

S.T.A.R.R. Stapled transanal rectal resection

Introduction: Why do I need the S.T.A.R.R. procedure?

Obstructive defecation syndrome is a type of constipation caused by having one or both of the following 'structural changes' in your bowel.

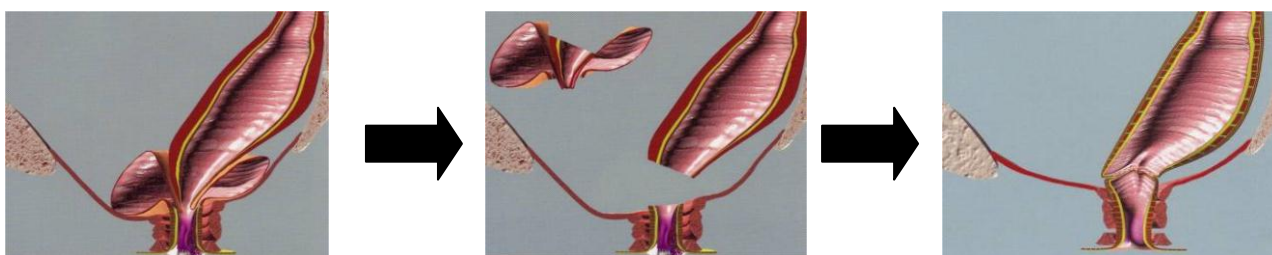
- A collapsed rectum - rather like a telescope that is folding in on itself, particularly when emptying your bowels
- A rectocele - this is a prolapse of the wall between the back passage and vagina. Like a pocket, stools can be trapped within it when you try to empty your bowels. This can cause incomplete emptying of the bowel, the need to revisit the toilet and soiling.

This is caused over time by weakening of the pelvic floor muscles, in some cases over many years. You may have experienced:

- The need for regular laxatives and/or enemas
- More frequent and/or longer visits to the toilet
- Digitation - needing to put your fingers or thumb in your vagina or bottom to empty your bowels
- Straining
- A feeling of not always having emptied your bowels fully
- Subsequent faecal soiling

What is the S.T.A.R.R. procedure?

S.T.A.R.R. is an operation performed under a general or spinal anaesthetic that usually requires an overnight stay in hospital. The procedure involves removing the section of your back passage containing the prolapse. The two remaining ends are then reconnected using special permanent medical staples.



What are the benefits of S.T.A.R.R.?

- Easier and quicker emptying of your bowel without the need to strain or digitate
- A more regular bowel habit
- Reduced or no need for laxatives

What are the risks?

- Some early bleeding post-operatively is usual. Heavy bleeding is unusual.
- You may experience difficulty with passing urine and it may be necessary to pass a catheter (tube into the bladder) for a brief period.

- There is a risk of developing a post-operative infection. Any rise in temperature, inflammation increase in pain or discharge should be reported.

Is the S.T.A.R.R. procedure painful?








Because the procedure does not involve a cut in the skin, the amount of discomfort is usually minimal. Painkillers, like paracetamol and ibuprofen, are usually sufficient. Try to avoid painkillers that contain codeine as these are constipating.

What will my bowels be like afterwards?

Your new bottom will take a little time to adjust to. Often you might notice the sensation of needing to toilet quickly after the operation. This 'urgency' may last several weeks or months although its severity will reduce rapidly. If you had problems with the involuntary passage of wind or stool before your operation, these symptoms may worsen. This is because the prolapse in your back passage has meant you have been emptying your bowels in a different way for some time. If this is the case, you will need help to 'retrain' your bowels. This will involve using your anal sphincter and pelvic floor muscles. (If you are concerned, please ask for information leaflets on either or both of these exercises.) If you have difficulty performing your exercises you can request an appointment with the Pelvic Floor Dysfunction Specialist Nurse for help or to look at other treatment options for improving the strength of these muscles.

To maintain the improvement the S.T.A.R.R. procedure has given you it is important to avoid becoming constipated in the future. Your stool type should be maintained between types 3 to 4 of the Bristol Stool Chart, this is a formed but not constipated stool that will help with your ability to 'hold on'.

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Short Stay Surgery Patient Information

We prefer you to regulate your stools using diet if at all possible. We do not routinely recommend laxatives although these can be used if required.

What about my diet?

What you eat has a direct impact on your bowel motions and the amount of wind you produce. Try to avoid foods that may constipate you or cause increased wind. A high fibre diet, drinking plenty of water and taking regular exercise helps to produce a normal softer stool. Please ask for further information that you require.

Should I shower or bath afterwards?

You can do either. If the skin becomes very sore around your bottom we recommend you gently wash with warm water (no soap), gently dry, using a hairdryer if required, and then apply a barrier cream such as Sudocrem to the area.

When can I resume work and exercise?

You should expect to be off work for at least two weeks following your surgery. Exercise may be gently introduced after one week; this should be of a low impact type. More physical exercise and riding a bicycle may be gradually introduced from about a month to six weeks onwards.

What about sexual relations?

You can have sexual intercourse when you are comfortable after your S.T.A.R.R. procedure. If you are anxious then it is best for the woman to take control by sitting on top of her partner. If any discomfort is felt, leave it for a few days before trying again.

Due to the close proximity of your operation site, anal intercourse should be avoided for a minimum of six months, and only then with a suitable lubricant.

Contact Details

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