

Function problems after rectal cancer surgery

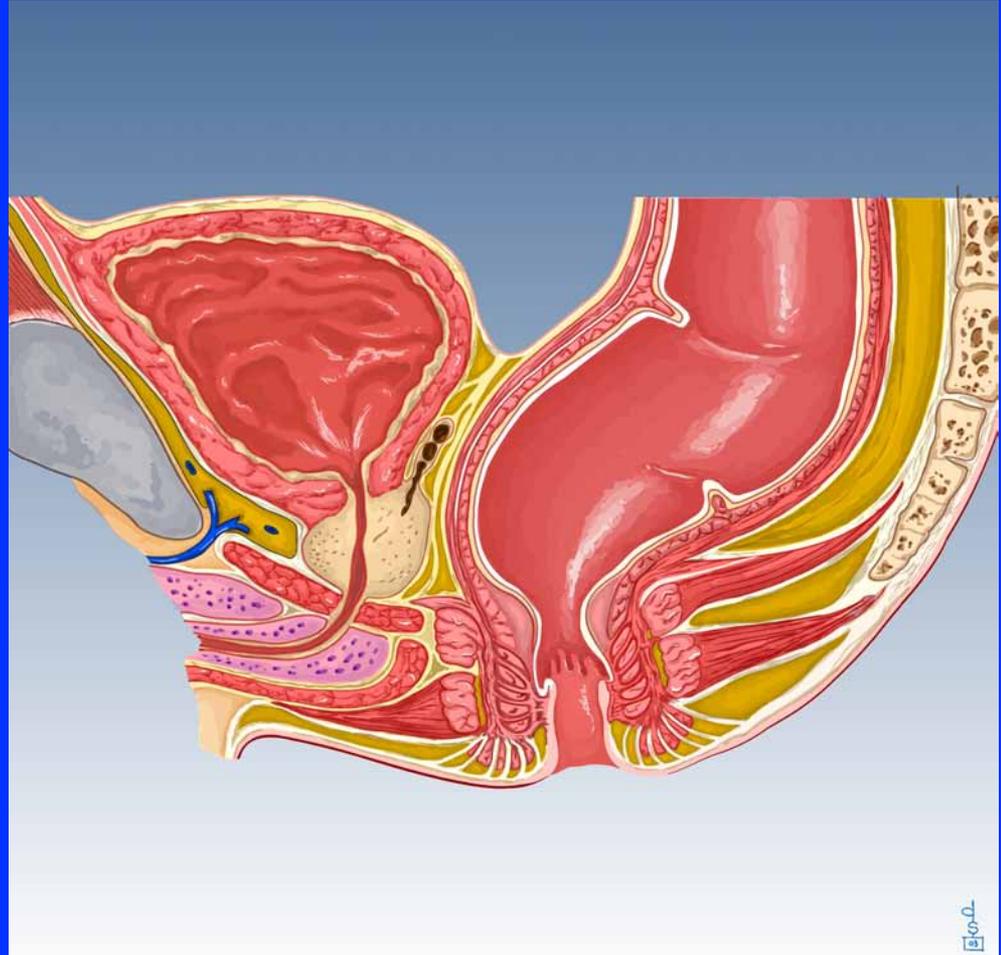
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Low Anterior Resection Syndrome

- Loss of rectal reservoir
- Injury to pelvic autonomic nerves



Questions

- What percentage of rectal cancer patients have fecal incontinence after preop radiation and low anterior resection?
- *What percentage of rectal cancer patients expect to have worsened anorectal function after treatments?*
- What percentage of rectal cancer patients remember any discussion of anorectal function disturbances from preop consultation and consenting?

