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Summary

COMPREHENSIVE ANORECTAL BIOFEEDBACK PROGRAM FOR LOW ANTERIOR RESECTION SYNDROME

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Colorectal

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A prospective study of 22 patients found that comprehensive anorectal biofeedback addressing recto-anal incoordination and sensory abnormalities significantly improved LARS scores in patients following sphincter-preserving rectal cancer surgery.

KEY POINTS

- Median LARS score improved from 36 at baseline to 29 post-treatment, with a median within-patient change of -11 (p=0.002).
- 73% of patients were rated as improved on Clinical Global Impression, 18% minimally improved, and 9% showed no change.
- Patients had relatively preserved sphincter function at baseline (median resting pressure 91 mmHg, squeeze pressure 200 mmHg), suggesting that addressing coordination and sensory issues beyond sphincter strength may be beneficial.
- The intervention consisted of 4-6 sessions of biofeedback using anal EMG and rectal balloon, guided by anorectal manometry results and delivered by a physiotherapist under gastroenterologist supervision.
- This material would be most relevant to gastroenterologists and colorectal surgeons managing patients with low anterior resection syndrome.

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