

### Hepatobiliary and Pancreatic Surgical Oncology Program... *continued from front page*



H. Richard Alexander Jr., M.D., FACS

invasive techniques when suitable, including laparoscopic surgery.

Through the RWJBarnabas Health partnership with Rutgers Cancer Institute of New Jersey, the HPB Surgical Oncology Program will be able to provide patients with broader access to the most advanced treatment protocols while keeping their care local.

Under the leadership of Dr. Richard Alexander, Chief Surgical Officer at Rutgers Cancer Institute, we anticipate a strong collaborative network and hope to begin implementing more complex surgical oncology procedures at our center, including the management of sarcomas and the offering of HIPEC and cyto-reductive surgery.

“For most cancer patients, the best outcomes are achieved when a coordinated multidisciplinary treatment plan is used,” Dr. Alexander said. “In that context, having expertise in complex surgical oncology and hepatobiliary surgery available here at Monmouth Medical Center will enhance our ability to achieve those outcomes close to home.”

The program has already begun to provide surgical and medical care to patients with hepatobiliary and pancreatic conditions. We are excited to work with our neighboring primary care physicians and gastroenterologists. For further questions regarding the HPB program and/or if you would like to have your patient presented at our multi-disciplinary tumor conference, please call **732.923.6481**.

### MMC Joins Colon Cancer Alliance for Annual Fund-Raising Undy Run/Walk Family-friendly Event Encourages Participants to Run Brave and Knock Out Colon Cancer

A team from Monmouth Medical Center joined hundreds of Jersey Shore residents for the Colon Cancer Alliance’s annual Undy 5K Run/Walk, a fund-raiser held Saturday, July 14 at Pier Village in Long Branch. MMC was a sponsor of the event, which also featured words of inspiration by Michael Arvanitis, M.D., Chief of Colorectal Surgery at Monmouth Medical Center, who addressed the crowd at the Survivor’s Recognition and Award ceremony.

Hosted by the Colon Cancer Alliance, this lighthearted event was created to raise money and awareness for colon cancer. While it’s one of the most preventable cancers, colon cancer is still the second leading cause of cancer death in the United States.

A supportive community, at least 80 percent of those involved in the Undy Run/Walk has some tie to colon cancer. The event is an opportunity to encourage those currently battling the disease, remember those lost too soon, and celebrate those who have completed colon cancer treatment.



Members of the Monmouth Medical Center team that supported the Undy 500 Run/Walk.

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# Frontiers in Gastrointestinal Surgery

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## Monmouth Medical Center Introduces Hepatobiliary and Pancreatic Surgical Oncology Program

Monmouth Medical Center has a long history of providing complex cancer care to patients in Monmouth County and the surrounding area. Through The Leon Hess Cancer Center, patients have access to state-of-the-art technologies as well as standard care practices in the treatment of various solid organ malignancies. Following the high success of these programs, the institution is now embracing the development



Elsa Pichardo M.D.

of a Hepatobiliary and Pancreatic (HPB) Surgical Oncology Program in order to provide area residents with compassionate and advanced care in this highly specialized field.

The Hepatobiliary and Pancreatic (HPB) Surgical Oncology Program has been developed as an adjunct to the advanced colon and rectum surgical oncology program already in place and under the guidance of Michael Arvanitis, M.D., Chief of Surgery. The program growth has coincided with the appointment of HPB surgeon, Elsa Marisol Pichardo, M.D.. Dr. Pichardo is a board certified surgeon who completed a two-year hepatobiliary and pancreatic surgery fellowship at Oregon Health and Science University. Additionally, she is experienced in liver transplantation and has published research in the specialty for over a decade.

The goal of the HPB Surgical Oncology Program is to create a multidisciplinary, evidence-based approach to

the effective and safe management of advanced hepatobiliary malignancies. The program encompasses an excellent staff of medical oncologists, radiologists, radiation oncologists, pathologists, and interventional radiologists. In order to facilitate multi-disciplinary treatment plan discussions, the program will consist of regular tumor board meetings. Additionally, the program will incorporate supportive treatment features, including access to nutritionists, physical therapists, palliative medicine, and an oncological nurse navigator.

