

Low Anterior Resection Syndrome

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Changes in bowel habits after surgery for rectal cancer.

What is low anterior resection syndrome?

Low anterior resection syndrome (LARS) is a change in bowel habits that may happen after surgery for rectal cancer. LARS includes a wide range of issues that can have a great impact on people's quality of life.

What causes LARS?

The normal function of the rectum is to store stool until it is time to move your bowels. To treat rectal cancer, part of the rectum is removed and the colon is reconnected to the part of rectum that is still in place. Removing part of the rectum decreases your body's ability to store stool and changes the way that the bowels work. These changes in how your bowel works are called LARS. Most patients who have rectal cancer surgery develop LARS. The changes will be mild for some patients and more severe for others. Talk with your surgeon about what to expect after your surgery.

What are the symptoms of LARS?

Symptoms of LARS may include:

- Frequency or urgency of bowel movements (change in how often you feel you need to empty your bowels, or how strong the feeling is) or clustering of bowel movements (numerous bowel movements over a few hours).
- Incontinence (leakage of stool while passing gas or, rarely, complete loss of bowel control)
- No bowel movement for a day or two or more, and then many bowel movements another day
- More gas
- A hard time emptying bowels

What are your questions? Please ask.

We are here to help you.

Each person is different and may not have every symptom. Symptoms usually start after the ostomy is closed or right after rectal cancer surgery if you were not given a temporary stoma. For most patients, symptoms improve over 1-2 years after surgery. However, even though symptoms do improve, most patients have some LARS symptoms forever.

If you think you may have LARS, talk to your surgeon about how to best manage your symptoms.

How do you treat LARS?

There is no one best way to treat LARS and the right treatment is different for each person. Talk to your surgeon about your symptoms and how they can be managed best.

There are some things that you can do to help with the symptoms and improve your quality of life:

- Muscle strengthening exercises and food changes may help with urgency and incontinence.
- For clustering of bowel movements try:
 - › loperamide (Imodium®) – talk to your surgeon about how you should take this, as its use for LARS
 - › may be different than what is printed on the label.
 - › a probiotic like FloraQ®, Align® or VSL #3®.
 - › psyllium (Metamucil®) – one dose in a glass of water or juice at bedtime.
- Chew foods well.
- Try small, frequent meals (5-6 per day) – skipping meals may worsen watery bowel movements and cause more gas.
- Add new foods one at a time to see what effect it has on your bowels.
- Drink lots of fluids – sip fluids slowly and drink either between meals or at the end of a meal.
- Avoid caffeine and alcohol – both worsen bowel function.
- Eat more foods that are high in soluble fibre like oatmeal, oat bran, barley, white rice, bananas, white bread, applesauce and canned fruit such as peaches and pears.

- Eat less food with insoluble fibre like wheat bran, whole grain breads and cereals, beans, peas, popcorn and raw vegetables.
 - › Take fibre supplements – psyllium based products (like Metamucil® or Prodiem®) improve bowel movements by absorbing water but not reducing the volume. This may help slow and thicken bowel movements.
- Milk and milk products contain lactose and can worsen diarrhea for some people – try lactose free milk or enzyme tablets (like Lactade®) if milk affects you.
- Loperamide (Imodium®) may improve anal sphincter pressure, thicken bowel movements and help with incontinence.
- Protective ointments (like Calmoseptine®, zinc based products or other “diaper-type” barrier ointments) can soothe your skin.
 - › Your surgeon or nurse can help you with your skin care issues.
- Carry a “survival pack” – wet wipes, loperamide (Imodium®), a change of clothing and protective ointments. Plan in advance for travel to suit times that work with your new normal.

Where can I find out more about LARS?

You can find more about LARS on the following website, including helpful hints on coping with symptoms and foods you may want to avoid:

<http://colonrectalsurg.wustl.edu/en/Patient-Care/Low-Anterior-Resection-Syndrome>

*Prepared by: Nova Scotia Health Cancer Care Program
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