

Living with LARS

Tool Kit

Low anterior resection syndrome (LARS) is a collection of symptoms or issues you may have after undergoing a resection or removal of part or the entire rectum. You may also have had a temporary ostomy to allow the colon to heal before it is reconnected to the rectum, in a process known as anastomosis.

Following your initial Low anterior resection (LAR) surgery or the reversal of your ostomy, your bowel needs to learn how to work with a rectum that has different functional ability compared to before. This adaptation may take several months and the length of time you had an ostomy may also increase the time needed for recovery. This can present some challenging physical & emotional side effects. The first months following surgery are often the most challenging and you should focus on small improvements every month.

LARS occurs when symptoms persist beyond 12 months after a low anterior resection surgery. This tool kit was designed to offer suggestions that may be helpful to cope with some of the issues and symptoms.



INSIDE:

- Coping Strategies
- At Home Care Kit
- Managing Symptoms
- Diet & Foods to Avoid

The Emotional Side of LARS

There is the anticipation of getting your ostomy reversed or your resection surgery than you are near the end of the cancer journey and you can get back to "normal life". Then LARS hits and it's not what you expected. You may experience feelings of frustration, isolation and loneliness. It can be painful, physically exhausting, and mentally challenging. It can alter your freedom, you may feel like you are "stuck" at home, or life now has to be planned to revolve around what you eat and where the nearest bathroom is.

Symptoms of LARS

What does LARS look like?

You may experience going to the washroom up to 20 or more times a day.

This can cause a lot of discomfort and pain in your bottom. You may also experience incontinence – flatus and fecal (gas & stool), inability to tell if you will have bowel movement or flatulence, urgency (needing to go to the washroom right away without warning), clustering (numerous bowel movements over a few hours), or feelings of incomplete emptying of the bowel. You may not experience all these symptoms and their frequency may vary with time.

Frequency - Urgency - Clustering - Incontinence

At Home Care Kit

Items you may want to have on hand to help provide relief and comfort when experiencing LARS:

- Bidet (attachment can be added to regular toilet. Prior to your purchase make sure that the attachment fits your toilet)
- Unscented soap
- Foot stool
- Flushable wipes (unscented)
- Ibuprofen (take with food and doctor's approval)
- Loperamide (take according to your doctor's recommendations)
- Adult diapers & feminine hygiene pads
- Bathroom cleaning supplies
- Plan a going out kit, which includes additional underwear, wet and dry wipes and a plastic bag for any cloths that need washing

Perianal skin care

Keep the area around your anus as dry as possible as moisture from leakage of stool or wet pads can cause irritation.

- Use creams with zinc oxide (diaper cream), lidocaine cream, or calmoseptine cream
- Tucks or Anusol wipes may help with itchiness
- Sitz baths w/plain unscented Epson salts
- Period pads soaked in witch hazel or water, freeze (separated by waxed paper) can soothe a sore bottom
- Wet wipes (instead of toilet paper; ideally do not flush them) followed by a dry wipe to remove humidity

Quick Tip:

Changing your posture can help with emptying your bowel

When you're on the toilet, lean forward, elbows on thighs, feet on a foot stool or lift knees above hips level. Take several deep breaths (do not strain). Breathe from your belly and relax your anus as you breathe out. You can also try lightly blowing into your fist.



Let's Talk Diet & LARS

Not everyone will have the same food tolerances, however, here are a few general recommendations that can help:

- Chew food thoroughly
- Try small, frequent meals (skipping meals may worsen watery stools and cause increased gas)
- Slowly add back new foods one at a time as you feel better, giving yourself a few days in between to evaluate your response
- Drink plenty of fluids/water. At least 2L a day (6-8 cups). Sip slowly, avoid straws and any carbonated drinks. Do not drink during a meal. Before or after a meal is best.
- Avoid deep fried, spicy, greasy, and very rich foods.
- Keep a food journal. It can help you understand which foods trigger your bowels, or cause constipation. This is most important after a few months of recovery from surgery.



Food Changes to Consider:

- Try to avoid caffeine and/or alcohol as it can stimulate the bowels. Adding collagen to your coffee is gentler on the stomach.
- Some individuals find that lactose can worsen diarrhea. Plain yogurt may be tolerated by some.
- Certain foods cause more gas and should be avoided or limited according to your tolerance – beans, legumes, cabbage, spinach, broccoli, kale, cauliflower, brussel sprouts, radishes, onions, beans, corn, cucumbers
- Limit nuts and seeds – nut butters in small quantities is suggested
- Removing skins and peels may make foods easier to digest. Avoid the white pith in citrus fruits as it is not easily digested
- Steamed vegetables are often easier to digest
- Avoid whole grains including whole wheat. For some people, free, white or sourdough may be preferable

Supplement:

A multivitamin may be needed if you aren't eating a variety of foods. A "greens powder" is another option.

Let's Talk Bowel Function



Diarrhea or Loose Stools:

- Add foods that thicken the stool into your diet. These include applesauce, bananas, cheese, peanut butter, potatoes, pasta, pretzels, bread (sourdough), plain yogurt, soluble fiber (e.g. psyllium husk that is found in Metamucil)
- Some natural supplements such as slippery elm or aloe help to coat the irritated gut lining and may provide relief. Discuss with your pharmacist and physician before starting any supplements
- Taking Metamucil - 1 to 2 times a day regularly can help bulk up stool - benefits can only be evaluated after 2 to 4 weeks of daily use. You may need to adjust dose and frequency after 6 to 12 months into your recovery for surgery



- Using Imodium prior to a planned outing. Imodium should be taken before loose bowel movements, ideally 30 minutes before meals. If diarrhea persists, discuss with your physician. They may recommend a dose or frequency that is different than you are currently using.
- Cholestyramine which is a cholesterol-lowering drug is commonly used to treat diarrhea (requires a prescription).
- Many people with LARS have found Lomotil helpful to slow down the digestive system (requires a prescription).
- Speak with your pharmacist about the medications and supplements you are currently taking as some may increase the frequency of bowel movements and cause diarrhea

If diarrhea persists talk to your health care professional.

