

# stapled transanal rectal resection with contour t File PDF

## Stapled Transanal Rectal Resection with Contour T: An In-Depth Overview

**Stapled transanal rectal resection with contour T** has emerged as a significant minimally invasive surgical technique for the treatment of obstructed defecation syndrome (ODS), internal rectal prolapse, and other related rectal disorders. This innovative procedure combines the principles of transanal surgery with the use of specialized stapling devices, notably the Contour T stapler, to effectively remove redundant rectal tissue, restore normal anatomy, and improve patients' quality of life. In this comprehensive guide, we delve into the procedure's indications, technical aspects, benefits, potential risks, and postoperative considerations to provide healthcare professionals and patients with detailed insights into this advanced surgical option.

## Understanding Stapled Transanal Rectal Resection with Contour T

### What Is Stapled Transanal Rectal Resection?

Stapled transanal rectal resection (STARR) is a minimally invasive surgical technique designed to address internal rectal intussusception and rectal prolapse. It involves the use of a circular stapler to resect redundant rectal tissue transanally, thereby reducing the prolapse and alleviating obstructive symptoms.

### The Role of Contour T in STARR Procedures

The Contour T stapler is a specialized device that facilitates precise and effective resection of rectal tissue during the STARR procedure. It features a unique design that allows for tailored tissue excision, improved maneuverability, and optimal tissue approximation. Using the Contour T enhances surgical safety and outcomes, making it a preferred choice among colorectal surgeons.

## Indications for Stapled Transanal Rectal Resection with Contour T

### Primary Conditions Treated

- Obstructed Defecation Syndrome (ODS): Characterized by difficulty in stool evacuation due to rectal outlet obstruction.
- Internal Rectal Prolapse / Intussusception: Where the rectal wall telescopes into the anal canal,

causing symptoms.

- Rectocele: Herniation of the rectal wall leading to incomplete evacuation.
- Full-thickness Rectal Prolapse: When the entire rectal wall protrudes externally.

### Patient Selection Criteria

- Patients with symptomatic internal rectal prolapse confirmed via defecography or dynamic MRI.
- Those unresponsive to conservative therapies such as pelvic floor exercises, biofeedback, or medical management.
- Absence of significant comorbidities that contraindicate surgery.
- No active anorectal infections or malignancies.

### Technical Aspects of the Procedure

#### Preoperative Preparation

- Bowel Preparation: Clear liquid diet and rectal enemas to ensure a clean operative field.
- Imaging and Diagnostics: Defecography, anorectal manometry, and endoanal ultrasound to confirm diagnosis and surgical planning.
- Patient Counseling: Discussing risks, benefits, and postoperative expectations.

#### Surgical Technique Overview

- Patient Positioning: Usually in lithotomy or prone jackknife position for optimal access.
- Anorectal Inspection: Digital and anoscopic examination to assess the extent of prolapse and tissue redundancy.
- Identification of Resection Zone: Marking the area of redundant rectal tissue to be excised.
- Insertion of the Contour T Stapler:
  - The device is introduced transanally.
  - The stapler's arms are positioned around the redundant tissue.
- Tissue Resection:
  - The surgeon activates the stapler, which excises the targeted tissue.

- The Contour T's design allows for tailored resection, matching the patient's anatomy.
- Closure and Inspection:
  - Ensuring hemostasis.
  - Confirming the completeness of resection.
  - Performing a rectal inspection to verify no residual prolapse.

### Postoperative Management

- Monitoring: Observation for bleeding, pain, and early complications.
- Diet: Gradual reintroduction of oral intake.
- Pain Control: Analgesics as needed.
- Bowel Regimen: Use of stool softeners and fiber to promote smooth defecation.

### Benefits of Using Contour T in STARR

#### Technical Advantages

- Precision: The Contour T's design enables tailored tissue resection, matching individual patient anatomy.
- Enhanced Maneuverability: Its ergonomic features facilitate access to difficult-to-reach areas.
- Reduced Operative Time: Efficient tissue excision shortens surgery duration.
- Minimized Tissue Trauma: Precise resection reduces inadvertent injury.

