

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

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available.

Laparoscopic Ventral Mesh Rectopexy and Stapled Transanal Rectal Resection (STARR) surgery is not routinely commissioned.

In July 2018, the Government announced a period of 'high vigilance restriction' on the use of a group of procedures, including this procedure, to treat stress urinary incontinence and pelvic organ prolapse, in England. This followed a recommendation by Baroness Cumberlege, who chaired an independent review of surgical mesh procedures and has heard from women and families affected by them. For details, see the [letter from NHS England and NHS Improvement to trust medical directors](#). The high vigilance restriction period was extended in March 2019.

BNSSG ICB is responsible for making the best use of the NHS funds allocated to us to meet the health needs of our local population. The demand for services is greater than the resources available and therefore we have to prioritise the use of funds carefully. Our approach is to prioritise commissioning treatments, operations or drugs that are most effective in meeting the health needs of the population. All operations carry significant risks and where symptoms are mild or moderate it is likely that the risks outweigh the benefits. Not all conditions progress and when symptoms can be managed conservatively, that is the safest option. The ICB does not commission this surgery, the ICB has determined that the value provided by the procedure does not outweigh the risks of the procedure.

Laparoscopic Ventral Mesh Rectopexy and Stapled Transanal Rectal Resection (STARR) Policy – Plain Language Summary

Here's a plain language summary of **Laparoscopic Ventral Mesh Rectopexy (LVMR)** and **Stapled Transanal Rectal Resection (STARR)**:

Laparoscopic Ventral Mesh Rectopexy (LVMR):

- This is a minimally invasive surgery to fix problems like rectal prolapse or severe rectal bulging (rectocele).
- The procedure is done using small incisions in the abdomen and a camera to guide the surgeon.
- A surgical mesh is used to support and hold the rectum in its proper position, preventing it from slipping down.
- It's often chosen because it helps reduce bowel symptoms (like constipation or incontinence) and preserves normal bowel function.

Stapled Transanal Rectal Resection (STARR):

- This is a procedure to treat rectal issues such as obstructed defecation syndrome (difficulty emptying the bowel due to rectal bulging or narrowing).
- The surgeon uses a special stapling device inserted through the anus (no external cuts are needed).
- The stapler removes excess or damaged tissue in the rectum, improving its shape and function.
- It's typically recommended when other treatments, like diet changes or physical therapy, haven't worked.

Both procedures aim to improve bowel function and quality of life while being less invasive than traditional surgeries. However, the choice between them depends on the specific problem and the patient's needs.

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

1. NICE (2018) Laparoscopic ventral mesh rectopexy for internal rectal prolapse (Interventional Guidance IPG618) www.nice.org.uk
2. IMMDSReview (2020) First Do No Harm Report [First Do No Harm](#)
3. NHS Improvement and NHS England (2018) VAGINAL MESH: HIGH VIGILANCE RESTRICTION PERIOD [47633_mesh-letter-to-acute-ceos-and-mds.pdf](#)

4. NHS England (2023) Service Specifications - Specialised services for service users with complications of mesh inserted for urinary incontinence, vaginal or internal and external rectal prolapse www.england.nhs.uk
5. National Library of Medicine (2018) Short- and long-term clinical and patient-reported outcomes following laparoscopic ventral mesh rectopexy using biological mesh for pelvic organ prolapse: a prospective cohort study of 224 consecutive patients (PMID: 29265594) www.ncbi.nlm.nih.gov

Connected Policies

N/A

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the ICB's are responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):

NA

Support

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