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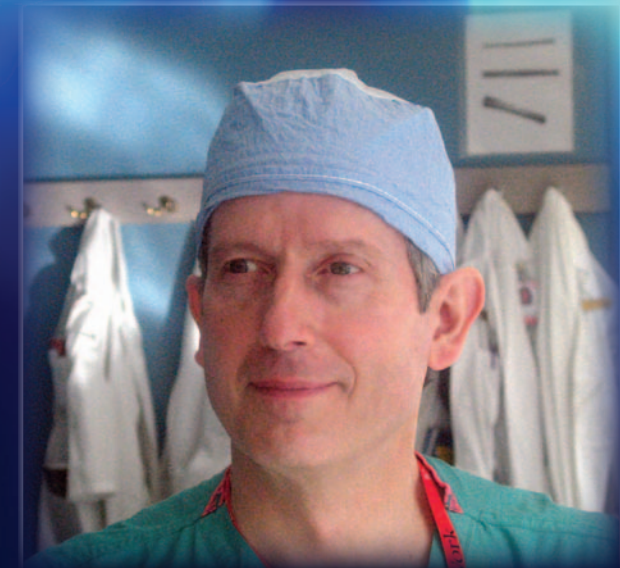




Weill Cornell Medical College

NewYork-Presbyterian Hospital
Weill Cornell Medical Center

Surgical Strategies in Crohn's Disease: New innovations in bowel-sparing procedures



Fabrizio Michelassi, M.D., F.A.C.S

Lewis Atterbury Stimson Professor

Chairman, Department of Surgery

Weill Cornell Medical College

Surgeon-in-Chief

NewYork-Presbyterian Hospital/Weill Cornell Medical Center

Dear Colleague:

I am pleased to offer my services to your patients affected by Crohn's disease in need of a surgical consultation or procedure. In doing so, I pledge:

- clear and timely communication to you by telephone and in writing at the time of the first patient encounter, at the time of surgery and at the time of discharge, with operative and pathology reports when appropriate
- a team of highly-trained and compassionate physicians and nurses very experienced with the chronic challenges created by Crohn's disease and attuned to the anxiety which patients often have at the prospect of surgical treatment
- a prompt, patient-focused service at NewYork-Presbyterian/Weill Cornell Medical Center, ranked as the #1 Hospital in New York City and #6 in the country by *US News & World Report's* list of top hospitals.
- the use of innovative bowel-sparing procedures rather than intestinal resections whenever feasible and appropriate
- to make you a full partner in the treatment we provide your patient and to return the patient to your care after the surgical care is over

You can reach me by calling my office at 212-746-6006 or by e-mailing me directly at fam2006@med.cornell.edu. Please visit my website at www.cornellsurgery.org/crohns for more information on our unique expertise and the opportunity to earn CME credit by viewing my video presentation on "Modern Principles and Recent Advances in the Surgical Treatment of Crohn's disease".

Sincerely,



Fabrizio Michelassi, M.D., F.A.C.S.

Chairman and Lewis Atterbury Stimson Professor

Department of Surgery

Weill Cornell Medical College

Surgeon-in-Chief

NewYork-Presbyterian Hospital/Weill Cornell Medical Center

SURGICAL STRATEGIES IN CROHN'S DISEASE: Greater Reliance on bowel-sparing procedures

Greater understanding of the clinical course of Crohn's disease has led to a more conservative surgical strategy, with surgery reserved for the treatment of complications and with bowel-sparing procedures preferred over intestinal resections. The main goal of surgery for Crohn's disease is to treat complications and to palliate symptoms while minimizing side effects. Modern principles of surgical management dictate that intestinal resections be limited, avoiding sacrifice of unaffected intestine, and whenever possible, performing bowel-sparing procedures. These procedures can now be performing laparoscopically, further minimizing the trauma to the patient.

Strictureplasty techniques, which alleviate obstructive symptoms without the need for intestinal resection, have been an important surgical innovation for the treatment of Crohn's disease since they were first developed 30 years ago. But conventional strictureplasties can be used only on relatively short bowel strictures, and are of little help to the many Crohn's patients whose disease is more extensive. In 1993, I devised a new strictureplasty, called side-to-side isoperistaltic strictureplasty (SSIS), for patients with extensive stricturing Crohn's disease. In 2000, I published the results with this new procedure in patients followed for up to 7.7 years.

The procedure has proven highly effective in avoiding extensive small bowel resection for patients with disease of the jejunum and ileum or with recurrent neoterminal ileitis. An international, multicenter prospective observational study of SSIS and its outcomes published in 2006 confirmed the results initially reported in 2000. The study, which involved 184 patients from six international centers in the US, Italy and Japan, demonstrates that SSIS carries very low mortality and morbidity rates and acceptable recurrence rates. Worldwide experience at multiple centers clearly shows that

SSIS is a safe and effective alternative to resection with concomitant benefit of preservation of significant bowel length.

