Any questions?

Contact us

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Tell us about your experience

We welcome your feedback and comments about our staff and services. This will help share what we do well, learn and make improvements. To share your compliments, comments, concerns or complaints please speak to the **Patient Advice and Liaison Service (PALS)** in the first instance. You can also ask a member of staff to contact PALS on your behalf.

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TEO Patient Information—Working document

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TEO

(Transanal Endoscopic Operation)

Patient Information Leaflet

Putting people first
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TEO stands for Transanal Endoscopic Operation (also known as TEMS procedure)

TEO is an operation, using a specially designed microscope and instruments, to allow surgery to be performed through the anus (back passage) inside the rectum. It requires no cuts on the outside of the anus or abdomen (tummy)

What conditions is TEO used for?

Most often it is used to remove benign polyps (non-cancerous growths) from the rectum that cannot be taken away other than by a major operation.

Sometimes, TEO is used to remove small cancers from the rectum and so avoids major surgery. This can be done in very early cancers or considered where the TEO is safer than major surgery. Your surgeon will explain these choices to you.

Will I need any special preparation before the operation?

To perform the operation the rectum needs to be completely empty. The back passage will need to be cleared out using an enema on the day of surgery. A pre operative nurse will explain and ensure you are prescribed the preparation you require.

What happens during the operation?

The operation on the rectum is performed through your anus under general anaesthetic. The specially designed instruments allow your surgeon to precisely cut out the polyp or small cancer ensuring that a cuff of normal surrounding lining is included in the portion of rectum removed. After this, your surgeon will decide if the space left behind needs to be closed by stitching the healthy edges of the rectal lining together or, simply left open to heal naturally.

What should I expect after surgery?

You are likely to stay in hospital 1 or 2 days after the operation

Immediately after the operation you will need oxygen through a face mask, a drip into a vein in you arm, and sometimes a tube is left in the back passage for the first day to drain excess fluid. You may feel some discomfort, though rarely pain, in the back passage.

Later the same day you will be able to eat, drink and move around as soon as possible.

A temperature is common after the operation and you may be given oral antibiotics.

When you first start going to the toilet again, your bowel movements may be liquid. You might even pass some blood initially. It can take several weeks to get back to normal and occasionally you may need to adjust your diet. If you have any concerns about this it is important you discuss with one of the Colorectal Nurse Specialists.

Are there complications with this operation?

Risks of this operation are small and much less than doing nothing or the alternative of a major operation.

Possible complications include:

- Bleeding, infection and inflammation of the pelvis
- Incontinence caused by slight stretching of the anus - this usually returns to normal within a few days without the need for further treatment
- Very rarely perforation of the bowel which may then require a major operation