NEW YORK SOCIETY FOR GASTROENTEROLOGY & ENDOSCOPY
48th Annual
NEW YORK COURSE
December 12-13, 2024 • New York, NY

Interventional IBD:
Endoscopic Management of IBD and Pouches

Bo Shen, MD
The Edelman and Jarislowsky Professor of Surgical Sciences
Professor of Medicine and Surgical Sciences
Columbia University Irving Medical Center
New York, NY

Disclosure

- Consultant: Janssen
- Research/Education Grants: Janssen, Abbvie, Takeda, GI Medical

Difficult-to-Treat IBD

	Proposed statement	Consensus	Voting
Statement 2	Failure of biologics and advanced small molecules with at least two different mechanisms of action define difficult-to-treat IBD*	Agree	14/16 (88%)
Statement 3	Postoperative recurrence of Crohn's disease after two or more intestinal resections defines difficult-to-treat Crohn's disease†	Agree	14/16 (88%)
Statement 7	Chronic antibiotic-refractory pouchitis defines difficult-to-treat IBD	Agree	15/16 (94%)
Statement 14	Complex perianal disease defines difficult-to-treat Crohn's disease	Agree	16/16 (100%)
Statement 19	A patient's coexisting psychosocial issues that impair adequate clinical management define difficult-to-treat IBD	Agree	13/16 (81%)

Parigi TL, et al. *Lancet Gastroenterol Hepatol* 2023;8:853-9.

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Communication from the ASGE IBD Endoscopy Consensus Panel

GUIDELINE

ASGE American Society for Gastrointestinal Endoscopy

Endoscopic diagnosis and management of adult inflammatory bowel disease: a consensus document from the American Society for Gastrointestinal Endoscopy IBD Endoscopy Consensus Panel

Prepared by: THE ASGE IBD ENDOSCOPY CONSENSUS PANEL

Bo Shen, MD,[1] Maria T. Abreu, MD,[2] Erica R. Cohen, MD,[3] Francis A. Farraye, MD, MSc,[4] Monika Fischer, MD,[5] Paul Feuerstadt, MD,[6] Saurabh Kapur, MD,[7] Huaibin M. Ko, MD,[8] Gursimran S. Kochhar, MD,[9] Xiuli Liu, MD, PhD,[10] Uma Mahadevan, MD,[11] Deborah L. McBride, BS,[12] Udayakumar Navaneethan, MD,[13] Miguel Regueiro, MD,[14] Tim Ritter, MD,[15] Prateek Sharma, MD,[16] Gary R. Lichtenstein, MD[17]

Endoscopy plays a key role in diagnosis, monitoring of disease activity, assessment of treatment response, dysplasia surveillance, postoperative evaluation, and interventional therapy for patients with inflammatory bowel disease (IBD). Clinical practice patterns in the endoscopic management of IBD vary. A panel of experts consisting of IBD specialists, endoscopists, and GI pathologists participated in virtual conferences and developed this modified Delphi-based consensus document to address endoscopic aspects of IBD management. (Gastrointest Endosc 2024;■:1-20.)

Indications of Interventional IBD

	Methods
I. Strictures	• **Bare/Drug-coated balloon dilation** • **Stricturotomy/strictureplasty/stricturectomy** • **Stenting**
II. Fistulas and abscesses	• **Fistulotomy** • **Stenting** • **Incision and drainage**
III. Bezoars, foreign bodies, blocking luminal lesions, and FMT	• **Fragmentation** • **Retrieval** • **Polypectomy**
IV. IBD surgery-associated complications	• **Bleeding control** • **Closure** • **Internal drainage** • **Sinusotomy/Fistulotomy** • **Ligation, plication, septectomy**
V. Colitis-associated neoplasia	• **Polypectomy** • **Endoscopic mucosal resection** • **Endoscopic submucosal dissection**

Updated Shen B. *Gastrointest Endosc Clinics N Am*. 2022;32:597-614

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Classification of IBD Strictures

	Category	Description
Source	Intrinsic	Inflammation, fibrosis, or malignancy
	Extrinsic	Extra-intestinal compression
Clinical presentation	Symptomatic	
	Asymptomatic	
Underlying conditions	IBD-primary	CD vs. UC
	Post-surgical-secondary	Bowel resection-anastomosis/pouch/strictureplasty/ostomy
Malignant potential	Benign	
	Malignant	Adenocarcinoma, lymphoma, squamous cell cancer
Inflammation and fibrosis component	Inflammatory	
	Fibrotic	
Length	Short	< 4-5 cm
	Long	≥ 4-5 cm
Characteristics	Ulcerated	
	Angulated	
	Symmetry	Symmetric vs. asymmetric
Location	Esophagus-Anus	
Degree	No stricture	No stricture
	Mild	Passage of scope with mild resistance
	Moderate	Passage of scope with moderate resistance
	Severe	Pinhole stricture, not traversable to endoscope
Number	Single	
	Multiple	
Complexity	Simple	Single straight stricture
	Complex w/associated conditions	Fistula/abscess/pre-stenotic luminal dilation

Shen B, et al. Gi-IBD group. *Lancet Gastroenterol Hepatol* 2020;5:393-405

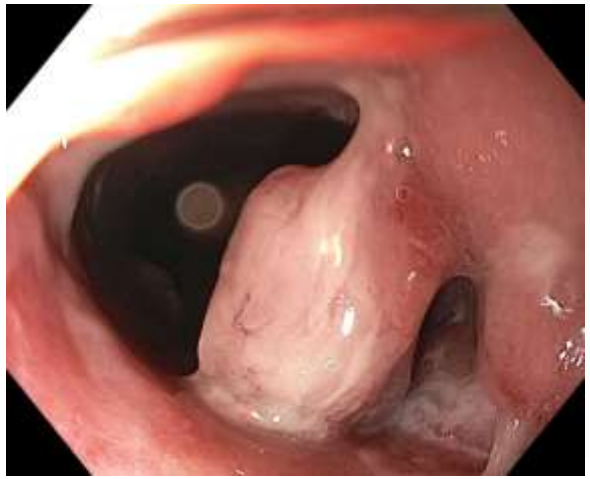
Interventional IBD in ASGE Guidelines

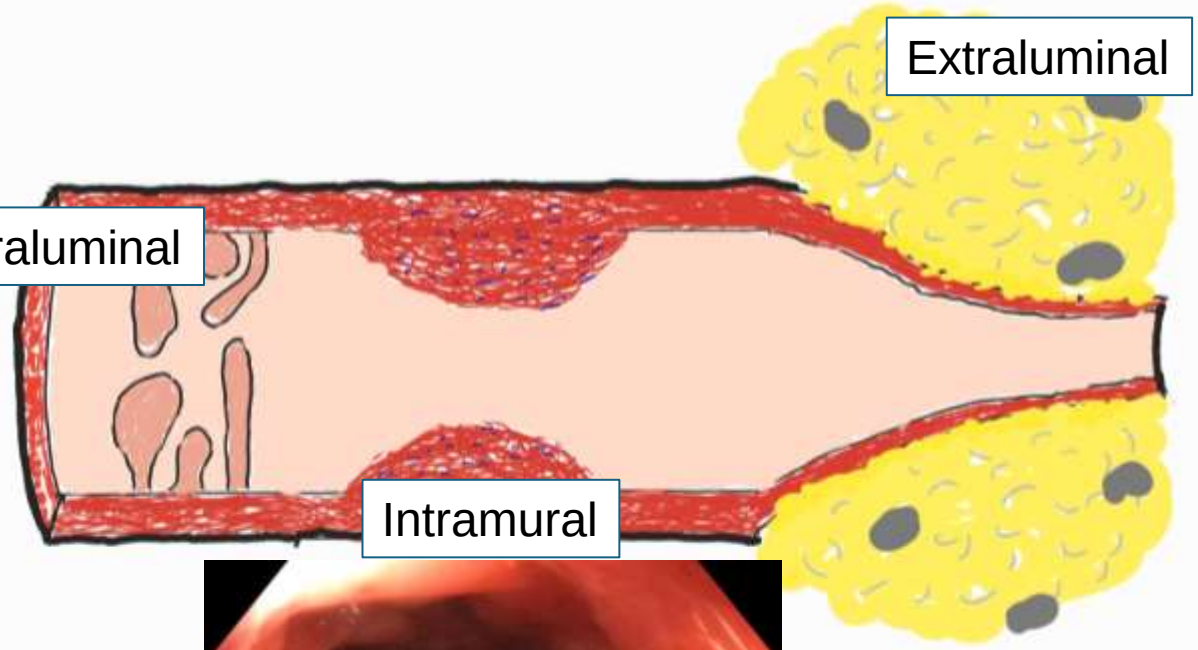
TABLE 1. Continued

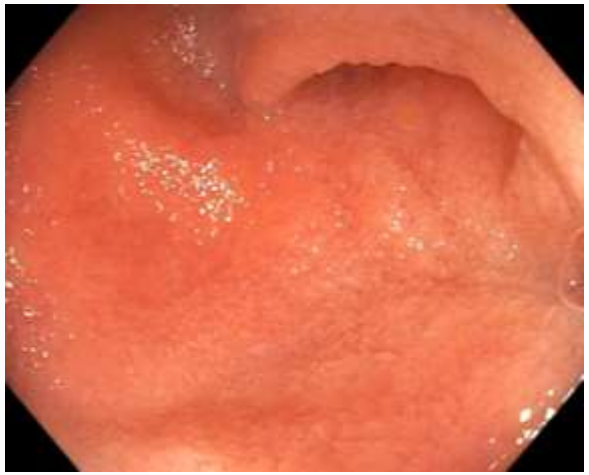
Statement no.	Statement	Category	Panel voting results
30.	Intralesional injection of long-acting steroids is not recommended before, during, or after endoscopic balloon dilation for strictures.	Interventional IBD	Strongly agree: 7 (50.0%); agree: 5 (35.7%)
31.	Endoscopic balloon dilation of deeply ulcerated strictures should be avoided.		Strongly agree: 7 (50.0%); agree: 5 (35.7%)
32.	The long-term success of endoscopic stricture therapy is measured by reintervention-free survival and surgery-free survival.		Strongly agree: 5 (35.7%); agree: 9 (64.3%)
33.	Large (>1 cm) inflammatory polyps may be removed to reduce the symptoms of bleeding, obstruction, and anemia, even though the risk of dysplasia is low.		Strongly agree: 3 (21.4%); agree: 9 (64.3%)
34.	Endoscopic stents should not be used in the treatment of benign disease–associated or anastomotic strictures in pre- or postoperative CD or UC.		Strongly agree: 7 (50.0%); agree: 4 (28.6%)
35.	Surgical intervention should occur for CD strictures, especially long (>4-5 cm) or complex (eg, fistula and/or abscess-associated strictures, those refractory to previous intervention, or recurrent [requiring endoscopic intervention more often than every 3-6 mo]) strictures after previously successful interventions.		Strongly agree: 10 (71.4%); agree: 4 (28.6%)
36.	Polypectomy, EMR, or endoscopic submucosal dissection may be performed on polypoid or raised, liftable dysplastic lesions with a clear, well-defined border.		Strongly agree: 8 (57.1%); agree: 6 (42.9%)

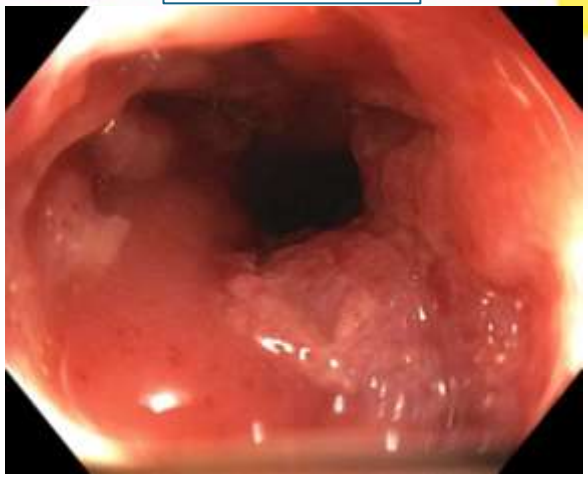
Shen B and ASGE IBD Endoscopy Consensus Panel. *GIE* 2024 epub

Another Classification of Strictures









NewYork-Presbyterian
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Shen B. *Gastroenterology Report (Oxford)*. 2022 Sep 14;10:goac045.

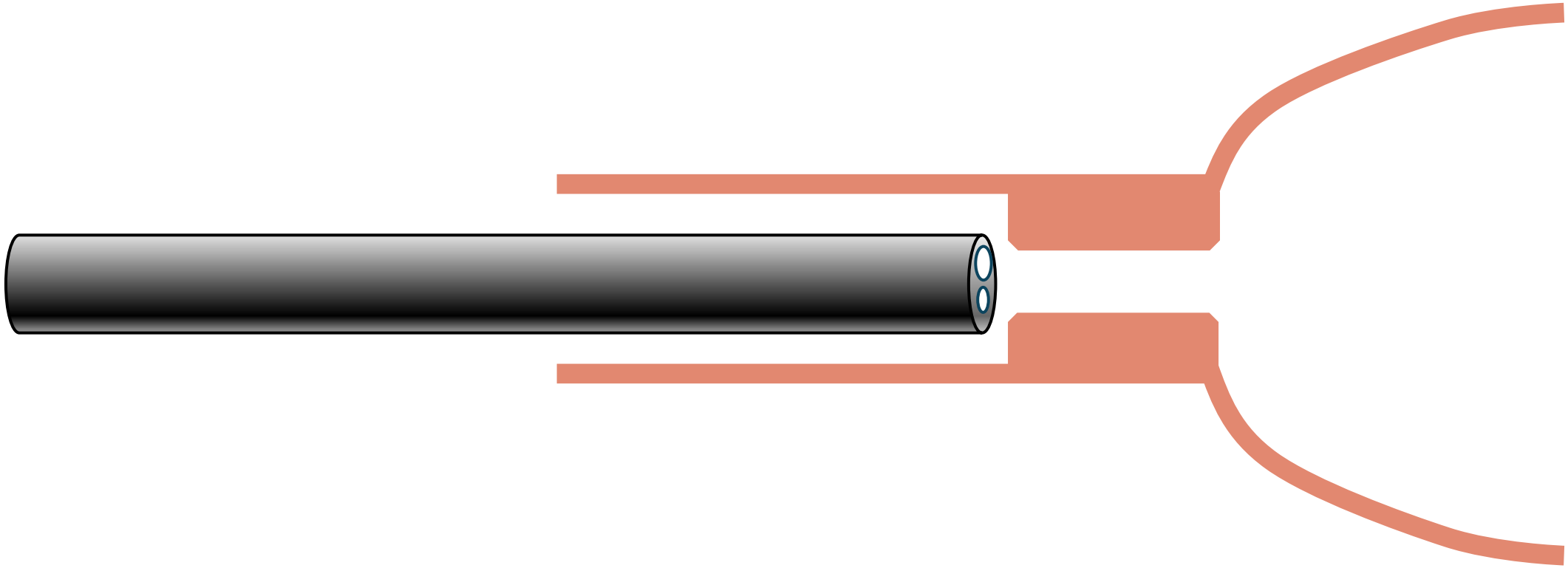
The Classification of Stricture and Treatment

	Factors	Preferred therapy
Intra-luminal	Bezoars	Endoscopy
	Polyps	Endoscopy
	Prolapse	Endoscopy
Intramural	Fibrosis	Endoscopy
	Muscle	Medical + endoscopic
	Neuronal	Medical + endoscopic
Extra-luminal	Fat	Medical + surgical
	Adhesion	Surgery
	Mass	Surgery
	Mesh	Endoscopy (balloon dilation) or surgery
	Twist	Surgery or endoscopy (septectomy)