Most excitingly, several studies have provided compelling evidence that active Crohn's disease regresses to quiescent disease at the site of a strictureplasty. This has led us to initiate further studies to investigate whether quiescence of acute disease is associated with return of intestinal function in the affected intestinal segment. This potential additional benefit provides further support to bowel-sparing procedures in Crohn's disease and offers hope to the many patients affected by Crohn's.

Side-to-Side Isoperistaltic Strictureplasty in Extensive Crohn's Disease A Prospective Longitudinal Study

Fabrizio Michelassi, MD,* Roger D. Hurst, MD,* Marcovaleio Melis, MD,* Michele Rubin, RN,* Russell Cohen, MD,† Arunas Gasparitis, MD,‡ Stephen B. Hanauer, MD,† and John Hart, MD§

From the Departments of *Surgery, †Medicine, ‡Radiology, and §Pathology, University of Chicago, Chicago, Illinois

Objective

To report on the results of a prospective longitudinal study of a new bowel-sparing procedure (side-to-side isoperistaltic strictureplasty [SSIS]) in patients with extensive Crohn's disease.

Methods

Between January 1992 and April 1999, the authors operated on 469 consecutive patients for Crohn's disease of the small bowel. Seventy-one patients (15.1%) underwent at least one strictureplasty; of these, 21 (4.5%; 12 men, 9 women; mean age 39) underwent an SSIS. The long-term changes occurring in the SSIS were studied radiographically, endoscopically,

SSISs were constructed in the jejunum, four in the ileum, and three with ileum overlapping colon. The average length of the SSIS was 24 cm. Performance of an SSIS instead of a resection resulted in preservation of an average of 17% of small bowel length. One patient suffered a postoperative gastrointestinal hemorrhage. All patients were discharged on oral feedings after a mean of 8 days. In all cases, SSIS resulted in resolution of the preoperative symptoms. With follow-up extending to 7.5 years in 20 patients (one patient died of unrelated causes), radiographic, endoscopic, and histopathologic examination of the SSIS suggests regression of previously active Crohn's disease.

An International, Multicenter, Prospective, Observational Study of the Side-to-Side Isoperistaltic Strictureplasty in Crohn's Disease

Fabrizio Michelassi, M.D.,¹ Angelo Taschieri, M.D.,² Francesco Tonelli, M.D.,³ Iwao Sasaki, M.D.,⁴ Gilberto Poggiali, M.D.,⁵ Victor Fazio, M.B., M.S.,⁶ Gaurav Upadhyay, B.A.,⁷ Roger Hurst, M.D.,⁷ Gianluca M. Sampietro, M.D.,² Marilena Fazi, M.D.,⁸ Yuji Funayama, M.D.,⁴ Filippo Pierangeli, M.D.⁵

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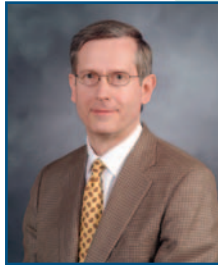
⁷ Pritzker School of Medicine, University of Chicago, Chicago, Illinois

⁸ Department of Medical and Surgical Critical Care, University of Florence, Florence, Italy

PURPOSE: The side-to-side strictureplasty is a bowel-sparing alternative to resection in the treatment of stricturing Crohn's disease. This study was initiated to review the adoption of the side-to-side strictureplasty as a new surgical technique and the relative outcomes a decade after its description. **METHODS:** A total of 184 unique patients from six centers in the United States, Italy, and Japan served as the basis for this study. A questionnaire instrument was used to assemble prospectively acquired preoperative, intraoperative, perioperative, and postoperative data from

maximum, 68.6 percent, $P < 0.05$). Furthermore, length of diseased bowel selected for construction of a side-to-side strictureplasty was significantly different among centers (minimum, 20.8 ± 9.9 cm; maximum, 64.5 ± 29.3 cm, $P < 0.001$). Use of synchronous bowel resection away from the site of the side-to-side strictureplasty was relatively common (minimum, 21.1 percent; maximum, 66.7 percent) as it was with the use of additional synchronous strictureplasties (minimum, 41.9 percent; maximum, 85.5 percent). The six centers experienced a low number of complications

FABRIZIO MICHELASSI, M.D., F.A.C.S.



Fabrizio Michelassi, M.D., F.A.C.S., is a world-renowned gastrointestinal surgeon with a strong expertise in the surgical treatment of inflammatory bowel disease. He is the Lewis Atterbury Stimson Professor of Surgery and Chairman of the Department of Surgery at Weill Cornell Medical College and Surgeon-in-Chief at NewYork-Presbyterian Hospital/Weill Cornell Medical Center.

