Vedolizumab Safe, Promising for UC

By Monica J. Smith

Las Vegas—Vedolizumab appears to be safe and effective in maintaining clinical remission in patients with moderate to severe ulcerative colitis (UC) who have

see Vedolizumab for UC, page 16

Prolonged Intubation Compromises Adenoma Detection

By Monica J. Smith

Las Vegas—The minimum withdrawal time of seven minutes suggested by the U.S. Multisociety Task Force on Colorectal Cancer as a quality measure for colonoscopy does not appear to result in improved adenoma detection rates (ADRs), possibly because it does not

see Intubation Time, page 24

Colonoscopy Surveillance Guideline Solidifies Established Evidence

By Rosemary Frei, MSc

The U.S. Multisociety Task Force on Colorectal Cancer recently released a new guideline for colonoscopy surveillance that bolsters the evidence for many common practices in the field.

Published in September 2012, the guideline supports previously published recommendations that endorse surveillance intervals of 10 years for a negative colonoscopy or when only one or two small tubular adenomas are found, and an interval of five to 10 years when three to 10 tubular adenomas are found (Lieberman DA et al. Gastroenterology 2012;143:844-857).

The task force included representatives from the American Gastroenterological Association, the American Society for Gastrointestinal Endoscopy and the American College of Gastroenterology.

“The principles of the guidelines have not really changed, but the evidence for some of the recommendations is much stronger now,” said David Lieberman, MD, professor of medicine and chief, Division of Gastroenterology and Hepatology, Oregon Health & Science University, in Portland, and lead

see Colonoscopy Guideline, page 24

Hurricane Sandy Hits Hard

Doctors, Staff Improvise To Keep Medical Centers Afloat

By Monica J. Smith

New York City—By the time Hurricane Sandy, the largest Atlantic hurricane ever recorded, was over, the storm had claimed an estimated 200 lives in seven countries, cost tens of billions of dollars through direct damages and business

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EXPERTS’ PICKS
Best of the American College of Gastroenterology: Part 1
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Brian Bosworth, MD
Filippo Cremonini, MD, PhD, MSc
Timothy Gardner, MD

Advances in Stent Technology for Esophageal Cancer

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interruptions, and laid waste to hundreds of miles of coastline. In the United States, Sandy swept the east coast from Florida to Maine, traveling inland as far west as Michigan and Wisconsin.

New York City was hit particularly hard when the storm made landfall in the early morning of Oct. 29, with surging waters that flooded tunnels, subway lines and streets. A power outage left most of Manhattan, south of about 40th Street, dark for the better part of a week and crippled mass transit services throughout the region.

Some low-lying neighborhoods—the Rockaways, in Queens, and Coney Island and Red Hook, in Brooklyn—experienced widespread destruction by flood and fire. Staten Island, where floods initially claimed eight lives within an area of about eight blocks, had the highest density of storm-related mortality in the country. Fuel shortages and lack of power at the majority of service stations in New York City, Long Island and New Jersey resulted in rationing and hours-long lines at the gas stations that were still functional. The New Jersey coastline was badly battered, with mass devastation crippling coastal towns. Even two weeks after the storm, some areas in the outer boroughs, Long Island and New Jersey remained without power.

Hospitals and medical centers were not immune to the destruction. In New York City, five major medical centers—New York Downtown Hospital, Coney Island Hospital, Bellevue Hospital Center, Manhattan Veterans Affairs Medical Center and New York University (NYU) Langone Medical Center—moved their most vulnerable patients before the storm hit, and were forced to evacuate remaining patients to nearby centers when flooding and other storm-related damages forced them to close. New York Downtown Hospital quickly reopened and Coney Island offered limited services in the days after the storm, expecting to regain full function by the first week of January. But it is as yet unclear when the other centers will fully recover.

NYU Langone Medical Center Hit Hard

NYU Langone was able to get most of its ambulatory care centers and faculty group practices up and running less than a week after Sandy hit, but the medical center’s main campus, including its emergency department, laboratory testing services, blood bank and pharmacy, were not running as of Nov. 10. Engineers were brought in to assess the full extent of damages and what caused them.

