Focus on Endoscopy

Endoscopy is highlighted in a number of articles in this month's issue of *Gastroenterology & Hepatology.* In one of our feature articles, Drs Megan A. Adams, Ashraf Saleh, and Joel H. Rubenstein present a systematic review of influential factors associated with the use of monitored anesthesia care for colonoscopy and esophagogastroduodenoscopy. The authors note that millions of these endoscopic procedures are performed in the United States—approximately 14 million and 7 million, respectively, each year—and that the use of monitored anesthesia care has been rising, resulting in increased costs. This systematic review of 13 studies examines patient-related factors such as age, race, sex, obesity and obstructive sleep apnea, income and insurance status, and comorbidities; provider-related factors such as provider endoscopy volume, endoscopist experience, and the presence of a surgeon endoscopist; and facility-related factors such as the site of service. The authors present their findings and note that further research is needed to clarify the cause of the increase in monitored anesthesia care and to encourage appropriate use.

Our endoscopy coverage continues in the Advances in Endoscopy column. In this section, Dr Seth A. Gross provides an overview of a through-the-scope balloon system for deep enteroscopy. He discusses the benefits and limitations of this system, the adverse events and risks associated with it, and how it differs from other techniques such as push enteroscopy and specialized single- and double-balloon enteroscopy. He also discusses the ideal patient for this procedure as well as research involving it.

Endoscopy also has a role in our Advances in Hepatology column. This column, authored by Dr Joseph K. Lim, centers on the management of nonalcoholic steatohepatitis. Although the author focuses on the role of bariatric surgery on this condition, he also discusses endoscopic techniques for weight loss such as intragastric balloons. He notes that although several intragastric balloons have been approved by the US Food and Drug Administration, more research is needed on their safety and efficacy in patients with nonalcoholic steatohepatitis.

In our other feature article, Drs Joanna Lopez and Ari Grinspan focus on the use of fecal microbiota transplantation for the management of inflammatory bowel disease. This therapy, which can be delivered endoscopically, has been shown to be successful in patients with *Clostridium difficile* infection. Subsequently, researchers have tried to see if this success can be replicated in other conditions such as inflammatory bowel disease. The authors evaluate the current literature on fecal microbiota transplantation in inflammatory bowel disease and note that the role of this procedure remains uncertain in these patients.

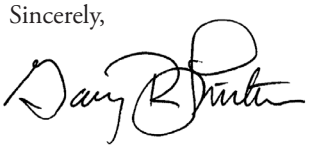
In our Advances in GERD column, Dr Peter J. Kahrilas discusses the use of transoral incisionless fundoplication. In this procedure, a fundoplication is created endoscopically for the treatment of gastroesophageal reflux disease. The author describes how the procedure is performed, how it compares with other procedures, in whom it should be avoided, as well as other issues. He also briefly discusses other endoluminal therapies for the management of gastroesophageal reflux disease.

Our Advances in IBD column focuses on the transition from pediatric care to adult care for the management of inflammatory bowel disease. Dr Stacy A. Kahn describes the transition process, including the knowledge and skill sets required, when and how some providers start the transfer of care, general recommendations, and helpful tools and resources.

Our bimonthly HCC in Focus column features an interview with Dr Catherine Frenette on surveillance for hepatocellular carcinoma. She discusses the current guidelines, the advantages and disadvantages of using ultrasound and biomarkers for surveillance, and when magnetic resonance imaging or computed tomography should be used.

I hope this issue provides valuable insights for your clinical practice.

Sincerely,



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