**Melanie Cole (Host):** Our topic is the field of gastroenterology and my guest is Dr. Juan Tejada. He’s a gastroenterologist at Memorial Health System. Dr. Tejada, tell us a little bit about the field of gastroenterology. What is it exactly that you do?

**Dr. Juan Tejada (Guest):** The field of gastroenterology is about the prevention, mostly, of especially cancers of the gastrointestinal system, but at the same time we can treat different conditions including dyspepsia and liver disease and pancreatic conditions. That is actually my specialty, which is advanced interventional endoscopy or endoscopic ultrasound, which is don’t look just at the pathologies that are in the lumen of the gastrointestinal system. We can see beyond that, we can see outside of the lumen of the gastrointestinal system.

**Melanie:** What are some of the most common GI issues that you see and that people suffer from?

**Dr. Tejada:** Most of the time, the complaints are gastrointestinal diseases including, as I said before, dyspepsia or chronic diarrhea, which are disorders of the gastrointestinal system that a lot of gastroenterologists are available to treat. The ones that I see more in my specialty, which is advanced interventional endoscopy is [inaudible 0:01:38] the diseases that are involving the pancreas, the liver or any other condition that has to be addressed with more careful and also invasive endoscopic procedures including those large lesions in the stomach, colon, or small bowel that has to be removed with a special technique when the general gastroenterologist is not able to remove this lesion like the polyps, then they refer to me for more advanced technique.

**Melanie:** Tell us a little bit about some of those advanced techniques. We’ve all heard about colonoscopy as the single best prevention for colon cancer and even endoscopy to look for Barrett’s esophagus or lesions or problems with GERD, so speak about how those tests are used for prevention and do you see endoscopy as going the way of colonoscopy where it might become the standard of care for prevention and part of a wellness workup?

**Dr. Tejada:** Yeah definitely colonoscopy is one of the procedures that prevent colorectal cancer, but also we are going beyond the spectrum of just identifying the lesion and remove small polyps, which are lesions that can become cancer in several years, so now we are also able to remove those lesions that are larger in size and also those lesions that just involve in the mucosa, which is the first layer of the gastrointestinal system, and we can actually remove those without having to remove the colon. For example, a large polyp that previously was referred to surgery for removal of the colon because it was larger than normal to be removed by endoscopy, nowadays we can actually use a technique which is called endoscopic mucosal resection and also endoscopic submucosal resection and we can remove the lesion that is located in that specific portion and we don’t have to remove the portion of the colon, sending the patients to surgery for that. Also in the stomach we can do the same and the small bowel and the duodenum. Endoscopic ultrasound is the other technique that I can perform, which is endoscopic biopsy of those lesions that are beyond the lumen of the gastrointestinal system including the pancreas. Nowadays pancreatic cancer is following colon cancer. So it is the fourth cause of death from cancer in the United States and now we are starting to prevent these cancers based on the earlier screening and because we have endoscopic ultrasound, we can actually look at these small lesions in the pancreas, which mostly are called cysts, and we can actually drain those and we can send them for fluid analysis and we can prevent that they develop and progress to pancreatic cancer.

**Melanie:** So now speak about some of the other issues that people deal with such as bloating and IBS and even Chron’s and ulcerative colitis under the umbrella of IBD and what can a gastroenterologist do for people in those situations?

**Dr. Tejada:** Again, now in the gastrointestinal specialty, we are advanced in the detection of several conditions that are associated with all these disorders that in the previous times they were called idiopathic or something that wasn’t really as specific and the answers for the patients were always diet or just try to wait and see if this is going to change, but now we have several tests in our arsenal that we can use including breath tests including Bravo testing which is the pH monitoring. We have [inaudible 0:06:17] studies. We have a lot of tools nowadays to narrow the diagnosis list especially for those patients who are complaining of chronic functional dyspepsia as we call that actually a real disease, but because the lack of testing tools they were not able to be detected and the patients were suffering for this disease for a long time without any treatment.

**Melanie:** How is gastroenterology working along those prevention lines? Speak about things like probiotics and nutrition and how that can help with GI disorders.

**Dr. Tejada:**  Of course we only have different treatments that also we can use as a [inaudible 0:07:11] that means something that is going to be in addition of a primary treatment just to help. For example probiotics can help with the balance in the intestinal flora so we can have the primary medications or primary treatment working better, like when you have any conditions that you require an additional help, so we have also the diet like FODMAP diet in patients with irritable bowel syndrome or patients with some sort of sensitivity to the food, so we can add this specific diet to improve the outcome and to help with the primary treatment.

**Melanie:** Then give us your best advice as you wrap this up about the field of gastroenterology for us Dr. Tejada. Tell the listeners really what you would like them to know about the ways that they can hopefully prevent GI disorders and the symptoms, the red flags, the things they should look out for that would send them to a gastroenterologist in the first place.

**Dr. Tejada:**  Any symptoms of weight loss, any symptoms of rectal bleed, any family history of conditions including conditions that are related with cancer, familiar disease for colorectal cancers or any family history for pancreatic disease and pancreatic cancer and upper gastrointestinal symptom including the esophagus and stomach; if you have any data in your family or any other conditions that are associated, it is better to have it assessed because now in the gastrointestinal field we are breaking those boundaries of just to do our colonoscopy and endoscopy to try to find something, we are also going to be able to treat, prevent, and follow those [inaudible 0:09:18] everybody that has a stomach specific condition, including those patients with polyps, we can actually continue and find if there is any relationship with family conditions or syndrome that we can actually follow closely. It’s not a specialty just to look and treat something, it’s a specialty to follow and it’s a specialty of prevention because the thing is if you have the message that the prevention is way cheaper than treat the disease then together we’re going to be able to prevent and also follow it through the time and establish a communication that is going to be in pro of the humanity.

**Melanie:** Thank you so much Dr. Tejada for being with us today and sharing your expertise and explaining gastrointestinal disorders and really what a gastroenterologist does. It’s very helpful for people that suffer from these types of disorders. Thanks again for joining us. You’re listening to Memorial Health Radio with Memorial Health System. For more information, please visit mhsystem.org, that’s mhsystem.org. This is Melanie Cole, thanks so much for listening.