Targeted Electrostimulation Therapy for Severe LARS After Low Rectal Cancer Surgery: A Prospective Cohort Study.

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BACKGROUND :

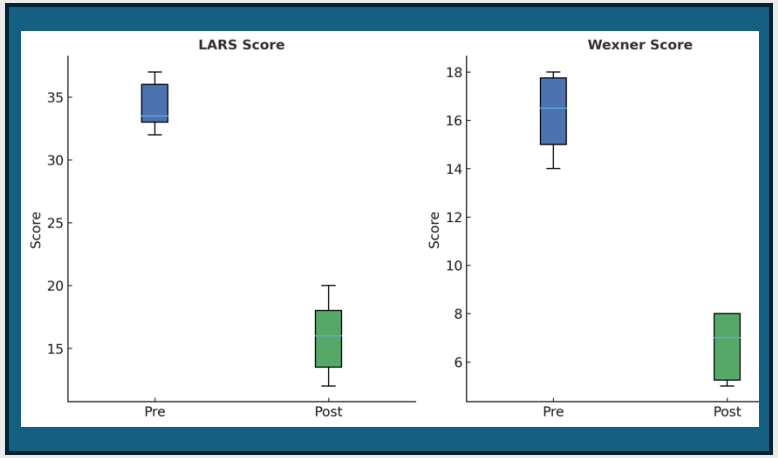
Total mesorectal excision (TME), particularly with intersphincteric resection, often results in severe Low Anterior Resection Syndrome (LARS) Targeted electrical neurostimulation has been proposed to modulate anorectal motor and sensory pathways.

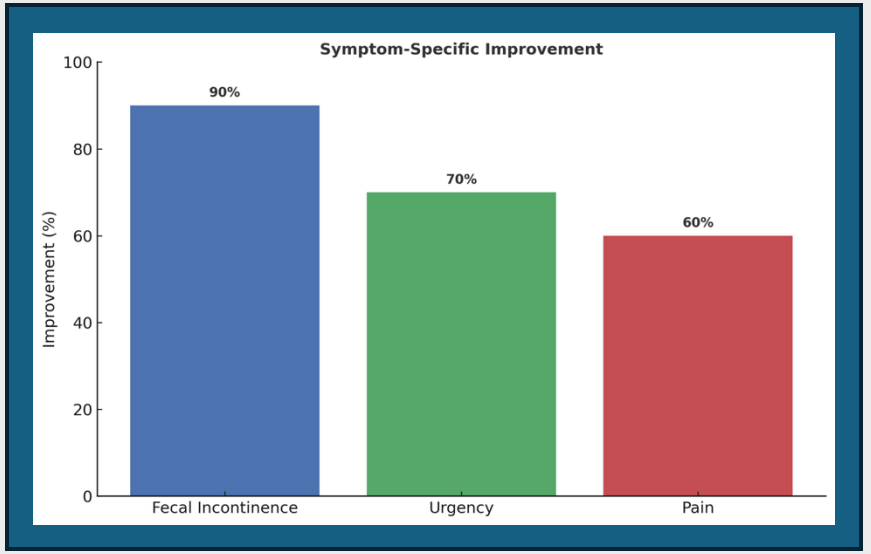
METHODS :

Fourteen patients with severe LARS (2018–2023) received 12 weekly 20-min sessions of targeted electrostimulation (endoanal or transcutaneous), tailored by symptom. LARS and Wexner scores were recorded pre- and post-therapy.

RESULTS:

From 2018–2023, 14 patients with severe LARS were treated. Main symptoms were fecal incontinence (86%), urgency (7%), and anal pain (7%). Overall improvement reached 77% (range 60–90%). Subgroup analysis showed higher response in fecal incontinence (up to 90% in one-third of cases), urgency (70%), and pain (60%). Both LARS and Wexner scores improved after therapy.





IMPLICATIONS:

Specific electrostimulation therapy is an alternative treatment in patients with LARS.