Rectal Functionality – After radiation

- After pelvic radiation at 1 yr (eg. GU cancer)
 - #BM' s/day: 2
 - Urgency: 50%
 - Clustering: 40%
 - Fecal incontinence: 20%

Rectal Functionality – After TME

- After rectal cancer surgery at 1 yr (no rad)
 - #BM' s/day: 3-4
 - Urgency: 90%
 - Clustering: 84%
 - Fecal incontinence: 46%

Effect of TME ± Radiation SPH 1999-2004

Fecal incontinence scores

∴	NO RAD	RAD, 25GY
	N = 10	N = 24
No. Daily BMs	2-3	3-4
Gas	70%	83%
Mucus	20%	46%
Liquid Stool	30%	50%
Solid Stool	30%	42%

Rectal Functionality – After Rad + TME

- After rad + rectal cancer surgery at 5 yr
 - #BM' s/day: 3-4
 - Fecal incontinence: 62%
 - 14% severe

Rectal Functionality – After Rad + TME + ISR / coloanal

- #BM' s/day: 2-3
- After rad + rectal cancer surgery at 5 yr
 - Fecal incontinence: 59%
 - 24% severe
- *No patient requested colostomy*

Urinary Functionality

- Urinary incontinence after rectal cancer surgery at 5 yr
 - No radiation: 39%
 - Radiation: 39%

Sexual Functionality

- Sexual activity decreased after rectal cancer surgery:
 - Preop male and female: 80%
 - Postop male: 50%
 - Postop female: 32%
- Postop sexual problems
 - Male: libido 47%, impotence 32%, orgasm 41%
 - Female: libido 41%, lubrication 56%, orgasm 35%

Functionality – Summary

- After radiation and LAR
 - 39% urinary incontinence
 - 40% sexual dysfunction
 - *60% fecal incontinence*

