
10th World Congress of the ISDE

Venue

Adelaide Convention Centre, Adelaide,
South Australia

Date

22–25 February 2006

Chairs

Professor Glyn Jamieson, Professor John Dent
(University of Adelaide and Royal Adelaide Hospital)

Website

www.sapmea.asn.au/isde

Important

The ISDE Secretariat will be relocated
from Tokyo, Japan to Los Angeles, U.S.A.

The details will be announced to you
in the next issue.

ISDE NEWS

No 41 December 2004



**The International Society for
Diseases of the Esophagus**

SECRETARIAT

The Office of the Secretariat of ISDE
The Institute of Gastroenterology,
Tokyo Women's Medical University
8-1 Kawada-cho, Shinjuku-ku
Tokyo 162-8666, JAPAN

Tel: 81-3-3358-1435
81-3-3353-8111 ext. 25229
Fax: 81-3-3358-1424
Email: isde@home.email.ne.jp
Homepage: <http://www.isde.net/>

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Scholarship report

Yoshihiro Kinoshita, MD

Department of Surgery, Toranomon Hospital,
Tokyo, Japan

Host Scientist: Professor Tom R. DeMeester

Research Period: 1 June–28 July 2004

Title: Laparoscopic Fundoplication, and Motility and pH study in patients with gastroesophageal reflux disease (GERD)

I would like to express my gratitude to the ISDE Scholarship committee for giving me the great opportunity to visit the Thoracic and Foregut Department of Surgery, University of Southern California, School of Medicine, Los Angeles.

Recently the number of GERD patients has been increasing in Japan due to a more Western diet. Patients who need surgical treatment are increasing because of resistance to medical treatment and younger onset of GERD. In the USA, laparoscopic fundoplication is established and shows excellent results for GERD surgery. Further, pH and motility examinations that are of value in determining the need for surgery is frequently carried out. In the Department of Surgery, USC the system of research fellows for motility and pH study is established and skilled staff perform laparoscopic surgery for GERD. That is why I chose to study at this institution.

Professor Bremner introduced me to the motility and pH studies that were performed preoperatively in patients with GERD and followed up postoperatively, as well as the diagnoses of GERD, achalasia and other esophageal diseases. I learned many things from the research fellows, Dr Chadin and Dr Marco, who performed the examinations and analyzed the results. I will now be able to carry out motility and pH studies at my hospital.

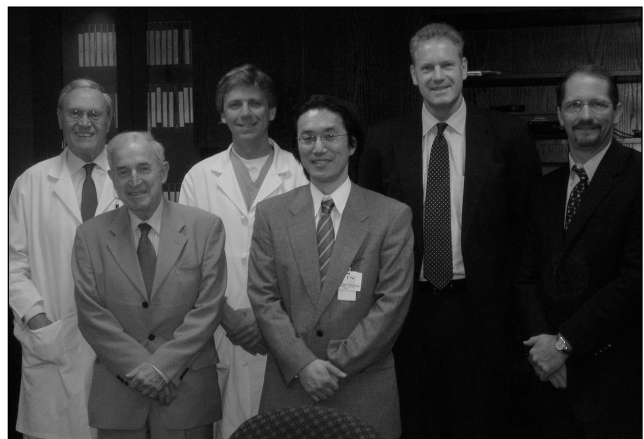
At this institution, the standard operation for GERD is Laparoscopic Nissen. I learned this procedure including crus exposure and closure, the proper use of surgical thread, and geometry of fundoplication and postoperative complications. Professor

DeMeester taught me many techniques for not only Laparoscopic Nissen, but also esophagectomy for adenocarcinoma at the gastroesophageal junction. I was extremely impressed and learned much in a short time. I was able to observe many operations that Dr Steven DeMeester (Professor DeMeester's son), Dr Hagen, and Dr Lipham performed. I want to thank all of the staff, clinical fellows, residents and students for their generosity.

I understand that the most important thing is the selection of indications for the GERD operation. I gained much important information at the morning conferences, because many specialists (radiologists, gastroenterologists and pathologists) were in attendance and discussed the diagnosis and treatment for GERD patients who have long histories of this disease. I think that I have gained confidence in managing GERD patients since my return to Japan.

I observed many other things at this hospital in the two months I was there. It was a great opportunity. Again, thank you so much to Professor DeMeester, Professor Bremner and all of their colleagues.

Lastly I would like to express my best wishes for the continuing development of the Thoracic and Foregut Department of Surgery, USC.



This photograph was taken after the morning conference. From left to right: Professor Halls (radiologist), Professor Bremner, Professor Lipham, myself, Assistant Professor Steven DeMeester and Assistant Professor Hagen (Professor Tom R. DeMeester was absent).