SPEAKER 1: MRI image, showing short segment rectal stricture with proximal stool burden. TEMS device was placed and secured. And blunt investigation of the stricture showed no residual lumen, making dilation impossible. Other surgical options, including low-anterior resection and coloanal pull-through had been discussed, with patient desiring minimally-invasive resection.

Careful hook electrocautery dissection of the stricture was begun posteriorly to protect GU structures. Continued electrocautery dissection of the rectal stricture. Full-thickness dissection of the rectal stricture, exposing the proximal bowel. Proximal stool burden exposed and removed.

Complete circumferential excision of the rectal stricture and irrigation of the dissection field. Passage of the colonoscope from the proximal diverting ostomy, demonstrating contiguous bowel. Mucosa of the proximal and distal rectal segments was re-approximated with running quilled suture.

The procedure was completed without apparent complication. And the patient was discharged home on the day of surgery. Three months following the procedure, a flexible sigmoidoscopy was performed, showing an intact anastamosis and the patient's colostomy was reversed.