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Scientific Tracks & Abstracts

(Day 1)

Harshadkumar Rajgor, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Why is the recurrence rate of residual or recurrent disease following endoscopic mucosal resection (EMR) of the oesophageal dysplasia's and T1 tumours higher in the Midlands Cancer Network?

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Background: Barrett's oesophagus increases the risk of developing oesophageal adenocarcinoma. Over the last 40 years there has been a 6 fold increase in the incidence of oesophageal adenocarcinoma in the western world and the incidence rates are increasing at a greater rate than cancers of the colon, breast and lung. Endoscopic mucosal resection (EMR) is a relatively new technique being used by 2 centres in the Greater Midlands cancer network. EMR can be used for curative or staging purposes, for high grade dysplasias and T1 tumours of the oesophagus. EMR is also suitable for those who are deemed high risk for oesophagectomy. EMR has a recurrence rate of 21% according to the Wiesbaden data.

Method: A retrospective study of prospectively collected data was carried out involving 24 patients who had EMR for curative or staging purposes. Complications of residual or recurrent disease following EMR that required further treatment were investigated.

Results: In 54% of cases residual or recurrent disease was suspected. 96% of patients were given clear and concise information regarding their diagnosis of high grade dysplasia or T1 tumours. All 24 patients consulted the same specialist healthcare team.

Conclusion: EMR is a safe and effective treatment for patients who have high grade dysplasia and T1NO tumours. In 54% of cases residual or recurrent disease was suspected. Initially only single resections were undertaken. Multiple resections are now being carried out to reduce the risk of recurrence. Complications from EMR remain low in this series and consisted of a single episode of post procedural bleeding. It is vitally important to carry out adequate resections to reduce recurrence rates.

Biography

Harshadkumar Rajgor has completed his MBChB from The University of Birmingham Medical school, UK. He is currently a Core Surgical Trainee in prestigious East Midlands Deanery. He did many presentations at national and international level. He is actively involved in teaching of medical students.

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Ulrike Stein, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Novel key players in cancer metastasis and signaling-based inventions for metastasis restriction

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Metastatic dissemination of primary tumors is directly linked to patient survival in many tumor entities and critically limits successful therapy. In human colorectal cancer (CRC), we identified the novel gene Metastasis Associated in Colon Cancer 1, MACC1. MACC1 regulates fundamental processes like proliferation, motility, and dissemination in cell culture and metastasis in mouse models. MACC1 regulates the transcription of genes able to induce metastasis by themselves; e.g., it was identified as a master regulator of c-Met. In CRC patient tumors and blood, MACC1 is a tumor stage-independent predictor for metastasis and survival, allowing early identification of high-risk patients. MACC1 is confirmed as prognostic and predictive biomarker and decisive driver for tumorigenesis and metastasis in a broad variety of solid cancers, correlating to patient survival. MACC1 inhibitors are not available so far. Thus, we developed MACC1-signaling based interventions for metastasis restriction. First, we identified the gene promoter of MACC1, unveiled its transcriptional regulation, and employed the MACC1 promoter for high throughput screenings. We identified the first transcriptional small molecule MACC1 inhibitors. These drugs restrict MACC1-induced metastasis in mice. Furthermore, we addressed the impact of MACC1 post-translational modifications for developing intervention strategies. Using mass spectrometry, we identified kinases phosphorylating MACC1. Targeting the kinase for MACC1 tyrosine phosphorylation with inhibitors employed in clinical trials restricts MACC1-induced tumor growth and metastasis in mice. In summary, transcriptional and post-translational regulations of MACC1 are druggable by small molecules inhibitors. We present first MACC1-signaling based interventions for restriction of tumor progression and metastasis of CRC.

Biography

Ulrike Stein has completed his PhD from the Humboldt University Berlin, Post-doctoral studies from the National Cancer Institute/NIH Frederick MD, her habilitation from the Charité Universitätsmedizin Berlin and was 2009 appointed as Professor. She heads the research group of Translational Oncology of Solid Tumors at the Experimental and Clinical Research Center, Charité and Max-Delbrück-Center for Molecular Medicine in Berlin. She has published more than 130 papers in reputed journals, reveiced national and international scientific awards, is contributing to scientific consortia, is serving as Editorial Board Member of several journals, and acts as reviewer for journals and funding organizations.

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Lynnette R Ferguson et al., J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Dietary fibre - How inflammatory bowel disease patients should be advised in relation to dietary fibre intake?

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The problems faced by Inflammatory bowel disease patients in eating a normal balanced diet are well recognised. There appears to be confusion about whether or not these patients should regulate their dietary fibre intake. While randomised controlled intervention studies have been done with a number of dietary fibre sources, no clear pattern has emerged. Part of the problem may be that many intervention studies used dietary fibre supplements that were not pure in composition. In it's original definition, dietary fibre consisted only of plant cell walls, and these still comprise a major part of this group. Many of the dietary fibre supplements tested in IBD patients contained mixtures of different types of plant cell walls which might be expected to have contrasting effects, as well as containing other components now included in the definition of dietary fibre. Additionally, there was often variability in the disease states of individuals recruited into the study. Not considered in these older assessments, however, is the possibility that there were genotype specific effects. Over a number of years, we have recruited a cohort of IBD patients, and asked about their self-assessed dietary tolerances and intolerances. This work has then been assessed in relation to genotype. In a number of cases, we have been able to identify specific effects, either benefical or adverse, associated with specific genetic variants. Of particular interest is the strong benefit shown by consumption of jerusalem artichoke by individuals carrying a variant in the forkhead box O3 (FOX03) gene. This food item is an excellent source of the dietary fibre, inulin, which is known to have prebiotic affects, affecting the composition of the colon microbiome. It also became apparent that a number of IBD patients avoided whole grain foods, such as barley, rye and wheat, especially wheat bran. These negative associations showed a link with genetic variants in the human leukocyte antigen (HLA) region in some cases. However, it was also clear that a number of individuals who avoided such foods did not carry a variant genotype, and often that their avoidance was based on advice from others, rather than direct experience. This is unfortunate advice, since there is good evidence to suggest that such dietary fibre sources can protect against colorectal cancer. Given the high prevalence of this type of cancer in IBD patients, increasing rather than decreasing this group of foods may have long term benefits that might not be apparent in the short term.

Biography

Lynnette R Ferguson completed her DPhil (Oxon.) at The University of Oxford, UK, then returned to a Post-doctoral position at The University of Auckland, where she had done her undergraduate degrees. She successfully competed several grants before being offered a tenured position with the Auckland Cancer Society Research Centre at The University of Auckland. In 1990, she was selected to establish a new Discipline of Nutrition at the University, where she retains a half time position alongside her Research Centre appointment. She has successfully supervised more than 50 Post-graduate students for thesis completion.

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Muhammad S Niam, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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The rule of eicosapentaenoic acid and docosahexaenoic acid on nutritional status, Crp, 15-Hete in cachextic unresectable colorectal cancer patients

Muhammad S Niam
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Background: Incidence of colorectal cancer is increasing, most of the patients in Indonesia are found in advanced stages and often accompanied by complications, such as cachexia. Cachexia increases morbidity and mortality, so it requires good nutritional management. EPA as the anti-cachexia agent is promising, but still needs further study.

Objectives: To find out decrease of PG-SGA scores, increase of hemoglobin and albumin levels and decrease of CRP and 15-HETE levels in advanced CRC patients who received EPA and DHA, compared with control group.

Methods: Total of 40 advanced CRC patients with weight loss >5% in the last 3 months were divided into 2 groups. The treatment group got EPA and DHA capsules for a total dose 2g/day of EPA, while the control group got plasebo. At the baseline, skor PG-SGA, hemoglobin, albumin, CRP and 15-HETE were examined. Then, we evaluated PG-SGA scores every 2 weeks, hemoglobin, albumin and CRP every 4 weeks and 15-HETE levels by the end of the study. Then we used T-test and repeated Annova to compare the two groups.

Results: In the treatment group, PG-SGA scores were decreased, the level of albumin was increased, the levels of CRP and 15-HETE were decreased and were significantly different from the control group. Hb levels were not significantly different in the two groups.

Conclusions: The use of EPA and DHA can improve the nutritional status, lower levels of CRP and 15-HETE in cachextic advanced CRC patients.

Biography

Muhammad S Niam is General Surgeon, Consultant in Digestive Surgery, Endoscopic and Laparoscopic Surgeon, Lecturer and Medical Staff of Saiful Anwar General Hospital/Brawijaya University School of Medicine, Malang, Indonesia. He is also the Chairman of Indonesian Society of General Surgery of Malang Region, National Faculty Member of Indonesian Society of Endo-laparoscopic Surgery, National Faculty Member of Indonesian Society of Coloproctology and Committee of Asian Society of Colorectal Surgery.

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Strategies for safe and precise ESD

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ESD, now spreading globally as therapeutic endoscopy for early malignant esophageal, stomach, and large intestinal tumors, can excise larger lesions, less invasively, than conventional EMR and surgery. However, since ESD technical difficulties are relatively high as compared to EMR, appropriate knowledge and skills for ESD must be acquired. Today, I introduce and present tips and tricks for completing safe and precise ESD. First, selection of appropriate cases based on accurate diagnosis is required, using Image Enhanced Endoscopy such as NBI magnification or chromoendoscopy. It is necessary to correctly determine the width and depth of lesions and thereby ascertain correct indications for ESD. Then, to safely perform procedures, suitable endoscopes, attachments, and devices must be selected, as well as setting up high frequency electric generators. Moreover, to uniformly excise the submucosa to a suitable layer, it is important to maintain good visual fields and proper orientation operatively, making local injection of adequate solution, water jet function and suitable hemostatic procedures essential. Since acquiring good operative views reduces complications, such as bleeding and perforation, and shortens operative time, combining suitable traction methods is very useful. The clip and thread method and the clip and snare method (the later one devised by the author) are both quite useful. Using these methods and devices properly, and combining them, and avoiding damage to muscle layers are important for successful ESD. I will present various tips and tricks for completing safe and more stable ESD with actual cases.

Biography

Mitsunori Yasuda has completed his MD from Kyoto Prefectural University of Medicine and completed his PhD from the same University. He is the Director of Department of Gastroenterology and Hepatology and the Director of Endoscopy Center of Uji Tokushukai Hospital, Kyoto, Japan, and has been working as the Professor of Department of Clinical Gastroenterology of Kyoto Prefectural University of Medicine since 2007.

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Laparoscopic distal pancreatectomy for insulinoma

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Insulinomas are benign neuroendocrine tumors which are the most common of the pancreatic islet cell tumors, yet it remains a rare case. The incidence are 1-4 cases in one million patients a year. 60% are woman with a median age at presentation of 47 years. 90% are solitary and 10% multiple. More than 90% are benign adenomas and about 5%-6% of cases are malignant, and 5%-8% are associated with multiple endocrine neoplasm (MEN type I). Most insulinoma are 1-3 cm in size. Hyperinsulinism causes severe hypoglycemia and leads convulsion, depression and coma. Initial operation is curative in 88%, and long-term survival is normal. Recurrence rates of 7% (sporadic) and 21% (MEN type I) have been reported in 20 years. Clinical manifestations are related with endogenous hyperinsulinism: Autonomic (less specific) like sweat, worried, tremble, nausea, hungry palpitation and tingling. The more specific neuroglycopenic are confusion, change in behavior, dizziness, headache, and weakness. The classic diagnostic criteria (Whipple's triad) is hypoglycemic symptoms, fasting hypoglycemic (<45 mg/dL) and reversal of changes with glucose. The treatment is surgical, except in advanced metastatic disease, where streptozotocin is helpful. Enucleation is performed for solitary insulinoma and pancreas resection is performed for multiple insulinomas. Sometimes, ultrasonography intra operative is useful to determine the insulinoma location. The surgery can be done by laparotomy or laparoscopic method. The benefit of laparoscopic surgery are: Small incisions, less pain, faster mobilization, short hospitalization and better cosmetic. On the other side, laparoscopic pancreatectomy should be done by experienced surgeon with availability of supporting instruments. This insulinoma case was in a 39 year old woman. The locations were in body and tail pancreas. Laparoscopic distal pancreatectomy with spleen preservation was done successfully. The duration of operation was approximately 3.5 hours. Post-operative care was done in ICU, for one day. We start enteral nutrition on the third day post operative and the patient may leave hospital on the fifth day post operative.

