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1



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3


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4

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Participating in the Webinar



Moderator:
Shirley C. Paski, MD

All attendees will be muted and will remain in "Listen Only Mode"

Type your questions here so that the moderator can see them.
Not all questions will be answered but we will get to as many as possible.

A handout with the slides and room to take notes can be downloaded from your control panel.

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5

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ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!




Week 31 – Thursday July 31, 2025
 Redefining Risk: How Healthcare Transformation is Reshaping Workplace Violence and Patient Behavior
 Faculty: Sunanda V. Kane, MD, MSPH, MACG
 Moderator: Benjamin J. Houge, MS
At Noon and 8pm Eastern







Week 32 – Thursday August 7, 2025
 Exploring Health Equity Through Research
 Faculty: Christopher D. Vélez, MD, Jin Ge, MD, MBA, Maya Balakrishnan, MD, and Rachel Issaka, MD, MS
At Noon and 8pm Eastern

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6



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7

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2025 ACG Short Bowel Syndrome Series



Director:
Carol E. Semrad, MD, FACP

Welcome to the second webinar in the ACG Short Bowel Syndrome Series.
Visit gi.org/ACGVGR to watch for future talks in this series.

**Up Next: Short Bowel Syndrome/Intestinal Failure:
Recognition, Complications, and Basic Management**




Week 35 – Thursday August 28, 2025
Short Bowel Syndrome/Intestinal Failure: Recognition,
Complications, and Basic Management
Faculty: John K. DiBaise, MD, FACP, and Dejan Micic, MD, FACP

8



Up Coming 2025-26 ACG SBS Series

Small Bowel Nutrient and Fluid Absorption: Key Concepts to Manage Short Bowel Syndrome

Inpatient Management of the Newly Diagnosed Short Bowel Patient: Consult to Discharge

Short Bowel Syndrome/Intestinal Failure: Recognition, Complications, and Basic Management

Short Bowel Syndrome: Maximizing Management to Convert Intestinal Failure to Intestinal Insufficiency

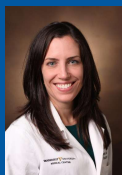
Cases of Non-Short Bowel/Intestinal Failure: Pearls for Recognition and Management

9

9



Disclosures



Dawn W. Adams, MD, MS, CNSC:
Ironwood: Consultant; Takeda: Consultant



Shirley C. Paski, MD:
Nutrishare: Advisory Committee/Board Member;
Takeda Pharmaceuticals Inc: Grant/Research Support

**All of the relevant financial relationships listed for these individuals have been mitigated*

10

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CONSULT TO DISCHARGE

INPATIENT MANAGEMENT OF THE NEWLY DIAGNOSED SHORT BOWEL PATIENT

DAWN W. ADAMS

ASSOCIATE PROFESSOR OF MEDICINE, GASTROENTEROLOGY

DIRECTOR CENTER FOR HUMAN NUTRITION

VANDERBILT UNIVERSITY MEDICAL CENTER

NASHVILLE, TN

11

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SHORT BOWEL SYNDROME

intestinal failure

insufficient amount of small intestine that leads to malabsorption and its consequences

<200 cm small intestine

Cause	Percentage
IBD	30%
mesenteric ischemia	30%
malignancy	20%
radiation enteritis	10%
trauma/surgical	10%

Organ	Length (cm)	Key Nutrients/Absorbed
Stomach	-	Water, alcohol, copper, iodide, fluoride
Duodenum	30	Ca, P, Mg, Cu, Fe; folate; riboflavin; vitamins A, D, E, K
Jejunum	250	Vitamins B6, C; lipids; monosaccharides; small peptides and amino acids
Ileum	350	Bile salts and acids, vitamin K
Colon	150	Water; Na, Cl, K; short-chain fatty acids

Graph created for presentation, percentages based off of a summary of studies including Bering J. DiBaise JK. Short Bowel Syndrome in Adults. *Ann J Gastroenterol.* 2022 Jun 1;117(6):876-883. Bering J. DiBaise JK. Short bowel syndrome: Complications and management. *Nutr Clin Pract.* 2023 May;38 Suppl 1:546-558.

