

Commentary on “Efficacy of biofeedback therapy for objective improvement of pelvic function in low anterior resection syndrome (Ann Surg Treat Res 2019;97:194-201)”

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Dear Editor,

We read with great interest the article by Lee et al. [1] on the outcomes of biofeedback in low anterior resection syndrome (LARS).

We confirmed that the pelvic biofeedback is useful in LARS-associated pelvic dysfunction. In this setting, we began to use anal radiofrequency endotherapy (SECCA; InnovaMedica, Milan, Italy).

In our first 5 consecutive cases (2 males, 3 females; mean age, 52 years) complaining of LARS after low rectal anterior resection with total mesorectal excision for rectal adenocarcinoma, we applied anal radiofrequency. All patients were treated under deep sedation and in left the lateral position.

The radiofrequency was performed on 3 quadrants (left-lateral, right-lateral, and posterior) from 1 cm beyond the anastomosis to 1 cm to the anal verge. The anterior quadrant was not treated due to the high risk of injury to contiguous organs after total mesorectal excision. Initially, 6- and 12-month evaluations were scheduled using a validated score for LARS [2]. The mean distance of colon-rectal anastomosis was 2.8 cm (range, 3.5–2.1 cm) and the mean timing of the procedure was 1.9 years (range, 1.3–2.5 years) after surgery. The mean number of total applications per session was 6 (range, 9–3). A single session was performed. The procedure was well-tolerated in all cases; 3 patients had mild perianal pain controlled by antalgic therapy (NSAIDs).

Decreases in LARS score [2] were observed in all patients at 6 months (mean value of initial evaluation, 34; mean value

of 6-month evaluation, 9). At 12 months, 2 patients showed a recurrence of symptoms with total score increase. No early nor late adverse events were reported.

Anal radiofrequency in LARS is feasible and can improve the outcomes of pelvic biofeedback.

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Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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