Sharing experience, hints and tips around irrigation

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**Randomized clinical trial of prophylactic transanal irrigation versus supportive therapy to prevent symptoms of low anterior resection syndrome after rectal resection**

H.R. Rosen, W. Kneist, A. Fürst, G. Krämer, J. Hebenstreit and J. F. Schiemer

We are delighted to highlight a new published research paper, using irrigation for LAR's soon after closure of the loop ileostomy.

**Below the lead author, Dr. Rosen, explains the study and results.**

**Prophylactic transanal irrigation can improve LARS symptoms after low anterior resection.**

It is widely accepted that a large proportion of patients who have to undergo anterior rectal resection will be bothered by functional problems which have been summarized under the term LARS (low anterior resection syndrome) and which consists of repeated urgency, multiple episodes of unproductive defecation and incontinence, respectively.

LARS has been described in up to 80% of patients following rectal resection and although efforts have been undertaken to improve this problem (e.g. by construction of “neoreservoirs” during rectal resection) most of the patients will encounter major impairment of their daily life in the first 6-12 months following surgery. Especially repeated urgency and unproductive defecation episodes during day and night will negatively influence their quality of life.
Trans anal irrigation (TAI) has been proven beneficial in many patients who have been suffering from permanent LARS in the past. Therefore, a multicentre trial was initiated to evaluate the application of TAI immediately after the closure of a protective ileostomy following ultralow rectal resection below 5cm from the dentate line) in order to avoid an onset of LARS symptoms. Patients included into this study were randomized to receive TAI or supportive therapy only (e.g. loperamide, pelvic floor training) and were evaluated at one week, one month and three months after closure of their ileostomies by use of standardized questionnaires for LARS, incontinence and general QOL.

It could be demonstrated that patients started TAI already in the hospital after ileostomy closure showed significantly better outcome with regards to LARS score at one month and three months. Furthermore, the patients with TAI had significantly less stool episodes at daytime and at night compared with patients without TAI.

The results of our study suggest that TAI should be offered to patients after ultralow rectal resection in order to prevent them suffering from LARS symptoms.

Harald Rosen, MD, FEBSQ (Coloproc)
Sigmund Freud University, Vienna
Dept. of Oncologic Surgery
Vienna, AUSTRIA
Email:rosensurg@csi.com

Qufora making positive impact on your patients' life

“The Qufora Cone system enables patients to play an active part in managing their bowel function and to take back some control. This minimally invasive and relatively simple procedure gives patients a measurable result that alleviates many of the bowel control issues that they have struggled with... The system is easy to learn/use and once using the system, patients are supported by the “My Qufora” team. Feedback from patients has been entirely positive.”
Colorectal Nurse Specialist
The Qufora team are looking forward to seeing you at the following events the next few months

- **UGUS 26th Annual Scientific Meeting, 12 April 2019, Craigavon Civic and Conference Centre, Belfast**
- **MASIC, 9 May 2019, London**
- **MASIC, 30 May 2019, Cheltenham**
- **ERIC 2nd Regional Roadshow, 6 June 2019, Powys**
- **ACA, 10-11 June 2019, Harrogate**

This is your Qufora Club

Please contact us and share your thoughts, feedback and ideas.
You can email us at info@macgregorhealthcare.com or you can enter your information on our Contact Us form on our website and we will get back to you as soon as possible.