Figure 2: Le Beyec J, Billiauws L, Bado A, Joly F, Le Gall M. Short Bowel Syndrome: A Paradigm for Intestinal Adaptation to Nutrition? *Annu Rev Nutr.* 2020 Sep 23;40:299-321.


12

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HOW DO I KNOW?



• Operative reports (remote surgeries)

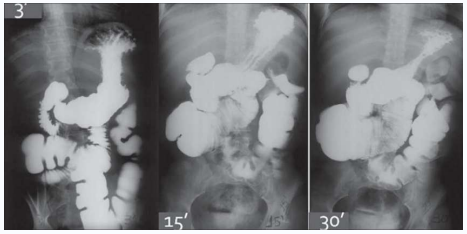
• Pathology reports

• Talk to surgeon

• Is radiology helpful?

• What is in continuity?

• What is functioning?



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Chacon MA, Wilson NA. The Challenge of Small Intestine Length Measurement: A Systematic Review of Imaging Techniques. J Surg Res. 2023 Oct;290:71-82.

Images from research gate : https://www.researchgate.net/publication/263275454_Barium_follow_through_in_the_assessment_and_follow-up_of_adult_patients_with_short_bowel_syndrome

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13

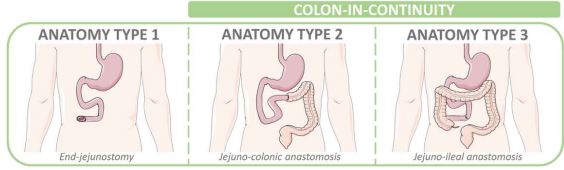
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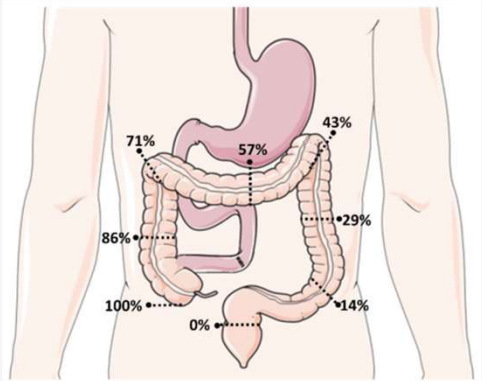
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ANATOMY MATTERS



	ANATOMY TYPE 1 <i>End-jejunostomy</i>	ANATOMY TYPE 2 <i>Jejunocolonic anastomosis</i>	ANATOMY TYPE 3 <i>Jejunoleal anastomosis</i>
ETIOLOGY	IBD > ISCHEMIA	ISCHEMIA > IBD	ISCHEMIA SURGICAL ADVERSE EVENTS
PREVALENCE	50 – 80 %	20 – 50 %	<10 %
INTESTINAL FAILURE THRESHOLD	100 cm	65 cm	30 cm

Legend: IBD = inflammatory bowel disease



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Figures 1 and 2 from Verbiest A, Jeppesen PB, Joly F, Vanuytsel T. The Role of a Colon-in-Continuity in Short Bowel Syndrome. Nutrients. 2023; 15(3):628.

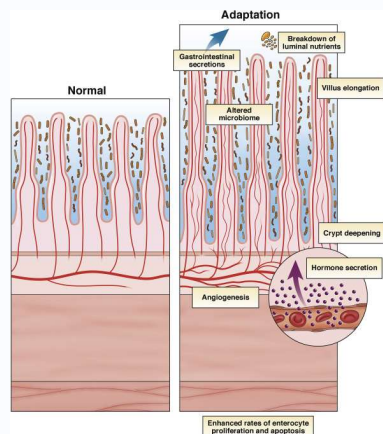
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14

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7

ADAPTATION



- Begins days to weeks after surgery
- Continues for 1-2 years
- Importance of enteral nutrition
- GI secretions
- Gut hormones
- Angiogenesis

Figure Warner BW. The Pathogenesis of Resection-Associated Intestinal Adaptation. Cell Mol Gastroenterol Hepatol. 2016 May 14;2(4):429-438.

15

GET THE COLON BACK

- electrolytes, indigestible carbohydrates
- reduces need for PN and IV support
- during adaptative phase colon increases capacity of colonic bacteria to ferment carbs (1000kcal SCFA)
- breaking effect on rate of early gastric emptying
- hormone production
- colostomy?

