

Local Surgeon Introduces New Esophageal Reflux Surgery in Redmond

by Bend Weekly News Sources

Dr. Stephen Archer of Advanced Specialty Care recently performed the first surgery of its kind in Central Oregon to treat Barrett's Esophagus, a precancerous condition affecting the lining of the esophagus, the muscular tube that carries food, liquids and saliva from the mouth to the stomach.

According to liteandhope.com, Dr. Archer graduated from the University of Tennessee Medical Center in 1991, completed general surgery training at the University of Cincinnati in 1998 and completed a fellowship in minimally invasive surgery and bariatrics at Emory University in 2000. He stayed on the surgery faculty at Emory after graduation. In 2001 he moved to Central Oregon and joined Advanced Specialty Care.

ABOUT BARRETT'S ESOPHAGUS: What is Barrett's esophagus? Barrett's esophagus is a precancerous condition affecting the lining of the esophagus, the muscular tube that carries food, liquids and saliva from the mouth to the stomach. Normally, the esophagus is lined by a layer of short, squat cells, called squamous cells. This lining is similar to skin in that it is multilayered and protects the underlying esophagus from injury resulting from swallowed food and reflux of gastric contents. When chronic gastric reflux occurs and exposes the lining of the esophagus to acid, this lining can be injured and break down. What causes Barrett's esophagus? Barrett's esophagus results from chronic exposure of the esophagus to the gastric contents of the stomach caused by gastroesophageal reflux disease, commonly known as GERD. With prolonged acid exposure, normal cells can undergo a genetic change and transform into taller columnar cells. These Barrett's cells are vulnerable to further changes that can lead to cancer. Who is at risk for developing Barrett's esophagus? Half of U.S. adults experience symptoms of GERD almost monthly while 20 percent experience symptoms weekly. A result of prolonged GERD, Barrett's esophagus occurs in as many as 13 percent of Caucasian men over the age of 50. How many people have Barrett's esophagus? The incidence of Barrett's esophagus is rising rapidly in the United States as well as other developed countries. Presently, Barrett's is estimated to affect about 3.3 million adults. Each year 86,000 new cases are diagnosed. Men are at greatest risk and, although Barrett's esophagus can be found at any age, the prevalence increases with advancing age. How is Barrett's esophagus diagnosed? A physician may evaluate a patient for Barrett's esophagus if the patient has severe or prolonged GERD symptoms. Even if a patient's heartburn or GERD symptoms disappear, the patient could still have Barrett's esophagus or worse, the condition could have progressed to more advanced stages of the disease. To diagnose Barrett's a physician performs an endoscopy, a procedure that allows inspection and tissue sampling of the esophagus. How is Barrett's esophagus treated today? Patients diagnosed with Barrett's esophagus are treated for GERD symptoms and advised to return at scheduled intervals ranging from every three months to every three years for a repeat endoscopy and tissue inspection. This "watch and wait" approach is called surveillance. The objective of surveillance is to monitor for the progression of the disease. Are there more proactive treatment options available? Yes. Ablation, which involves removing or destroying tissue inside the body, has been used to treat Barrett's esophagus for more than 15 years. However, ablation therapy is not widely used to treat Barrett's due to limitations associated with existing technology. B&R Medical, Inc. has developed a new tool for the treatment of Barrett's esophagus that addresses the limitations of existing technology, making broad use of endoscopic ablation of the esophagus practical. The B&R Medical HALO360 System provides uniform and controlled ablative therapy at a consistent depth, which can remove Barrett's cells and allow the regrowth of normal cells. It also

provides preset sizing and fixed energy capabilities, making it possible for physicians to effectively treat patients without injuring healthy underlying tissue. The ability to provide a controlled amount of ablative therapy to diseased tissue significantly reduces the risk of complications normally associated with other forms of ablation therapy. How does the HALO360 System work? Initially, a BÄ,RRX Medical HALO360 sizing balloon is used to size the esophagus. A correctly sized ablation catheter is then inflated within the area of the Barrett's. The HALO360 energy generator is activated to deliver a rapid (less than one second) burst of ablative energy which removes a very thin (less than one millimeter) layer of the diseased esophagus. This ablation (removal of tissue) is tightly controlled so as to avoid any injury to the normal, healthy underlying tissues. New healthy tissue replaces the ablated Barrett's tissue in three to four weeks for most patients, according to trial results. The procedure is performed without incisions using conscious sedation in an out-patient setting. In clinical studies, the median procedure time was 26 minutes. Minor discomfort, which may be experienced by some patients, can be well-managed with medication. Following ablation therapy, patients resume acid suppression therapy. What happens if Barrett's esophagus goes untreated? Untreated Barrett's esophagus can result in the development of a type of esophageal cancer called adenocarcinoma or can progress to high-grade dysplasia.

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