New York City is no stranger to volatile weather and tropical storms, and NYU’s emergency power system was designed to meet all safety codes.

“We believed we could withstand a surge of approximately 12 feet, which is above the 100-year flood level for New York City,” wrote Christopher Rucas, director of media relations, in an email, noting that the facility did not experience any major damages during Hurricane Irene in 2011. This time, however, the basement of Langone, one of the city’s top academic medical centers, was flooded by the East River, causing damage that resulted in the failure of its emergency electrical systems, which will require extensive resources to repair and rebuild.

“Even though our facility and our faculty and staff were trained and prepared for the storm, this was an unprecedented event,” Mr. Rucas said. “The surge for Hurricane Sandy was recorded at 13.88 feet at Battery Park, which was 2.68 feet higher than the record level in 1821. In our location, we believe the surge from Sandy may have been even higher.”

‘We believed we could withstand a surge of approximately 12 feet, which is above the 100-year flood level for New York City.’

—Christopher Rucas, director, media relations, NYU Langone Medical Center

Jacobi Helps Rescue Shuttered Bellevue

With the closing of these large, major medical centers, neighboring facilities rose to the challenge to accommodate redirected patients and, in some cases, staff that needed to continue working and residents who needed to continue learning. In one case, Jacobi Medical Center/North Central Bronx Hospital, a member hospital of New York City Health and Hospitals Corporation (NYCHHC), opened up new wings of its facility and mobilized staff to accommodate patients evacuated from Bellevue, also an NYCHHC facility.

“I’ve spoken with some of the patients who were transferred over,” said Peter K. Kim, MD, assistant professor of surgery at Albert Einstein College of Medicine, New York City. “[Bellevue] was without power, and physicians and nurses carried patients down stairs in the dark. Ambulances waiting out front brought them to all the city hospitals that could provide services.”

Eric Manheimer, MD, former medical director of Bellevue, gave his account of that hospital’s harrowing evacuation in a New England Journal of Medicine editorial that was published online on Nov. 14 (www.nejm.org/doi/full/10.1056/NEJMp1213843):

“Prisoners, hundreds of psychotic patients, neonates, new mothers, post-op surgical patients, ICU patients on ventilators—the breadth and depth of an acute care hospital in the flood zone needed to go, stat. The power went, the elevators filled with water, one generator after another failed. Firefighters, EMTs and police officers helped hospital staff walk, carry and slide patients down through darkened stairwells on hard plastic boards to waiting taxis, car services and ambulances. Staff organized bucket brigades to take water to patient floors and fuel to generators.”

Jacobi Medical Center had preemptively cancelled all elective operations prior to the storm and discharged patients who could go home in the event that after the storm they might not be able to get home. Still, physicians, surgeons, residents, nurses and staff all worked overtime to provide care for the influx of new patients, many of whom were very ill, in need of surgery or immediate postoperative care.

“It was very busy for the people on call,” Dr. Kim said. “But some people were sort of trapped in the hospital; many live in Manhattan and couldn’t get back, so they slept in the hospital and helped take care of these patients.”

Furthermore, Jacobi is well versed in disaster care.

“Last year we were involved with the Bronx bus accident—the worst bus accident in New York City’s history—and we all came together and took care of those patients,” Dr. Kim said. “I think a lot of us who work at Jacobi, a level 1 trauma center, are used to being ready for anything, and being creative.”

Until Bellevue recovers, all staff associated with that facility are doing their best to maintain continuity of care for patients, despite lack of a home base.


“The 4,000 faculty and staff members, residents and medical students of Bellevue have been dispersed throughout the five boroughs, taking care of our inpatients, struggling to care for our tens of thousands of outpatients. The generosity of spirit from the hosting hospitals, our peripatetic patients, and our coworkers has been boundless. But without our nexus of Bellevue to knit us together, we feel unmoored. When a hospital is forced to halt, it’s not just the patients who are evacuated.”

