

Trans Anal Minimally Invasive Surgery (TAMIS)

Information for patients

You have been given this leaflet as you have been referred for Trans Anal Minimally Invasive Surgery (TAMIS). Previous investigations you have had have shown that you have a polyp low in your rectum, which cannot be removed using an endoscopic procedure but can be removed with minimally invasive surgery.

This leaflet will explain what the surgery is, how it is performed, what the risks are to having this procedure. If after reading this leaflet you still have questions or concerns, please speak to a member of your surgical team.

What is TAMIS?

Trans Anal Minimally Invasive Surgery (TAMIS) is a specially designed technique which allows surgery to be performed within the back passage (rectum) using a special instrument called an laparoscope (telescope).

What is it used for?

TAMIS is used to remove small early cancers or benign (not cancer) polyps from the rectum, avoiding major surgery.

Are there alternatives?

In some cases, it is possible to remove the polyp with an examination under anaesthetic and excision of the polyp with cauterisation. However, it is not possible to make this decision until you have had your first examination at the time of surgery.

Sometimes it is not possible to complete the operation using the TAMIS procedure. Very occasionally this means a patient will need to have major surgery to remove the small cancer or polyp. If this is a possibility your surgeon will discuss this with you before your surgery.



How long will I be in hospital?

Approximately six out of every 10 patients will be able to go home on the same day as their surgery. When you are allowed home will depend on how you recover after your surgery.

What happens before my operation?

You will be asked to attend a preassessment clinic one to six weeks before you are admitted to hospital, to make sure you are fit for surgery. This allows time for any tests you may need before your operation; these may include blood tests, a cardiogram (ECG), and a chest x-ray.

You will be sent two sachets of powder to be mixed into a drink to take at home the day before your admission to hospital. This is a strong laxative (Picolax) which will help clear your bowel. The instructions of when and how to take this laxative will also be sent to you. You will not be allowed to eat while you are taking this laxative but you will be allowed to drink clear fluids - water, squash, black tea or coffee, and clear soups. It is important to drink plenty of water to reduce your risk of dehydration. You will be admitted to hospital the day before your surgery and will be given an enema to clear the rest of your bowel.

What happens on the day of my operation?

Please refer to your appointment letter for where to report to on the day of your operation.

On the day of your surgery you will need to be 'nil by mouth' (nothing to eat or drink).

Will I have an anaesthetic?

Yes. This surgery is usually carried out under a general anaesthetic (you are asleep for the procedure).

What happens during my operation?

Your surgeon will insert a special port through your back passage; this allows your surgeon to view the area. The telescope is attached to a monitor, allowing your surgeon to find the small cancer or benign polyp and remove it using small surgical instruments, which they will pass through the port.

Will I have stitches?

The defect left behind after removal of the polyp, may or may not be closed with stitches.

What are the risks to having this procedure?

- **Bleeding:** you may experience a bit of bleeding from the site for up to two days following your surgery. It almost always stops by itself without further surgery. Occasionally if this bleeding continues and shows no signs of stopping it may become necessary to stop the bleeding by carrying out another minor operation.
- **Pelvic inflammation/infection:** the raw area in your rectum, where the polyp has been removed, can lead to inflammation around your back passage. This is usually treated with a course of antibiotics and hospital observation, and rarely causes problems. Once discharged from hospital, if you suffer any of the following: marked pain in your lower abdomen, back passage, or lower back, or you feel generally unwell, you should either see your GP or contact the hospital as soon as possible, as these can be signs of an infection developing.

- **Incontinence:** you may experience slight staining in your underwear and seepage of mucus for a few days after your operation and at home. This is not uncommon and is due to the gentle stretching of the tail end (anus) during your operation. This almost always comes back to normal without any treatment.
- **Major surgery:** sometimes it is not possible to complete the operation using the TAMIS procedure. Very occasionally this means using major surgery to remove the small cancer or polyp. If this is a possibility you will discuss this with your surgeon before your procedure.

These risks/complications will be explained and discussed with you when your surgeon asks you to sign the consent form before your procedure. Use this time to raise any questions or concerns you may still have. Remember you can withdraw your consent for treatment at any time.

What happens after my operation? How will I feel?

On returning to the ward after your operation the nurses will perform regular observations 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 stopped early and you will be encouraged to eat and drink normally. You will be given oral antibiotics for five days after your operation to reduce your risk of infection.

After the operation you may feel some rectal discomfort but you should not feel any pain unless the polyp that we 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 as needed.

A little bit of bleeding is not unusual for the first few days after your operation. This should not be greater than a little spotting, which is probably most noticeable when having your bowels open for the first time.

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

Following your operation, rectal function may be somewhat disturbed but this should settle over the next few weeks. Because of the size of the instrument that is used during the operation, your 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 does in virtually all cases.

When can I resume my normal activities?

Once discharged from hospital you may resume your normal activities as soon as you feel able.

You can have sex as soon as it feels comfortable to do so.

When can I return to work?

We advise you not to work for two weeks after your surgery. If you need a certificate for work, please ask a member of staff before you leave hospital.

When can I drive again?

We advise you not to drive in the first week following your surgery, some people need a little longer though. It is important that you are comfortable and able to concentrate clearly. Please check with your insurance company before you drive again, as some policies carry restrictions that vary from individual companies.

Do not drive yourself home from hospital after your surgery. Please arrange for someone to collect you from hospital and take you home.

What if I have any questions or concerns after my surgery?

When you return home, if you notice any of the following symptoms please contact the colorectal clinical nurse specialists (CNS) via the Cancer Care Line on 01227 86 86 66 for advice.

- Persistent nausea and vomiting
- High temperature
- Increased abdominal pain
- Persistent bleeding from your rectum.

This information has been provided with grateful acknowledgement by West Suffolk NHS Foundation Trust

Further information

We have listed the main support associations, together with other useful sources of information. Remember that, although the internet carries a lot of material, not all of it is particularly helpful. For the correct information, you should speak to your specialist nurse, who could also give you information about any local support groups.

- **Guts UK**
Telephone: 0207 48 60 341
Email: info@gutscharity.org.uk
Web: gutscharity.org.uk/
- **Colostomy UK**
Telephone: 0800 32 84 257
Email: info@colostomyuk.org
Web: www.colostomyuk.org/
- **Crohn's and Colitis UK**
Telephone: 0300 22 25 700
Web: www.crohnsandcolitis.org.uk/
- **Macmillan Cancer Support**
Cancerline: 0808 80 80 000
Web: www.macmillan.org.uk
- **Bowel Cancer UK**
Telephone: 0207 94 01 760
Email: admin@bowelcanceruk.org.uk
Web: www.bowelcanceruk.org.uk/

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation