

COLORECTAL SURGERY

Itty-Bitty, Microscopic Surgery

Lois Smith-Federici keeps her home bright with the many Victorian lamps she has found at garage, estate, and house sales. "I love the ambiance of a nice, warmly lit room," said the 63-year-old Cranford, resident. Mrs. Smith-Federici says that she should have lived during the Victorian era, which ended in 1901. If she had though, she probably would not have survived rectal cancer.

After a colonoscopy, Mrs. Smith-Federici learned that she had an unusual rectal polyp (a clump of cells). Most polyps are harmless, but some can develop into cancer. The only way to find out is to biopsy them. "Mrs. Smith-Federici had a flat polyp that was spread over almost one-third of the rectum," said her gastroenterologist, Amber Khan, MD, owner of GastroCare, LLC in New Providence. "It would have been difficult to remove endoscopically, and because it was flat, we would never know if it was all removed."

Dr. Khan sent Mrs. Smith-Federici to Craig Rezac, MD, an expert in Transanal Endoscopic Microsurgery (TEM), a minimally invasive procedure to remove rectal polyps and some rectal cancers through the anus—without a surgical incision. Robert Wood Johnson University Hospital (RWJ) is one of the only hospitals in New Jersey to offer TEM. "If we didn't have TEM, Mrs. Smith-Federici would have needed major abdominal surgery involving removal of most of the rectum. This results in significant changes in bowel habits and other medical problems," said Dr. Rezac, who is Chief of the Section of Colorectal Surgery and Associate Professor at Rutgers Robert Wood Johnson Medical School and Chief of Robotic Surgery at Robert Wood Johnson University Hospital.

Dr. Rezac performed TEM on Mrs. Smith-Federici on July 23, 2013. The next day, she went home. "I have had worse pain with the flu," said Mrs. Smith-Federici. With the traditional surgery,

Mrs. Smith-Federici would have spent four or five days in the hospital and needed up to six weeks to recover. "TEM is a breakthrough," said Dr. Khan. As Dr. Rezac suspected, the polyp was not cancer. To find, and remove, any future polyps early, Mrs. Smith-Federici has an annual colonoscopy and sees Dr. Rezac regularly.

"For the right patients, TEM can resolve a difficult problem in a very nice and minimally invasive way," said Dr. Rezac. Using TEM, he can remove early stage rectal cancers and non-cancerous rectal polyps that are higher up and larger than can be removed with other minimally invasive procedures, and treat patients with advanced rectal cancer who are too sick for major surgery. While TEM is not as effective as major surgery, it controls symptoms and extends life in these patients. Dr. Rezac also uses TEM to treat other rectal problems such as abnormal holes (fistulas) that can develop from treatment for prostate cancer and other causes.

Mrs. Smith-Federici is back to rummaging around at yard sales with her girlfriends and enjoying her warmly lit home. "I was so fortunate to have such wonderful, caring doctors," she said

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