Biography

Errawan R Wiradisuria is the President of Indonesian Society of Endo-Laparoscopic Surgeons and Chairman of Advance Laparascopic Surgery Courses (Asia-Pacific). He has published numerous papers in reputed journals and has been serving as an Editorial Board Member of repute.

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Chernikovsky I L et al., J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Laparoscopic surgery vs. open surgery in elderly patients with colorectal cancer

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St. Petersburg Cancer Center, Russia

Actuality: Age is one of the major factors of the risk of death from colorectal cancer. The place of laparoscopic radical surgery in elderly patients with colorectal cancer is still being studied.

Objective: To assess our experience of surgical treatment of elderly patients with colorectal cancer.

Materials & Methods: 106 patients older than 75 years with colorectal cancer were divided into 2 groups: 66 patients underwent traditional surgery and 40 underwent laparoscopic surgery.

Results: The average duration of operation in laparoscopic group was significantly lower (127 minutes vs. 146 minutes). Intraoperative blood loss was 167 ml against 109 ml respectively, but the differences were not significant (p=0.36). The quality of lymph node dissection and an adequate amount of resection between two groups did not differ significantly. The average hospital stay was not significantly lower in the laparoscopic group (p=0.43). Complications occurred in both groups with the same frequency (13.6% vs. 15.0%), which did not exceed the average in the other age groups. Median follow-up was 16 months (6 - 30 months). The number of deaths among patients operated traditionally was twice more than in the laparoscopic group. However, the differences did not reach statistical significance.

Conclusions: The frequency of postoperative complications and postoperative mortality among elderly patients with colorectal cancer is not more than average and does not depend on age. In terms of intraoperative blood loss, radical intervention and the quality of lymph node dissection, both groups are comparable. Laparoscopic surgery is faster than traditional, but, however, it gives no benefit in reducing the average hospital stay and the number of complications in the laparoscopic group. Selection of surgical access does not affect the quality of life of patients after discharge. There was a tendency of increasing of mortality in the long term from non-colorectal cancer causes and as a result, reducing overall survival among elderly patients who were operated in traditional way.

Biography

Chernikovsky I L graduated from the St. Petersburg Medical University in 2001. He completed his Doctorate in 2008. The theme of his work was Transanal Endoscopic Microsurgery Villous Tumors of the Rectum. He is working as a Surgeon-Oncologist since 2008. He is the Head of the Department of Coloproctology in St. Petersburg Cancer Center since 2011. His main professional interest is a minimally invasive surgical technique in the treatment of colorectal cancer. He devoted much time and effort for the introduction of laparoscopic surgery in different cities of Russia. He has more than 45 published scientific articles in the Russian medical journals.

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Laparoscopic management of an unusual cause of massive upper gastrointestinal bleeding

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Lipoma of stomach is a rare form of tumor. A majority of these tumors were managed by endoscopic and open surgical intervention, with few data published which were managed by total laparoscopy for massive bleeding from huge gastric lipoma. We reported a case of a 67-year-old man with massive upper gastrointestinal bleeding who was diagnosed as having a large bleeding gastric lipoma that was managed successfully with laparoscopic excision. Lipomas are benign tumours of adipose tissue. Gastric lipomas are rare and account for less than 1% of all tumors of the stomach and 5% of all gastrointestinal lipomas. They typically occur in the 5th or 6th decade of life with equal sex incidences and 75% occur in the antral region in thesubmucosa or serosallayers. They are usually asymptomatic and are commonly detected incidentally; however, they may present with gastric outlet obstruction and upper gastrointestinal bleeding. Approximately 220 cases have been reported in the medical literature and further only three cases have been reported presenting with massive upper gastrointestinal haemorrhage. A case of gastric lipoma with massive GI bleed is reported and relevant management options and differential diagnosis discussed.

Biography

K Sendhil Kumar is the Director and Chairman of Gateway Clinic in TN, India. He is a renewed Gastroenterologist of the country and has vast experience in the field of Advanced Laparoscopic Surgery. He has various publications in national and international journals.

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Training - Laparoscopic Surgery

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The current training of residents in laparoscopic surgery, in Latin America, is performed in operating room (OR) with the patient, which predisposes risk of many complications. For this reason, we believe in training, which was previously performed in the laboratory, through theoretical and practical progressive activities that allow the resident to learn the correct handling of basic laparoscopy and leaves them ready for the best learning and advanced courses. CEPCEA is a non-governmental, nonprofit organization dedicated to the study, teaching and training of laparoscopic surgery as the main source to provide social assistance for poor people. We have developed a teaching system based on PBL (Problem-Based Learning), the Japanese KAIZEN Method (Classification, Order, Cleaning, Discipline and Standardization) and permanent creation of TIPS. We combined the best of each continent: The use of FLS box of American origin, where coordination skills, expert hands independence in both hands and precision performing intracorporeal knots, endoloop and roeder knots in inanimate objects were developed "*on dry*"; in the same way, we use the endotrainer of European origin for skills development "*on moist*", in chicken neck, with the same instruments that we do it "*on dry*". We teach the ideal placement of the Veress needle and trocars, development and control of the third dimension with the angled laparoscope (30° and 45°), the perpendicularity (three dimensions), placing and handling of Kehr Drain, whitening, good use of monopolar and bipolar energy and how to avoid complications and work with quality indicators and continuous quality improvement in laparoscopy. In the theoretical part, we teach meticulously: The use and selection of cameras, laparoscopes, monitors, light cables, light sources, energy sources, accuracy and use of pressures of the aspirator, insufflator data interpretation, details of the Veress needle, trocars, materials and equipment, pathophysiology of CO2, alternative gases and ergonomy. In swine, we apply all the techniques and theories learned during the course as we would apply in a human being. Admission to OR in human is done by trainees as assistant. CEPCEA Training Center is located in Piura, northern of Peru, now in downtown. It is of 200 square metres. In addition we also have 20,000 square metres of area, where we have a project to build the "Laparoscopic Surgery International Centre" with own surgery and hospitalization rooms, where training for residents of laparoscopic surgical specialties will be performed with national and foreign teachers. We have academic supports like Framework and Specific Agreements with the National University of Piura (Peru), Specific Agreement with the University of Loja (Ecuador), Medical College of Peru and the Peruvian Society of Endoscopic Surgery (SPCE), Doctoral Thesis Author, yet in action. To date, we have over 200 trainees in which usually 4 trainees, 1 time per month come from Ecuador, Colombia, Guatemala and El Salvador.

Biography

Edmundo Dedios is the Chief of the Surgery Department at Jorge Reategui Delgado Hospital II – EsSalud, Piura from January 2006 till now. He was Chief of Surgery at Service Jorge Reategui Delgado Hospital II – EsSalud, Piura from July 2004 to December 2005. He worked as a Medical Manager at Assistential – EsSalud Piura from April 23th to June 15th, 2004. Before that, he was the Director of Jorge Reategui Delgado Hospital – EsSalud – Piura from September 7th, 2001 to April 22nd, 2004. He was also the General Director of Regional Direction of Health, Piura from October 14th, 2000 to February 14th, 2001. He served as the Director of Jorge Reategui Delgado Hospital– EsSalud, Piura from September 7th, 1998 to October 29th, 1999. He was Director of Sullana Hospital from July 26th, 1988 to December 1990 and before that he was the Director of La Unión Policlínic from July 1st 1983 to December 31st, 1985.

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Gastrointestinal bleeding in infancy

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In summary, the causes of GI bleeding in infancy are varied, ranging from congenital and hereditary disorders to those more commonly seen in the adult population. Many causes of GI bleeding in the pediatric population are restricted to a narrow range regarding age of onset, frequently enabling the physician to narrow the differential diagnosis before proceeding with invasive investigation; however, GI bleeding may involve any portion of the intestinal tract, from mouth to anus, as in adulthood, and many causes common to the adult population also must be considered. GI bleeding may present as bright red blood on toilet tissue after passage of a hard bowel movement, strands or small clots of blood mixed within emesis or normal stool, bloody diarrhea, vomiting of gross blood (hematemesis), grossly bright or dark red bloody stools hematochezia, or tarry black stools (melena). In cases of occult bleeding, the clinical presentation may be unexplained fatigue, pallor, or iron deficiency anemia. The treatment sequence for a child who has GI bleeding is to assess (and stabilize if necessary) the hemodynamic status of the patient, establishes the level of bleeding, and generates a list of likely diagnoses based on clinical presentation and age of the patient.

Biography

Adham M Hegazy has done his Graduation from Faculty of Medicine, Ain Shams University in Cairo. He got his Master's degree in Pediatrics from the same University in the year 1987. He was certified by the American Board of Pediatrics after finishing 3 years of Pediatric Residency in Akron, Ohio. He became a fellow of the American Academy of Pediatrics in 1994. He also did a one year Neonatology fellowship in Kosair Children's Hospital in Louisville, Kentucky. He is currently serving as a Professor of Pediatrics and Neonatology in Ain Shams University in Cairo. He has more than 30 local and international publications in the field of pediatrics and neonatology.

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Laparoscopic surgery vs. traditional surgery in patients with locally advanced colorectal cancer

Chernikovsky I L, Aliev I I, Smirnov A A, Baron K A and **Gavrilyukov A V**
St. Petersburg Cancer Center, Russia

Introduction: The expediency of the application of laparoscopic surgery in locally advanced colorectal cancer remains controversial. The aim of our study was to evaluate the safety and efficacy of laparoscopic multi-visceral resections for cancer of the colon and rectum.

Materials & methods: The study included 86 patients with tumors of the colon or rectum with the degree of invasion . T4b was operated during the period from 2013 to 2015. Laparoscopic and traditional surgery for tumors of the colon and rectum with invasion of the adjacent organs was carried out for 42 and 44 patients respectively.

Results: The following procedures were performed laparoscopically: 10 patients (23.8%) underwent laparoscopic bowel resection, combined with hysterectomy with appendages, 5 (11.9%)-combined with liver resection, 5 (11.9%)-with adnexectomy, 5 (11.9%)-with small bowel resection, 2 (4.8%)-with splenectomy, 3 (7.1%)-with atypical gastric resection, 2 (4.8%)-with the resection of the ureter, 2 (4.8%)-with nephrectomy and 5 (11.9%)-with the resection of the bladder. Three (7.1%) patients underwent laparoscopic pelvic exenteration. Conversion of the access during laparoscopy was performed in 4 (9.6%) patients. The average amount of blood loss during laparoscopic operations was 205 ml as compared with traditional system which had 480 ml of blood loss. Mean operative time was 201 minutes and 150 minutes respectively. R0 resection was achieved in 100% of the cases. The average number of examined lymph nodes in the two groups was 14. The average length of patient stay in the hospital was 15 days after laparoscopic surgery and 23 days after traditional surgery. Postoperative complications were 22% (8) and 13% (6) respectively. Reliable invasion according to the morphological study in both groups was 56 and 61%. In other cases, there were infiltrations or perifocal inflammation passing to adjacent rgans.

Conclusions: Laparoscopic multiorgan resections of colon and rectum cancer are effective in terms of oncological radicality. The volume of blood loss and length of postoperative period was significantly lower in the laparoscopic group than in traditional surgery group.

Biography

Chernikovsky I L Graduated from the St. Petersburg Medical University in 2001. He completed his Doctorate in 2008. The theme of his work was transanal endoscopic microsurgery villous tumors of the rectum. He is working as a surgeon-oncologist since 2008. He is the Head of the Department of Coloproctology in St. Petersburg Cancer Center since 2011. His main professional interest is a minimally invasive surgical technique in the treatment of colorectal cancer. He devoted much time and effort for the introduction of laparoscopic surgery in different cities of Russia. He has more than 45 published scientific articles in the Russian medical journals.

