Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
Korsten et al. 2015 USA RCT Level 1 (PEDro = 8) N=55	**Objective:** To determine whether the addition of neostigmine to MoviPrep before elective colonoscopy produced a higher percentage of acceptable bowel preparations in patients with SCI. **Population:** 27 people with SCI matched 28 people without SCI, all undergoing elective colonoscopy SCI mean (SD) age 61.9 (7.6) Mean (SD) time since SCI 24.3 (14.1) years Non-SCI mean (SD) age 58 (10) 9 paraplegia, 18 tetraplegia (11 tetraplegia in MoviPrep group) AIS-A to AIS-D **Treatment:** Bowel preparation using MoviPrep (N=14 SCI & N=28 Non-SCI) or MoviPrep + neostigmine (NG) (N=13) prior to colonoscopy. MoviPrep administered in 2x 1L doses, on the day before and of colonoscopy. NG (20mg) administered with glycopyrrolate (0.4mg) 2-3h before second dose of MoviPrep **Outcome Measures:** Ottawa Score for Bowel Evacuation (OS), complications, adenoma detection rate	1. Significantly lower percentage of individuals with acceptable OS (≤ 3) and mean±SD OS in SCI (7/14 and 3.4±1.6) vs. Non-SCI (25/28 and 1.8±1.9) in MoviPrep alone group 2. Significantly higher percentage of individuals with acceptable OS in SCI MoviPrep + NG group (11/13) vs. SCI MoviPrep alone group (7/14) 3. Significantly higher percentage reporting bloating/distension before evacuation in SCI MoviPrep + NG group) compared to other groups. 4. All individuals receiving NG reported dry mouth or eye/mouth twitching for 1h after administration, but no serious adverse effects as a result of the study. 5. No significant changes in renal function before or after treatment
Ancha et al. 2009 USA RCT	**Objective:** To assess the safety and efficacy of bowel cleansing regimens in people with SCI	1. Majority of people had unacceptable bowel

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Level 1 (PEDro= 8) N=36	**Population** N=12 in the polyethylene glycol (PEG) group, N=11 in the oral sodium phosphosoda (OSPS) group, N=13 in the PEG+OSPS group. All participants were male. The mean time since injury was 20±15 years. N=21 had paraplegia (injury at or below thoracic level) and N=15 had tetraplegia (injury at cervical level) **Treatment:** PEG vs. OSPS vs. PEG+OSPS **Outcome Measures:** Phlebotomy was performed to assess renal function, the quality of the bowel preparing during colonoscopy was determined using the Ottawa scale	preparations with Ottawa score > 3. Ottawa score did not significantly differ among the bowel preparations PEG, OSPS, or PEG+OSPS (4.8±2.6 (1-9), 6.3±4.3 (0-13), 6.8±2.5 (3-10 respectively) 2. Between the three groups, the time to reach the caecum (if it could be intubated) (PEG 28 ± 19, OSPS 21 ± 7 and PEG+OSPS 27 ± 8 min) and the total time to complete the procedure were not significantly different. 3. Number of polyps detected did not significantly differ between the groups 4. Phlebotomy measures showed limited effects on renal function: - No difference between bowel preparation groups in mean glomerular filtration rate (eGFR) post-preparation (PEG 132 ± 9, OSPS 158 ±21, PEG+OSPS 170 ± 16 mL/min) - No differences in serum creatine concentration or serum sodium between groups - The OSPS group had significantly decreased serum potassium concentration (4.3± 0.17 vs. 3.8 ± 0.15 mEq/L, P < 0.005), and serum calcium (9.2 ±0.13 vs 8.4 ± 0.13 mg/dL; p=0.001), and a significant increase in serum phosphate ((OSPS:

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		3.8 ±0.5 vs. 5.8 ± 0.4 mg/dL; p<0.005) - The PEG+OSPS combination group had a significant decrease in serum potassium (4.3 ± 0.17 vs. 3.7 ± 0.16 mEq/L, P < 0.0005) and serum calcium (PEG + OSPS : 8.9±0.15 vs 8.3 ±0.13 mg/dL; p<0.005), and a significant increase in serum phosphate (PEG+OSPS: 3.2 ±0.3 vs 4.8 ±0.3 mg/dL; p<0.0005).
Lyons et al 2015 USA Prospective controlled trial Level 2 N=24	**Objective:** To determine the most effective preparation for elective colonoscopy applying a novel and traditional approach to bowel cleansing. **Population:** N=24 veterans with SCI undergoing elective colonoscopy Mean (SD) age 25 (14) Mean (SD) time since SCI 25.5 (14.0) years 13 paraplegia, 11 tetraplegia Cervical to lumbar SCI AIS-A to AIS-D **Treatment:** N=12 Pulsed Irrigation Enhanced Evacuation (PIEE): standard split-dose magnesium citrate for 2 days prior to colonoscopy & PIEE on the day of colonoscopy N=12 Polyethylene glycol-electrolyte lavage solution (PEG): split-dose over 2 days	1. No difference between percentage of individuals with acceptable OS in either group. 2. No serious adverse effects as a result of the study. 3. No changes in renal function before or after treatment. 4. Significant but not clinically relevant increase in serum magnesium in PIEE group

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	Outcome Measures: Ottawa Score for Bowel Evacuation (OS), complications, polyp detection rate	