Supplementary file 2. Synoptic table of the included studies.

					Arm Size				Interventions			
#	Author	Country, Year	Single/Multi-center	Sample Size	Group A	Group B	Group C	Patent Hemostasis Tecnique	Intervention A	Intervention B	Intervention C	Results
1	Ayyaz Ul Haq et Al [21]	UK, 2019	S	389	191	198		Yes	Helix Compression Device	Helix with StatSeal Disc and accelerated protocol with patent haemostasis		The radial artery compression time seems to be reduced using the Statseal® pad in combination with an accelerated hemostasis protocol without increasing the risk of RAO. The combination of reduced compression time with the maintenance of radial flow through patent hemostasis has the potential to reduce the risk of radial artery occlusion.
2	Barbiero et Al [17]	Brazil, 2018	S	190	93	97		Yes	Elastic Dressing	TR Band, 1hr		The compressive dressing achieved an RAO rate at discharge and at 30 days similar to that of the pneumatic compression device.
3	Campos et Al [16]	Brazil, 2018	S	303	152	151		Yes	Customized Compressive Dressing for 30 min	Customize Compressive Dressing for 60 min		Different radial artery compression times following angiographic procedures did not significantly affect the occurrence of hemostasis and vascular complications.

4	Cong et Al[22]	China, 2016	S	1650	550	550	550	Yes	Compressive Dressing with Steril Gauge for 2 Hrs	TR- BAND (patent hemostasis technique after 1 hr)	WORK device (mechanical compression)	The use of conventional compression techniques results in a higher frequency of radial artery occlusion compared to the other two techniques, with no obvious advantage. The presence of radial artery flow during compression to achieve hemostasis is a strong and independent predictor of radial artery patency after catheterization. The patent hemostasis technique should be recommended.
5	Dangoisse et Al.[10]	Belgium, 2017	S	3616	1246	691		Yes	Tr Band - 10 CC for 4 hrs	TR Band - 13cc for 4 hrs		Short and soft hemostasis with the pneumatic compression device leads to a low RAO rate. The patent hemostasis technique appears to be the best approach to minimize RAO.
			S	3616	506	435		Yes	Tr Band - 10 cc for 2 hrs	TR Band - 10 cc for 3 hrs		
			S	3616	559	179		Yes	Tr Band - 10 cc for 1,5 hrs	TR Band - 10 cc for 2 hrs		
6	Dos Santos et Al [14]	Brasil, 2020	S	600	301	299		Only in TR Band Group	Tr Band (2 hrs at custom pressure)	Compressive Dressing (adesive, elastic bandage) 2 hrs		The incidence of RAO was similar in the group of patients who achieved hemostasis with a pneumatic compression device + patent hemostasis vs patients with a compressive dressing after the transradial cardiac procedure.
7	Gorgulu et Al [18]	Turkey, 2018	S	611	202	204	205	Yes	Ankaferd Blood Stopper	Compressive dressing with Steril Gauge 30 min	TR-Band 2 Hrs, average volume 10,5 cc air	Ankaferd blood stopper seems to be a promising device for use in patent hemostasis, with no evidence on RAO at short- term or long term and with reduced risk of re- bleeding at the end of hemostasis
8	Lavi et Al[11]	Canada, 2017	M	570	285	285		Yes	RadAR for 20 minutes	RadAR for 60 minutes		The application of the radial clamp for 20 minutes is not preferable to a duration of 60 minutes. A 60-minute clamp duration is safe and provides good hemostasis at the access site with low rates of RAO.
9	Lavi et Al [12]	Canada, 2021	M	450	150	150	150	Yes	RadAR for 10 minutes	RadAR for 20 minutes	RadAR for 30 minutes	Shorter application times of the device did not further reduce the risk of RAO.

10	Patel et Al. [23]	India, 2020	S	253	127	126		Yes	TR-Band for 2 hrs	Vaso-Band (Dual-bladder radial artery hemostatic compression device)		Contralateral ulnar compression performed for 1 hour at the beginning of the radial hemostasis process seems to be associated with higher rates of patent hemostasis and a lower incidence of RAO compared to a device compressing only the radial artery.
11	Petroglou et al. [13]	Greece, 2018	M	583	304	285		Yes	Manual Compression	Vitatech pressure bondage, an inflatable air filled wrist bracelet		Manual and mechanical compression led to similar RAO rates, although the total duration of hemostasis was significantly shorter in the manual compression group.
12	Sanghvi et al [24]	USA, 2018	S	314	155	159		Yes	Tr Band 2hrs	SafeGuard 2hrs		Concurrent protocols are associated with a very low RAO rate, regardless of the radial compression device used. The SafeGuard Radial appears to be associated with a higher risk of hematoma and, consequently, acute RAO.
13	Shah et Al.[25]	USA, 2019	S	129	60	69		Yes	TR Band 2 hrs	Tr Band accellerated protocol		The accelerated protocol tested was found to be safe and effective in achieving hemostasis without increasing the incidence of RAO or the formation of hematomas.
14	Cubero et al.[19]	Spain, 2009	S	351	176	175		No	MAP guided TrBand (3 hrs)	Tr Band with 15 cc 3hrs		The use of pneumatic compression guided by mean arterial pressure values is safe and efficient, and can significantly reduce the incidence of radial artery occlusion.
15	Dai et Al. [20]	China, 2015	S	600	300	300		YES	Tr Band 1hr	Chitosan-Based PAD + elastic band		The group undergoing hemostasis with a chitosan-based pad showed a lower incidence of radial artery occlusion.
16	Pancholy et Al.[6]	USA, 2008	S	436	219	217		FIRST STUDY USING	Compressive Dressing with Steril Gauge for 2 Hrs	"Patent Hemostasis" with hemoband or manual compression		"Patent hemostasis" is highly effective in reducing radial artery occlusion; guided compression should be performed to maintain artery patency during hemostasis in order to prevent radial artery occlusion.
17	Rathore et al. [15]	UK, 2010	S	790	395	395		No	Tr Band 1hr	Radi-stop		Both devices are safe and effective for hemostatic compression after transradial procedures, and their use results in comparable RAO rates.