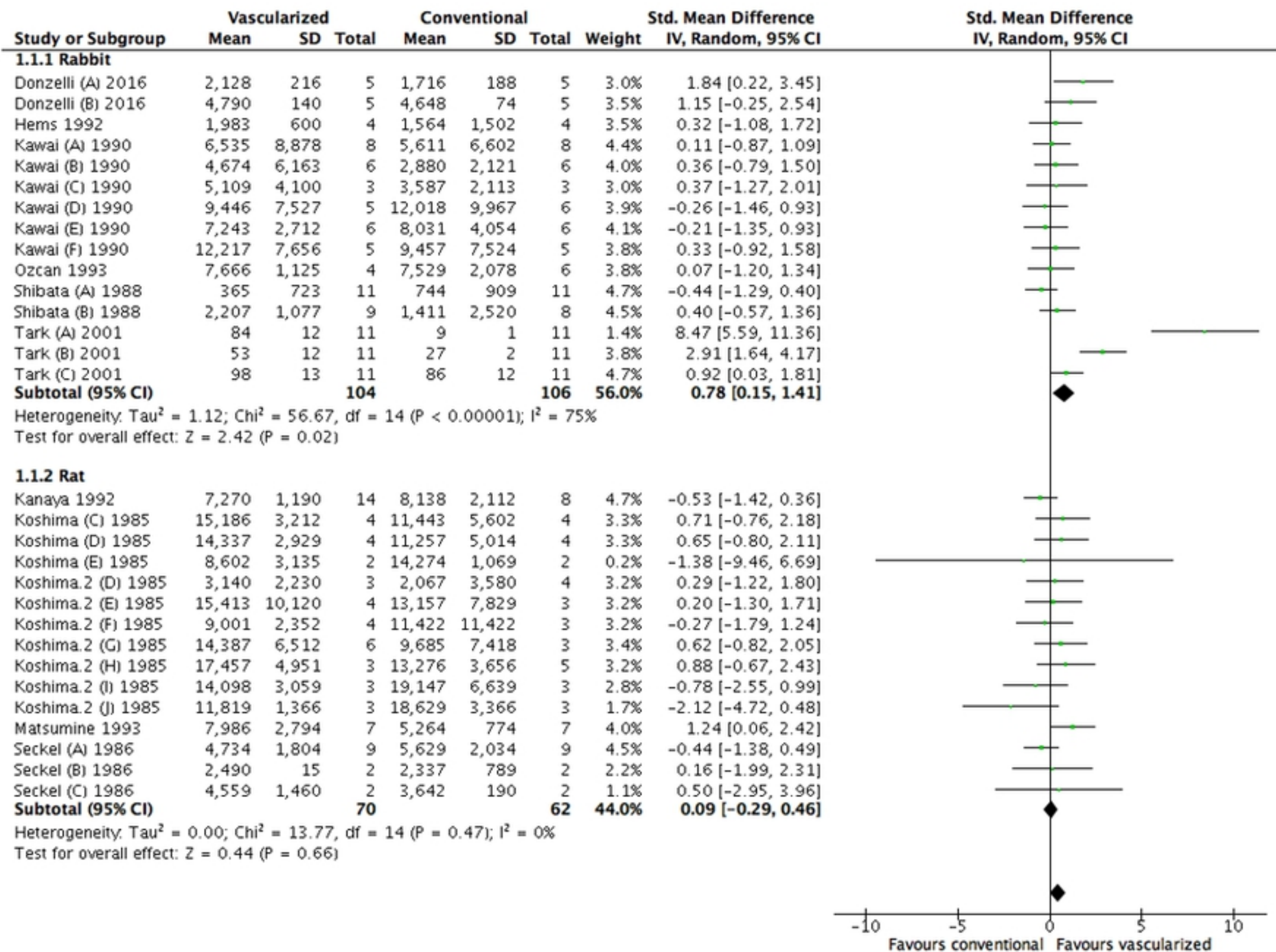


Fig 10 Publication bias.



