

# Gastroenterology & GI Surgery

2019 HIGHLIGHTS

## Complex Case: Redo Surgery for IBD

Multi-step plan for complex pouch failure ultimately leads to ileostomy reversal

→ page 1

## Resolving Dysphagia and Restoring Quality of Life

Advanced diagnostics and robotic surgery help tackle achalasia with concurrent GERD and hiatal hernia

→ page 3

## Evaluating Cuff-Assisted Colonoscopy

Reducing exam times while enhancing results

→ page 6

Unique



Specialized



Diverse





# We are honored to have the highest quality Gastroenterology and GI Surgeonry in the area.

We invite you to read about how our multidisciplinary team worked to diagnose and treat a patient with an unusual case of esophageal achalasia with concurrent GERD and hiatal hernia; how our IBD Center experts performed a redo surgery for complex pouch failure; about the innovative new educational programming being offered by our physician leaders, and other highlights. As always, this year we look forward to collaborating with our colleagues nationwide to help lead the advancement of scientific knowledge, medical education and, ultimately, the provision of state-of-the-art clinical care.

Please read on to learn more about these and other exciting advances.



Cover image: Illustration of a man's internal organs.  
RENDERING: GETTY IMAGES

A 31-year-old female was referred to the IBD Center from an outside hospital 10 years after she had undergone a 2-stage subtotal colectomy and ileostomy, with ileal-pouch anal anastomosis (IPAA), for ulcerative pancolitis that was unresponsive to medical management.

#### PATIENT SOUGHT SURGICAL OPTION TO PRESERVE FAILED IPAA

The patient, having developed abdominal pelvic septic complications and IPAA-related recurrent strictures, required at least 15 dilatations over 10 years. Her quality of life had diminished and was marked by dietary restrictions, straining with bowel movements, and continuous drainage that necessitated wearing a pad. She had increased abdominal pain and bleeding, diarrhea, and a weight loss of over 30 pounds. Later in her course of treatment, she also developed perineal fistulas, at which point she was diagnosed as having Crohn's disease.

Her condition did not improve after treatment with two different biologics. The perineal fistulas were drained with seton insertion, and her strictures required continued dilatation. Having

MULTI-STEP PLAN ULTIMATELY  
LEADS TO ILEOSTOMY REVERSAL

Recently, a patient presented at NYU Langone's multidisciplinary Center for Esophageal Health with an unusual case of esophageal achalasia with concurrent gastro-

## TEAMWORK LEADS TO SUCCESSFUL PLANNING AND RESOLUTION OF CONDITIONS

Collaborative planning by a team with broad shared expertise in esophageal gastroenterology and foregut surgery led to a decision to proceed with a robotic Heller myotomy. This surgery widened the lower esophageal sphincter by cutting individual muscle fibers of the esophagus. Dr. Damani, assistant professor of surgery, also accomplished concurrent robotic repair of the hiatal hernia with a Toupet fundoplication as an antireflux procedure.

The patient recovered rapidly and was discharged after 36 hours. She required no pain medications, as the surgery had been performed using minimally invasive techniques, with quarter-inch incisions. The patient continues to do well, reporting complete resolution of dysphagia and significant improvement of GERD symptoms.

## SERVICES EXPAND AT OUR CENTER FOR ESOPHAGEAL HEALTH

NYU Langone's experts are specially trained in advanced treatment for people with all types of conditions affecting the esophagus, including chronic gastroesophageal reflux disease (GERD); hiatal hernia; Barrett's esophagus; eosinophilic esophagitis; esophageal varices; and swallowing disorders such as achalasia, stricture, or spasm. NYU Langone's team also specializes in the prevention and diagnosis of these disorders. In addition, we offer treatment for people who have gastroparesis. Providing comprehensive diagnostic testing, advanced and interventional endoscopy services, minimally invasive procedures, and a range of options including magnetic sphincter augmentation with LINX® Reflux Management System, gastroenterologists and GI surgeons collaborate closely with other specialists as needed to ensure that patients receive a comprehensive, patient-centered approach to their care.

