9TH EURO GLOBAL GASTROENTEROLOGY CONFERENCE

October 24-25, 2016 Valencia, Spain

Keynote Forum

(Day 1)

Maxwell M Chait, J Gastrointest Dig Syst 2016, 6:7(Suppl)
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9TH EURO GLOBAL GASTROENTEROLOGY CONFERENCE

Maxwell M Chait

Columbia University College of Physicians and Surgeons, USA

Gastroesophageal Reflux Disease in the Older Patient

Gastroesophageal reflux disease (GERD) is the most common upper gastrointestinal disorder seen in the older patient. Although older patients with GERD may have fewer symptoms, they can have more severe esophageal and extra esophageal complications that may be potentially life threatening. These complications include the esophageal complications of erosive esophagitis, esophageal stricture, Barrett's esophagus, adenocarcinoma of the esophagus and the extra esophageal complications of atypical chest pain, ENT manifestations such as globus sensation and laryngitis, dental problems and pulmonary problems such as chronic cough, asthma, and pulmonary aspiration. A more aggressive approach may often be warranted in the older patient, because of the higher incidence of severe complications. The evaluation and management of GERD are generally the same in both younger and older patients. However, there are specific issues of causation, evaluation and treatment that must be addressed when dealing with the older patient, such as cognitive impairment, comorbidities and medication side effects.

Biography

Maxwell M. Chait completed his MD degree from the University of California School of Medicine at San Francisco. He is a Fellow of several prestigious organizations, including the American College of Physicians, American College of Gastroenterology, American Gastroenterological Association and the American Society for Gastrointestinal Endoscopy. He is a practicing gastroenterologist and assistant professor of medicine Columbia University College of Physicians and Surgeons in New York City He has authored numerous publications in reputed journals. He is the editor-in-chief of the Journal of Liver Disease and Transplantation and serves on the editorial board of several journals.

mdgi77@aol.com

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Steven Teich

Carolinas HealthCare/Levine Children's Hospital, USA

Shocking the GI tract: Electrical stimulation from top to bottom

Electrical stimulation of the gastrointestinal tract has been touted as a possible therapy for intestinal motor dysfunction since 1963 when Bilgutay, et al., reported the use of transluminal electrical stimulation to induce peristalsis. In the late 1960's and 1970's the myoelectrical activity of the gastrointestinal tract was elucidated along with its relationship to gut contractility. Out of this initial research several clinical applications of gastrointestinal electrical stimulation have arisen. These include gastric electrical stimulation (GES) for treatment of gastroparesis, sacral nerve stimulation (SNS) for treatment of fecal incontinence and constipation, and electrical stimulation of the lower esophageal sphincter (LES) for treatment of severe gastroesophageal reflux disease (GERD). GES is a low energy, high frequency system that stimulates the nerves that innervate the gastric antral muscle. GES improves nausea and vomiting, decreases medical costs, decreases hospital days, and improves quality of life in patients with gastroparesis refractory to dietary and pharmacological interventions. SNS is a low energy, high frequency system that directly stimulates the third sacral nerve root. SNS significantly improves severe fecal incontinence and constipation compared with optimal medical therapy. Electrical stimulation of the LES for treatment of GERD is the newest electrical stimulation therapy. Studies published in the last 2 years demonstrate sustained improvement in GERD outcome and GERD-HRQL, elimination of the need for daily GERD medications, and sustained normalization of esophageal acid exposure compared to standard medical therapy for severe GERD. Electrical stimulation of the gastrointestinal tract continues to have great potential for many GI disorders.

Biography

Steven Teich, MD graduated from The State University of New York at Buffalo College of Medicine. He completed a General Surgery Residency at George Washington University Hospital and a Pediatric Surgery Fellowship at the University of Pittsburgh. He is board certified in General Surgery, Pediatric Surgery, and Surgical Critical Care. He was Director of the Surgical Neuromodulation Program at Nationwide Children's Hospital, Columbus, OH. He has published 57 peer-reviewed papers and 16 book chapters and edited a book entitled Reoperative Pediatric Surgery. He serves on the editorial board of two journals and is an ad hoc reviewer for many journals.

Steven.Teich@carolinashealthcare.org

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Khalil N Bitar

Wake Forest School of Medicine Winston Salem, USA

What the future holds for tissue engineering in the GI tract?

Tissue engineering and regenerative medicine aim to restore, repair, or regenerate the function of the tissues. Gastrointestinal tissue engineering is a challenging process given the specific phenotype and alignment of each cell type that colonizes the tract. These properties are critical for proper functionality. Regeneration of the neuromuscular apparatus is of critical importance. New materials are emerging. Regeneration can be divided into acellular approaches such as decellularized matrices, synthetic and natural scaffolds as replacements to reconstruct the gut, or cell-based approaches such as tissue specific cells (smooth muscle cells, neural progenitor cells and epithelial cells), gut derived organoid units, and stem cells (organ buds). New stem cell strategies for in vitro modeling and in vivo therapies are emerging.