EDUCATING SURGEONS ON
IMPORTANCE OF COLON FOR
SBS

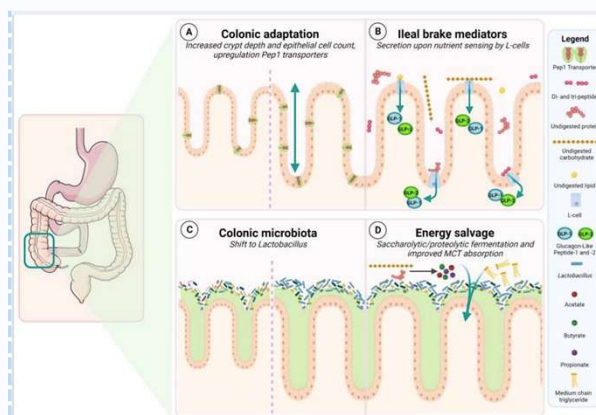
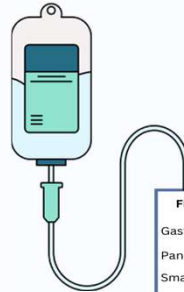
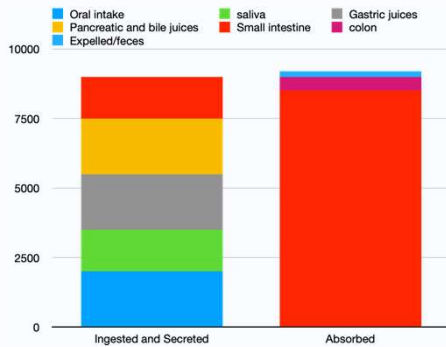


Figure 3: Verbiest A, Jeppesen PB, Joly F, Vanuytsel T. The Role of a Colon-in-Continuity in Short Bowel Syndrome. Nutrients. 2023; 15(3):628.

16



FLUID LOSSES: GIVE FLUIDS



Fluid Type	Na ⁺ (mEq/L)	K ⁺ (mEq/L)	Cl ⁻ (mEq/L)
Gastric Juice	20-80	10-20	100-150
Pancreatic	120-140	5-15	50-75
Small Intestine	130-140	5-10	100-110
Bile	120-145	5-15	100-105
Ileostomy Fluid	120-140	10-20	90-110
Diarrhea	90-140	10-20	90-120
Sweat	20-60	4-8	20-60

- quantify output amount and appearance
- other losses
- high electrolyte losses - Na, Mg
- IV support with fluid replacement (replace Na!)
- restrict hypotonic fluid (water)

Graphics personally created from basic physiology information

17



MALNUTRITION: START PARENTERAL NUTRITION EARLY

- central access
- volume status stable (renal failure?), electrolytes, blood glucose
- PN composition should reflect losses (Na, Mg, K)
- extra vitamins or trace elements
- don't wean too soon (CIC)

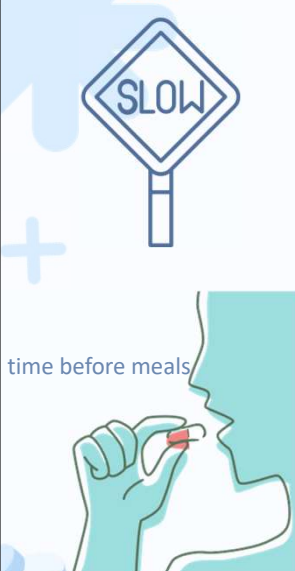
Short Bowel Syndrome		
PN/IV volume needs	End jejunostomy	Colon in continuity
<7 L/wk	Fluid	Energy
7-21 L/wk	Fluid + some energy	Energy + some fluid
>21 L/wk	PN/IV dependent	PN/IV dependent

Matarese LE. Nutrition and fluid optimization for patients with short bowel syndrome. JPEN J Parenter Enteral Nutr. 2013 Mar;37(2):161-70.

