

Appendix 1: Neuroma Study Quality of Reporting Assessment Tool

This 15 point score scale derived for the Downs and Black checklist for assessing study quality was used to rate the quality of information presented in each article included in this meta-analysis.

Author/Year: _____

0 = No mention

Group: _____

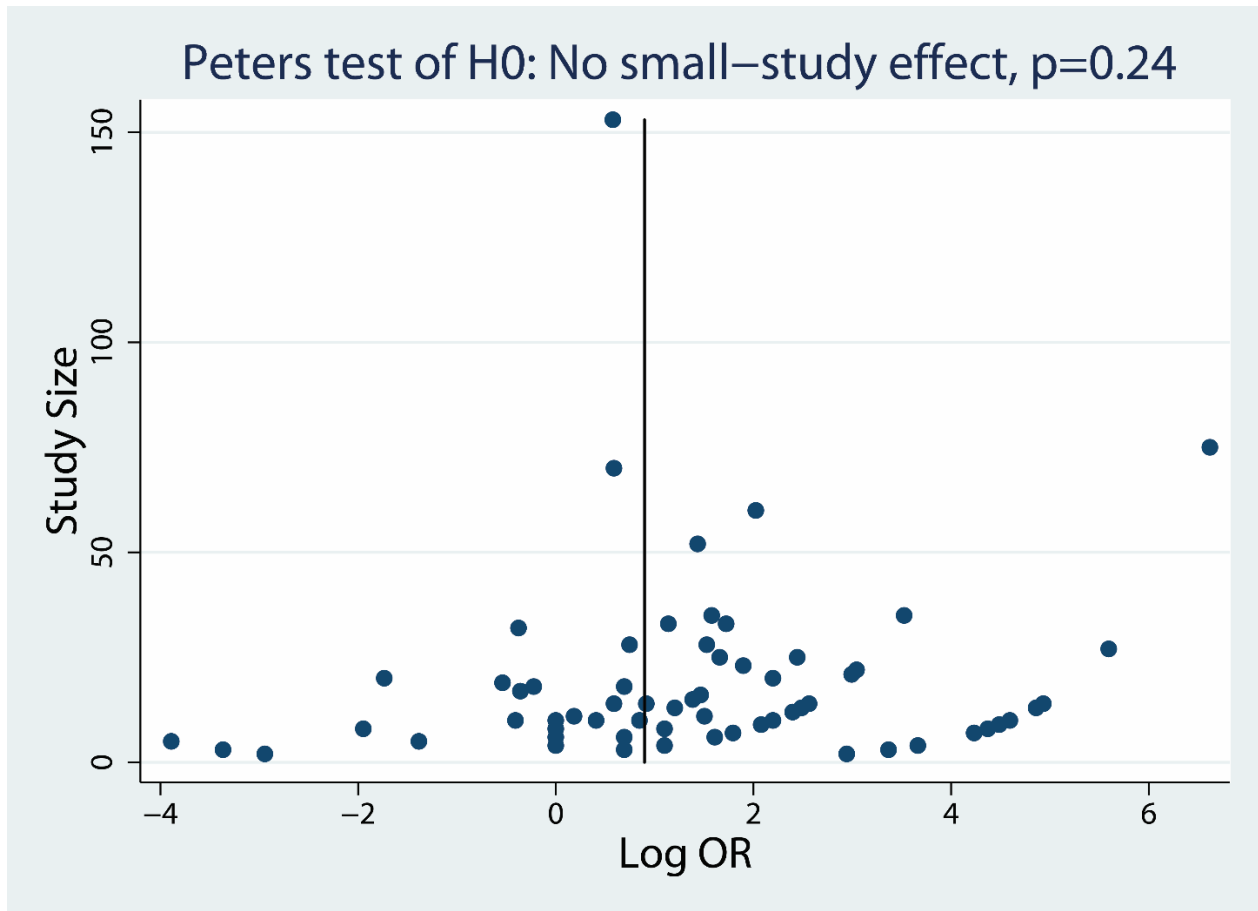
0.5 = Reporting Incomplete

1 = Completely Reported

1. Hypothesis/Aims/Objectives clearly stated: _____
2. Surgical technique clearly defined: _____
3. Outcome clearly defined: _____
4. Random variability estimates provided: _____
(confidence intervals/standard deviation/range)
5. Precise probabilities reported: _____
($p=0.0067$ not $p<0.05$)
6. Time of outcome assessment defined: _____
7. Follow-up ≥ 6 months: _____
8. Patient selection clearly described: _____
9. Inclusion/Exclusion criteria defined: _____
10. Patient characteristics clearly described: _____
(male v. female & age)
11. Loss to follow-up less than 20%: _____
12. Lost patient characteristics described: _____
13. Confounding considered? _____
(0=no consideration, 0.5=confounders discussed-no analysis, 1=bias analysis performed)
14. Complications/bad outcomes described: _____
15. Author disclosures/conflicts of interest reported: _____

Appendix 2: Publication Bias Analysis

Symmetric distribution of log odds ratios of surgical success among studies and Peter's test $p > 0.05$ indicate a lack of publication bias among the 54 included studies. OR = odds ratio.



Appendix 3: Patient Pain Evaluation Questionnaire.

This questionnaire is given to every patient in our surgical clinic at every visit to evaluate and track pre- and postoperative pain. The patient's drawing of their pain location and their degree of pain are useful adjuncts to the physical exam in making the correct diagnosis.



Susan E. Mackinnon, M.D.

Pain Questionnaire

Name _____ Date ____/____/____

Age ____ Sex: ☐ Male ☐ Female Dominant Hand: ☐ Right ☐ Left Diagnosis _____

1. Pain is difficult to describe. Check the words that best describe your symptoms:

- | | | | | | | |
