

spring 05

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A Physician Newsletter from the Digestive Disease Center at The Cleveland Clinic

Identifying Diseases of the Small Bowel with Video Capsule Endoscopy

A team of Cleveland Clinic gastroenterologists has used video capsule endoscopy (VCE) to identify diseases of the small bowel in approximately 800 patients since the technology was FDA-approved in 2001. This large experience, along with open patient access, dedicated capsule endoscopy staff, subspecialty interpretation and rapid results, has further strengthened the Clinic's status as a major referral and second-opinion center for GI disorders.

The VCE system (Pillcam SB, Given Imaging Limited, Yoqneam, Israel) allows non-invasive visualization of the lumen of the entire small intestine, without many of the limitations associated with conventional endoscopic and X-ray procedures.

“Despite its inability to carry out biopsy and therapeutic interventions, video capsule endoscopy has many advantages over traditional diagnostic modalities. Roughly 20 million Americans have GI disorders that involve the small intestine,” says Clinic gastroenterologist Gregory Zuccaro Jr., M.D. “In a minority of cases, Crohn's disease, which involves the small intestine in 30 percent to 40 percent of cases, cannot be diagnosed by EGD, colonoscopy or barium radiography. In those instances, VCE is a particularly effective diagnostic device.”



At The Cleveland Clinic, capsule endoscopy videos are viewed completely by a board-certified gastroenterologist specializing in capsule endoscopy. All videos are prescreened by a specially trained registered nurse. In a study performed at the Clinic and reported in the *American Journal of Gastroenterology* (2003; 98:2669-71), the nurse's interpretations of studies were as accurate as the physicians' interpretations.

Dr. Zuccaro cautions that study interpretations must be made within the context of the clinical findings. “Not every abnormal finding is the actual cause of the patient's symptoms,” he says.

VCE is no longer limited to the small bowel. The manufacturer of Pillcam SB

The Pillcam SB (front) and Pillcam ESO are miniature video cameras, used to detect small bowel pathologies and esophageal abnormalities, respectively. Once used, the capsules pass out of the body naturally.

recently received FDA approval for its new Pillcam ESO, which examines the esophagus using video capsule technology. Studies are under way to develop a wireless remote-control capsule for the small bowel to minimize the variations in peristaltic propulsion and offer the endoscopist more control. Additionally, researchers are investigating VCE's role in inflammatory bowel disease and other disorders of the small intestine.

For more information, or to refer a patient, call Janice M. Santisi, R.N., at 216/444-8836 or 800/553-5056, ext. 48836.

Study Results Favor Cesarean Section in Expectant Pelvic Pouch Patients

Pelvic pouch surgery is the procedure of choice in most patients with ulcerative colitis and familial adenomatous polyposis who desire bowel continuity after removal of diseased colon and rectum. However, many women who undergo this procedure during their reproductive years have concerns regarding the effects of pregnancy on the pelvic pouch, as well as the best method of delivery.

Cleveland Clinic colorectal surgeon Feza H. Remzi, M.D., and colleagues recently conducted a study on the effects of pregnancy on the pouch and the best method of delivery, comparing vaginal delivery to cesarean section. "We contacted more than 110 women who had had pouch surgery during their reproductive years, and 57 of them returned to The Cleveland Clinic for the study. In fact, 35 women came from outside Ohio to participate in our research," says Dr. Remzi.

According to study results, pregnancy does affect pelvic pouch function in some patients, particularly during the third trimester. Dr. Remzi observed trends that showed increased urgency and fecal incontinence noted by women during the second and third trimesters. Thirty percent of the women reported worsened urgency during the third trimester. However, according to the study participants, these functional issues were not significant.

Regarding the optimal method of delivery, Dr. Remzi compared the rates of anal sphincter injuries in women who underwent vaginal delivery with those who had cesarean sections. “Fifty percent of the women with vaginal delivery were identified as having a sphincter injury versus the women with cesarean section, whose sphincter injury rate was only 13 percent,” notes Dr. Remzi.

A small number of the women with cesarean section developed some post-operative disturbances, which were settled with conservative management. While cesarean section may be associated with a longer recovery time and carries the potential risks of abdominal surgery, vaginal delivery may harm anal sphincter muscles in up to 50 percent of patients, impairing pouch function and related quality of life in the future.

Dr. Remzi believes that, in the short term, these defects do not appear to substantially influence pouch function and quality of life; however, the long-term effects remain unknown.

“The method of delivery in women with a pouch should not be limited to obstetrical considerations,” he says. “Based on our study results, cesarean section is recommended to women with a pelvic pouch unless there are contraindications.”

Cleveland Clinic Colorectal Surgery Department Pelvic Pouch Statistics

- Cleveland Clinic colorectal surgeons have the largest experience in the world with pouch procedures, coupled with a lower than average rate of pouch failure. Between 1990 and 2004, the pouch failure rate was 3 percent in more than 2,000 patients.
- In 2005, Clinic colorectal surgeons performed the Clinic’s 3,000th J-pouch procedure.
- The department’s overall pouch salvage success rate is 86 percent.
- Under the leadership of Feza Remzi, M.D., the Clinic maintains a pelvic pouch surgery database, one of the largest of its kind in the country. Patients are followed indefinitely, and information analysis is ongoing.

For more information, or to refer a patient, call Dr. Feza Remzi at 216/445-5020 or 800/553-5056, ext. 55020.



Dear Colleague:

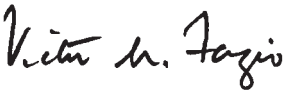
There is no substitute for experience, particularly when coupled with innovation. At The Cleveland Clinic, a team of gastroenterologists has been using video capsule endoscopy to help identify and determine the extent of diseases of the small bowel since the FDA approved the technology just a few years ago. Noninvasive and painless, video capsule endoscopy can go well beyond the reach of conventional endoscopy.

Since 2001, Cleveland Clinic gastroenterologists have performed more than 800 video capsule endoscopies. Additionally, this same team of gastroenterologists specializes in interpreting the video images, providing patients and referring physicians with fast, accurate diagnoses.

For nearly 30 years, Cleveland Clinic colorectal surgeons have been performing and perfecting pelvic pouch surgery techniques. In 2000, the Clinic recorded its 2,000th J-pouch procedure. In 2005, the 3,000th pelvic pouch surgery was performed, making The Cleveland Clinic the world leader in this procedure. For women with ulcerative colitis and familial adenomatous polyposis, a pelvic pouch often presents concerns during their childbearing years. Led by Feza Remzi, M.D., a team of Cleveland Clinic colorectal surgeons studied a group of women to see if pregnancy affected pouch function and to determine the optimal childbirth delivery method. Their results are reported on pages 3 and 4.

Other innovations pioneered by Cleveland Clinic surgeons include the automated procedure for prolapse and hemorrhoids (PPH), which provides same-day surgical treatment with the least discomfort for excisional operations.

All the best,



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To refer patients to the Department of Colorectal Surgery, call 216/444-5404 or 800/553-5056, ext. 45404. Direct referrals to the Department of Gastroenterology & Hepatology by calling 216/444-6536 or 800/553-5056, ext. 46536.

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