18

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ANIT-MOTILITY AGENTS



time before meals

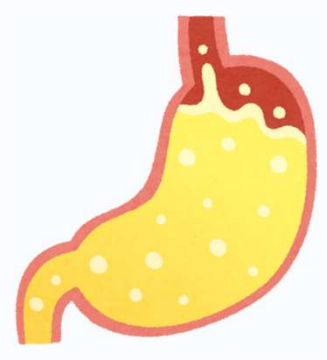
<p>LOPERAMIDE</p> <p>u-opioid reception in myenteric plexus → slows down contractions by reducing muscle tone of intestinal walls, decreases gastric secretions</p> <p>up to 4 pills 4 times per day</p>	<p>DIPHENOXYLATE-ATROPINE</p> <p>diphenoxylate - similar to loperamide atropine mostly added to discourage abuse (anticholinergic effects), CNS effects</p> <p>2 pills 4 times per day</p>	<p>NARCOTICS</p> <p>often given in hospital post-op, can transition to codeine, CNS effects</p>
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19

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GASTRIC HYPERSECRETION: ADD ANTI-SECRETORY AGENT

- massive SB resection → increase in gastric secretions/ hypergastrinemia
- loss of inhibitory feedback
- PPI/H2RA
- ? Octreotide
- 6-12 months - trial cessation (microbiome, mg, bone)



D'sa AA, Buchanan KD. Role of gastrointestinal hormones in the response to massive resection of the small bowel. Gut. 1977 Nov;18(11):877-81.

20



OTHER MEDICATIONS

- GLP2**
- GLP1
- fiber
- bile acid binders
- glutamine
- pancreatic enzymes
- SIBO treatment*

**FDA approved, data supports use

*data supports use

others have little to mixed data or
are still under investigation

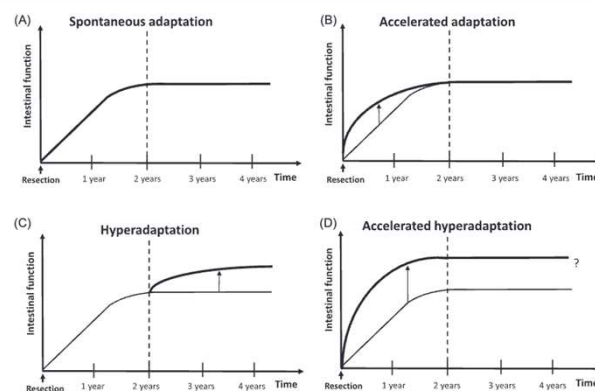


FIGURE 2 Overview of intestinal adaptation and response to therapy in short bowel syndrome. (A) Spontaneous adaptation occurs mainly during the first 2 years postresection. (B) Induced or accelerated adaptation with conventional therapy. (C) Enhanced or hyperadaptation with GLP-2 analogues after a period of (accelerated) adaptation. (D) Accelerated hyperadaptation or early treatment with GLP-2 analogues. Adapted from Jeppesen.⁷⁹ GLP-2, glucagon-like peptide-2.

Figure 2 Wauters L, Joly F. Treatment of short bowel syndrome: Breaking the therapeutic ceiling? Nutr Clin Pract. 2023 May;38 Suppl 1:S76-S87.

21



ORAL FLUIDS

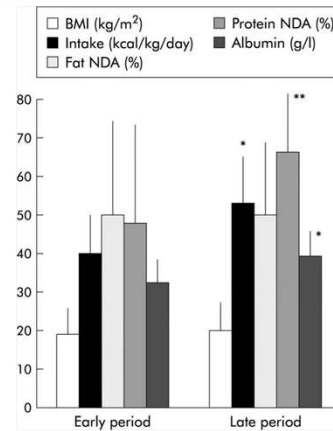


- Education on isotonic fluids: avoid HYPotonic and HYPERTonic fluids
- Limit intake in acute setting for high output
- intake about 1.5-2L per day if no CIC
- Oral rehydration solutions (ORS)
- Goal urine output

22

LET THEM EAT!

- continuous enteral feeding associated with increase in net absorption of lipids, proteins and energy vs oral intake alone
- no difference in absorption for elemental and polymeric
- Hyperphagia is a compensatory mechanism and seen in 70% SBS patients
- timing of meds
- SBS diet education: higher fat without colon
- vitamin supplements if no PN



Joly, F.; Dray, X.; Corcos, O.; Barbot, L.; Kapel, N.; Messing, B. Tube Feeding Improves Intestinal Absorption in Short Bowel Syndrome Patients. *Gastroenterology* 2009, 136, 824–831.
 Fig 6 Crenn, P.; Morin, M.C.; Joly, F.; Penven, S.; Thuillier, F.; Messing, B. Net digestive absorption and adaptive hyperphagia in adult short bowel patients. *Gut* 2004, 53, 1279–1286.