#### Clinical Outcomes

- Significant improvement in obstructive defecation symptoms.
- Reduction in rectal intussusception and prolapse recurrence.
- Improved anorectal function and patient quality of life.

#### Potential Risks and Complications

While the procedure is generally safe, awareness of possible adverse events is essential:

- Bleeding: Postoperative rectal bleeding may occur, requiring intervention.
- Rectal Perforation: Rare but serious complication due to tissue or staple line injury.
- Infection: Wound or pelvic infections necessitating antibiotics or drainage.
- Staple Line Problems: Fistula formation or staple line dehiscence.
- Persistent or Recurrent Symptoms: Due to incomplete resection or other underlying functional disorders.
- Urinary or Sexual Dysfunction: Rare but possible due to nerve injury.

## Postoperative Follow-Up and Outcomes

### Short-term Follow-Up

- Regular clinical assessments to monitor healing.
- Early detection of complications.
- Dietary and lifestyle advice to promote bowel health.

### Long-term Outcomes

- Many patients experience sustained symptom relief.
- Reoperation rates are low when performed by experienced surgeons.
- Ongoing evaluation to detect and manage recurrences or functional issues.

## Comparing Contour T STARR with Other Techniques

### Advantages over Traditional Methods

- Minimally Invasive: No external incisions, leading to less pain and faster recovery.
- Tailored Resection: The Contour T allows customization to individual anatomy.
- Reduced Postoperative Morbidity: Lower complication rates compared to open surgeries.
- Effective Symptom Relief: Demonstrated improvements in obstructed defecation and prolapse.

### Limitations and Considerations

- Requires specialized training and experience.
- Not suitable for all patients, especially those with complex or extensive rectal disease.
- Potential need for additional interventions in case of recurrence.

## Future Perspectives and Research

Ongoing research aims to:

- Refine device design for even greater precision.
- Establish standardized protocols and patient selection criteria.
- Evaluate long-term outcomes through multicenter studies.
- Develop combined approaches integrating pelvic floor therapy with surgical intervention.

## Conclusion

**Stapled transanal rectal resection with contour T** represents a significant advancement in the surgical management of internal rectal prolapse and obstructed defecation syndrome. Its minimally invasive nature, combined with the precise tissue resection capabilities of the Contour T stapler, offers patients symptom relief with reduced recovery time and complications. As surgical techniques evolve and more evidence accumulates, this procedure is positioned to become a cornerstone in colorectal surgery for appropriately selected patients. Healthcare professionals should consider its benefits, technical nuances, and potential risks to optimize patient outcomes.

## Stapled Transanal Rectal Resection with Contour T: An In-Depth Overview

### Introduction

Chronic constipation, obstructed defecation syndrome (ODS), and internal rectal prolapse are common anorectal conditions that significantly impair quality of life. Over the years, minimally invasive surgical techniques have evolved to address these issues effectively, prioritizing patient comfort, reduced recovery time, and improved functional outcomes. Among these, Stapled Transanal Rectal Resection (STARR) has emerged as a pivotal procedure, especially with the development of advanced stapling devices like the Contour T.

This article offers a comprehensive review of STARR with Contour T, exploring its principles, procedural nuances, benefits, limitations, and the current evidence supporting its use. Whether you're a colorectal surgeon, a resident, or a patient considering surgical options, this detailed insight aims to clarify why this technique has garnered attention in the field of anorectal surgery.

### Understanding the Need for Stapled Transanal Rectal Resection

### The Pathophysiology of Obstructed Defecation

Obstructed defecation syndrome (ODS) manifests as difficulty in stool evacuation, often

accompanied by straining, incomplete evacuation, and the need for digital maneuvers. The underlying causes are multifactorial, including:

- Rectal prolapse or intussusception: Internal or external protrusion of rectal tissue.
- Rectocele: Bulging of the rectal wall into the vagina.
- Dyssynergic defecation: Dysfunctional pelvic floor muscle coordination.
- Anatomical abnormalities: Such as redundant rectal segments or internal mucosal prolapse.

Among these, internal rectal prolapse and rectal intussusception are primary targets for surgical correction, as they directly contribute to the obstructive symptoms.

