Colorectal Surgery

Surgical Management of Diseases of the Small Intestine, Colon, Rectum and Anus
The Division of Colorectal Surgery at NewYork-Presbyterian/Columbia University Medical Center is distinguished for its expertise in the treatment of problems related to the small intestine, colon, rectum and anal canal. Our multidisciplinary team performs laparoscopic and robotic surgery as well as complex reoperative surgery, revisional pouch operations, and innovative procedures to create continent ileostomies. Our highly experienced surgeons are often uniquely able to maintain or restore continence.

SAME-DAY APPOINTMENTS
We understand that symptoms of colorectal disease may be distressing and require immediate care. We offer appointments at three locations for your convenience, and we strive to provide same-day or next-day appointments whenever possible.

To make an appointment, please call:
212.342.1155
AREAS OF EXPERTISE

**Colorectal Cancer**

Our goal is to provide a patient-centered multidisciplinary approach to the management of colon and rectal cancers. Surgeons, gastroenterologists, medical and radiation oncologists, pathologists, radiologists, genetic counselors, social workers, nursing staff and other specialists routinely collaborate in the care of patients. Together we meet weekly to confer on the best plan of care for each patient.

Our surgeons perform laparoscopic and open surgery for the treatment of colon and rectal cancers. Our experience with transanal and robotic surgery allows for a minimally invasive approach to manage a range of cancers. We have the highest level of expertise in complex surgical procedures such as intersphincteric proctectomy, colonic J-pouch and coloplasty, and as a result, are often able to preserve the sphincter and minimize the need for a permanent ostomy. Our experience with complex and reoperative abdominal and pelvic surgery also facilitates the surgical management of recurrent and locally advanced cancers and complex salvage operations even in difficult circumstances.

*Please see Glossary, page 13, for definition of key terms.*

Daniel L. Feingold, MD, P. Ravi Kiran, MD and Steven A. Lee-Kong, MD
Diverticulitis and Diverticulosis

The manifestations of diverticulitis and its impact on overall health and quality of life can be variable and distressing. Our surgeons have extensive experience with diverticulitis and strong interest in the latest innovations related to the condition. We are involved in the development of national consensus guidelines for the management of diverticulitis, placing our division in a unique position to offer an evidence-based individualized approach to the management of this difficult condition.

Our surgeons use minimally invasive laparoscopic techniques and care pathways to ensure optimum care and to facilitate rapid recovery and return to activity.

Ulcerative Colitis

We offer expert understanding of the nuances of the surgical management of inflammatory bowel disease. Collaborating closely with specialists including gastroenterologists, pathologists, nutritionists, and radiologists in order to thoroughly assess the value of medical versus surgical therapy, we are able to determine the best surgical option for those who require surgery.

For patients with ulcerative colitis who require total proctocolectomy (removal of the rectum and all or part of the colon), we seek to eliminate disease, preserve continence, and maintain health and quality of life by creating an ileoanal J-pouch reservoir. In this procedure, the large intestine and rectum are removed, but the anus and anal sphincter are left in place. A pouch is made out of the last portion of the small intestine and connected to the anus. This helps to preserve continence and avoids the need for ileostomy (an opening in the belly for removal of waste into a bag). We routinely consider a laparoscopic approach to promote early recovery.

When a J-pouch is not an option, specialized techniques such as the ileorectal anastomosis, use of other pouch configurations, mucosectomy, redo pouch procedures and continent ileostomy creation may also allow preservation of continence.
**Crohn’s Disease**

As colorectal surgeons, we have a wide range of expertise in the comprehensive management of patients with Crohn’s disease who require surgery. We perform a variety of abdominal operations on the duodenum, small bowel, colon and rectum, as well as perineal operations for anoperineal involvement. Whenever possible, we use minimally invasive techniques that preserve intestinal length and continence.

For Crohn’s disease of the small intestine, we offer extensive experience with bowel resection, stricturoplasty, treatment of enterocutaneous and other fistulae, and the use of reconstructive procedures. When Crohn’s disease involves the large intestine, our team has in-depth understanding of Crohn’s colitis and continence preservation techniques, which allows for the control of disease and prevention of complications while maintaining quality of life. Frequently, we are able to maintain intestinal continuity without a permanent ostomy even in complex circumstances.

For anorectal Crohn’s disease, our expertise in surgical techniques facilitates prompt and effective treatment of abscesses, fissure, incontinence, and simple and complex fistulae while preserving continence.

A stricture, or narrowing in a segment of the intestine. The illustrations above show the surgical approach to treat a stricture. We are experienced in performing this procedure using a minimally invasive approach.
Enterocutaneous Fistulae, Multivisceral Surgery and Reconstruction

We offer robust experience in the surgical management of enterocutaneous fistulae, other internal intestinal fistulae, and complex benign and malignant colorectal conditions which require extensive surgery.