*“Achalasia is a rare neuromuscular disorder affecting the esophagus at an incidence of about only 1 to 3 per 100,000 people per year.”*

AbrahAt3 6)3 0)3.9 013.60212 0)1 6,natD05 TcET401670.108



---

# Heavy Alcohol Use Raises Mortality Risk in Patients with Fatty Liver Disease & Metabolic Syndrome

Nonalcoholic and alcohol-related fatty liver disease (NAFLD and AFLD) are

alcohol consumption, particularly among those who also had metabolic syndrome. The findings were published in the July 2019 issue of *Clinical Gastroenterology and Hepatology*.

The results indicate that the harmful effects of substantial alcohol consumption are accentuated in patients with metabolic syndrome, and conversely, metabolic syndrome is associated with higher risk in patients who drink excessively. In patients without metabolic syndrome, the harmful effects of drinking were not observed until consumption reached six drinks per day for men or three drinks per day for women.

The authors caution that data used in the study may not be reflective of the current fatty liver population, as the subjects were enrolled nearly 30 years ago. However, the findings have the potential to inform clinical practice as both metabolic syndrome and excessive alcohol use are modifiable risk factors.

“One immediate implication for clinicians is the importance of taking

a careful alcohol consumption history from patients with fatty liver disease, many of whom have metabolic syndrome, with a view toward limiting such consumption in patients who drink heavily. The present study provides quantifiable information that can be imparted to patients,” says Dr. Jacobson. “Importantly, the paper also acknowledges that milder effects of lower amounts of alcohol

may not have been captured in this study population.”

*Disclosures: Dr. Jacobson is a consultant to or received research funds from Gilead Sciences, Inc.; Intercept Pharmaceuticals, Inc.; GENFIT; and Novo Nordisk.*

---

## New Study Shows Cuff-Assisted Colonoscopy Can Improve Detection of Polyps

The incidence and mortality rates of colorectal cancer have steadily declined over the past decades in adults age 50 and older, due in part to the dramatic increase in screening across the United States.

Equally important have been the ongoing efforts to enhance the quality of screening tests, according to Seth A. Gross, MD, associate professor of medicine and director of clinical care and quality in the Division of Gastroenterology and Hepatology at NYU Langone.

### TRIAL TARGETS EXAM TIME FOR COMPLETE MUCOSAL INSPECTION

As part of this effort, medical professionals are evaluating technological advances to improve detection of polyps and other lesions



maintaining adenoma detection rates while decreasing withdrawal time compared with standard colonoscopy methods,” explains Dr. Gross.

The findings were published online on January 17 in the journal *Clinical Gastroenterology and Hepatology*.

#### ENHANCED VISUALIZATION, SHORTER INSPECTION TIMES

Findings from the current study suggest that Endocuff Vision® could potentially achieve the dual goals of improving detection and offering a more efficient colonoscopy. The authors also observe that previous, larger studies have reported

that when inspection times are equal, the Endocuff Vision® is better at detecting lesions compared with standard colonoscopy.

“Overall, these findings suggest that technological advances, such as the cuff-assisted colonoscopy, can help us optimize efficiency and increase quality in endoscopy,” says Dr. Gross. “Together with increased screening rates, we hope that a continued focus on quality in screening will result in further innovations and increased numbers of precancerous polyps removed and lives saved.”

Investigators caution that, based on previous studies, a small fraction of patients will require removal of the Endocuff Vision® for safe navigation

through the sigmoid colon.

Colonoscopy without the device should be considered in patients with known severe sigmoid diverticular disease.

#### PERSPECTIVES ON EFFICIENCY

Dr. Gross notes that “perspectives on whether the reduced inspection time observed in this trial with the Endocuff Vision is clinically important, will depend on individual perspectives on efficiency in endoscopy.”

The study authors conclude that “for extremely efficient endoscopists, 1 or 2 minutes time saving per procedure could be considered a significant gain when many procedures in a day or week are considered. Efficiency, which should never take place at the expense of quality, is often achieved through the accumulation of numerous measures, each of which by itself may have a quantitatively small impact. In any case, there are few situations described in which improvement in efficiency (reduction of inspection time) can be made without loss of detection.” It is recommended that other investigators examine the impact of cuff-assisted colonoscopy on inspection and withdrawal times in addition to detection endpoints.

