



POLARIS

Pathway of Low Anterior Resection
Syndrome relief after Surgery

Low Anterior Resection Syndrome (LARS): Information Leaflet



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University Health Board



Canolfan ar gyfer Gwerthuso,
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CEDAR

Centre for Healthcare Evaluation,
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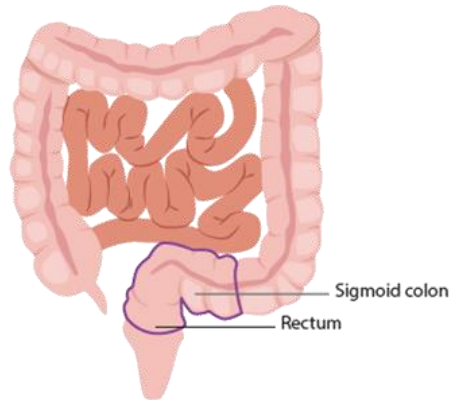


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What is Low Anterior Resection Syndrome?

Low Anterior Resection Syndrome, or LARS, is a condition which can happen after an operation to remove the lowest part of the bowel (rectum) called an Anterior Resection. This is an operation most commonly performed to treat rectal cancer.

People with LARS have problems with their bowels like having to rush to the toilet, having accidents and going for a poo multiple times a day. These bowel problems can make day to day life more difficult.



In some people LARS improves over time, but sometimes different treatments may be needed to help manage the symptoms. The symptoms of LARS include:

- Unpredictable bowel function
- Variable stool consistency – a change in how solid or liquid the stools are
- Going to the toilet to poo multiple times a day
- Painful stools – being in pain when you have the urge to poo, when having a poo or after having a poo
- Difficulty emptying the bowel – a feeling that the bowel hasn't completed emptied after going for a poo or needing to go back to the toilet multiple times in a short period of time
- Having to rush to the toilet with little warning
- Incontinence – leaking a large amount of poo into your underwear or pad
- Soiling – leaking a small amount of poo or finding marks in your underwear

Why do I have LARS?

About 2 out of every 5 people get LARS after their operation for rectal cancer. Some people are more likely than others to get LARS if they had:

- A tumour which was very close to the back passage
- Radiotherapy as part of their treatment
- A temporary stoma (ileostomy or colostomy)
- A leak from the bowel join after surgery

What can I do to try and improve my symptoms?

Everyone with LARS is different, they may have different symptoms or different priorities for their bowel function. There are lots of different treatments and management strategies that can help, often these treatments work best in combination.

The focus of this leaflet is to give advice on things that you can do yourself to see if bowel function can be improved. Strategies include:

- Monitoring and changing your diet
- Learning the best way to empty your bowels
- Improving the strength and coordination of the squeeze muscles around your back passage

Diet & Bowel Diary

After surgery for rectal cancer some people find that foods they previously had no issues eating are now more difficult to digest. It is recommended that you keep a diary of your food intake with your bowel movements. This may help to identify some specific food and/or drink triggers that may be best to avoid. You can keep a diary on paper or on your computer, however there are also mobile applications such as Bowelle or Cara Care which can help you to track your diet and bowel movements.



Cara Care App (Apple & Android)



Bowelle App (Apple only)

Stimulating Foods

Whilst there is a lot of variability in what foods are problematic for people with LARS there are some foods and drinks which are more commonly associated with worsening bowel function. Those foods and drinks include:

- High fat foods
- Spicy foods
- Artificial sweeteners
- Alcohol (especially beers and ciders)
- Lactose and dairy
- Caffeine
- Foods high in **insoluble** fibre

Fibre

There are two types of fibre. Insoluble fibre increases the amount of water in the poo, making bowel transit quicker and the stools looser. Soluble fibre does the opposite. Below is a list of common fibrous foods. The insoluble fibre in fruit and vegetables can be reduced by taking away the skins and seeds.

Soluble Fibre (firmer stool)

Most fruits
Most vegetables
Beans
Oats
Potatoes

Insoluble Fibre (looser stool)

Passion fruit & pineapple
Almond & coconut
Brown rice
Wholemeal flour
Lentils
Mushrooms

Probiotics

Probiotics contain bacteria which are good for gut health and digestion. Some people find that regular probiotics can help to improve bowel function. The following QR code will take you to a website where more information on probiotics can be found.

www.bda.uk.com/resource/probiotics.html



The Association of UK Dietitians

The FODMAP Diet

The FODMAP diet has been beneficial for many people with irritable and sensitive bowels. The diet identifies foods which are high and low in complex sugars. Foods high in complex sugars can be more difficult to digest and cause problems for bowel function.

