

IOSE & How to Refer

Advanced Interventional Endoscopy & Endoscopic Oncology are Offerings through IOSE

IOSE – stands for Interventional Oncology & Surgical Endoscopy

A Comprehensive tertiary Interventional endoscopy program

IOSE is a supportive program for gastroenterologists, oncologists, hepatobiliary/thoracic/bariatric/colorectal/general surgeons, and primary care physicians.

We are focused on tertiary care workups, second opinions, and minimally invasive interventional endoscopy procedures. We perform a myriad of complex endoscopic procedures with proficiency and expertise, and send back the core general GI work and subsequent screenings to the primary GI physician, if one is in place.

We perform a variety of procedures and are involved with multiple research studies and publications in the field of GI oncology and interventional endoscopy and are **dedicated to the pursuit of academic medicine and advancement of the field of interventional endoscopy.**

This is balanced by our commitment to clinical medicine, optimal patient experience, and close collaboration and feedback to referring gastroenterologists, oncologists, and surgeons. **Our goal is to leverage our expertise to help you care for your patients and participate in their care in a collaborative manner – ideally getting them back in your hands for longitudinal care.**

We provide unrivaled care for all foregut & pancreaticobiliary cancers. **Referred patients will have a complete workup performed and will be referred to appropriate other specialists based on your preferences and patient feedback. We perform complete staging, treatment, and palliative treatments. We also participated and helped create multidisciplinary teams in oncology and complex pancreaticobiliary/foregut care to optimize patient outcomes.**

Meet the Team



Neil Sharma, MD

Director, Interventional Oncology & Surgical Endoscopy Programs (IOSE)



Chris Harmon, MD

Founding Partner, IOSE
Interventional Endoscopist



Mariajose Rojas de Leon, MD

Interventional Endoscopist, IOSE



Molly Lopez, NP

Lead APP (Advanced Practice Provider),
IOSE

Refer to Clinic for the Following Conditions:

Bile duct stones/biliary drainage
Pancreatitis & pancreatic necrosis
Pancreatic cancer screening for high risk patients
Esophageal masses/cancers
Jaundice/abnormal bile ducts on imaging/cholangiocarcinoma/PSC
Pancreatic masses/cancers
Liver masses
Pancreatic cysts
Gastric masses/cancers

Barrett's esophagus
Large colon adenomas/polyp
Ampullary masses & biliary masses
Zenker's
Esophageal strictures
Duodenal masses
Achalasia
Subepithelial masses found on endoscopy
Patients with weight regain after gastric bypass (roux en y)

Procedures We Perform:

Complex Esophageal and Enteral Strictures

- Dilation
- Strictureplasty - Use of knives to cut and expand the strictures

Endoscopic Ultrasound for Staging of Cancers

- Pancreas
- Esophagus
- Stomach
- Rectal Cancer
- Cholangiocarcinoma
- Ampullary Cancer
- GIST/Carcinoid/Foregut Mucosal Tumors
- Mediastinal Masses
- Central Non-Small Cell Lung Cancer

Endoscopic Ultrasound (EUS) FNA, Core Guided Biopsy, and Fine Needle Injection

- Pancreas and Other Organs
- Masses - Mediastinum and Abdomen
- Left and inferior lobe of liver (Metastatic disease or for other biopsy purposes)
- Lymph nodes in mediastinum, retroperitoneum, and abdomen
- Adrenal glands

Endoscopic Retrograde Cholangiopancreatography (ERCP) for Biliary Stone Work (Sphincterotomy, dilation, brushing, cholangioscopy, stent placement, lithotripsy, etc.)

ERCP for Pancreatic Work (Sphincterotomy, dilation, brushing, pancreatoscopy, stent placement, lithotripsy, etc.)

ERCP for Cholangiocarcinoma with Cholangioscopy, Radio Frequency Ablation, and Metal Stent Placement

- Evaluation and biopsy of stricture
- Staging of cholangiocarcinoma
- Intraductal lithotripsy for large stones

ERCP for Other Interventions (Primary Sclerosing Cholangitis, Duct Injuries, Choledochal Cysts, Etc.)