*Disclosure: Dr. Gross is a consultant to Olympus Corporation.*

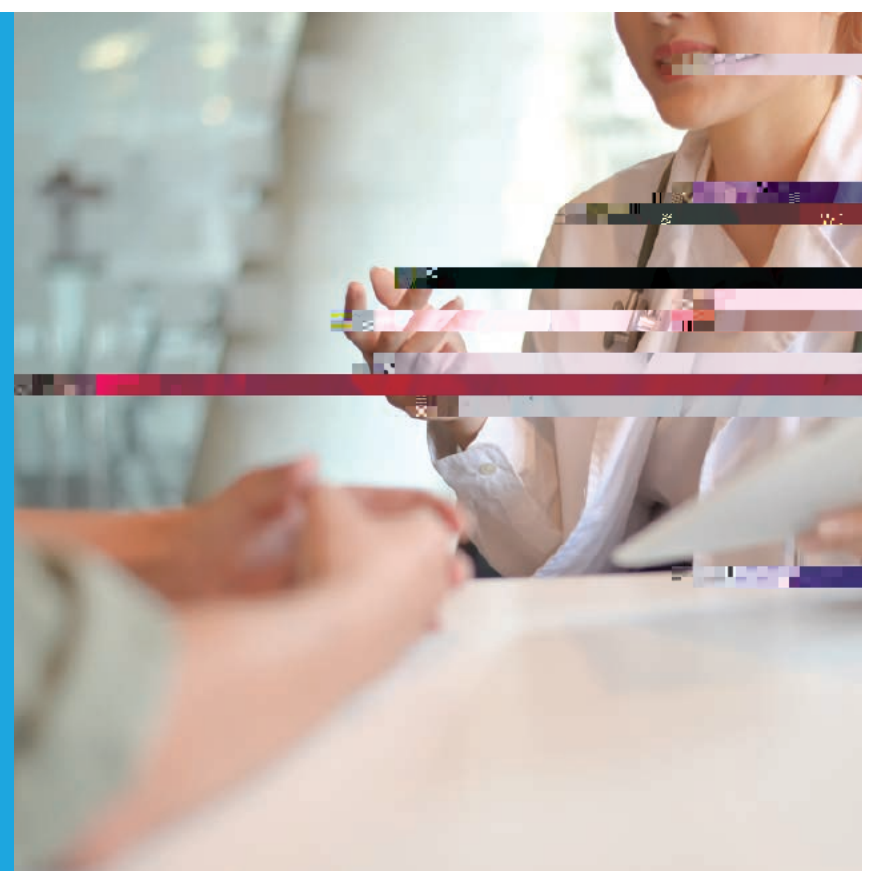
*“Together with increased screening rates, we hope that a continued focus on quality in screening will result in further innovations and increased numbers of precancerous polyps removed and lives saved.”*

Seth A. Gross, MD



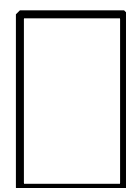
For more on this story and other topics, visit [clinicaltrials.med.nyu.edu](http://clinicaltrials.med.nyu.edu)

PHOTO: PRATHAN CHORRUANGSAK/GETTY



Recent research led by Manish S. Parikh, MD, associate professor of surgery at NYU Langone, reveals that thrombophilia is common among patients seeking laparoscopic sleeve gastrectomy (LSG), potentially putting them at increased risk for portomesenteric vein thrombosis (PMVT) postoperatively. The findings suggest that extending postoperative therapy may help prevent this rare but potentially life-threatening complication.

Esen E, Kirat HT, Aytac E,  
Schwartzberg DM, Remzi FH.  
Primary pouch preservation vs  
new pouch creation during re-do  
surgery for failed ileal pouches:  
are the outcomes comparable?  
*Journal of thachw3.1 (d(sr)3 (l(a)-201 Tc 1 )TJ7TJ7TwaF20101 Tc 39c --3ur18n)-2(ao)-2Tw 0 22r o) (n)-n14c)s-0.01 Tc 2r 15)3Tw 02p)-(b)-19.2i-100) (4)17R)22T10)4 1).6a)9 8:0.5c*





NYU LANGONE HEALTH  
550 First Avenue, New York, NY 10016  
[NYULANGONE.ORG](http://NYULANGONE.ORG) [Read More](#)