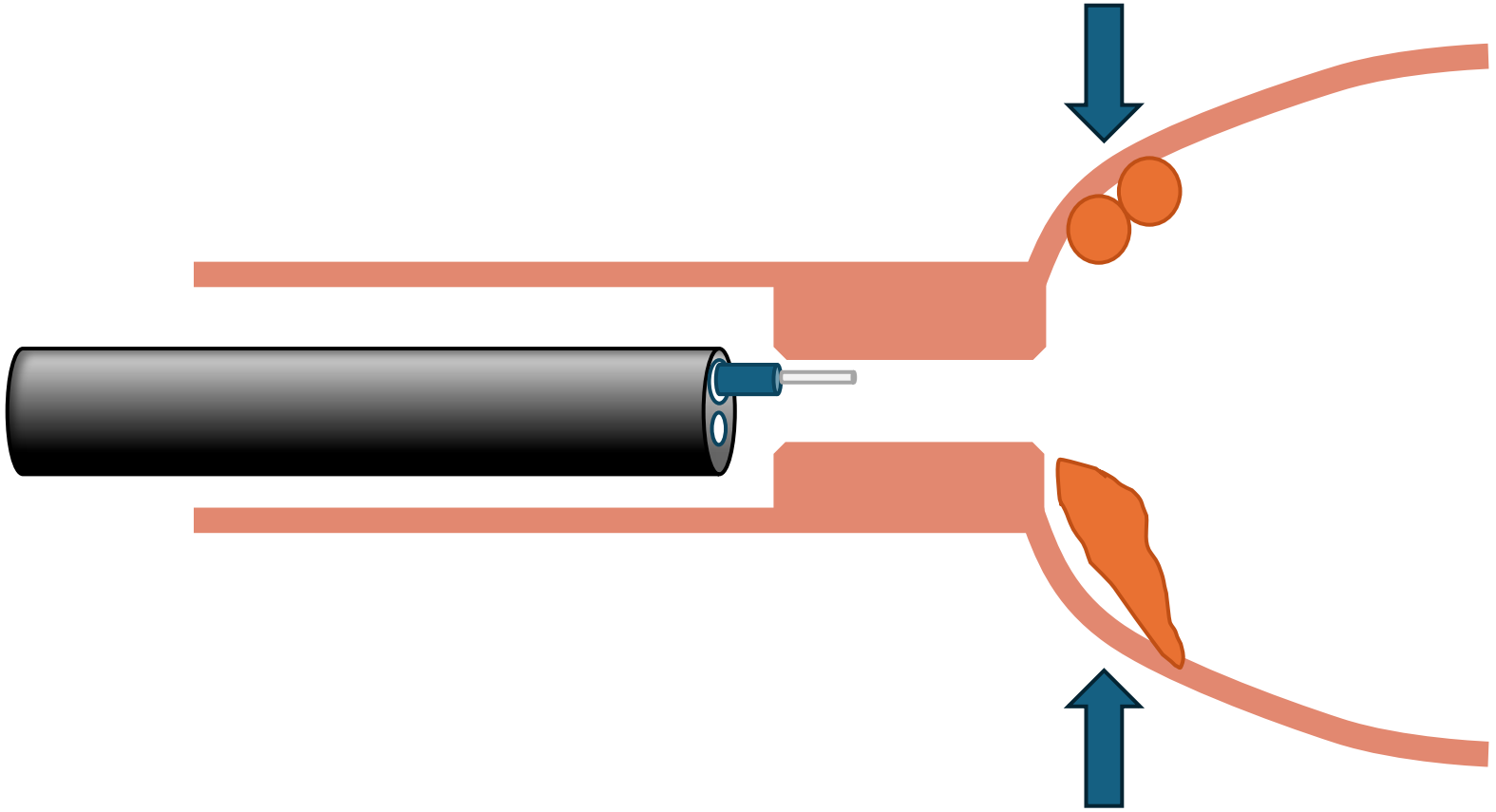
Updated from Shen B. *Gastroenterology Report (Oxford)*. 2022 Sep 14;10:goac045.

Accurate Measurement of Strictures

Definition of Stricture



Discrepancy in Measurement of Length



Spasm

Measurement of the Length of Stricture

Shen B. Columbia University 2024

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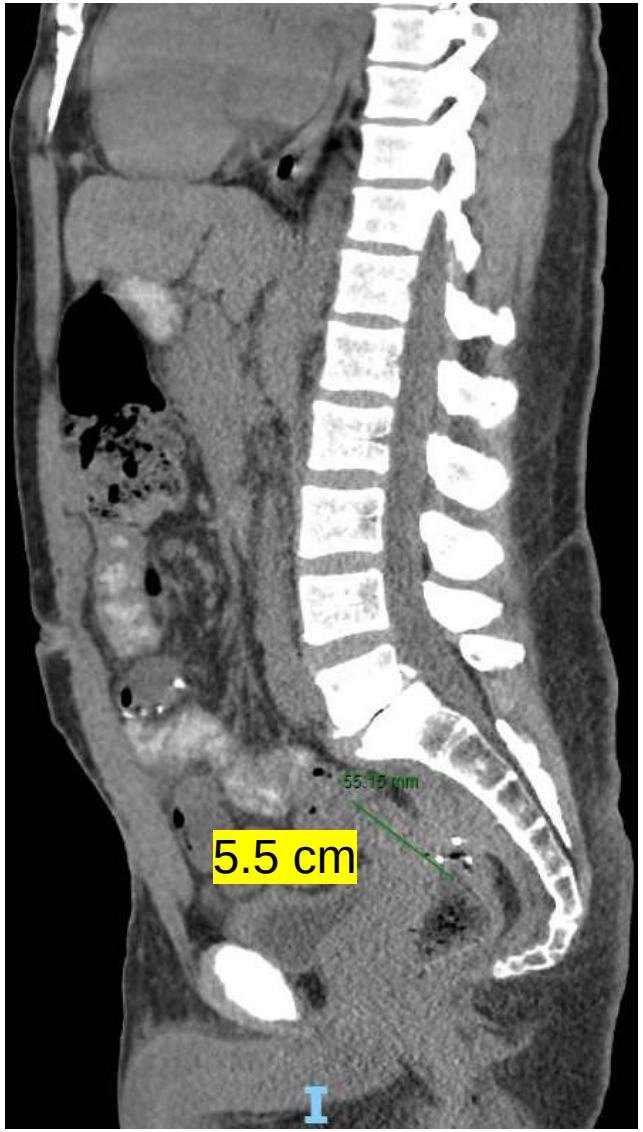
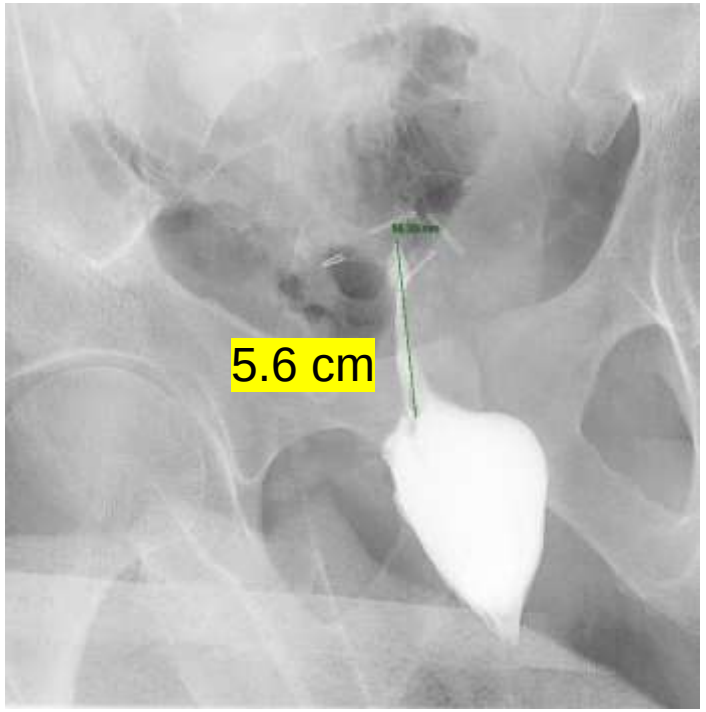
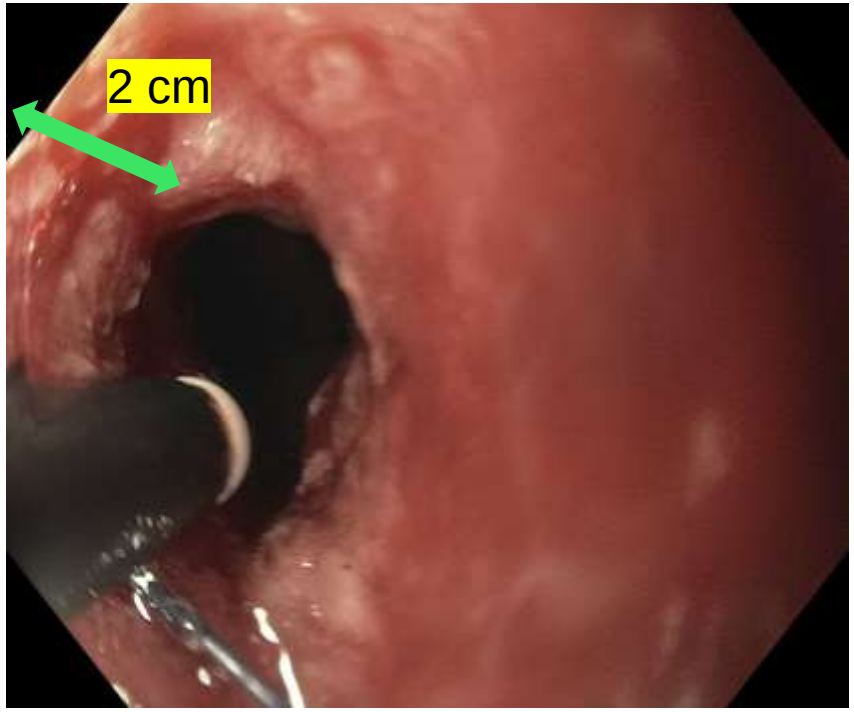
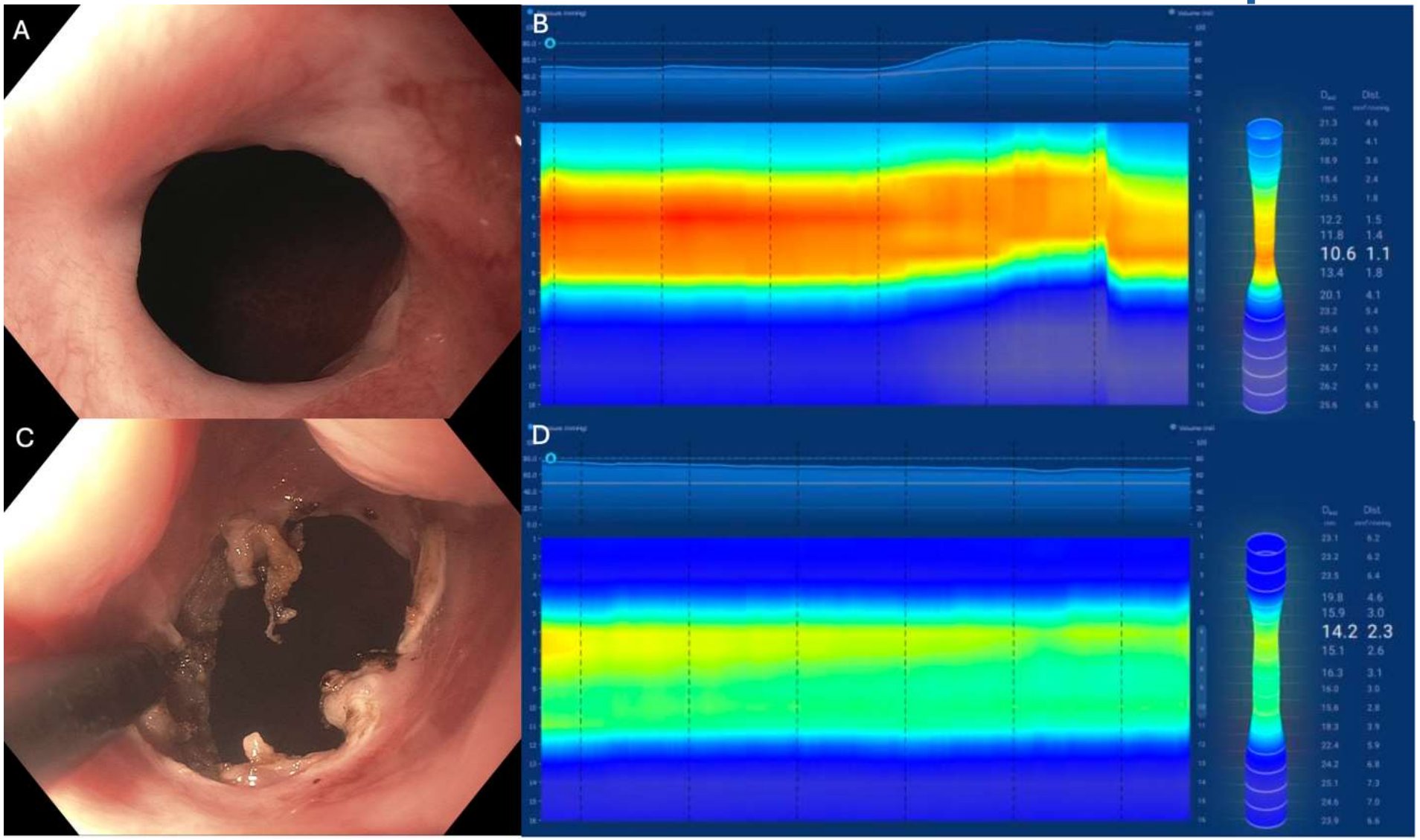
Measurement of the Length of Stricture







Measure Stricture with EndoFlip®



Pomenti S, Katzka D, Shen B. *Gastrointest Endosc* 2024;Sep 10:S0016-5107(24)03487-4.

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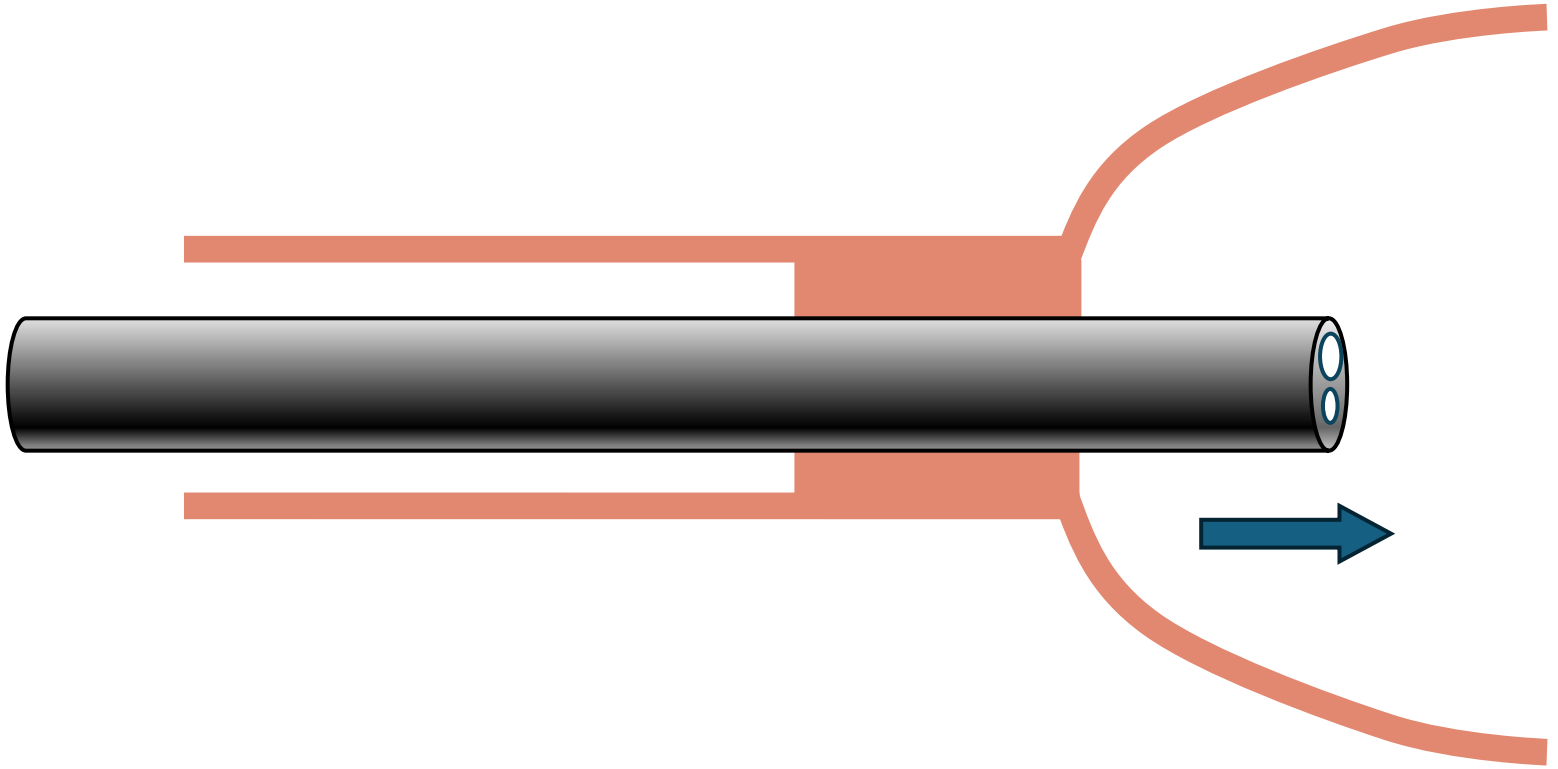
Technical Success of Endo Therapy



