Author Year; Country Score Research Design Sample Size	Methods	Outcome
Furusawa et al. 2011 Japan Case control Level 3 Level N=571	Population: N=571, 466M, 105F, mean age at discharge: 52.3 years AIS A: 168 AIS B: 35 AIS C: 127 AIS D: 241 Treatment: Bladder management methods were divided into six categories (continent spontaneous voiding, IC, indwelling suprapubic catheterization, indwelling urethral catheterization, reflex voiding and others), and the incidence of AD while using each one was investigated. Outcome measures: Incidence of AD	 Of the 196 patients who used continent spontaneous voiding as a bladder management method, 14 experienced AD. 122 patients used intermittent catheterization (IC) and 32 experienced AD. 110 patients used indwelling supra-pubic catheterization and 44 experienced AD. 79 used indwelling urethral catheterisation and 28 experienced AD. 30 used reflex voiding and 13 experienced AD. 34 used another method of bladder management and 10 experienced AD. The highest frequency of symptomatic AD was in reflex voiding. The lowest incidence of symptomatic AD was in patients who used continent spontaneous voiding followed by IC.
Xiong et al. 2015 China Case Series Level 4 N=89	Population: 89 SCI cases with bladder stones undergoing cystolitholapaxy 64 males, 25 females Mean (SD) age in years = 35.98 (8.17) Injury level: 57 participants above T6 Treatment: 48 with with spinal anesthesia, 26 with	 Of 89 patients, 31 (34.83%) developed AD during the operation. Patients with AD had larger (4.58+/-1.26 cm vs. 3.75+/-1.15cm) and more stones (2.29+/-0.86 vs. 1.74+/-0.81). 83.87% of patients with AD had lesion level at or above T6 vs. 41.38% in non-AD group.

Author Year; Country Score Research Design Sample Size	Methods	Outcome
	general anesthesia, 15 with local anesthesia Outcome measures: Presence of AD, stone size and number, length of surgery	 4. Operation time was longer in AD group vs. non-AD group (60.65+/-17.78 min vs. 49.31+/-14.31 min). 5. Incidence rate of AD was highest in patients with local anesthesia (18/20, 90%), followed by general anesthesia (12/27, 44.44%) and spinal anesthesia (1/40, 2.5%).