There are lots of online resources and cookery books for people who wish to trial the FODMAP diet. The QR code below takes you to a website which outlines how to start the FODMAP diet with links to foods and a mobile phone application.











www.monashfodmap.com/ibs-central/i-have-ibs/starting-the-low-fodmap-diet/



FODMAP Diet –
Monash University

MEDICALNEWSTODAY

Low FODMAP Diet

	FOOD	EAT	AVOID
Vegetables		 lettuce, carrot, cucumber & more	 garlic, beans, onion & more
Fruits		 strawberries, pineapple, grapes & more	 blackberries, watermelon, peaches & more
Proteins		 chicken, eggs, tofu & more	 sausages, battered fish, breaded meats & more
Fats		 oils, butter, peanuts & more	 almonds, avocado, pistachios & more
Starches, cereals & grains		 potatoes, tortilla chips, popcorn & more	 beans, gluten-based bread, muffins & more

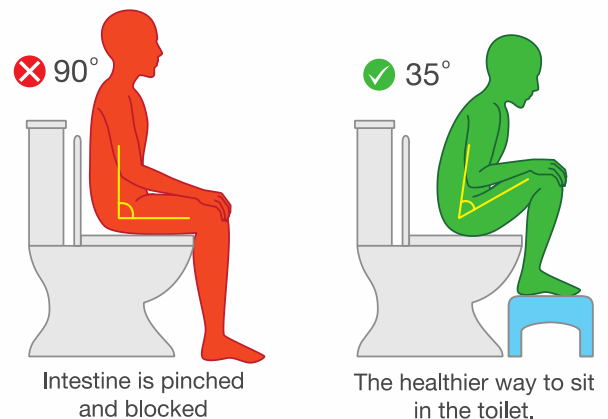
Weight Management

Maintaining a healthy weight is important to all aspects of health. In bowel health, being overweight can increase the pressure inside the tummy which puts strain on the pelvic floor muscles used to help control bowel function. Trying to maintain a healthy weight can be helpful to reduce the strain on the muscles and improve bowel control.

How to do a Poo

The way we try to do a poo in the Western world, sat on a toilet with our feet on the floor can actually make going to the toilet more difficult. There is a muscle sling which wraps around the rectum in everyone, when sitting on the toilet with our feet on the floor this sling pinches and kinks the bowel at an angle so that it is harder for a poo to come out.

Instead we should adopt more of a squatting position, with our feet raised off the floor on a step or stool, and our body leaning forward slightly. This opens up the sling and straightens the bowel so stool can come out more easily.



Bowel Habit Training

A lot of people with LARS may struggle with urgency and having to rush to the toilet. Bowel habit training involves trying to wait a little when you have the urge to go to the toilet. The aim being to increase the time you can wait/hold on each time. It is best to do this in your own home where you are close to the toilet. This should help to improve the signalling between the brain and the bowel and coordinate the squeeze muscles.

Toilet Access Schemes

When leaving the house, you may be concerned about finding a toilet quickly if needed. The following are a list of resources which can help with this.

- RADAR key – provides a ‘master key’ which can be used to access a number of locked public toilets
(<https://shop.disabilityrightsuk.org/products/radar-key>)
- ‘Need a Loo’ – provides a list of public toilets in the UK
(www.loo.org)
- ‘Just Can’t Wait’ card – when shown in shops and restaurants, the staff should help you to find the closest toilet
(<http://www.bbuk.org.uk/just-cant-wait-cards/>)

Pelvic Floor Rehabilitation

The pelvic floor muscles are like a basket of muscles which support the rectum and bladder (and also the uterus in women). These muscles can be weakened with age, child birth and surgery. In surgery for rectal cancer the muscles could become damaged and if a stoma is made they become weaker whilst not passing stools through the back passage. Like any muscles, they need exercising to ensure they work as well as they can. **These exercises are useful for men and women after pelvic surgery.**

Exercising the pelvic floor muscles involves squeezing and relaxing the muscles around the back passage. Imagine you are trying to hold onto a poo, or passing gas, that squeeze and uplift of the back passage is the pelvic floor. If you feel you are squeezing your buttocks you aren’t quite exercising the right muscles.

We advise performing two types of squeezes, a short squeeze and a longer squeeze, these should be performed 3 times a day. It may be difficult to hold the long squeezes at first but keep going and you will get there.

QUICK – perform 10 quick squeezes with a short relaxation between each one

SLOW – squeeze for 10 seconds then relax for 10 seconds, repeat these 10 times.

Resources

The 'Squeezy App' is a mobile phone application which will take you through how to do the exercises and send you reminders throughout the day. The mobile app costs £2.99 to download. The following QR code will take you to the webpage. (<https://squeezyapp.com>)



Squeezy App

The POGP (Pelvic Obstetric & Gynaecological Physiotherapy) website gives further instruction on pelvic floor exercises for men and women. (<https://thepogp.co.uk>).



POGP Website

Additional Support

Living with Low Anterior Resection Syndrome can be very isolating; it isn't something that many people will want to talk about. If you use social media like Facebook you may be able to join an online support group of people who also have LARS.



Facebook – Living with Low Anterior Resection Syndrome

There are also a number of online resources which you may find useful:

<https://livingwithlars.com>

<https://loveyourbuns.org>

Beyond Self-Management

Whilst the management strategies in this leaflet may be useful for some, we recognise that some people may need additional support to get their bowels working better. There are lots of additional treatments which can be used to help manage LARS, and it is likely that more than one treatment is needed. Don't suffer in silence, seek support from your medical team as further help is available.

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