Let's Talk Bowel Function

Constipation/clustering TIPS:

- Adding probiotics may be helpful
- Metamucil, one dose in a glass of water or juice at bedtime. You may need to adjust dose and frequency after 6 to 12 months after surgery
- Drink plenty of fluids. Sip fluids slowly and and drink between meals or a the end of meals
- Digestive enzymes may help with digestion – look for one with bile. Adding an enzyme might help with clustering, take 15 min before a meal.
- Warm bath
- Warm water with lemon or ginger tea
- Irrigation/water enemas (with approval from your physician only)
- Abdominal Massage (see ILU technique on page 7)
- Walking and light physical activity (according to your surgeon's recommendations)
- Use of a foot stool when sitting on the toilet



**If constipation persists talk to
your health care professional.**

Cramping or Gas Pains

- Use anti-gas and/or antidiarrheal over-the-counter medication
- Warm ginger ale (take out the carbonation)
- Lie on your back and gently bring your knees to your chest to try to relieve excess gas
- Light walking

Foods that may cause softer and more frequent stools:

- Vegetables: red peppers, cabbage, onions, spinach, dried and fresh beans, peas, corn, brussels sprouts and broccoli
- Fruit: fresh, canned or dried fruit, grapes, apricots, peaches, plums and prunes
- Caffeine: coffee, tea, cola
- Alcohol
- Glucose-free foods containing sorbitol or mannitol
- Nuts and popcorn
- Greasy foods
- Juices with high levels of fructose or pulp



Foods that may make stools firmer:

- Bananas
- White rice
- White pasta
- Arrowroot biscuits
- Marshmallows
- Tapioca
- Peanut butter
- Potatoes
- Yogurt

Foods that may cause gas:

- Cabbage
- Dairy products
- Brussels sprouts
- Spinach
- Broccoli
- Radishes
- Cauliflower
- Carbonated drinks
- Onions
- Beans
- Corn
- Cucumbers



The Importance of Exercise

It can feel impossible at times to exercise. Be gentle with yourself. Do what you can and gradually increase your daily body movements.

Muscle Strengthening

Pelvic floor exercises may help with urgency and stool incontinence. Look up exercises online and/or seek assistance for a pelvic floor therapist that uses bio-feedback.

First 6-8 weeks:

Walking can be beneficial; no lifting more than 10 lbs. Follow the instructions provided by your surgeon

After 8 weeks:

With physician approval, try to include light strength training exercises (such as lifting weighted objects, floor exercises and stretch/ resistance bands), yoga, etc.



ILU Abdominal Massage

STEP 1:

Start the massage by forming the letter I by stroking down from under your left rib cage, down to the front of the left hip bone and forwards to the pubic bone. Do this stroke 10x.

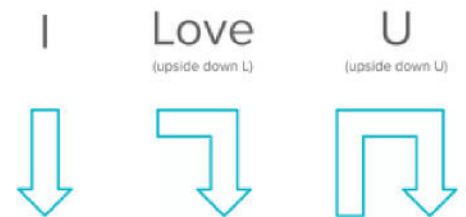
STEP 2:

Next form the letter L by starting under your right rib cage across to the left and down to the left hip bone. Do this 10x.

STEP 3:

Finally, form the letter U by starting at the right hip bone, going up under the right ribcage across under the left rib cage and down to the left hip bone. Do this 10x. Doing this 2-3x throughout the day can help soothe the large intestine and increase motility of food in the gut.

ILU Massage Strokes



Tools for Coping

The initial stages after surgery can be a challenge to navigate and can potentially leave you dealing not only with physical issues, but emotional ones as well. Following the reversal your colon and rectum now needs time heal and learn how to hold stool with a changed anatomy. Weakened sphincter muscles, loss of storage, and faster colonic transit may affect your bowel habits. The shorter intestinal tract may affect the amount of water being absorbed by the colon and therefore increase the frequency of stool. No one understands the feelings surrounding this healing process more than others who have been through it and can share their experiences to help you through these difficult times.

1. Join support groups

While LARS can be different for everyone, it can be one of the hardest stages of recovery. Talking openly and honestly about your feelings and experience can help with the physical and emotional challenges of LARS. You may find comfort in knowing that you are not alone.

Reach out to online communities such as Facebook groups:

- Living with Low Anterior Resection Syndrome
- LREVERSAL ROUNDABOUT at Colontown.org
- Colon/Rectal Cancer awareness and discussion group

Other support resources include:

- Colorectal Cancer Canada's Monthly Support Groups
- Canadian Cancer Society's Online Support Community
- Cancerconnection.ca

Talk with a counsellor / therapist



Quick Tip:

Mindfulness Exercise:

Focus intentionally on 3 small things in the present moment you appreciate. It could be something as simple as having a warm cup of herbal tea and really savoring it.

2. Practice Self-Care

- Mindfulness can help you stay grounded and manage anxiety
- Keep a journal to write your thoughts and feelings
- Give yourself permission to take things slow - healing takes time
- Manage your stress by deep breathing, meditation, read, listen to calming music, watch a funny movie, connect with others
- Move your body – small walks, online yoga or pilates, light stretching

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CCC can help:

- One-on-one discussions
- Support groups
- Tush Talks about LARS
- Additional resources

List of sources:

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