Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
Bourbeau et al. 2020 Cross-sectional Level 5 N=370	Objective: To investigate the needs and priorities of people with SCI for managing neurogenic bladder and bowel function and to determine their willingness to adopt neuromodulation interventions for these functions Population: Female: 27% Age: 50 (22) years Age at injury: 29 (24) years Time since injury: 12(22) years Outcome Measures: Voice of Customer survey tool by Survey Monkey to explore perspectives of individuals living with SCI, specifically regarding demographics, bladder function, bowel function and attitudes towards nerve stimulation.	 Maintaining fecal continence, gaining more predictability in bowel routine, and reducing time needed for bowel management were the top priorities reported for restoring bowel function. Wearing a device with wires connecting to electrodes on skin and having to don and doff the system daily as needed was the biggest concern regarding external stimulation systems. Experiencing problems with the implant that required a revision surgery or surgical removal of whole system was the biggest concern for implanted systems. 61% of participants were willing to accept an external device and 41% for implanted device to achieve improved bladder or bowel function.
Rasmussen et al. 2015 Germany Cross-sectional Level 5 N=277	Objective: To evaluate the long-term effect of the sacral anterior root stimulator (SARS) on neurogenic bowel dysfunction in a large, well defined spinal cord injury (SCI) cohort. Population: N=277 (145M, 132F) Median (range) age 49 (19-80)	 Median (range) overall satisfaction with SARS 10 (0-10) Significant changes before and after SARS in median (range) of: Overall severity of bowel symptoms:

Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
	Median (range) time from SCI to SARS surgery 10 (0-49) years Median (range) time from SARS surgery to follow-up 13 (1-25) years AIS-A/B/C: 234/38/5 131 cervical, 143 thoracic, 3 lumbar Treatment: SARS implantation Outcome Measures: 1-10 visual analog scale (VAS) questionnaire on SARS satisfaction and bowel dysfunction, NBD score, St. Marks fecal incontinence score, Cleveland constipation score	iv) Cleveland score: (6-10) to 6 (4-8) 3. Lower total dependence on assistance, use of suppositories, digital evacuation, and mini enemas after SARS