

Author Year; Country Score Research Design Total Sample Size	Methods	Conclusions
<p>Parittotokkaporn et al. 2020 New Zealand Systematic review N=46 studies</p>	<p>Objective: To perform a systematic literature review of clinical studies investigating the use of non-invasive neuromodulation in restoring bowel, bladder and sexual functions following SCI Methods: The review was designed using the PRISMA checklist and eligible studies included a clinical design based on human populations, participants over 18 years old with SCI, non-invasive neuromodulation/stimulation as the intervention, and diagnostic criteria of neurogenic bowel/bladder dysfunction Databases: PubMed/Medline, EMBASE, Web of Science, Scopus and Cochrane databases, with reference lists from previous publications</p>	<ol style="list-style-type: none"> 1. 43/46 studies reported improvements in bowel (5/5), bladder (32/35) and sexual dysfunction (6/6) in people with SCI. 2. For people with SCI, an increase in rectal pressure at application and a decrease in colonic transit the following few weeks was observed in studies that applied acute functional magnetic stimulation (Lin et al. 2001; Morren et al. 2001; Tsai et al. 2009).
<p>Deng et al. 2018 Systematic Review China N=11 studies</p>	<p>Objective: To perform a systematic review of the clinical trial evidence on electrical stimulation for the treatment of neurogenic bowel dysfunction (NBD) after spinal cord injury (SCI). Methods: Systematic literature search of studies limited to English/Chinese which had a controlled clinical design based on human population, people with SCI, disorders of bowel function as the main outcome,</p>	<ol style="list-style-type: none"> 1. Majority of studies reported that electrical stimulation was safe and effective for people with NBD after SCI. 2. Many reported it was noninvasive approach that was easy to use. 3. Most studies reported that fecal incontinence episodes decreased.

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	<p>and electrical stimulation as the intervention.</p> <p>Databases: PubMed/Medline, EMBASE, Cochrane Central Register of Controlled Trials, and China National Knowledge Infrastructure databases, and the reference lists in the included studies</p>	
<p>Worsoe et al. 2013 Denmark</p> <p>Systematically reviewed articles from databases listed to the right (dates searched not listed)</p> <p>Number of studies not listed</p> <p>Level of evidence: methodological quality not assessed</p> <p>Type of study: No RCTs, all lower-level studies</p> <p>AMSTAR: 2</p>	<p>Objective: Review NBD treated by sacral anterior root stimulation (SARS), sacral nerve stimulation (SNS), peripheral nerve stimulation, magnetic stimulation, and nerve re-routing</p> <p>Method: Systematic literature search of neurogenic bowel disorder in patients with SCI treated by sacral anterior root stimulation (SARS), sacral nerve stimulation (SNS), peripheral nerve stimulation, magnetic stimulation, and nerve rerouting.</p> <p>Databases: PubMed, Embase, Scopus, Cochrane Library</p>	<ol style="list-style-type: none"> 1. SARS improves bowel function in some patients with complete SCI. 2. Nerve re-routing may facilitate defecation through mechanical stimulation of dermatomes in patients with complete or incomplete SCI or myelomeningocele. 3. SNS can reduce NBD in selected patients with a variety of incomplete neurologic lesions. 4. Peripheral stimulation using electrical stimulation or magnetic stimulation may present non-invasive alternatives.