|-----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Burning | <input type="checkbox"/> Throbbing | <input type="checkbox"/> Aching | <input type="checkbox"/> Stabbing | <input type="checkbox"/> Tingling | <input type="checkbox"/> Twisting | <input type="checkbox"/> Squeezing |
| <input type="checkbox"/> Cramping | <input type="checkbox"/> Cutting | <input type="checkbox"/> Shooting | <input type="checkbox"/> Numbing | <input type="checkbox"/> Vague | <input type="checkbox"/> Stinging | <input type="checkbox"/> Indescribable |
| <input type="checkbox"/> Pulling | <input type="checkbox"/> Smarting | <input type="checkbox"/> Pressure | <input type="checkbox"/> Coldness | <input type="checkbox"/> Dull | <input type="checkbox"/> Other _____ | |

LEVEL OF SYMPTOMS

Check to indicate the level of your pain, with zero being no pain and 10 the most severe pain you can imagine having.

2. Mark your average level of pain in the last month:

No Pain Most Severe Pain

3. Mark your worst level of pain in the last week:

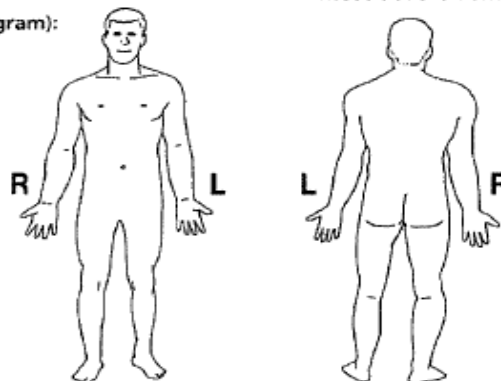
Right _____

No Pain Most Severe Pain

Left _____

No Pain Most Severe Pain

4. Where is your pain? (Draw on diagram):



5. Mark on this scale how your pain has affected your quality of life:

0% (Not at All) 100% (A Large Amount)

6. Mark on this scale how sad you are:

0% (Not at All) 100% (A Large Amount)

7. Mark on this scale how depressed you currently feel:

0% (Not at All) 100% (A Large Amount)

8. Mark on this scale how frustrated you currently feel:

0% (Not at All) 100% (A Large Amount)

9. Mark on this scale how angry you currently feel:

0% (Not at All) 100% (A Large Amount)

10. Mark on this scale how hopeful you are:

<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
0% (Not at All)	100% (A Large Amount)

11. Mark your average level of stress in the last month:

	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
At Home	0	10
	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
At Work	0	10

12. How well are you able to cope with that stress:

	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
At Home	Very Well	Not at All
	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
At Work	Very Well	Not at All

