

Gastroenterology & GI Surgery

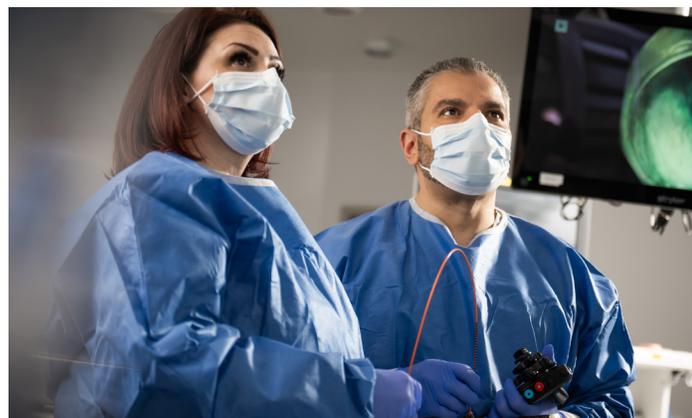


The exemplary team of physicians, caregivers and researchers at Baylor St. Luke's Medical Center continues to push the boundaries of what is possible in patient care through meaningful medical advancements and notable clinical achievements. This document highlights just a few of the stories that reflect our commitment to advanced services, innovative technology and forward-thinking care. Together, these accomplishments demonstrate how we remain at the forefront of medicine—bringing leading-edge solutions, improved outcomes and exceptional care to the patients and communities we serve.

Researchers at Baylor St. Luke's Medical Center find longer survival rates in cirrhosis patients with septic shock when mean arterial pressure target is elevated.

A recent study led by Baylor St. Luke's Medical Center researchers investigated the association between MAP targets and 28-day survival and recovery after acute kidney injury (AKI) among patients with decompensated (advanced) cirrhosis.

Maintaining a mean arterial pressure (MAP) target of 65 mmHg or greater is central to the management of sepsis in patients without cirrhosis to improve survival and kidney function.



Researchers sought to find an optimal MAP target for patients with decompensated cirrhosis with septic shock after acute kidney injury (AKI). Their study examined data from 1,729 patients admitted to the ICU between 2014 and 2022.

Their findings concluded that MAP is strongly associated with patient mortality. Increasing the mean arterial pressure target from 55 mmHg to 75 mmHg decreased the odds for 28-day mortality by 85% in patients with decompensated liver cirrhosis with septic shock. An increase from 65 mmHg also decreased the odds for acute kidney injury nonrecovery by 8%.

The researchers also reported that odds of mortality were significantly lower combining a MAP target of 75 mmHg with early fluids and antibiotics.

Results from the study could lead to a more structured approach to managing MAP in this population, resulting in improved patient outcomes, enhanced clinician guidance and potentially more efficient use of health care resources.

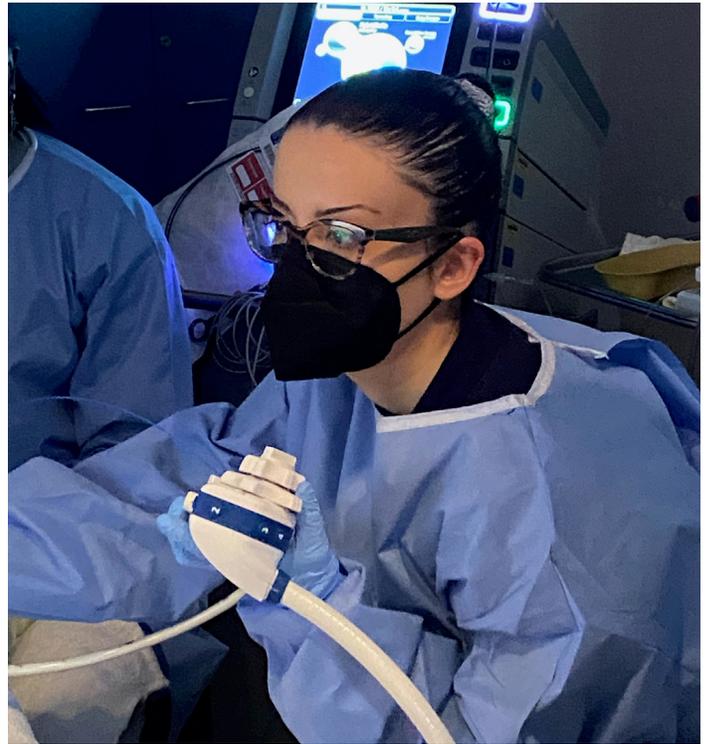
Regular screenings for H. Pylori could dramatically reduce global incidence of gastric cancer.