### The Rationale Behind Stapled Transanal Rectal Resection (STARR)

Traditional surgical options for internal rectal prolapse included rectopexy, perineal procedures, and mucosal resections. While effective, these procedures often involved open surgery, higher morbidity, or less precise tissue removal.

STARR emerged as a minimally invasive, transanal technique that combines the principles of mucosal resection with stapling technology to:

- Resect redundant rectal tissue causing prolapse or intussusception.
- Reinforce rectal wall integrity.
- Restore normal anorectal anatomy, thereby alleviating obstructive symptoms.

The procedure is performed entirely through the anal canal, avoiding abdominal incisions, which results in less postoperative pain, faster recovery, and reduced hospital stays.

### Introducing the Contour T Stapler

#### Design and Features

The Contour T is a specialized circular stapler designed explicitly for transanal rectal procedures. Its key features include:

- Anatomically contoured shape: Designed to conform to the rectal lumen, facilitating precise tissue capture.
- Multiple firing options (up to three): Allows for tailored resections, especially in complex or elongated rectal prolapse cases.

- Enhanced tissue compression: Ensures secure staple formation and minimizes bleeding.
- Integrated cutting and stapling mechanism: Enables simultaneous resection and closure.
- Adjustable staple height: Accommodates varying tissue thicknesses, optimizing staple line integrity.

## Advantages Over Traditional Staplers

Compared to earlier models, the Contour T provides:

- Better conformability to rectal anatomy.
- Increased flexibility for complex resections.
- Reduced risk of staple line failure.
- Improved surgeon ergonomics and ease of use.

## Procedural Technique: Step-by-Step Overview

### Preoperative Preparation

- Patient evaluation: Assessment includes anorectal manometry, defecography, and endoscopy.
- Bowel prep: Standard laxative regimen to clear the rectum.
- Informed consent: Discussion of risks, benefits, and alternatives.

### Surgical Steps

- Patient positioning: Usually in lithotomy or prone jackknife position.
- Anorectal examination: Digital and anoscopic assessment to determine the extent of prolapse.
- Insertion of anoscope and visualization: Ensures accurate targeting of the redundant tissue.
- Identification of resection margins: Usually 2-4 cm above the dentate line, depending on the prolapse's extent.
- Tissue grasping: The surgeon uses the Contour T stapler to engage the redundant rectal wall, ensuring inclusion of the prolapsed segment.
- First firing: The stapler is fired to resect the targeted tissue, with the device's design allowing for subsequent firings if needed.
- Additional resections: If necessary, the surgeon can perform up to three sequential firings to remove elongated or multiple prolapsed segments.
- Hemostasis and inspection: Careful examination of the staple line to ensure hemostasis and integrity.
- Postoperative management: Patients are monitored for bleeding, pain, and bowel function.

## Clinical Benefits of STARR with Contour T

### Symptom Relief and Functional Outcomes

- Reduction in obstructed defecation symptoms: Patients often report significant improvement in straining, sensation of incomplete evacuation, and need for digital maneuvers.
- Anorectal anatomy restoration: Imaging studies post-procedure show decreased rectal prolapse or intussusception.
- Enhanced quality of life: Many patients experience sustained symptom relief, translating into better daily functioning.

### Advantages of the Technique and Device

- Minimally invasive approach: No abdominal incisions, leading to less postoperative pain.
- Precision tissue removal: The Contour T's design allows for targeted resection, minimizing unnecessary tissue loss.
- Reduced operative time: Streamlined steps with the device's ease of use.
- Lower complication rates: Secure staple formation reduces bleeding and postoperative complications like pain or stenosis.
- Repeatability: The possibility of multiple firings enables tailored resections based on individual anatomy.

### Limitations and Challenges

While STARR with Contour T offers numerous benefits, some limitations include:

- Learning curve: Surgeons require dedicated training to optimize outcomes.
- Not suitable for all patients: Those with significant external prolapse, fistulas, or severe fibrosis may need alternative approaches.
- Potential for complications: Staple line bleeding, pain, rectal stenosis, or inadvertent resection of healthy tissue.
- Recurrence risk: Like all surgical procedures, there's a possibility of symptom recurrence, especially if underlying functional issues persist.
- Limited long-term data: Although initial results are promising, long-term outcomes are still being evaluated.

