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# COLORECTAL INSIGHT

A NEWSLETTER ON THE MANAGEMENT OF COLON AND RECTAL DISEASES.

Winter 2010



## CSA Performs Robotic-assisted Surgery for Colon and Rectal Cancer

Dr. Eric Haas has performed the first Robotic Surgeries for colon and rectal cancer at St Luke's Hospital and The Methodist Hospital at the Texas Medical Center in Houston. Haas leads a research program to optimize this procedure, which is new in the area of colon and rectal cancer.

“Robotic surgery is now in widespread use for the surgical treatment of prostate cancer and some gynecologic and thoracic procedures, but its use in minimally invasive colon and

rectal surgery has been relatively silent – until now,” according to Dr. Haas. “I believe that Robotic Surgery offers critical advances over current laparoscopic techniques as it provides exceptional 3-dimensional visualization of the tissue and facilitates meticulous surgical techniques in the pelvis.”

“Robotic surgery helps us overcome several technical limits we face when operating in a deep and narrow pelvis for rectal cancer,” explains Dr. Haas. “Robotic

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**Office Hours**  
Monday 8:00 am - 5:00 pm  
Tuesday 8:00 am - 5:00 pm  
Wednesday 8:00 am - 5:00 pm  
Thursday 8:00 am - 5:00 pm  
Friday 8:00 am - 4:30 pm

# COLORECTAL INSIGHT

A NEWSLETTER ON THE MANAGEMENT OF COLON AND RECTAL DISEASES.

**IN THIS ISSUE:** CSA Performs Robotic-assisted Surgery  
Newest CSA Surgical Team Member  
New Findings for Neoadjuvant Therapy

## Dr. Ali Mahmood Joins CSA Surgical Team

CSA is proud to announce the newest member to our team. Dr. Ali Mahmood, a native Houstonian, returned home and is looking forward to practicing medicine with CSA and our growing community of physicians.

Dr. Mahmood graduated from Baylor University. Upon completion of medical school in New York, Dr. Mahmood matriculated at St. Joseph Mercy Oakland / Wayne State University for his general surgery training. Following completion of his residency he pursued a fellowship in colon and rectal surgery at the Ferguson Clinic, Michigan State University.

Dr. Mahmood is board certified by the American College of Surgeons. He has authored numer-



Dr. Ali Mahmood

ous papers that have been published in peer reviewed journals. He was appointed as a clinical instructor at Michigan State University School of Medicine. Dr. Mahmood has presented at national and international conventions. He was awarded the

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## Interval Needed for Neoadjuvant Therapy

Surgeons should wait at least eight weeks after neoadjuvant therapy before resecting rectal cancers, according to a new study.

In the study, waiting more than eight weeks after neoadjuvant therapy resulted in higher pathologic complete response (CR) rates and lower rates of recurrence, without any increase in postoperative complications, the investigators found. Results of the study were presented at the 2009 annual meeting of the American Society of Colon and Rectal Surgeons.

In the analysis, 177 patients with stage II and III rectal cancer undergoing neoadjuvant chemoradiation and surgery were identified from a prospectively maintained database of patients with colorectal cancer. Adjuvant chemotherapy was 5-FU-based and median radiotherapy dose was 5,040 cGy (range 4,000-6,100 cGy). The operations included both abdominoperineal resections (29%) and low anterior resections (71%). The patients were retrospectively

divided into two groups based on time to surgery (median eight weeks); 86 patients underwent surgery at four to seven weeks and 91 patients at eight to 14 weeks.

The investigators' primary outcomes were complete pathologic response; disease recurrence and survival rates; and short-term surgical outcomes.

Oncologic outcomes were significantly better in several measures among the patients who underwent resection at more than eight weeks. In particular, both pathologic CR (17% vs. 31%; P=0.03) and three-year local recurrence rates (11% vs. 1%; P=0.04) were better.

"An interval of greater than eight weeks not only results in better long term outcomes, it facilitates optimal surgical conditions in a radiated field," according to Dr. Pickron. "We therefore recommend an interval between neoadjuvant [therapy] and surgery of at least eight weeks due to its safety and oncological benefits."

### Dr. Mahmood (cont.)

Alexander J. Walt award in 2008, one of two top awards given at the Michigan Chapter of the American College of Surgeons. He was selected as faculty for the International Endovascular and Laparoscopic Congress in New York, 2006. Dr. Mahmood serves as a reviewer for Radiology Case Reports journal and served as a reviewer for Contemporary Surgery.

Dr. Mahmood's primary interest in the field of colorectal surgery is

colon and rectal cancer, along with benign diseases such as Crohn's disease, ulcerative colitis and diverticular disease. Dr. Mahmood performs laparoscopic surgery for these diseases and is formally trained in TEM (Transanal Endoscopic Microsurgery) procedures. Dr. Mahmood also specializes in treatment of common anorectal disorders. He also offers treatment of pelvic floor disorders such as rectal prolapse and fecal incontinence.

