

### Preoperative Preparation:

- You will be given instructions on how to clean out your bowel.
- Do not eat anything for 8 hours before the operation.

### Operation:

- You will be asleep for the operation
- The operation takes 1-3hours

### Postoperative Care:

- You will be taken to the recovery room and observed. You require admission to the hospital.
- Pain will be controlled with medicine.
- You will be started on a liquid diet.
- Complications are always possible. With this operation they can include bleeding, infection, blood clots, and others.
- You should be home the day of surgery or in 24-72hours.
- Arrangements will be made for your medications and follow-up office visit.

### Home Care:

- You may ambulate as tolerated
- Take the medicines prescribed for you.
- Call the office if you develop a temperature greater than 101F, your bowels don't move, or if you have any questions.

### Contact:

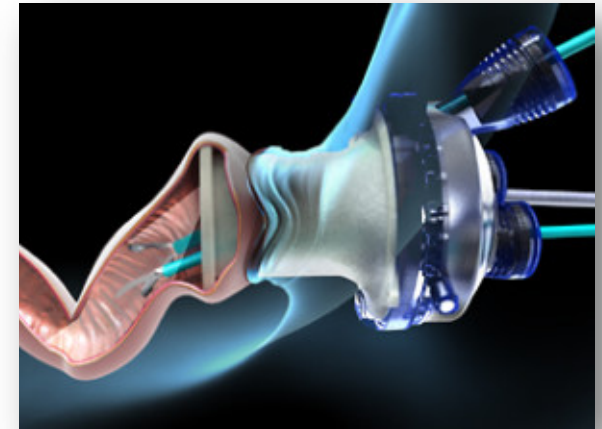
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## **University Colon & Rectal Surgery**



## **Transanal Minimally Invasive Surgery**

**(TAMIS)**

**“ Transanal Minimally Invasive Surgery (TAMIS), a less invasive procedure for surgically removing early rectal cancers”**

As an alternative to more radical abdominal surgery, Transanal Endoscopic Microsurgery (TEM) offers a minimally invasive solution for the excision of certain rectal polyps and early stage rectal cancers.

It is being used by Drs. Casillas and Russ of University Colon & Rectal Surgery at the Tennessee University Medical Center. The surgery removes polyps and early cancers of the rectum and low sigmoid colon. Originally called transanal endoscopic microsurgery (TEM), this technique was developed in Germany nearly three decades ago and has been utilized in the United States. Colon and rectal surgeons undergo specialized training to perform the surgery.

With TAMIS, the polyps and cancers are removed in a minimally-invasive fashion, potentially avoiding longer and more risky surgery and the need for an ostomy.

**Indication of TAMIS in benign disease**

1. Rectal polyps
2. Carcinoid tumors
3. Retrorectal masses
4. Anastomotic strictures
5. Extrasphincteric fistulae
6. Pelvic abscesses

**Indication of TEM in malignant disease**

1. Malignant rectal polyps
2. T1 rectal cancer
3. Palliative excision of T3 cancer

**Equipment:**

- Unique disposable pliable port.
- Combination smoke evacuator and insufflator unit for controlled distention
- Easy