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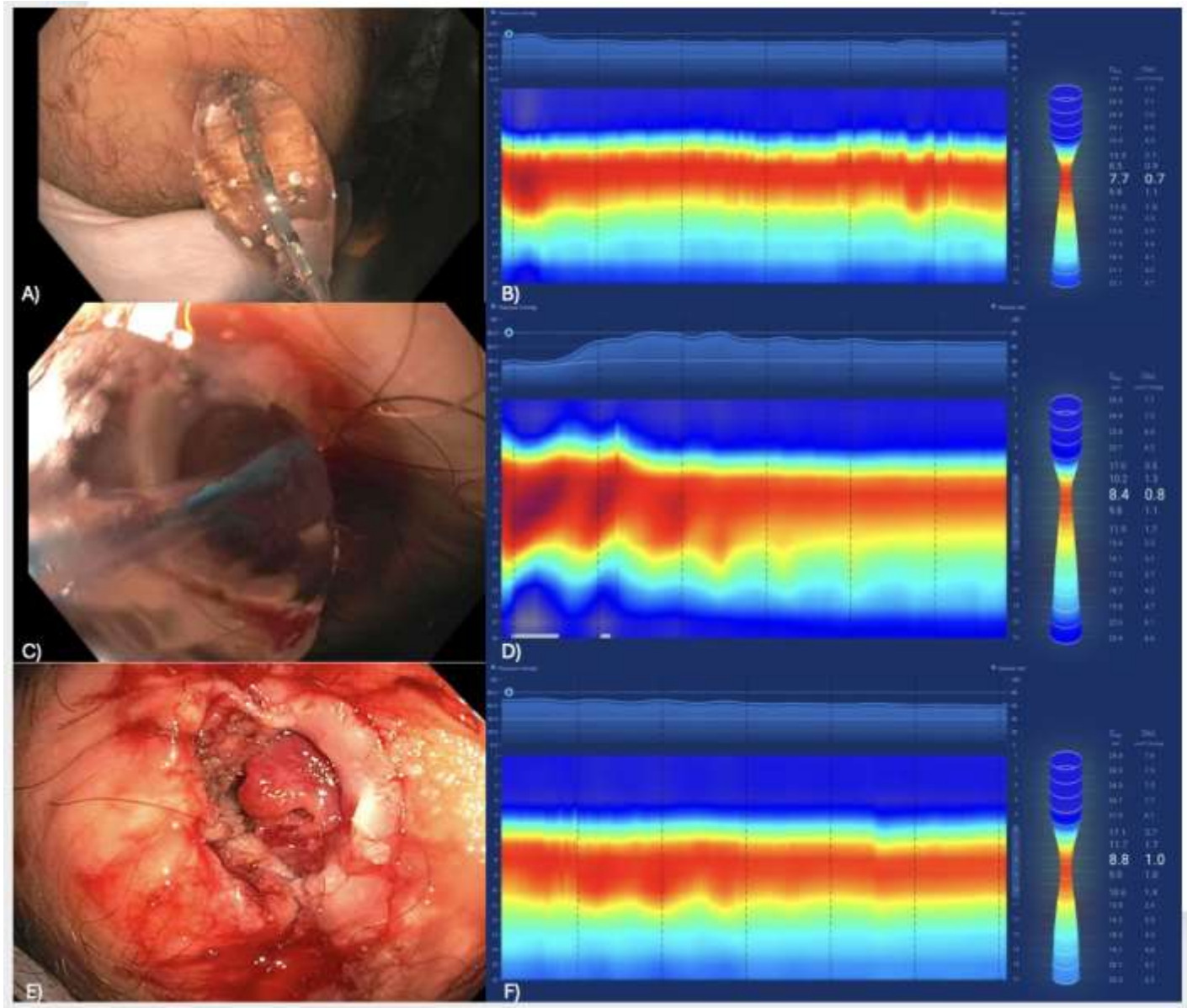

Choi A, et al. ACG Case Rep J 2024 [Epub]

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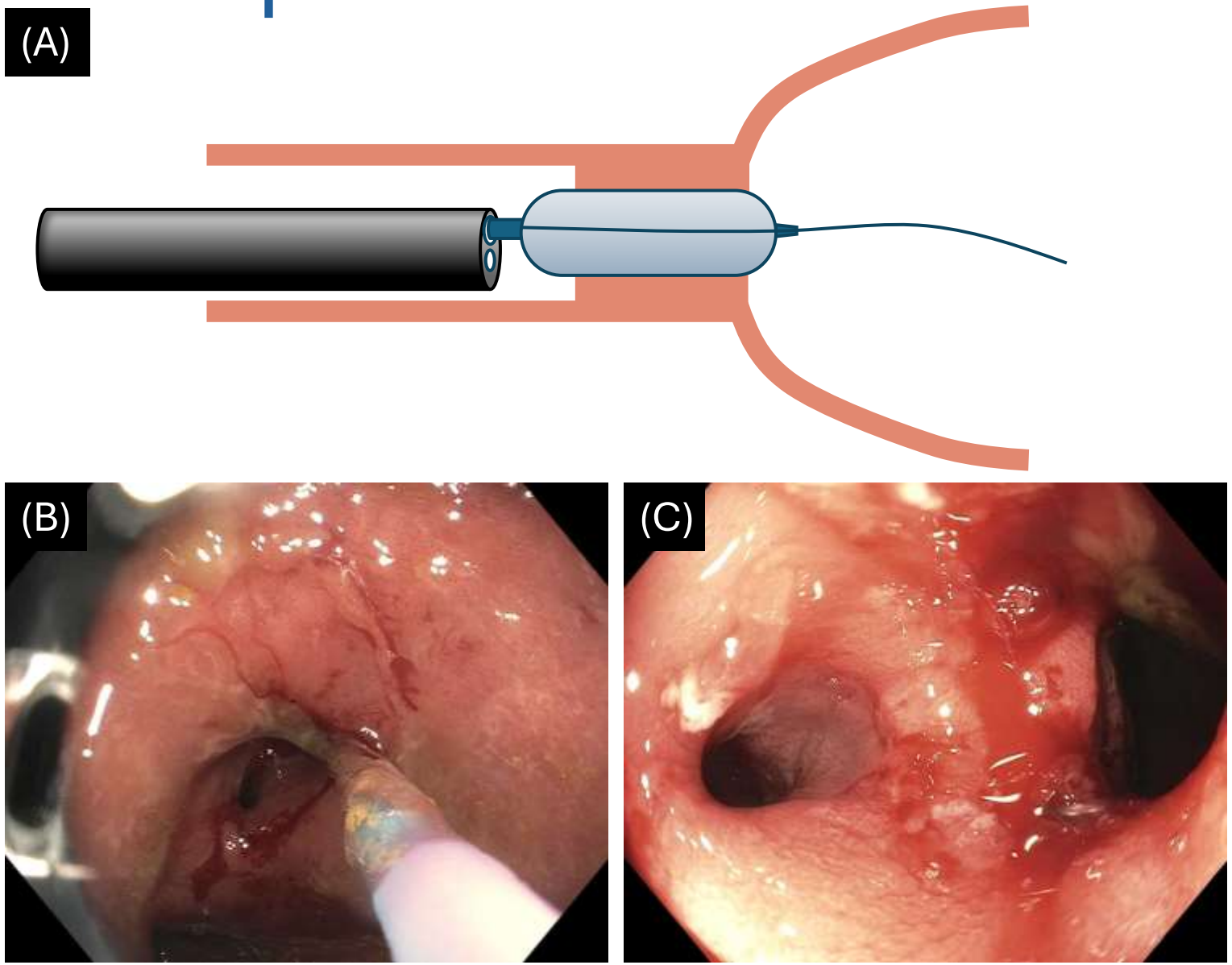
Endoscopic Bare-Balloon Dilation



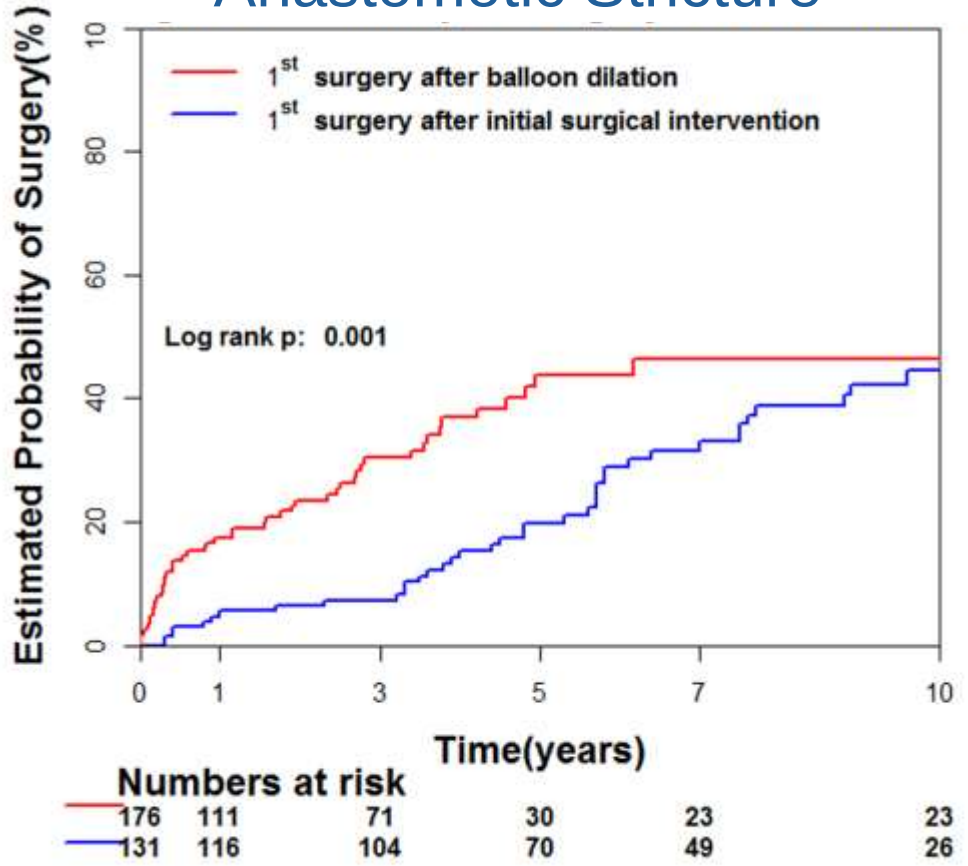
Shen B (Ed). Atlas of Endoscopy Imaging in IBD. Academic Press 2025

Balloon Dilation of Strictures

Shen B, et al. Position Statement of GIIBD. *Gastrointest Endosc* 2019;89:215-37

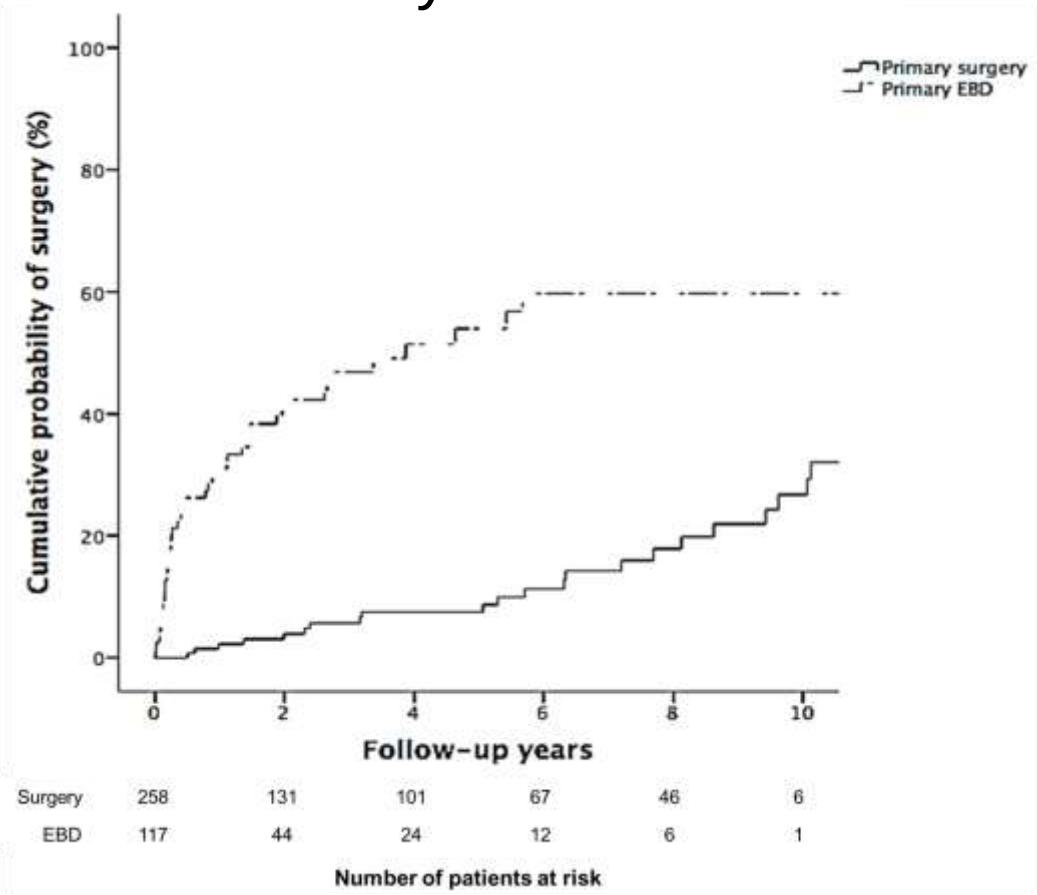
Balloon Dilation of Anastomotic vs. Primary Strictures in CD