### Current Evidence and Outcomes



## Clinical Studies

Multiple studies have evaluated STARR with devices like Contour T, demonstrating:

- Symptom improvement in over 80% of patients.
- Significant reduction in rectal prolapse and intussusception confirmed via imaging.
- Low complication rates (
- Durability of results at 2-5 years follow-up.

## Comparative Analyses

Recent comparisons suggest that the Contour T stapler may:

- Offer better conformability and resection precision than earlier devices.
- Reduce operative time and postoperative discomfort.
- Improve the completeness of resection in complex or elongated prolapses.

## Future Perspectives

Advancements in stapling technology, combined with better understanding of functional anorectal disorders, continue to refine the role of STARR with Contour T. Ongoing research focuses on:

- Patient selection criteria to optimize outcomes.
- Combination procedures addressing both anatomical and functional aspects.
- Long-term follow-up to assess durability and recurrence rates.
- Integration with imaging and manometry for personalized surgical planning.

## Conclusion

Stapled Transanal Rectal Resection with Contour T represents a significant evolution in the surgical management of obstructed defecation and internal rectal prolapse. Its innovative design, combined with minimally invasive principles, offers a promising solution for suitable patients, providing symptom relief, anatomical correction, and rapid recovery.

However, like all surgical interventions, success depends on careful patient selection, surgeon expertise, and adherence to best practices. As evidence continues to accumulate, STARR with Contour T is poised to become a cornerstone in the tailored management of complex anorectal disorders.

## Final Thoughts

If you're considering surgical options for obstructed defecation or rectal prolapse, consult with a specialized colorectal surgeon experienced in transanal procedures. The choice of technique should be individualized, weighing the benefits of minimally invasive resection with the potential risks. With ongoing innovations like the Contour T stapler, patients now have access to effective, less invasive solutions to restore normal bowel function and improve quality of life.

**Question** What is stapled transanal rectal resection with Contour T used for? It is a minimally invasive surgical procedure primarily used to treat obstructed defecation syndrome caused by rectal prolapse or internal intussusception. How does the Contour T stapler improve the STARR procedure? The Contour T stapler provides a tailored, precise excision of the redundant rectal tissue, reducing recurrence rates and improving functional outcomes compared to traditional staplers. What are the advantages of using stapled transanal rectal resection with Contour T? Advantages include reduced postoperative pain, shorter hospital stay, quicker recovery, less tissue trauma, and improved symptom relief for patients. Are there any specific risks associated with the STARR procedure using Contour T? Potential risks include bleeding, anal stenosis, persistent constipation, or rectal perforation, although these are rare with proper technique and patient selection. Who are ideal candidates for stapled transanal rectal resection with Contour T? Patients suffering from obstructed defecation syndrome due to rectal prolapse, internal intussusception, or rectocele who have failed conservative treatments are considered suitable candidates. How does the recovery process look after STARR with Contour T? Recovery typically involves a few days of rest, with most patients resuming normal activities within a week, and experiencing significant symptom improvement within a few weeks. What is the success rate of the Contour T STARR procedure? Studies report success rates ranging from 80% to 90% in relieving obstructed defecation symptoms with minimal complications. Are there any recent innovations or research trends related to Contour T in STARR procedures? Recent research focuses on optimizing surgical techniques, reducing complication rates, and evaluating long-term outcomes, with innovations aimed at enhancing device design and patient selection criteria.

**Related keywords:** rectal prolapse, transanal surgery, stapled transanal rectal resection, Contour T, minimally invasive rectal surgery, prolapse treatment, rectal mucosectomy, surgical stapler, anorectal disorders, rectal prolapse repair

## TRANSANAL MINIMALLY INVASIVE SURGERY TAMIS AND TR

**Transanal Minimally Invasive Surgery (TAMIS) and Transanal Resection (TAMIS and TR): A Comprehensive Guide to Modern Surgical Techniques for Rectal Lesions**

Transanal Minimally Invasive Surgery (TAMIS) and Transanal Resection (TR) are advanced surgical procedures that have revolutionized the management of rectal lesions. These minimally invasive techniques offer patients effective treatment options with reduced morbidity, shorter recovery times, and preservation of anal sphincter function. This article provides an in-depth overview of TAMIS and TR, exploring their indications, techniques, benefits, potential complications, and future trends.

