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PHANTOM RECTAL SYNDROME AFTER ABDOMINOPERINEAL RESECTION: A UNIT BASED RETROSPECTIVE STUDY

TH Pathirana, P Samarathunga, S Wimalaratne and S Kumarage
Sri Lanka

Background: Phantom rectal syndrome (PRS) is a rare and a poorly understood area where patients with a background of abdominoperineal resection (APR)/similar dissection develop symptoms arising from the resected bowel. Symptoms are either painful or non-painful. This descriptive study attempts to explore the prevalence and the burden of these symptoms.

Methods: This descriptive study was conducted at Colombo North Teaching Hospital amongst patients who underwent APR. Interviewer based questionnaire was administered to a total of 30 surviving patients within past 5 years.

Results: Out of the 30 patients, 33% had sensation arising from the resected distal bowel. Out of those with symptoms, 80% of patients had painless symptoms and only 20% of patients had intermittent painful rectal symptoms. All patients who had such symptoms had undergone the surgery at an age less than 55 years. Laparoscopic surgery had 35% risk of PRS compared to pure open procedure which is 30%. 80% patients are staged II B. Only 20% of patients with symptoms have sought emergency medical attention and symptoms objectively halved with regular analgesics. Reassurance at clinic level was received by all patients and the perturbations to activities of daily living were minimal afterwards.

Conclusion: Phantom Rectal Syndrome is a common but poorly addressed complication of perineal surgery in APR and the likelihood increases with younger age group, perirectal involvement. We feel a thorough explanation of the possibility of phantom rectal symptoms preoperatively and post operatively are required and will improve symptoms.

braveturn@gmail.com