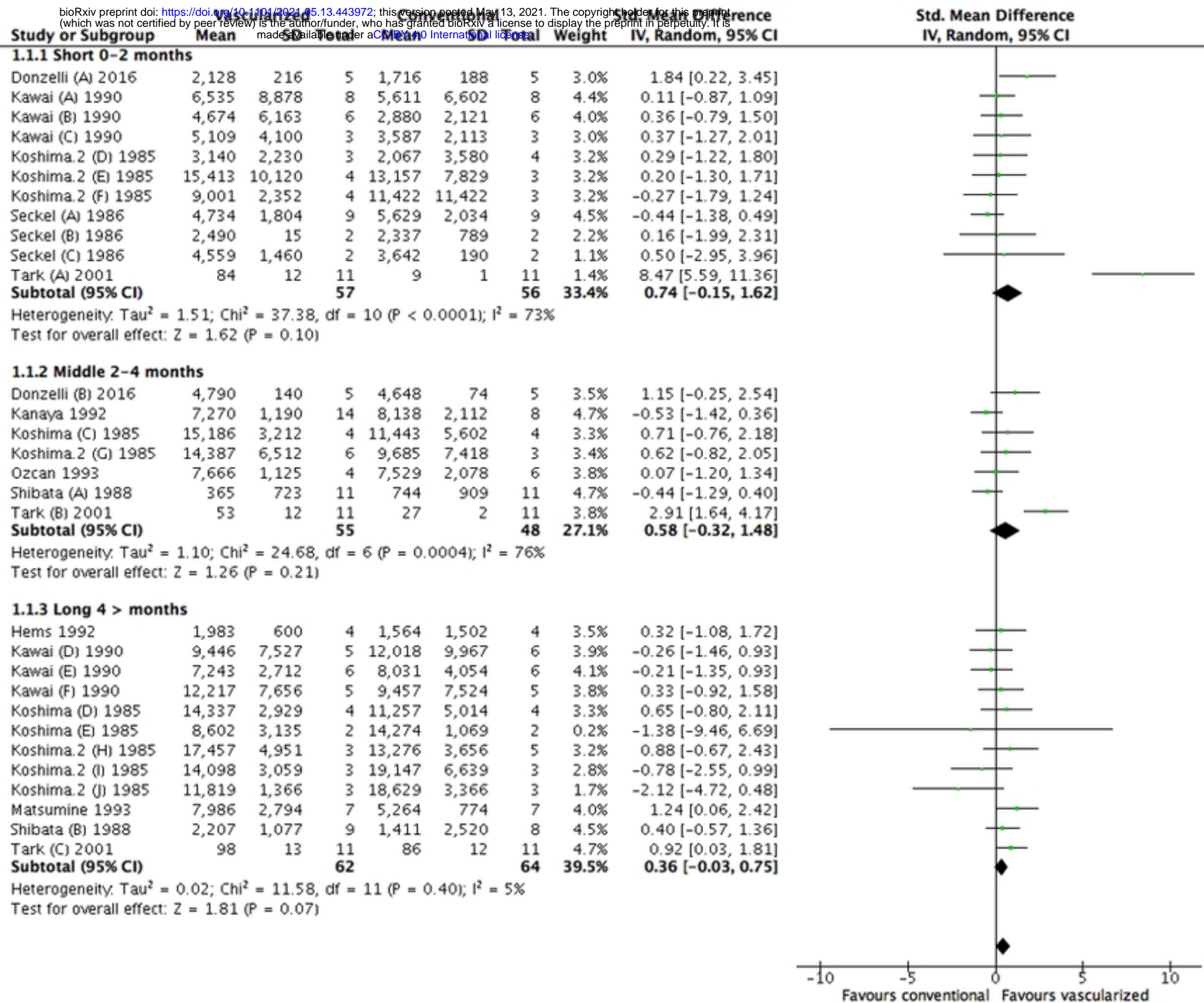
Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CI). Short group vs. long group P = 0.07.

S1 Fig. Subgroup analysis by graft length on axonal count.



Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CL). Rabbit group vs. rat group P = 0.06.

S2 Fig. Subgroup analysis by species on axonal count.

