

TRANSANAL ENDOSCOPIC OPERATION (TEO)

Dr Matley & Partners: Patient Information

BRIEF DESCRIPTION

This operation uses a newly developed operating viewing tube (Endoscopic proctoscope) which allows excellent access to the rectum. The rectum is very difficult to work within, because of the limited access via the anus. A colonoscope is usually limited to performing less difficult procedures like biopsy or snaring a simpler polyp.

WHY IS THIS OPERATION NECESSARY?

You have a growth/tumour in your rectum. It can't be adequately or optimally removed with a colonoscope, or with open excision through the anus even though it is being retracted open as much as possible.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Colonoscopic procedures or open excision are the two alternatives.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

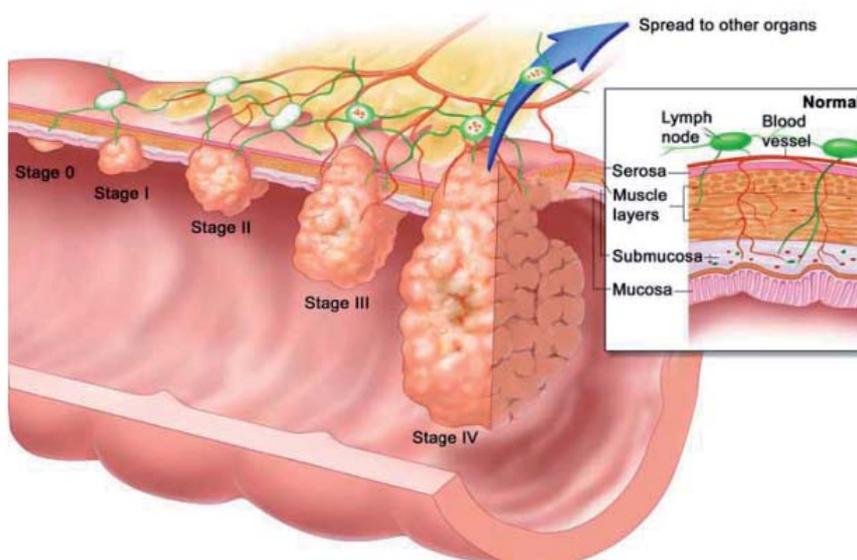
This procedure is associated with a very low complication risk. It is a comparatively safe procedure, which is one of its attractions. The most serious complication which occurs in only a small percentage of tumours, is bowel perforation. This may require your abdomen to be opened (perhaps laparoscopically - the keyhole method), to repair the perforation. This is rarely needed. Other complications include infection of the internal wound or bleeding from it. These have occurred in less than 5% of our series. Temporary anal sphincter weakness may result from the viewing tube having stretched your anus. This has been studied in many series and the effect is invariably short term (days or weeks or occasionally a few months). Long term incontinence is rare. We have not had this complication in our series.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur. A general anaesthetic is required.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat for at least six hours before your operation. However, you should take all your regular medication as usual on the day of surgery. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation. You may have to have a bowel clear out (preparation), as for a colonoscopy. In other cases your surgeon may decide that your bowel does not need preparing in this way, or you may be administered an enema in order to empty the last part of the bowel. You will usually be given some white stockings to wear during and after the operation. It is also usual for you to



These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

be given a small injection in your arm once a day. Both of these measures help prevent blood clots in your legs.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission. When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.

You will be taken on a bed to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually 1-2 hours

WHAT HAPPENS WHEN I WAKE UP?

After the operation you will be transferred back to the ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed. On your return to the ward you may feel quite sleepy. A drip will be in your arm. A catheter may be placed into your bladder in order to drain urine, but only if it has been a long procedure.

You can usually get out of bed once you are properly awake, and the drip will be removed once the surgeon has seen you.

WILL I HAVE PAIN?

Some pain may be present, but this should be easily controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain. Many patients report no pain or discomfort, whatsoever.

HOW SOON AFTER THE OPERATION CAN I EAT?

Immediately, but take it easy! Small bland foods for a few days are advised.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You can usually get out of bed once you are properly awake. Ask a nurse first.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 1 to 3 days. One night is most usual

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and you will also need to take antibiotics for a few days after you go home. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

Expect some discharge and wear a pad or panty-liner. The discharge may be mucous, a bit of yellow pus, and some blood. It may only occur when you poo. Initially your bowel actions are very likely to be a bit unpredictable.

If you are having fevers and sweats and feel unwell, you may have an infection. Contact us immediately. If you start bleeding fresh blood and clots, contact us immediately. Your bowels may be irregular for a while and you can update your surgeon at your check-up visit.

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home. Mild exercise like walking or climbing stairs would be possible immediately too. But don't do anything rigorous until after your check-up visit. Exercise raises the blood pressure and may blow off a delicate clot that is solidifying on a cut blood vessel in the base of the internal wound.

HOW SOON CAN I DRIVE A CAR?

Whenever you feel able to control a car. Give it a few days and use your common sense. You should not drive until you feel confident that you could manage an emergency stop.

HOW LONG WILL I BE OFF WORK?

This varies depending on the extent of the excision. Some patients have gone back to work the next day, some have needed a week or two. Usually a week is fine. Discuss with your doctor.

WHAT ABOUT PAYMENT?

There is no official tariff for this procedure. This is a reflection of the disarray in the administration of our profession by the Medical Council and the Funders (medical aids). No new codes for new procedures have been added for several years, despite them being widely used and accepted as good practice. Thus your account uses a Rule C to justify it. Thus far, accounts have been settled by medical aids without difficulty, and authorisation is required beforehand.

The procedure and its associated costs will have been discussed with you, and a quote provided. Where procedures need to be unexpectedly altered during the course of the procedure, the fee may change. Similarly, emergency procedures may incur an additional cost.

Surgeons are highly trained, highly skilled professionals and throughout your care a member of the practice is available to attend to you 24 hours a day. In return we expect prompt payment of your account. We do not submit accounts to medical aids.