This handout explains what a low anterior resection (LAR) is and how to care for yourself before and after the surgery.

**What is an LAR?**

A low anterior resection is surgery done to remove part of your rectum and your sigmoid colon (see Figure 1). Your surgeon may also perform a loop ileostomy to direct stool away from the surgical area to allow it to heal.

Your surgeon may do this laparoscopically or by open surgery. They will help you decide which type of procedure is best for you.

- **In laparoscopic (robotic) surgery**, several small cuts (incisions) are made in your abdomen. Your abdomen is then filled with gas to lift your skin away from the organs so they can be seen clearly. Your surgeon will use a medical camera and long, narrow instruments to do the resection (removing and reconnecting).
- **In open surgery**, a cut is made from your belly button down. This is called a “midline incision.” Your surgeon will work directly through this incision to do the resection.

**Before your surgery**

- Follow the bowel preparation instructions you received to prepare for surgery.

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Figure 1. The sigmoid colon and part of the rectum (shown in purple) are removed during LAR surgery.
After your surgery

When you wake up after surgery you will have:

- An intravenous (IV) tube in your arm. The IV is used to give you hydration, antibiotics, pain and nausea medicine. The IV will stay in your arm while you are in the hospital.
- Sequential compression devices (SCDs) on your legs. These are inflatable stockings that help with blood flow to keep blood clots from forming.
- A catheter inserted into your bladder to drain your urine. The catheter will be removed when you are able to get up and use the bathroom.
- You may also have:
  - An epidural catheter in your back to give you pain medicine. Your anesthesiologist will decide if this method of pain management is right for you.
  - Drains (tubes) at your incision site if needed. Drains help drain blood and other fluids that build up after surgery. Your drains will be removed when there is less fluid coming out of them.
  - An ileostomy, if needed.

At home

Incision care

- If you have an “open” surgery, you will have 1 long incision on your abdomen that will be closed with surgical staples. These will be removed at a follow up visit in the clinic with your surgical team.
- If you have laparoscopic or robotic surgery, you will have several closed incisions on your abdomen. These incisions were closed with stitches under your skin. These stitches will dissolve on their own.
- Check the incisions daily for any sign of infection or for rapid swelling. See When should I contact my care team on page 4, which lists signs of infection.

Showering

- You may shower every day.
- Do not allow any of your incisions to soak in water until fully healed (usually about 4 weeks).
- Do not scrub your incisions. Gently wash over them with soap and water.
- After you shower, pat your incisions dry, and leave them open to the air—do not cover them with another bandage or dressing unless told by your care team. Do not apply any lotions or creams to incisions unless instructed.
Pain management

- During surgery, your doctors will inject numbing medicine called Exparel® into your incisions. This will help control pain for 48-72 hours after surgery.
- You will probably have an IV pain-medicine pump called a PCA (patient-controlled analgesia) for 1 to 4 days after your operation. This allows you to give yourself a controlled amount of pain medicine when you need it.
- After you go home, use the medication your doctor prescribed to ease your pain.

Diet

- After surgery, your hospital care team will ease you slowly into a low fiber/residue diet.
- You will remain on this diet for 4-6 weeks after surgery.
- We will discuss exactly how and when to transition back to your regular diet at your 4 week post-op visit.

Bowel movements

- If you have an ileostomy, your stools will be liquid.
- If you do not have an ileostomy, you will likely have loose stool. For the first 1-2 weeks after surgery it is typical to have some bowel movements (not every time) with a small amount of blood.
- Please call your care team if you notice bleeding with each bowel movement.

Enoxaparin (Lovenox®) injections

- Your nurse will give you enoxaparin while you are in the hospital. Enoxaparin is a medication given by injection to prevent blood clots.
- You will continue taking enoxaparin at home for 28 days, as prescribed.
- Before you leave the hospital, your nurse will teach you how to give yourself the enoxaparin injection.
- Please read the handout “Treatment with Enoxaparin (Lovenox®)” for more details about this medication and how it is given.
**Activity and work**

- Walk daily, gradually increasing your distance each day.
- Avoid activities that may put pressure on your surgical site. Limiting certain activities allows healing and prevents abdominal hernia after surgery.
- For the first **6 weeks** after surgery:
  - Do not push, pull, or lift anything heavier than 10 pounds.
  - Avoid gardening, vacuuming, and any activity that causes strain on your abdomen. In general, activities that do not cause pain are safe. After 6 weeks or when your care team has said it is OK, slowly add activities back into your routine.
- Talk to your care team about when it is safe to resume sexual activity.
- You will need to take time off work to recover. Talk to your team if you are unsure about how much time to take off or if you need help filing paperwork for your insurance or employer.

**When should I contact my care team?**

Contact your care team if you have:

- Bleeding or drainage that soaks your dressing.
- A temperature taken by mouth that is 38 °C (100.4 °F) or above.
- A temperature taken under the arm that is 37.8°C (100°F) or above.
- Chills, with or without fever.
- Any sign of infection at the site of your surgery:
  - Increased or spreading redness
  - Increased pain
  - Increased swelling
  - Foul-smelling drainage
  - Increase in the amount of drainage from your wound
- Nausea and vomiting.
- Concerns about your ileostomy (if you have one). For example: Changes in the appearance of your stoma, bloody stool, or decreased/no stool output.
- Concerns or questions.