Increased rates of Major LARS in patients with a diverting colostomy

The study with the lowest rate of major LARS excluded patients who had undergone neoadjuvant therapy and had a larger percentage of patients with tumours in the upper rectum (> 50%).

Hughes et al. had highest rate of LARS (56%). Potentially because they included patients with restoration of intestinal continuity for only 12 weeks. Patients <1 year following surgery had a mean LARS of 35.5 compared to 27.9 in 5-6 years.

None of these studies found any significant association with a diverting colostomy.

Age was statistically significantly in only one study.