

S.T.A.R.R.

Oxford Pelvic Floor Centre: www.oxfordpelvicfloor.co.uk

What is a STARR?

This stands for “stapled transanal resection of the rectum”. It is an operation performed through the anal canal to remove loose, floppy rectal wall, using a special stapling device.

When is a STARR performed?

This operation is performed for patients with obstructed defaecation syndrome. Patients with this syndrome commonly have to strain when trying to defaecate, get the sensation of incomplete evacuation and may have to insert a finger into the vagina or anal canal to aid defaecation.

In Oxford, we sometimes perform a “posterior STARR”, removing the redundant back wall of the rectum in the occasional symptomatic patient in whom this is still not well supported after laparoscopic ventral rectopexy.

What other tests are necessary before the operation?

We will need to see you in clinic to assess your symptoms and to perform an examination. Many patients having this operation will need an endoscopic (telescope) test on the bowel. We will also perform studies on the anal sphincter to look at its structure and function (anorectal physiology and ultrasound) and transit studies and a proctogram.

What does the operation involve?

The operation is performed under general anaesthetic. The whole procedure is performed through the anus (bottom) so there are no cuts or incisions on the outside. A crescent shaped piece of loose rectal wall is removed at the front and back using a special stapling device. In patients who have previously had a rectopexy and are

having a “posterior STARR”, only the loose tissue at the back of the rectum is removed.

What is the recovery like after surgery?

You will usually be in hospital for one to two nights after surgery. It is important you do not get constipated but you do not usually require laxatives. You can shower and bath after the operation. You may be fit to drive after 1-2 weeks, return to work after 2-4 weeks but should not do any lifting for at least 6 weeks.

What are the results like from surgery?

Approximately 70-75% of patients will get an improvement in their symptoms of obstructed defaecation. STARR needs to be performed with caution in people with incontinence as there is a risk of making this worse. There are a number of risks and side effects from surgery, listed below.

What are the risks of surgery?

Most patients get urgency after this operation and this is a significant problem in 25-50% of patients that may last several months. Urgency is the constant sensation of needing to open your bowels and feeling unable to “hold on”. These symptoms can be quite severe in some patients.

Approximately 2-4% of patients get significant bleeding. Some patients have difficulty passing urine immediately after the procedure necessitating a temporary urinary catheter. This usually settles within a couple of days. New symptoms of incontinence may develop in 5-10% of patients. There have been very rare reports from other centres of rectovaginal fistula (an abnormal connection between rectum and vagina) and severe pelvic infections.

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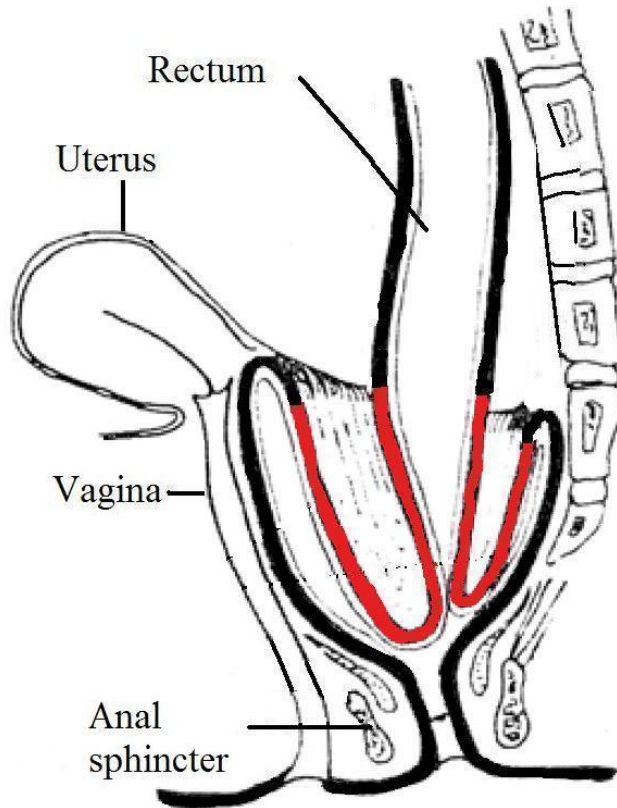


Figure 1: Diagram showing the redundant (floppy) rectal wall lining, known as an intussusception (shown in red in the diagram). The area is excised in a STARR operation and the bowel edges held together with staples

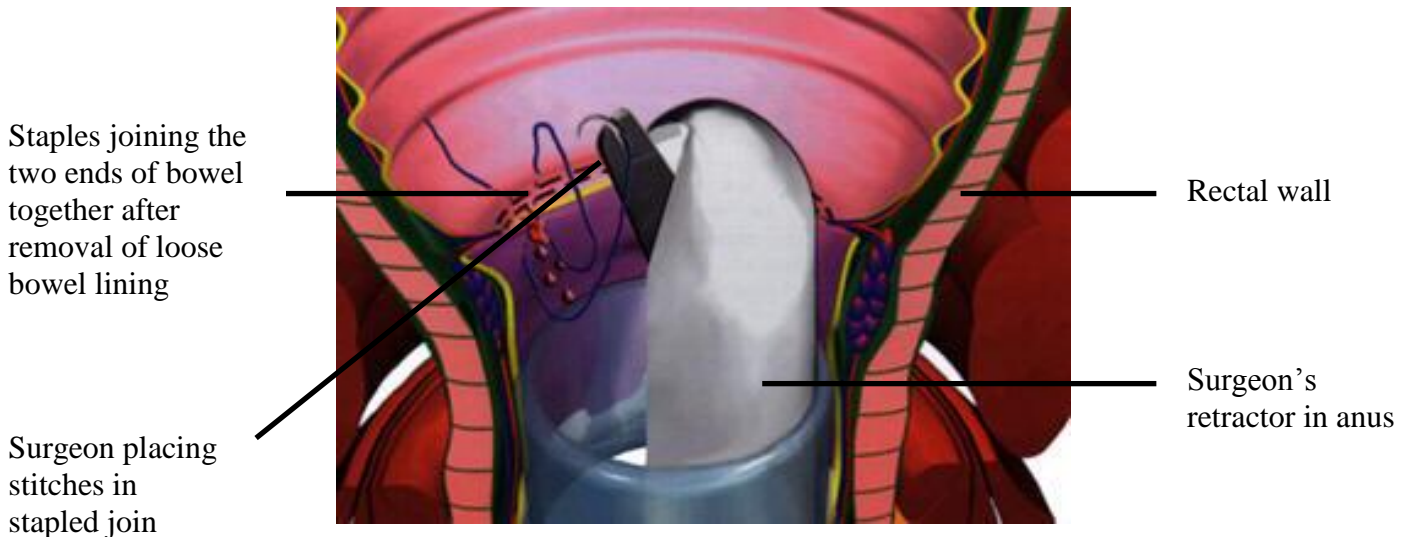


Figure 2: Diagram showing the surgeon operating through the anal canal to perform the STARR procedure. The loose bowel wall has been removed and the staples are visible. The surgeon is placing some stitches to stop a small amount of bleeding from the staple line.

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