Patient Expectations on Function

	Worse	Same or Better
Bowel	36%	64%
Bladder	12%	88%
Sexual	18%	82%

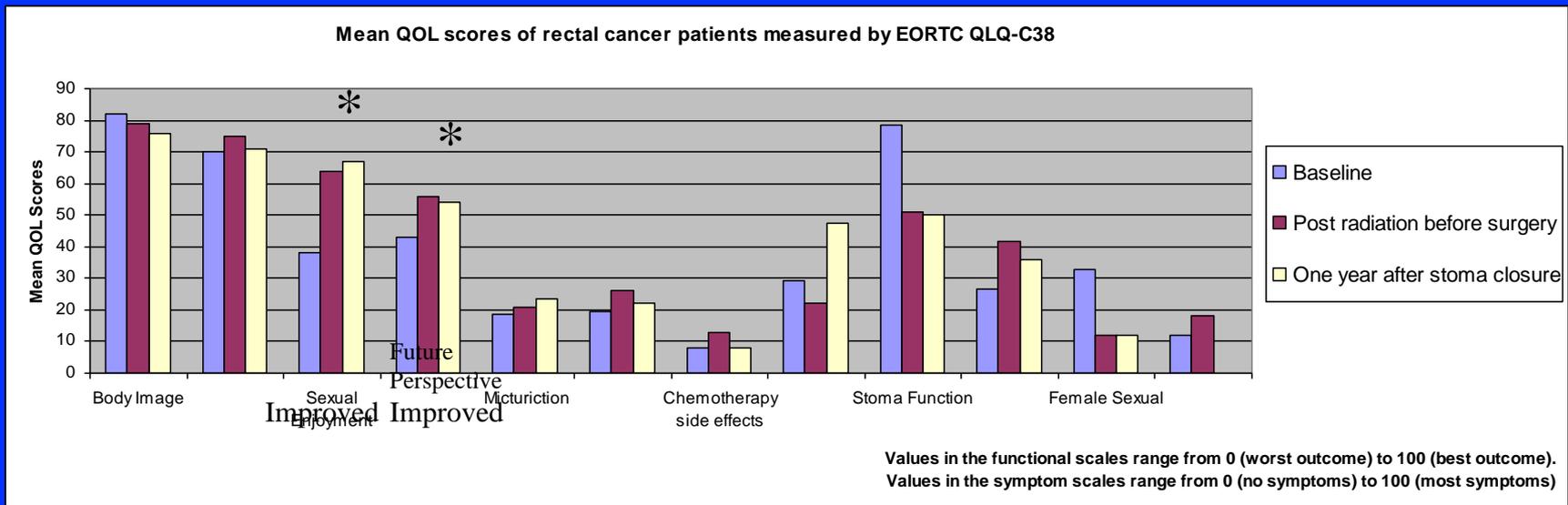
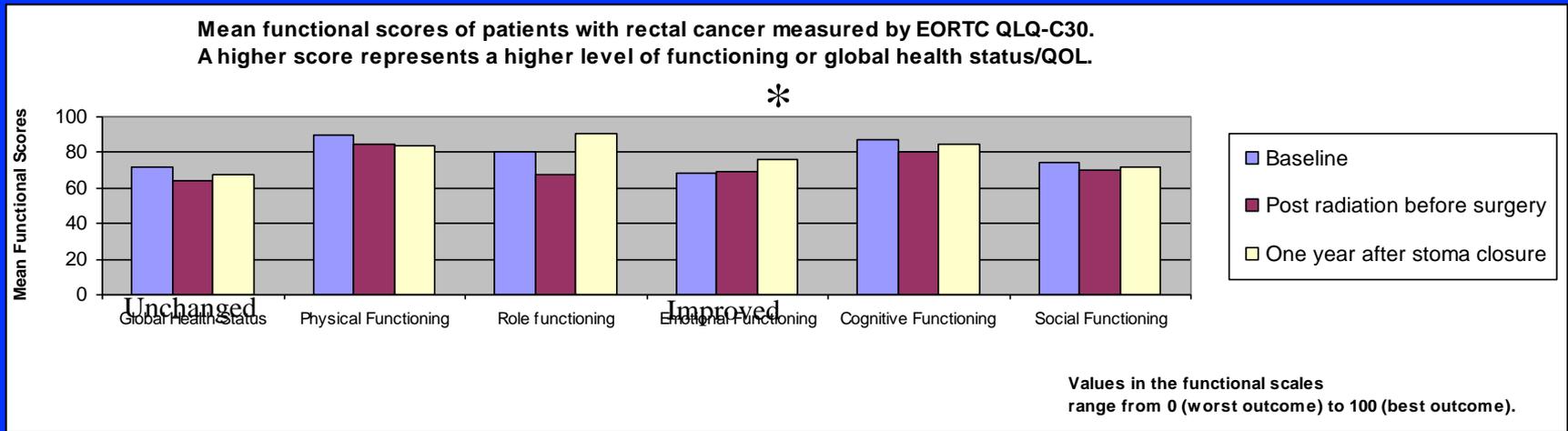
Patient satisfaction

- After TME at 5 yrs
 - LAR satisfaction:
 - Non-radiated: 60%
 - Radiated: 50%
 - Stoma satisfaction: 75%

Patient satisfaction higher for stoma than LAR

- Is poor satisfaction with LAR bowel function due to incontinence and decreased quality of life?
- *Is poor satisfaction with bowel function after LAR due to insufficient preop counseling?*

SPH rectal cancer treatments QOL at 1 year:



Curative Rectal Cancer Treatments

- Global quality of life unchanged
- Emotional functioning and future perspective improved at 1 year

Myth of informed consent in rectal cancer surgery: What do patients retain?

- 30 patients, 2009-2010
- 47% did not recall preop discussion of risks to bowel function
- 57% did not recall preop discussion of risks to urinary function
- 47% did not recall preop discussion of risks to sexual function

Patient expectations of post-treatment bowel function, 65% same or improved:

- *UNREALISTIC !*
- Need to improve patient satisfaction after radiation + LAR
- *Better patient counseling and education required*

Questions

- What percentage of rectal cancer patients have fecal incontinence after preop radiation and low anterior resection? *60%*
- What percentage of rectal cancer patients expect to have worsened anorectal function after treatments? *35%*
- What percentage of rectal cancer patients remember any discussion of anorectal function disturbances from preop consultation and consenting? *50%*

Functionality – Take home

- After radiation and LAR
 - 60% fecal incontinence
- Patients have overly optimistic expectations of post-treatment function
- *Improved patient education required*