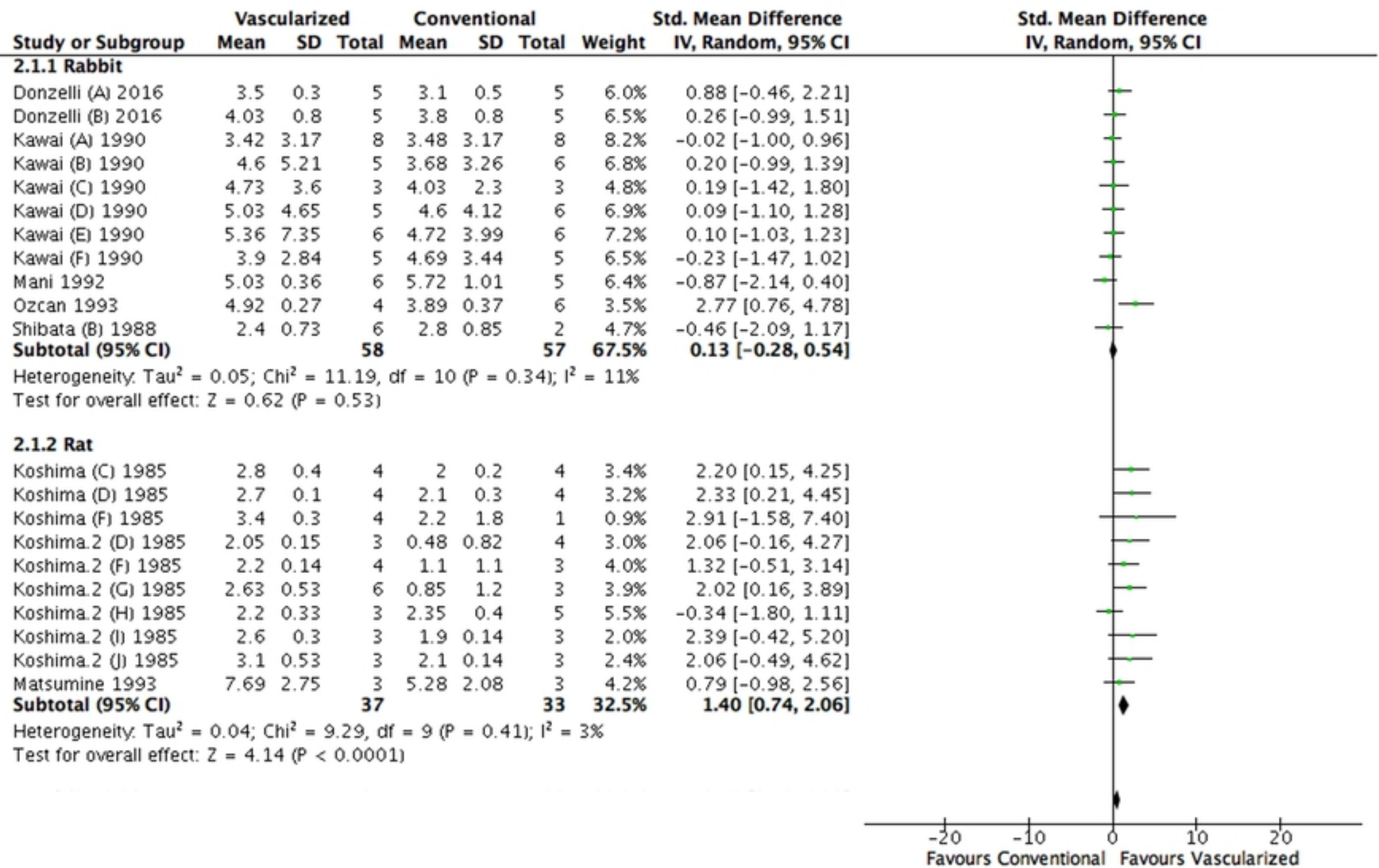


Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CI).

Short group vs. middle group P = 0.81. Short group vs. long group P = 0.45.

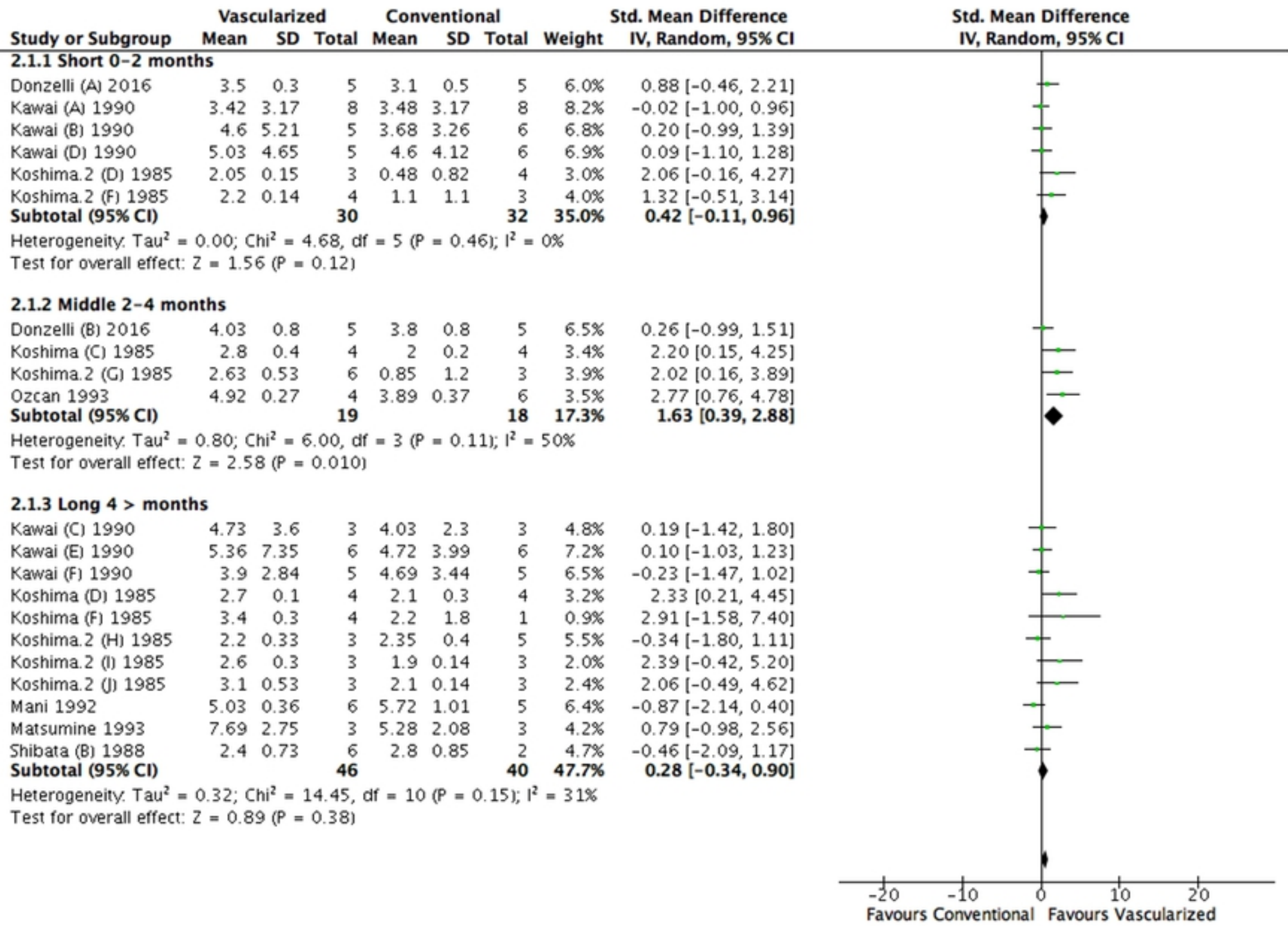
S3 Fig. Subgroup analysis by time frames on axonal count.





