

SurgeryNews

SPOTLIGHT ON BARIATRIC, VASCULAR & GENERAL SURGERY

Incisionless Surgery Simplifies Gastric Bypass Revision

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Gastric bypass surgery offers the most dramatic results available in the fight against obesity—on average, 60 percent of a patient's excess weight can be lost over a 12 to 18 month period. More than 177,000 Americans underwent the procedure in 2006 and its popularity continues to grow, along with the increasing numbers of people struggling with obesity. For a small percentage of patients however, success begins to reverse when the smaller, reconstructed stomach pouch stretches, precipitating weight regain.

Until now the only solution had been a second, more complicated and risky procedure called gastric bypass revision surgery to reduce the enlarged pouch. Bariatric surgeons at Beth Israel Medical Center, under the leadership of John Holup, DO, associate director of bariatric surgery, are now performing natural orifice endoscopic surgery, a variation of Natural Orifice Transluminal Endoscopic Surgery or NOTES, the emerging surgical technique that allows surgical access to the abdominal cavity through one of the body's natural orifices.

This incisionless approach, done under general anesthesia, employs a StomaPhyx, a flexible, single-use, sterile fastening device, introduced through the mouth with an endoscope.

The surgeon is able to visualize the instrument's descent through the gastrointestinal tract to the pouch, where adjustments are made.

In addition to pouch enlargement and weight gain, another indication for StomaPhyx revision is repeated bouts of dumping syndrome in which the patient experiences nausea, vomiting, diarrhea, abdominal cramping, weakness and faintness. This may be due to an enlarged anastomosis, the outlet created in the original surgery to facilitate the rerouting of food to circumvent the distal stomach and parts of the small intestine. Over time the anastomotic outlet may also stretch, causing solid food to pass into the intestines too quickly. The StomaPhyx procedure can reverse this syndrome as well.

Once the StomaPhyx is threaded through the intestinal tract and positioned near the anastomosis, the surgeon suctions a small section of the pouch wall into the device and fastens it with a suture-like staple to create a fold or plication. A series of as many as 18 to 24 plications can be made to downsize the pouch. Because the procedure is completed in less than an hour, exposure to anesthesia is minimal in comparison to the requirements posed by traditional

revision surgery. Without internal or external incisions, the risk of infection is reduced, as is incisional herniation, adhesions and scarring, and other problems associated with the open technique. Length of stay and recovery time are subsequently decreased. With this transoral approach, most patients can return to work the next day and need only restrict activity for one week.

In contrast, open revision surgery involves incision into a previously dissected area, which poses significant risks and increased complications. Producing modest weight loss of 40 to 60 pounds, revision surgery has until now been viewed as having a high risk/benefit ratio, which meant it was not performed often. With the advent of NOTES and the StomaPhyx device, the risk/benefit ratio is much lower and intervention can now occur earlier.

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For more information on StomaPhyx and NOTES or to refer a patient, please call (212)844-8840. A consultation can be scheduled with Dr. Holup or one of his credentialed colleagues.

Inside...

laser procedures for varicose veins... laparoscopic hernia repair and more

Simple Laser Procedure for Varicose Veins Improves Patient Outcomes

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A simple, 20-minute outpatient procedure has been changing the way vascular surgeons treat patients with large, unsightly varicose veins caused by venous disease. With straight local anesthesia and visualization by ultrasound, a fine optic fiber probe is inserted into the patient's vein. Strong bursts of light create heat that cauterizes the vein, causing it to close off. Over time, the vein reabsorbs and fades. Immediately after treatment the patient is able to walk home with only support hose.

Endovenous laser treatment for serious varicose veins has been used for about a decade, but it is only in the last five years that its popularity has grown. Jennifer Svahn, MD, and her Beth Israel colleagues, all board-certified in vascular surgery, collectively see the largest volume of patients in New York City, performing more than 750 procedures a year on both men and women for this common condition.

In addition to enlarged, twisted veins, other venous disease symptoms include edema and swelling in the legs, and complaints of leg heaviness and fatigue. Patients may also present with indurated dermatitis and non-healing venous ulcers or wounds, particularly on the medial side at ankle level—the result of major venous insufficiency or reflux, in which vein valves weaken or become damaged, no longer returning blood from the lower extremities to the heart efficiently. Women face higher risk, but the condition is not uncommon in men. Risk factors include genetic predisposition, obesity, advancing age, sedentary lifestyle and standing for long periods of time. For women, hormonal changes during pregnancy, premenstruation or menopause are thought to play an additional role.

Previous treatment involved surgical removal of the damaged vein under general anesthesia, but the endove-



Jennifer Svahn, MD, above, and her colleagues perform more than 750 laser vein procedures annually on both men and women.

nous laser technique offers advantages, from both the physicians' and patients' perspectives. For the vascular surgeon, the procedure is easy to perform and outcomes are better than with traditional surgery. Success rates are at 95 to 98 percent with laser use, with as few as two percent having veins that reopen and require a second procedure. Patients return a week after treatment for an ultrasound check to ensure that the treated, incompetent vein is closed and that the deep venous system is open.

In terms of patient satisfaction, the procedure has the benefit of being performed in an office setting, not the operating room. The patient is awake and there is absolutely no recovery or personal down time. As advantageous and all-inclusive as the laser technique



Enlarged veins, edema and complaints of leg heaviness are typical indications for laser treatment.

**In this
issue...***Laser Procedure for Varicose Veins,
Laparoscopic Hernia Repair,
Incisionless Surgery for Gastric Bypass Revision***SurgeryNews**
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SPOTLIGHT ON BARIATRIC, VASCULAR & GENERAL SURGERY

Laparoscopic Hernia Repair continued from page 3
to repair their conditions.

The procedure for laparoscopic hernia repair is similar to other minimally invasive techniques, requiring a set of small incisions and visualization of the surgical site through a small video camera. Approaching the space internally, from behind the muscle, makes the laparoscopic approach particularly well suited for recurrent hernia repair because the previously dissected area is avoided. The hernia is then covered with mesh. Well-established laparoscopic benefits

include shorter operative and recovery times, which translate to less pain, discomfort and inconvenience for patients. Typically, all laparoscopic hernia repair is done under general anesthesia. Inguinal or bilateral repair is usually an outpatient procedure, while ventral or incisional repair may require a one-night hospital stay.

Dr. Surick and his surgical colleagues at Beth Israel also report significantly improved outcomes in terms of low recurrence rates. After laparoscopic inguinal hernia repair, recurrence is less than two percent.

For more information on laparoscopic hernia repair or to refer a patient, please call (212) 420-4520. A consultation can be scheduled with Dr. Surick or one of his credentialed colleagues.

Beth Israel surgeons provide first-rate, state-of-the-art quality care to all patients and collaborate with referring physicians to create an individualized treatment plan. For more information about surgical services at Beth Israel Medical Center, call (212) 420-4044 or visit our website at www.BISurgery.org.