Our clinical team provides advanced care to patients with intestinal fistulae and other abdominal conditions secondary to inflammatory bowel disease, benign and malignant colorectal disease. In collaboration with specialists in plastic surgery, urology and gynecology, we are able to repair the involved organs, restore intestinal continuity, and reconstruct associated tissue including the abdominal wall. We also collaborate with specialists in gastroenterology, nutrition, enterostomal therapy, oncology and radiology, as these challenging conditions require a multidisciplinary approach.

In addition to being highly experienced in treating colorectal disease, our surgeons are compassionate and attuned to the anxiety patients may feel about the prospect of surgery.

Anorectal Conditions

Our team specializes in the treatment of anorectal conditions including benign conditions and cancers. We perform office based, outpatient, and inpatient surgical procedures for anorectal conditions including hemorrhoids, abscesses, fissures, fistulae, and prolapse. For complex anorectal conditions, both perineal and abdominal procedures achieve disease and symptom control while maintaining sphincter function and preservation of continence and quality of life.
Minimally Invasive, Laparoscopic, and Robotic Surgery

**Laparoscopic Surgery**

Laparoscopic surgery is the standard of care for the majority of colorectal procedures. Our doctors in the Division of Colorectal Surgery use laparoscopic techniques for 90% of colon surgeries. Compared to open surgery, the benefits of laparoscopy include less postoperative pain, faster healing for a quicker return home, and smaller, less noticeable scars.

Our specialists have earned national and international recognition for their expertise in minimally invasive and laparoscopic surgery, and routinely train other surgeons across the country. Our overall surgical outcomes are highly favorable compared to national averages.

Transanal Endoscopic Micro Surgery (TEMS) is an efficient, minimally invasive surgical technique that has become the procedure of choice for the treatment of certain colorectal conditions. We use TEMS to remove rectal polyps and tumors on an outpatient basis. An advanced technique that requires special instrumentation and training, TEMS eliminates the need for radical surgery and a trans-abdominal approach. Compared to open surgery, TEMS provides benefits including reduced morbidity, better post-operative function, faster recovery, and reduced likelihood of needing an ostomy (temporary or permanent).

![During laparoscopic surgery, surgical instruments and a tiny camera are inserted through small ports in the abdomen.](image)
Advanced Endoscopic Techniques for the Management of Polyps

Our surgeons use advanced endoscopic techniques for the removal of large polyps and those situated in difficult locations of the colon and rectum. Through these less invasive techniques, our surgeons may be able to avoid performing a more invasive procedure such as a colectomy.

Robotic Surgery

Our division is one of the few programs in New York to offer robotic surgery for the management of benign and malignant diseases of the colon and rectum. This technology provides visualization and maneuverability, and facilitates a minimally invasive surgical approach even in difficult circumstances, such as within the confines of the pelvis.

Steven Lee-Kong, MD has received advanced training in and oversees the performance of all robotic colorectal procedures in the division.
Comprehensive Diagnostic and Treatment Services for Adults with Inflammatory Bowel Disease (IBD)

The Inflammatory Bowel Disease Program at NewYork-Presbyterian/Columbia University Medical Center is nationally recognized for its expert physicians and state-of-the-art care.

Our gastroenterologists and surgeons are known for their broad-based treatment of IBD including cutting edge therapies, minimally invasive surgeries, as well as nutritional counseling, social support services, and psychiatric and pain management.

We strive to provide maximum comfort to patients and family members who are coping with this difficult medical condition.

Our comprehensive services include:

- IBD evaluation, treatment and disease management
- Coordinated medical and surgical visits
- Endoscopy
- Colonoscopy
- Wireless Capsule Endoscopy
- Infusion therapy
- Immunosuppressive drug therapy
- Access to clinical trials

Additional testing procedures are offered just a few steps away in our state-of-the-art Gastrointestinal Procedures Unit.

Lifestyle changes, medications, and surgery may help manage the signs and symptoms of IBD and help bring about remission (a period of time when symptoms fade).
WHAT DEFINES US

**Ileoanal Pouch Surgery**

Our team has extensive experience with the planning and creation of the ileoanal pouch. Ileoanal pouch surgery (also called J-pouch, ileal pouch-anal anastomosis, restorative proctocolectomy, ileal-anal pull-through, internal pouch, and others) is a procedure in which surgeons create a new internal reservoir where the rectum used to be. Using specialized techniques to connect the ileoanal pouch to the anal canal, we are often able to restore intestinal continuity even in complex cases. Ileoanal pouch surgery may be the optimal treatment for patients with ulcerative colitis, familial adenomatous polyposis (FAP), select patients with Crohn’s colitis, or other conditions involving the large intestine and/or rectum.