“We aim to take care of individuals with pancreatic cancer, liver cancer, metastatic disease to the liver, gallbladder cancer, neuroendocrine tumors, and other advanced foregut malignancies,” says Dr. Pichardo.

Operations and procedures available include, but are not limited to: pancreatic resections (whipple procedures and distal pancreatectomies), major and minor liver resections, and liver ablations. For unresectable disease, our interventional radiologists and radiation oncologists can provide various embolization procedures and radiotherapy. Additionally, our diagnostic radiology program has incorporated advanced imaging techniques, including multi-phase liver and pancreas specific protocol MRI and CT. The center is also capable of complex biopsy procedures for diagnostic purposes.

In addition to oncological conditions, the HPB Surgical Oncology Program will provide care to patients with benign diseases, such as symptomatic liver cysts, and procedures to help selected individuals with chronic pancreatitis. The program will incorporate minimally

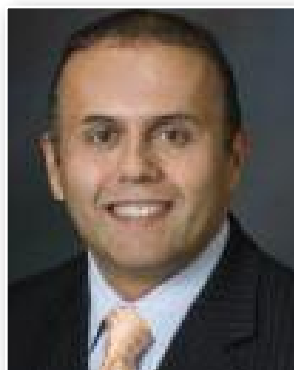
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## Gastroesophageal Reflux Disease (GERD)

# MMC Offers Latest Endoscopic and Surgical Treatment Options for Intractable GERD

Monmouth Medical Center offers two minimally invasive, well-tolerated treatment options for patients with chronic reflux disease that has not responded to medication therapy. These procedures have been shown to deliver patient outcomes similar to those provided by conventional anti-reflux surgery (ARS), but are less invasive with fewer adverse effects and does not limit future treatment options.



Ben Terrany M.D.

An estimated one in five American adults suffers from gastroesophageal reflux disease (GERD), a chronic, often progressive disease that can cause debilitating symptoms and in certain cases lead to esophageal cancer. It is caused by a weak esophageal sphincter complex that opens abnormally, allowing harmful

gastric fluids from the stomach to reflux into the esophagus. Acid reflux medications reduce the amount of acid in the stomach, but they do not prevent reflux from occurring. The below FDA-approved reflux management systems represent the newest surgical and endoscopic developments in the treatment of GERD.

Transoral incisionless fundoplication (TIF) is a minimally invasive endoscopic treatment for patients with GERD that is performed in the outpatient setting.

The TIF procedure is performed from inside the patient's stomach without incisions, according to Monmouth Medical Center's Chief of Gastroenterology, Ben Terrany, M.D., who notes the first two cases in New Jersey were performed at MMC in 2012.

"During a TIF procedure, the patient is placed under general anesthesia so that the EsoPHYX device, used with a flexible endoscope, can be gently introduced into the stomach under constant visualization," Dr. Terrany says. "The procedure allows us to create a full thickness, partial circumference, gastroesophageal fundoplication."

In 2013, Monmouth Medical Center performed the state's first implantation of the LINX Reflux Management System,

a medical device for the surgical treatment of GERD. Results from a multicenter prospective trial of the LINX System published in The New England Journal of Medicine support the LINX System as an alternative to the Nissen fundoplication, a surgical procedure in which part of the stomach is wrapped around the esophagus in order to reconstruct the sphincter, according to Gurdeep S. Matharoo, M.D., a Monmouth Medical Center advanced laparoscopic and bariatric surgeon.

Dr. Matharoo notes that the Nissen fundoplication permanently alters the normal anatomy and, compared to implanting the LINX System, is more invasive.

During a LINX procedure, a surgeon implants a small device comprised of magnetic beads around the weak sphincter, using a common, minimally invasive surgical technique called laparoscopy, while leaving the stomach intact. The magnets support the weak sphincter to help prevent reflux.



