Colorectal Surgery

Between 550 and 600 colorectal and lower GI surgical procedures are performed at PeaceHealth Sacred Heart Medical Center each year, often using minimally invasive surgical techniques. Specialties include laparoscopic procedures for colorectal cancers, as well as diverticulitis and inflammatory bowel conditions. Enhanced recovery protocols for colorectal surgery are designed to reduce post-operative ileus, reduce the risk for surgical-site infections and decrease length of stay, while increasing patient education and satisfaction.

HIGHLIGHTED PROCEDURES

The surgeons who practice at PeaceHealth Sacred Heart offer both traditional and minimally invasive procedures for patients with colorectal disease or disorders.

- **Ileoanal Pouch Procedure (J and W Pouch):** Used to treat inflammatory bowel disease, this procedure involves removal of the disease and creation of a “J-pouch” for waste storage. General surgeon David DeHaas, MD, has perfected a unique “W-pouch” that results in essentially zero incontinence, compared with 15 to 35 percent with the “J-pouch.” In carefully selected patients, the procedure may be performed laparoscopically.

- **Sacral Nerve Stimulation for Fecal Incontinence:** A minimally invasive procedure that uses an implant to send electrical impulses to the sacral nerve to control fecal incontinence.

- **Rectal Prolapse Surgery:** Repair of rectal prolapse using perineal, transabdominal and robotic approaches.

Other Colorectal Procedures

- Pilonidal cleft lift
- Nissen fundoplication
- Colonostomy
- Laparoscopic colorectal surgery
- Polypectomy
- Ileoanal anastomosis
- Single incision laparoscopic surgery
- Transanal microsurgery
- Transanal Hemorrhoidal Dearterialization (THD)

Use your Smartphone to scan this code and watch a video of Drs. DeHaas and Vo discussing Colorectal Clinical Pathways.
Colorectal Enhanced Surgical Pathways

Enhanced recovery protocols for colorectal surgery have been shown to reduce post-operative morbidity, decrease average length of stay and encourage earlier return to normal function when compared with traditional colorectal surgical protocols. PeaceHealth Sacred Heart’s program components include:

- Conservative fluid management
- Early feeding, which has been shown to reduce post-op ileus, risk of infection and length of stay, and was not associated with anastomotic dehiscence or leakage, a severe complication of some colorectal surgery
- Reduced narcotic usage
- Early ambulation, as bed rest can increase insulin resistance and muscle loss and decrease muscle strength, pulmonary function and tissue oxygenation, with an increased risk of thromboembolism
- Early involvement of dietitian, physical therapist and discharge planning team

DIAGNOSTIC TESTS

The full range of diagnostic testing is available, including:

- Colonoscopy: A flexible tube that looks at the entire intestinal tract.
- Flexible Sigmoidoscopy: A flexible tube with miniature camera that allows physicians to examine and biopsy the lining of the rectum and the sigmoid colon.
- Lower GI series: A series of x-rays of the colon and rectum to identify ulcers, cysts, polyps, diverticuli and cancer

PROGRAM LEADERSHIP

David R. DeHaas, MD
- Executive Medical Director for Surgery, PeaceHealth Sacred Heart Medical Center
- Board-Certified, General Surgery
- Fellowship, General and Vascular Surgery, Gloucestershire Royal Hospital, England
- Special Interests: Colorectal, Vascular and Oncologic Surgery

Duc Vo, MD
- Board-Certified, General Surgery
- Fellowship, Colon and Rectal Surgery, Creighton University
- Special Interests: Diagnosis and treatment of disease of the colon, rectum and anus

MORE INFORMATION

For more information please contact Tina Noland at 541-222-3209 or via email at tnoland@peacehealth.org.

FOR MEDICAL PROFESSIONALS

Learn more about our referral services, important contact information and CME offerings at www.peacehealth.org/medpro.

Surgical Services
PeaceHealth Sacred Heart Medical Center
3333 RiverBend Drive
Springfield, OR 97477
Tel 541-222-7300