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Clinical response in Mexican patients with IBS treated with low food map diet

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Background: A low flatulogenic diet is thought to decrease the colon fermentation and improves gas related symptoms in patients with irritable bowel syndrome (IBS).

Aims: Evaluate clinical response in population with IBS treated with low FODMAPs diet.

Methods: The effect of low FODMAPs diet was evaluated in patients with the diagnosis of IBS based con Rome III criteria during a treatment period of 21 days evaluating clinical response of abdominal pain, bloating and flatulence by a Visual Analogue Scale. The stool form was evaluated with the Bristol Scale. Also the global satisfaction was obtained. The results were analyzed by averages, 95% CI and T Student.

Results: 31 patients were included, 87% females. The mean age was 46.48 years. The IBS subtypes distribution was: constipation 64.5%, diarrhoea 22.6% and mixed 12.9%. The average score for abdominal pain before diet was 6.0 (95% CI 5.04-6.96), for abdominal bloating 7.10 (95% CI 6.13-8.06) and for flatulence 5.94 (95% CI 4.79-7.08). The average score for abdominal pain after diet was 2.77 (95% CI 1.60-3.95) ($p< 0.001$), for bloating 4.19 (95% CI 2.95-5.44) ($p<0.001$) and for flatulence 3.06 (95% CI 1.99-4.14)($p<0.001$). For stool form the Bristol Scale before diet was 3.68 (95% CI 3.14-4.22) and after diet 4.10 (95% CI 3.66-4.54) ($p=0.1$). The patient satisfaction was 70.9%.

Conclusions: The more prevalent IBS subtype was IBS-C. There was significant improvement in the 3 evaluated symptoms; however we don't find stool form improvement.

Conclusions: Laparoscopic multiorgan resections of colon and rectum cancer are effective in terms of oncological radicality. The volume of blood loss and length of postoperative period was significantly lower in the laparoscopic group than in traditional surgery group.

Biography

Medicine graduated from La Salle University, Mexico City. Graduated of gastroenterology from Hospital Espanol, Mexico City. Gastroenterologist certified by the Mexican Council of Gastroenterology. Member of the Mexican Association of Gastroenterology. Graduated of Gastrointestinal Motility from Hospital Español, Mexico City. Co-author of six books. Author and co-author of several papers related to the specialty. Head of the department of Gastroenterology Hospital Ángeles, Mexico City. Head of the laboratory of motility and clinic of functional gastrointestinal disorders Hospital Juárez, Mexico City. Head of the graduate school of Gastrointestinal Motility UNAM (National Autonomus University of Mexico).

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Laparoscopic repair of incarcerated Bochdalek hernia in elderly: A rare emergency easily overlooked

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Congenital posterolateral diaphragmatic defects, such as Bochdalek hernias (BHs), usually present during the neonatal period with respiratory symptoms and are associated with significant mortality. However, a subset of patients with BHs may remain asymptomatic during childhood, and the condition may present as a surgical emergency in adulthood. Surgical repair of the defect is the recommended therapy for all patients with BHs, regardless of the presence of symptoms. Traditionally, the repair of diaphragmatic defects has been performed via laparotomy or thoracotomy, but the use of laparoscopy has challenged the use of these traditional procedures. However, the laparoscopic management of incarcerated BH is rarely reported. In the present paper, we report the case of a patient who presented gastric volvulus that was caused by an incarcerated stomach through a Bochdalek defect and treated using a laparoscopic approach.

Biography

Latif Bagwan is the Consultant Laparoscopic Surgeon and Endoscopist in Gateway Clinics and Hospital. He is a part of many national and international societies. He is working in the profile for more than a decade.

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Obesity surgery in the awake: Is it feasible?

Mohammad Hayssam Elfawal
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Obesity is a chronic and progressive disease, associated with related metabolic disorders, causing severe morbidity and mortality around the globe. Sleeve gastrectomy is being performed with increasing frequency in the world for the treatment of morbid obesity. General anaesthesia carries a significant risk in the obese individual and especially those who had metabolic syndrome (diabetes hypertension or coronary artery disease). We started in the bariatric surgery clinic (BSC) in Makassed hospital in Beirut to do sleeve gastrectomy under block anaesthesia (awake patient) in the year 2010 for the first time in the world. Thereafter we did 35 cases of sleeve under block. We report hereby our results in terms of safety efficacy and resolution of comorbidities after 3 years of follow up.

Biography

Arabic University of Beirut since year 2005. Diploma in Hepato-biliary and transplant surgery : University of Paris -6- / France in year 2003 Fellow in the American college of Surgeons since year 2011.

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Notes:

Luis Hernandez-Higareda, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Therapeutic endoscopy in trauma

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Introduction: Therapeutic endoscopy has helped prevent many surgical procedures with the idea of minimally invasive surgery. It has demonstrated effectiveness in the bile duct and endoscopic ultrasound among others.

Objective: The problem of serious trauma patient is that they are usually treated at trauma hospitals where there is no such resource. On the other hand, where endoscopy is performed at high-level, no experience in the management of severe trauma patients does not warrant a quick response.

Materials & Methods: We present among others, a series of trauma cases, each distinct in the problem and all managed successfully with endoscopy, avoiding major surgical procedures. We present the experience of some cases in a 1st level trauma center hospital divided into four groups, which underwent gastro esophageal endoscopy (12 procedures), sigmoidoscopy (3), bronchoscopy (4) and endoscopy into gastrostomy (2). Among them, the cases were: A young patient with bleeding from diverticular disease, another patient with gastrostomy retrograde endoscopy, another one with intestinal perforations, one with failure to pass the tracheostomy tube (because of an anatomical variant modified by trauma), one with pyloric obstruction and reflux, and one with neck surgery fixing that did not allow the passage of nasoenteral tube without endoscopic aid.

Results: All cases were resolved with the help of the endoscope.

Conclusion: Therapeutic endoscopy in trauma should be part of the armamentarium of the hospitals where trauma patients are cared.

Biography

Luis Hernandez-Higareda completed his Pre-grade in Biological Sciences from Cyto-histopathology Clinic and Medicine from Faculty of Medicine at the University of Guadalajara. He did his Post-graduation in Intensive Care, Clinical Epidemiology, and Master of Surgery from National Medical Center West, Mexican Social Security Institute (IMSS) from University of Guadalajara. He has undergone training in Gastrointestinal and Airway Endoscopy and Thoracoscopy, National Medical Center La Raza, IMSS, National Autonomous University of Mexico (UNAM). He completed courses on General Surgery and Endoscopic Ultrasound from XXI Century National Medical Center IMSS, UNAM. He got trained in Surgery of Trauma from Trauma Hospital Lomas Verdes IMSS, UNAM.

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Pawan Mathur, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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State of the art in Minimally Invasive Colorectal Surgery (MICS)

Pawan Mathur
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The author will aim to demonstrate the role of MICS in the modern day management of colrectal cancer (CRC). There will be a discussion regarding the central role of multi disciplinary meetings (MDTs) in the manageemnt of CRC, the reasons why they exist, who is involved and evidence of their efficacy and outcomes. The increasing role of laparoscopic colorectal surgery will be discussed in terms of CRC management. Up to date RCT evidence will be presented of both colon and rectal cancer surgery. The alternate routes of minimally invasive access will be presented (single incision laparoscopic surgery (SILS), natural orifice extraction surgery (NOSES) and hybrid laparoscopic-endoscopic techniques). Evidences, where it exists, will be discussed. The role of robotic colorectal surgery will be discussed and randomised evidence in rectal cancer surgery will be (ROLLAR) prsesented. Results of a prospective study of patiet preference in terms of surgical access routes will be presented. The management of early rectal cancer will be discussed with trans-anal endocscopic microsurgery (TEMS) and trans anal microscopic invasive surgery (TaMIS) techniques. The role of endoscopic mucosal/ serosal resection (EMR/ ESR) will also be discussed in the management of early CRC. The future of MICS is discussed with a projection that this may look like going into 2017/2018.

Biography

Pawan Mathur, MS FRCS [Gen Surg], is a General, Colorectal & Laparoscopic Surgeon at The Royal Free London NHS Foundation Hospitals. His specialist interest is in colorectal conditions such as haemorrhoids (piles) anal fissures, anal fistulae, ulcerative colitis/Crohn's disease, pelvic floor conditions and colorectal cancer. He qualified from St. Thomas' Hospital Medical School in 1990. He undertook a Postgraduate Research degree at the Royal Marsden and Chelsea & Westminster Hospitals and was awarded a MS thesis for his work examining the role of manipulating tumour blood supply on chemotherapeutic drug uptake in colorectal liver metastases. He maintains an active interest in surgical research and continues to publish in peer-reviewed journals. In this regard, he is Clinical Research Lead for Surgery in the Trust. He is currently the Principal Investigator on a variety of randomized surgical clinical trials. He also holds an Honarary Senior Lectureship at UCL Medical School, which allows him to pursue his main research interest in colorectal cancer.

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Lui Ka Luen, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Endoscopic submucosal dissection: Prospectives on complication prevention and medical comorbidites

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The endoscopic submucosal dissection is the standard of care for the management of early malignant or premalignant neoplasm in the gastrointestinal tract. However, patients with these lesions are often accompanied with significant medical comorbidities. Such as, patients on oral anticoagulation with high thrombotic risk e.g., mitral valve replacement, dual valve replacement, recent myocardial infarction with intervention, end stage renal failure, poorly controlled diabetes, conditions with high anaesthestic risk, etc. Patients with these high risk medical conditions often increase both endoscopic and non-endoscopic complication rate. Combination of careful optimization of medical condition, pre-endoscopic preparation, special endoscopic technique and post-endoscopic management is a must to acheive low complication rate for these high risk population. Endoscopic techniques for prevention of rebleeding included careful identification of all vessels under indigo carmen-free submucosal plane, precoagulation of big vessels, submucosal dissection using coagulation mode, liberal use of coagulation forceps to eradicate all vessel heads at the post ESD wound and prophylactic closure of post ESD wound. Endoscopic techniques for prevention of perforation included maintainance of a good and clear view (Only cut when you see) in an indigo carmen free submucosal plane and prevention of any active bleeding, maintainance of the direction of knife parallel to muscle layer and the direction of cutting away from the muscle layer together with a good traction and slight hooking of tissue (ball-tube type of knife) especially when the direction of knife is perpendicular to the muscle layer. Use of coagulation mode for submucosal dissection is also the key.

Biography

Lui Ka Luen was graduated from the University of Hong Kong in 2004 with distinction in Medicine. He is a specialist in Gastroenterology in Hong Kong and is awarded fellow of the Hong Kong College of Physician in 2012. Then, he further pursued his career on imaging enhanced endoscopy, endoscopic ultrasound, endoscopic submucosal dissection and submucosal tunnel dissection in Japan under direct mentorship of Professor Takashi Toyonaga. He is now an honorary Clinical Assistant Professor at the Chinese University of Hong Kong. He also published paper and invited speaker in various local and international journals, conferences and meetings.

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Vikas Leelavati Balasaheb Jadhav, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Trans-abdominal sonography of the small & large intestines

Vikas Leelavati Balasaheb Jadhav
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Trans-abdominal sonography of the small & large intestines can reveal many diseases like bacterial & viral entero-colitis, an ulcer, whether it is superficial, deep with risk of impending perforation, perforated, sealed perforation, chronic ulcer & post-healing fibrosis & structure. polyps & diverticulum, benign intra-mural tumours, intra-mural haematoma, intestinal ascariasis, foreign body, necrotizing entero-colitis, tuberculosis, intussusception, inflammatory bowel disease, ulcerative colitis, Crohn's disease, complications of an inflammatory bowel disease – perforation, structure. Neoplastic lesion is usually a segment involvement, & shows irregularly thickened, hypoechoic & aperistaltic wall with loss of normal layering pattern. It is usually a solitary stricture & has eccentric irregular luminal narrowing. It shows loss of normal Gut Signature with enlargement of the involved segment. Shouldering effect at the ends of stricture is most common feature. Primary arising from wall itself & secondary are invasion from adjacent malignancy or distant metastasis. All these cases are compared & proved with gold standards like surgery & endoscopy. Some extra efforts taken during all routine or emergent ultrasonography examinations can be an effective non-invasive method to diagnose primarily hitherto unsuspected benign & malignant gastro-intestinal tract lesions, so should be the investigation of choice.