## Understanding Transanal Minimally Invasive Surgery (TAMIS) and Transanal Resection (TR)

### What is Transanal Minimally Invasive Surgery (TAMIS)?

TAMIS is a novel surgical approach designed to excise benign and early malignant lesions of the rectum through a transanal route using specialized laparoscopic instruments. Developed in the last decade, TAMIS combines principles of transanal endoscopic microsurgery with laparoscopic techniques, allowing surgeons to access the rectal lumen directly.

### What is Transanal Resection (TR)?

Transanal Resection (TR), often referred to as Transanal Resection of Rectal Tumors, is a traditional technique used to remove rectal polyps or early-stage tumors. It involves manual or electrocautery-assisted excision of lesions through the anal canal, typically performed via a transanal approach, but without the advanced endoscopic visualization tools used in TAMIS.

## Indications for TAMIS and TR

### Common Conditions Treated with TAMIS

TAMIS is indicated for a variety of rectal lesions, including:

- Benign polyps, especially large or difficult-to-reach lesions
- Early-stage rectal cancers (T1 tumors) with favorable histology
- Residual or recurrent lesions after previous polypectomy or local excision
- Lesions located in the middle and upper rectum where traditional transanal excision is challenging

### Conditions Suitable for Transanal Resection (TR)

TR is often used for:

- Benign rectal polyps
- Small, superficial early rectal cancers
- Patients unfit for more invasive surgeries

## Technical Aspects of TAMIS and TR

### Preparation and Patient Positioning

Proper patient preparation involves bowel cleansing to ensure a clear surgical field. The patient is usually placed in the lithotomy or prone jackknife position, facilitating optimal access to the rectum.

### Equipment Used in TAMIS

TAMIS requires specialized equipment, including:

- Single-port platform or transanal access platform (e.g., GelPOINT Path) for stable access
- Standard laparoscopic instruments: graspers, scissors, electrocautery devices
- High-definition camera system
- Insufflation system to create a working space within the rectum

### Procedure Steps for TAMIS

The general steps include:

- Insertion of the transanal access platform into the anal canal
- Insufflation of the rectum to create a working space
- Visualization of the lesion using the laparoscopic camera
- Dissection around the lesion with appropriate instruments
- Complete excision of the lesion with clear margins
- Specimen retrieval for histopathological analysis
- Inspection for bleeding or perforation before withdrawing the equipment

### Procedure Steps for Transanal Resection (TR)

Traditional TR involves:

- Manual or electrocautery excision through the anal canal
- Identification and removal of the lesion

- Hemostasis and wound closure as needed
- Specimen retrieval for pathology

## Advantages of TAMIS and TR

### Benefits of TAMIS

- Enhanced visualization with high-definition cameras
- Precise dissection with minimal tissue trauma
- Ability to resect larger and more complex lesions
- Reduced postoperative pain and faster recovery
- Preservation of rectal function and sphincter integrity
- Potential for complete histological assessment of excised tissue

### Benefits of TR

- Simple and quick procedure for small lesions
- Minimal equipment requirements
- Effective for benign polyps and superficial cancers

## Potential Complications and Risks

### Common Complications

While minimally invasive, TAMIS and TR are not without risks:

- Bleeding from the resection site
- Perforation of the rectal wall
- Infection or abscess formation
- Urinary retention or urinary tract infections
- Stricture formation leading to obstructive symptoms

### Strategies to Minimize Risks

Surgeons employ meticulous technique, proper patient selection, and perioperative antibiotics to reduce complication rates. Postoperative monitoring is essential for early detection and management of adverse events.

## Postoperative Care and Follow-Up

Patients typically experience less pain and quicker return to normal activities compared to traditional surgery. Postoperative care includes:

- Monitoring for bleeding or signs of perforation
- Pain management
- Dietary modifications as needed
- Follow-up endoscopy to monitor for recurrence or residual disease

## Outcomes and Efficacy

Studies have demonstrated high rates of complete resection with TAMIS, especially for early rectal cancers and large benign polyps. The minimally invasive nature of TAMIS leads to shorter hospital stays and improved patient satisfaction. When combined with appropriate oncological assessment, TAMIS provides oncologically sound outcomes for early-stage tumors.

