Bradford Teaching Hospitals
NHS Foundation Trust

Patient Information

Transanal Endoscopic Microsurgery (TEMS)

What is TEMS?

Transanal Endoscopic Microsurgery (TEM) is a specially designed technique which allows surgery to be performed within the back passage (rectum) using a special instrument called an endoscope (telescope).

What is it used for?

It can be used to remove small early cancers or benign (non- cancerous) polyps from the rectum, avoiding major surgery leaving the rectum intact which will allow the bowel to function normally.

What happens before the operation?

Prior to your admission to hospital you will need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your operation. The pre-operative assessment nurses will help you with any worries or concerns and will give you advice regarding any preparation needed for your surgery.

It is necessary before surgery that the bowel is clear to allow the surgeon to operate in a clean and empty bowel. You will be prescribed some form of bowel preparation (usually sachets to drink) to take the day before surgery to empty the bowel.

Before your admission, please read closely the instructions given to you. You will be advised when to stop eating and drinking and about taking your regular medication if necessary. You will be admitted to the hospital on the day of your surgery.

How is the operation performed?

Most operations will be performed under a general anaesthetic (fully asleep), although some patients who are less fit can have surgery performed whilst awake but with a local anaesthetic block (spinal anaesthesia).

The operating telescope is inserted into the rectum and instruments passed through the telescope to perform the surgery. The surgeon operates using a large screen to obtain a clear view of the cancer or polyp from inside the rectum. The space left where the growth was removed from is sometimes stitched and sometimes left to heal naturally. The removed tissue will then be sent to the laboratory for further analysis. Results are usually available within 2 weeks of your surgery.

Risks & complications

Bleeding:
A bit of bleeding from the site of surgery happens in most people for a few 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 GP or consult the hospital promptly, as these can be signs of an infection developing.

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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 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 TEMS 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.

Colostomy:
This type of surgery also carries a very small risk of requiring the surgeon to divert the bowel from the rectum and form a colostomy. A colostomy is when some of your bowel is brought to the surface of your tummy and the bowel contents drain into a bag worn on your body. If this is required you will be introduced to a stoma care nurse specialist, who will teach you how to manage your colostomy. If required this is most often a temporary measure before the bowel can be safely joined back together once more.

Fistula formation:
This is a rare complication when an abnormal connection between the rectum, bladder or vagina can form after surgery. If this were to occur, it may require further surgery.

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

After the operation

You will return to the ward after surgery to recover and can eat and drink as normal. A proportion of patients may be able to go home the same day of their surgery or in most circumstances the day after. Depending upon the extent of surgery, you may need to stay an additional night or two before discharge. Your surgeon will usually indicate how long you are expected to stay.

We wish to avoid you becoming constipated and also potentially developing an infection after surgery. As such, you will be discharged with a course of antibiotics and you may need additional laxatives to take home.

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. Any more significant bleeding should be reported to the surgical team.

It may be advisable to take approximately 2 weeks off work, if you require a certificate for work please ask a member of staff before you leave hospital.

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.

Following discharge from hospital your G.P will be advised of your operation. Your surgeon will arrange to see you in the outpatients department or in the endoscopy unit a number of weeks after you have gone home. This will be to discuss your recovery; any results from the operation and to plan further follow up from the surgery. If you have any concerns or queries before this appointment please contact your G.P.

If you have any urgent problems, for example fever (temperature), bleeding, or severe pain within 14 days of discharge home then you may contact 01274 364413 or 01274 364414 for advice.

Wristbands

When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay.

The wristband will contain accurate details about you on it including all of the essential information that staff need to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear the wristband at all times.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

People with hearing and speech difficulties

You can contact us using the Relay UK app. Textphone users will need to dial 18001 ahead of the number to be contacted.

If you need this information in another format or language, please ask a member of staff to arrange this for you.

Author: Sam Barker / Review date: February 2025 / MID Ref: 23011109