Biography

Vikas Leelavati Balasaheb Jadhav has completed Postgraduation in Radiology in 1994. He has a 19 Years of experience in the field of Gastro-Intestinal Tract Ultrasound & Diagnostic as well Therapeutic Interventional Sonography. He has four Indian Patents & an International Patent published on his name in the field of Gastro-Intestinal Tract Sonography & the Radiology, since 2008. He has delivered many Guest Lectures in Indian as well International Conferences in nearly 20 countries as an Invited Guest Faculty, since 2000. He is a Consultant Radiologist & the Specialist in Unconventional Gastro-Intestinal Tract Ultrasound & Diagnostic as well Therapeutic Interventional Sonologist in Pune, India.

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Balloon dilatation in patients with gastric outlet obstruction related to peptic ulcer disease

Lamine Hamzaoui
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Gastric Outlet Obstruction (GOO) related to Peptic Ulcer Disease (PUD) is a rare complication which has traditionally been treated by surgery. Endoscopic Balloon Dilatation (EBD) has been shown to be an effective and safe procedure, particularly in elderly patients and/or patients at high risk of surgery. The aim of the study was to describe epidemiological, clinical and endoscopic characteristics of GOO secondary to PUD and to evaluate the effectiveness, safety and outcome of EBD. Between 1999 and 2009, 45 patients consisting of 38 male, 7 female with a median age 51.9 years (range 20-85 years) underwent balloon dilatation; after persistence of pylorobulbar stenosis despite medical treatment with proton-pump inhibitor intravenously for 7-10 days. Symptomatic relief was obtained immediately in 95.5% with clinical remission in 84.4% of patients. The procedure was complicated in 3 patients (6.7%, two perforations and one case of bleeding). *Helicobacter Pylori (H. pylori)* was found in 97.7% of patients and eradication therapy was prescribed. The median follow-up was for 32 months (range between 4-126 months). Remission without relapse was observed in 55.8% of cases, 30 months after dilatation and *H. pylori* was eradicated in 78.8% of observed cases. Stenosis relapsed in 15 patients (39.5%) after a median period of 22.9 months. Smoking and failure of H. pylori eradication were associated with relapse of stenosis. Hence, the study showed that EBD was an effective and safe therapeutic method for GOO related to PUD with short and long term remission.

Biography

Lamine Hamzaoui is an Assistant Professor in Gastroenterology department of the University Hospital Mohamed Taher Maamouri (Nabeul, Tunisia). He is also a Teacher in Faculty of Medicine of Tunis (University of Tunis-El Manar, Tunisia). He has published many papers in the field of Gastroenterology and Hepatology.

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Shahira El-Etreby et al., J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Validation of plasma proteasome as a tumor biomarker for diagnosis of hepatocellular carcinoma

Shahira El-Etreby, Ahmed zaid, Monir Bahgat, Salah Al-Gamal, ManalAbd Elhamid, SherinAbd El-Azi, Hosam Zaghloul, Metwally Mortada, Mohamed El-Rakhawy and **Gehan Mazroa**
Mansoura University, Egypt

Background & Aim: Early diagnosis of Hepatocellular Carcinoma (HCC) improves prognosis. While many studies revealed that alpha-fetoprotein (AFP) is a poor HCC biomarker, more recent studies nominated Plasma Proteasome (PP) as a promising one. So, our aim is to evaluate diagnostic accuracy of PP level as a tumor biomarker for diagnosis of early HCC in Egyptian patients with liver cirrhosis and to validate it on a large population.

Methods: This study enrolled 120 patients with hepatitis C virus related cirrhosis (60 with HCC and 60 without HCC) versus 60 healthy controls. HCC patients were subdivided into 3 groups according to tumor burden. PP level and AFP were assessed. Then, validation of these results on large number of HCC population (308 cases) was done.

Results: It was observed that, 200 ng/ml of AFP showed sensitivity for only 40.1%. On the other hand, AUC of PP was 0.883 (0.829-0.938), with cutoff value of 1.1 µg/ml having sensitivity of 98.3%, and specificity of 71.25%. There was no statistically significant correlation between the level of PP and tumor size, portal invasion or tumor stage (p values = 0.89, 0.07, and 0.82, respectively). Validation of these results on 308 patients yielded sensitivity of 95.12% and specificity of 60%.

Conclusions: PP level could be a promising biomarker for early HCC diagnosis in cirrhotic patients.

Biography

Shahira El-Etreby has done her specialization in Internal Medicine in the year 2006. Currently, she is an Assistant Professor in Hepatology and Gastroenterology, Mansoura University, Egypt.

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Monir H Bahgat et al., J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Albumin infusion in chronic liver disease: The current challenges

Monir H Bahgat and **Shahira El Etreby**
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The human body contains 4-5 g/kg of albumin. This amount is largely distributed in the extracellular space; with a plasma concentration of 4-5 g/dl. It is responsible for almost 80% of the osmotic pressure of the plasma. Therefore, Human Albumin Solution (HAS) has been used as a physiological plasma expander. However, its limited availability and high cost make it essential to define recommendations for its appropriate use. Numerous studies have been done on the uses of HAS, which sometimes reached inconsistent conclusions. However, most of the appropriate uses of HAS are related to the management of complications of Chronic Liver Disease (CLD), including ascites, spontaneous bacterial peritonitis, and hepatorenal syndrome. So, all the current recommendations and challenges encountered during the use of HAS in the management of complicated CLD will be reviewed, including the appropriate indications, different dosing regimens, possible complications, and alternatives. In addition, occasionally appropriate, inappropriate or controversial uses of HAS will also be reviewed.

Biography

Monir H Bahgat has done his specialization in Internal Medicine in the year 1995. Currently, he is a Professor of Hepatology and Gastroenterology (Internal Medicine department), Manoura University Egypt. He is a member of EASL and IASL.

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Nesreen Khidir et al., J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Laparoscopic sleeve gastrectomy effect on pre-diabetic, diabetic patients with morbid obesity: A comparison between adults and adolescents

Nesreen Khidir, Moataz Bashah and **Mohamed Elifranj**
Hamad Medical Corporation, Qatar

Introduction: The prevalence of obesity is rising epidemically in Qatar population. Recent studies revealed that 42% of all Qataris are obese with 7.9% prevalence in adolescents. Treatment of pre-diabetes particularly in adolescent population can potentially reduce the risk of developing future diabetes.

Aim: Primary outcome: Comparing the outcomes of Laparoscopic Sleeve Gastrectomy (LSG) in adult vs. adolescent patients in terms of weight loss i.e. BMI and percentage excess loss (%EWL) at 6-12 months. The Secondary outcome: Comparing the effect on comorbidities (diabetes, pre-diabetes and obstructive sleep apnea), complications rate, patients' post-surgery behavioral compliance and satisfaction.

Method: Analysis of retrospective data of 139 adult vs. 91 adolescent patients 6-12 months post-operatively.

Result: LSG in 139 adults vs. 91 adolescents; 77% vs. 86% were Qataris, aged 37.4±11.4 SD vs. 17±1.5 SD, pre-operative BMI: 48.4± 8.7 vs. 47.6±7.5. Post-operative outcomes at 6-12 months showed BMI: 33.48±6.9SD vs. 36.4±7.25 SD, %EWL: 66.7±26 vs. 50.5±26.8 for adolescents. Applying the American diabetes association guidelines for diagnosing and treating diabetes in both age groups revealed that about 47 vs. 32 patients were diabetic, their mean pre-operative HbA1c dropped from 8.2±1.87 SD to 6.12± 0.089 SD (P value: 0.0001) vs. pre-operative HbA1c 10.3±3.57 SD dropped to 6.2±1.158 SD (P value: 0.0142). About 67.5% vs. 57% were cured. Pre-diabetic patients 33 vs. 32, their mean pre-operative Hba1c dropped from: 5.94±0.22 SD to 5.24±0.34 SD (P value: 0.0001) vs. 5.78+0.328 to 5.28+0.329SD (P value: 0.0001). All adult prediabetes normalized their HbA1c level vs. 96.4% for adolescents. Complications occurred in both groups; (3.5% vs. 4.4%) e.g. post-operative bleeding (2 vs. 0 patients), leak (1 vs. 0), surgical site infection (1 vs. 1). One adult patient developed stenosis and had gastric bypass at a later stage. Three adolescent patients had post-LSG stenosis and managed successfully with endoscopic dilatations.

Conclusion: At 12 months operatively, LSG shows results comparable in adult and adolescent patients in terms of BMI, %EWL and complications. LSG is effective in preventing and treating diabetes and prediabetes in both age groups.

Biography

Nesreen Khidir has completed her MD from Khartoum University in Sudan. She finished her Clinical and Surgical training in General and Laparoscopic Surgery at Hamad Medical Corporation - Qatar (Arab Board for Health Specialization, General Surgery Program 2014). In the year 2014, she has joined Bariatric and Metabolic Surgery department in HMC as a Specialist. She has several presentations and publications at numerous prestigious international symposia and journals. She has also participated in several international Bariatric Laparoscopy and Endoscopy surgery conferences and courses as a candidate, a speaker and an instructor.

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K Sendhil Kumar, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Thoracolaproscopic esophagectomy: Our early experience and outcome

K Sendhil Kumar
Gateway Clinic, India

Advances in technology have allowed us to explore the possibility of performing Esophagectomy using minimal invasive surgical technique. Minimal invasive esophageal surgery has the potential to improve morbidity, mortality, hospital stay and functional outcomes when compared with open method. Although technically complex, combined laparoscopic and thoracoscopic esophageal resection is feasible. A case series of 50 cases who underwent total thoracolaproscopic esopahgectomy were presented. The purpose was to evaluate early results with thoracolaproscopic esopahgectomy for malignant disease. Then the age, gender, indication for surgery, blood loss, hospital length of stay, post operative complication, mortality was recorded. It can be concluded that Thoracolaproscopic esopahgectomy is complex and technically difficult, but it's safe in experience hand. Despite long time, patient do well and benefit from a shorter stay and more rapid recovery compared with open esopahgectomy. Its role as a curative cancer procedure is still unknown. Here we present the video of total thoracolaproscopic esopahgectomy.

Biography

K Sendhil Kumar is the Director and Chairman of Gateway Clinic in TN, India. He is a renewed Gastroenterologist of the country and has vast experience in the field of Advanced Laparoscopic Surgery. He has various publications in national and international journals.