Anastomotic Stricture



Lian L, et al. *Clin Gastroenterol Hepatol* 2017;15:1226-31

Primary Stricture



Lan N, et al. *Clin Gastroenterol Hepatol* 2018;24:697-707

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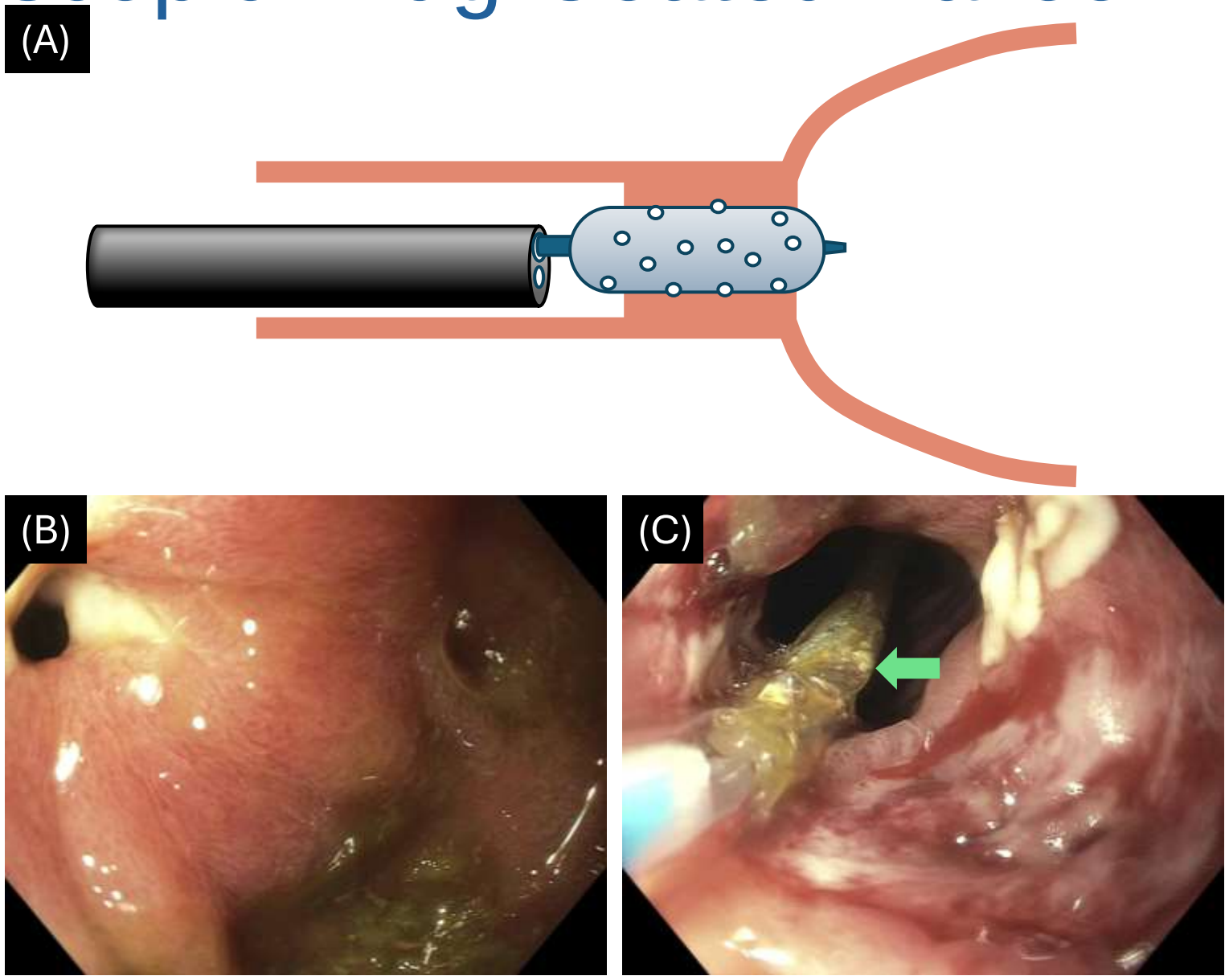
Shen B and ASGE IBD Endoscopy Consensus Panel. *GIE* 2024 in press

Endoscopic Drug-Coated Balloon Dilation



Shen B (Ed). Atlas of Endoscopy Imaging in IBD. Academic Press 2025

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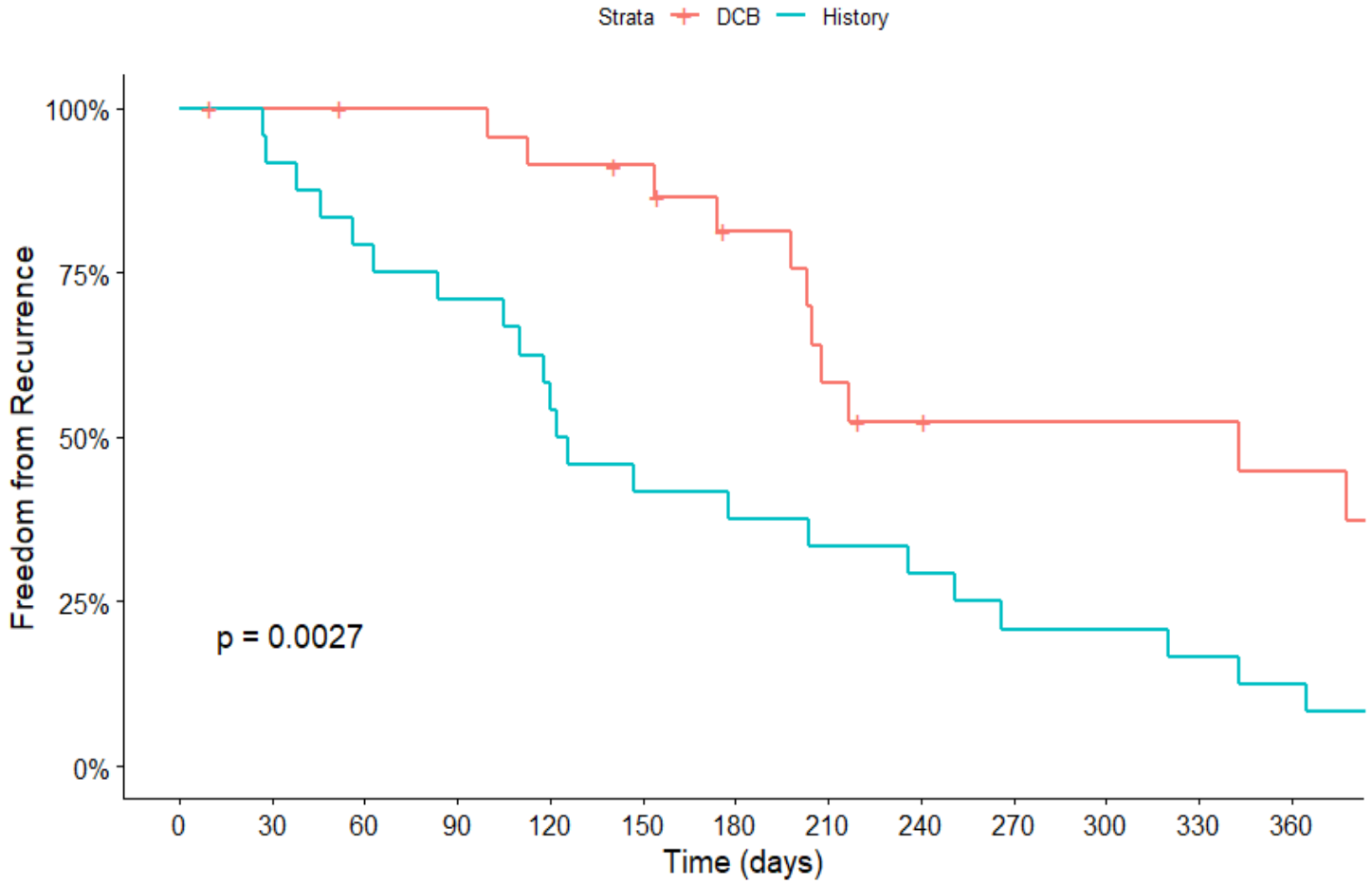
Time to Recurrence: Historical vs. Drug-coated Balloon



pre

post

Shen B. DDW 2025

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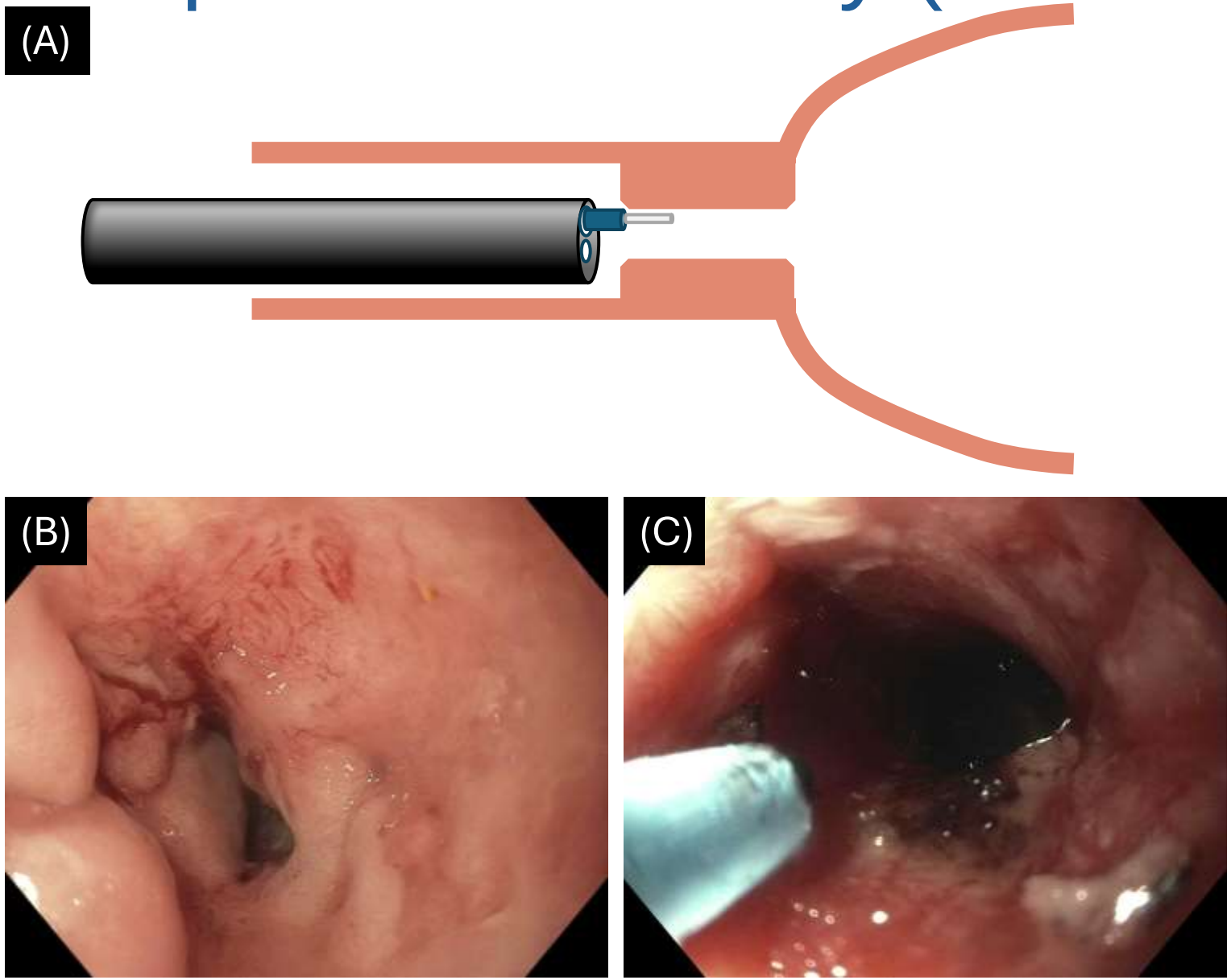
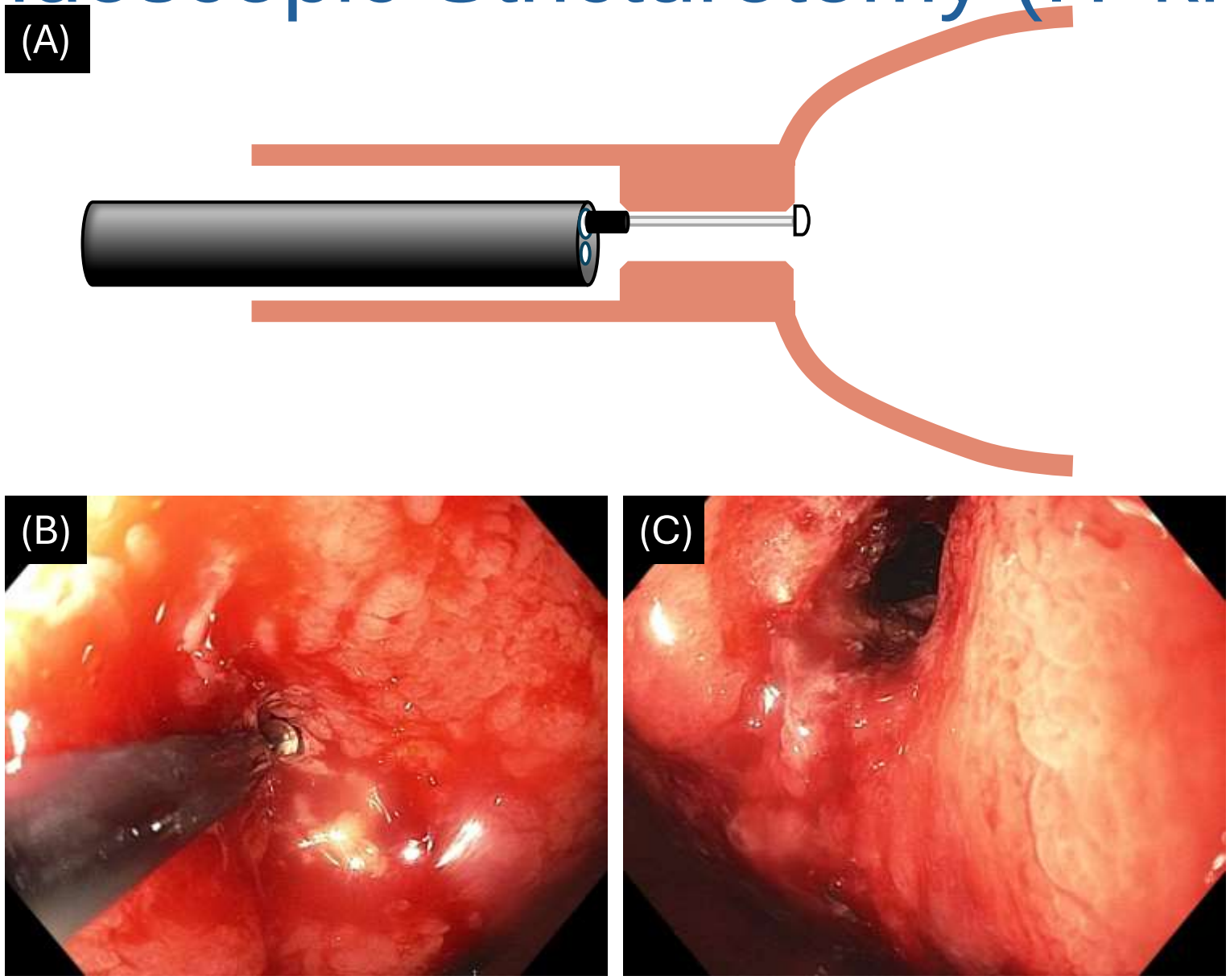
Endoscopic Stricturotomy (needle knife)



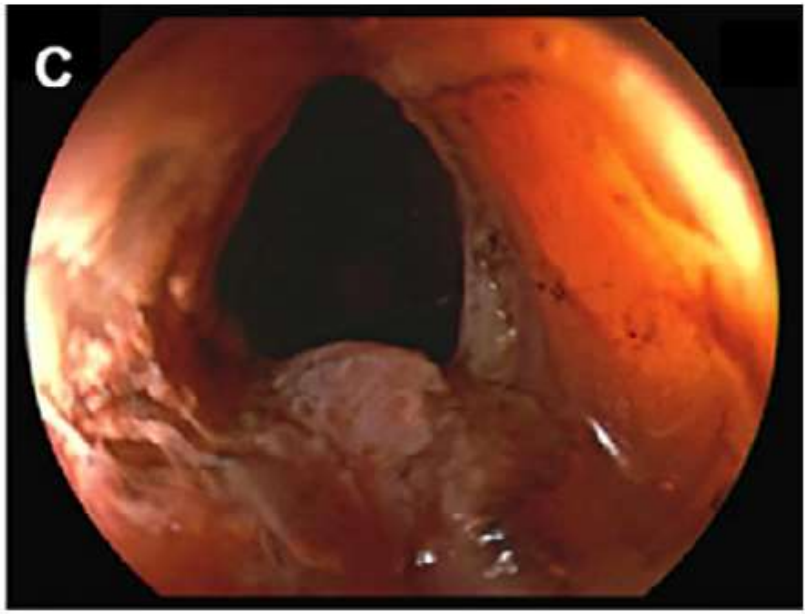
Shen B (Ed). Atlas of Endoscopy Imaging in IBD. Academic Press 2025

Endoscopic Stricturotomy (IT knife)