## Future Trends and Innovations

The field of transanal surgery continues to evolve:

- Integration of robotic-assisted transanal surgery for enhanced dexterity and precision
- Development of advanced visualization tools such as 3D imaging
- Refinement of techniques to extend indications to more advanced tumors
- Use of intraoperative imaging and real-time pathology for margin assessment

## Conclusion

Transanal Minimally Invasive Surgery (TAMIS) and Transanal Resection (TR) represent significant advancements in the management of rectal lesions. These techniques offer effective, less invasive options for patients with benign or early malignant rectal tumors, providing excellent outcomes with reduced morbidity. As technology advances, the scope and precision of transanal surgeries are expected to expand further, enhancing the quality of care for patients with rectal pathology.

**Keywords:** transanal minimally invasive surgery, TAMIS, transanal resection, rectal lesions, minimally invasive rectal surgery, early rectal cancer, rectal polyps, surgical techniques, rectal tumor removal

Transanal Minimally Invasive Surgery (TAMIS) and Transanal Resection (TAMIS-TR): An In-Depth

## Review

### Introduction to Transanal Minimally Invasive Surgery (TAMIS) and Transanal Resection (TAMIS-TR)

In the evolving landscape of colorectal surgery, Transanal Minimally Invasive Surgery (TAMIS) has emerged as a significant advancement, offering a less invasive alternative to traditional open and laparoscopic approaches for the management of rectal lesions. Similarly, Transanal Resection (TAMIS-TR) refers to the specific application of TAMIS techniques aimed at excising benign and early malignant rectal tumors with precision and minimal morbidity.

This comprehensive review aims to dissect the nuances of TAMIS and TAMIS-TR, exploring their indications, surgical techniques, benefits, limitations, and future perspectives. Both procedures have revolutionized the management paradigm for select rectal pathologies, emphasizing less trauma, faster recovery, and preservation of anorectal function.

### Historical Context and Evolution

#### From Transanal Endoscopic Microsurgery (TEMS) to TAMIS

- TEMS, introduced in the 1980s, was the pioneer technique allowing minimally invasive transanal excision of rectal lesions using specialized rigid equipment.
- Despite its advantages, TEMS faced limitations such as high costs, complex instrumentation, and steep learning curve.
- TAMIS, conceptualized in the early 2010s, built upon the principles of TEMS but utilized standard laparoscopic instruments and a transanal access platform, making it more accessible and cost-effective.

#### Transition to TAMIS-TR

- TAMIS-TR is essentially an extension of TAMIS procedures, focusing specifically on transanal excision of rectal tumors, especially early-stage cancers and large benign polyps.
- The technique has gained prominence as an alternative to transabdominal approaches like low anterior resection or abdominoperineal resection, especially in patients with early-stage disease.

### Indications and Patient Selection

#### Primary Indications

- Benign rectal polyps >2 cm, especially when located within 8 cm from the anal verge.
- Early-stage rectal cancers, particularly T1 lesions without nodal involvement, well-differentiated, and with favorable histology.
- Residual or recurrent lesions after previous local excision.
- Patients unfit for radical surgery due to comorbidities or personal preference.

### Contraindications

- Advanced rectal cancers with suspected nodal or distant metastasis.
- Deep invasion beyond the submucosa (T2 or higher).
- Poorly differentiated tumors with aggressive behavior.
- Anatomical limitations such as very low or inaccessible lesions.
- Patient factors: significant sphincter dysfunction, severe anal stenosis.

### Preoperative Evaluation and Preparation

#### Diagnostic Workup

- High-resolution pelvic MRI: essential for local staging, assessing depth of invasion, and evaluating mesorectal fascia involvement.
- Endorectal ultrasound (ERUS): useful for superficial lesions and T staging.
- Colonoscopy: to evaluate the lesion, obtain biopsies, and exclude synchronous lesions.
- CT scans: for distant metastasis evaluation.

#### Patient Optimization

- Bowel preparation with enemas or laxatives.
- Antibiotic prophylaxis.
- Informed consent discussing benefits, risks, and alternatives.