Baylor St. Luke's Medical Center gastroenterologists are among global experts recommending screening all adults aged 20-40 in high-risk regions for H. pylori, the bacteria that causes ulcers, gastritis and stomach cancer. Regular screenings, they agree, should be as common as mammograms and colonoscopies for detecting and preventing cancer.

Helicobacter pylori (H. pylori), a bacteria that lives in the gut, is the most ubiquitous chronic bacterial infection worldwide and affects up to two-thirds of the global population. H. pylori can be asymptomatic or cause gastritis and ulcers, but the greatest public health concern lies in its association with cancer. Stomach, or gastric cancer (GC), is the fourth deadliest cancer worldwide with more than 768,000 deaths annually and the majority of cases are attributed to chronic H. pylori infection.

While prevalence of GC is highest in Africa and the Eastern Mediterranean, a recent study projected the US population burden at 25.8%, mainly in Black and Hispanic populations and Southern states.

A recent meta-analysis found that eradicating H. pylori halved gastric cancer risk in asymptomatic persons. Eradicating H. pylori modifies disease risk most dramatically before the onset of precancerous changes in the stomach.



These findings make a compelling case for regular H. pylori screening for primary GC prevention in all at-risk populations.

Thoracic surgeon reaches historic milestone: 300 robotic-assisted minimally-invasive esophagectomies.

Dr. Shawn Groth, associate professor in the David J. Sugarbaker Division of Thoracic Surgery, performed his 300th robot-assisted minimally invasive esophagectomy. This extraordinary accomplishment is not just a personal triumph for Groth, but it also signifies an evolution in the field of esophageal surgery and underscores the experience and expertise of Baylor surgeons.

“This milestone highlights the strength of the robotic cardiothoracic surgery team at Baylor, allowing us to perform a high volume of complex cardiac and thoracic operations through less invasive techniques,” says Groth.

The esophagus is a muscular tube that carries food and liquid from the mouth to the stomach. An esophagectomy is a surgical procedure in which a portion of the esophagus

is removed and (typically) reconstructed with the stomach. It is performed for cancer and some benign disorders, such as severe scarring of the esophagus or achalasia. Traditionally, esophageal surgery was performed through large “open” incisions in the chest, abdomen and/or neck. Though effective, these surgeries often require a prolonged recovery period and are associated with significant discomfort and complications.

Recognizing the need for a more patient-centric approach that offers operations that are safer and more easily tolerated, visionary surgeons at Baylor like Groth have dedicated themselves to perfecting less invasive surgical techniques. The advanced robotic technology provides surgeons like Groth with a magnified, 3D high-definition visual field and miniature wristed

instruments that mirror the dexterity of the human hand. This exceptional precision and control, combined with enhanced vision, places robot-assisted minimally invasive esophagectomies in a class of their own compared to standard laparoscopic and thoracoscopic techniques.

“There’s an abundance of data in the literature supporting the benefits of minimally invasive esophagectomy over traditional ‘open’ esophagectomies, including less

pain, lower complication rates, less blood loss, shorter hospital stays, faster recovery and a better quality-of-life,” says Groth. “A robotic approach allows us to perform complex operations, such as esophagectomy, with a great deal of precision and ensures patients receive the highest standards of oncology care, including a thorough lymph node evaluation, resecting the tumor with negative margins and optimizing long-term survival.”

Center for Advanced Endoscopy

Baylor St. Luke’s Center for Advanced Endoscopy is one of the largest referral practices for endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic ultrasound (EUS) in Houston.

Our program’s gastroenterologists perform endoscopic submucosal dissection (ESD) of esophageal and colorectal tumors, endoscopic mucosal resection (EMR) in patients with Barrett’s esophagus and early-stage cancer, as well as diagnostic and therapeutic ERCP for:

- The management of benign and malignant biliary strictures.
- The comprehensive management of chronic and recurrent pancreatitis with pancreatic sphincterotomy, stricture dilation, and stent placement.
- Patients with complex post-surgical anatomy.

The Center offers patients a variety of advanced therapeutic endoscopic services, including:

- Radiofrequency ablation
- Cryotherapy
- Endoscopic mucosal resection (EMR)
- Endoscopic submucosal dissection (ESD)
- Endoscopic retrograde cholangiopancreatography (ERCP) * With Spyglass® (cholangioscopy)
- Endoscopic ultrasound (EUS) * With biopsy
- Small bowel enteroscopy
- Full thickness endoscopic resection of submucosal tumors
- Endoscopic sleeve gastropasty (ESG)
- Laparoscopic fundoplication and hiatal hernia repair
- Peroral endoscopic myotomy for achalasia

The Center also involves medical oncology and offers endoscopic bariatric therapies, including minimally invasive, laparoscopic, robotic, and transanal surgical procedures for benign and malignant pathology of the colon, rectum and anus.