Shen B (Ed). Atlas of Endoscopy Imaging in IBD. Academic Press 2025

CD Strictu**ro**tomy in Deep Enteroscopy



N = 42

Ning SB, et al. *Dig Liver Dis*. 2023;55:1397-402

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Intraoperative Endoscopy

Guo Q. *Gastrointest Endosc Clin N Am* 2022;32:817-27

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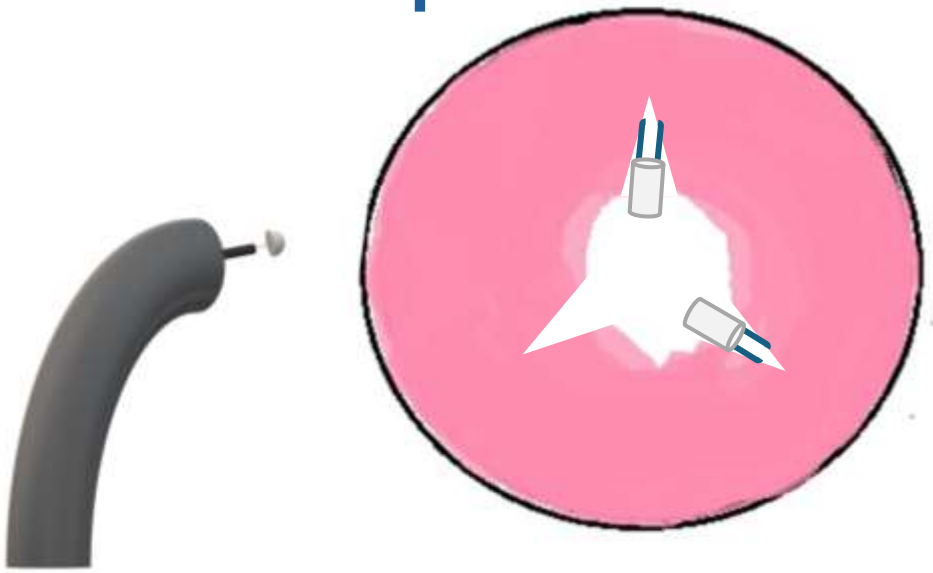
Endoscopic Strictureplasty

(A)



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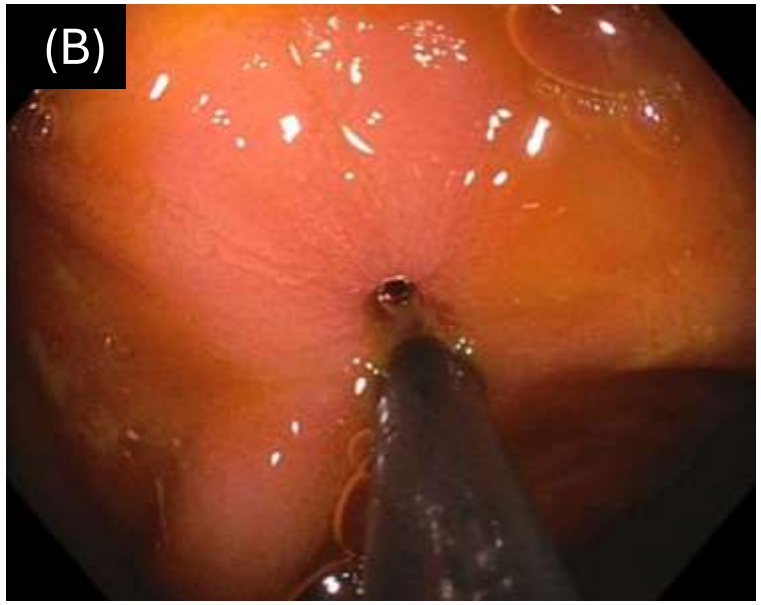
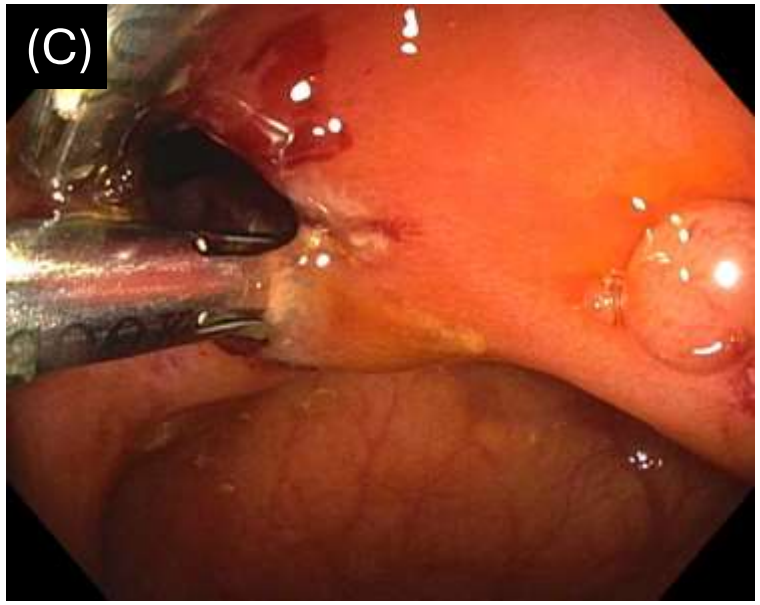


(C)



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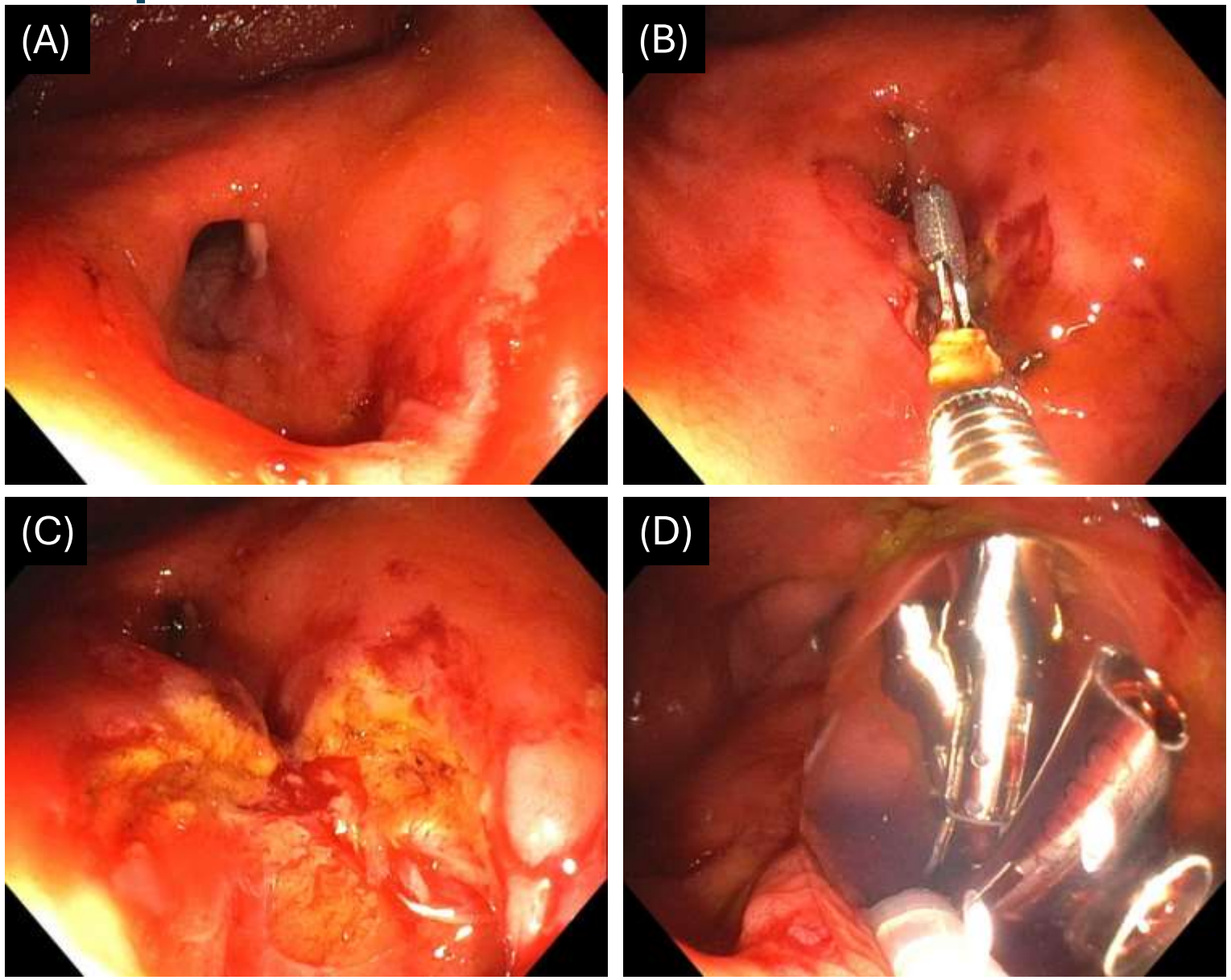
Endoscopic Mechanical Stricturectomy



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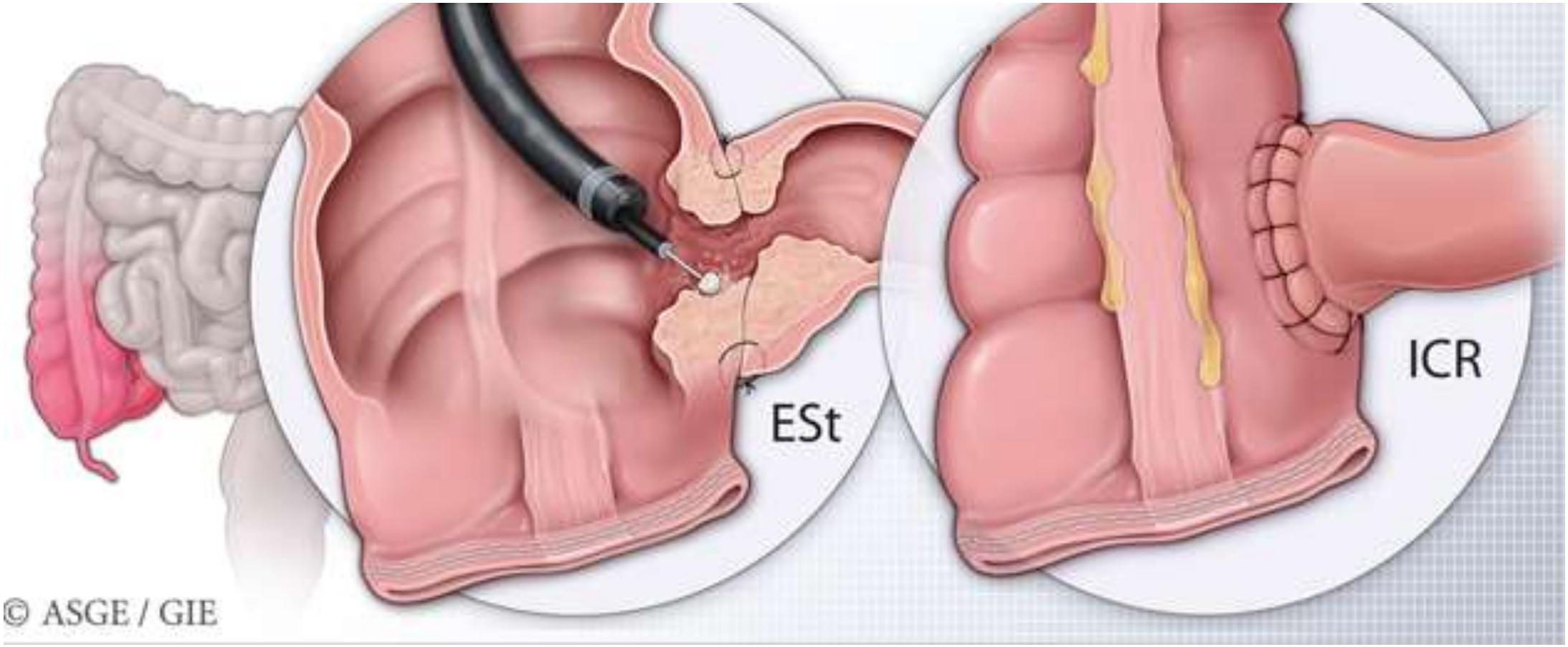
Endoscopic Electroincision vs. Surgery



Lan N, et al, *Gastrointest Endosc* 2019;90:259-68

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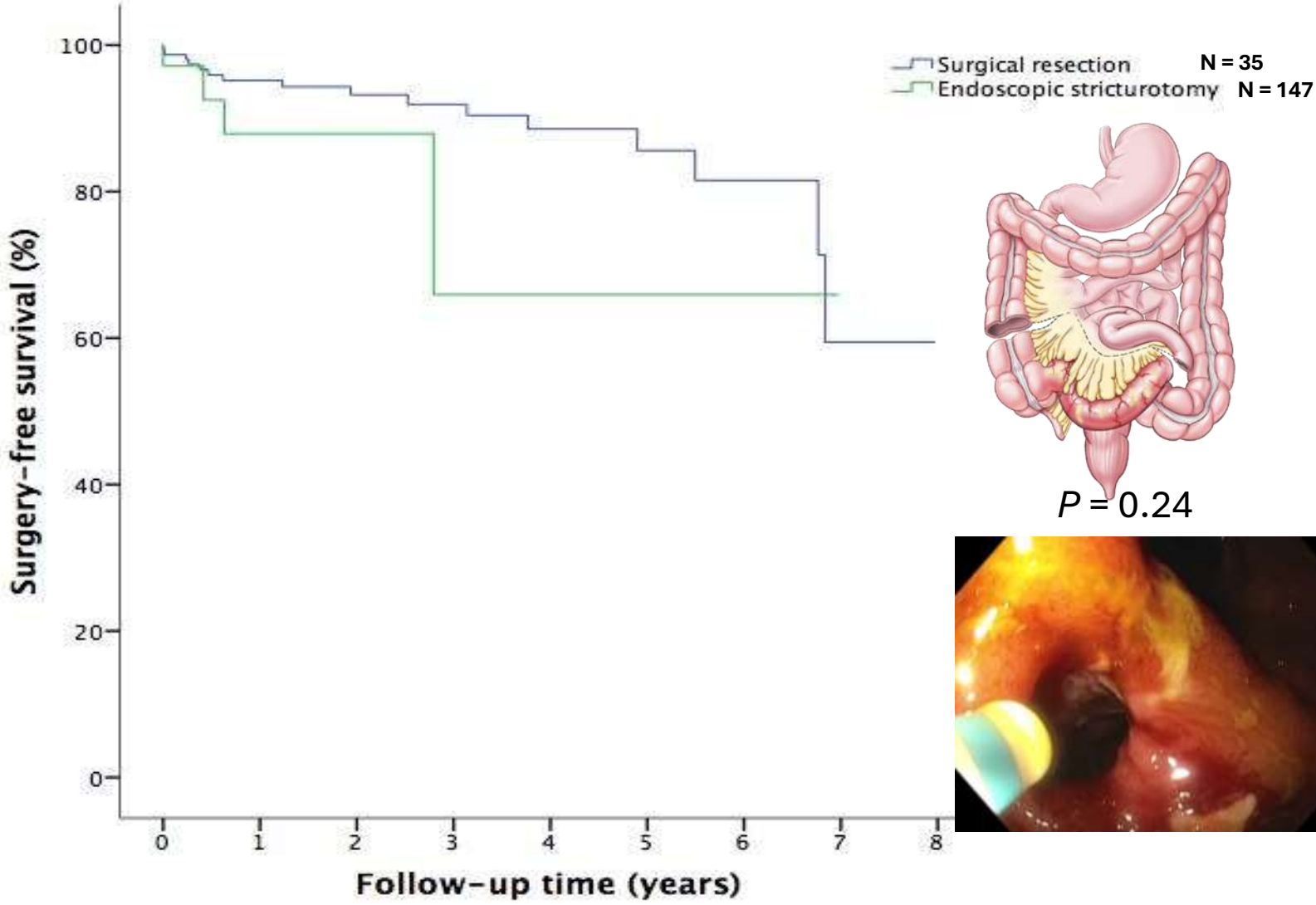
Surgery-free Survival of CD *Anastomotic* Stricture: Electroincision vs. Resection



