

Author Year; Country Score Research Design Sample Size	Methods	Outcome
<p>Eltorai et al. 1997 USA Observational Level 5 N=591</p>	<p>Population: Level of injury: C1-T10, mean length of injury: 22.3 yrs. Treatment: retrospective review of anesthetic methods during surgery. Outcome Measures: blood pressure.</p>	<ol style="list-style-type: none"> 1. AD occurred most commonly during the start of anesthesia (induction) with the greatest frequency when no anesthesia was provided. 2. During induction, systolic blood pressure increased in 68.7% of procedures during combined local anesthesia and intravenous (IV) sedation, in 65.4% of IV sedation alone, in 62.1% of local anesthesia alone, in 51.5% of spinal or epidural anesthesia, in 51.5% of general anesthesia, and in 88.8% of no anesthesia.
<p>Lambert et al. 1982 USA Observational Level 5 N=50</p>	<p>Population: Participants had injuries that were above T6, and complete; mean of 6.5 years post-injury. Treatment: Retrospective review of 78 procedures. Three groups: 1) topical or no anesthesia sedation (n=19), 2) general anesthesia (n=13), and; 3) spinal anesthesia (n=46). Outcome Measures: blood pressure.</p>	<ol style="list-style-type: none"> 1. Intraoperative hypertension occurred more significantly with topical or no anesthesia (15/19) compared to general anesthesia (3/13) or spinal anesthesia (3/46). 2. Intraoperatively systolic BP increased significantly by 37 mmHg in patients receiving topical or no anesthesia. No significant difference in BP changes between general and spinal anesthesia groups.