

Low Anterior Resection Syndrome

Low Anterior Resection Syndrome (LAR syndrome) is a collection symptoms or issues that people may have after surgery to resect or remove part of or the entire rectum. This surgery removes the last 6-8 inches of the large intestine with an anastomosis of the colon low in the rectum. Anastomosis means that the two remaining ends of the large intestine and the rectum were sewn or stapled together.

Every patient is unique. Not all patients experience every symptom. You may notice that your symptoms resolve over time. Other patients who had the same procedure may have different symptoms.

This material has suggestions that may be helpful in coping with these issues/symptoms.

What are the symptoms?

- Frequency or urgency of stools
- Clustering of stools (numerous bowel movements over a few hours)
- Stool (fecal) incontinence
- No stool for a more than a day or two, then numerous bowel movements another day
- Increased gas

What can help to decrease LAR symptoms?

Kegel exercises that help to strengthen the muscles combined with dietary changes may help with urgency and stool incontinence.

To download and print instructions on how to do Kegel exercises:

- Visit: <http://careguides.med.umich.edu/>
- Type **kegel exercises** in the Search box and hit Search or Enter
- Select either the Male or Female version.

Medications you try:

- IMODIUM® A-D. This is an anti-diarrheal medication available Over-the-Counter. It improves fecal incontinence and help thicken stool.
 - Start by taking one 2 mg tablet prior to each meal, increasing to two tablets 4 times a day. You may take up to 16 mg of IMODIUM® A-D daily.
 - Take IMODIUM® A-D **before** loose bowel movements, ideally 30 minutes before meals and at bedtime.
- A probiotic, such as FloraQ®, Align® or VSL #3® (available online), may be helpful.
- Citrucel® or Metamucil®. These fiber-based products improve stool consistency by absorbing water but not reducing the volume. This may help slow and thicken the stool.
 - Take one dose in a glass of water or juice at bedtime.

Other tips and suggestions:

- Chew foods thoroughly.
- Try to eat small, frequent meals (5-6 per day). Skipping meals may worsen watery stools and cause increased gas.
- Add new foods one at a time to determine the effect it has on your bowel movements.

- Drink plenty of fluids. Sip fluids slowly and drink either between meals or at the end of a meal.
 - Avoid caffeine and/or alcohol. This can worsen stool output.
- Eat foods high in soluble fiber like oatmeal, oat bran, barley, white rice, bananas, white bread, applesauce and canned fruit.
- Try lactose free milk (like Lactade®) or enzyme tablets. Milk and milk products contain lactose and can worsen diarrhea for some people.
- Carry a “survival pack” consisting of:
 - wet wipes
 - protective ointments (e.g. Calmoseptine®, zinc based products or other “diaper-type” barrier ointments)
 - IMODIUM® A-D.

Who do I call if I have questions?

- If you have questions or concerns, please call (734) 936-5738.
- If it is after hours, a holiday, or a weekend, you may call the paging operator at (734) 936-6267 and ask for the Colorectal Resident on-call.

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