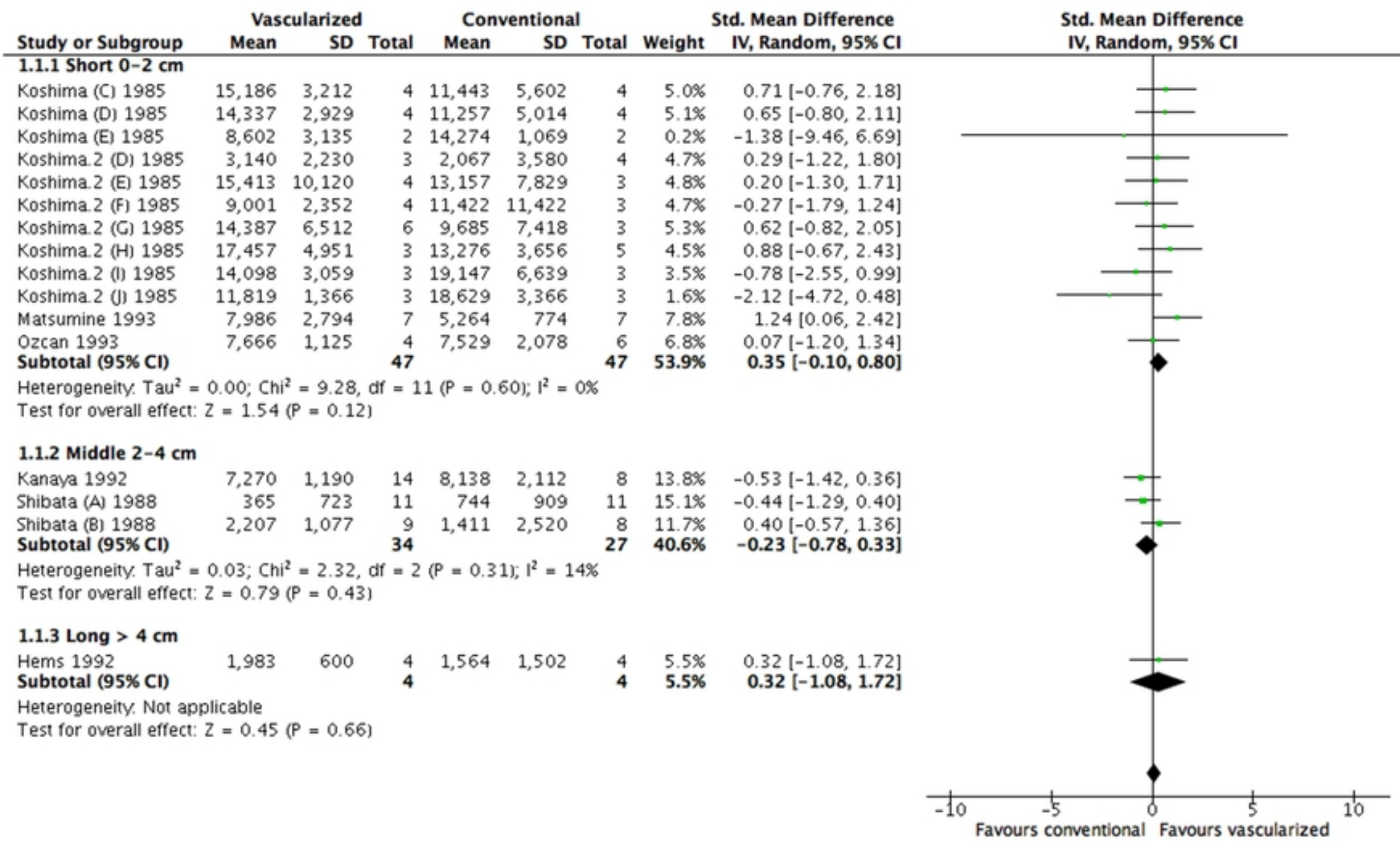
Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CL). Rabbit group vs. rat group P = 0.005.

