

## Patient information

# TransAnal Minimally Invasive Surgery (TAMIS)

### What is TAMIS?

TransAnal 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?

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

### The operation

You will be asked to attend the pre-admission assessment clinic 1-6 weeks prior to admission to ensure you are fit for surgery, allowing time for the necessary pre-operative tests, which may include blood tests, cardiogram (ECG) and a chest X-ray.

You will be sent 2 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 whilst you are having this laxative but you will be allowed clear fluids – water, squash, black tea or coffee and clear soups. It is important to drink plenty to reduce the risk of dehydration. You will be admitted the day before surgery and will be given an enema to clear the rest of the bowel.

On the day of surgery you will need to be 'nil by mouth' (nothing to eat or drink). The surgery is usually carried out whilst you are asleep (under general anaesthetic).

The surgeon inserts a special port through the back passage; this port incorporates other channels for viewing and deploying surgical instruments. The telescope is attached to a monitor, allowing the surgeon to find the small cancer or benign polyp and remove it using small surgical instruments, which he/she passes through the port. The defect left behind after removal of the polyp may or may not be closed with stitches.

## Risks, benefits and alternatives

- **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 persists 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 the rectum where the polyp 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 any of the following: marked pain in the lower abdomen, back passage or low back, or you feel generally unwell, you should either see your doctor or consult the hospital promptly, as these can be signs of an infection developing.**
- **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 tail end (anus) during the 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 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.

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

## After the operation

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 discontinued early and you will be encouraged to eat and drink normally. You will be given oral antibiotics for five 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 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 required.

A little bit of bleeding is not unusual for the first few days after the operation, but 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 taking adequate 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.

Following the 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 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 does in virtually all cases.

Your expected length of stay is one night; when you are allowed home will depend on your individual recovery. On discharge from hospital you may resume normal activities as soon as you feel able.

Although it may be advisable to take approximately two weeks off work, if you require a certificate for work please ask a member of staff before you leave hospital.

It may not be advisable to drive in the first week, it's important that you are comfortable and your concentration is not impaired, some people require a little longer. However, please check with your insurance company, as policies sometimes carry restrictions that vary from individual companies.

It is advised you may resume sexual activities as soon as it feels comfortable to do so.

When you return home you should seek medical advice if you notice any of the following:

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

**Please retain this information leaflet throughout your admission, making notes of specific questions you may wish to ask the doctor and/or nurses before discharge.**

## More 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.

## Useful addresses

### **Digestive Disorders Foundation (CORE)**

3 St Andrews Place, London NW1 4LB  
(please send an SAE)  
Website: [www.digestivedisorders.org.uk](http://www.digestivedisorders.org.uk)

### **National Association for Colitis and Crohn's Disease (NACC)**

4 Beaumont House, Sutton Road  
St Albans, Herts, AL1 5HH  
Phone: 0845 130 2233/01727 844296  
Fax: 01727 862550  
E-mail: [nacc@nacc.org.uk](mailto:nacc@nacc.org.uk)  
Website: [www.nacc.org.uk](http://www.nacc.org.uk)

### **Cancerbackup**

3 Bath Place, Rivington Street  
London EC2A 3JR  
Phone: 0808 800 1234  
Fax: 020 7696 9002  
Website: [www.cancerbackup.org.uk](http://www.cancerbackup.org.uk)

Cancerbackup have produced the following booklets which you may find useful:

- Large bowel (colon and rectum)
- Chemotherapy
- Radiotherapy
- Sexuality
- Diet

### **Colostomy Association**

PO Box 8017  
Reading, RG6 9DF  
Phone: 0800 587 6744  
E-mail: [cass@colostomyassociation.org.uk](mailto:cass@colostomyassociation.org.uk)  
Website: [www.colostomyassociation.org.uk](http://www.colostomyassociation.org.uk)

### **Macmillan Cancer Relief**

89 Albert Embankment, London SE1 7UQ  
Cancerline: 0808 808 2020  
Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

### **Bowel Cancer UK**

7 Rickett Street, London SW6 1RU  
Phone: 08708 506050  
E-mail: [advisory@bowelcanceruk.org.UK](mailto:advisory@bowelcanceruk.org.UK)  
Website: [www.bowelcancereuk.org.uk](http://www.bowelcancereuk.org.uk)

### **Beating Bowel Cancer**

39 Crown Road, St Margarets  
Twickenham, TW1 3EJ  
Phone: 020 8892 5256  
E-mail: [info@beatingbowelcancer.org](mailto:info@beatingbowelcancer.org)

## Questions you would like to ask

Please use this page to make any notes that you think will help you when you speak to your specialist team. You may also want to keep a notebook for when you think of any extra questions.

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## For further information please contact:

Senior Colorectal Nurse Specialist  
Colorectal Nurse Specialist  
Colorectal/Stoma Nurse Specialist

Telephone: 01284 712697

*If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)*

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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