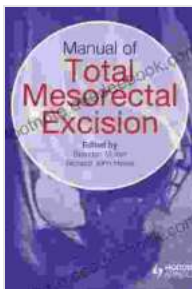


# Manual of Total Mesorectal Excision (TME): A Comprehensive Guide to Rectal Cancer Surgery

Total mesorectal excision (TME) is a surgical technique used to treat rectal cancer. It involves removing the rectum and the surrounding mesorectum, which is the fatty tissue that contains the blood vessels, nerves, and lymphatics that supply the rectum. TME is the standard of care for rectal cancer, and it has been shown to improve survival rates and reduce the risk of recurrence.

This manual provides a comprehensive guide to TME. It covers everything from patient assessment and preoperative planning to intraoperative techniques and postoperative care. The manual is written by a team of experienced surgeons who have performed thousands of TME procedures.



## Manual of Total Mesorectal Excision by Piero Lercher

★★★★★ 5 out of 5

Language : English

File size : 20758 KB

Screen Reader: Supported

Print length : 276 pages

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## Patient Assessment and Preoperative Planning

The first step in TME is to assess the patient's medical history, physical examination, and imaging studies. This information is used to determine

the stage of the cancer and to develop a surgical plan.

The stage of the cancer is determined using the tumor-node-metastasis (TNM) staging system. The TNM staging system takes into account the size of the tumor, the number of lymph nodes that are involved, and the presence of distant metastases.

The surgical plan is based on the stage of the cancer. For early-stage rectal cancer, TME can be performed as a single procedure. For more advanced rectal cancer, TME may need to be combined with other treatments, such as chemotherapy or radiation therapy.

### **Intraoperative Techniques**

TME is a complex surgical procedure that requires a high level of skill and experience. The procedure is typically performed through an incision in the abdomen. The surgeon will first identify the rectum and the surrounding mesorectum. The mesorectum is then carefully dissected away from the rectum, taking care to avoid damaging the blood vessels, nerves, and lymphatics that supply the rectum.

Once the mesorectum has been dissected away, the rectum is removed. The surgeon will then create a new connection between the colon and the anus. This connection is called an anastomosis.

### **Postoperative Care**

After TME, the patient will typically stay in the hospital for 5-7 days. During this time, the patient will be monitored for complications, such as bleeding, infection, and ileus. The patient will also be given pain medication and antibiotics.

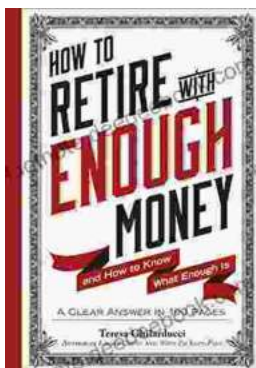
Once the patient is discharged from the hospital, they will need to follow a strict recovery plan. This plan will include restrictions on activity, diet, and wound care. The patient will also need to attend regular follow-up appointments with their surgeon.

TME is a complex surgical procedure that requires a high level of skill and experience. However, it is the standard of care for rectal cancer, and it has been shown to improve survival rates and reduce the risk of recurrence. This manual provides a comprehensive guide to TME, covering everything from patient assessment and preoperative planning to intraoperative techniques and postoperative care.



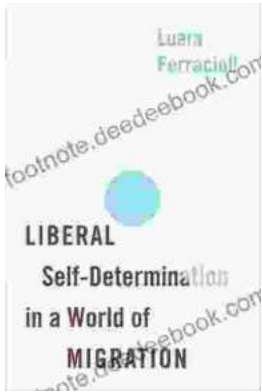
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