S4 Fig. Subgroup analysis by species on diameter.



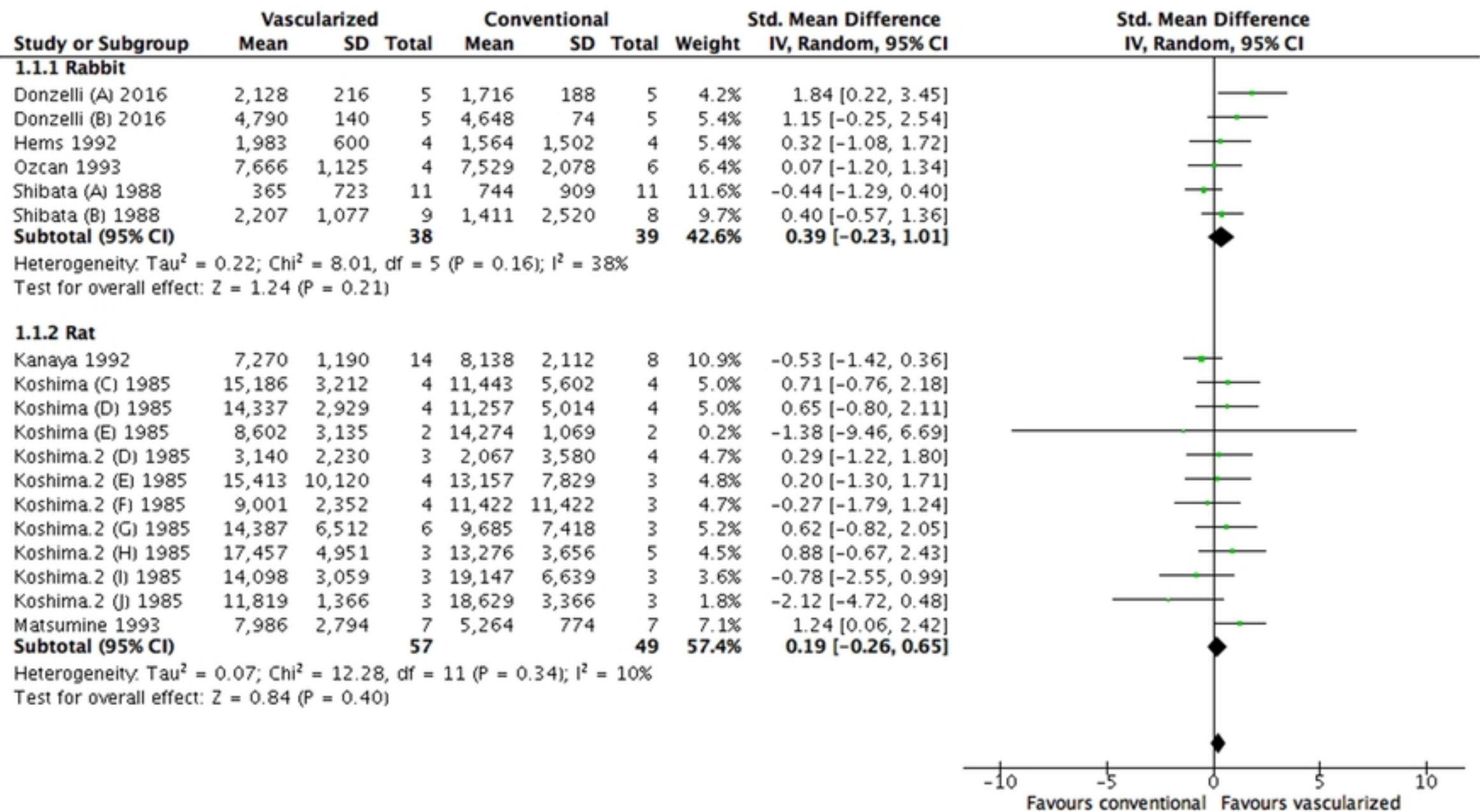
Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CL).  
 Middle group vs. short group P = 0.12. Middle group vs. long group P = 0.08.

