| Author Year; Country<br>Score<br>Research Design<br>Sample Size | Methods | Outcome |
|---|---|---|
| Eltorai et al. 1997;<br>USA<br>Observational<br>N=591 | **Population**: Level of injury: C1-T10, mean length of injury: 22.3 yrs.<br>**Treatment:** retrospective review of anesthetic methods during surgery.<br>**Outcome Measures:** blood pressure. | 1. AD occurred most commonly during the start of anesthesia (induction) with the greatest frequency when no anesthesia was provided.<br>2. During induction, systolic blood pressure increased in 68.7% of procedures during combined local anesthesia and intravenous (IV) sedation, in 65.4% of IV sedation alone, in 62.1% of local anesthesia alone, in 51.5% of spinal or epidural anesthesia, in 51.5% of general anesthesia, and in 88.8% of no anesthesia. |
| Lambert et al. 1982;<br>USA<br>Observational<br>N=50 | **Population:** Subjects had injuries that were above T6, and complete; mean of 6.5 years post-injury.<br>**Treatment**: Retrospective review of 78 procedures. Three groups: 1) topical or no anesthesia sedation (n=19), 2) general anesthesia (n=13), and;<br>3) spinal anesthesia (n=46).<br>**Outcome Measures:** blood pressure. | 1. Intraoperative hypertension occurred more significantly with topical or no anesthesia (15/19) compared to general anesthesia (3/13) or spinal anesthesia (3/46).<br>2. Intraoperatively systolic BP increased significantly by 37 mmHg in patients receiving topical or no anesthesia. No significant difference in BP changes between general and spinal anesthesia groups. |