Gastroesophageal reflux disease (GERD) is a common ailment affecting millions of patients. Many of these patients are not sufficiently treated with medical therapy alone.

As leaders in the treatment for GERD, our surgeons offer comprehensive esophageal diagnostic evaluation to determine an appropriate treatment plan. Surgical options available include laparoscopic fundoplication, transoral incisionless fundoplication (TIF), endoscopic radiofrequency therapy (Stretta), and magnetic lower esophageal sphincter augmentation (LINX).

Laparoscopic Fundoplication
Laparoscopic fundoplication is the traditional surgical procedure for the treatment of GERD. The upper curve of the stomach, the fundus, is wrapped around the bottom of the esophagus and sutured into place. This strengthens the valve between the esophagus and stomach, which prevents stomach bile and acid from backing up, but may also cause trouble swallowing, increased gas or bloating and an inability to belch and vomit. Despite the fact that a majority of patients do well with this surgery, the potential for such side effects remains a concern. Consequently, physicians may limit their referrals for this procedure to patients with large hiatal (more than 2 cm) hernia or advanced GERD.

TIF
TIF is similar to laparoscopic fundoplication in that it involves using existing esophageal physiology to create an antireflux valve. However, it is performed endoscopically, which results in reduced discomfort, a quicker recovery, and greater overall patient satisfaction than traditional laparoscopic fundoplication. For these reasons, TIF can be a great choice for many patients suffering from GERD, particularly for those patients who are also in need of a a smaller (less than 2 cm) hiatal hernia repair.

Stretta
Stretta provides treatment of GERD through the insertion of a catheter into the esophagus to deliver radiofrequency energy to the lower esophageal sphincter (LES), muscle, and gastric cardia. While this method is the least invasive approach, it also better suited for patients who require less aggressive GERD treatment.

LINX
LINX involves implanting a small device to tighten the opening of the LES and stop reflux while allowing the patient to eat normally. Using minimally invasive surgical techniques, the LINX device is implanted under general anesthesia during a procedure that lasts about 45 minutes. The device consists of a tiny band of interlinked titanium beads with magnetic cores, placed around the gastroesophageal junction. The magnetic bond between adjacent beads helps the LES resist opening due to gastric pressure, preventing reflux from the stomach into the esophagus. The device is designed so that the magnetic bond is temporarily broken when a patient swallows food, belches or vomits. Patients remain in the hospital less than 24 hours and are generally back to work in a week. Like other minimally invasive surgeries, there is minimal pain. Unlike fundoplication, it doesn't require dividing any of the blood vessels or changing the natural anatomy of the stomach.

The Oregon Clinic was one of only 13 centers in the United States to participate in the clinical trial that led to FDA approval in March 2012 and which concluded in 2015. One hundred adult GERD patients who were surgical candidates elected to participate in the trial. After following these patients for five years, we found significant improvement in the quality of life with no serious complications and few side effects as compared to traditional GERD surgery.
Three current textbooks
More than fifty book chapters
Over 300 peer reviewed papers

Treatment of Achalasia: Per-oral Endoscopic Myotomy (POEM)

Per-oral Endoscopic Myotomy (POEM) is a less invasive, permanent treatment for esophageal achalasia. It is performed under general anesthesia and involves making a tiny incision in the esophageal lining to allow passage of a flexible endoscope and other instruments into the wall of the esophagus. The surgeon uses heat to destroy the muscles of the lower esophageal sphincter and then removes the tools and closes the small incision.

In 2010, the esophageal surgeons of The Oregon Clinic were the first surgeons in the United States to perform POEM as a treatment for achalasia. Since then, nearly 300 POEM procedures have been performed by our group with more than a 95% success rate. Patients appreciate POEM because it is an effective procedure with very little down-time and virtually no pain.

Nearly 300 POEM procedures have been performed by our group with more than a 95% success rate.

Eosophageal and Gastric Cancer

Early diagnosis of esophageogastric cancer is the best way to achieve a cure. As experts in this cancer, our surgeons are adept at both prevention and treatment.

In addition to high-definition narrow-band imaging diagnostic endoscopy, our surgeons are the only providers in Oregon to offer endomicroscopy with optical biopsy technology to diagnose dysplasia and early cancer.

Our surgeons also offer a full range of organ-sparing, advanced therapeutic endoscopic options to remove suspicious lesions and early cancer, including radiofrequency ablation and endoscopic resection.

Recently, The Oregon Clinic esophageal surgeons have introduced cryoablation as another useful ablative tool to the region. When esophagectomy is required, our surgeons have superior experience with more than 1,000 cases collectively.

We emphasize oncologic principles and long-term quality of life through minimally invasive, vagal-sparing and in-bloc esophagectomy.

Dr. Christy Dunst

Eosophageal and Gastric Cancer

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Dr. Kevin Reavis

GASTROINTESTINAL & MINIMALLY INVASIVE SURGEONS NEWSLETTER • WINTER 2016

About the Gastrointestinal & Minimally Invasive Surgeons (GMIS)

Innovation

Our group has 20 years of history in program, procedure, and instrument development.

Focused Areas of Expertise

We are dedicated to providing high-quality care using the latest technology. Our surgeons focus on the following fields of surgery:

- Endocrine Surgery
- Colon & Rectal Surgery
- Gastric & Esophageal Surgery
- General Surgery
- Liver, Biliary & Pancreas Surgery
- Vein Treatment

Research

- Active clinical and basic science research program
- Participation in multi-institutional research efforts
- Internal quality assessment and improvement
- Publications include:
  - Three current textbooks
  - More than fifty book chapters
  - Over 300 peer reviewed papers

Active Participation in
the Medical Community

Our doctors hold leadership roles in the most well-respected hospital systems in the Portland metropolitan area and in regional and national specialty societies.

Education

We have four clinical fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME) in:

- Liver and Pancreas Surgery
- Minimally Invasive Surgery
- Foregut Surgery
- Colorectal Surgery

Dr. Lee Swanstrom Receives Award for Lifetime Achievement in Surgery

Lee Swanstrom, MD received the George Berci Lifetime Achievement award from the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) on April 14, 2015.

The award is the highest honor SAGES bestows and is not given every year. It is granted only when SAGES finds a worthy nominee with a lifetime of scientific, technological, or educational contributions as an innovator in endoscopic surgery.

SAGES represents more than 7,000 surgeons globally. The organization was founded to support academic, clinical and research achievement in gastrointestinal endoscopic surgery.

Dr. Swanstrom has been an inspirational visionary, dedicated mentor and technical master during his nearly 20 years as a partner at The Oregon Clinic. Congratulations Dr. Swanstrom!