S5 Fig. Subgroup analysis by time frames on diameter.



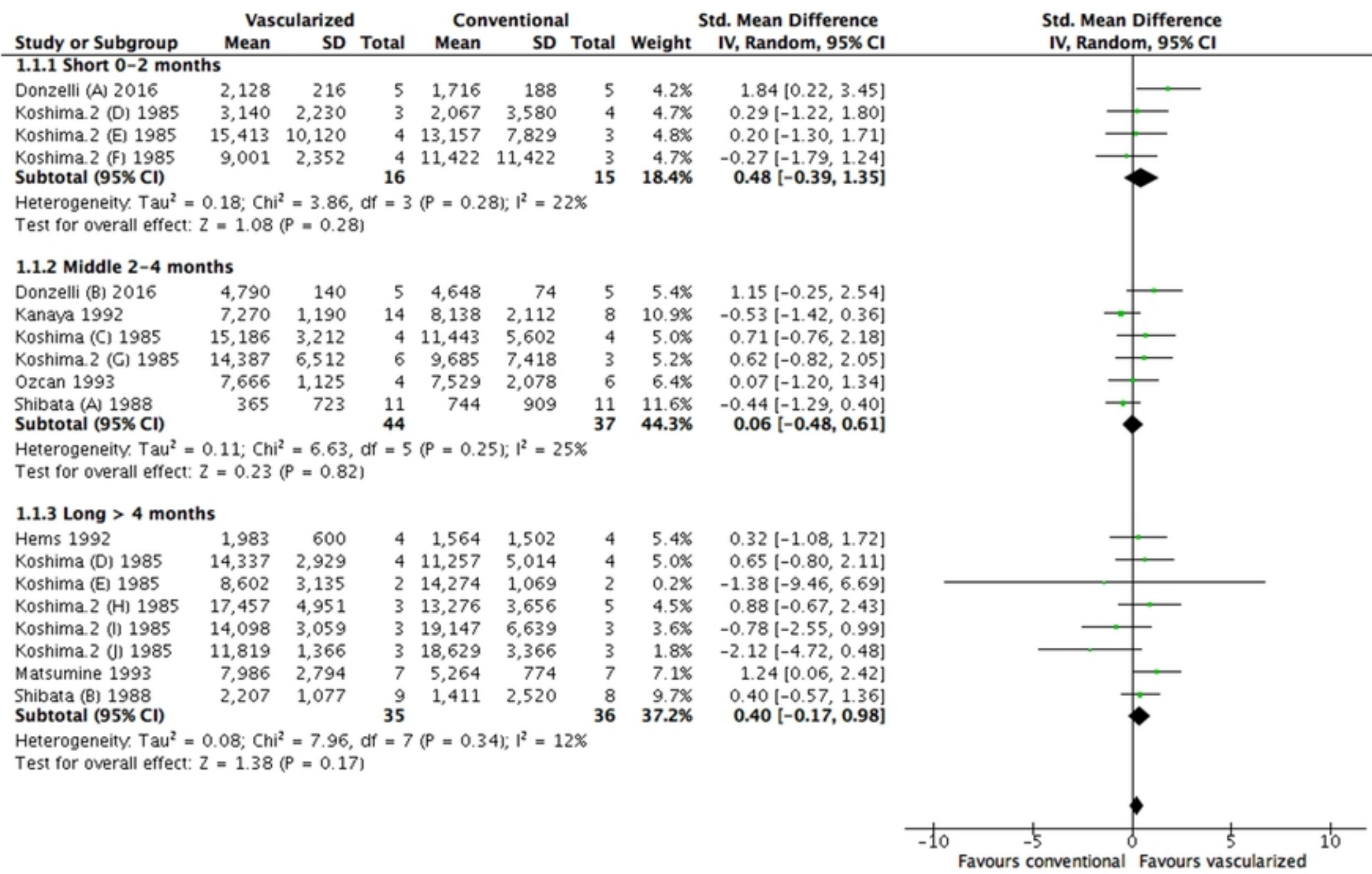
Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CL).