A prolific author of more than 200 papers, book chapters and abstracts, Dr. Michelassi's experience and expertise in treating Crohn's disease led him to develop a novel bowel-sparing procedure now known as the "Michelassi" strictureplasty. This procedure is designed to avoid sacrificing large amounts of bowel at the time of surgery and to facilitate quiescence of the acute disease affecting the diseased intestinal loops. **He, together with his colleague Jeffrey Milsom, M.D., F.A.C.S. has edited a book on operative strategies in inflammatory bowel disease and has produced eleven instructional movies for surgeons on the surgical treatment of complications of Crohn's disease and ulcerative colitis.**

A summa cum laude graduate of the University of Pisa School of Medicine, Italy, in 1975, Dr. Michelassi completed his internship and surgical residency at New York University and a research fellowship at Massachusetts General Hospital, Harvard University. In 1984, he joined the faculty of the Department of Surgery at the University of Chicago, where he became Section Chief of General Surgery in 1994, tenured Professor in 1995, Vice Chair of the Surgery Department in 2000 and the Thomas D. Jones Professor of Surgery in 2001. He also served as Director of the General Surgery Residency Program from 1997-2004. In 2004, he moved to his current position as Chairman of Surgery at the NewYork Presbyterian Hospital/Weill Cornell Medical Center.

Dr. Michelassi has earned numerous awards for his innovative contributions to advancing the treatment of digestive diseases, including the Andrew W. Mellon Foundation Award and the Distinguished Leadership Award from the Crohn's and Colitis Foundation of America. His research on Crohn's disease has been funded by the International Organization of Inflammatory Bowel Disease. He has been recognized repeatedly by

Castle Connolly and New York Magazine as one of the "Best Doctors in America." He was also named one of New York's Super Doctors, an honor accorded to just 5 percent of all New York physicians.

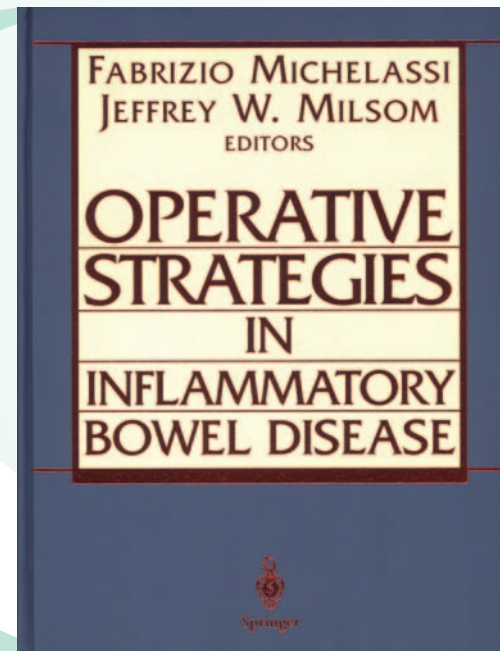
Dr. Michelassi has delivered sixteen prestigious named lectures and keynote addresses across the country and abroad, over 150 invited lectures both nationally and internationally, and has been invited to be a visiting professor at 27 national and international academic institutions. He has delivered over 150 national and international scientific presentations. He is on the editorial board of seven prestigious professional journals, including the *Journal of Gastrointestinal Surgery*, *Nature Clinical Practice Gastroenterology & Hepatology*, *Surgery*, *The British Journal of Surgery*, *the World Journal of Gastroenterology*, *the Annals of Surgery* and *Nature Reviews Gastroenterology and Hepatology*.

Dr. Michelassi has been appointed to many national and international medical panels and task forces.

Dr. Michelassi is a member of more than forty professional societies in the United States and abroad and has served as President of

the Illinois Surgical Society, the Western Surgical Society and the Central Surgical Association. He has served as Vice-President of the International Society of Digestive Surgery and is the current President of the Society of Surgical Oncology and Secretary of the Society of Surgery of the Alimentary Tract. He also serves as the representative from the American Surgical Association to the Advisory Council for General Surgery of the American College of Surgeons and he is a director of the American Board of Surgery.

Dr. Michelassi is frequently visited by surgeons from around the world who want to witness and learn how to perform his pioneering bowel-sparing procedure.



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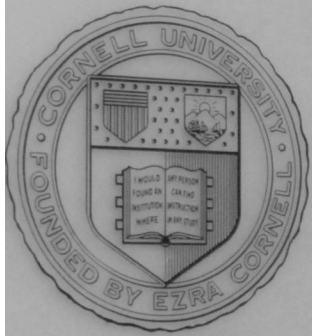
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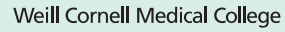


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