

# Transanal Endoscopic Microsurgery (TEMS)

An information guide



# **Transanal Endoscopic Microsurgery (TEMS)**

## **What is TEMS?**

Transanal Endoscopic microsurgery (TEMS) is a specially designed technique which allows surgery to be performed within the back passage (rectum) using an instrument called an endoscope (telescope).

## **What is it used for?**

It can be used to remove small early cancers or benign (not cancerous) polyps from the rectum, avoiding major surgery.

## **Before the operation**

You will receive an appointment to attend the Colorectal Department for a pre-assessment to ensure you are fit for surgery. At this appointment a nurse will take a detailed medical history. This does not include examination of the back passage (anus). You will have an infection screen and blood samples will be taken. Depending on age and general health you may need further tests or to be seen by an anaesthetist. This appointment usually takes between one to two hours. Please bring a list/prescription of your medications with you. You can bring a relative or friend.

You will require a laxative (enema) to clear the lower end of the bowel on the morning of surgery. This will be administered by a nurse on the admission unit when you come into hospital.

## The operation

The surgeon will insert a telescope through the back passage. Using a magnifying lens attached to the main scope, the surgeon can locate the small cancer or benign polyp and remove it using small surgical instruments which are passed through the larger scope. The defect left behind after removal of the polyp is usually closed with stitches. The stitches are held in place with small silver balls.

## What are the risks and complications of surgery?

- **Bleeding** - A bit of bleeding from the site of surgery happens up to 2 days afterwards, this nearly always stops by itself. Occasionally if the bleeding persists and shows no sign of stopping another minor operation may be necessary.
- **Pelvic inflammation/infection** - The raw area in the rectum where the polyp/cancer has been removed can lead to inflammation around the back passage. This is usually treated by a course of antibiotics and hospital observation, but rarely causes problems. Once discharged from hospital if you suffer from pain in the lower abdomen, back passage or lower back you need to contact either your GP or colorectal Nurse as this could be a sign of infection developing.
- **Incontinence** - You may experience slight staining of underwear and seepage of mucous for a few days after the operation and at home. This is not uncommon and is due to the gentle stretching of the anus during the operation. This almost always returns to normal quickly.
- **Major surgery** - Sometimes it is not possible to complete the operation using the TEMS procedure. Occasionally this means using conventional major surgery to remove the small cancer or polyp. If this is a possibility it will be discussed with you before the operation by the surgeon.

All these risks/complications will be explained and discussed with you by the surgeon when you sign a consent form.

## **After the operation**

On returning to the ward after the operation the nurses will carry out regular observations to monitor your recovery. You may have a continuous infusion (a drip) in your arm, through which you will be given fluids. Once you have commenced drinking this will be removed.

After the operation you may feel some rectal discomfort, you should not feel any pain unless the removed polyp was very near the anus itself. If you do experience any pain or discomfort please let the nurses know so that they can give you pain killers as required.

A little bit of bleeding is not unusual for the first few days however if you notice a lot of blood you should report this immediately to your doctor or colorectal nurse.

You may notice the little silver balls, which were used to hold the stitches in place in the toilet, this is to be expected.

A temperature is common after the operation and a course of antibiotics by mouth is routinely given.

You can go back to a normal diet straight after the operation but it is very important to avoid constipation. Make sure you drink plenty of fluids and eat foods containing fibre (fruit, vegetables and wholegrains). If your stools are hard you can take a mild laxative such as lactulose which can be bought from the chemist.

Following the operation rectal function may be somewhat disturbed but this should settle over the next few weeks. Because of the nature of the surgery the anal sphincter muscles maybe stretched. This can lead to some short-term leakage or incontinence. You may wish to wear a pad for protection until normal continence resumes as it does in nearly every case.

## **How long will I be in hospital?**

You will stay overnight in hospital and you may resume normal activities as soon as you are able. However it is advisable to take approximately 2 weeks off work.

## **Driving**

It is not advisable to drive in the first week, it is important that you are comfortable and your concentration is not impaired. Please check with your insurance company as policies sometimes carry their own restrictions.

## **At home**

Complications following TEMS are unusual but if you develop any of the following problems please contact a member of the colorectal team:

- Persistent vomiting.
- High temperature.
- Increased abdominal or pelvic pain.
- Persistent bleeding from the rectum.
- Discharge of pus .

## **Check-ups and results**

Following the operation the polyp or cancer will be examined under a microscope. These results will be discussed at a Multidisciplinary Team Meeting (MDT) and following this you will have an out-patient clinic appointment to discuss the results in more detail.

Colorectal Nurse contact number \_\_\_\_\_

**Notes:**



**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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