S6 Fig. Sensitivity analysis subgroup by graft length on axonal co



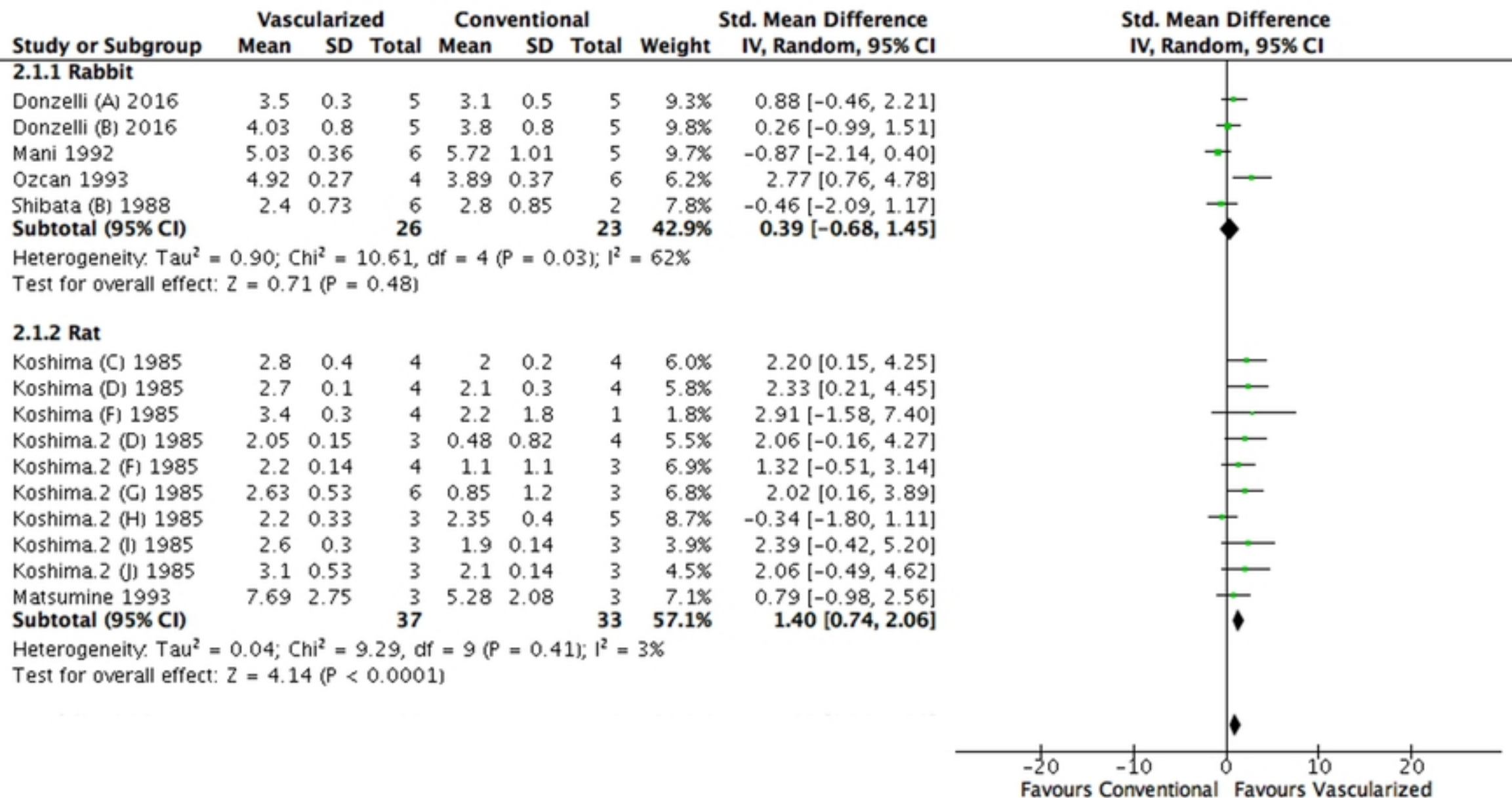
Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CI). Rabbit group vs. rat group P = 0.62.

S7 Fig. Sensitivity analysis subgroup by species on axonal count.



