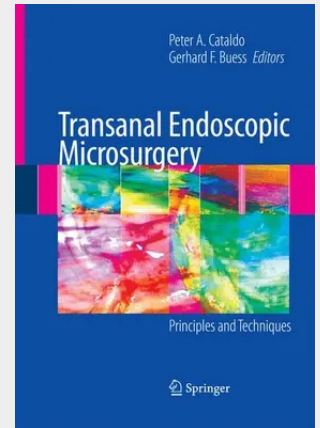


# Transanal Endoscopic Microsurgery

## Principles and Techniques

Transanal endoscopic microsurgery is a less invasive way to remove benign or malignant tumors from the rectum. Patients with small, early malignant tumors are candidates for TEM as are patients with benign tumors of any kind. As with all minimally invasive procedures, the advantage to the patient is the avoidance of a major wound and thus a quicker return to normal activities following surgery. Another benefit is that the need for a colostomy following TEM is rare whereas it is indicated more frequently after traditional procedures. TEM techniques have been around for a while (Buess published the first report of over 500 cases in 1999), but colorectal surgeons wanted proof that this approach would have favorable long-term outcomes for removal of malignant tumors. Data presented at the Society for Surgical Oncology meeting in March 2005 confirmed that TEM is a safe choice even with cancerous lesions, and now surgeons around the world want to learn these less invasive techniques. Transanal Endoscopic Microsurgery is the first book on the topic and covers everything: patient selection, operative approaches, oncologic results, and evidence-based comparisons to traditional approaches.

Cancer of the rectum continues to be a significant health problem in industrialized countries around the world. Relative 5-year survival rates in the USA for cancer of the rectum from 1995 to 2001 improved to 65%, a 15% improvement over 20 years (American Cancer Society, 2007). The reasons for this dramatic improvement include more accurate pre-operative staging, aggressive neoadjuvant therapy and improved surgical technique as well as specialty-trained surgeons. Despite advances in nonoperative techniques of radiation therapy, chemotherapy and immunotherapy, surgical extirpation continues to be the cornerstone of curative treatment of this potentially lethal disease. Radical cancer excision with total mesorectal excision has become the preferred surgical procedure for even early-stage cancers of the rectum. Over the past decade the enthusiasm for local excision (and other local treatments) has given way to persuasive (predominantly retrospective) evidence that the incidence of locoregional recurrence due to unsuspected lymphatic metastases and positive lateral margins is unacceptably high even for stage T tumors. Vigorous attempts to find characteristics of the 1 tumor that would allow successful local treatments are ongoing.



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