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Hasan Ahmed El-Garem, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Hepatitis C virus infection in Egypt

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Egypt has the highest prevalence of hepatitis C virus infection in the world. The prevalence of HCV viremia was estimated to be 7.3%, and 90% of them have genotype 4. Until 2007, hepatitis C virus treatment was not offered by the government. In 2007, an Egyptian National Committee for Control of Viral Hepatitis (NCCVH) has been established. Number of patients treated with PEG-INF and ribavirin was 350,000. A further step in treating HCV was FDA approval of Sofosbuvir in 2013. Egyptian government made an agreement with the manufacturer company Gilead to decrease the cost of the course for 3 months from 84000$ to 900$. New treatment protocol started in September 2014. The protocol categorized patients into 2 groups: Group 1 - Patients who were eligible to receive interferon were treated with daily Sofosbuvir (400 mg) and weight-based ribavirin plus weekly peginterferon for 12 weeks and Group 2 - Patients who were not eligible to receive interferon were treated by daily sofosbuvir (400 mg) plus weight-based ribavirin for 24 weeks. A further step in treating HCV was achieved after availability of the new drugs, daclatasvir and ritonavir boosted paritaprevir/ombitasvir in Egypt. Treatment protocol was updated in November 2015. Patients were categorized into 4 groups: 1 - Easy to treat group, was treated by the following regimen for 12 weeks; sofosbuvir (400 mg) plus daclatasvir (60 mg). 2 - Difficult to treat group, was treated by the following regimen for 12 weeks; sofosbuvir (400 mg) plus daclatasvir (60 mg) plus ribavirin (600 mg up to 1000 mg). 3 - Third regimen was for patients with post organ transplantation and patients who failed previous sofosbuvir containing regimen. These patients were treated by the following regimen for 24 weeks; sofosbuvir (400 mg) plus daclatasvir (60 mg) plus ribavirin (600 mg up to 1000 mg). 4 - Fourth regimen for patients with glomerular filtration rate less than 30 ml/min were treated by ritonavir boosted paritaprevir/ombitasvir plus ribavirin for 12 weeks. Results of treatment will be mentioned in the presentation.

Biography

Hasan Ahmed El-Garem has completed his MD from Faculty of Medicine, Cairo University and Post-doctoral studies from Amsterdam Medical Centre. He is a Professor of Gastroenterology & Hepatology at Faculty of Medicine, Cairo University. He has published more than 25 papers in reputed journals.

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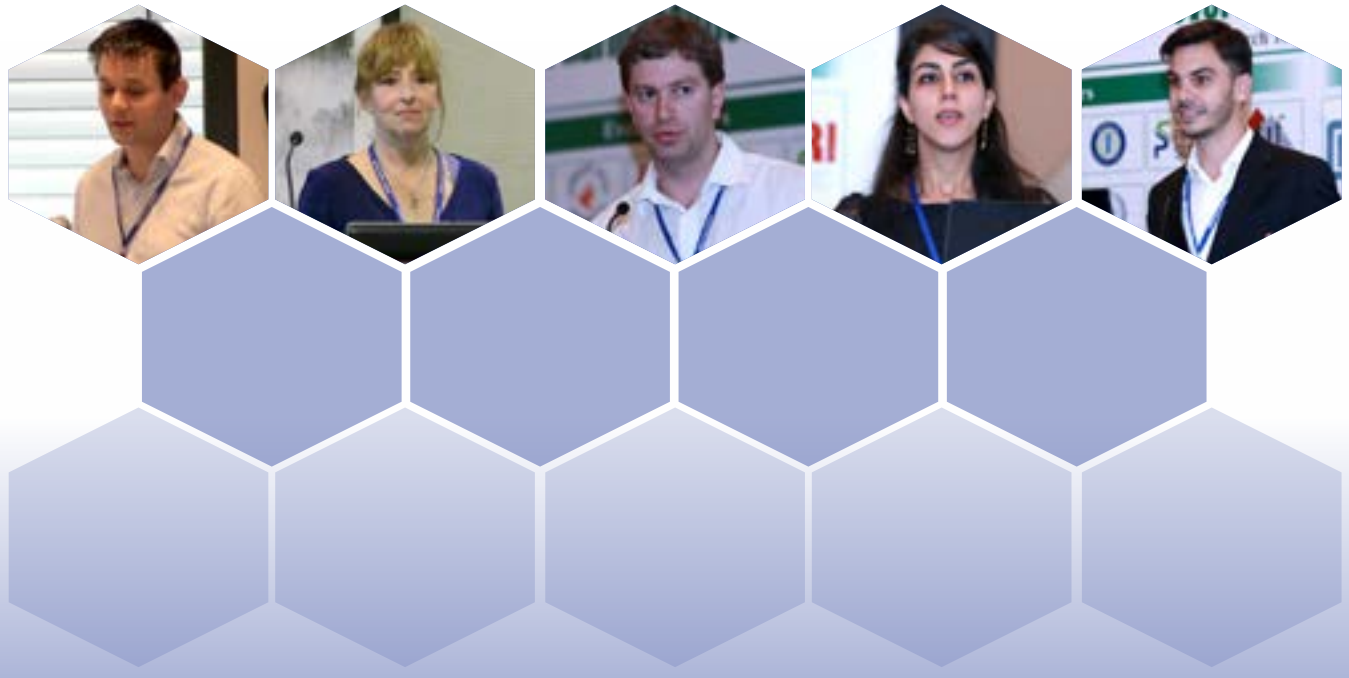
6th Global Gastroenterologists Meeting

August 11-12, 2016 Birmingham, UK

Scientific Tracks & Abstracts

(Day 2)



C Rajkumar Vinayak, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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SILS sleeve gastrectomy: A technical perspective

C Rajkumar Vinayak
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Single Incision Laparoscopic Sleeve Gastrectomy (SILS) involves a single incision and specialized port platforms to facilitate surgery. SILS is unique and challenging in bariatric surgery due to the thickness of the patient's abdominal wall. Here we present a video demonstration of a SILS sleeve gastrectomy using the Gelpoint platform with incorporation of needleoscopic-like instruments. Inclusion criteria for our cohort are as per standard NICE guidelines for the asian population. Patients with excessive android habitus, large livers and the super obese (BMI>50) were excluded. A total of 121 bariatric procedures were performed at our centre from may 2015 to may 2016. 5 patients out of 56 sleeve gastrectomies performed requested for SILS. All 5 patients were discharged well by post op day 2-3. Benefits from SILS involve a less invasive approach and minimum visible scarring (achieving close to the scarless effect). Disadvantages include loss of triangulation and cluttering of instruments. Also, surgeons will need to familiarize themselves with the learning curve and demanding techniques. As innovations occur in the SILS platform, a difficult intervention can be made relatively easy, safe and cost effective. In conclusion SILS is a surgical modality, which if performed correctly, brings about results comparable with standard laparoscopy bariatric surgery with the addition of cosmesis and cost-effectiveness.

Biography

C Rajkumar Vinayak has completed MBBS from JIPMER, India, MS, Gen. Surg. from Osmania University, India. He completed fellowship in Advanced Lap. & Bariatric Surgery from LOC Pune, India. He is currently practising as Consultant General & Bariatric Surgeon at General Hospital Taiping, Malaysia. He has established bariatric services in Northern region, Malaysia since 2007. He is Principle Investigator in clinical reasearch project: "Identification of Novel Biomarkers in Morbid Obese Patients Undergoing Bariatric Surgery" – in conjuction with Research Councils, UK & Univ Malaya, Malaysia. He is Pioneer in Stapleless Bariatric Surgery in Malaysia. Currently he is Faculty for Asia Pacific Metabolic & Bariatric Surgery Society, College of Surgeons, Malaysia and Malaysian Metabolic & Bariatric Surgery Society-2016.

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Muhammad S Niam, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Acute non trauma gastric perforation: Operative vs. non operative

Muhammad S Niam
Brawijaya University, Indonesia

Background: Gastric perforation is around 25–30% of acute abdomen cases presented in emergency department, with highly mortality and morbidity rate. Traditionally, laparotomy is believed as a gold standard. However, patients with ASA status ≥3 and Boey score ≥2 still had poor outcome. This research presented peritoneal drainage as an alternative to laparotomy for poor prognostic patients.

Objective: To determine the success rate of the peritoneal drainage procedure in the poor prognostic patients of gastric perforation cases in Saiful Anwar General Hospital Malang.

Method: Observational descriptive study was made in gastric perforation patients with the poor prognostics, determined by Boey score ≥2 and ASA score ≥3, who underwent laparotomy and peritoneal drainage procedure in RS Syaiful Anwar Malang in 2013. Using SPSS 17.0, the mortality in 30 days after each procedure was presented in crosstabulation and analyzed in crossectional method.

Results: 42 gastric perforation patients were in the poor prognostics, 18 patients underwent peritoneal drainage (42.85%), of them, 11 patients survived in for 30 days after the procedure (mortality rate = 38.89%). While of 24 patients who underwent laparotomy (57.14%), only 5 patients survived (mortality rate = 79.16 %). The mortality rate in laparotomy group was greater than peritoneal drainage group (OR: 5.971, CI :95).

Conclusion: In gastric perforation, patients with poor prognostics and peritoneal drainage have a better end result as compared with laparotomy procedure.

Biography

Muhammad S Niam is General Surgeon, Consultant in Digestive Surgery, Endoscopic and Laparoscopic Surgeon. He is also a Lecturer and Medical Staff of Saiful Anwar General Hospital, Brawijaya University School of Medicine, Malang, Indonesia. Apart from these, he is Chairman of Indonesian Society of General Surgery of Malang Region, National Faculty Member of Indonesian Society of Endo-laparoscopic Surgery and National Faculty Member of Indonesian Society of Coloproctology, and Committee of Asian Society of Colorectal Surgery.

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Hepatoma recurrence after Radiofrequency Ablation (RFA) in Egyptian patients with HCV

Eslam Ahmed Habba
Tanta University, Egypt

Radiofrequency ablation (RFA) is the treatment of choice for patients with an early-stage Hepatocellular Carcinoma (HCC) who are not candidates for surgical management; however, it is associated with a recurrence rate as high as 15–30% after one year. The aim of this study was to analyze the risk factors for HCC recurrence in Egyptian patients after RFA. This study was conducted on 45 HCC patients presented at two large referral centers for management of HCC in Egypt. Only patients with an early-stage HCC, eligible for RFA, were included in the analysis and were followed up for a period of one year and grouped into 2 groups: Group I which included patients with HCC recurrence during follow-up (n=30) and Group II with patients who did not show any recurrence during follow-up (n=15). The risk factors associated with recurrence included smoking (70% in Group I vs. 40% in Group II), hepatomegaly (50% in Group I vs. 40% in Group II), splenomegaly (90% in Group I vs. 53.3% in Group II), heterogeneous liver (30% in Group I vs. 6.66% in Group II), bilobar involvement (20% in Group I vs. 6.66% in Group II), and tumors in contact with hepatic capsule (20% in Group I vs. 6.66% in Group II). Hepatomegaly, liver heterogeneity, and splenomegaly (a sign of portal hypertension) together with the tumor factors such as large size, bilobar involvement, and proximity to liver capsule were the factors that showed a significant association with tumor recurrence in this study.

Biography

Eslam Ahmed Habba is an Assistant Lecturer of Hepatology, Gastroenterology and Infectious Diseases at Tropical Medicine department, Faculty of Medicine, Tanta University Hospitals, Egypt. He is an active member of European Association for the Study of Liver (EASL). Also, he is a member of American Association for Study of Liver Diseases (AASLD) and a member of Liver Tumors Committee at new Tanta University Teaching Hospital. He has some published papers in the field of Hepatology and Infections. Recently, he had a published book about Hepatocellular Carcinoma.

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Preoperative preparation for super-obese

Sandeep C Mutha
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The incidence of obesity is increasing like epidemic; 65% of adults in USA are obese and approximately 5.2-37% in India. One out of five children is obese (COED - Organization of economic co-operation and development) and the rate of obese females is three times that of male. We as clinicians and anaesthesiologists have to deal with this problem more and more day by day. Obesity is a major health problem affecting almost all organ systems. Most affected systems are cardiovascular, respiratory, endocrine, airway, OSA, hepatic, renal, musculoskeletal, etc. Obese patients have higher rate of post-operative complications like myocardial infarct, neuropathy, infection, DVT, pulmonary embolism, etc. Morbidly obese are with BMI more than 40 Kg/sq.m or super-obese with BMI more than 50 Kg/sq.m are to be preoperatively prepared for better perioperative outcome. Pre-operative workup aims at controlling systemic diseases, optimizing cardio-respiratory status, stabilizing endocrinal abnormalities and improving nutrition, effort tolerance and psychological state of mind of the patient. Minimum of 10% weight reduction preoperatively with improved effort tolerance and cardiorespiratory status decreases perioperative complications and hospital stay and cost. In super obese patients pre-operative preparation may require 6-8 weeks of controlled diet, exercises and medical treatment.

