Policy: Laparoscopic Ventral Rectopexy and STARR

Policy statement

Laparoscopic ventral rectopexy and STARR in the management of internal rectal prolapse and obstructed defecation syndrome will be routinely commissioned **ONLY** for patients who fulfil all the following criteria.

Treatment for full thickness prolapse can often present as an emergency and does not require prior approval.

- Each patient 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**

The MDT confirms that:

- They recommend this treatment for this patient over all alternatives
- The potential benefit outweighs potential harms
- The MDT is satisfied that the necessary capacity and expertise available to handle this intervention is in place in the proposed delivery setting

**AND**

Conservative Management has been tried and have failed. This includes a selection of the following appropriate for the individual:

- Dietary advice; pelvic floor exercises; osmotic and stimulant laxatives; bulking agents and antispasmodics; glycerine and bisacodyl suppositories and biofeedback

**AND**

- The patient has unresolved faecal incontinence or obstructed defecation syndrome

**AND**

- Symptoms cause significant functional impairment. Significant functional impairment is defined by the BNSSG Health Community as:
  - Symptoms preventing the patient fulfilling routine work or educational responsibilities
  - Symptoms preventing the patient carrying out routine domestic or carer activities
AND

- 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. If the Multidisciplinary Team agrees ventral mesh rectopexy or STARR is the most appropriate treatment for the patient’s condition, a request for Prior Approval should be made to the relevant Commissioner.

**Additional information**
Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes there is an exceptional clinical need that warrants deviation from the rule of this policy.
Individual cases will be considered by the Low Priority Treatments Panel:
http://www.kernowccg.nhs.uk/get-info/individual-funding-requests/
Providers will not be reimbursed for procedures on patients that do not have IFR approval.

**Procedures covered by the policy:**

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