

Low Anterior Resection SyndromeAfter Intersphincteric Resection for Low and Ultralow Rectal Cancer: A Systematic Review and Meta-Analysis With Narrative Synthesis of Reported Factors

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INTRODUCTION

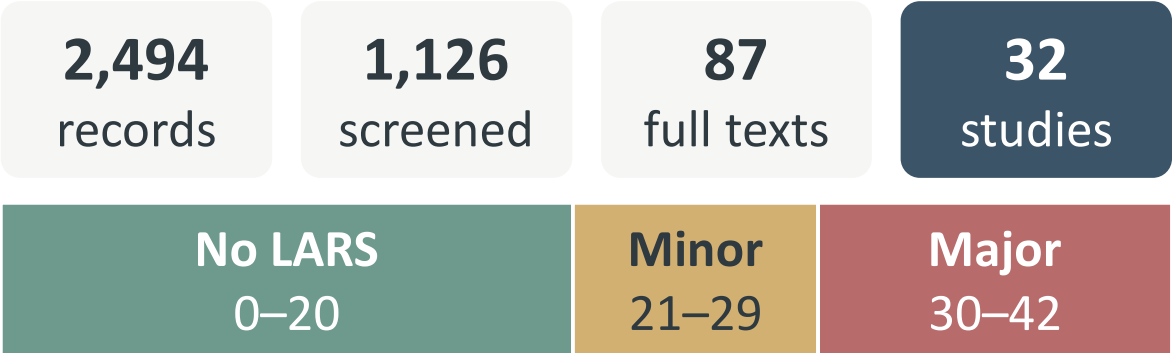
- After LAR/ULAR, about 4 in 10 get major LARS
- ISR goes lower: internal sphincter removed
- It avoids a stoma in very low tumours
- One study: major LARS 25% ISR vs 11% ULAR
- Major LARS lowers quality of life
- ISR-specific LARS data are limited

AIM

To find how many patients have major, minor or no LARS after ISR, and the factors linked to it.

METHODOLOGY

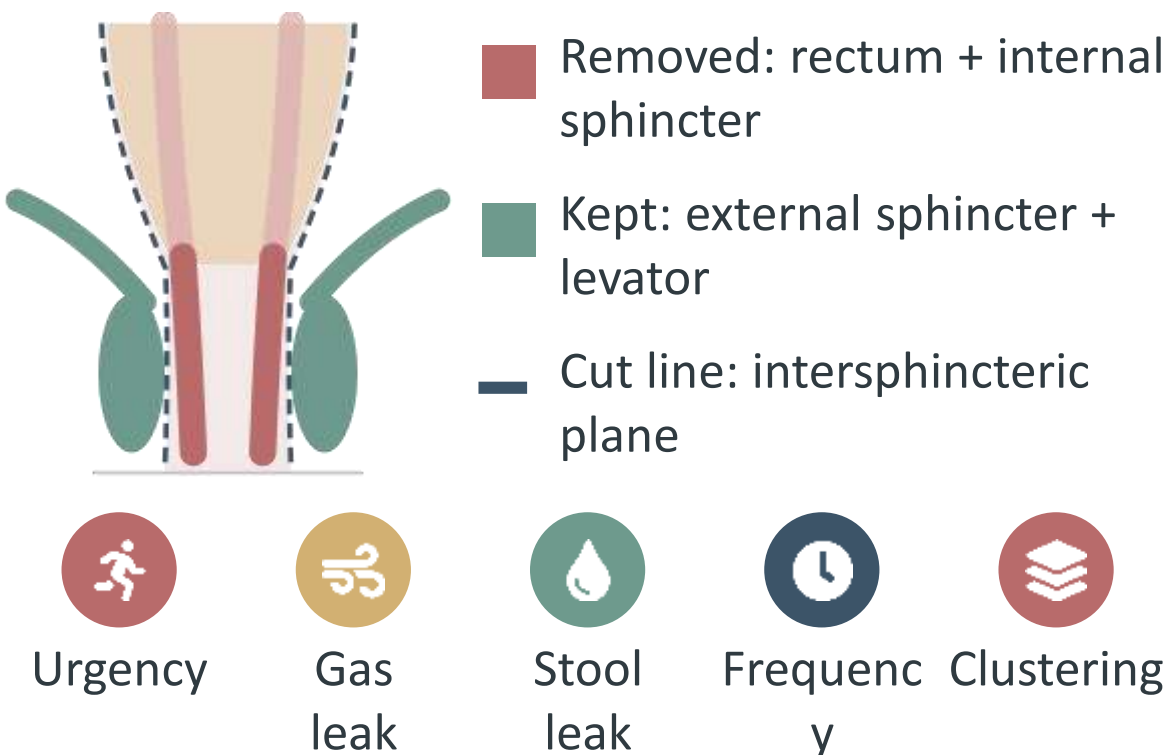
- PRISMA 2020; 5 databases to May 2025
- Adults after ISR; LARS score at ≥12 months
- Random-effects pooled prevalence (Stata 17)
- Quality: JBI and QUIPS tools