P = 0.24

Lan N, et al, *Gastrointest Endosc* 2019;90:259-68

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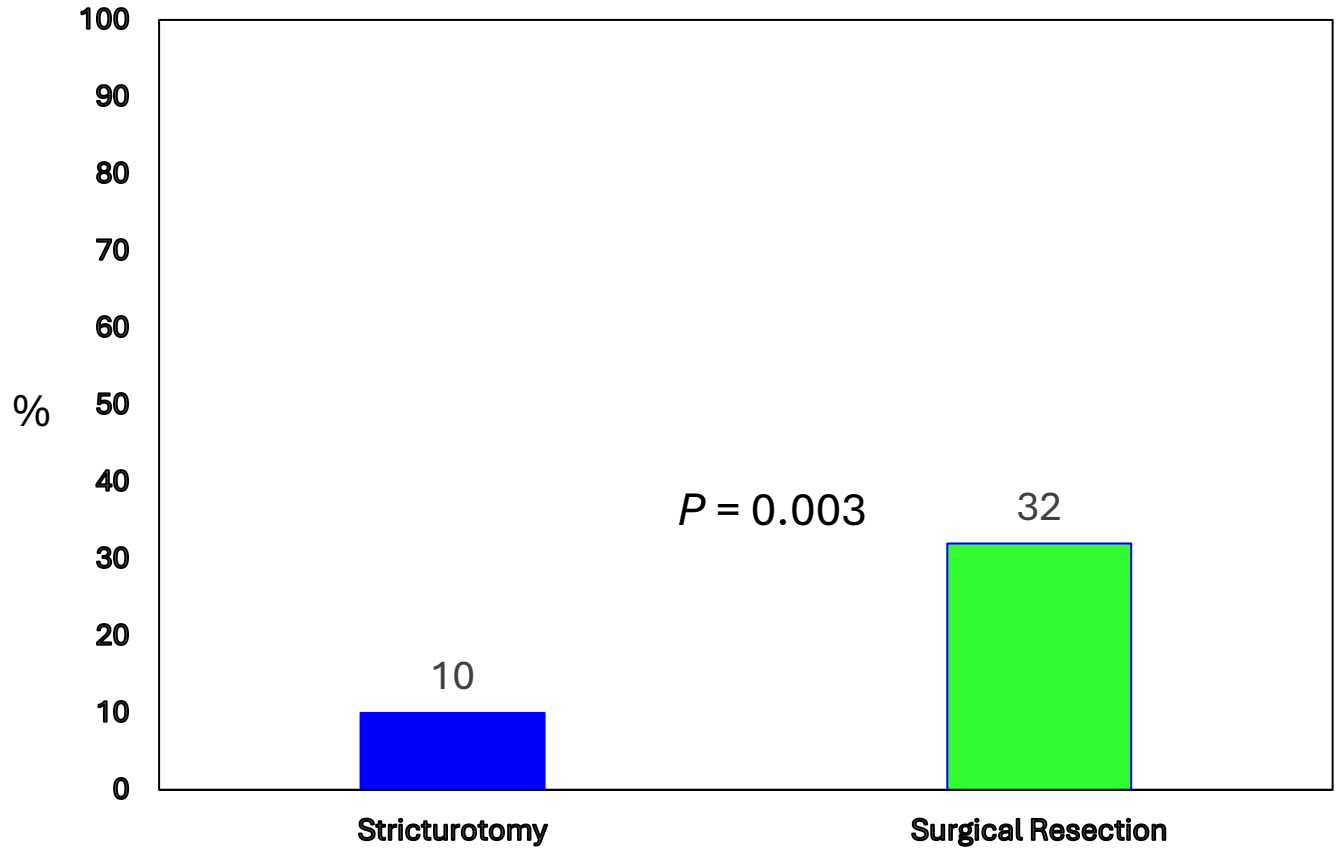
Complications (per procedure) in CD Anastomotic Stricture: Electroincision vs. Surgery



N = 35

N = 147

Perforation=1; Bleeding=4

Lan N, et al, *Gastrointest Endosc* 2019;90:259-68

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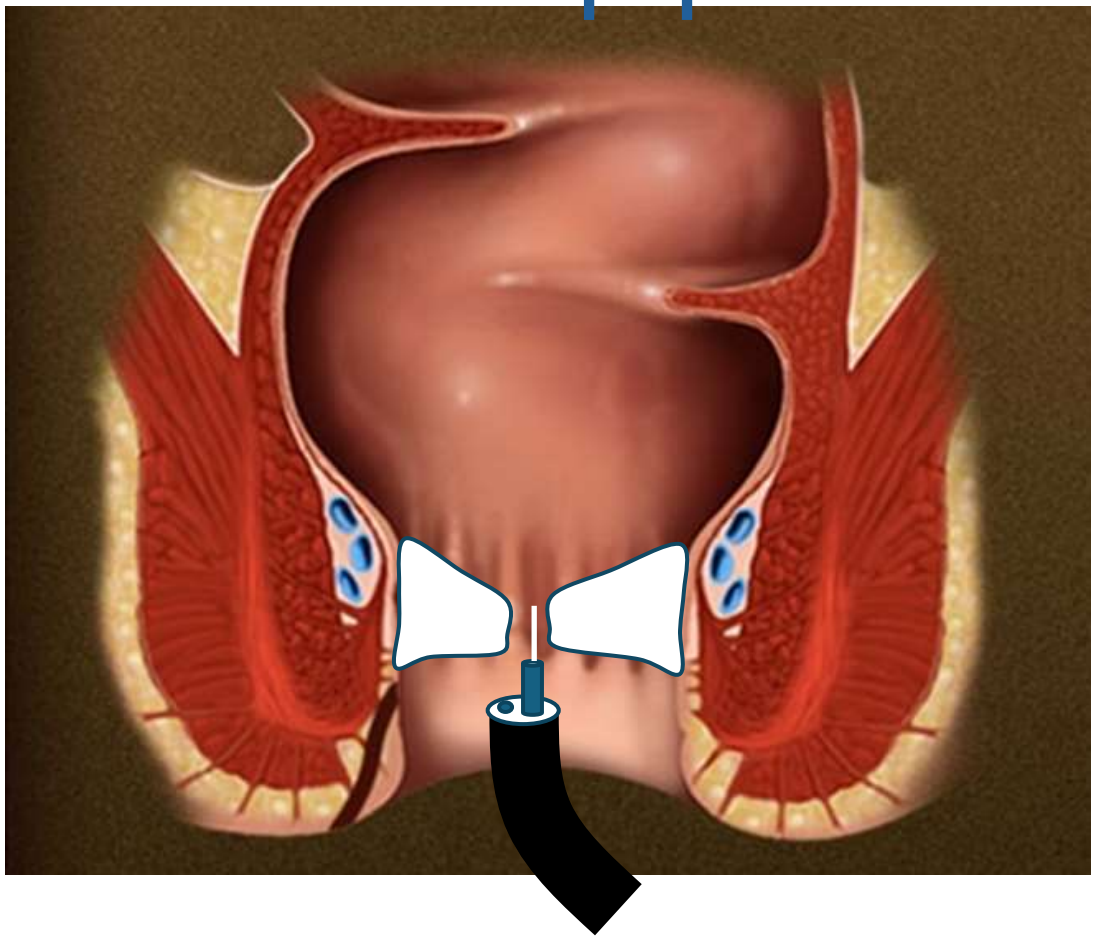
ClinicalTrial.gov List

NCT Number	NCT Number	NCT Number
NCT03222011	Stricture Definition and Treatment (STRIDENT) Endoscopic Therapy	Standard EBD vs. Intensive EBD
NCT04803916	Pre-stenotic Inflammation Following Endoscopic Balloon Dilatation in Crohn's Disease: A Prospective Study	EBD vs. endoscopic stricturotomy/strictureplasty
NCT06165289	EBD + Autologous Platelet-rich Plasma (PRP) Injection in Colonic Stenosis in Crohn's Disease	EBD PRP Injection
NCT04718493	Endoscopic Stenting in Crohn Related Strictures	EBD vs. SEMS
NCT02395354	Comparative Prospective Multicenter Randomized Study of Endoscopic Treatment of Stenosis in Crohn´s Disease	EBD vs. SEMS
NCT06036680	Long-term Study of Endoscopic Treatment of Stenosis in CD	EBD etc
NCT05009212	Endoscopic Stricturotomy Versus Endoscopic Balloon Dilatation in Patients With CD and Symptomatic Small Bowel Stricture	EBD vs. Endoscopic stricturotomy
NCT06203782	Comparing Endoscopic Strictureplasty vs. Balloon Dilation in CD Strictures	EBD vs. Endoscopic strictureplasty
NCT05521867	EBD vs. Endoscopic Stricturotomy for Short Crohn's Strictures	EBD vs. endoscopic stricturotomy
NCT04865484	Prospective Randomized Comparative Study of the Treatment of Multisegmental Fibrostenosing Crohn's Disease.	Surg resection vs. surg strictureplasty vs EBD
NCT03735355	EBD vs Surgery to Treat Short Strictures in Fibrostenosing Crohns Disease	Surgery vs. EBD
NCT05561127	Paclitaxel Coated Balloon for the Treatment of Chronic bEnigN sTricture-Bowel (PATENT-B)	Drug-coated

Anorectal ring:

Treating strictures help perianal disease?



Modified from Honor A, Schwartz DA. In: Shen B (Ed) *Interventional IBD*. Elsevier 2018

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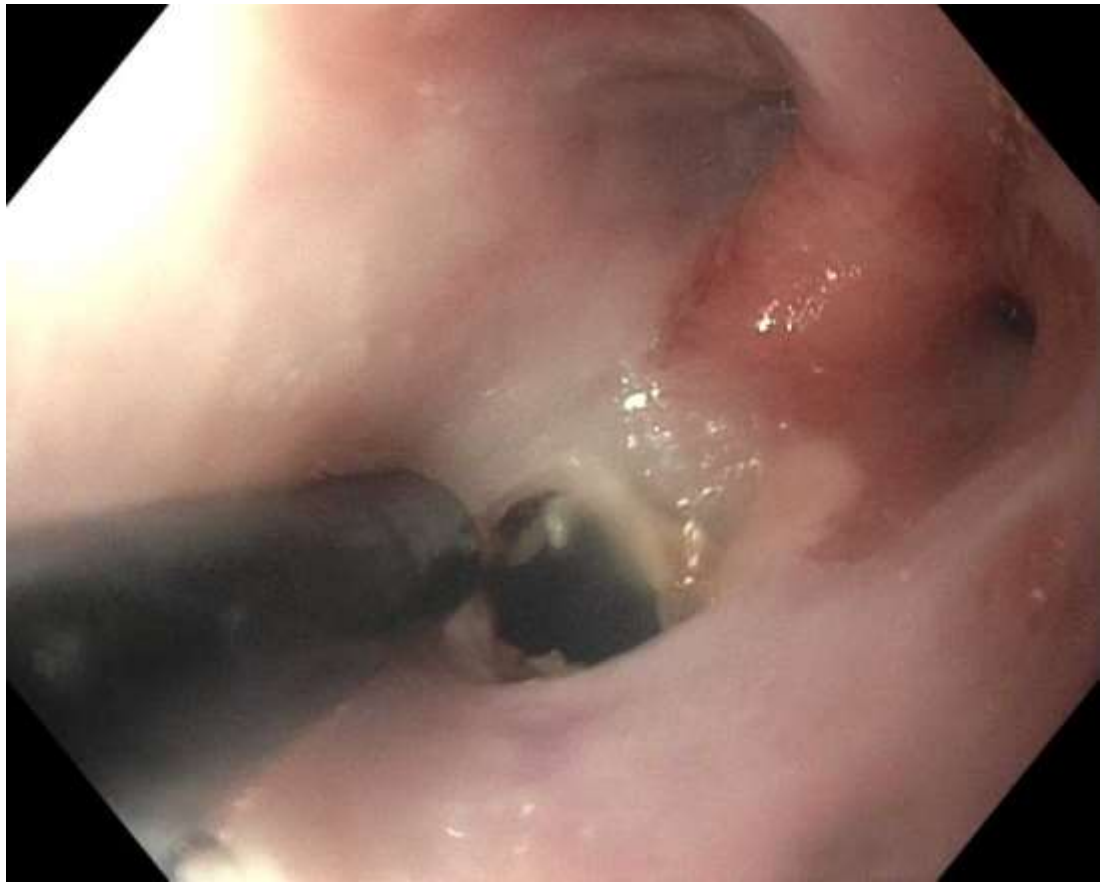
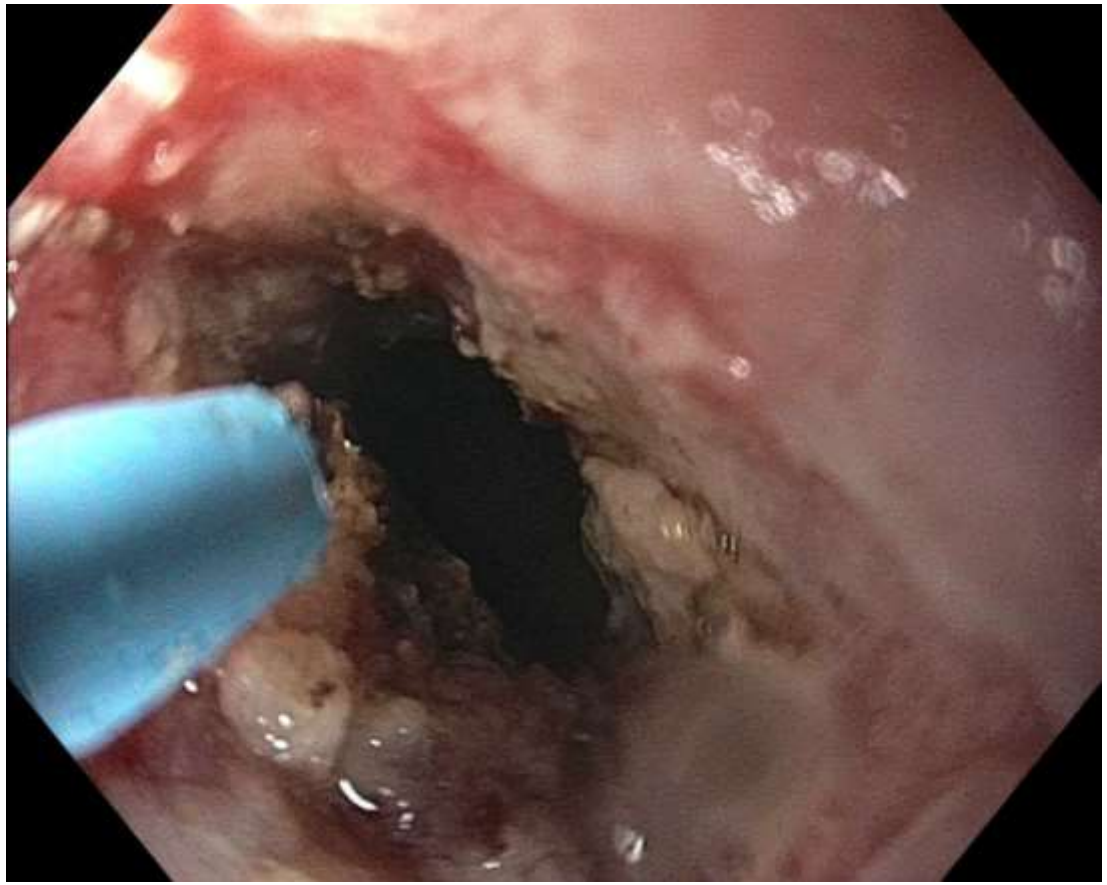
Endoscopic Stricturotomy of Nontraversible Anorectal Strictures





