



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 defecations 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.

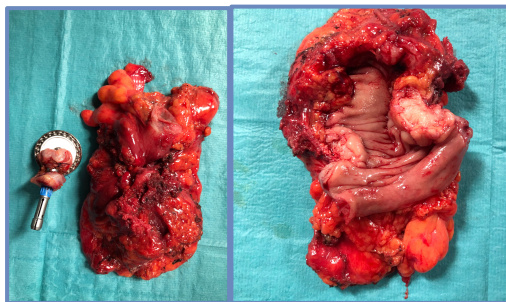
Objective:

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.

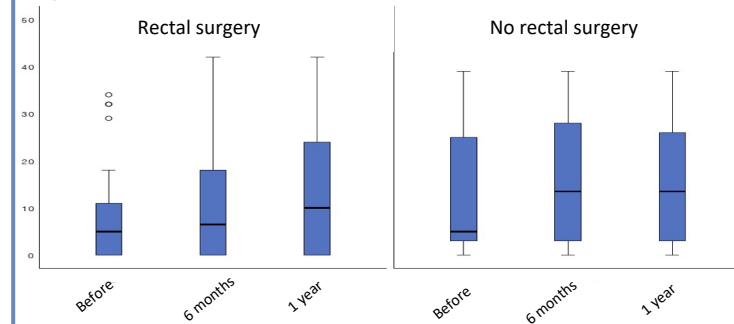
Fig. 1 Rectal segmental resection with DE nodule.



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.**

Fig. 2 Mean LARS scores before, 6 months and one year after surgery.



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** ($P = 0,17$):
 - without rectal surgery: 7.5 ± 10.4 before and 13.7 ± 14.2 one year after surgery.
 - 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 ($P = 0,038$).