Biography

Sandeep C Mutha has done his graduation (MBBS) from B J Medical College, Pune, India. Then he completed his Post-graduation in Anaesthesiology from Pune University in 1994 and Diplomate of National Board (DNB) in Anaesthesia in the year 1995. After gaining experience in Anaesthesia and Intensive Care from Bombay Hospital for one year, he became a Consultant Anaesthesiologist in Pune. He is the Director of Pune Anaesthesia and Criti-care Private Limited, a Post-graduate Teacher in Anaesthesia and Intensive Care, and President of Indian Association of Cardio-vascular and Thoracic Anaesthesia Maharashtra branch, Anaesthesia society of obesity India. He has presented lectures in many regional, state, national and inter-national conferences.

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Notes:

Rahul Mahadar, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Surgery in GERD-When & how?

Rahul Mahadar
Jeevanshree Hospital, India

Gastro- esophageal reflux disease being very common condition in day to day practice of Gastroenterology, one should know when the Surgical Intervention is necessary and what type of surgery is required for the particular patient. In deciding this, Esophageal Manometry, pH metry and impedence pHmetry plays an important role as many motility disorders are associated with GERD. Surgery is indicated in GERD with Chronic strictures, Barrett's esophagus, Volume reflux, Large Anatomical defects i.e., with Hiatal Hernia and in young patients with long term medical tratment. After excluding motility disorders, patients are operated Laparoscopically either Nisson's 360 degree floopy wrap or Partial 270 degree posterior wrap and choice of operation decided according to result of Esophageal manometry tests.

Biography

Rahul Mahadar has completed his Graduation & Post Graduation – Master's of Surgery (MS) from Governent Medical Collage, Miraj, Maharashtra, India. He is Director of Jeevanshree Hospital, Minimal Access Surgery Center from Dombivali, Mumbai, India. He is also a Member of ASGE. He has published 4 papers in national as well as international conferences.

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Ubaldo Arturo Pimentel Aguilar, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Inflammatory bowel disease: Therapy

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Many therapies are available for patients with inflammatory bowel disease (IBD). Medical therapies include amino-salicylates drugs such as sulfasalazine, olsalazine, balsalazide, and various formulations of mesalamine; antibiotics; corticosteroids; immune-suppressive medications as azathioprine, 6-mercaptopurine (6-MP), methotrexate, and cyclosporine; and biotechnology medications such as anti-tumor necrosis factor (TNF) agents and newer agents with different mechanisms of action. Many surgical therapies also are used in patients with IBD. Some of the treatments are designed to deliver medication to specific areas of the bowel, while others act systemically. A thorough understanding of the anatomical distribution of inflammation is required in order to choose the optimal drug for a given patient.

Ulcerative colitis can be divided into ulcerative proctitis, ulcerative proctosigmoiditis, left- sided ulcerative colitis, and extensive colitis or pancolitis. Crohn's disease can be divided into ileitis, colitis, and ileocolitis.

Amino-salicylates, sulfasalazine, oral mesalamine, rectal mesalamine, olsalazine and balsalazide are drugs that deliver 5-ASA to the bowel lumen. In sulfasalazine, 5- ASA is linked to sulfa-pyridine by an azo-bond, which keeps the 5- ASA inactivated until the azo bond, is cleaved by bacterial enzymes. Olsalazine and balzalacide are prodrugs with 5-ASA bound by an azo bond. 5-ASA is available covered either a pH dependent polymer that dissolves in the terminal ileum and cecum, as ethyl cellulose coated granules that release drug throughout the gastro-intestinal tract; or in more complex delivery systems that result in prolomged mesalamine release throughout the colon. Mesalamine can also be administered to treat left-sided colitis or proctosimoiditis or as a suppository to treat proctitis.

Antibiotics controlled trials of various antibiotics have not demonstrated efficacy in treating ulcerative colitis. The data to use antibiotics in Crohn's disease are less clear cut. Three small studies suggested efficacy of metronidazole and ciprofloxacin. Controlled trials of metronidazole and ornidazole after ileal resection showed that postoperative endoscopic recurrence of disease could be delayed after resection for Crohn's disease.

Conclusions: Knowledge of the individual drugs and their characteristics with regard to whether the drug treats systemic disease or local disease, and where in the gastrointestinal tract it releases active drug is critical for successful treatment in patients with IBD.

Biography

Ubaldo Pimentel has finished his Medical grade from Universidade Regional del sureste and Post-graduate studies from Benemerita Universidad de Puebla. He currently Works as General Surgeon in Instituto Mexicano del Seguro Social.

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Baris Cankaya, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Sedation for pediatric patient with end stage hepatic disease outside operating room

Baris Cankaya
Marmara University, Turkey

Sedation outside operating room for children has increasing importance. Paediatric patients with end stage liver diseases are of great importance for various and frequent procedures including gastrointestinal endoscopy, magnetic resonance imaging, computerized tomography, brachytherapy, catheterisation and interventional radiology. Anaesthesia plan plays critical role for the success of these procedures. Patient safety, ventilation, hemodynamic responses, side effects of anesthetics on liver, periprocedural analgesia are the main topics of attention. Informed consent, silent environment are needed. Airway management tools may help because of edema and ascites pushing diaphragm upwards resulting in lung atelectasis. Nasal capnography enables monitoring spontaneous ventilation. Enlargement of extravascular extracellular fluid and dysproteinemia affects drug behaviours. Drug elimination half-time as well as context sensitive half-time have to be taken into account and designed individually. The pressure above vena cava inferior results in preload decrease, thus reduction in cardiac output. Pulse wave variation monitoring helps in estimating circulating fluid status. Tendency for bleeding can be anticipated with fresh frozen plasma. Patient-controlled analgesia may be a choice of favour but close monitoring is required for repeated IV analgesics. Children's Hospital of Eastern Ontario Pain Scale would be a good monitoring tool for pain.

Biography

Baris Cankaya graduated from Ankara University Medical Faculty in 2000. He has been working as Anaesthesiology Specialist at Marmara University Training Hospital. He has attended academic meetings, nationally and internationally. His academic interest includes microcirculation, fluid therapy, resuscitation, patient safety and perioperative analgesia. Some of his certificates are: EPLS provider Berlin 2015, NLS provider Athens 2015 and MECOR Level I October 2014. He attended international workshops like ECMO workshop 2015, Leicester and Airway workshop, ICISA 2014, and Tel Aviv. He also attended symposiums, namely: International intensive care symposium İstanbul 2015, ESA Focus Meeting on Perioperative Medicine: The paediatric patient 2014 and other symposiums at national and international level.

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Mona El-Amir, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Living donor liver transplantation (LDLT): A single center experience

Mona El-Amir
Cairo University, Egypt

In the absence of cadaveric donor liver transplantation, Living-Donor Liver Transplantation (LDLT) is an alternative option for patients with end-stage liver disease. LDLT continues to be a life-saving option in countries without satisfactory cadaveric donation. In our country, the cadaveric donation is still limited by religious and cultural beliefs, as in Japan, Korea and India. We reported the outcome of 120 adult LDLTs at Cairo University Transplant Center. Patient's records were retrospectively reviewed between 2006 and 2014 for recipient survival and complications. Transplant recipients consisted of 110 men and 10 women (ages 19 to 62 years). The main indication for LDLT was hepatitis C cirrhosis. All procedures were right lobe hepatectomy without middle hepatic vein. All donors survived the procedure and 64 of 120 LDLT recipients were alive. 30 patients died in the early (first 3 months) post-operative period (25%) because of infections, vascular complications, biliary complications, CVA and pulmonary embolism. 64% of the donors survived for one year. HCV recurrence occurred in 61 patients (50.8%); biliary complications developed in 47 recipients (39%), where most of them were treated by interventional technique. Vascular complications occurred in 12 patients (10%). 38 patients suffered from infections (31.6%). Acute rejection occurred in 21 patients (17.5%); while chronic rejection developed in 7 patients (5.8%). Our results indicate that LDLT is with rather satisfactory outcome in absence of cadaveric donation.

Biography

Mona El-Amir has completed her MSc from Cairo University, School of Medicine, Egypt. She is a Professor of Internal Medicine, Cairo University. In 2010, she became a member of European Association for Study of Liver (EASL) as well as of Asian Pacific Association for Study of Liver (APASL). Currently, she is working as an active member of Liver Transplant Center, Medical School of Cairo University.

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Manish Madnani, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Growing smaller: Single incision laparoscopic cholecystectomy; patient's vision and surgeon's scope

Manish Madnani
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Introduction: Laparoscopic cholecystectomy is considered as a gold standard for the surgical treatment of gallstone disease, which results in less post-operative pain, better cosmesis and shorter hospital stay than open cholecystectomy. In 1997, Navarra et al. described a single-incision laparoscopic cholecystectomy as a possible alternative procedure to the four port laparoscopic cholecystectomy. The present study is to compare Standard 4 Port Laparoscopic Cholecystectomy (S4PLC) and Single Incision Laparoscopic Cholecystectomy (SILC), in terms of safety, surgeon comfort, pain scores and final cosmetic appearance of scar.

Patients & Methods: At three different centers of India, total 372 patients were operated for laparoscopic cholecystectomy during July 2013 to December 2014. Patients who met exclusion criteria were not followed up for further data collection. Total 53 patients in SILC and 61 patients in S4PLC group were studied prospectively without randomization (patient autonomy was preserved). All the acquired data was filled in SPSS IBM 20.0 version and statistical analysis was done. Chi square test for qualitative data, Student's 't' Test for quantitative data, Mann Whitney U test for non-parametric data and ANOVA/MANOVA (multivariate analysis) tests for distribution of variances were used.

Results: Young patients selected SILC over S4PLC when given options of both. Mean age in SILC group was 39.87 (range 19-70), while it was 50.43 in S4PLC group (range 26-78). There were 35 (66%) females and 18 (34%) males in SILC group while in S4PLC group there were 33 (54%) females and 28 (46%) males, though this difference was not statistically different. SILC and S4PLC were comparable in incidence of intra-operative (11.3% vs. 9.8%) ($p>0.05$), immediate (1.9% vs. 4.9%) ($p>0.05$) and late post-operative complications (5.7% vs. 3.5%) ($p>0.05$), with a same follow up duration. It was observed that SILC and S4PLC both had no difference in post-operative pain (2.94±1.56 vs. 2.9±1.58) and analgesic requirement (28.3% vs. 27.6%). Dissection during surgery in Calot's triangle was not felt to be difficult by the operating surgeon in both types of surgery, as difficulty was encountered in 7.54% in SILC while in 9.83% in S4PLC group ($p=0.764$). Though surgeons' physical comfort and ergonomics were better with S4PLC than with SILC ($p=0.001$). Use of additional ports was required in more number of cases in SILC than in S4PLC (22.64% vs. 6.55%, $p=0.044$). Duration of surgery was longer in SILC than in S4PLC (70.26±44.8 vs. 58.64±45.76, $p=0.002$). Post-operative hospital stay (31.21±15.91 vs. 33.59±14.21, $p=0.094$) and day of suture removal (7.21±1.34 vs. 7.31±1.39, $p=0.426$) was same with both procedures. Cosmetic appearance of scar is significantly better with SILC than with S4PLC (3.4±1.2 vs. 2.51±1.53, $p<0.0001$), which has impact on overall patient satisfaction (happy or very happy: 94.3% vs. 78.7%, $p=0.001$).

Conclusion: SILC is a method of laparoscopic cholecystectomy with better cosmetic advantage than conventional laparoscopic cholecystectomy. But this advantage comes at the cost of longer duration of surgery, difficult posturing, ergonomics for surgeon and other technical difficulties. Hence, SILC should only be offered to patients in whom it is anticipated to be smooth, who have greater concern for cosmesis and only by the surgeon who has enough experience of performing this procedure.

