Lower Anterior Resection (LAR)

Information for patients and families

Read this information to learn:

- what an LAR is
- how to care for yourself when you get home
- what problems to look out for
- who to call if you have any questions

What is an LAR?

During a Lower Anterior Resection (LAR), your surgeon removes an area of your rectum and/or the left side of your bowel that is affected by disease. Your surgeon makes a cut in your abdomen to remove the lower part of your rectum. Then, they join the ends of your healthy bowel together.

Before

![Before diagram](image1)

After

![After diagram](image2)

Small intestine
Bowel
Rectum

Area to be removed

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How can my family be involved in my care?

We encourage your family to be involved in your care. Things they can do include:

- sharing information
- helping you make decisions
- coming with you for tests
- helping with your care

It’s very important that your family also take care of themselves. Your family may become very tired while you are in hospital. The nurse may ask your family to take a break. This may mean they go home for a rest.

We have a visitor’s lounge for you and your family. The visiting hours at the hospital are flexible. There is a rest period in the step down unit from 2:00 to 3:00 pm daily. Only 2 people may visit at a time.

Please check with your nurse or dietitian before anyone brings food in for you. You may have to follow a special diet after your surgery. This diet may not allow you to eat certain foods.

How do I care for myself once I return home?

Activity

For the first week or so, you will feel tired and weak when you get home. Having a short rest during the day may be helpful during the first 2 to 3 weeks. It’s important to rest, but don’t stay in bed all the time. Get up and do mild exercises like walking around the house or taking short walks outside.

Your health care team will let you know if there are movements you shouldn’t do for a while. These may include kneeling or bending down. As you get better you will be able to start your regular daily activities.
**Lifting**

Don’t do any heavy lifting, carrying, pushing or pulling for the first 6 weeks. These activities include things like vacuuming, carrying heavy groceries or shoveling snow. You may lift up to 10 pounds (about 5 kilograms). Lifting more than this may put stress on your incision. Your surgeon will tell you when you can begin regular activities.

**Incision (cut)**

Your incision shouldn’t need any special care. Take a look at your incision each day and check for signs of infection. Call your doctor if your incision:

- becomes more swollen or red
- becomes more painful
- is warmer to the touch
- has pus (yellowish or white liquid) coming out of it

You can get more information about signs of infection in your *Going Home after Surgery* booklet.

**Showering or bathing**

Use a natural soap without a lot of oil or other things that could irritate your skin. Let the water run over your incision. Pat your incision dry with a clean towel. Don’t rub.

**Pain**

You will have some pain from your incision. Use your pain medicine as you need it. It will take away most of your pain so you can rest and take part in your care. As you heal, you will need less. You will receive a prescription for pain medicine before you go home from the hospital.
Medicines

During your hospital stay, your medicines may change. We will give you prescriptions for your medicines before you leave the hospital. Please review these with your nurse, surgeon or pharmacist before you leave. You can talk to your family doctor if you have any questions.

Food and nutrition

Good nutrition is important for building your strength. It will help your wounds heal and prevent infection. You will see a dietitian before you leave the hospital to learn more about what you should eat and drink. You don’t have to follow a special diet unless your doctor or dietician recommends one.

Driving

Don’t drive until you are no longer taking pain medicine. This can take about 2 to 3 weeks. The pain medicine may make you drowsy.

Returning to work

At your follow-up appointment, you and your surgeon can talk about returning to work. Together, you can decide what is best for you.

Sex

You can start to have sex again when it’s comfortable for you. Talk to your surgeon about how the surgery may affect your sexual activity.
When will I have my follow-up appointment?

You will have a follow-up appointment with your surgeon about 3 to 6 weeks after surgery. If you don’t have an appointment for a follow-up before leaving the hospital, call your surgeon’s office. Call to arrange the appointment during the first week you are home.

Please bring your health card (OHIP) to your follow-up appointment.

What problems should I look out for?

Please call the nurse navigator if:

- you have a fever higher than 38° C or 101° F
- you have severe nausea or vomiting (you can’t keep anything down, even liquids)
- you have redness, swelling, odour, pus or increasing pain around your incision
- you have pain or trouble urinating
- you have stomach pain and it doesn’t get better after taking pain medicine

Please call if you have any other concerns. You can also see your family doctor. After hours or in case of an emergency, go to the nearest emergency department.
What numbers can I call if I have any questions?

Nurse Navigators  
☎ 416 262 1991

General Surgery Clinic  
☎ 416 340 4800, extension 8060

9ES General Surgery Unit  
☎ 416 340 3522

Toronto General Hospital  
☎ 416 340 4800

Community Care Access Center  
☎ 310 2222 (toll free – don’t need area code)  
(ask for your local CCAC office)

Website: http://healthcareathome.ca/