Hermann K, Kiran RP, Shen B. *Endoscopy Int Open* 2024

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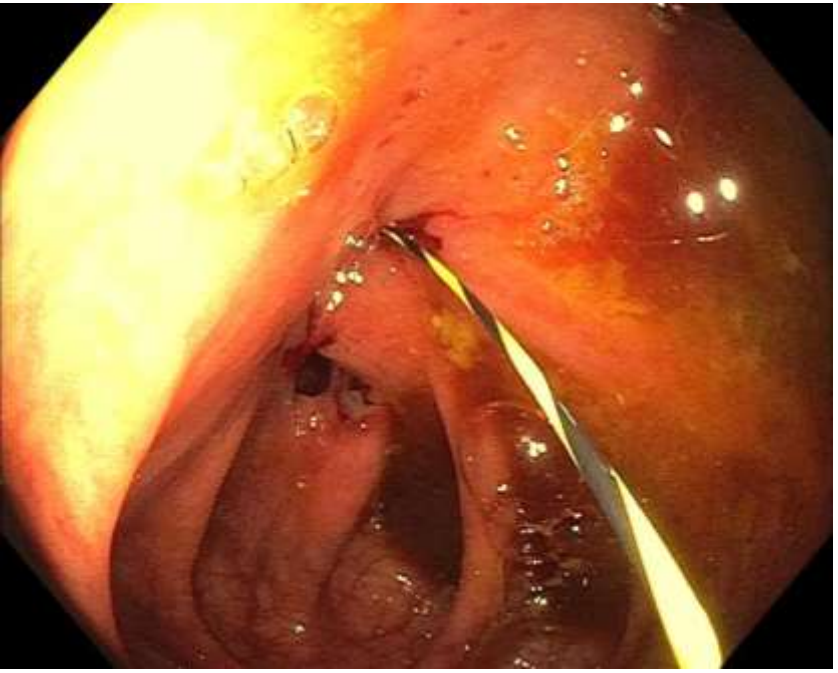
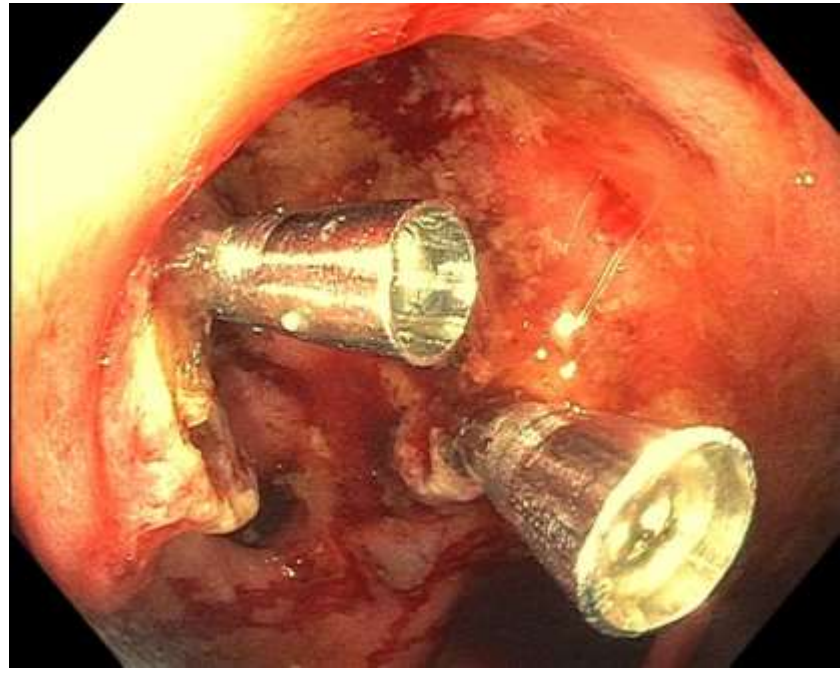
Shen B and ASGE IBD Endoscopy Consensus Panel. *GIE* 2024 in press

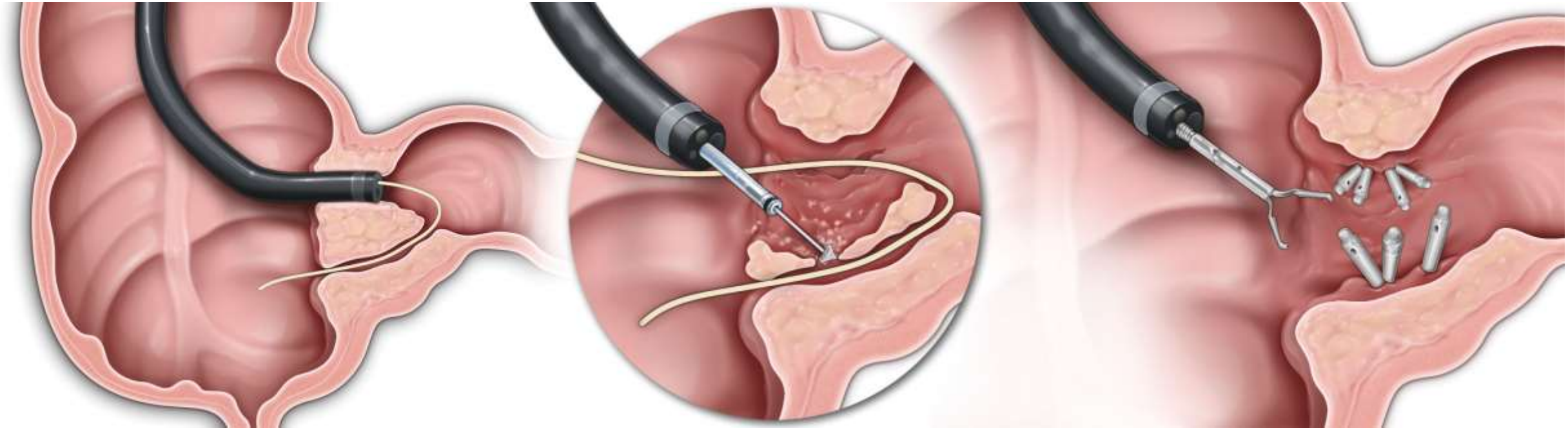
Fistulotomy + Stricturotomy





Shen B. *Gastroenterology Report (Oxford)* 2022 [Epub]

Fistulotomy + Stricturotomy



Kochhar G, Shen B. *Gastrointest Endosc* 2018;88:87-94

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Updated Shen B. *Gastrointest Endosc Clinics N Am*. 2022;32:597-614

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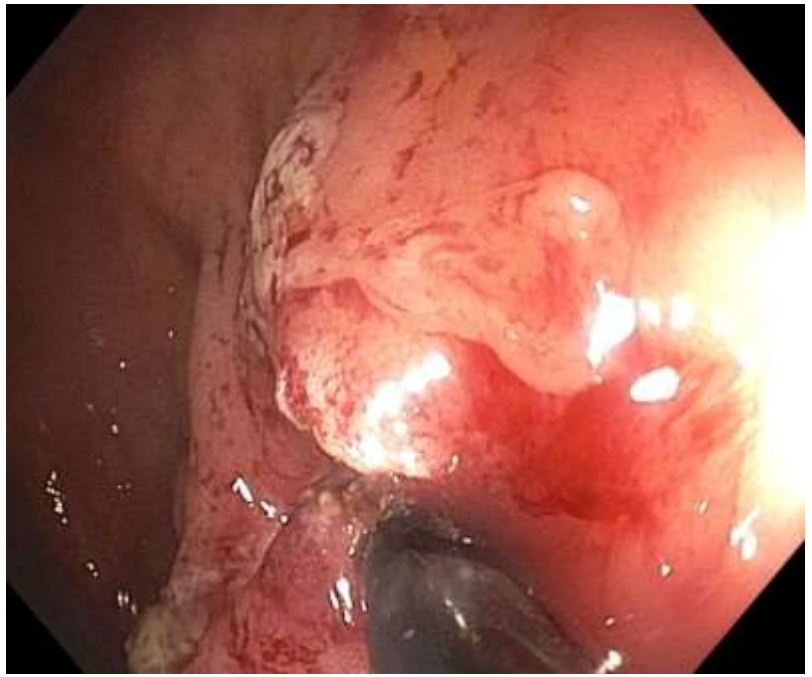
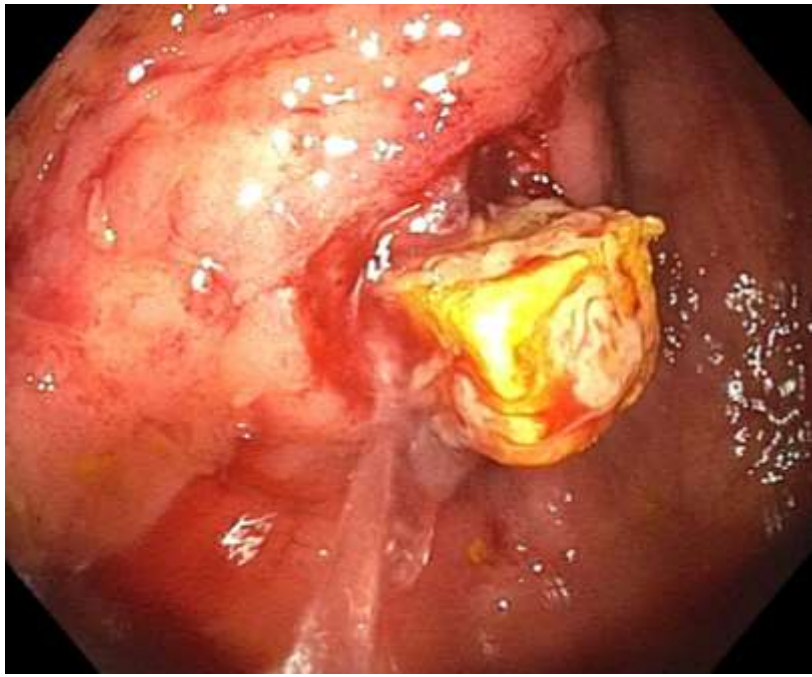
Bezoar Removal





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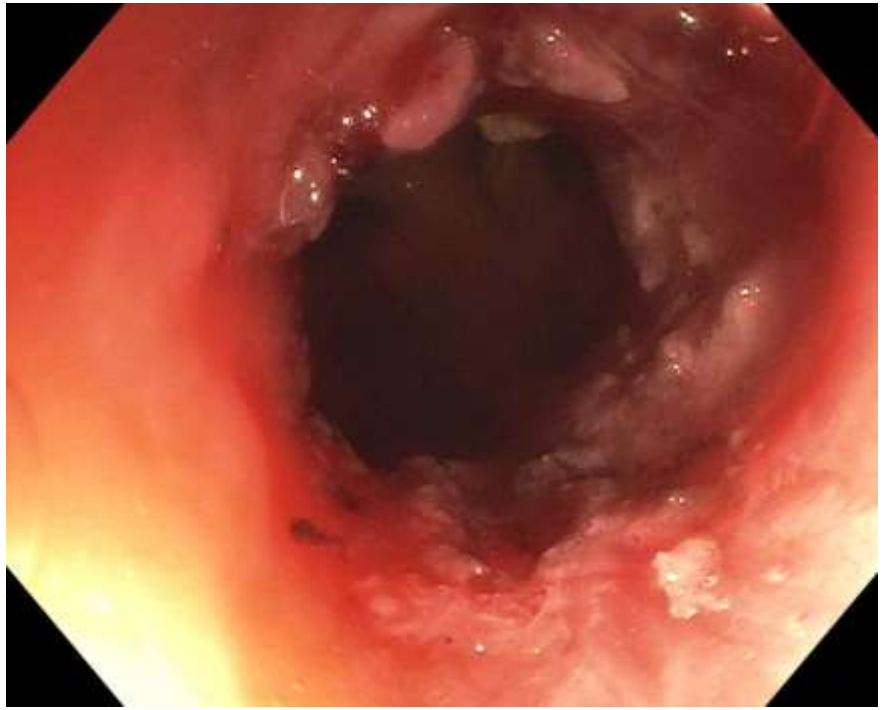
Polypectomy Removal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Interventional IBD in ASGE Guidelines

TABLE 1. Continued

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Shen B and ASGE IBD Endoscopy Consensus Panel. *GIE* 2024 [Epub]

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Updated Shen B. *Gastrointest Endosc Clinics N Am*. 2022;32:597-614

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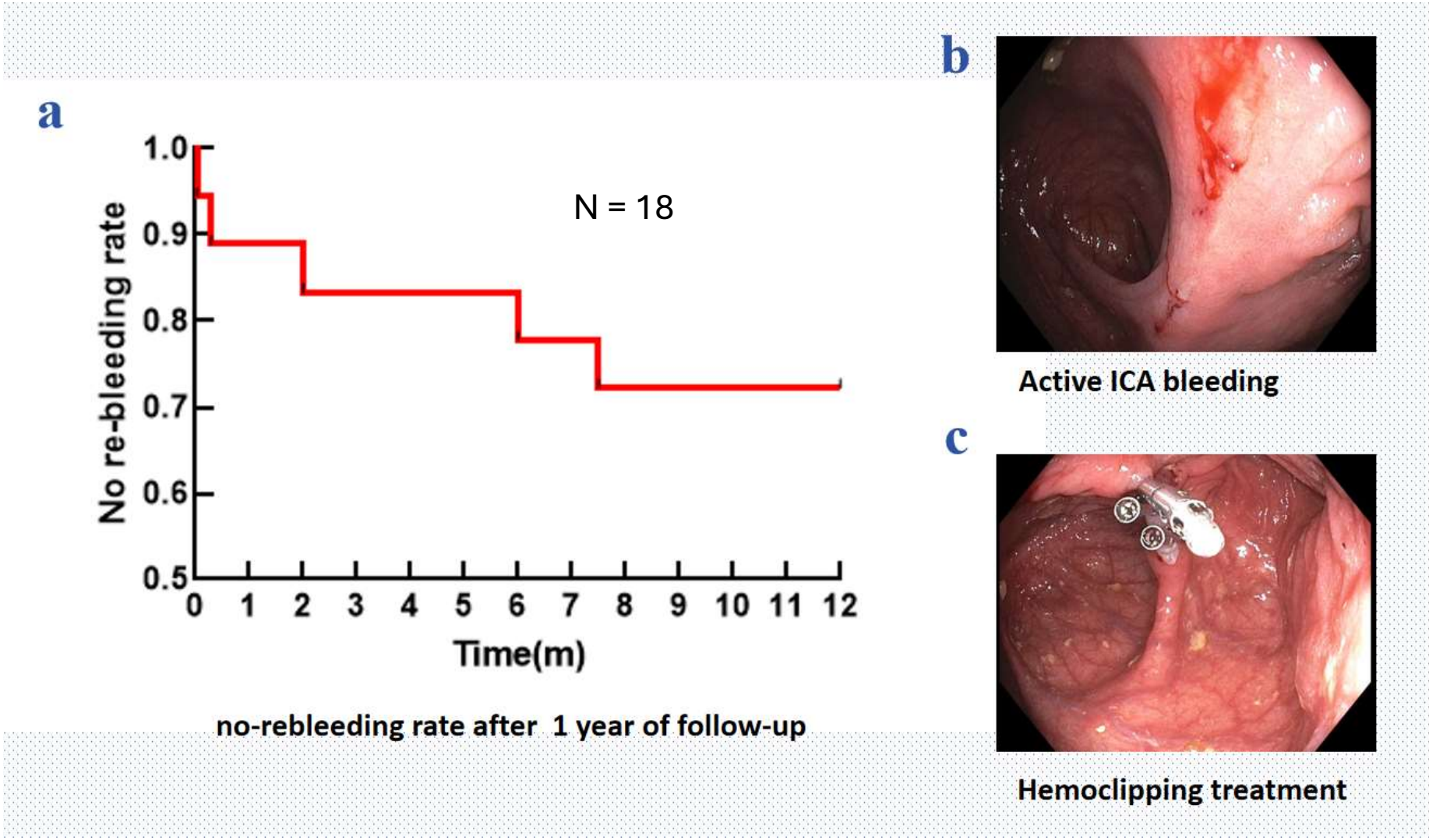
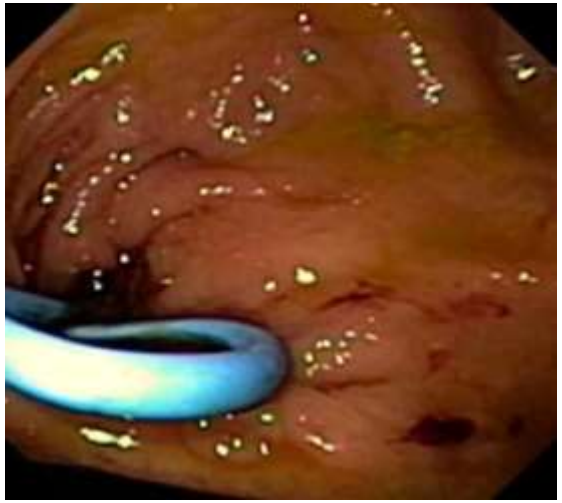
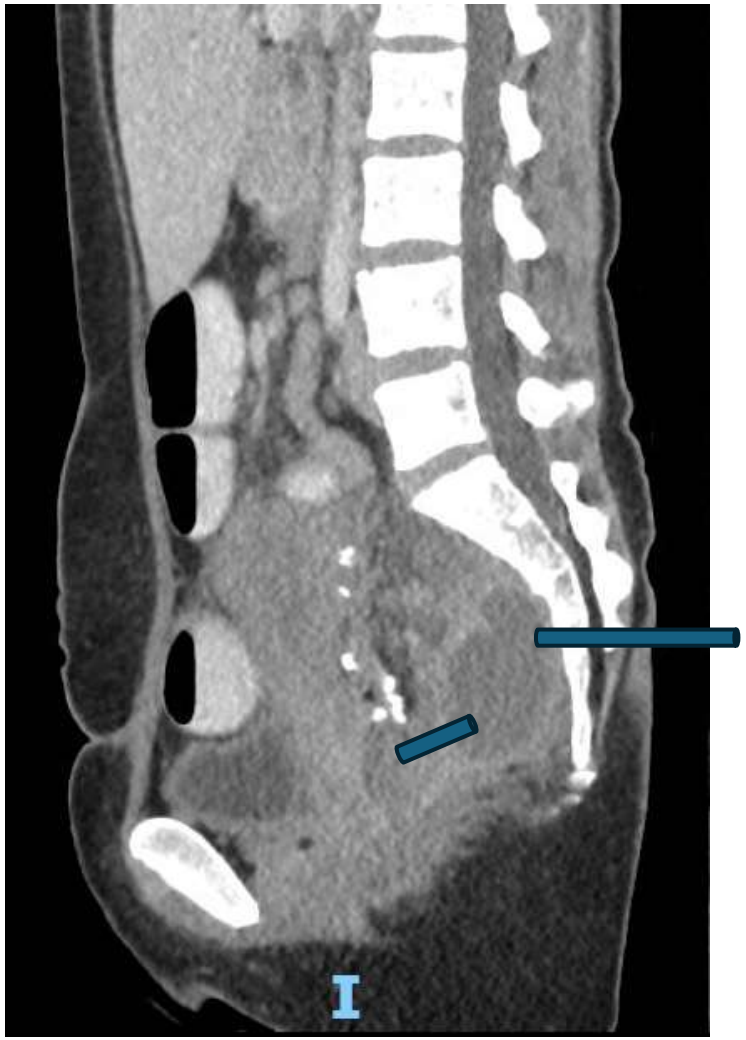
Anastomotic Bleeding



