Author Year; Country Score Research Design Sample Size	Methods	Outcome
Chen et al. 2012; China Pre-Post (Multiple Groups) N=295	**Population:** 295 adults who underwent surgical decompression for acute traumatic SCI; mean (SD) age in yrs: 42.11(13.75); sex (ratio): 1.63:1 (male: female); preoperative AIS: A (n=135), B (n=29), C (n=36), D (n=95); preoperative ASIA motor index total score: 42.64(27.02); preoperative motor score of injured level: 4.02(0.46); preoperative sensory score of injured level: 3.02(0.45). **Treatment:** cases were extracted and assigned into 3 groups on the basis of the timing of surgery: Urgent group (n=99, within 8 h after injury), Early group (n=86, from 8h to 48 h after injury), Delayed group (n=110, after 48 h); neurological outcomes and medical complications were compared before the operation, after the operation, at 6 months, and at 1 year. **Outcome Measures:** ASIA motor index total score; ASIA Impairment Scale (AIS); Motor and sensory scores of injured level; medical complications.	1. Deep vein thrombus (DVT), hypostatic pneumonia, autonomic dysreflexia, and pressure ulcers were the most commonly seen medical complications of surgical decompression. 2. Morbidity of autonomic dysreflexia increased with time because of delayed injuries; it was still lower in the urgent and the early groups than in the delayed group, because urgent and early surgical decompression blocked secondary injury mechanisms in time. 3. Urgent and early surgical decompression lowered the increase in the morbidity of autonomic dysreflexia more effectively than delayed surgical decompression.(Post-operatively: urgent=5.9%; early=5.4%; delayed=9.7%. At 6 months: urgent=5.7%; early=5.3%; delayed=9.7%)