Biography

Manish Madnani has completed his Super Specialty in Surgical Gastroenterology from National Board of Examinations of India. He is a Consultant Surgical Gastroenterologist, Hepatobiliary and Pancreatic Surgeon at Narayana Multispeciality Hospital, Ahmedabad, India. He has published 3 papers in reputed journals, wrote a chapter in textbook, an article in local medical association's magazine. He has been serving as an Editorial Board Member of reputed medical journals.

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Anil Sanganeria, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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New emerging scene of gastro colorectal cancers in Indian subcontinent from their primary prevention, early diagnosis and fast changing innovative treatment modalities, from early endolaproscopic conservative treatment to extra radical treatment improving upon morbidity and prognosis, with associated controversies and engimas

Anil Sanganeria[1,2]
[1]Breach Candy Hospital, India
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Background: Cancers of stomach, colon and rectum form a significant sum to total cancer burden of Indian population. With intense propaganda and anti tobacco drive, life style factors correction, awareness for early diagnosis and primary prevention, the risk and rate of GIT Cancers have gone down significantly in last decade. With availability of diagnosis tools, more endoscopies, biopsies at primary, secondary medical centers, the early diagnosis of cancer of GIT is fast emerging. Almost whole spectrum of Innovative treatment modalities, from limited conservative resections to radical resections by endolaproscopic, and open methods are available and being employed widely and commonly. This talk pertaining to cancers of GIT in pretext to Indian subcontinent population will highlight the emerging scenario, the Indian Medical Fraternity is in fast forward mode to match, adopt and apply the most innovative methods for primary prevention and the best treatment modalities for the cancer of stomach, colon and rectum.

Biography

Anil Sanganeria has completed Master of Surgery (MS) 32 years ago from a reputed Indian Medical College, and did a Fellowship from International College of Oncology. He is currently invoved with treating patients with Gastrointestinal Tract (GIT) cancers from over 3 decades at various premier hospitals at Mumbai, India.

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Notes:

Pallav Nitin Shah, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Role of multidisciplinary team in bariatric practice

Pallav Nitin Shah
Laparo Obeso Centre, India

Bariatric surgery is a treatment for weight loss and metabolic syndrome and an effective tool for resolution of co morbidities. As patients need diet modification, physical activity and life style modification, this is not the only surgeon's job. He needs team of Physician, Endocrinologist, Anesthetist, Intensivist, Nutritionist, Physiotherapist, Psychologist, and Bariatric coordinator. Pre- and post-operative role includes: Evaluation of comorbidities, control of comorbidities, pre-anesthetic work up, nutritional assessment, psychological counseling and coordination of formalities and facilities. A pre- and post-operative role for a Surgeon is to perform surgery, Anesthetist for the administration of anesthesia, Intensivist to manage patient, Physiotherapist and Physician to manage post-operative recovery and comorbidities. The safety and success of bariatric surgery is depending upon the multidisciplinary approach of bariatric practice.

Biography

Pallavi Nitin Shah has completed her degree in Naturopathy and has done her Post-graduation in Psychological Counseling (PGDPC). She has done her Post-graduation in Hospital Management (PGDHHM), Certificate course in Nutrition (CNN). She has done her dissertation in setting up bariatric clinic. Being one of the Founder Members of LOC (Laparo obese centre) founded by renowned Bariatric Surgeon Dr. Shashank Shah, she performs various roles like counseling, nutritionist, taking protocol of patients, pre- and post-surgery diet plans, awareness programs in various institutes and organizing patient support group. She has taken a special training, related to Bariatric under Father of Obesity Surgery, Dr. Nikola Scopinaro, Italy. She has attended various national and international conferences in India and abroad. She was also a faculty for Boston University affiliated training program. She is also a member of Executive committee of All India Advancing Research Obesity (AIAARO). Currently, she is working as a Bariatric coordinator in Laparo Obeso Centre, India.

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Vikas Leelavati Balasaheb Jadhav, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Trans-abdominal sonography of the stomach & duodenum

Vikas Leelavati Balasaheb Jadhav
Dr. D. Y. Patil University, India

Trans-abdominal sonography of the stomach & duodenum can reveal many diseases like gastritis & duodenitis, acid gastritis, ulcer, whether it is superficial, deep with risk of impending perforation, perforated, sealed perforation, chronic ulcer & post-healing fibrosis & struicture. polyps & diverticulum, benign intra-mural tumours, intra-mural haematoma, duodenal outlet obstruction due to annular pancreas, gastro-duodenal ascariasis, pancreatic or biliary stents, foreign body, necrotizing gastro-duodenitis, tuberculosis, lesions of ampulla of vater like prolapsed, benign & infiltrating mass lesions. Neoplastic lesion is usually a segment involvement, & shows irregularly thickened, hypoechoic & aperistaltic wall with loss of normal layering pattern. It is usually a solitary stricture & has eccentric irregular luminal narrowing. It shows loss of normal Gut Signature with enlargement of the involved segment. Shouldering effect at the ends of stricture is most common feature. Enlarged lymphnodes around may be seen. Primary arising from wall itself & secondary are invasion from peri-ampullary malignancy or distant metastasis. All these cases are compared & proved with gold standards like surgery & endoscopy. Some extra efforts taken during all routine or emergent ultrasonography examinations can be an effective non-invasive method to diagnose primarily hitherto unsuspected benign & malignant gastro-intestinal tract lesions, so should be the investigation of choice.

Biography

Vikas Leelavati Balasaheb Jadhav has completed Post-graduation in Radiology in 1994. He has 19 years of experience in the field of gastro-intestinal tract ultrasound & diagnostic as well as therapeutic interventional sonography. He has four Indian Patents and an International Patent published on his name in the field of gastro-intestinal tract sonography & the radiology, since 2008. He has delivered many lectures in Indian as well as International Conferences in nearly 20 countries as an invited guest faculty, since 2000. He is a Consultant Radiologist & Specialist in Unconventional Gastro-Intestinal Tract Ultrasound & Diagnostic as well Therapeutic Interventional Sonologist in Pune, India.

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Maria Paula Carlini, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Nutritional deficiencies before and after bariatric surgery

Maria Paula Carlini
Clínica Dr. Giorgio Baretta-Cirurgia Bariatrica, Brazil

The obesity per se can be the cause of numerous nutritional deficiencies. In nutritional assessment, in the preoperative period the deficiencies of vitamins C, B12 and D are common and occur in up to 90% of patients. Bariatric surgery in their technical variants provides weight loss and improves the quality of life of the patients. The restrictive, mal-absorptive and hormonal components promote weight control over time. There is absolute need for change in lifestyle, food quality, frequent physical activity and use of nutritional supplements permanently. Nutritional deficiencies after bariatric surgery are common and must be monitored by a multidisciplinary team. The most important shortcomings are: Vitamin B, fat-soluble vitamins, iron, calcium, zinc and protein. Anemia is common complication and should be treated individually; it could be due to iron deficiency, megaloblastic anemia and pernicious anemia. Nutritional needs vary according to gender. According to the guidelines, there is no need to use a daily multivitamin as that reaches at least 2/3 of all optimal micronutrient for an adult. Minerals like iron can be supplied with iron 27 mg in the form of fumarate and in women of reproductive age can take up to 100 mg daily iron; calcium with 1500 to 2400 mg/day. Vitamins like Folic acids can be taken up to 240 mcg per day. Whereas vitamin B12, daily requirement is 350 to 500 mcg orally, vitamin A daily requirement is 10.000 UI and vitamin D is 2000 UI per day. Therefore, all operated patients need to maintain a specialized nutritional monitoring to prevent and treat these possible nutritional deficiencies.

Biography

Maria Paula Carlini has completed his PhD from Federal University of Parana, Brazil. She is a Nutritionist at Clínica Dr. Giorgio Baretta. She is a member of scientific Commission of Brazilian Society for Bariatric and Metabolic Surgery (SBCBM). She has published papers in reputed journals and has been serving as an Editorial Board Member of repute.

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Doaa Helmy, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Prevalence of ischemic heart diseases in patients with chronic hepatitis C infection among Egyptian population

Doaa Helmy
Mansoura University, Egypt

Introduction: In Egypt, the situation is very critical. Hepatitis C virus constitutes an epidemic in Egypt which is having the highest prevalence in the world. In all other countries, the prevalence of HCV constitutes 1% to 2% of the population. There are a few exceptions where the prevalence of HCV is 3%. In Egypt however, the prevalence of HCV is 14.7%. The association between HCV infection and Coronary Artery Diseases (CAD) is less clear with different studies showing conflicting results, a small number of studies have reported no association between HCV infection and CAD. On the other hand other studies have reported an increased risk of CAD in HCV patients.

Aim: The aim is to study the relation and severity of CAD in patients with chronic HCV infection.

Methods: This cross sectional study was conducted during the period from June 2013 to September 2015 in Medical Specialized Hospital (MSH), Mansoura University, Egypt. The study included 200 patients with chronic HCV who attended hepatitis virology clinic and were referred to cardiology clinic for evaluation of their cardiac complaint. An informed consent was obtained from all patients and the protocol was approved from the Ethical Committee of Faculty of Medicine, Mansoura University. Chronic HCV was defined by the presence of anti-HCV antibodies and measurable serum HCV-RNA by PCR >15 IU/ml for 6 months, according to FibroScan, F0-F1: Absent or minimal liver fibrosis; F2: Significant liver fibrosis has occurred and spread inside the areas of the liver including blood vessels; F3: Severe liver fibrosis which is spreading and connecting to other liver areas that contain fibrosis; F4: Cirrhosis or advanced liver fibrosis. Based on the result of the previous coronary angiography and revascularization procedure it was reviewed that, the severity of CAD is based on the severity of coronary lesion and the location of this lesion according to the Gensini score. Score (1): for lesions 1%–25% stenosis; Score (2): for lesions 26%–50% stenosis; Score (4): for lesions 51%–75% stenosis; Score (8): for lesions 76%–90% stenosis; Score (16): for lesions 91%–99% stenosis and Score (32): for total occlusion.

Results: Data were analyzed by SPSS version 21. ANOVA test was used to compare mean of more than 2 groups; while Kruskal Wallis H Test was used for comparison of median of more than two groups. Patients were classified into 3 groups according to severity of liver fibrosis assessed by FibroScan, Group 1 (34 patients) constitutes 17% of the studied group, Group 2 (59 patients) constitutes 29.5% of the studied group and Group 3 (107 patients) constitutes 53.5% of the studied group. Patients with non-significant lesions were 21 patients representing (28.4%), while patients with significant lesion were 53 patients representing (71.6%). According to the number of vessels affected with significant lesions, patients who showed single vessel disease were 20 patients, with double vessel disease were 18 patients, and with triple vessel disease were 15 patients. Patients in Group 2 and Group 3 had statistically more severe atherosclerosis regards to Gensini Score (p: 0.006)

Biography

Duaa Helmy is serving as an esteemed researcher in Mansoura University, Egypt. She is the recipient of numerous awards for her expert research works in related fields. Her research interests reflect in her wide range of publications in various national and international journals.

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Notes:

6th Global Gastroenterologists Meeting

August 11-12, 2016 Birmingham, UK

Special Session

(Day 2)

Irfan Ahmed Nadeem, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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6th Global Gastroenterologists Meeting

August 11-12, 2016 Birmingham, UK

Irfan Ahmed Nadeem
Al Noor Surgery, Pakistan

Stab appendectomy; immediate recovery to routine life from Operation Theater

Appendectomy is the commonest abdominal operation in the world. There are many miss concepts in the technique of this procedure that needs to be understood and rectified. Major problems are post-operative pain, nausea, vomiting, and delayed wound healing which jeopardize the patients' routine life. There are many sites of pain in appendectomy that need to be known and addressed especially ligation of appendix's stump under cover of local anesthesia. Further appendectomy needs locoregional anesthesia with SSS (short sound sleep), not general anesthesia. We are continuously doing research on this and now have found a cure to it. Patients go back to normal life immediately from Operation Theater and can do heavy work as well. There is no need of post-operative hospitalization, so there will be no burden on hospital and its staff. It will be proved to be a big economical breakthrough with saving a lot of time and work.