DISCUSSION

- Saving the sphincter ≠ good bowel function
- Low join, CRT, small reservoir add risk
- Pouch or single-stapled join may help
- Robotic ISR: no clear LARS benefit
- LARS may ease with time after surgery
- Limits: small, mostly observational studies

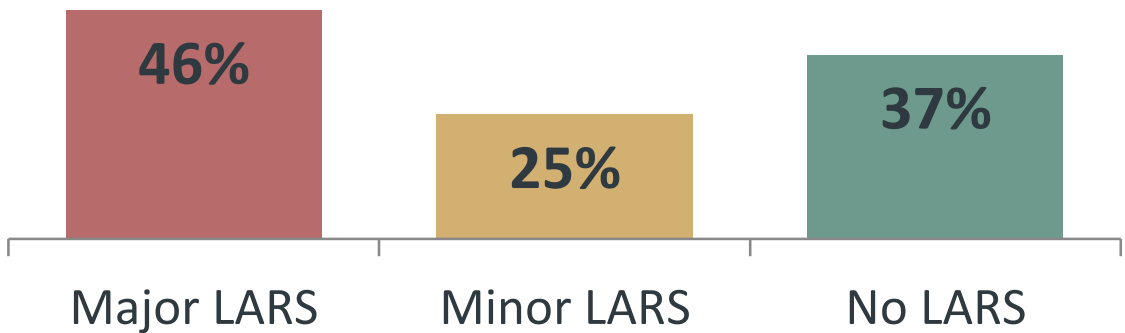
LARS & SYMPTOMS



RESULTS

18 studies, 1,141 ISR patients with LARS scores

Pooled prevalence after ISR (%)



- **Timing:** major LARS 43% (<24 mo) vs 50% (≥24 mo)
- **Region:** Asia 44%, Europe 41% major LARS
- **Robust:** same if any one study removed
- **Studies differed a lot** (I^2 87–97%)

CONCLUSION

Nearly 1 in 2 patients has major LARS after ISR.

- Counsel patients before ISR
- Report LARS score in a standard way
- Prospective ISR studies are needed

46%

major LARS (33–60%)

25%

minor LARS (17–33%)

37%

no LARS (24–49%)

1 in 2

patients: major LARS

References: 1. Shamohammadi M, Ullah SE, Yiasemidou M, et al. World J Surg Oncol. 2026. doi:10.1186/s12957-026-04526-w 2. Croese AD, et al. Int J Surg. 2018;56:234–41. 3. Emmertsen KJ, Laurberg S. Ann Surg. 2012;255(5):922–8. 4. Gori J, et al. ANZ J Surg. 2022;92(1-2):151–6. 5. Pan H, et al. J Gastrointest Surg. 2023;27(11):2526–37. 6. Kitaguchi D, et al. J Anus Rectum Colon. 2023;7(4):232–40.

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