Biography

Khalil N Bitar is a Professor of Regenerative Medicine, Gastroenterology, Physiology and Biomedical Engineering. He is the Director of Gastroenterology Program at the Wake Forest Institute for Regenerative Medicine. He has published more than 100 papers in high impact journals and has been funded by NIH for more than 30 years. He is a Fellow of the American Gastroenterological Association.

kbitar@wakehealth.edu

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Keynote Forum

(Day 2)

Bing-Rong Liu, J Gastrointest Dig Syst 2016, 6:7(Suppl)
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Bing-Rong Liu

Harbin Medical University, China

Gastrointestinal endoscopic innovation from China

Endoscopic Retrograde Appendicitis Therapy (ERAT): Inspired by the success of emergency endoscopic retrograde cholangiopancreatography (ERCP) in treating acute cholangitis, we developed a minimally invasive method named ERAT to diagnose and treat acute appendicitis. We first reported this technique in DDW 2011. At present, there are more than 20 medical centers in China to carry out the ERAT technique. ERAT provide a new procedure for the treatment of acute appendicitis with rapid pain relief and short recovery time.

Liu Peroral Endoscopic Myotomy (Liu-POEM): Peroral endoscopic myotomy (POEM) has emerged as one approach to treat esophageal achalasia. Tunnellization and the myotomy are the key procedures. Submucosal tunneling requires one-third to one-half of the total operation time. For improvement of POEM procedure, we performed myotomy and tunneling as one step and then closed the entry site as before. We performed the modified procedure more than 60 cases.

Endoscopic Fenestration: The treatment of pancreatic pseudocyst is challenging and difficult. Although endoscopic therapy of pancreatic pseudocyst is considering first line therapy, there are some cases requiring surgical intervention or repeated endoscopic drainage procedures. We described endoscopic fenestration for treatment of large pancreatic pseudocyst in 3 cases. Endoscopic fenestration could be obtaining sufficient drainage which avoids pancreatic pseudocyst recurrence. The pseudocyst cavity was gradually reduced and healed after endoscopic fenestration.

Transrectal Gallbladder-Preserving Cholecystolithotomy (TRGPC): Transcolonic NOTES was not used in human cases due to the fecal contamination. We have developed a detachable balloon to keep the distal colonic cavity sterile and performed cholecystolithotomy and polypectomy with gallbladder preserved in 36 patients by the end of May 2016. Transrectal NOTES gallbladder-preserving operation provides a novel alternative approach of treating gallbladder polyps and stones.

Endoscopic Submucosal Dissection for Losing Weight: The gastric endoscopic submucosal dissection (ESD) as a new bariatric technique can affect weight gain. Previous animal experimental study suggested that ESD of one thirds of the stomach fundus can effectively and durably decrease the volume of stomach, thus significantly affect weight gain.

Biography

Bing-Rong Liu has completed his MD in 2002 from Chongqing Medical University. He was appointed as the Director of Gastrointestinal Department of the Second Affiliated Hospital of Harbin Medical University in June 2004. He has developed so many endoscopic new techniques and published more than 20 papers in reputed journals.

bingrongliu@qq.com

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Amanda Brisebois, J Gastrointest Dig Syst 2016, 6:7(Suppl)
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Amanda Brisebois

University of Alberta, Canada

Integration of palliative principles in the management of patients with compensated and decompensated cirrhosis

Introduction: Patients with chronic illnesses such as cirrhosis, often have significant symptoms, psychosocial needs, and desires for heightened knowledge about their illness. Historically, cirrhosis management has focused on controlling or modifying cirrhosis progression, and complications of liver dysfunction. Work has started to focus on a parallel pathway of care, involving symptom management, early advance care planning, and other interventions aimed at improving a patient's ability to cope with chronic illness.

Discussion: A recent paper was published on August 2016 (Brisebois and Tandon 2016), suggesting various ways to heighten cirrhosis care early in the disease trajectory. This discussion will provide detailed strategies for GI specialists to integrate palliative principles into cirrhosis care early in the disease trajectory. Principles to be outlined include modern definitions of palliative care, how palliative principles can be integrated during acute decompensations, how non-palliative specialists can provide this type of care, and how palliative care services can aid the Family Practitioners and Gastroenterology Specialists at various stages of the cirrhosis disease trajectory. This discussion will aim to provide tools for non-palliative care practitioner to heighten patient support in these areas. Evidence for this care approach will be provided, based on the current literature.

Conclusion: Evidence is increasing for integration of palliative principles early in the cirrhosis disease trajectory. With continued work, perhaps interdisciplinary collaborations can heighten inclusive patient care and result in increased patient preparedness for the challenges that come with progressive decline in hepatic function.

Biography

Amanda Brisebois is an Internal Medicine and Palliative Care Specialist, who works in Edmonton, Alberta, Canada. She undertook her undergraduate education and Master's degree at Queen's University in Kingston, Ontario Canada. She completed her medical school training in Calgary, Alberta, and her General Medicine Specialty at the Mayo Clinic Rochester Minnesota, University of Calgary in Calgary, Alberta, and University of Alberta, in Edmonton. Since 2000, she has been practicing General Internal Medicine in both inpatient and outpatient settings. She also is a certified Palliative Care Specialist.

brisebois111@gmail.com