



Assessment and management of low anterior resection syndrome after sphincter preserving surgery for rectal cancer

Ahmad Sakr^{1,2}, Fozan Sauri¹, Mohammed Alessa^{1,3}, Eman Zakarnah¹, Homoud Alawfi¹, Radwan Torky^{1,4}, Ho Seung Kim¹, Seung Yoon Yang¹, Nam Kyu Kim¹

Abstract:

Many patients develop a variety of bowel dysfunction after sphincter preserving surgeries (SPS) for rectal cancer. The bowel dysfunction usually manifests in the form of low anterior resection syndrome (LARS), which has a negative impact on the patients' quality of life. This study reviewed the LARS after SPS, its mechanism, risk factors, diagnosis, prevention, and treatment based on previously published studies. Adequate history taking, physical examination of the patients, using validated questionnaires and other diagnostic tools are important for assessment of LARS severity. Treatment of LARS should be tailored to each patient. Multimodal therapy is usually needed for patients with major LARS with acceptable results. The treatment includes conservative management in the form of medical, pelvic floor rehabilitation and transanal irrigation and invasive procedures including neuromodulation. If this treatment failed, fecal diversion may be needed. In conclusion, Initial meticulous dissection with preservation of nerves and creation of a neorectal reservoir during anastomosis and proper Kegel exercise of the anal sphincter can minimize the occurrence of LARS. Pre-treatment counseling is an essential step for patients who have risk factors for developing LARS.

Keywords:

Bowel dysfunction; Low anterior resection syndrome; Rectal cancer; Sphincter-preserving surgery

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