CANCER NURSING: SYMPTOM MANAGEMENT

CN53 Rectal cancer survivorship: The struggle of the low anterior resection syndrome (LARS)

E. Papel1, P. Pattyn1, A. van Hecke2, N. Somers3, D. Van De Putte1, W. Ceelen1, E. van Craen4, W. Willeert1, Y. van Nieuwenhove3
1Gastrointestinal Surgery, Ghent University Hospital, Ghent, Belgium, 2University Centre for Nursing and Midwifery, Ghent University, Ghent, Belgium, 3Faculty of Medicine, Ghent University, Ghent, Belgium

Background: Due to better surgical techniques and radiotherapy there is an increase in sphincter saving procedures for rectal cancer. The benefit of this approach is the lack of a permanent stoma but it conducts a big change in the bowel habits namely LARS. When a permanent stoma could be avoided these patients are prepared to make extensive adjustments in order to accept the new lifestyle without a stoma. Patients experience a number of functional, psychological and social problems. These symptoms worsen immediately after the surgery and improve in the following months. However some patients experience permanent difficulties. Literature identifies that 60 to 90% of all patients suffer from LARS with a negative impact on the quality of life (QOL).

Methods: A cohort of surviving patients, who underwent a low anterior resection for rectal cancer, were identified. These patients were treated in the University Hospital in Ghent between January 1, 2006 until September 15, 2016. QOL was assessed using the EORTC QLQ C30 questionnaire and the bowel function using the validated LARS score. The relationship between LARS and QOL and the risk factors for developing LARS were analyzed. Patients with a major LARS score (≥ 30 points) were contacted to explore their management of LARS.

Results: A total of 121 patients were included in this study. 69% of these had major LARS. QOL was closely associated with LARS. Significant differences were found in the global health status, functional (physical, role, cognitive and social) and symptom (fatigue, pain, insomnia and diarrhea) scales. The height of the anastomosis was a risk factor for major LARS. Most patients used dietary regimens, medication and incontinence material in an attempt to manage their LARS.

Conclusions: The removal of a temporary stoma signifies for many patients and their social network the completion of treatment. However, after several years, 69% of these patients are still suffering from bowel difficulties. Patients with major LARS have a significant decreased QOL. For this reason it is imperative that the caregiver is aware of this problem. At this time there is no golden standard for the management of LARS. Patients and their informal caregivers are managing this condition through trial and error.

Legal entity responsible for the study: Gastrointestinal surgery University Hospital Ghent.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.