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Staff Shortages Pose a Problem
At NewYork-Presbyterian

NewYork-Presbyterian Hospital/Weill Cornell Medical Center sits on a platform suspended above FDR Drive, which runs alongside the East River in Manhattan. Water lapped up over the drive and caused extensive flooding on the Upper East Side of Manhattan, but did not cause any major damages to the hospital, which also did not lose power.

“Fortunately, there was no damage to critical systems,” said Philip S. Barie, MD, MBA, professor of surgery and public health, at Cornell, and chief of acute care surgery at the hospital.

“We were affected more from a human resources perspective,” he said.

Some could not make it to work, whereas others were unable to leave. One ICU nurse worked eight days in a row before being able to return to her home in New Jersey, and a clinical pharmacist worked five or six days in a row before she was able to return to her home in Queens. The center set up shower facilities, helped match people with temporary roommates nearby and kept everyone fed.

“Everybody pitched in to keep us functional,” Dr. Barie said.

In preparation for the storm, the center activated its disaster plan the Friday evening before Sandy hit, cancelling all elective surgeries and closing the urgent care center to preserve resources for emergencies.

“Because of staff shortages, we were able to operate only two of our 38 operating rooms on Monday. But by Tuesday, we were able to get 11 operating rooms staffed and functional,” Dr. Barie said.

By Wednesday the center had reached about 40% of its capability to perform surgeries, and had returned to performing limited elective procedures, “depending, it seems kind of silly, but in part on which doctors and patients could get here,” Dr. Barie said. “I did one elective procedure on Wednesday because I was around and my patient lived in the neighborhood and was willing to proceed as scheduled.”

By Thursday, Weill Cornell Medical Center was functioning normally, but now, and for the foreseeable future, it has to contend with a substantial increase in demand for trauma care until the shuttered New York City hospitals reopen.

“We have seen an immediate and sustained doubling of our trauma services provided since the storm,” Dr. Barie said. “We are prepared for Bellevue to be out of service until, what I’ve heard most recently, February or March of next year.”

Many of the trauma patients arriving at NewYork-Presbyterian after the storm had the same types of injuries as those seen during the blackout of 2003.

“We saw a lot of head injuries from people falling either on the darkened streets or in their darkened apartments. We saw exactly the same phenomenon when we had the blackout,” Dr. Barie said.

The trauma volume at Bellevue and NewYork-Presbyterian are about equal, so it stands to reason that the latter would experience a 100% increase in emergency room visits and trauma admissions. At one point during the height of the storm and its immediate aftermath,
NewYork-Presbyterian had patients on gurneys in the lobby, as its disaster plan calls for. The emergency department, operating rooms and ICUs are at full capacity.

"The docs are all for it—that’s what we’re here for," Dr. Barie said. "But I'm starting to hear stories that other people who are integral parts of the team are stretched pretty thin. Trauma patients, in particular, are very needy. It’s putting a lot of stress on our physical therapists and social workers."

As for the rest of the city, two weeks after the storm, the areas that were hit most severely continued to dig out, and some in the outer boroughs were still without power. Most public transportation had been restored, but gasoline rationing was still in effect with many service stations still closed. The use of sanitation vehicles to clear snow from the streets after a nor’easter blew through town a week after the hurricane added to the somewhat alien, post-disaster effect.

"In New York City, they put plow blades on the garbage trucks, so when there is a snow emergency, they stop collecting garbage," Dr. Barie said. "You can walk the streets of Manhattan now and see closed, roped-off gasoline stations, refuse in bags at street level waiting for pick-up, and see that we’re not completely recovered."

Two Jersey Shore Hospitals
Survive in the Storm

Jersey Shore University Medical Center was designed with generators capable of running the entire hospital in the event of power outages, and when Hurricane Sandy hit, the facility was successfully sustained by generator-only power for two days, during which they performed only emergency procedures.

"But after that, they were pretty much full court press," said Glenn Parker, MD, vice chair of the Department of Surgery.

The administrators set up a command center in the boardroom and designated different areas of the hospital for preoperative care and a holding area to contain overflow from the emergency department.

