SEVEN different award types; INCREASED Junior Faculty FUNDING; NEW Mid-Career Bridge Funding; Med Resident and Student Awards

[www.gi.org/research-awards](http://www.gi.org/research-awards)

**Grant System Opens: September 8, 2020**

**Deadline: December 4, 2020**

Read the [Grant Flyer](http://www.gi.org/research-awards), FAQs, or visit the webpage for the RFAs.

Welcome to the Virtual Grand Rounds Waiting Room – The educational activity will begin promptly at 12 Noon Eastern.
Participating in the Webinar

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.

How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR
ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2020 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2021 for this activity.
MOC QUESTION

If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement. THESE ANSWERS WILL BE REVIEWED.

ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!

Week 31: Special Considerations When Discussing Diet Elimination for EoE
Nirmala Gonsalves, MD
October 22, 2020 at Noon EDT

Week 32: Managing Medical-Legal Risk in Colonoscopy: Rules for Success
Douglas K. Rex, MD, MACG
November 5, 2020 at Noon EDT

Visit gi.org/ACGVGR to Register

NOTE: there will be no Virtual Grand Rounds on October 29 due to ACG 2020
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Disclosures:

Bo Shen, MD
Consultant for Janssen, AbbVie, and Takeda; Speaker for AbbVie and Takeda

David T. Rubin, MD, FACG
Advisory Committee/Board Member: CCFA, Janssen
Grant/Research Support: AbbVie Pharmaceuticals, Genentech, Janssen, Prometheus Laboratories, Shire, Takeda
Co-Founder: Cornerstones Health Inc. (non-profit medical education company), GoDuRN LLC (no financial support received)
Royalties: Slack Publications
Pouch or True “Ouch”? Avoid Common Mistakes in the Diagnosis and Management of Ileal Pouch Disorders

Bo Shen, MD
The Edelman and Jarislowsky Professor of Surgical Sciences
Professor of Medicine and Surgical Sciences
Director of Interventional IBD Center/IBD Section
Vice Chair for Innovation in Medicine and Surgery
Columbia University Irving Medical Center
New York, NY

Indications for Total Colectomy in UC

- Refractory UC
- Colitis-associated Neoplasia
- Poor tolerance of medications

Shen B (Ed). Pouchitis and Ileal Pouch Disorders Elsevier 2019
Stoma Takedown Site

End-to-end anastomosis (risk of stricture)

Side-to-side anastomosis (risk of staple-line leak)

Shen B (Ed). *Pouchitis and Ileal Pouch Disorders*. Elsevier 2019

Disorders of the Ileal Pouch

- **Surgical/Mechanical**
  - Anastomotic leak
  - Pelvic sepsis
  - Sinus
  - Fistula
  - Strictures
  - Efferent limb syn.
  - Afferent limb syn.
  - Prolapse
  - Pouch folding
  - Twist/volvulus
  - Infecundity
  - Sexual dysfunction
  - Portal vein thrombi
  - Foreign body

- **Inflammatory/Infectious**
  - Pouchitis
  - Cuffitis
  - Crohn’s dis.
  - Small bowel bacterial overgrowth
  - Inflammatory polyps

- **Functional**
  - Irritable pouch syn.
  - Anismus
  - Poor compliance
  - Pseudo-obstruction
  - Megapouch
  - Hypersensitive suture lines
  - “Pouchalgia fugax”

- **Neoplastic**
  - Pouch neoplasia
  - Lymphoma
  - Squamous cell cancer

- **Systemic/Metabolic**
  - Anemia
  - Bone loss
  - Vit D/B12 def.
  - Renal stone
  - Celiac dis.
  - High PTH

