

Outcomes of TAMIS in 31 Patients

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Background: We recently reported a technique termed TransAnal Minimally Invasive Surgery (TAMIS) for resection of benign and malignant lesions of the rectum. Here we report our results with TAMIS.

Methods: Patients who underwent TAMIS resection of rectal lesions over a 19-month period (May 2009 - November 2010) were reviewed. Clinicopathologic outcomes were measured and analyzed.

Results: Thirty-one patients underwent TAMIS resection during a 19-month period. The average patient age was 63 (age range 36-88). Of these, 32 percent (10/31) were female, and 68 percent (21/31) were male. The average operating time was 83 minutes. The length of stay averaged one day, and 55 percent (17/31) were discharged on the day of surgery. There was no mortality in the patient group. The only incidence of morbidity was self-limited rectal bleeding.

Forty-two percent (13/31) of the resected lesions were malignant, predominantly early stage I tumors, and 58 percent (18/31) were benign lesions. The average tumor size was measured at 2.5cm (range 0.6-6.0cm). Thirty-two percent (10/31) were anterior lesions, 42 percent (13/31) were posterior lesions, and ten percent (3/31) were lateral lesions. The average distance from the anal verge was 8.8cm (range 3-15cm). Of the patients who underwent TAMIS resection for a malignant lesion, 15 percent (2/13) had positive margins. In short-term follow-up, there has been no incidence of loco-regional or distant metastatic disease.

Conclusion: TAMIS is a safe and effective method for transanal resection of benign and well-selected, early stage I rectal cancer. Further study is needed to assess long-term outcome, including disease-free survival.

For more information or to refer a patient, call Gastrointestinal Care Coordinator Thelma Brooks, RN, BSN, at (407) 303-5981.

Understanding Compassion Fatigue

Through a generous gift from Margery Pabst of the Pabst Foundation, the Florida Hospital Cancer Institute (FHCI) oncology social work team is researching biochemical outcomes in identified oncology nurses experiencing compassion fatigue. This collaborative research effort includes FHCI, the University of Central Florida (UCF) and the Pabst Foundation.



CHUCK MICELI, LCSW, BCD
Manager of Social Work Services
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After years of studying and training over 1,200 employees, Chuck Miceli, LCSW, BCD, manager of social work services at the FHCI is putting the topic of "compassion fatigue" under the microscope. Mr. Miceli will be working with:

- Eileen Abel, PhD, professor at UCF School of Social Work
- **Sally Litherland, PhD**, manager, translational research, FHCI adjunct associate professor, Sanford-Burnham Medical Research Institute, courtesy assistant professor, Department of Pathology, Immunology & Lab Med, College of Medicine, UCF
- Margery Pabst, Pabst Foundation
- **David Decker, MD, FACP**, executive director, FHCI, professor of internal medicine, UCF

With similar symptoms, compassion fatigue is often confused with being "burned out," "stressed out," or feeling exhausted in the workplace. Over time, if left unattended, the professional caregiver may become less effective or verbalize somatic complaints.

Compassion fatigue studies indicate a human dynamic that can be differentiated from burnout and if recognized early, can be addressed effectively. The research being conducted will look for changes in specific blood indicators based on an intervention developed to lessen the effects of compassion fatigue in the healthcare workplace. Additionally, this project will be the foundation for a research-based training manual to assist with the long-term effects of caregiving.

For more information, contact Chuck Miceli, LCSW, BCD, at charles.miceli@flhosp.org.