QUALITY OF LIFE AND LOW ANTERIOR RESECTION SYNDROME BEFORE AND AFTER DEEP ENDOMETRIOSIS SURGERY: DOES RECTAL SURGERY AFFECT?

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Introduction:
Rectal involvement in endometriosis has a prevalence ranging between 5.3-12%.
Quality of life (QoL) in deep endometriosis (DE) patients is severely affected but has been shown to improve with medical and/or surgical treatment.
Low anterior resection syndrome (LARS) encompasses symptoms of fecal urgency, fecal incontinence and difficulty emptying the bowel after sphincter-preserving rectal surgery. Patients with DE may have similar defecation symptoms, even when the rectum is not infiltrated by endometriotic tissue.
Prevalence of a LARS-like syndrome, how it affects QoL in DE patients and its evolution after surgery is still unclear.

Objective:
Assess the gastrointestinal functional outcomes and QoL in patients who underwent surgery for DE, with and without intestinal resection.

Patients and Methods:
• Prospective study between 2017-2019.
• Patients who underwent DE surgery, with and without rectal resection.
• Rectal surgery:
  - Shaving
  - Discoid resection
  - Segmental resection (Fig. 1)
• LARS and SF36 questionnaires were administered to patients before surgery, 6 months and one year after surgery.

Conclusions:
• Patients with DE present a LARS-like syndrome before surgery that does not seem to increase after rectal surgery, independent of the technique performed (shaving, discoid resection or segmental resection).
• However, patients with DE who do not have rectal involvement present a progressive increase in their LARS score postoperatively.
• Rectal surgery improves the QoL of patients with DE measured with the SF-36 questionnaire at 1 year of follow-up.

Results:
• 82 patients with 41 years mean age.
• 40 with rectal resection:
  16 shaving,
  16 segmental resections
  8 discoid resections
• SF 36: all domains showed improvement during patient follow-up (P<0.05).
• Mean LARS scores (P=0.17):
  a. without rectal surgery: 7.5±10.4 before and 13.7±14.2 one year after surgery.
  b. with rectal surgery: 13.6±13.6 before and 14.6±13.1 one year after surgery.
• No significant differences were found in the rectal surgery patients’ postoperative LARS score among the 3 rectal DE surgical techniques (P=0.97).
• SF-36 scores improved independent of the rectal technique performed.
• Hysterectomy was the independent variable found to be significantly associated with having a LARS >20 score after 1 year (P = 0.038).

![Fig. 1 Rectal segmental resection with DE nodule.](image1)

![Fig. 2 Mean LARS scores before, 6 months and one year after surgery.](image2)