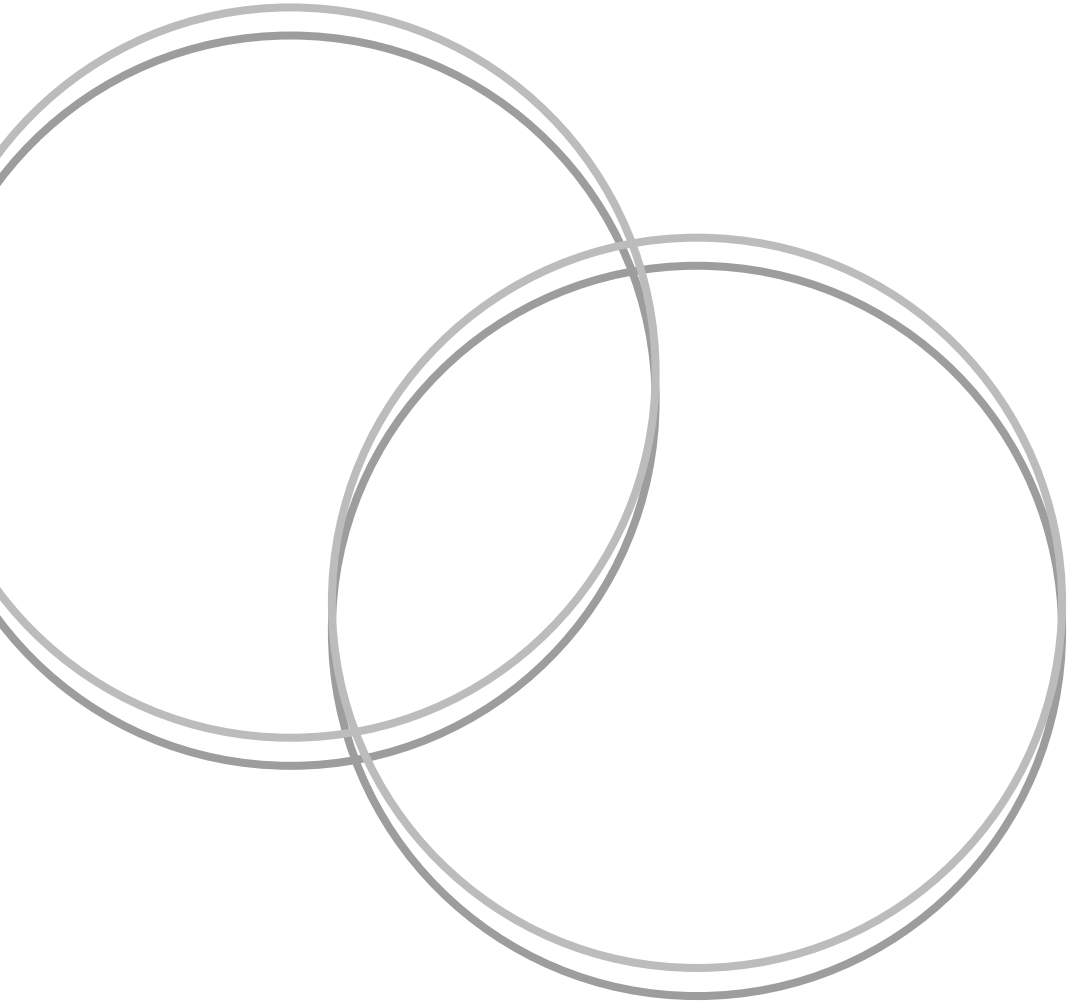
Oxford University Hospitals
NHS Foundation Trust

Transanal Surgery for Local Excision of Rectal Tumours

Information for patients



Introduction

You have been referred to the colorectal team at Oxford University Hospitals for treatment of a rectal tumour. In selected cases, rectal tumours (both benign and early-stage cancers) can be removed using a surgical approach through the anus, known as **transanal local excision**. This leaflet provides information about the different surgical techniques available, alternative treatment options, and what to expect before and after surgery.

What is Transanal Surgery?

Transanal surgery is a minimally invasive technique that allows your surgeon to remove a tumour from the rectum through your back passage (anus), avoiding a larger abdominal operation. This approach can be used for carefully selected benign tumours and early-stage rectal cancers.

Surgical Techniques Available at Oxford University Hospitals

There are four main types of transanal surgery used by our colorectal team:

1. Transanal Resection of Tumour (TART)

- A traditional technique that uses standard instruments to remove the tumour through the anus.
- Most suitable for tumours in the lower rectum.

2. Transanal Endoscopic Microsurgery (TEM)

- A specialised method using a rigid telescope and a high-definition camera system to allow precise removal of tumours from higher up in the rectum.
- Offers excellent visualisation and is often used for early rectal cancers.