23

PREPARING FOR HOME

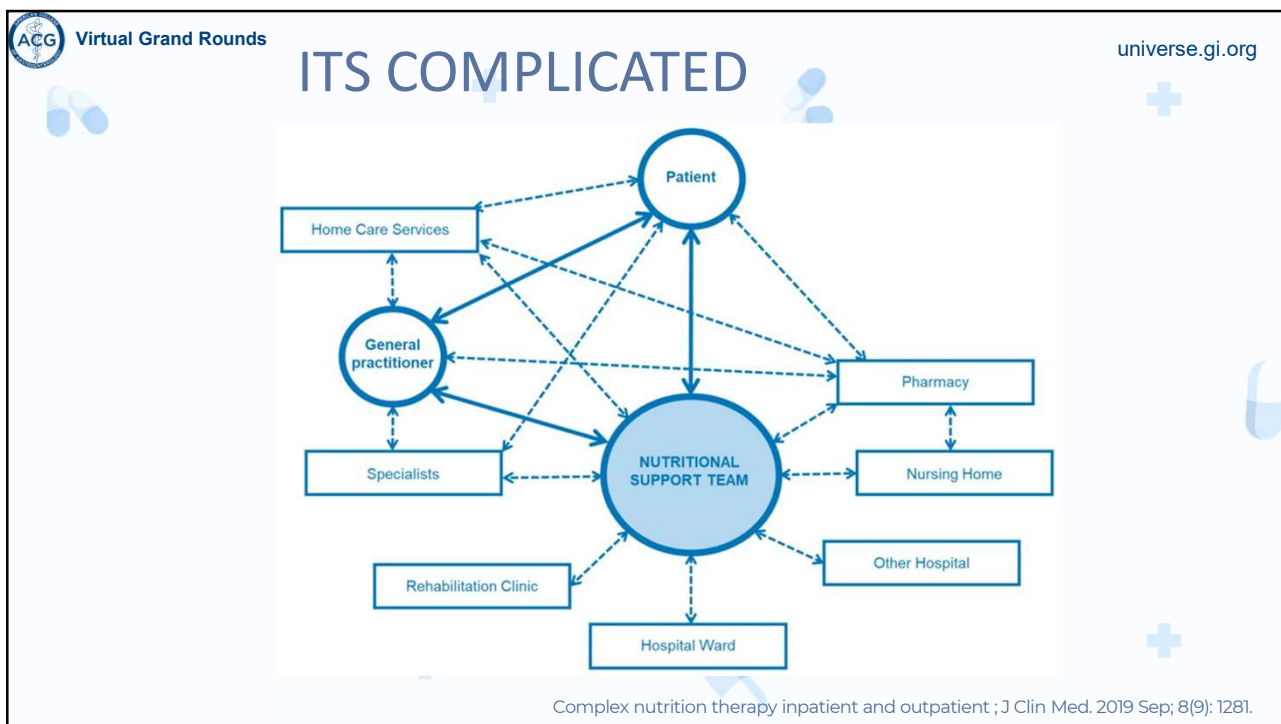
IS A PATIENT READY TO GO HOME WITH SBS?

- SURGERY OPTIMIZED
- STABLE PN/FLUIDS
- STOMA DEVICE
- CENTRAL LINE
- HOME SUPPORT
- FOLLOW-UP PLAN
- OTHER SKILLED NEEDS

MULTIDISCIPLINARY TEAM NEEDED FOR SAFE DC AND TRANSITION

- ORDER MD FOR PN/FLUIDS
- SURGEON/GI DOC
- CASE MANAGER
- NURSE - ACCESS/PN EDU
- DIETITIAN - DIET/PN EDU
- PHARMACIST - MEDS/PN EDU
- HOME INFUSION
- HOME HEALTH

24



25



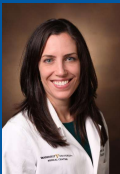
26




27

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Questions



Dawn W. Adams, MD, MS, CNSC



Shirley C. Paski, MD

28

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