

Transanal Endoscopic MicroSurgery (TEMS)

What is TEMS?

TEMS stands for Transanal Endoscopic MicroSurgery.

It is a specially designed operating system which allows surgery to be performed in the back passage (rectum) using a special telescope.

There are usually no incisions or external scars on your skin.

What is it used for?

The most common use for TEMS is for the removal of benign polyps (like warty growths) from the rectum which would otherwise have to be removed with a major operation.

Having TEMS means that more of these polyps can be removed completely without major surgery.

Occasionally, TEMS is used to remove small cancers from the rectum without relying on major surgery because the cancer is very early or because TEMS is safer for the patient than major surgery.

What should I expect before the operation?

The back passage needs to be completely empty for the operation to be performed. You may have to take a fluid preparation the night before surgery or the back passage may be cleared out using 1 or 2 enemas on the day of the surgery. You will be given further details by the pre-assessment nurse in the pre-op clinic.

The operation?

The operation involves a general anaesthetic and the anaesthetist will see you before the operation to talk about this on the day of surgery. The surgeon will also see you before the operation on the day of surgery and explain the operation further and go through the consent process.

What should I expect after the operation?

You are likely to stay in hospital 1 night after the operation.

- There is usually very little pain after this surgery. Inflammation in the rectum, where the surgery has been performed, may cause a discomfort in the back passage but you should be able to get up and about very soon.
- Results from the operation can take approximately 4 weeks to be analysed. Your doctor will either write to you with the results, see you in their outpatients clinic around 6 weeks later or occasionally the information will be given over the phone.

What complications may occur?

Bleeding - a bit of bleeding from the site of surgery often happens up to 2 days afterwards. It almost always stops by itself without further surgery. Occasionally it is necessary to stop the bleeding with another minor operation.

Pelvic inflammation - 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 longer course of antibiotics and hospital observation but rarely causes serious problems.

Incontinence - You may experience slight staining of underwear and seepage of mucus for a little while 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 without any treatment. Some patients have found it useful to use panty liners or sanitary towels or incontinence pads for a while.

Major surgery - sometimes it is not possible to complete the operation using the TEMS procedure. Very occasionally this means that it is necessary to use conventional major surgery to remove the polyp. If this is a possibility it will be discussed with you before the operation by the surgeon.

Perforation of the Rectum - A hole or burst in the rectum. This is very rare but would lead to major surgery.

If you suffer marked pain in the lower abdomen, back passage or lower back, suffer a large rectal bleed or feel unwell once discharged from hospital, these can be signs of infection developing. You should either see your doctor or consult the hospital promptly taking this leaflet with you.

Royal Sussex County Hospital Telephone 01273 696955

Princess Royal Hospital Telephone 01444 441 881

NHS Helpline Telephone 111
(Emergency and urgent care services)

You will be given be given discharge information from your ward team before you go home after your operation.

Questions

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