Colorectal services

Transanal endoscopic microsurgery

Information for patients, relatives and carers

Introduction

This leaflet is designed to give you information about transanal endoscopic microsurgery (TEMS). We hope it will answer some of the questions that you, or those who care for you, may have. This leaflet is not meant to replace the consultation between you and your medical team, but aims to help you understand more about what is discussed.

What is TEMS?

TEMS is an operation used to remove non-cancerous (benign) rectal polyps or rectal cancer tumours using a microscope and other instruments designed specifically for this purpose. This allows the surgery to be performed through the anus (back passage) inside the rectum. It requires no cuts on the outside of the anus or abdomen (tummy). The procedure is done under a general anaesthesia, so you will be asleep throughout.

Why do I need TEMS?
TEMS is only offered in selected cases. It is not appropriate for everyone. This operation may be carried out to help make a diagnosis, to repair a defect or to remove a tumour. TEMS may sometimes only provide information about your disease and not cure it. The results from the laboratory may show that you need further surgery to remove the whole tumour. Your surgeon will discuss this with you before and after your surgery.

What are the risks and benefits of TEMS?
The risks associated with TEMS are smaller than for a traditional operation of the same nature, which would involve a section of the bowel being removed. The recovery time for TEMS is also shorter. As with any operation, there are risks. Your surgeon will explain these in more detail before your operation. Specific to this operation there is a risk of:

**Bleeding**
A small amount of bleeding for the first two days after the operation from the site of surgery is not uncommon. Occasionally it is necessary to have a further minor operation to stop the bleeding.

**Pelvic inflammation**
The area in the rectum where the surgery has been carried out may become inflamed. You may need a course of antibiotics to treat the infection that is causing the inflammation.

**Incontinence**
Occasionally you may soil your underwear with mucus or stool. This will be a temporary effect due to stretching of the muscles in the anus during the operation.

**Blood clots in the lung or legs (pulmonary embolism or deep-vein thrombosis (DVT))**
This is a rare complication for anyone having general anaesthesia. However, if this does happen the surgeon will see you and start you on blood-thinning medication. Symptoms of blood clots may be shortness of breath, calf pain, or chest pain.

**Major surgery**
Sometimes it is not possible to complete the operation using the TEMS procedure. If it turns out, for example, that the polyp or tumour is not accessible using TEMS, then the traditional method of open surgery for removing the tumour or polyp may be required. However, this is rare.

**Pelvic floor exercises**
In some cases performing pelvic floor exercises, both before and after surgery, can improve your bowel function following your operation. We will provide you with a separate leaflet available on this called ‘Pelvic floor exercises pre and post bowel surgery’. Please ask the specialist nurse if you need further advice.

How should I prepare for TEMS?
You will be given an appointment to attend a pre-assessment clinic to check your fitness for surgery. You will be given some medication at the clinic to take the day before the procedure to empty your bowel. Make sure you have a toilet nearby because you are likely to make regular visits to empty your bowel.
You also need to drink at least two litres (about 10 cups) of clear fluid (fluid without milk or clear soup without bits) to stop you getting dehydrated. On the morning of surgery you may also be given a phosphate enema to empty your bowel further.

A phosphate enema is a laxative. It is given to you before surgery to ensure you have an empty bowel. You will be asked to lie on your left side on a couch. The tip of the phosphate enema will be inserted into your rectum. With a gentle pressure 100 ml of the liquid will be instilled. You will then be asked to hold on to the contents for 15 minutes before you empty the contents in the toilet or commode.

What happens after surgery?

You are likely to stay in hospital for one or two days after the surgery. During this time:

- your oxygen mask will be removed once your condition is stable
- your urinary catheter will be removed within 24 to 48 hours
- you will be encouraged to walk the day after your surgery
- you can start drinking six hours after surgery
- you can gradually start eating light meals the day after your surgery

When can I go home?

Your surgeon will let you know when you can go home. This will usually be one or two days after your surgery. You will be given an appointment (or sent one in the post) to return to hospital in two weeks to review your results of the sample removed at surgery. You may also be prescribed medication to take with you. The nurses caring for you will explain how to take it.

If you have worsening lower abdominal, back or rectal pain and or a temperature following your discharge from hospital, these could be signs of infection developing. You should either consult your GP or attend A&E immediately.

Who can I contact for more help or information?

Please do not hesitate to contact us if you have any questions or concerns between 09.00 and 17.00, Monday to Friday (excluding bank holidays). Please phone the colorectal services administrator on one of the following numbers:

- 020 3312 6560 (St Mary’s Hospital), or
- 020 3313 0860 (Charing Cross Hospital)

If no one is available to answer the phone, please leave a message on the voicemail, and we will aim to return your call within 24 hours (except on Fridays). Calls received after 13.00 will be returned on the following day (except for Fridays). Outside of these hours, please contact your GP or phone NHS 111.

For ward-related information or queries:

- Charles Pannett ward (St Mary’s Hospital) 020 3312 6118
- Patterson ward (St Mary’s Hospital) 020 3312 2400

or your admitting ward on:________________________________________
Imperial College Healthcare NHS Trust has a Macmillan navigator service for access to your CNS and other members of the clinical team. Navigators can also help with queries and provide a range of other information, help and support relating to your care. The service is available Monday to Friday 08.00–20.00 and 09.00–17.00 at weekends. Telephone: **020 3313 0303**

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (PALS) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte’s & Chelsea hospitals), or **020 3312 7777** (St Mary’s and Western Eye hospitals). You can also email PALS at pals@imperial.nhs.uk. The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to express your concerns in **writing** to:

**Complaints department**

**Fourth floor**

**Salton House**

**St Mary’s Hospital**

**Praed Street**

**London W2 1NY**

**Alternative formats**

This leaflet can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications team on **020 3312 5592**.

We have a free and premium wi-fi service at each of our five hospitals. For further information please visit our website: www.imperial.nhs.uk