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Rectal cancer is a common malignancy affecting 2000 individuals each year in Sweden. Most patients with rectal cancer are treated with a surgical approach, and one treatment option is low anterior resection of the rectum with preserved bowel continuity, either with or without the temporary use of a defunctioning stoma. The defunctioning stoma has been shown to mitigate the effects of postoperative anastomotic leakage, the most feared complication following low anterior resection. The defunctioning stoma protects the newly created anastomosis until adequate healing is obtained, and is later planned for reversal during a second surgery. But the formation of a defunctioning stoma is not without risk, as it is associated with increased morbidity and mortality, as well as higher treatment costs.

The comprehensive aim of this thesis was to improve the understanding of the role of defunctioning stoma in low anterior resection of the rectum for cancer, with regard to timing of stoma reversal and development of anastomotic leakage, impact on long-term anorectal function, as well as aspects of cost-effectiveness.

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Doctoral Dissertation

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## Aspects of stoma reversal, anastomotic leakage, anorectal function, and cost-effectiveness

HANNAH FLOODEEN

*Medical Science with a specialisation in Surgery*

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