Abdominal wall hernias; immediate recovery to routine life from Operation Theater

Abdominal wall hernias are very common starting from the very first day of life to death. The only curable treatment is surgical repair after which the patients take a long time to recover and perform their normal activities. Sometimes, they are permanently disabled, not allowed to lift weight or put strain and hence they may be forced to use abdominal belt for the rest of their life. Hernias need to be operated under locoregional anesthesia with SSS (short sound sleep). Ugly scars of operations also matter in the majority of patients which we have especially looked after. Recurrences are itself a reality and have many miss concepts that need to be rectified. There is a lot of time wasted in hernia repair which needs to be addressed. Our institutes have found comprehensive solution to all these problems and have removed the miss concepts. We desire to share it with you for the beauty and comfort of humanity. Now patients can come back immediately to their normal activities right from Operation Theater and can even carry out the hard work without any bed rest. All of this is quite economical as well.

Irfan Ahmed Nadeem, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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6th Global Gastroenterologists Meeting

August 11-12, 2016 Birmingham, UK

Irfan Ahmed Nadeem

Al Noor Surgery, Pakistan

How to achieve an immediate recovery to routine life from Operation Theater?

This concept is absolutely new but is practicable and time tested. These techniques are different and may lead to many queries. These can be addressed through explanations and detailed discussions to eliminate the confusion so that the uprising surgeons can well appreciate them and bring them into their practice. This concept has to be addressed at many sites, among many are: 1) Maximum accuracy of operation under direct vision without any doubt. (Camera vision is not a direct vision); 2) Performing procedures under loco regional anesthesia and SSS (Short Sound Sleep) instead of general anesthesia; 3) The operation must be free from nausea, vomiting and pain without postoperative discomfort as well; 4) Understanding these concepts and practicing them will lead to patient's comfort, saving time, opportunity cost, stress on hospital resources and reshaping health budget; and 5) This is the need of today's busy committed life, especially of developed countries, and resource constraint countries as well.

One hole cholecystectomy (OHC); immediate recovery to routine life from operation theatre

The only treatment for cholelithiasis is cholecystectomy. There are many ways to accomplish it; but with One Hole Cholecystectomy (OHC), we have achieved the above mentioned claims. After performing thousands of cholecystectomies we have come to the conclusion that major breakthrough lies in understanding the concept of ligation of cystic duct under-cover of local anesthesia to reduce the post-operative pain maximally. Furthermore, OHC technique has an advantage of being minimally invasive, least traumatic, most economical, very well localized and a safe procedure done under locoregional anesthesia with SSS (short sound sleep) within 10 to 15 minutes. Most importantly, it is under direct vision, giving us the advantage of seeing the actual size and pathology. We can even palpate cystic duct for stones through it. The beauty of OHC is the speedy return of patient to normal life without any delay or need of medications. This is the prime requirement of today's hectic life. This saves millions of medical budget and opportunity cost spent on hospital stay.

Biography

Irfan Ahmed Nadeem is a renowned General Surgeon of Pakistan with a vast experience in Government and Private sectors. In 2008 Kashmir's earthquake, he faced the challenges to deal with the patients without the aid of modern investigations and operation theatre facilities. He came up to the challenge and the experience gained at that time proved to be valuable in life later on. In March 2016, he presented 'One Hole Cholecystectomy' at the 18th International Congress of the Egyptian Hepatic Pancreatic-Biliary Society. He always worked towards the goal to make the operations simple, comfortable and safe in fields of general surgery, orthopaedic, ENT, gynaecology and obstetrics and many others.

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6th Global Gastroenterologists Meeting

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Young Researchers Form

(Day 2)

Amol S Jeur, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Laparoscopic sleeve gastrectomy 'Tips & Tricks'

Amol S Jeur
Laparo Obeso Centre, India

Laparoscopic sleeve gastrectomy (LSG) is becoming popular as a standalone bariatric procedure. The technique has evolved over years towards standardization. Better standardization has minimized complications like leaks, stricture and weight regain. Adequate posterior dissection up to the hiatus and the linear sleeve without a torque can be safely performed. The video presentation refers to the international consensus document on LSG as well as the expert panel consensus summit published in SOARD (Surgery for Obesity and Related Diseases) where our centre's (Laparo Obeso Centre, Pune) data is shared. The video demonstrates step by step approach to a safe, standardized technique of LSG.

Biography

Amol S Jeur, a Gastrointestinal and Laparoscopic Surgeon, after completing his basic Medical graduation went on to complete his Master's and Post-graduate training in General Surgery. Due to the keen interest in academic teaching, he remained associated with his Post-graduate University as Lecturer and then as Assistant Professor in the Dept. of Surgery, KIMS, Karad, Maharashtra. He has also trained in skill courses of Minimal Access Surgery and completed Composite Laparoscopic Training and Laparoscopic Skill Courses. He further went on to complete fellowship training in Colo-Rectal Surgery, Anam Hospital, Seoul, Korea. He then worked as Associate Consultant in Apollo Hospital, India. It was here that he developed keen interest in Upper GI/Bariatric, and hence he went on to pursue Fellowship Training in Bariatric Surgery under Guidance of Dr. Shashank Shah, an upper GI/Bariatric Surgeon of repute in India.

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Notes:

Anjana Vasudevan, J Gastrointest Dig Syst 2016, 6:4(Suppl)
http://dx.doi.org/10.4172/2161-069X.C1.034

Laproscopic resection of a solitory pedunculated hepatic hemangioma

Anjana Vasudevan
Sri Ramachandra University, India

Hemangioma is the most common benign liver tumor, and affects 3% to 20% of the general population. These benign tumours can occur in people of all ages, but are more commonly found in young adult females. Hemangioma is usually asymptomatic and diagnosed incidentally. For most patients, the natural history of cavernous hemangiomas in the liver remains uneventful and surgical intervention can be avoided. Here we present a 60 year old post menopausal female who was admitted with complaints of pain in the right hypochondrium for the past one year. USG abdomen was done which showed a mass below the liver. CECT abdomen was also done which revealed a solitary, pedunculated liver haemangioma which was 6 cms in the largest diameter, arising from the 6th lobe of the liver and blood supply from the right hepatic artery. In view of the patients symptoms, she was taken up for laparoscopic resection of haemangioma and patients subsequent follow ups were uneventful.

Biography

Anjana Vasudevan have completed her MBBS at Chettinad University in the year 2014. She worked at Apollo Speciality Hospital, Perungudi, Chennai for 9 months and is now doing her Post-graduation at Sri Ramachandra University in the Department of General Surgery. She has been accepted by the ICMR to do MS, PhD intergrated course. She has published one article, participated and presented in several conferences through out India.

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Notes:

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Iatrogenic bezoar??

Vadiraj G Hunnur
VGM Hospital, India

Errors are known to occur in most specializations of the medical field. Most medical errors are managed at the institutional level and seldom are discussed. Few cases, like the present case, are difficult to diagnose and very taxing to the patient as well as to the attending consultant, physically and psychologically. We present a case of laparoscopy assisted retrieval of a surgical sponge in a patient who was presented with chronic abdominal pain and vomiting and had undergone surgery for benign gastric outlet obstruction 6 years prior to presentation. This case is being presented for its uniqueness and to reiterate the importance of sponge count at every step of the procedure.

Biography

Vadiraj G Hunnur is currently in VGM Hospital, Coimbatore, India. He has published research papers and articles in reputed journals and has various other achievements in the related studies. He has extended his valuable service towards the scientific community with her extensive research work.

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Notes:

conferenceseries.com
609th Conference

6th Global Gastroenterologists Meeting

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Video Presentations

Claudia Chavez-Murguia et al., J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Validation of an obesity perception questionnaire based on the self-regulation model of illness

Claudia Chavez-Murguia, Veronica Perez-Reyes, Marcos E Castaneda-Ortiz, Laura N Serrano-Quintero and **Jorge I Sandoval-Rodriguez**
Hospital Regional ISSEMyM, Tlalnepantla, Mexico

One common misperception about weight management is that bariatric surgery, dietary management and pharmacological treatment "cure" obesity and automatically lead to the behavioural changes which are needed to maintain weight loss, that is to say, some patients might think that transient weight loss will automatically become permanent. The self-regulation theory suggests that the beliefs a patient hold about his or her own illness determines how he or she will deal with it. Illness beliefs can be assessed through the revised illness perception questionnaire (IPQ-R), a non-specific illness questionnaire. In a previous work, we made an obesity-specific version and a cross cultural-adaptation of the IPQ-R to Spansih language, however, its psychometric properties remain to be studied. The present work aims at assessing construct validity and reliability of the Spanish language version of the IPQ-R in patients with obesity. Construct validity refers to the degree to which the questionnaire items actually measure different types of beliefs and not other constructs. Whereas Chronbach's alfa index of reliability refers to the degree to which the test items are correlated with one another (internal consistency). Our study involves applying the questionnaire to 700 Mexicans with obesity (IMC>30). Having a valid and reliable instrument to measure patients' personal models of obesity might be useful for ensuring patient-health provider communication, guaranteeing comprenhension of treatment implications by patients, identifying misperceptions that will need to be corrected and even help predict patient engagement and behaviour changes.

Biography

Claudia Chavez-Murguia is a Mexican Dietitian who has been working for seven years with bariatric surgery patients. She also works as an External Researcher for the Hospital Regional ISSEMyM Tlalnepantla in Mexico. She holds a Specialist degree in Obesity and Comorbidities from the Universidad Iberoamericana in Mexico City, a Master's in Applied Nutrition from the same university and a Master's of Science in Diabetes from The University of Warwick in the UK.

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Hyperemesis gravidarum and cyclic vomiting syndrome: A patient's perspective

Starr Andrews Strong
Chaffy College, USA

The medical community has published numerous articles and reports discussing the causes, symptoms and treatment of hyperemesis gravidarum (HG). These reports are from the medical professional's point of view. In my presentation, I will provide a first-hand patient's perspective of what it is like to suffer from hyperemesis gravidarum and cyclic vomiting syndrome. Even today in the age of the internet and instant communication, hyperemesis gravidarum is still not widely known to the public nor within the medical community itself. Emergency room doctors and even OB-GYN physicians treat pregnant women with HG symptoms without a complete knowledge of the illness. I was told by multiple medical personnel that my symptoms were just "morning sickness", or that they were psychologically induced due to my not wanting a child. It was not until months into my pregnancy that I heard the term hyperemesis gravidarum. Many of the doctors that treated me seemed uncertain as to what the proper treatment should be. One doctor seriously even suggested that I terminate my pregnancy as a way to relieve my symptoms. My presentation will talk about my day to day life once I became pregnant. What it is like being diagnosed with hyperemesis gravidarum, living with a PICC line, daily IV fluids and IV Zofran. I will discuss the need for increased medical research on the causes and treatment of hyperemesis gravidarum. I will talk about the need for more knowledge and understanding of the condition within the medical community. Gain knowledge and understand, not only about the medical aspects of hyperemesis gravidarum, but the psychological aspects on the sufferers. I will talk about the possible lasting effects that hyperemesis gravidarum has on the women and their children. I will discuss my health problems that continue to this day, more than five years after my pregnancy. These conditions include PTSD, cyclic vomiting syndrome which followed my HG pregnancy. I will talk about the dark side of pregnancy that most medical doctors have never seen and are confused on how to treat. I will talk about the lasting aftermath of hyperemesis gravidarum, what it has done to my life and my child's. I hope to open the eyes of medical professionals, so that they see what it is like on the other side of the spectrum, as a patient.

Biography

Starr Andrews Strong has been serving as an Chapter Leader for the Ayden Rae Foundation that gives life saving and supportive services to help mothers and families with HG. She volunteers as an Advocate with Hyperemesis Education and Research Foundation (HELP HER).

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