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1: Hepatogastroenterology. 2000 Jan-Feb;47(31):155-8.

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Factors influencing bowel function after low anterior resection and sigmoid colectomy.

Adachi Y, Kakisako K, Sato K, Shiraishi N, Miyahara M, Kitano S.

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BACKGROUND/AIMS: The aim of this study was to evaluate the subjective bowel function after low anterior resection and sigmoid colectomy and to clarify the clinicopathologic factors influencing postoperative bowel habits. **METHODOLOGY:** Eighty-six patients who underwent low anterior resection and sigmoid colectomy replied to the questionnaire which consisted of 8 categories of bowel symptoms. The patients were divided into 2 groups: good bowel function showing less than half of symptoms (< 4) and poor bowel function showing more than half of symptoms (> or = 4). **RESULTS:** After low anterior resection, patients were often complicated with incomplete evacuation (75%), bowel movement at night (60%), defecation more than twice a day (46%), and soiling (27%). The mean number of defecation/day and frequency of patients with night stools was significantly higher after low anterior resection than sigmoid colectomy (2.81 vs. 2.18, $P < 0.05$; and 60% vs. 29%, $P < 0.05$). Poor bowel function after low anterior resection was frequent in patients with high ligation of the inferior mesenteric artery (82%, $P < 0.05$), injury to the pelvic autonomic nerve (82%, $P < 0.05$), and blood transfusion; while poor bowel function after sigmoid colectomy was frequent in patients with resected colon measuring 25 cm or more (81%, $P < 0.05$). **CONCLUSIONS:** These results indicate that poor bowel function after low anterior resection is associated with high ligation of the inferior mesenteric artery and injury to the pelvic autonomic nerve; while poor bowel function after sigmoid colectomy correlates with length of the resected colon. Less aggressive surgery is needed to preserve good bowel function.

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