

Understanding NICE guidance

Information for people who use NHS services

Treating obstructed defaecation syndrome by removing excess tissue from the anus with a stapler device

NICE 'HealthTech guidance' advises the NHS on when and how new procedures can be used in clinical practice.

This leaflet is about when and how stapled transanal rectal resection (STARR) can be used in the NHS to treat people with severe or complete constipation and difficulty in passing stools (obstructed defaecation syndrome). It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

This HealthTech guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe obstructed defaecation syndrome or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision.



What has NICE said?

This procedure can be offered routinely as a treatment option for people with obstructed defaecation syndrome, provided that doctors are sure that:

- the patient understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

NICE has said this procedure should only be carried out in hospitals with units that specialise in treating pelvic floor conditions. A team of specialists experienced in the procedure should decide which patients should be offered it.

Other comments from NICE

NICE says the procedure is sometimes followed by loss of bowel control leading to urgency to open the bowels, and by faecal incontinence. It is not clear from the evidence whether the procedure caused these conditions, or whether they were already present but hidden because of obstructed defaecation syndrome.

NICE received 9 completed questionnaires from patients who were treated by this procedure. Of these, 5 patients said the procedure had led to a major improvement in their quality of life.

Treating obstructed defaecation syndrome by removing excess tissue from the anus with a stapler device

This procedure may not be the only possible treatment for obstructed defaecation syndrome. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

The medical name for this procedure is ‘stapled transanal rectal resection for obstructed defaecation syndrome’.

The procedure is not described in detail here – please talk to your specialist for a full description.

Obstructed defaecation syndrome is characterised by the urge to pass stools but an inability to do so properly. Common symptoms include constipation, excessive straining, pain, and bleeding after passing stools. There may also be a sense that the bowel is not empty after a stool has been passed.

Changes in diet, use of laxatives and pelvic floor exercises can often help. Exercises to retrain the bowel using a small probe placed in the rectum (called biofeedback) may be an option. If these methods don’t work, surgery to improve the function or support the lower bowel may also be an option. There are several different procedures that may be offered.

In the procedure NICE looked at, patients are given general anaesthesia or spinal anaesthesia. An expanding device (called a dilator) is inserted into the anus, and two staplers are used to remove and rejoin segments of the front and back walls of the rectum. Some internal stitches are often needed.

What does this mean for me?

NICE has said that this procedure is safe enough and works well enough for use in the NHS. If your doctor thinks this procedure is a suitable treatment option for you, he or she should still make sure you understand the benefits and risks before asking you to agree to it.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at 11 studies and 1 patient data register on this procedure.

How well does the procedure work?

STARR was successful in treating obstructed defaecation syndrome in 44 out of 54 patients in 1 study and 22 out of 25 patients in another. Success rates were higher in each of these studies than in the treatments that they were compared with, which were biofeedback and stapling of the intestines respectively. A third study reported a failure rate in 6 out of 36 patients.

Data from a register on 2838 patients showed that symptoms of obstructed defaecation syndrome were reduced after 12 months for the 2224 patients treated by STARR.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that the procedure improved quality of life.

Risks and possible problems

Sepsis, which is where tissues and blood become infected, was reported in 124 patients in a register of 2838 patients. In a study of 38 patients, 1 developed septic shock and tissue breakdown, and died.

An opening (fistula) formed between the rectum and the vagina in 1 woman in the register of 2838 patients, and in another woman in the study of 230 patients.

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

Faecal incontinence occurring after the procedure was reported in 3 out of 36 patients and in 9 out of 104 patients in 2 studies. Defaecatory urgency was reported in 4 out of 25 patients in 1 study, and in 6 out of 104 patients at 12 months after the procedure in another study.

1 case of rectal necrosis (breakdown of rectal tissue) was reported. This needed the formation of a stoma (an artificial opening of the bowel on to the abdomen, using a collection bag).

In the register of 2838 patients, 3 reported pain during sex.

A narrowing of the rectum was reported in up to 3% of patients in 4 studies. Bleeding was reported at rates of between 2% (1/54) and 19% (7/36) of patients.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that pain, complications with the staples, holes in the wall of the rectum and blood collecting in the wall of the rectum were other risks and possible problems.

More information about obstructed defaecation syndrome

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as PALS) may also be able to give you further information and support. For details of all NICE guidance on obstructed defaecation syndrome, visit our website at www.nice.org.uk

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. This guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance.

This leaflet is about 'stapled transanal rectal resection for obstructed defaecation syndrome'. This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/guidance/HTG224

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2210). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage voluntary organisations, NHS organisations and clinicians to use text from this booklet in their own information about this procedure.