GI Lab Acquires HALO 360 System for Ablation of Barrett's Esophagus

Baptist offers new procedure to remove diseased esophagus.

Jackson, MS (PRWEB) June 22, 2007 -- Baptist Medical Center's GI Lab has acquired the HALO 360 Ablation Therapy System, a device that provides tightly controlled ablation to circumferentially remove diseased esophageal lining referred to as Barrett's Esophagus (BE). The procedure involves a standard endoscopy technique under conscious sedation. BE is a pre-cancerous condition associated with chronic gastroesophageal reflux, or GERD.

Gastroenterologists Ronald P. Kotfila, MD; Makau P. Lee, MD; Paul B. Milner, MD; and Shawn W. Panzer, MD, are trained in the use of the device. According to Dr. Kotfila, the procedure usually takes 30 to 60 minutes including the time to sedate the patient. "It is very safe," he notes. "It only burns a 3mm depth of tissue and no more. This is just enough to get the Barrett's lining without burning into deeper tissue."

Traditionally, treatment for Barrett's esophagus has been careful surveillance, an option that has been less than optimal. "Most gastroenterologists I have known feel that watching BE is like watching a colon polyp," says Dr. Panzer. "All adenomatous colon polyps are dysplastic by definition, and thus have malignant potential. No one watches colon polyps and then removes them only if they progress. In Barrett's, that progression could be directly to cancer."

While ablation of the diseased tissue provides a more proactive treatment option, it has not been widely used due to the limitations of available technology to treat the disease without harming normal tissue. "The traditional ablative approaches--electrocautery, argon plasma coagulation, photodynamic therapy--have shown an inability to completely ablate all of the pathological cells or caused significant postprocedure complications, such as perforation, strictures, photosensitivity, mediastinitis, etc.," notes Dr. Panzer.

"Previous endoscopic treatments made the esophagus lining look normal, but there were problems with Barrett's tissue 'hiding' under the 'normal' lining," Dr. Kotfila added. "Also, treatments for acid reflux disease such as medication and Nissen fundoplication have not been proven to eradicate Barrett's esophagus in most patients. So far, the HALO 360 is completely eradicating the Barrett's tissue. Long-term studies are still in progress."

The HALO 360 System makes broad use of endoscopic ablation of the esophagus practical by providing uniform and controlled ablation at a consistent depth. During the procedure, a sizing balloon is first used to size the esophagus. A correctly sized ablation catheter is then inflated within the area of the Barrett's. The energy generator is activated to deliver a burst of ablative energy that lasts less than one second. This removes a very thin layer of the diseased esophagus. New, healthy tissue replaces the ablated Barrett's tissue in three to four weeks for most patients. Following ablation therapy, patients resume acid suppression therapy.

"Over 5000 post treatment biopsies have found no buried glands under the regenerated squamous mucosa. The procedure is FDA-approved and is promising," said Dr. Panzer. "This approach is an extension of current technology and makes sense in regard to our approach to malignancy elsewhere in the body--colon, cervix, etc. The fact that it is minimally invasive, apparently effective, and a form of secondary prevention makes it one which could be potentially applied to all patients with BE. I plan to discuss and encourage this option with all of my patients who have Barrett's esophagus, based on current knowledge," Dr. Panzer concluded.
For more information, call the Baptist Health Line at 1-800-948-6262 or visit http://www.mbhs.org/med_serv/all_services/gi_lab.htm.

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