Presenting Symptoms

**Diarrhea**
- Pouchitis
- Cuffitis
- Crohn’s Disease
- Irritable Pouch Syndrome

**Cramps**

**Urgency**

**Incontinence**

**Dyschezia**
- Stricture
- Floppy Pouch Complex
- Pouch Twist
- Anismus

**Incomplete Evacuation**

**Bloating**

**Fever**
- Pathogen-associated Pouch Inflammation
- Abscess
- Sinus/Fistula

**Night Sweats**

**Tailbone Pain**

**Leukocytosis**

**Pouchitis**

**Cuffitis**

**Crohn’s Disease**

**Irritable Pouch Syndrome**

**Pathogen-associated Pouch Inflammation**

**Abscess**

**Sinus/Fistula**

**Stricture**

**Floppy Pouch Complex**

**Pouch Twist**

**Anismus**

**Pouchoscopy**

**Anopouch Manometry**

**Barium Defecography**

**Pouchoscopy**

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**Stoma Takedown Site**

- Ulcer
- Stricture (end-to-end > side-to-side anastomosis)
- Fistula (side-to-side anastomosis)
- “Pseudopouch”: dilated side-to-side anastomosis

**Etiology**
- Surgical
- Crohn’s disease?

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Stoma Takedown Site

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“Pseudopouch” at the Stoma Takedown Site

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Stoma Takedown Site

- Ulcer
- Stricture
- Fistula
- “Pseudopouch”

**1st-Line treatment**
- Observe
- Endosc. balloon dilation/stricturotomy
- Endoscopic clipping
- Surgical conversion to end-to-end

Afferent Limb

- Ulcer and inflammation
- Stricture

**Etiology**
- Crohn’s disease
- Backwash enteritis (primary sclerosing cholangitis)
- Pre-pouch enteritis
- Ischemia
Afferent Limb

- Ulcer and inflammation
- Stricture

**Etiology**
- Crohn’s disease
- Backwash enteritis
- Pre-pouch enteritis
- Ischemia

**1st-Line treatment**
- Endo balloon dilation/stricturotomy
- Anti-TNF/Ustekinumab
- Budesonide
- Hyperbaric oxygen

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Inlet

- Ulcer
- Stricture

Etiology
- Crohn’s disease
- Surgical ischemia
- Ulcer
- Stricture

1st-Line treatment

- Observe
- Endo balloon/dilation/stricturotomy
Tip of the “J”

- Ulcer
- Fistula

Etiology
- Surgical ischemia
Tip of the "J"

- Ulcer
- Fistula

1st-Line treatment

- Observe
- Endoscopic clipping

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Pouch Body

- Pouchitis
- Floppy pouch
  - Prolapse
  - Vertical twist
  - Horizontal twist "Paper clip" pouch

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### Spectrum of Pouchitis

<table>
<thead>
<tr>
<th>Disease course</th>
<th>Acute</th>
<th>Chronic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pattern</td>
<td>Episodic</td>
<td>Relapsing</td>
</tr>
<tr>
<td>Response to antx</td>
<td>Responsive</td>
<td>Dependent</td>
</tr>
<tr>
<td>Etiology</td>
<td>Primary</td>
<td>Refractory</td>
</tr>
<tr>
<td>Etiopathogenesis</td>
<td>Microbiome</td>
<td>Immune-mediated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ischemia</td>
</tr>
</tbody>
</table>

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### Classic Pouchitis

Shen B. Curr Opinion Gastroenterol 2016;32:49-54
Immune-mediated Pouchitis

Shen B. *Curr Opinion Gastroenterol* 2016;32:49-54

Primary Sclerosing Cholangitis-associated Pouchitis/Enteritis

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Ischemic Pouchitis

Shen B. Curr Opinion Gastroenterol 2016;32:49-54

Weight Gain and Evolution of Pouchitis

Shen B (Ed). Pouchitis and Ileal Pouch Disorders, Elsevier 2019
Evolving Thoughts on Pouchitis

