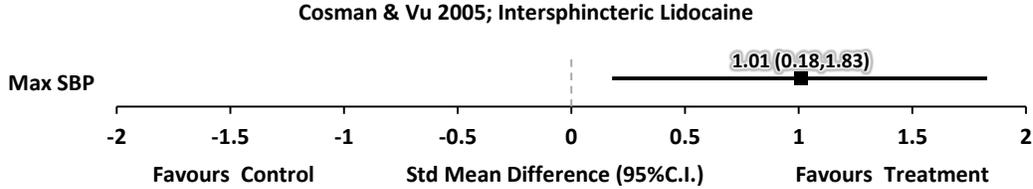
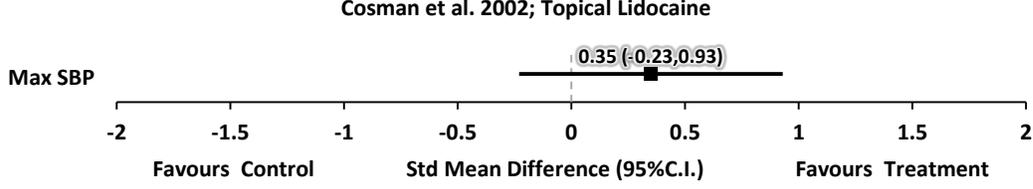
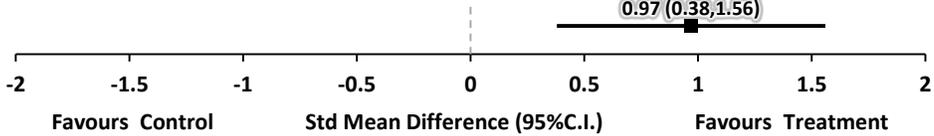


| Author Year; Country Score Research Design Sample Size | Methods | Outcome |
|---|--|--|
| <p>Cosman & Vu 2005; USA PEDro=11 RCT N=25</p> | <p>Population: All subjects with complete SCI; age 46-49 years; 15-25 years post-injury; level of injury: C4-T1 Treatment: intersphincteric anal block with either: a) 300 mg 1% lidocaine or b) normal saline (placebo) before sigmoidoscopy or anoscopic hemorrhoid ligation procedure. Outcome Measures: blood pressure.</p> <p>Effect Sizes: Forest plot of standardized mean differences (SMD ± 95% C.I.) as calculated from pre- and post-intervention data</p> <p style="text-align: center;">Cosman & Vu 2005; Intersphincteric Lidocaine</p>  <p style="text-align: center;">95% C.I. based on SD of pre-post difference</p> | <p>1. The mean maximal systolic blood pressure increase for the lidocaine group (22(14) mmHg) was lower than the placebo group (47(31) mmHg) suggesting that AD risk was reduced with lidocaine.</p> |
| <p>Cosman et al. 2002; USA PEDro=9 RCT N=45</p> | <p>Population: 45 patients (44 male, 1 female) with chronic, complete SCI, injury level of T6 or above, undergoing anoscopy and/or flexible sigmoidoscopies. Treatment: a) 2% topical lidocaine jelly (n=18) or; b) nonmedicated lubricant (control, n=32) just prior to the procedure. Outcome Measures: blood pressure.</p> <p>Effect Sizes: Forest plot of standardized mean differences (SMD ± 95% C.I.) as calculated from pre- and post-intervention data</p> <p style="text-align: center;">Cosman et al. 2002; Topical Lidocaine</p>  <p style="text-align: center;">95% C.I. based on SD of pre-post difference</p> | <p>1. Topical lidocaine had no significant effect on mean maximal systolic blood pressure (increased 35(25) mmHg in the lidocaine group vs. 45(30) mmHg in the control group). 2. Greater SBP increase with anoscopic procedure compared to sigmoidoscopic procedures (49(29) vs. 25(20) mmHg, respectively).</p> |
| <p>Furusawa et al. 2009; Japan PEDro=8 RCT N=25</p> | <p>Population: 25 cervical SCI subjects (22 men, 3 women); Level of injury: C4-C7; mean(SD) time post-injury: 23.4(36.4), range 3-172 months. Treatment: 10mL of 2% Lidocaine treatment group (placebo jelly for control group); both groups then underwent digital bowel stimulation to initiate and augment stool flow. Outcome Measures: blood pressure; heart rate; symptoms of autonomic dysreflexia.</p> | <p>1. 10 subjects in the control group reported symptoms of AD, compared to 4 patients in the treatment group. 2. Systolic blood pressure was significantly lower in treatment group, compared to the control. 3. No significant difference in diastolic blood pressure or heart rate.</p> |

| Author Year; Country Score Research Design Sample Size | Methods | Outcome |
|---|--|---------|
| | <p>Effect Sizes: Forest plot of standardized mean differences (SMD \pm 95% C.I.) as calculated from pre- and post-intervention data</p> <p style="text-align: center;">Furusawa et al. 2009; Topical Lidocaine</p> <p>Max SBP</p>  <p style="text-align: center;">95% C.I. based on SD of pre-post difference</p> | |