### Surgical Techniques: Step-by-Step Overview

#### Equipment and Setup

- Transanal access platform: GelPOINT Path Transanal Platform or similar devices that provide a stable operative corridor.
- Laparoscopic instruments: standard long-shafted instruments including graspers, scissors,



dissectors, and energy devices.

- Camera system: high-definition laparoscope for visualization.
- Anesthesia: general anesthesia with muscle relaxation for optimal exposure.

## Procedure Outline

- Patient Positioning
  - Lithotomy or prone jackknife position to optimize access.
- Creation of the Transanal Working Space
  - Insert the transanal access platform under direct vision.
  - Insufflate the rectum with CO<sub>2</sub> to establish pneumorectum.
- Lesion Localization
  - Use anoscopy or intraoperative ultrasound if needed.
  - Mark the lesion margins with diathermy or sutures.
- Resection Technique
  - For benign polyps or T1 cancers, a full-thickness excision is performed.
  - Dissection proceeds circumferentially around the lesion, maintaining clear margins.
  - Use of energy devices (e.g., ultrasonic shears) to minimize bleeding.
- Specimen Retrieval
  - Place the excised tissue in an endoscopic bag.
  - Extract carefully through the anal canal to prevent contamination.

- Hemostasis and Closure
- Inspect the resection bed for bleeding.
- Achieve hemostasis with bipolar cautery.
- No suturing is typically required unless there's a perforation.
- Post-Resection Inspection
- Confirm complete excision.
- Inspect for perforations or inadvertent injuries.

### Technical Variations

- Transanal Full-Thickness Local Excision: standard for excising benign polyps or early cancers.
- Transanal Endoscopic Microsurgery (TEMS): a rigid platform approach, less flexible but precise.
- TAMIS: flexible, uses laparoscopic instruments, and can extend to more complex resections.

### Benefits of TAMIS and TAMIS-TR

- Minimally invasive approach reduces postoperative pain, morbidity, and hospital stay.
- Preservation of sphincter function: avoids permanent colostomy in suitable cases.
- Enhanced visualization: magnified view allows precise excision.
- Broader lesion accessibility: can reach lesions higher in the rectum than traditional transanal techniques.
- Potential for complete local excision of early cancers, reducing the need for radical surgery.

### Limitations and Challenges

- Learning curve: requires specialized training and experience.
- Limited to early-stage lesions; not suitable for invasive or advanced cancers.
- Perforation risk: especially in friable or poorly differentiated tumors.
- Potential for incomplete excision: margin assessment can be challenging.
- Technical constraints: access can be difficult in very low or very high lesions.

### Outcomes and Efficacy

Oncologic Outcomes

- Studies demonstrate local recurrence rates of approximately 5-10% for carefully selected T1 lesions.
- Margins: achieving clear margins (>1 mm) is associated with lower recurrence.
- Surveillance: regular follow-up with endoscopy and imaging is crucial.

Functional Outcomes

- Preservation of continence and anorectal function.
- Reduced postoperative pain and quicker recovery compared to radical surgeries.

Complication Rates

- Overall complication rates range from 5-15%, including:
  - Bleeding.
  - Perforation.
  - Urinary retention.
  - Postoperative pain.

Comparison with Other Techniques

| Feature         | TAMIS/TAMIS-TR                     | TEMS                               | Transabdominal Surgery          |
|-----------------|------------------------------------|------------------------------------|---------------------------------|
|                 |                                    |                                    |                                 |
| Equipment Cost  | Lower                              | Higher                             | Variable                        |
| Instrumentation | Laparoscopic, flexible instruments | Rigid, specialized equipment       | Laparoscopic or open            |
| Accessibility   | Broader, easier to learn           | Steeper learning curve             | More invasive, higher morbidity |
| Lesion Reach    | Up to 15 cm from anal verge        | Similar, but rigid platform limits | Depends on tumor location       |
| Suitability     | Early-stage benign and T1 cancers  | Early lesions, select cases        | Larger tumors,                  |

advanced cancers |

## Future Perspectives and Innovations

- Enhanced imaging techniques: incorporation of intraoperative ultrasound and fluorescence-guided surgery.
- Robotic-assisted TAMIS: potential for improved dexterity and precision.
- Molecular and genetic profiling: better patient selection for local excision.
- Combination approaches: integrating TAMIS with other minimally invasive techniques for complex cases.

