



Salisbury
NHS Foundation Trust

TransAnal Minimally Invasive Surgery (TAMIS)



What is TAMIS?

TransAnal Minimally Invasive Surgery (TAMIS) is a technique that allows surgery through the bottom (anus) within the back passage (rectum) using a special camera and instruments. It is typically used to remove benign (non-cancer) polyps or some small early cancers from the rectum, which avoids major surgery.

What happens during the operation?

The surgeon inserts a special instrument known as a port through the anus (bottom). This port allows a telescopic camera and surgical instruments to pass into the rectum. The telescopic camera is attached to a monitor giving views of the rectum. The surgical instruments are then passed through the port and used to perform the operation, usually removing the abnormality in question. The wound left behind after removal of the abnormal area may or may not be closed with stitches.

Preparation for surgery

You will be asked to attend the pre-admission assessment clinic in the weeks prior to your surgery to ensure you are fit for surgery and to allow for any necessary preoperative tests to be undertaken.

You will need to take some medications to clear out the bowel in the 24 hours before your surgery. Details of these laxatives with full instructions for their use and any special diet that is required will be given to you.

You will attend the hospital on the day of your procedure. It is important that you are appropriately starved for the anaesthetic and

you will be given specific instructions about this depending on whether your operation is in the morning or afternoon.

You may also be given an enema on arrival to ensure that the rectum is completely clear.

Are there and risks or complications with this operation?

The risks of this operation are small and much less likely to affect you than the risk of doing nothing. However, there are recognised risks and complications that can occur which include:

- **Bleeding:** A bit of bleeding from the site of surgery happens up to two days afterwards. It almost always stops by itself without further surgery. Occasionally if this bleeding is heavy and persistent, another procedure may be necessary to stop it.
- **Infection:** The bowel is incredibly resilient to infection. However, the raw area where the abnormality has been removed can become inflamed and/or infected. This is usually treated with a course of antibiotics and observation. It is rarely a major issue. Please see below for things to look out for following discharge.
- **Incontinence:** You may experience slight staining of underwear and seepage of mucus for a few days after the operation and at home. This is not uncommon and is due to the gentle stretching of the anal sphincter (muscles that control continence) during the operation. This almost always comes back to your previous normal without any treatment.
- **Major surgery:** Sometimes it is not possible to complete the operation using the TAMIS procedure. Very 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.

- Problems with your heart, lungs or kidneys.
- Problems passing urine (though this is usually only temporary).
- Deep vein thrombosis (blood clots in the veins in the legs).
- Pulmonary embolisms (blood clots in the lungs).

You may also experience anxiety due to the whole situation, although we will do our best to help you through this.

These risks/complications will be explained and discussed with you when the surgeon asks you to sign the consent form.

After the operation

When you return to the ward the nurses will check on you regularly to monitor your recovery from surgery.

You may have a continuous infusion (a drip) in your arm through which you will be given fluids but this will be discontinued early and you will be encouraged to eat and drink normally. You may be given oral antibiotics for a few days after the operation to reduce the risk of infection.

After the operation you may feel some rectal discomfort but you should not feel any pain unless the abnormality removed 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 painkillers.

A little bit of bleeding is not unusual for the first few days after the operation, but this should not be heavy.

It is very important to avoid becoming constipated by drinking plenty of fluid and taking enough fibre in your diet. You may wish to soften the motion with Lactulose; this is a mild laxative, which can be bought over the counter at the chemist.

After the operation your bowels may be disturbed, but this should settle over the next few weeks. You may have some urgency (needing to open the bowels quickly once you get the urge) or frequency (needing to open them more often). Because of the size of the port that is passed during the operation, the anal sphincter muscles may be stretched and this may lead to some leakage or incontinence. You may wish to wear a pad for protection until normal continence resumes, as it usually does.

Your operation may be a day case or you might need to stay overnight.

When you leave hospital you may resume normal activities as soon as you feel able.

It may be advisable to take approximately 2 weeks off work following this surgery and if you require a certificate for work please ask a member of staff before you leave hospital.

Driving

You are not allowed by law to drive for 24 hours following a general anaesthetic. If possible you should not drive in the first week after the operation. It is important that you are comfortable and your concentration is not impaired. Some people may require a little longer

than a week. Once you feel able to drive, it is important to check with your insurance company before doing so, as policies sometimes carry restrictions that vary from individual companies.

You may resume sexual activities as soon as you feel comfortable to do so.

Once discharged from hospital, if you suffer from any of the following, you should seek further medical review:

- Marked pain in the lower abdomen, back passage or low back.
- A fever.
- Feeling generally unwell.
- Persistent heavy bleeding.

Please keep this information leaflet throughout your admission. Make notes of questions you may wish to ask the doctor and/or nurses.

Further information

For any further information, please speak to your Colorectal Clinical Nurse Specialist on 01722 425 194 (direct line).

