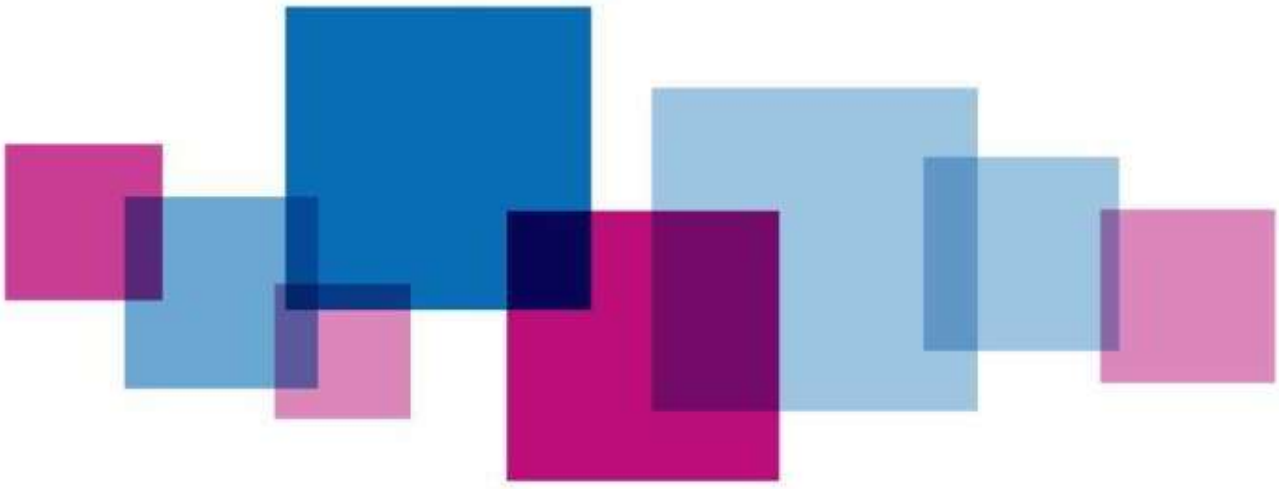
NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Commissioning Policy

Laparoscopic Ventral Mesh Rectopexy and Stapled Transanal Rectal Resection (STARR)

Prior Approval



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Document Control

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Version control

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1819.2.00	26/10/2018	Commissioning Policy Development Support Officer	Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14th February 2019 by Commissioning Executive.

TREATMENT UNDER THIS POLICY REQUIRES PRIOR APPROVAL FROM THE CCG'S EXCEPTIONAL FUNDING TEAM

THIS POLICY RELATES TO ALL PATIENTS

Laparoscopic Ventral Mesh Rectopexy and Stapled Transanal Rectal Resection (STARR) Policy

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. The CCG does not commission surgery for cosmetic purposes alone (Cosmetic Surgery NHS Choices).
2. Funding approval must be secured by the patient's treating clinician prior to referring patients for surgical opinions. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
3. On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patient meets the criteria to access treatment in this policy.
4. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
5. Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery. https://www.sciencedirect.com/science/article/pii/S1198743X15007193(Thelwall, 2015)
6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (ASH, 2016)
7. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good

relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Background

Obstructed defaecation syndrome (ODS) is a complex and multifactorial condition, characterised by an urge to defaecate but an impaired ability to expel the faecal bolus. Symptoms include unsuccessful faecal evacuation attempts, excessive straining, pain, bleeding after defaecation and a sense of incomplete faecal evacuation. ODS is often associated with structural defects in the rectum such as rectocele, internal rectal prolapse and perineal descent. Women, particularly multiparous women, are more likely to present with symptoms of ODS than men. Conservative treatments include diet, biofeedback, laxatives and pelvic floor retraining. In patients refractory to conservative treatment, and/or if a structural abnormality is present, surgery may be considered including STARR and Laparoscopic Ventral Mesh Rectopexy. (NICE , 2010)

STARR procedure

STARR procedure is where two circular staplers or a specific stapling device are used to remove the damaged part of the rectum and join the remaining parts back together. (NICE , 2010)

Laparoscopic Ventral Mesh Rectopexy

Laparoscopic Ventral Mesh Rectopexy (LVMR) is an operation which is designed to straighten and attach the rectum back into its normal position within the pelvis. (Glasgow Colorectal Centre)

Complications of surgery

Both Stapled Transanal Rectal Resection and Laparoscopic Ventral Mesh Rectopexy are deemed low risk procedures. However, as with any type of surgery, there are some risks. Complications could include:

- Infection
- Bleeding
- Hernia or bulge around the wound site

- A problem with the mesh entering or piercing the bowel or vagina (Glasgow Colorectal Centre)

POLICY CRITERIA – COMMISSIONED

PRIOR APPROVAL REQUIRED

Surgical treatment will only be provided by the CCG for patients meeting all criteria as set out below:

1. Each patient is to be considered by a Multidisciplinary Pelvic Floor Team, consisting of a Gynaecological Surgeon, a Colorectal Surgeon and Pelvic Floor Physiologists, and will not be quorate unless a representative from each of these groups is present.

AND

2. The Multidisciplinary Team (MDT) confirms that:
   a) they recommend this treatment for this patient over all alternatives;
   b) the potential benefit outweighs potential harms;
   c) they are satisfied that the necessary capacity and expertise available to handle this intervention is in place in the proposed delivery setting.

AND

3. Conservative Management has been tried and has failed. This includes a selection of the following as appropriate for the individual: dietary advice; pelvic floor exercises; osmotic and stimulant laxatives; bulking agents and antispasmodics; glycerine and bisacodyl suppositories and biofeedback.

AND

4. The patient has unresolved faecal incontinence or obstructed defecation syndrome.

AND

5. The risks, benefits, and side effects of the procedure have been discussed with the patient, and the patient wishes to be considered for this treatment.

Revision Surgery – revision or repeat surgeries - Criteria to Access Treatment – INDIVIDUAL FUNDING APPROVAL FUNDING REQUIRED

Revision/repeat surgeries are not routinely commissioned and an Individual Funding Request must be made to the CCG for consideration prior to any treatment taking place.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the CCG's Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on **BNSSG.customerservice@nhs.net**.

Connected Policies

N/A

This policy has been developed with the aid of the following references:

Ash. (2016). *Ash.org.uk.* Retrieved Sept 24, 2018, from www.ash.org.uk: www.ash.org.uk/briefings

Glasgow Colorectal Centre. (n.d.). *Laparoscopic Ventral Mesh Rectopexy (LVMR)*. Retrieved from Glasgow Colorectal Centre: http://www.colorectalcentre.co.uk/lap_ventral_mesh_rectopexy_info.html#what-is-a-rectopexy

NICE . (2010, June). *Stapled transanal rectal resection for obstructed defaecation syndrome*. Retrieved from National Institute for Health and Excellence: https://www.nice.org.uk/guidance/ipg351

Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases,* , vol. 21, no. 11, p. 1008.e1.

OPCS Procedure codes – For completion at a later date