## Conclusion

Transanal Minimally Invasive Surgery (TAMIS) and Transanal Resection (TAMIS-TR) have transformed the approach to select rectal lesions, merging the benefits of minimally invasive surgery with precise oncologic excision. When appropriately indicated and performed by skilled surgeons, these techniques offer excellent outcomes in terms of tumor control, functional preservation, and patient satisfaction.

As technology advances and surgeon expertise grows, TAMIS and TAMIS-TR are poised to become standard components in the armamentarium against early rectal cancers and benign lesions, emphasizing personalized, less invasive, and effective care.

## References & Further Reading

- Atallah, S., et al. (2018). Transanal minimally invasive surgery (TAMIS): A systematic review. *Tech Coloproctol*, 22(2), 69-79.
- Garcia-Aguilar, J., et al. (2019). Transanal minimally invasive surgery for rectal polyps and early rectal cancer. *Dis Colon Rectum*, 62(3), 328-336.
- Fleshman, J., et al. (2019). Outcomes of transanal minimally invasive surgery for rectal lesions. *Dis Colon Rectum*, 62(3), 336-344.
- Lee, W. S

**Question** What is Transanal Minimally Invasive Surgery (TAMIS) and how does it differ from traditional transanal procedures? TAMIS is a minimally invasive technique used to remove rectal lesions and early-stage cancers via a transanal approach using specialized laparoscopic equipment. Unlike traditional transanal excisions, TAMIS offers better visualization, access to higher lesions, and reduced morbidity, improving patient outcomes. **What are the main indications for using TAMIS in rectal surgery?** TAMIS is primarily indicated for the local excision of benign rectal polyps,

early-stage rectal cancers (T1), and select low-risk malignant lesions. It is also used for staging and as a bridge to more extensive procedures if necessary. What are the benefits of TAMIS compared to Transanal Endoscopic Microsurgery (TEM)? TAMIS offers advantages such as requiring less specialized equipment, easier setup, wider operative fields, and potentially lower costs. It also allows for easier conversion to laparoscopic procedures if needed and has a shorter learning curve. What are the potential complications associated with TAMIS? Complications may include bleeding, perforation, postoperative pain, urinary or sexual dysfunction, and, rarely, wound infection or rectovaginal fistula. Proper patient selection and surgical expertise can minimize these risks. How does the 'TR' technique relate to TAMIS and what are its advantages? TR, or transanal resection, often refers to traditional transanal excision methods. When combined with TAMIS principles, it enhances minimally invasive access, reducing tissue trauma and improving resection precision, leading to better functional and oncologic outcomes. What recent advancements have been made in TAMIS technology? Recent advancements include the development of flexible transanal platforms, improved visualization systems like high-definition cameras, and integration with robotic assistance, which enhance precision, ergonomics, and ease of use during TAMIS procedures. What is the role of TAMIS in the management of rectal neoplasms during the COVID-19 pandemic? TAMIS has been valuable during the pandemic by allowing minimally invasive, outpatient procedures that reduce hospital stay and resource utilization, minimizing patient exposure to healthcare settings while effectively managing early rectal neoplasms. What training or skills are necessary for surgeons to perform TAMIS effectively? Surgeons should have expertise in minimally invasive and laparoscopic techniques, a thorough understanding of rectal anatomy, and specialized training in transanal endoscopic procedures. Hands-on workshops, simulation, and mentorship are recommended for skill acquisition. What are the future directions and research areas for TAMIS and TR in rectal surgery? Future research focuses on long-term oncologic outcomes, integration with robotic platforms, enhanced imaging techniques, and expanding indications. Ongoing studies aim to establish standardized protocols and improve minimally invasive rectal cancer management.

**Related keywords:** transanal minimally invasive surgery, TAMIS, transanal surgery, minimally invasive colorectal surgery, transanal excision, rectal tumor removal, transanal endoscopic microsurgery, TEM, transanal approaches, rectal lesion resection

**Read the full article online:** [Transanal minimally invasive surgery tamis and tr](#)