



Service Priorities and Programmes
Electronic Presentations

Convention ID: 889

Submitting author: Miss Ng Po Ling

Post title: Registered Nurse, Caritas Medical Centre, KWC

A supporting program for anterior resection syndrome (ARS) patients

Ng PL(1), Chong HM(1)

(1)Department of Surgery, Caritas Medical Centre

Keywords:

ARS

pelvic floor exercise

quality of life

Introduction

Colorectal cancer is the second most common cancer in Hong Kong. The age-standardized incidence rates were 45.8 for male and 30.5 for female per 100 000 standard population. Rectal cancer accounts for approximately 38% of colorectal cancers. A sphincter-saving operation (SSO) of low anterior resection with end-to-end anastomosis is used as a modern treatment for rectal cancer but due to the partial or total resection of the rectum in the operation, there will be a loss of or reduced reservoir function of the rectum resulted in a reduction in the maximum tolerated volumes for stool storage and the area for water reabsorption, and finally, complicated with “anterior resection syndrome” (ARS) which affects up to 90% of patients and characterized with fragmentation of stool, frequency of stool, urgency of stool and fecal incontinence. ARS can last for at least six months to years after the operation. 14% of ARS patients suffered from life-long fecal incontinence if no intervention was provided. Moreover, ARS induces negative impact on patient’s physical, emotional and social functions, which affects their activities of daily living and quality of life.

Objectives

(1) To improve the quality of life of ARS patients; (2) To increase their self-care competency.

Methodology

The “pre-operative education” and “post-operative educational reinforcement” were employed. Target group was those patients underwent low anterior resection with end-to-end anastomosis. Outcome measures were categorized as: (1) Ward or clinical follow-up, (2) Quality of life questionnaire, (3) Bowel habit diary, (4) Patient satisfaction questionnaire.

Result

From January 2012 to April 2012, five cases were collected with four males and one female. There were all cases with improvement in the overall quality of life and satisfy with this supporting program, 4 of them with improved bowel habit under their self-care. Conclusion: The supporting program for anterior resection syndrome (ARS) patients is useful in improving quality of life of ARS patients and increasing their

self-care competency.