- Bacterial
- Autoimmune
- Ischemia
- Outlet obstruction/
  Fecal Stasis

Observed Trend in Pouch Disorders

- Laparoscopic
- Robotic
- Effective medical therapy

- Floppy pouch complex
- Twisted pouch
- Stricture, leak, fistula
- Pouchitis

Shen B. ACG Virtual Grand Rounds 2020
### Treatment of Pouchitis

<table>
<thead>
<tr>
<th></th>
<th>1&lt;sup&gt;st&lt;/sup&gt; line</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; line</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; line</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Microbiota-associated</strong></td>
<td>Antibiotics (ciprofloxacin, metronidazole, tinidazole, amoxicillin)</td>
<td>Mesalamines; Topically active steroids</td>
<td>Anti-TNF; Anti-integrin; Anti-IL12/23</td>
</tr>
<tr>
<td><strong>Immune-mediated</strong></td>
<td>Budesonide Mesalamines; Oral vancomycin (PSC-enteritis/pouchitis)</td>
<td>Vedolizumab; Immunomodulators</td>
<td>Ustekinumab; Anti-TNFs</td>
</tr>
<tr>
<td><strong>Ischemia associated</strong></td>
<td>Vedolizumab</td>
<td>Hyperbaric oxygen</td>
<td>Pouch redo; bariatric surgery?</td>
</tr>
<tr>
<td><strong>Structural/functional outlet obstruction-fecal stasis</strong></td>
<td>Endoscopic therapy; Biofeedback</td>
<td>Biofeedback; Endoscopic therapy</td>
<td>Surgery</td>
</tr>
</tbody>
</table>

Shen B. ACG Virtual Grand Rounds 2020
Shen B (Ed). *Pouchitis and Ileal Pouch Disorders*. Elsevier 2019

Shen B. *ACG Virtual Grand Rounds* 2020
**Vertical Twist**


**Horizontal Twist - “Paperclip Pouch”**

Shen B. ACG Virtual Grand Rounds 2020
Anastomosis

- Stricture
- Presacral sinus
- Pouch-vagina fistula

**Etiology**
- Surgical ischemia

Anastomotic Stricture: Dilation and Stricurotomy

Male: 20 mm balloon
Female: 18 mm balloon

Shen B. ACG Virtual Grand Rounds 2020
Presacral Sinus: Sinusotomy

Lan N, Hull TL, Shen B. Gastrointest Endosc 2019;89:144-56

Endoscopic Sinusotomy:

1. Presacral sinus
2. Endoclips along incised septum
3. Epithelialized sinus

Lan N, Hull TL, Shen B. Gastrointest Endosc 2019;89:144-56
Pouch Vaginal Fistula: Differential Diagnosis

At the anastomosis (surgical trauma)

At the anal canal (Crohn’s disease)

At the dentate line (crytoglandular)


Cuffitis and Anal Transition Zone

- Classic cuffitis
- Long cuffitis
- Ischemic cuffitis
- Crohn’s disease
- Prolapse

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Cuff and Anal Transition Zone

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Cuffitis

Long cuffitis

Classic cuffitis

Ischemia?

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**Crohn’s Disease and Prolapse in the Cuff**

- Classic cuffitis
- Long cuffitis
- Ischemic cuffitis
- Crohn’s disease
- Prolapse

**Cuffitis and Anal Transition Zone**

**1st-Line treatment**
- Topic mesalamine/steroids
- Anti-TNFs
- Hyperbaric oxygen?
- Anti-TNF
- Endoscopic banding
Summary

- Stoma takedown site, inlet, tip of the “J”, and anastomosis
  - Common “normal” postsurgical changes: ulcers and stricture
  - Common locations for surgical strictures and acute/chronic leaks
- Pouchitis-endoscopic distribution pattern
  - Microbiota vs. Autoimmune vs. Ischemia
  - Fecal stasis related to mechanical/functional outlet obstruction
- Chronic pouchitis: Vedolizumab
- Crohn’s disease of the pouch: Anti-TNF > Ustekinumab
- Cuffitis:
  - Classic vs. Crohn’s disease vs. Prolapse
- “Floppy pouch complex” (prolapse, afferent limb syndrome, twist)
- Endoscopic therapy for stricture, prolapse, and sinus
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