3. Transanal Minimally Invasive Surgery (TAMIS)

- Uses keyhole (laparoscopic) instruments through a port/plastic tube inserted into the anus.
- Suitable for a wide range of tumours, especially those in the middle or upper rectum.

4. Robotic TAMIS (Robotic-Assisted Transanal Surgery)

- An operating robotic called the daVinic is used to perform TAMIS using small articulating instruments which are held by the robot and inserted through a port/plastic tube inserted into the anus.

The technique used to remove the tumour from your rectum (back passage) will be determined by the size, nature and position of the tumour and surgeon preference. The surgeon will discuss the optimal approach with you in clinic.

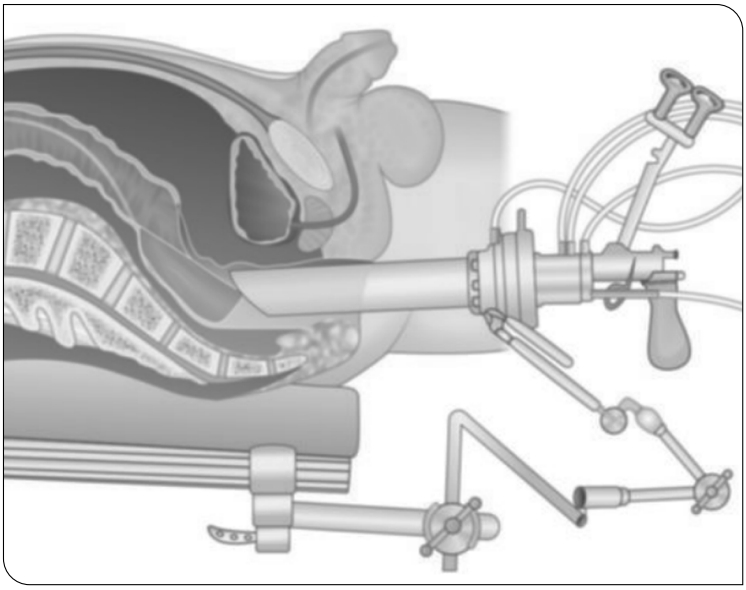


Figure 1 – Trans anal endoscopic microsurgery (TEM)

Alternatives to Transanal Surgery

Depending on your individual case, alternative treatments may be discussed with you:

Endoscopic Resection

If your tumour is benign and small, it may be possible to remove it using a colonoscopy (a flexible camera test) without surgery. This avoids an operation but it is more difficult to remove the tumour in one piece which means it may be more likely to recur.

Radiotherapy and Chemoradiotherapy

For some rectal cancers, radiotherapy or a combination of chemotherapy and radiotherapy may be used to shrink the tumour before surgery or, in selected cases, as an alternative to surgery.

Radical Rectal Surgery

In cases of more advanced cancer, a major operation may be required (such as anterior resection or abdominoperineal excision). These procedures remove a larger portion of the bowel and may involve the formation of a stoma (an opening on the abdomen to divert bowel contents).

Before Your Surgery

- You may require bowel preparation (laxatives or enemas) before your procedure.
- You will have a pre-operative assessment, and you may meet with an anaesthetist.
- The colorectal surgical team will explain the planned approach and obtain your consent.

After Your Surgery

- Most patients are discharged on the same day or the following day.
- You may be given antibiotics to take when you are at home.
- You may experience mild rectal bleeding, discomfort, or urgency to pass stool.
- Pain is usually mild and managed with simple painkillers.
- You will be followed up in clinic to review the pathology results (analysis of the tumour).
- If cancerous cells with high-risk features are found in the tumour that has been removed, further treatment may be recommended.

Risks and Potential Complications

All surgical procedures carry risks. For transanal excision, these may include:

- Bleeding from the rectum
- Infection including abscess around the rectum in the pelvis or lower abdomen.
- Perforation (a hole in the rectal wall – rare)
- Incomplete removal or recurrence of the tumour
- Temporary bowel habit changes (e.g. needing to rush to the bathroom)
- Rarely emergency abdominal surgery is required due to complications during or following surgery.

Your surgeon will discuss the individual risks and benefits in your case.

Follow-Up Care

- You will be reviewed in outpatient clinic.
- Additional imaging, colonoscopy or surgery may be required based on the results of your excised tumour.
- For cancerous tumours, your case will be discussed in the Colorectal Multidisciplinary Team (MDT) meeting to decide on the best ongoing management.
- Follow up following trans anal surgery may include regular endoscopy and scans, sometimes for a number of years.

Contact Details

If you have any questions or concerns, please contact:

Colorectal Nurse Specialists
Oxford University Hospitals NHS Foundation Trust
Tel: 01865 221454
Email: colorectal.nursing@ouh.nhs.uk

Surgical Admissions and Appointments
Tel: 01865 234713

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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