*“Robotic surgery enables us to perform the most precise state of the art surgery.”* — Eric Haas, MD

## WHAT WE DO

At CSA, common conditions & diseases that we evaluate and manage:

### ◆ Anorectal Conditions

- Hemorrhoids
- Anal Fissures
- Perirectal Abscess & Fistula
- Anal Warts (Condyloma)
- Pilonidal Disease
- Anal Cancer and Dysplasia

### ◆ Minimally Invasive Laparoscopic Surgery for the Treatment of

- Colon and Rectal Cancer
- Large Colon Polyps
- Diverticular Disease
- Crohn's Disease
- Ulcerative Colitis

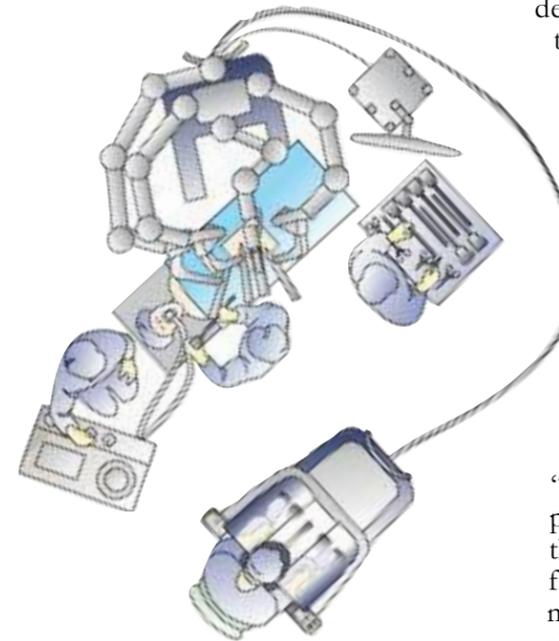
### ◆ Colorectal Pelvic Floor Disorders

- Fecal (Bowel) Incontinence
- Obstructive Defecation Syndrome / Rectocele
- Chronic Constipation
- Rectal Prolapse
- Chronic Rectal & Pelvic Pain

## Pelvic Health & Physical Therapy Center

- Fecal Incontinence
- Severe Constipation
- Pelvic Pain
- Recal or Pelvic Bulges
- Recal Prolapse
- Colorectal Complaints
- Anal sphincter ultrasound
- Anorectal manometry
- Pudendal Nerve Terminal Motor Latency Test
- Electromyography (EMG)
- Pelvic Muscle Biofeedback

## CSA Performs Robotic-assisted Surgery (cont.)



devise advanced techniques and a training program which will lead the way in this field. The da Vinci Surgical System puts a surgeon's hands at the controls of a state-of-the-art robotic platform.

"I believe robotic colon and rectal surgery will quickly become the procedure of choice for patients suffering from colon cancer, diverticulitis, Crohn's disease and ulcerative colitis," says Dr. Haas. "Robotic surgery enables us to perform the most precise state of the art surgery. The patient benefits are numerous including a much smaller surgical incision, significantly less pain and quicker and safer recovery."

For the patient, benefits may include:

- ◆ SIGNIFICANTLY LESS PAIN
- ◆ LESS BLOOD LOSS
- ◆ LESS SCARRING
- ◆ SHORTER RECOVERY TIME
- ◆ A FASTER RETURN TO NORMAL DAILY ACTIVITIES
- ◆ AND IN MANY CASES, BETTER CLINICAL OUTCOMES

"We continue to work towards technological advances in medicine that lead to a higher quality of life for our patients," says Dr. Haas.



## COLORECTAL SURGICAL ASSOCIATES



**Dr. Eric Haas**, is Fellow of American College of Surgeons and Board Certified by the American Board of Surgery and the American Board of Colon

and Rectal Surgery Fellowship Trained in Colon and Rectal Surgery at The Methodist Hospital and University of Texas Health Science Center, Houston.



**Dr. T. Bartley Pickron** is Board Certified by the American Board of Surgery and the American Board of Colon and Rectal

Surgery Fellowship Trained in Colon and Rectal Surgery at The University of Southern California in Los Angeles.



**Dr. Anne T. Le**, is Fellowship Trained in Colon and Rectal Surgery at The University of Texas.



**Dr. Ali Mahmood**, is Board Certified by the American Board of Surgery and is Fellowship Trained in Colon and Rectal

Surgery at Michigan State University.

### CSA surgeons are staff surgeons at:

- ◆ The Methodist Hospital
- ◆ The Woman's Hospital of Texas
- ◆ St. Luke's Hospital
- ◆ St. Luke's Sugar Land
- ◆ Methodist Sugar Land
- ◆ Hermann Memorial Hospital
- ◆ St. Joseph's Hospital

**CENTRAL PHONE NUMBER**  
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