



**East Kent
Hospitals University**
NHS Foundation Trust

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. This 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, and 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?

TAMIS is a technique, which allows surgery to be performed within the back passage (rectum). This is done 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. This will depend on how you recover after your surgery.

What happens before my operation?

You will have a pre-assessment appointment one to six weeks before your operation, 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.

Before the day of your surgery, we will send you two sachets of powder which you need to take at home. This is a strong laxative called Picolax, which will help clear your bowel. We will also send you instructions of when and how to take this laxative.

You must not eat while you are taking this laxative. You can drink clear fluids, including 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.

How can I prepare for my surgery?

While you wait for your surgery date, you can start preparing for your operation. Research shows that fitter patients, who are able to improve their health and activity levels before surgery, recover more quickly. Taking an active role in planning and preparing for your operation will help you:

- feel in control
- leave hospital sooner, and
- get back to normal more quickly.

To help with this, you may be contacted by a member of the One You Kent (OYK) team. OYK work in the community, and help patients improve their general health. This includes help and advice on:

- Stopping smoking
- Losing weight
- Getting more exercise

More information can be found on the following web sites.

- One You Kent (<https://www.kentcht.nhs.uk/service/one-you-kent/>) (Kent Community Health)
- Fitter Better Sooner Toolkit (<https://www.cpoc.org.uk/patients/fitter-better-sooner-toolkit>) (Royal College of Anaesthetists)

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 the operation?

Your surgeon will insert a special port through your back passage, allowing them to view the area. The telescope is then attached to a monitor, allowing your surgeon to find the small cancer or benign polyp. They will then 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?

- You may have **a bit of bleeding** from the site for up to two days following your surgery. It almost always stops by itself without further surgery. If this bleeding continues and shows no signs of stopping, we may need to stop the bleeding by carrying out another minor operation.
- 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 antibiotics and hospital observation, and rarely causes problems. Once discharged from hospital, if you have any of the following you should either see your GP or contact the hospital as soon as possible. These can be signs of an infection developing.
 - Marked pain in your lower abdomen, back passage, or lower back.
 - You feel generally unwell.
- You may have **slight staining in your underwear and seepage of mucus** for a few days after your operation. 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.
- It is not always possible to complete the operation using the TAMIS procedure. Very occasionally this means having major surgery to remove the small cancer or polyp. If this is a possibility, you will discuss this with your surgeon before your procedure.

You will discuss these risks / complications with your surgeon, when they ask you to sign the consent form before your procedure. Use this time to raise any questions or concerns you may still have.

Why do I need to sign a consent form?

All patients must give permission before they receive any type of medical treatment, test, or examination. Consent is usually given when you sign the consent form before your treatment, but we may ask you to give it verbally.

- You must give your consent voluntarily.

- The hospital must give you all the information you need to make a decision about your treatment. This is so you can give us informed consent. If you have not been given this information, or you have but you still have questions, please speak to a member of staff.
- You must be capable of giving consent. This means that you understand the information given to you and can make an informed decision.

When we ask you to give consent, please use this time to ask any questions you may still have. For more information, please go to the NHS Consent for Treatment (<https://www.nhs.uk/conditions/consent-to-treatment/>) web page. Remember, you can withdraw your consent for treatment at any time.

What happens after my operation?

On returning to the ward after your operation, the nurses will perform regular observations to monitor your recovery.

You may have a continuous infusion (a drip) in your arm. We give you fluids through this drip, but we will stop this early and encourage you to eat and drink normally.

You will take oral antibiotics for five days after your operation to reduce your risk of infection.

How will I feel?

After your operation you may feel some rectal discomfort. You should not feel any pain unless the polyp that we removed was very near the anus itself. If you do have 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 you will notice more when having your bowels open for the first time.

It is very important to avoid constipation. Drinking plenty of fluid and eating enough fibre in your diet will help with this. You may wish to soften your stools with Lactulose. This is a mild laxative, which you can buy over-the-counter at the chemist.

Following your operation, rectal function may be 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. This may lead to some leakage or incontinence. You may wish to wear a pad for protection until it returns to normal, as it does in nearly 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. It is important that you are comfortable and able to concentrate clearly. Please check with your insurance company before you drive again. Some insurance 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 (feeling sick) and vomiting.
- High temperature.
- Increased abdominal (stomach) pain.
- Persistent bleeding from your rectum.

Further information

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

- Guts UK (<https://gutscharity.org.uk/>)
Telephone: 0207 486 0341
Email (info@gutscharity.org.uk)
- Colostomy UK (<https://www.colostomyuk.org/>)
Telephone: 0800 328 4257
Email (hello@colostomyuk.org)
- Crohn's and Colitis UK (<https://www.crohnsandcolitis.org.uk/>)
Telephone: 0300 222 5700
- Macmillan Cancer Support (<https://www.macmillan.org.uk>)
Support Line: 0808 808 00 00
- Bowel Cancer UK (<https://www.bowelcanceruk.org.uk/>)
Telephone: 0207 940 1760
Email (admin@bowelcanceruk.org.uk)

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This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring 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 has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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