

LAPAROSCOPIC VENTRAL RECTOPEXY & STAPLED TRANSANAL RESECTION OF THE RECTUM (STARR) SECONDARY CARE PRIOR APPROVAL (PA) POLICY

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Application Form	Prior Approval Form

**LAPAROSCOPIC VENTRAL RECTOPEXY & STAPLED TRANSANAL
RESECTION OF THE RECTUM (STARR)
SECONDARY CARE PRIOR APPROVAL (PA) POLICY**

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VERSION CONTROL

Document Status:	Current policy
Version:	2526.v2d

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1516.v1	July 2017	Change CSU template to SCCG template
1516.v1a	July 2017	Removal of significant functional impairment to fall in line with all policies
1516.v1b	February 2019	New policy template and layout
1819.v1c	September 2020	Rebranding from IFR to EBI, 3-year review with CCPF no amendments
2021.v2	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2a	January 2023	3-year review, no clinical changes. Wording change on 4.6
2223.v2b	July 2024	Logo change with amendment to website link and clinical exceptionality wording on 4.6
2425.v2c	October 2025	3-year review, no clinical amendments. Amendment to wording under general principles and EBI pathway

Equality Impact Assessment EIA	April 2018
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Bernie Marden
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1 GENERAL PRINCIPLES PA (PRIOR APPROVAL)

- 1.1 Funding approval must be in place prior to treating patients for this prior approval treatment

Please note: Funding approval is given where there is evidence that the treatment requested is clinically effective and the patient has the potential to benefit from the proposed treatment

- 1.2 Receiving funding approval for the specified treatment requested, DOES NOT confirm that the patient will receive treatment or surgery. The patient MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken

- 1.3 The policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '2 week wait pathway' rules for assessment and testing as appropriate

- 1.4 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)

- 1.5 Patients who are smokers should be referred to a smoking cessation service to reduce the risk of surgery and improve healing

- 1.6 Prior approval funding is available for one year commencing the date of approval

2 POLICY CRITERIA PRIOR APPROVAL

Prior Approval surgical treatment will only be provided by the NHS for patients meeting criteria set out below:

- 2.1 Each patient to be considered by a Multidisciplinary pelvic floor team, consisting of a Gynaecological Surgeon, a Colorectal Surgeon and Pelvic Floor Physiologists (will not be quorate unless a representative from each of these groups is present) who confirm that:

- 2.2 They recommend this treatment for this patient over all alternatives

- 2.3 The potential benefit outweighs potential harms

2.4 The MDT is satisfied that the necessary capacity and expertise available to handle this intervention is in place in the proposed delivery setting **AND**

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

- a) Dietary advice
- b) Pelvic floor exercises
- c) Osmotic and stimulant laxatives
- d) Bulking agents and antispasmodics
- e) Glycerine and bisacodyl suppositories
- f) Biofeedback

AND

2.6 The patient has unresolved faecal incontinence or obstructed defecation syndrome **AND**

2.7 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.

2.8 Patients who are not eligible for treatment under this policy, please refer to section 4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

3 BACKGROUND

3.1 Treatment for full thickness prolapse can often present as an emergency and does not require Prior Approval.

3.2 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

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

4.1 Patients who are not eligible for surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED' believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient

4.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

Note. applications CANNOT be considered from patients personally

- 4.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted
- 4.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale
- 4.5 Generic EBI Funding Applications are considered against '**clinical exceptionality**'. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled **Generic EBI Pathway**

- 4.6 Photographs can be forwarded with the funding application form to further support the clinical evidence provided where appropriate

5 ACCESS TO POLICY

- 5.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067
- 5.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

6 REFERENCES

- The following sources have been considered when drafting this policy:
- 6.1 [Rectopexy and STARR policy](#) BNSSG ICB
 - 6.2 [Overview | Laparoscopic ventral mesh rectopexy for internal rectal prolapse | Guidance | NICE](#) IPG618