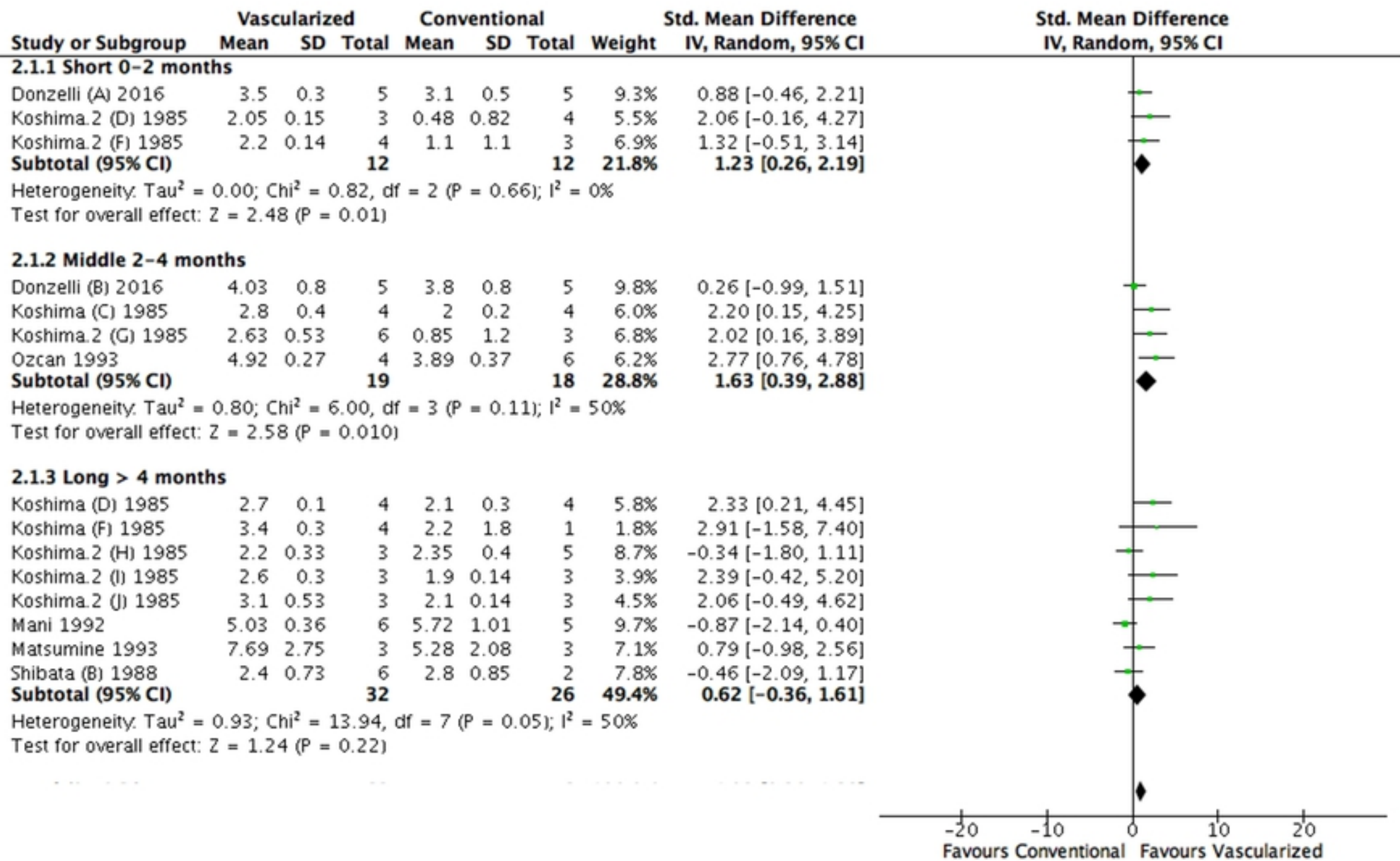
Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CL).

S8 Fig. Sensitivity analysis subgroup by time frames on axonal co



Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CL). Rabbit group vs. rat group P = 0.13.

S9 Fig. Sensitivity analysis subgroup analysis by species on diam



Data are presented as standardized mean difference (SMD) and 95% confidence intervals (CL). Middle group vs. long group P = 0.24.

S10 Fig. Sensitivity analysis Subgroup by time frames on diameter

## PubMed

((("Nerve Transfer"[MeSH Terms] OR "peripheral nerves/transplantation"[MeSH Terms]) OR "nerve graft"[Title/Abstract]) OR "nerve transplant"[Title/Abstract]) OR "nerve transfer"[Title/Abstract]) AND (((("Vascularized Composite Allotransplantation"[MeSH Terms] OR "Vascularized"[Title/Abstract]) OR "vascularization"[Title/Abstract]) OR "Vascularised"[Title/Abstract]) OR "vascularisation"[Title/Abstract]) AND (Experimental animal filter (1))

## Embase

((("nerve reconstruction/ or exp nerve transplantation/ OR exp peripheral nervous system/su) OR (Nerve graft\* OR Nerve transplant\* OR nerve transfer\* OR Nerve reconstruct\* OR Transfer nerve\* OR Neural graft\* OR Neural transplant\* OR Neural transfer\* OR Neural reconstruct\*).ti,ab,kw.) AND ((Vascularized OR vascularization OR Vascularised OR vascularisation).ti,ab,kw. OR (Exp vascularized composite allotransplantation/))) AND (Experimental animal filter (2))

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