EUS Biliary

Bypass/Choledochoduodenostomy/Hepaticogastrostomy

Enteral Stent Placement

- Esophagus
- Duodenum
- Colon

Russell PEG Tube Placement

- For potentially resectable squamous cell cancer of head and neck
- Avoid metastasis without dragging through the mouth and esophagus

Radiofrequency/Cryoablation/Hybrid Argon Plasma Coagulation and Endoscopic Mucosal Resection/Endoscopic Submucosal Dissection of Barrett's Esophagus

- Should refer all dysplastic patients
- Should refer all long segment Barrett's without dysplasia with select patients getting ablation
- Should refer any patient with short segment Barrett's who wish to get consultation for ablation

Esophageal Cancer Tumor Ablation

Colon Endoscopic Mucosal Resection for Precancerous Lesion

Endoscopic Submucosal Dissection - Polyps, Masses, Early Stage Tumors

- Esophagus
- Gastric
- Colon
- Small Bowel

Transgastric/Transduodenal Pancreatic Pseudocyst Drainage with Pancreatico-Cyst Gastrostomy or Cyst-Duodenostomy

EUS Guided Drainage of Benign Fluid Collections in the Abdomen (Including Liver) and Pelvis

EUS Guided Gallbladder Drainage via Creation of Internal Ostomy

Endoscopic Ultrasound Directed Transgastric ERCP (EDGE) Procedure

- Can perform ERCs on patients with a gastric bypass

EUS Guided Fiducial Marker Placement for Cyberknife/Stereotactic Body Radiation Therapy (SBRT)

Per Oral Endoscopic Myotomy (POEM) for Achalasia

G-POEM/Pyloromyotomy for Gastroparesis

Endoscopic Diverticulotomy for Zenker's Diverticulum

Pancreatic Cyst Work - All Cysts Should be Referred

- Pancreatic cyst database to ensure optimal treatment
- Will perform baseline EUS +/- confocal laser endomicroscopy (CLE) +/- drainage and establish surveillance
- Ablation or resection, as needed

EUS Guided Liver Biopsy

EUS for Recurrent and Chronic Pancreatitis

EUS Guided Ablation of Tumors

Transoral Incisionless Fundoplication (TIF) to Treat Reflux

Endobariatrics

- Intra-gastric balloons
- Endoscopic sleeve gastropathy (ESG)
- TORe - Outlet reduction for weight gain after gastric bypass

Gastric Varices Coiling

Interventional Inflammatory Bowel Disease

- Strictureplasty (Colon stricture)
- Enteral stenting with sutures

Fistula Repair

- Esophagus
- Stomach
- Small Bowel
- Colon

Perforation and Anastomotic Leak Repair

- Esophagus
- Stomach
- Small bowel
- Colon

A supportive service to get patients back to their
GI physicians, surgeons, and oncologists.

Ground breaking clinical trials

Minimally invasive, State of the art care

National Expertise

Personalized patient care

IOSE

INTERVENTIONAL ONCOLOGY

Esophageal Cancer & Barrett's Esophagus

Esophageal EMR/ESD
Cryoablation/RFA
Stent
EUS/CLE
Dilation

Pancreatic Cysts

EUS
IPMN
MCN
Serous Cyst Neoplasm
Neuroendocrine Tumor
Solid Pseudopapillary
Research/Database
Ablation Trials

Pancreaticobiliary Cancer

EUS
ERCP
Cholangioscopy
Pancreatotomy
Ablation
Celiac Neurolysis
Research

HCC Clinic

EUS
ERCP
Fiducial Placement

Gastric and Duodenal Cancer

EUS
ESD

Colon/Rectal Cancer

EUS
ESD
Stent

High Risk

Upper/Lower EMR
Ampullectomy
EUS

CERA

Colon EMR
Colon ESD

SURGICAL ENDOSCOPY

Acute and Chronic Pancreatitis

ERCP
EUS
Cystgastrostomy
Necrosectomy
ERCP for Pancreatic Work

Endo-Hepatology

EUS Liver Biopsy
EUS Portal Pressures
Gastric Varices Coiling
EUS Chemotherapy Delivery

POEM (Benign Esophagus)

POEM
TIF
Diverticulectomy

PSC/IBD Interventions

Colon Strictureplasty
ERCP for PSC

Endo-Bariatrics

TORe
Balloons
ESG
Metabolics

Benign Pancreaticobiliary Stricture and Ductal Disease

ERCP Interventions
ESWL

Endoluminal

FFistula Repair
Leaks
Strictureplasty
C-POEM
3rd Space

HOW TO PLACE A REFERRAL



Complete the referral form attached to this flyer



Fax the completed form to **719-982-7397**



Give our office a call at **833-645-4673**

Include copies of the patient's medical records with labs, path reports, medication list and demographics with insurance information.