| Author Year; Country Score Research Design Total Sample Size | Methods | Outcome |
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| Waddell et al. 2020 Systematic Review N=15 studies | Objective: To determine whether colostomy formation improves QoL in patients with SCI. Methods: Literature search was conducted on March 23 and 30, 2019, and again on January 31, 2020, for clinical trials that included SCI and QOL, time spent on bowel care, or patient satisfaction with stoma. Databases: The Cochrane register, Medline, Embase and CINAHL | Nine out of 11 studies reported that people's QOL was improved by the stoma Two out of 11 studies found no difference Thirteen studies found that time spent on bowel care was reduced for individuals with a stoma. The average time was reduced from 1 hour to less than 15 minutes a day All studies that assessed individual satisfaction with stoma reported higher satisfaction. |
| Hocevar and Gray 2008 USA Reviewed published articles from January 1960 to November 2007 N=6 studies n=203 SCI Types of Articles: 2 case-control 3 interviews | Objective: 1. To compare clinical, functional, or quality of life outcomes in spinal cord injured patients with gastrointestinal symptoms managed by conservative measures versus intestinal diversion (colostomy or ileostomy). 2. To identify complications associated with ostomy surgery in patients with bowel dysfunction and SCI. Methods: literature search for prospective and retrospective studies that directly compared clinical, functional, quality of | Creation of an ostomy in selected patients provides equivocal or superior quality of life outcomes when compared to conservative bowel management. Both colostomy and ileostomy surgery significantly reduces the amount of time required for bowel management (Level of Evidence: 3). Patients who undergo ostomy surgery tend to be satisfied with their surgery, and a significant portion report a desire to be counselled about this option earlier. |
| 1 cross-sectional survey AMSTAR: 3 | life outcomes or satisfaction among patients with intestinal diversions to patients | 4. There are no clear advantages when functional, clinical, or quality of life outcomes associated with colostomy are |

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| | managed by conservative means. Databases: MEDLINE, CINAHL, Cochrane Database for Systematic Reviews, Google Scholar | compared to those seen in SCI patients undergoing ileostomy (Level of evidence: 4). |