

Thomas Jefferson University Medical Center's Division of Gastroenterology acquires advanced technology for non-surgical intervention of the small intestine

Jefferson's Division of Gastroenterology announces the acquisition of the most advanced technology for minimally invasive diagnosis and therapeutic intervention of the small intestine. Jefferson's early adoption of Fujinon, Inc.'s Double Balloon Endoscopy™ technology, which allows physicians to endoscopically evaluate and treat disorders of the small intestine previously inaccessible without invasive surgery, is a significant advancement in patient care for the Delaware Valley.

The small intestine is the most difficult organ of the gastrointestinal tract to access by way of endoscopy. This is due to its extraordinary length and distance from a convenient bodily orifice. EGD Endoscopes, commonly known as gastroscopes, can reach the first part of the small intestine called the duodenum. Longer enteroscopes were developed to facilitate the visualization of the upper portion of the small bowel, but have proven to be difficult to use by physician's and difficult for the patient. These scope procedures allow physicians to perform biopsies and other therapeutic maneuvers. Recently introduced capsule, or wireless endoscopy, allows for complete examination of the small bowel although it is unable to confirm observations, sample by biopsy, or allow for therapeutic intervention or treatment of any type during the examination. Double Balloon Endoscopy™ technology changes this paradigm by allowing for both examination and intervention throughout the entire small bowel via endoscopy.

According to Fujinon Vice President and General Manager Eric Knisley, "Endoscopic diagnosis and therapeutic intervention of the small bowel has been one of the last great frontiers in gastroenterology. The advent of wireless endoscopy has allowed physicians to diagnosis unexplained bleeding, Crohn's disease, multi-generating polyps, arteriovenous malformations (AVM's) and other disorders of the small intestine. However, not until the development of the Double Balloon Endoscopy™ system, have physicians been able to endoscopically intervene and treat clinical pathology without open surgical intervention. No longer is the small bowel 'The Dark Continent' of the GI tract."

With this investment, Jefferson believes it will significantly reduce the number of invasive surgical procedures necessary in the treatment of small bowel disorders, and greatly improve the quality of life for countless patients in the Delaware Valley and beyond.

This technology complements out Wireless Capsule Endoscopy Program which is one most active in terms of research and total number of cases in the world. Jefferson is one of only 5 "Centers of Excellence" in the country as determined by the GIVEN Corporation who manufactures the Swallowed Camera (Small Bowel CAM/Esophageal CAM/Colon CAM). The Double Balloon Scope (DBE) will now allow us to further investigate abnormalities detected by capsule or other imaging of the small bowel and then use standard endoscopic tools to treat bleeding sites, remove polyps or locate and tattoo tumors in the small intestine. It can also be used to obtain biopsies for other diseases such as Crohn's disease, Celiac Sprue and Lymphoma says Anthony Infantolino, M.D. Associate Clinical Professor of Medicine at the Jefferson Medical College and Co-Director of the Jefferson GI Bleeding Center.

Thomas Jefferson University Hospital Division of Gastroenterology and Hepatology is one of the largest and most active Clinical GI programs in the nation. The Division performs approximately 15,000 procedures per year which is one of the top ten most active endoscopic programs in the country. There are approximately 25-30 research projects going on in all aspects of GI/Hepatology and it is one of the largest GI training programs in the country. Every cutting edge aspect of the specialty is offered including advances procedures of the pancreas and bile ducts(ERCP), Liver transplantation, Endoscopic Ultrasound, PDT, Radiofrequency ablation of Barrett's Esophagus(BARRX), Motility and pH testing, bacterial overgrowth analysis, advanced colonoscopy for removal of large polyps, stents and many other advanced techniques.