**Colonic J-pouch function at six months versus straight coloanal anastomosis at two years: randomized controlled trial. Ho Y-H, Seow-Choen F, Tan M. *World J Surg* 2001; 25: 876-881.** 🔵🔵🔵🔵

Ultra-low anterior resection with coloanal anastomosis has gained wide acceptance for the treatment of middle and lower third rectal carcinomas. However, direct end-to-end straight anastomosis of the proximal colon to the anorectal junction often results in poor bowel function. Although bowel continuity is restored, the normal reservoir function of the excised rectum is not adequately replaced. It has been demonstrated that, in the early postoperative period ,a straight colorectal anastomosis less than 4 cm above the anal verge results in poorer bowel function than a colonic J-pouch. The long-term results are unknown. The aim of this study was to conduct a randomised controlled trial to compare clinical outcome, bowel function, anal manometry and rectal barostat findings in patients undergoing ultra-low anterior resection and reconstructed with either a straight coloanal anastomosis (straight group) or colonic J-pouch (pouch group) and followed up for 2 years. Overall, 42 consecutive patients were recruited, 19 in the straight group and 17 in the pouch group. Four patients died from metastatic disease and 2 emigrated. There was no surgical morbidity or local recurrence. At 6 months, the pouch group had significantly less stool frequency and faecal soiling than those in the straight group. These had improved at 2 years with no significant difference between the 2 groups. Anal squeeze pressure was significantly reduced in both groups. There was no difference in rectal compliance between the 2 groups. Rectal sensory testing on the barostat phasic program showed impairment at 6 months and recovery at 2 years in both groups. It was concluded that stool frequency and incontinence was less in the pouch group at 6 months but after adaptation at 2 years, the straight group yielded similar results.