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Join The Division of Gastroenterology & Hepatology at The University of Colorado Anschutz Medical Campus

Presented by:

Division of Gastroenterology and Hepatology

Sponsored by:

University of Colorado School of Medicine Office of Continuing Medical Education



School of Medicine university of colorado **anschutz medical campus**



This course is endorsed by the American Society for Gastrointestinal Endoscopy. The 17th Rocky Mountain Interventional Endoscopy Course would like to

WELCOME

you to the

MAIN COURSE- FRIDAY

COURSE SUPPORTERS

AbbVie

Apollo Endosurgery **Boston Scientific Corporation Castle Biosciences CDx Diagnostics** ChiRhoClin, Inc. Cook Medical Erbe USA **Interpace Diagnostics** Medtronic Merit Medical Endotek **Olympus Corporation Omega Medical Imaging Ovesco Endoscopy USA** Pentax Medical Steris Endoscopy Takeda Pharmaceuticals

COURSE SCHEDULE

FRIDAY, SEPTEMBER 9, 2022 Location: Anschutz Medical Campus Ed 2 South Building Main Auditorium

Main Course: Lectures and Live Demonstrations Friday, September 9, 2022

7:30-7:40 a.m.	Course Welcome and Introduction Course Directors: Sachin Wani, MD, Raj Shah, MD and Anna Duloy, MD	
7:40-7:55 a.m.	Role of Artificial Intelligence in Upper Endoscopy- Current Status and Future Directions	Rehan Haidry, MD
7:55- 9:30 a.m.	LIVE CASE DEMONSTRATIONS	
9:30- 9:50 a.m.	Break	
9:50- 11:45 a.m.	LIVE CASE DEOMONSTRATIONS	
11:45 a.m12 p.m.	9th Yang K. Chen Innovations in Endoscopy Memorial Lecture	
12:00-1:00 p.m.	Lunch	Touu Baron, MD
1:00-3:00 p.m.	LIVE CASE DEMONSTRATIONS	
3:00-3:20 p.m.	Break	
3:20-4:30 p.m.	LIVE CASE DEMONSTRATIONS	
4:30-4:45 p.m.	Pancreatic Necrosis and Peripancreatic Fluid Collections: Endoscopic Approach from a Surgeon's Perspective	Urban Arnelo, MD
4:45-5:00 p.m.	Post-fellowship Acquisition of New Technology and Skills	Mihir Wagh, MD
5:00-5:30 p.m.	LIVE CASE DEMONSTRATIONS	
5:30 p.m.	Adjourn	

MAIN COURSE DIRECTORS

Raj J. Shah, MD, MASGE, AGAF

Professor of Medicine Director, Pancreaticobiliary Endoscopy University of Colorado Division of Gastroenterology & Hepatology University of Colorado Anschutz Medical Campus Aurora, Colorado

Sachin Wani, MD, FASGE

Professor of Medicine Medical Director Esophageal and Gastric Center University of Colorado Division of Gastroenterology & Hepatology University of Colorado Anschutz Medical Campus Aurora, Colorado

Anna Duloy, MD

Assistant Professor of Medicine Division of Gastroenterology & Hepatology University of Colorado Anschutz Medical Campus Aurora, Colorado

MAIN COURSE FACULTY

Urban Arnelo, MD, PhD

Professor of Endoscopic Surgery Chief Department of Surgery Umeå University Hospital Umeå, Sweden

Todd H. Baron, MD

Division of Gastroenterology and Hepatology Professor of Medicine Director of Advanced Therapeutic Endoscopy University of North Carolina Hospital Chapel Hill, NC

Lula Bess, RN

UCHealth Division of Gastroenterology & Hepatology Aurora, CO

Natalie Cosgrove, MD

Interventional Endoscopist Digestive Health and Surgery Institute AdventHealth Orlando Center for Interventional Endoscopy Medical Director of Clinical Quality Safety in Gastroenterology Orlando, FL Katie Dickerman, NP UCHealth Division of Gastroenterology & Hepatology Aurora, Colorado

Jeff Easler, MD

Associate Professor of Medicine Indiana University School of Medicine Director, Advanced Endoscopy Fellowship Indianapolis, IN

Dr. Rehan Haidry, BSc (Hons) MD, FRCP

Honorary Associate Professor Consultant Gastroenterologist, Interventional Endoscopist University College Hospital London, England

Hazem Hammad, MD

Assistant Professor of Medicine Director of Advanced Endoscopy, Rocky Mountain Regional VA Medical Center Division of Gastroenterology & Hepatology University of Colorado Anschutz Medical Campus Aurora, Colorado

Samuel Han, MD MS

Assistant Professor Division of Gastroenterology, Hepatology, and Nutrition The Ohio State University Wexner Medical Center Columbus, OH

Vani J.A. Konda, MD

Medical Director, Baylor Scott and White Center for Esophageal Diseases Medical Director, GI Physiology Lab at Baylor University Medical Center Adj. Associate Professor, Texas A&M College of Medicine Dallas, TX