“They were prepared from the standpoint of administrators, physicians and nurses,” Dr. Parker said. “There was also a tremendous amount of coordination trying to get patients out of the hospital—into a rehabilitative facility or home—before the hurricane hit to allow for accommodation if there were any catastrophic events or multiple injuries.”

As efficient as the hospital was, communications were complicated by the enduring loss of power to Ocean Township.

“The phone service for our office went down because there was no power, so we had to cancel office hours for the week,” Dr. Parker said. “Ultimately, once the phone service was up and running, we were able to rig a number and work around that, so any patient who absolutely had to be seen could reach us through the hospital. The operators would connect the patients to us, and we were usually able to see them in the emergency room."

The hospital cut back to doing only emergency procedures during the first two days of the storm, but Dr. Parker resumed a nearly full schedule of surgery shortly thereafter.

“I was able to do two colon resections a day without a problem—mostly in-house patients, but some from the elective schedule,” he said. "There were some, however, on whom they could not operate due to the storm's effect on their homes. "They couldn't go home to a dark place without power or hot water and expect to convalesce; there were a number of cases where we couldn't operate on patients because their homes were wiped out. They had no place to heal," Dr. Parker said."

For Howard Ross, MD, director of the Colon and Rectal Oncology Program at Meridian Health System, chief of colon and rectal surgery at Riverview Medical Center and clinical associate professor of surgery at University of Medicine and Dentistry, New Jersey, in Red Bank, his hospital literally served as a port in the storm.

"It was the only place to get warm," Dr. Ross said.

“The hospital was really extraordinary see Hurricane Sandy, page 44
through all of this. It went on generator power, so it always functioned. But what was really awe-inspiring to me was how some of the unsung heroes—custodians, patient transport, cafeteria workers, the people who don’t get a lot of glamour—hung on in the hospital through the storm and afterward, even though their families were at home.”

The hospital served as a shelter and second home for the people who worked there, most of whom were without power for 12 days.

“We had no heat, no light [at home]. It was almost sensory deprivation, except when you were in the hospital, which was functioning. It made me very proud to be associated with the hospital and medicine during this time that was so hard for the shore.”

Monmouth Hospital Prevails, But Residents Devastated

At this point, Monmouth and Ocean counties resemble a war zone in their devastation. “It’s an absolute tragedy,” Dr. Ross said. “If you’re not from here, it’s hard to understand how badly it was actually hit. These are beach towns and they got absolutely decimated.”

Unable to conduct office hours during the week after the storm, Dr. Ross and other physicians and hospital colleagues set out to help friends and neighbors clean up.

“You saw whole lives—pictures, beds, televisions, couches—piled up by the side of the road, all the way down the street. People who didn’t have boats had boats sitting on their lawns that just floated into town. Signs from restaurants and stores crossed the river and drifted into people’s yards. It was absolutely shocking,” said Howard Ross, MD, of the devastation in Monmouth County, N.J.

Monmouth Medical Center, backed by generators, never lost power and was efficiently managed throughout the crisis. Less than 10 days after the storm, the hospital was running at full steam.

“But the lost revenue for a week in a hospital is unbelievable,” Dr. Goldfarb said. “The residents and nurses and everyone pitched in, but it’s a matter of getting there, too. The roads are blocked with downed trees and wires.”

The hospitals will recover from their financial losses, and the people whose properties were damaged will repair them. But the bigger question is what will become of those who lost their homes entirely.

“Do they rebuild where they were living, raise houses in the air? Do they knock down their houses and collect $250,000 in flood insurance, if they were lucky? I don’t know what people who live in low-lying areas are going to do,” Dr. Goldfarb said.

“This is not a five-mile or one-town problem. This is a 1,000-mile problem.”

If Hurricanes Irene and Sandy, described as once-in-a-lifetime storms yet both occurring within a toddler’s years, are harbingers of emergent weather patterns and storms to come, our days of enjoying the pleasures vast and simple of proximity to oceans, beaches and rivers may indeed be numbered.

Below: A decimated boardwalk in Rockaway Beach, Queens, serves as a reminder to residents of the devastating potential of the nearby ocean.