



Matthew Albert.

MD, FACS, FASCRS

TAMIS Expert

"TAMIS has revolutionized the surgical approach to polyps and early cancers of the rectum, which often required more extensive surgery

in the past. The technique and FDA approved platform I created has helped numerous patients avoid removal of their rectums and significant complications associated with major abdominal and pelvic surgery."

TAMIS Transanal Minimally Invasive Surgery



Advent Health

2415 North Orange Avenue, Suite 300

661 East Altamonte Drive, Suite 220

400 Celebration Place, Suite A-150

258 South Chickasaw Trail. Suite 201

407-303-2615 | 407-303-0415 FAX AdventHealthMedicalGroup.com

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2400 North Orange Blossom Trail, Suite 200

Altamonte Springs, FL 32701

755 Rinehart Road. Suite 100

Celebration, FL 34747

Kissimmee, FL 34744

Lake Mary, FL 32746

Orlando, FL 32825

242 Loch Lomond

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Medical Group

Orlando, FL 32804



TAMIS Redefines & Revolutionizes Colorectal Resection

What is TAMIS?

Transanal minimally invasive surgery, or TAMIS, is a specialized surgical approach to removing polyps and some cancerous tumors of the rectum. TAMIS is performed entirely through your body's natural opening and requires no skin incisions. Unlike traditional surgery where a major portion of the large intestine is removed, with TAMIS your surgeon will remove only the diseased tissue, leaving the rest of your natural bowel lumen intact to function normally.

Due to enhanced visualization and precision, TAMIS has been shown to have better outcomes than traditional transanal procedures. Because of its minimally invasive nature, TAMIS may only require an overnight stay or can be performed as an outpatient procedure, often permitting an immediate return to an active lifestyle.

Who invented TAMIS?

In 2009, Matthew Albert, MD, FACS, FASCRS, and his colleagues at AdventHealth Medical Group Colorectal Surgery performed the first case of transanal minimally invasive surgery. The first groundbreaking publication describing this novel technique has been cited in the literature 112 times. This platform has been adopted worldwide with publications from 33 different countries spanning the five continents, which report excellent results. Since its inception, industry partners have designed different access devices specifically for this procedure including two FDA-approved instruments.

Dr. Albert has continued to push the boundaries of this technique by lecturing around the globe at specialist conferences, spear-heading regular cadaver teaching courses and proctoring cases with other surgeons.

Am I a candidate for TAMIS?

Only a trained surgeon can determine whether you are eligible for a TAMIS procedure. Eligibility depends on tumor size, type and location, as well as surgeon experience. All minimally invasive surgical procedures present potential risk to the patient including conversion to a traditional open procedure. These specific risks may only be evaluated in consultation with a surgeon experienced with TAMIS.

What to Expect With Your TAMIS Procedure

PRIOR TO SURGERY

Your surgeon will prescribe a bowel prep regimen to cleanse your colon in preparation for the procedure.

DAY OF SURGERY

TAMIS is performed under general anesthesia, so you will be asleep throughout the procedure.

A specialized TAMIS device is placed inside the anal canal to provide the surgeon access to the rectum.

The rectum is inflated with carbon dioxide gas (similar to colonoscopy) which offers the surgeon an optimal working area.

A high-definition camera and specialized instruments are placed through the TAMIS device, allowing the surgeon to operate with the utmost precision.

The tumor is removed and the rectum is repaired internally.

AFTER SURGERY

Patients are typically discharged within 24 hours with no restrictions and little to no pain.

Sources

1. Atallah, S., Albert, M., & Larach, S. (2010). Transanal minimally invasive surgery: a giant leap forward. Surg Endosc , 24, 2200-2205.

2. Lee L, Althoff A, Edwards K, Albert MR, Atallah SB, Hunter IA, Hill J, Monson JRT. Outcomes of Closed Versus Open Defects After Local Excision of Rectal Neoplasms: A Multi-institutional Matched Analysis. Dis Colon Rectum. 2018 Feb;61(2):172-178.

3. Lee L, Kelly J, Nassif GJ, Keller D, Debeche-Adams TC, Mancuso PA, Monson JR, Albert MR, Atallah SB. Establishing the learning curve of transanal minimally invasive surgery for local excision of rectal neoplasms. Surg Endosc. 2018 Mar;32(3):1368-1376. doi: 10.1007/ s00464-017-5817-1.

4. Lee L, Burke JP, deBeche-Adams T, Nassif G, Martin-Perez B, Monson JRT, Albert MR, Atallah SB. Transanal Minimally Invasive Surgery for Local Excision of Benign and Malignant Rectal Neoplasia: Outcomes From 200 Consecutive Cases With Midterm Follow Up. Ann Surg. 2018 May;267(5):910-916.

5. Albert MR, Atallah SB, deBeche-Adams TC, Izfar S, Larach SW. Transanal minimally invasive surgery (TAMIS) for local excision of benign neoplasms and early-stage rectal cancer: efficacy and outcomes in the first 50 patients. Dis Colon Rectum. 2013 Mar;56(3):301-7