

Predictive Factors for the Occurrence of Low Anterior Resection Syndrome after Surgical Intervention

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Abstract

Introduction: Surgical procedures for rectal cancer frequently result in intestinal dysfunction, leading to a wide range of digestive symptoms with variable intensity and duration. Thus, patients undergoing low anterior resection with anal sphincter preservation often report fecal incontinence, fecal urgency, incomplete or difficult evacuation, and obstruction. All these symptoms are known as low anterior resection syndrome (LARS). This study analyzes the factors leading to the occurrence of LARS in patients who underwent low anterior resection with colorectal anastomosis or ultralow anterior resection with coloanal anastomosis.

Materials and Methods: This study is based on a retrospective analysis of patients with rectal cancer, hospitalized and treated in two surgical centers experienced in colorectal surgery, between January 2018 and December 2023.

Results: Out of a total of 86 patients (55 men, 31 women) with a mean age 64 years, who underwent low anterior resection with colorectal anastomosis or ultralow anterior resection with coloanal anastomosis (immediate or delayed), 40 patients (27 men, 13 women) developed postoperative LARS (mean age 65 years). The most frequent cases of LARS were recorded after ultralow anterior resection with delayed coloanal anastomosis (18/40), followed by low anterior resection (12/40), and ultralow anterior resection with immediate coloanal anastomosis (10/40).

Conclusions: Low anterior resection syndrome is influenced by multiple factors, including the type of surgical intervention, anastomosis technique, tumor distance from the anal verge, and advanced local tumor stages.

Keywords: LARS, low anterior resection, ultralow anterior resection, anastomosis