

Author Year; Country Score Research Design Total Sample Size	Methods	Outcomes
<p>Christensen & Krogh, 2010 Denmark</p> <p>Systematically reviewed articles up until August 2009</p> <p>N=27 studies (4 studies with SCI patients)</p> <p>Level of evidence: Methodological quality not assessed</p> <p>Type of study: 1 multi-centre, RCT (SCI) all others had no control</p> <p>AMSTAR: 3</p>	<p>Objective: Represent the continuum of increasing evidence and knowledge of transanal irrigation for disordered defecation: from proof in principle through better knowledge of the physiology, towards establishing the indications and ensuring the safety of the treatment.</p> <p>Method: Systematic literature search for published reports on transanal irrigation was conducted. Participants of interest were self-administered transanal irrigation, indications, techniques, outcomes, modes of action, complications, quality of life and quality of methods used.</p> <p>Databases: Medline, Embase, CINAHL, Cochrane Library, completed studies from the internet-based trial register (www.clinicaltrials.gov)</p>	<ol style="list-style-type: none"> 1. 17 studies evaluated transanal irrigation in adults; of these, 4 were studies with SCI patients. Treatment was regarded as successful in 53% of all cases; categorized by predominant symptom, success was achieved in constipation (45%), fecal incontinence (47%) and in the mixed symptom group (59%). 2. In a multi-centre RCT with SCI patients, patients treated with transanal irrigation had fewer complaints of constipation, less fecal incontinence, improved symptom-related QoL and reduced time consumption on bowel management than patients using best supportive bowel care without irrigation. Also, symptoms of AD were lower in this study, suggesting transanal irrigation may have a protective effect against AD. 3. A significantly better symptom-related QoL was found in the irrigation group compared with patients treated with a conservative bowel regime w/o irrigation for the domains 'coping/behavior' and 'embarrassment'. 4. A cost-effectiveness analysis with an SCI population indicates that transanal irrigation is cheaper and more effective than conservative bowel management, when taking into account aggregate costs of

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		carer help, treatment of UTIs and associated loss of production productivity.
<p data-bbox="212 680 451 747"> Emmanuel 2010 UK </p> <p data-bbox="207 789 456 926"> Systematically reviewed articles (no dates specified) </p> <p data-bbox="220 968 443 1035"> N=23 studies (6 SCI) </p> <p data-bbox="201 1077 462 1283"> Level of evidence: Strengths and limitations were assessed for each study </p> <p data-bbox="215 1325 448 1497"> Type of study: 1 RCT, the rest were retrospective or observational </p> <p data-bbox="250 1539 414 1566"> AMSTAR: 2 </p>	<p data-bbox="483 611 943 783"> Objective: Emmanuel A. Review of the efficacy and safety of transanal irrigation for neurogenic bowel dysfunction. Spinal Cord. 2010;48:664-73 </p> <p data-bbox="483 789 951 961"> Method: Systematic literature search for published reports on TAI in NBD participants. No restrictions on articles by size or design. </p> <p data-bbox="483 968 789 995"> Databases: Pubmed </p>	<ol data-bbox="980 611 1490 1640" style="list-style-type: none"> 1. In a RCT of TAI with Peristeen compared with conservative bowel management, significant results in favor of TAI were found for all outcome measures (both symptom burden and QoL). 2. At the end of the RCT, 20/45 patients originally randomized to conservative management switched to TAI; at 10-week follow-up, the outcomes of the initial report were confirmed. 3. Another study reported 68% success for fecal incontinence and 63% for constipation with Peristeen and tap water. 4. 2 studies each with follow-up of nearly 10 years have described the successful long-term use of TAI in the SCI population. For patients with traumatic SCI, the success rates were 50% for complete injuries, 58% for high incomplete injuries and 53% for low incomplete injuries. The second long-term follow-up reported success for 62% of patients with SCI.