Anterior Resection Syndrome (ARS)
- Lisa Wilson: Colorectal Liaison Nurse

Incidence of Colorectal Cancers- Australia
- 17,000 cases in 2018
- 12.3% of all new cancers
- Chances of surviving for 5 years is 69%
- People living with CR cancer at the end of 2012: 52,630
- 20% of Colorectal cancers are in the Rectum

What spurs us to investigate?
- 2013 – A patient’s distressed daughter initiated my interest in this rarely discussed or investigated set of symptoms.
- Alarm bells were ringing as she described a mother who may have been suicidal and a family in crisis.

Anterior Resection
- An anterior resection is a surgical procedure for cancer of the rectum or sigmoid colon.
- Rectal cancer patients may have neoadjuvant chemo/radiotherapy. (Not for cancers above rectum)
- Radiotherapy has an effect on continence, particularly short course

Rectal Anatomy
- High Anterior Resection
- Low Anterior Resection
- Ultralow Anterior Resection
- Abdominoperineal Resection

15 cm
Definition - Anterior Resection Syndrome (ARS)

- There are a vast number of symptoms that involve disordered bowel function that impact on Quality Of Life (QOL).
- ‘daily episodes of incontinence, obstructed defaecation and constipation’.
- It covers several bowel symptoms, including frequency, urgency, incontinence and fragmentation of stool...

Both groups can overlap

Contributors to poor function - Surgical

- Distance to anal verge - lower anastomosis, poorer function
- Anastomotic ischaemia
- Short length of descending colon
- Anastomotic leak. Life threatening – emergency stoma formation
- Anal sphincter damage caused by transanal staple gun
- Stricture
- Neoadjuvant chemo/radiotherapy, especially short course radiotherapy

Cont.........

- Capacity of coloanal neorectum (100ml). Well below average rectal capacity
- Compliance of neorectum
- Sphincter toxicity before and after surgery
- Damage to internal sphincter. Largely responsible for a closed anus. Result – passive incontinence, unconscious leaking
- External sphincter – Faecal urgency, conscious awareness of leakage beyond voluntary control
- Age and co-morbidities

Evacuatory Disorder

- Disorder of defaecation process
- Infrequent bowel motions
- Incomplete bowel emptying
- Excessive straining, resulting in descending perineum syndrome with a weakened pelvic floor and pelvic floor dyssynergy

Physiology of defaecation
Patient’s History
- Athena had an Ultra low Anterior resection (ULAR) and loop ileostomy in April 2009 for T3 N0 M0 Adenocarcinoma.
- Neoadjuvant chemoradiotherapy
- Stoma reversed, 8 months later, Dec. 2009
- Relevant History - Diabetes, COPD, obese, extreme anxiety and depression

Care Pathway
- From a close Greek family, 63 yr old living with her husband
- Under the care of a psychiatrist for long standing anxiety and depression
- Initial surgery was uncomplicated. Managed stoma adequately but it was the cause of great distress
- From the time of stoma formation she was discussing closure

Reviews
- Psychiatrist’s notes “the stoma is absolutely disgusting and I can’t bear to look at it”
- Surgical review “Athena is showing signs of Anterior Resection Syndrome. Using multiple laxatives, enemas.”
- Reviews-------------extensive
- Patients issues were never escalated. Seen as difficult and highly anxious

Sometimes the youngest members of the team are expected to recognise the most complex set of issues!

The medical model often concentrates on recurrence.

Damage to pelvic nerves and neuromuscular continuity within the rectal wall, appear to cause evacuatory dysfunction.
Symptoms in her case

- Laxative abuse
- Evacuatory dysfunction, perceived to be constipation so she would take laxatives to evacuate the bowel
- Unable to leave the house due to unpredictability of bowel movements
- Would not go to her daughter’s place
- Effectively a “a prisoner in her home”
- Life was miserable for her and her family

Research

- Sphincter-preserving surgery will cause a change in bowel habit in up to 90% of patients.
- More commonly incontinence
- Inability to distinguish between flatus and faeces
- Incomplete evacuation
- Lack of confidence and reluctance to socialise or return to work
- In most instances resolves within 6 months to a ‘new normal’.1,2

Athena’s Symptoms

- Appointment with Consultant Surgeon
- Under pressure from me a trial of biofeedback commenced
- Frank and open dialogue about the options to improve quality of life but she wanted her stoma back…
- Complications were discussed
- Stomal Therapy Nurse – stomal issues, hemias, appliance management and that reversal was not possible at a later date.

Result

- Failed to attend continence/biofeedback clinic appointments
- Attended all surgical appointments
- The loop ileostomy was reformed in March 2014
- At follow up appointment - happiest I’d seen her for some time and so was her daughter
- A stoma is not necessarily her preferred outcome but her quality of life has improved.

Anterior Resection Syndrome

- Will be experienced by many patients and a ‘new normal’ will be achieved
- Very few cases will require such dramatic treatment, however, being alert is important
- Referral, referral……………. 

Range of Treatments

- Preoperative counselling to ensure understanding
- Education - diet, medication, practical strategies such as use of pads, plugs, creams
- Discussion re explosive diarrhoea
- Time
- Longer term options - Biofeedback, rectal irrigation and neuromodulation with sacral nerve stimulation.
- More Research……………
Discussion

- When should patients be referred to continence clinic’s?
- 4 years is too long!
- A validated screening tool to ensure timely referral
- Survivorship care plans could provide a template for patients, health professionals in the acute sector and community

We need to work together on this!
Thank you.

References