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1: Hepatogastroenterology. 2003 Sep-Oct;50(53):1381-4.

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Surgical technique influences bowel function after low anterior resection and sigmoid colectomy.

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BACKGROUND/AIMS: Since June 1996, we have changed surgical strategies to preserve the pelvic autonomic nerve and abandon high ligation of the inferior mesenteric artery. The aim of this study was to clarify the influence of this surgical technique on subjective bowel function of patients with low anterior resection and sigmoid colectomy for cancer. **METHODOLOGY:** Forty-eight patients who underwent low anterior resection or sigmoid colectomy for cancer during June 1996 and February 2000 replied to the questionnaire which consisted of eight categories of bowel symptoms. Subjective bowel function and operative data of these patients were compared with those obtained from 84 patients with low anterior resection or sigmoid colectomy during April 1984 and May 1996. **RESULTS:** When recent series were compared with previous series, the frequency of bowel movement at night (21% vs. 60%, $p < 0.01$) and patient's own judgment as fair or poor (0% vs. 29%, $p < 0.01$) was decreased in patients with low anterior resection; whereas the frequency of defecation > 2 per day (5% vs. 34%, $p < 0.01$), difficulty in emptying (32% vs. 71%, $p < 0.01$), and incomplete evacuation (32% vs. 66%, $p < 0.05$) was decreased in patients with sigmoid colectomy. Patient judged as poor bowel function was less frequent in the recent group after low anterior resection (25% vs. 71%, $p < 0.01$) and sigmoid colectomy (18% vs. 42%, $p < 0.05$) compared with the previous group. Operative data including volume of blood loss, frequency of transfusion, and length of resected specimen were also different between the two groups. **CONCLUSIONS:** Surgical technique had a significant impact on bowel function following low anterior resection and sigmoid colectomy for cancer. When high ligation of the inferior mesenteric artery is abandoned and the pelvic autonomic nerve is preserved by careful technique, postoperative bowel dysfunction in patients with rectosigmoid colon cancer can be minimized.

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