Gurdeep S. Matharoo M.D.

"GERD is a progressive disease, and anti-reflux medications typically lose their effectiveness over time," Dr. Matharoo says. "Since pharmacological therapy does not treat the underlying

root causes of reflux, the deteriorated anatomy of the anti-reflux barrier, lifelong medication therapy is required.

Additionally, for patients with severe GERD, medication and lifestyle changes provide little or no heartburn relief. These advanced reflux management system procedures can allow patients to return to a normal lifestyle without medication or dietary restrictions and provide a long-term solution to what for some is an everyday problem, adds Dr. Terrany.

Using the laparoscopic or endoscopic approach to correct this condition, these revolutionary procedures correct the root cause of GERD. Performed with the patient under general anesthesia, the procedure takes about an hour, and typically patients are discharged home the same day with no dietary restrictions.

Dr. Matharoo notes that patients report immediate relief of the GERD symptoms, have very little post-operative discomfort, and are usually able to stop taking anti-reflux medications.

"It's exciting when we can offer patients an advanced procedure that can minimize some of the discomfort traditionally associated with conventional surgery," he says. "Currently there are limited options for treatment of patients who have incomplete symptom relief with acid suppression medications. TIF and LINX offer exciting and needed minimally invasive options for these patients."

Dr. Terrany trained in internal medicine at Monmouth Medical Center, where he served as chief resident. He is fellowship trained in gastroenterology and holds board certification from the American Board of Internal Medicine and in gastroenterology and liver disease. He is the editor of the Shore Gastroenterology Updates Newsletter, a bimonthly publication for local internal medicine physicians and he has published research finding on a host of digestive disorders.

Dr. Matharoo trained in general surgery at Monmouth Medical Center, where he served as chief surgical resident. He then went on to complete additional fellowship training in minimally invasive advance gastrointestinal and bariatric surgery at Staten Island University Hospital. He returned to Monmouth Medical Center to practice and currently is the assistant program director for the general surgery residency program and the surgical clerkship director for rotating Robert Wood Johnson Medical School students.

### Benefits of TIF and LINX include:

- No scars, due to incisionless approach
- Faster recovery, since there is no internal cutting of the natural anatomy
- Fewer adverse events and complications than conventional surgery
- Can be revised if required

To learn more about TIF or LINX, or for a referral to a Monmouth Medical Center gastroenterologist, call **1.888.724.7123**.



From left: Gurdeep Matharoo, M.D., Frank Borao, M.D., and Steven Binenbaum, M.D.

## Implantable Device Provides New Minimally Invasive Treatment Option for Refractory Gastroparesis

At Monmouth Medical Center, a new implantable device designed to treat symptoms of refractory gastroparesis is offering patients a minimally invasive treatment option to major surgery.

The Enterra gastric neurostimulator generates mild electrical pulses that can be customized to each patient to achieve optimal control of symptoms.

The stimulator is implanted under the skin with wire leads connected to the stomach in a same-day surgical procedure with general anesthesia. After implantation, the device is calibrated to achieve symptomatic control with a non-invasive device.

Gastroparesis is a chronic medical condition where the motility of the stomach is impaired resulting in delayed gastric emptying. The patient suffers from unrelenting nausea, intractable vomiting and bloating.

Diabetes is the most common cause of gastroparesis in the United States. Standard therapy for gastroparesis included pro-kinetic medication and anti-emetics. For patients with disease that was refractory to medical therapy the only solution was radical surgery to alter the GI tract anatomy to allow improved gastric drainage. Stimulation can be adjusted to the settings that work best for each patient with a handheld, external programmer used by the physician, who can turn the device off at any time if patients experience intolerable side effects.

The procedure is currently being performed at Monmouth Medical Center by surgeons Gurdeep Matharoo, M.D., Frank Borao, M.D., and Steven Binenbaum, M.D. To learn more, call **1.888.724-7123**.