Role of Artificial Intelligence in Upper Endoscopy-Current Status and Future Directions

Rehan Haidry BSc(Hons), MD, FRCP Honorary Associate Professor Consultant Gastroenterologist, Interventional Endoscopist University College Hospital London, England

9th Yang K. Chen Innovations in Endoscopy Memorial Lecture "Unmet Biliary Needs in 2022 and Beyond"

Todd Baron, MD

Division of Gastroenterology and Hepatology Professor of Medicine Director of Advanced Therapeutic Endoscopy University of North Carolina Hospital Chapel Hill, NC

Post-fellowship Acquisition of New Technology and Skills

Mihir Wagh, MD

Associate Professor of Medicine Head, Endoscopic Surgery and Tissue Apposition Division of Gastroenterology & Hepatology University of Colorado Anschutz Medical Campus Aurora, CO

Pancreatic Necrosis and Peripancreatic Fluid Collections: Endoscopic Approach from a Surgeon's Perspective

Urban Arnelo, MD, PhD

Professor of Endoscopic Surgery Chief Department of Surgery Umeå University Hospital Umeå, Sweden



) UMEÅ UNIVERSITY

School of Medicine

The 17th RMIE Course Sep 8-10, 2022

A CASE FROM THE PAST

- Woman, 60 yrs old
- Admitted to Karolinska Univ Hosp Dec 16th, 2015 due to severe acute pancreatitis (AP)
- In addition to AP, CECT-abdomen shows portal vein thrombosis and stones in the gall bladder
- Shortly following admission, to ICU
- Dec 31st, US-guided placement of a percutaneous drain (PCD) in a fluid collection adjacent to pancreas





Jan 22nd, first endoscopic transmural necrosectory (ETD)
Feb 4th, 2nd ETD
Feb 5th, 3rd ETD
Feb 18th, 6th 7th ETD
Feb 18th, 6th 7th ETD
Feb 24th, 8th ETD
Mar 9th, 9th ETD
Mar 22nd, 10th ETD
Apr 1st, 11th ETD
Apr 7th, 12th ETD
Apr 22nd, 13th ETD
Jun 11th, 14th ETD
Jul 11th, LAMS removal





 Elective laparoscopic cholecystectomy May 22nd, 2017. Uneventful apart from pneumonia, 5 days in hospital.

• Jun 29th, 2017 back home.





PREDICTORS OF SEVERITY

· Predictors of severity:

- Clinical: APACHE II, SIRS, Modified Glasgow Score, bedside index for severity of AP, Ranson criteria
- Radiological: Computed Tomography Severity Index, Balthazar score

Laboratory: C-reactive protein, blood urea nitrogen, and procalcitonin

Trikudanathan G et al. Gastroenterology 2019





Trikudanathan G et al. Gastroenterology 2019 van Grinsven J et al J Gastrointest Surg 2018





DIAGNOSIS

- CECT scan is the standard but:
 - It cannot exclude necrosis on admission or within 48 to 72 hours
 Inaccurate within and outside the pancreas
- Liquid collections might be due to disconnected pancreatic duct
- MRI and EUS> CECT for assessment of necrotic material within a fluid predominant collection

Mowbray N.G et al. Hepatobiliary Pancreat Dis Int 201 Beger H.G et al. Br J Surg 1988 Trikudanathan G et al. Gastroenterology 2019

INDICATIONS AND TIMING

- No Symptoms... NO intervention
- Recommended 3 to 4 weeks after onset of pancreatitis

Working Group IAP/APA Pancreatology 2 Freeman M.L. et al Pancreas 2012 Tenner S. et al Gastroenterology 2013 Arvanitakis M. et al Endoscopy 2018

INDICATIONS AND TIMING

Indications:

- Infected necrosis
- Persistent ongoing organ failure, even in the absence of documented infection
- Locoregional symptoms: in sterile necrosis only after delay with encapsulation
- "Persistent unwellness," continued systemic illness, anorexia, and weight loss or intractable pain due to mass effect
- Disconnected pancreatic duct syndrome
- Rare indications: abdominal compartment syndrome, acute bleeding, and bowel ischemia

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OPEN SURGERY

- "For the treatment of pancreatic necrosis we strongly support surgical debridement (necrosectomy), supplemented by postoperative closed continuous lavage of the lesser sac and the adjacent necrotic cavities."
- Hospital mortality 12,5%

M Büchler, Dig Dis 1992







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Indications for surgery

- Decompression of abdominal compartment syndrome
 Hollow viscus perforation
 Severe bleeding despite coils/embolization



3 RCT

- PENGUIN
- TENSION

but,

MISER

Mortality, no difference,

- ETN entail

 Less inflammatory response
- Shorter hospital stay
 - Lower costs
 - Less pancreatic fistulae
 - Less composite adverse events (MISER)



Endoscopic step-up approach is preferred over a surgical step-up approach in eligible patients with infected necrotising pancreatitis.



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