Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
Barak et al. 2019 Hungary RCT Level 1 (PEDro=6) N=19	**Objective:** to investigate the effect of the e α-agonist oxymetazoline 1.0% on fecal incontinence in patients with spinal cord injury versus a placebo gel. **Population**: N=19 Female: 15.8% Age: 42.6 (±9) years (range 23.7–57.2 years) Level and Severity: 2 cervical 11 thoracic 6 lumbar 9 complete 8 incomplete 2 unknown **Treatment:** Group 1 received topical treatment with oxymetazoline for 4 weeks followed by 2 weeks of washout period and then 4 weeks of topical treatment with placebo gel. Group 2 received topical treatment with placebo for 4 weeks followed by 2 weeks of washout period and then 4 weeks of topical treatment with oxymetazoline gel. **Outcome Measures:** number of fecal incontinence episodes in the 8 and 12 hours after drug administration using Fecal Incontinence Severity Index (FISI). Throughout the 10 weeks of the study, patients filled out a daily diary in which they	1. Change in mean fecal incontinence episodes per month (12 hours post drug application) favoured oxymetazoline over placebo: 26.3 (SD ±28.4) versus 36 (SD ±39.8) (p=0.021). 2. When only non-gas episodes were included, the mean number of episodes decreased from 10.1 (+4.3) to 6.3 (±2.1) fecal incontinence episodes per month (p=0.022).

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	recorded incontinence episodes and daily bowel practice.	
Lucci et al. 2020 Canada Prospective controlled trial Level 2 N=13	**Objective**: The objective of this study was to assess whether lidocaine lubricant (Xylocaine 2%) ameliorates AD during at-home bowel care compared with standard lubricant (placebo). **Population**: N=13 Age: 44.0 ± 3.3 years Time since injury: 13.9 ± 2.4 years Level: C3-T4 Severity: AIS A-C **Treatment:** 2% lidocaine topical anesthetic lubricant **Outcome Measures:** Difference in systolic arterial pressure between. Placebo and lidocaine conditions	1. Participants displayed reduced autonomic function (LF SAP 3.02 ± 0.84 mmHg2), suggesting impaired autonomic control. 2. Bowel care duration was increased with lidocaine (79.1 ± 10.0 min) compared to placebo (57.7 ± 6.3 min; p=0.018). 3. All participants experienced AD on both days, but maximum SAP was higher with lidocaine (214.3 ± 10.5 mmHg) than placebo (196.7 ± 10.0 mmHg; p=0.046). 4. Overall, SAP was higher for longer with lidocaine (6.5 × 105 ± 0.9 × 105 mmHg · beat) than placebo (4.4 × 105 ± 0.6 × 105 mmHg · beat; p=0.018) indicating a higher burden of AD.