13. How did the pain that you are now experiencing occur?

- ☐ a. Sudden onset with accident or definable event
- ☐ b. Slow progressive onset
- ☐ c. Slow progressive onset with acute exacerbation without an accident or definable event
- ☐ d. A sudden onset without an accident or definable event

14. How many surgical procedures have you had in order to try to eliminate the cause of your pain?

- ☐ a. None or one
- ☐ b. Two surgical procedures
- ☐ c. Three or four surgical procedures
- ☐ d. Greater than four surgical procedures

15. Does movement have any effect on your pain?

- ☐ a. The pain is always worsened by use or movement
- ☐ b. The pain is usually worsened by use and movement
- ☐ c. The pain is not altered by use and movement

16. Does weather have any effect on your pain?

- ☐ a. The pain is usually worse with damp or cold weather.
- ☐ b. The pain is occasionally worse with damp or cold weather.
- ☐ c. Damp or cold weather has no effect on the pain.

17. Do you ever have trouble falling asleep or awaken from sleep?

- ☐ a. No - *Proceed to Question 19*
- ☐ b. Yes - *Proceed to 18A & 18B*

18A. How often do you have trouble falling asleep?

- ☐ a. Trouble falling asleep every night due to pain
- ☐ b. Trouble falling asleep due to pain most nights of the week
- ☐ c. Occasionally having difficulty falling asleep due to pain
- ☐ d. No trouble falling asleep due to pain
- ☐ e. Trouble falling asleep which is not related to pain

18B. How often do you awaken from sleep?

- ☐ a. Awakened by pain every night
- ☐ b. Awakened from sleep by pain more than 3 times per week
- ☐ c. Not usually awakened from sleep by pain
- ☐ d. Restless sleep or early morning awakening with or without being able to return to sleep, both unrelated to pain

19. Has your pain affected your intimate personal relationships?

- ☐ a. No ☐ b. Yes

20. Are you involved in any legal action regarding your physical complaint?
☐ a. No ☐ b. Yes
21. Is this a Workers' Compensation case?
☐ a. No ☐ b. Yes
22. Are you presently receiving or have you ever received psychiatric/psychological treatment?
☐ a. No ☐ b. Presently receiving psychiatric treatment ☐ c. Previous psychiatric treatment
23. Have you ever thought of suicide?
☐ a. No ☐ b. Yes ☐ c. Previous suicide attempts
24. Were you a victim of childhood trauma— emotional or physical?
☐ a. No ☐ b. Yes ☐ c. No comment
25. Are you a victim of emotional abuse?
☐ a. No ☐ b. Yes ☐ c. No comment
26. Are you a victim of physical abuse?
☐ a. No ☐ b. Yes ☐ c. No comment
27. Are you a victim of sexual abuse?
☐ a. No ☐ b. Yes ☐ c. No comment
28. Are you presently a victim of abuse?
☐ a. No ☐ b. Yes ☐ c. No comment
29. Are you currently: (Check all that apply)
- | | | |
|--------------------|-----------------------------|------------------------------|
| Employed for wages | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| On medical leave | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| A homemaker | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Self-employed | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Student | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Retired | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Volunteer | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| None of the above | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
30. If you are still working, do you?
- ☐ a. Work every day at the same pre-pain job.
 - ☐ b. Work every day but the job is not the same as the pre-pain job with reduced responsibility or physical activity.
 - ☐ c. Work occasionally.
31. Are you able to do your household chores?
- ☐ a. Do same level of household activities without discomfort.
 - ☐ b. Do same level of household chores with discomfort.
 - ☐ c. Do a reduced amount of household chores.
 - ☐ d. Most household chores are now performed by others.
32. What medications have you used in the past month?
- ☐ a. No medications
 - ☐ b. List medications: _____
- _____
- _____
33. If you had three wishes for anything in the world, what would you wish for?
1. _____
2. _____
3. _____

From: Hendler N, Viernstein M, Gucer P, Long D: A preoperative screening test for chronic back pain patients. *Psychosomatics* 1979;20:801-808.
 Mackinnon SE & Dellon AL: *Surgery of the Peripheral Nerve*, Thieme Medical Publishers, 1988
 Melzack R: The McGill pain questionnaire: major properties and scoring methods. *Pain* 1975;1:277-299.
 Modified by 1/5/2010