When the large intestine and rectum are removed due to colorectal disease, another pathway must be devised for solid waste to exit the body. A J-pouch, a surgically created “J” shaped reservoir, is an alternate way to store and pass stool.
Complex Reoperative Abdominal and Pelvic Surgery

For complicated benign and malignant colorectal conditions, our division performs the full scope of complex procedures such as:

- Ileoanal pouch creation
- Revisional pouch surgery
- Continent ileostomy
- Repair of complex enterocutaneous and intestinal fistulae
- Management of locally advanced and recurrent colon and rectal cancer
- Turnbull Cutait procedure
- Salvage of ileoanal pouches (for patients who develop dysfunction after a previous ileoanal pouch procedure or when pouch failure occurs)
- Specialized perineal and abdominal techniques for pouch-perineal or pouch-vaginal fistulae, pouch sinus, pelvic sepsis related to the pouch, pouch and anastomotic strictures, Crohn’s disease complicating the pouch, and pouch prolapse

When pouch failure occurs, our experience and expertise may allow for further sphincter preservation. Options may include pouch revision, creation of a redo pouch or neo-pouch creation. In some circumstances, the conversion of a J-pouch into a continent ileostomy (K-pouch) may be considered for the preservation of continence and improvement of quality of life.

Continence Preservation

Our surgical team is able to devise surgical solutions to avoid a permanent ostomy (also called stoma, a surgically created opening connecting the colon or small intestine directly to the outside of the body). We are able to do this even in adverse circumstances such as multiple previous operations, complicated or severe inflammatory bowel disease, and advanced colon and rectal cancer.

The continent ileostomy reservoir is also an option for some patients with poor sphincter function, when restorative surgery is not feasible or desired, and for those with a permanent conventional ostomy seeking continence.
K-pouch surgery entails connection of the end of the small intestine to the skin of the abdomen. Unlike other ileostomies, which drain continuously into an external appliance (bag), the K-pouch includes a special valve that prevents waste from leaking out. A catheter is inserted when it is time to empty the pouch.
Bowel Conserving Procedures

We commonly use advanced techniques to help preserve intestinal length, even in patients with complex colorectal conditions and after multiple operations.

We routinely perform procedures such as stricturoplasty, limitation of length of small bowel resection, and conversion of J-pouch to a continent ileostomy.

Continent Ileostomy

Our surgical team has experience with the construction of the continent ileostomy reservoir (K-pouch) and revisional surgical techniques for the maintenance of continence and function.

The continent ileostomy (K-pouch) is an option for patients with a permanent ostomy who are having skin and stoma problems related to an external appliance. It is a consideration for some patients with a permanent ostomy seeking continence and an improvement in quality of life by eliminating the need for an external appliance.
Glossary of Terms

**Anastomosis**: connection of two segments of the bowel

**Care Pathways**: also known as clinical pathways, best-practice guidelines regarding the use and sequencing of therapies according to research-based evidence, with the goal of achieving optimal patient outcomes

**Coloplasty**: also called transverse coloplasty pouch anastomosis, surgery that is performed to improve bowel function when a low anastomosis is performed especially for patients with low rectal cancer

**Continent Ileostomy**: also called K-pouch surgery, surgery to connect the intestine directly to the skin. The procedure maintains continence by creating an internal reservoir and special one-way valve for controlling the outflow of waste from the body

**Diverticulitis**: inflammation or infection of diverticula, pouches within the bowel wall that form during diverticulosis. This inflammation causes symptoms such as pain, fever, bloating, diarrhea, constipation, and nausea

**Diverticulosis**: a condition in which diverticula form in the wall of the colon (large intestine). Diverticulosis does not cause symptoms

**Familial Adenomatous Polyposis (FAP)**: a genetic disease characterized by a risk for cancer of the colon and rectum

**Ileoanal Pouch Reservoir**: a surgically created reservoir where the rectum would normally be. Also may be called a J-pouch, restorative proctocolectomy, ileal-anal pullthrough, s-pouch, w-pouch or an internal pouch

**Ileorectal Anastomosis**: surgical procedure in which the small intestine or ileum is joined to the rectum

**Intersphincteric Proctectomy**: surgical procedure for very low rectal cancer that avoids a permanent colostomy

**Intestinal Continuity**: elimination of intestinal waste by the normal route, without a permanent ostomy or external appliance

**Ostomy**: also called stoma, the connection of an interior part of the body to the outside. Ostomies may be temporary or permanent, and include:
- **Colostomy**: the colon is attached to the abdominal wall
- **Ileostomy**: the intestine is connected to the abdominal wall
- **Urostomy**: a general term referring to procedures that divert the urine away from the bladder

**Pouch Sinus**: a cavity or abnormal tract leading from an ileoanal or K- pouch

**Pouch-Perineal/Pouch-Vaginal Fistula**: an abnormal connection (fistula) between an ileoanal pouch and perineum or vagina

**Salvage Operation**: an operation that is performed after other treatments have failed, in a last attempt to cure the condition

**Stricture**: a narrowing in a segment of the intestine

**Turnbull Cutait**: also called Abdominopерineal Pull-through Anastomosis, a last-resort surgical option that preserves continence and allows elimination of waste through the normal route and thus avoids an ostomy

**Ulcerative Colitis**: a form of inflammatory bowel disease that includes open sores (ulcers)
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