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Improving quality of life for patients with low anterior resection syndrome (LARS)

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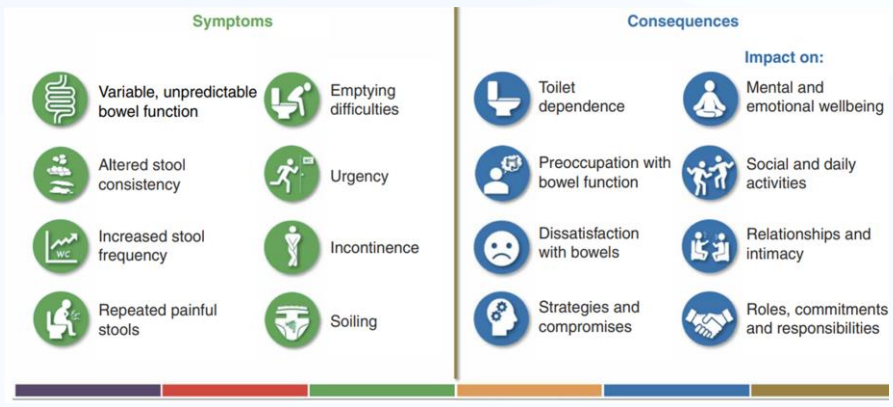
The prevalence of LARS … the research about

LARS symptoms are present in up to 75% of patients in the first year after surgery and may persist in 25%, remaining in half of these patients for more than 10 years. (POLARiS 2023)

LARS shows a high prevalence (60-90%) and can last for years after treatment. (Chen et al.,2014; DeSnoo and Faithfull, 2006 Manuel project 2021).

Why weren't we finding this at Bolton?

The personal impact of LARS



LARS at Bolton – why we chose this project

Reviewed last clinic letters of anterior resection patients (2018-2022), (exc RIP, OOA, permanent stoma, recurrence and colitis etc). Of the 87 patients: 4 major LARS (3.48%), 11 minor problems (9.57%)

Clinic letter seemed to focus on cancer recurrence - "no red flag symptoms" or problems from surgery such as incisional hernias. It was difficult to assess bowel functionality or severity of issues and therefore impact on quality of life.

In addition, patients are often reticent in volunteering information about their bowels (Ness et al, 2012), reasons include:

- Embarrassment: bowel function is still taboo subject for many.
- Acceptance: the price to pay for having cancer treatment.
- Fear of seeming ungrateful/ belief that time is the only healer.
- J. Burch's research showed that the 'participants want Clinicians to initiate discussions about LARS.'

We did not ask, we did not know, we could not help

Our idea for improvement – LARS Score

LARS Score - 5 simple questions easy for patient and clinician to rate bowel functionality

AIM: Every patient attending clinic, in follow up after anterior resection surgery, to have their bowel function assessed with a LARS Score.

- Patient completed the LARS questionnaire before seeing the doctor and this used in consultation to assess bowel function and support required
- Doctor recorded LARS score in the clinic letter to GP. (Copy of letter to CNS to aid data collection).
- Patients scoring minor LARS given advice by clinician, patients with Major LARS referred to Community Bladder and Bowel team for support.

Plan

- Stakeholders engaged (consultants, clinic staff, medical secretaries, Bowel and Bladder Team, Informational Governance)
- LARS questionnaire packs created and provided were given
- Data collection plan

Do

Start with one consultant clinic – November 2023

Study – outcomes

The first 3 patients questioned **ALL** reported Major LARS (score of 30-42)

We started to get patients reporting symptoms to us, several reporting major LARS which allowed us to refer them for support.

Patient case study:

- LARS Score 32 – Major LARS
- Inability to control flatulence.
- Accidental leakage of stools – wearing pads constantly.
- Opening bowels several times a day improved with Loperamide but not resolved.
- Getting up several times a night to open his bowels – Had not had a full night's sleep for years.

Patient feedback on LARS has been favourable:

- "100% you should give out the LARS score –glad to be asked"
- "When you have a cancer diagnosis, the more interest people show you the better".
- "I wasn't embraced…it's just part of the process"

Act – next steps

- Widen to 2 more consultant clinics, and 1 nurse-led follow-up clinic
- Add quality of life element to LARS score questionnaire
- Presentation of project to specialty governance to engage further stakeholders
- Assess the use of LARS prior to surgery to assess baseline function when seen by CNS. (help patients understand the reality of bowel function post op and intro LARS at initial stage of their journey)
- Continue to refine and review until all clinics are participating

Contact us

For more information or to network and share ideas, please email:
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… for a better Bolton