

The background is a dark blue gradient with a starry pattern. On the left side, there are several technical diagrams. A large circular scale with tick marks and numbers from 140 to 260 is prominent. Other diagrams include concentric circles, dashed lines, and arrows, suggesting a technical or scientific theme.

# SURGICAL PEARLS

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NOVEMBER 2019

# PEARLS

- Lipomas
- Diverticulitis
- Mesh
- Cologuard
- Colonoscopy
- Gallbladder Disease
- Diastasis Recti
- Eosinophilic Esophagitis

# LIPOMAS



# LIPOMAS

- US— area of density protruding through the probable defect in the abdominal wall measures 2.9 x 1.5 cm. probable small defect in the abdominal wall containing abdominal fat. CT would be helpful.
- US— Ill defined area of increased echogenicity with increased vascularity, possibly inflammatory tissue vs an ill defined mass. Further evaluation by MRI with and without contrast could be done.

# LIPOMA



# DIVERTICULAR DISEASE

- New Diverticulitis recommendations 2019 from 1999 from SAGES and EAES
  - CRP
  - CT scan for acute cases
  - Antibiotics
  - Endoscopy
  - Lavage
  - Surgery
  - Bowel Prep both mechanical and chemical

# MESH

- Synthetic
- Hybrids
- Bio-Absorbable
  - Phasix
  - Gore Bio-A
- Biologic
  - Strattice
  - Alloderm
  - Xenmatrix

# MESH

- Lawsuits
  - Ethicon's Physiomesb
  - Bard Davol's Kugel Mesh
  - Atrium's C-QUR Mesh
  - Covidien's Parietex Mesh
  - Pelvic mesh



# COLOGUARD

Molecular biology process to capture specific pieces of DNA for further analysis.

Cologuard identifies DNA mutations that are acquired over time in cells lining the colon; these mutations can be associated with the presence of colon cancer or precancerous lesions.

In a clinical study of 10,000 participants ages 50 -84 years old, of average risk for colon cancer, Cologuard found 92% of cancer. Cologuard was negative in 87% of participants without cancer or advanced precancerous lesions.

Colonoscopies performed for a positive Cologuard may find as the most clinically significant lesion: colorectal cancer 4.0%, advanced adenoma greater than 1cm diameter 20%, or non-advanced adenoma 31%, or no colorectal neoplasia 45%

# COLOGUARD

- ACS recommends Cologuard every 3 years.
- The rate of false positive Cologuard results increases with age.
- If you are 45 and older and at average risk for colon cancer
- It is not a replacement for diagnostic or surveillance colonoscopy in high risk individuals.
- Cologuard should not be used by those who have or may have blood in their stool due to actively bleeding hemorrhoids, menstruation, or other existing conditions, as this may result in a false positive result
- A positive result does not necessarily mean that you have cancer. It means that Cologuard detected DNA and/or hemoglobin biomarkers in the stool which are associated with colon cancer or precancer.

# COLONOSCOPY IN OCTOGENARIAN POPULATION

- Surveillance colonoscopy in patients 80 years and older; Safe with a high diagnostic yield
- 26,204 colonoscopies Cleveland Clinic
- 50-79 and >80
- >80 group adenomas were found at a higher frequency 54.2% vs 39.1%
- Life expectancy continues to increase
- Risk of colorectal cancer increases with age
- If colonoscopies in the octogenarian and older population are safe and meet national quality benchmarks, there are no reason to deny this age group

# GALLBLADDER

- Workup
  - Ultrasound
  - HIDA with EF
  - EGD

# ACUTE CHOLECYSTITIS

- US with gallstones
- No HIDA needed if US shows stones
- Laparoscopic cholecystectomy

# BILIARY DYSKINESIA

- US no stones, sludge
- HIDA shows EF % greater than 35 %
- Laparoscopic cholecystectomy

# NORMOKINETIC BILIARY DYSKINESIA

- US normal
- HIDA normal EF
- Reproduction of symptoms with injection
- EGD if indicated
- Laparoscopic cholecystectomy

# DIASTASIS RECTI





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# EOSINOPHILIC ESOPHAGITIS

- An allergic inflammatory condition of the esophagus that involves eosinophils.
- Symptoms are dysphagia, food impaction, vomiting, and heartburn.
- Food allergy may play a role
- Children and Adults
- Male to female ratio 3:1
- Many have other autoimmune and allergic diseases

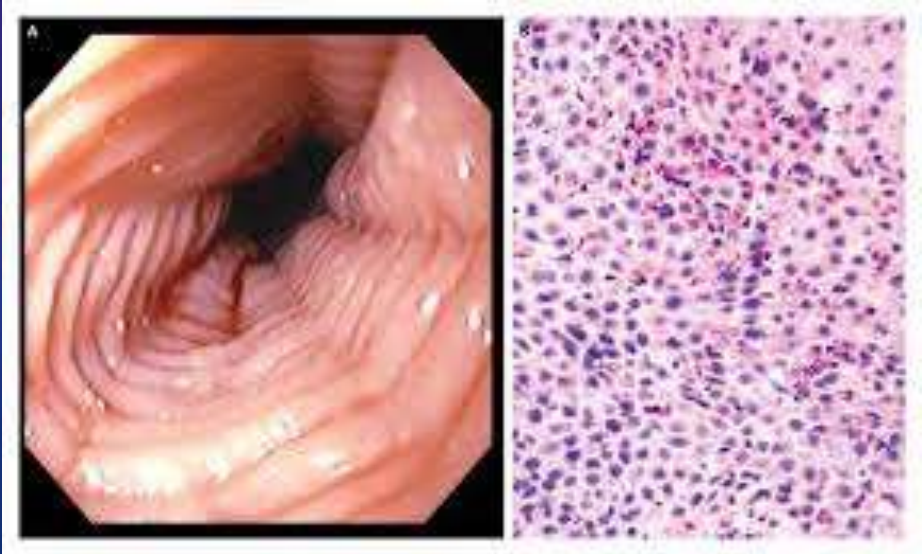
# EOSINOPHILIC ESOPHAGITIS

- Tissue level see a dense infiltrate with eosinophils into the epithelial lining
- Microscopic see  $> 15$  eosinophils per hpf
- Cells release a variety of chemical signals which inflame the surrounding esophageal tissue thus results in the symptoms of pain and endoscopy findings

# EOSINOPHILIC ESOPHAGITIS

- Endoscopically
  - Rings
  - Furrows
  - Edema
  - White exudates
  - Strictures
  - >15 per hpf
  - Can be seen in entire GI tract

# EOSINOPHILIC ESOPHAGITIS



# EOSINOPHILIC ESOPHAGITIS

- Treatment
  - Double dose PPI ie Protonix 40 mg BID
  - Rescope +/-
  - Topical Corticosteroids
    - Fluticasone inhaler
    - Budesonide viscous solution
  - Systemic Steroids
    - Oral methylprednisolone
  - Elimination Diet
    - Milk, wheat, soy, eggs, nuts, fish/seafood