



**Service Priorities and Programmes**  
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**PATIENT WITH LOW ANTERIOR RESECTION SYNDROME: WHAT CAN WE DO?**

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**Introduction**

Up to 80% of patients with rectal cancer undergo sphincter-preserving surgery. It is widely accepted that up to 90% of such patients will subsequently have a change in bowel habit, ranging from increased bowel frequency to faecal incontinence or evacuatory dysfunction. This disordered bowel function has a substantial negative effect on quality of life.

**Objectives**

This study aimed: (1) to describe how patient with low anterior resection syndrome (LARS) is managed; (2) to evaluate the training outcomes.

**Methodology**

Patients suffered from LARS are referred to colorectal nurse clinic for nursing interventions. Comprehensive nursing assessment and multi-modal approaches were given. Related investigation tests were arranged accordingly. Besides, informative education, dietary advice; psychological support; biofeedback therapy would also be provided.

**Result**

From 2012 to 2015, 31 patients complicated with LARS after rectal cancer surgery were seen in the colorectal nurse clinic. Of the 31 patients, 15 were male and 16 were female with mean age of 62.31 (S.D.9.86; 43-80). The mean score of these patients before training was 34.58 (SD 6.59; 11-41) and the score lowered to 15.86 (SD7.99; 3-29) after completion of training. It was also found to be statistically significant. The mean training session of these patients was 3.71 (S.D.1.95; 1-8) times. All of them have better control of bowel motion and do not require any incontinence products.

Conclusion: Nurse managed clinic was effective to improve patients' bowel problems and enhance their quality of life. Bowel continence nurse specialist played a vital role in managing LARS patients.