Zheng W, et al. DDW 2025

Drainage of Presacral Abscess:
External (Interventional Radiology) vs. Internal (Endoscopy)





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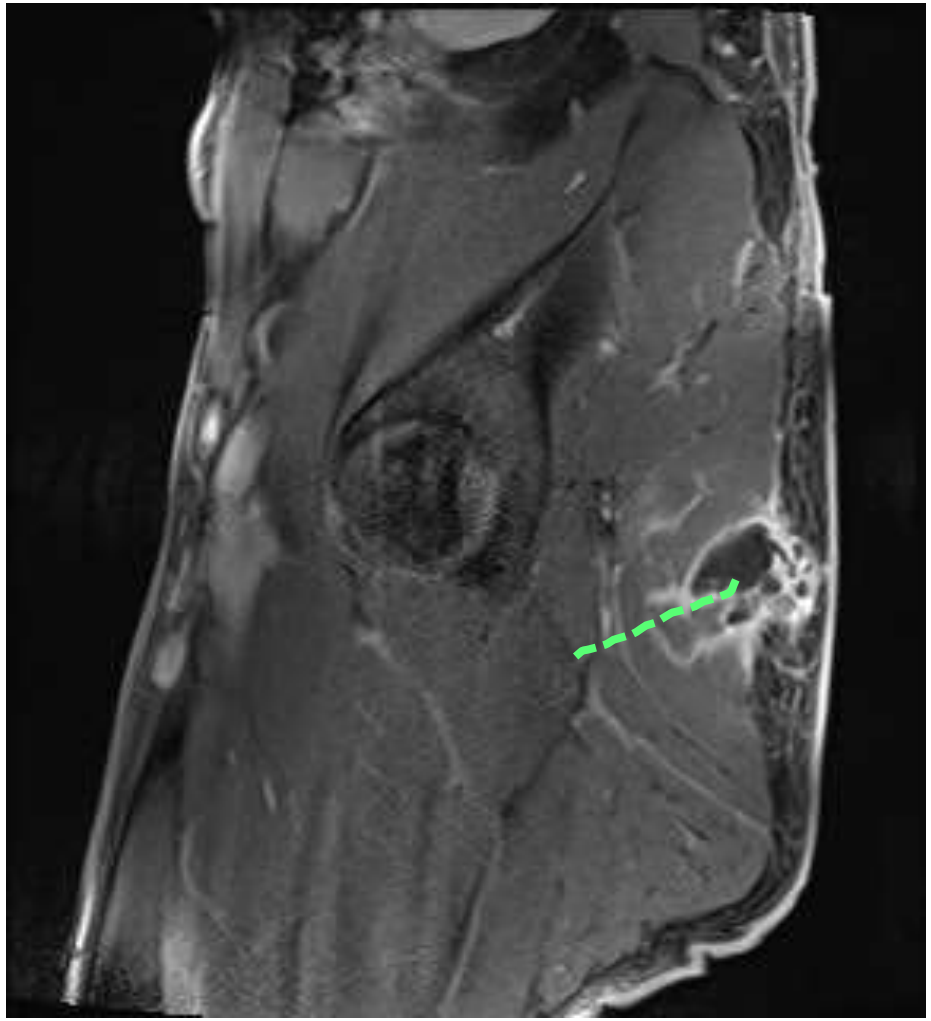
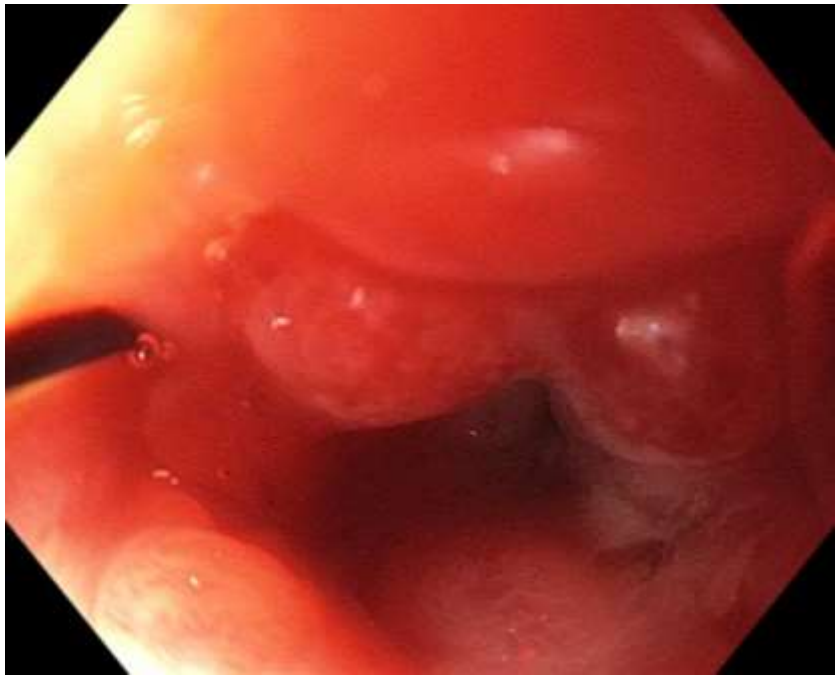
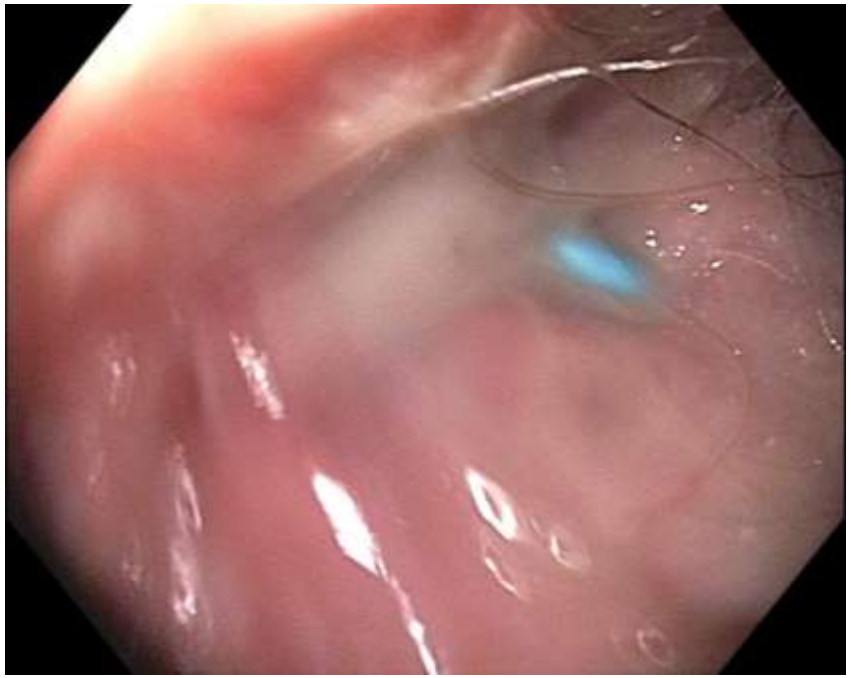
Historical Concern: Enterocutaneous Fistula Formation



Shen B. Columbia University 2024

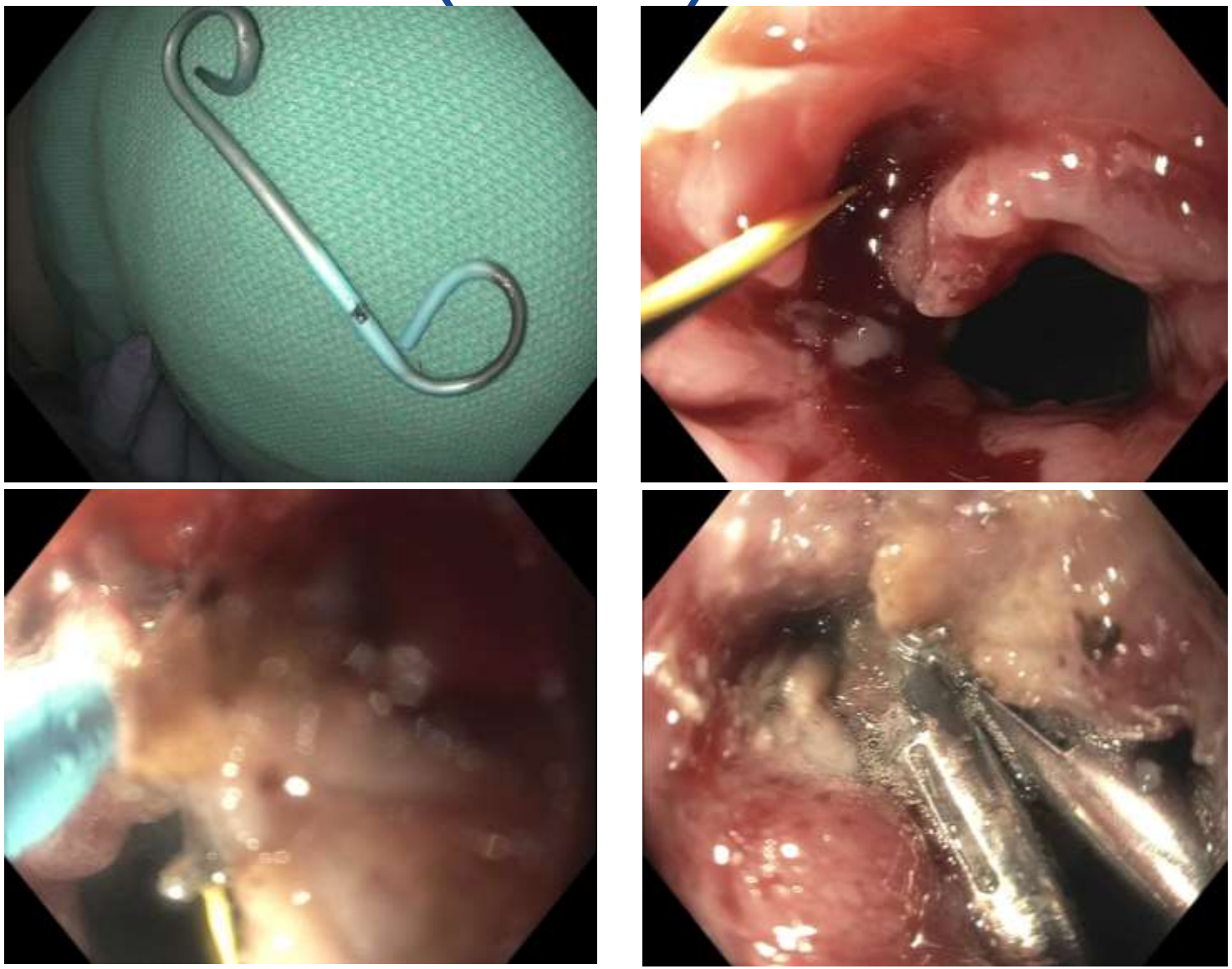
Intraluminal Drainage





Shen B. Columbia University 2024

Stricturotomy After Maturation of Chronic Abscess (Sinus)



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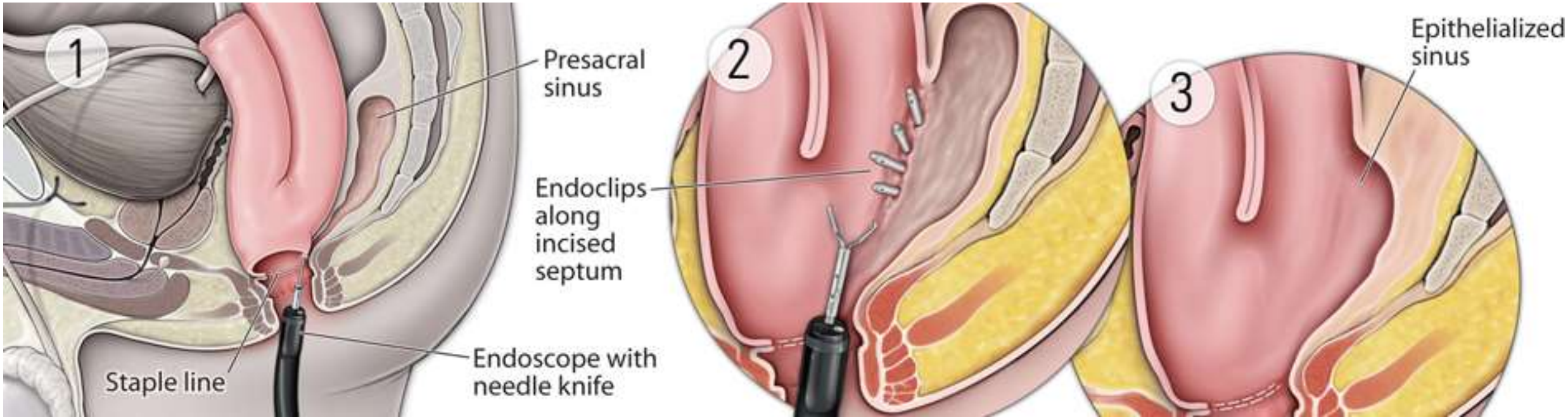
Endoscopic Sinusotomy



Lan N, Hull TL, Shen B. *Gastrointest Endosc* 2019;89:144-56

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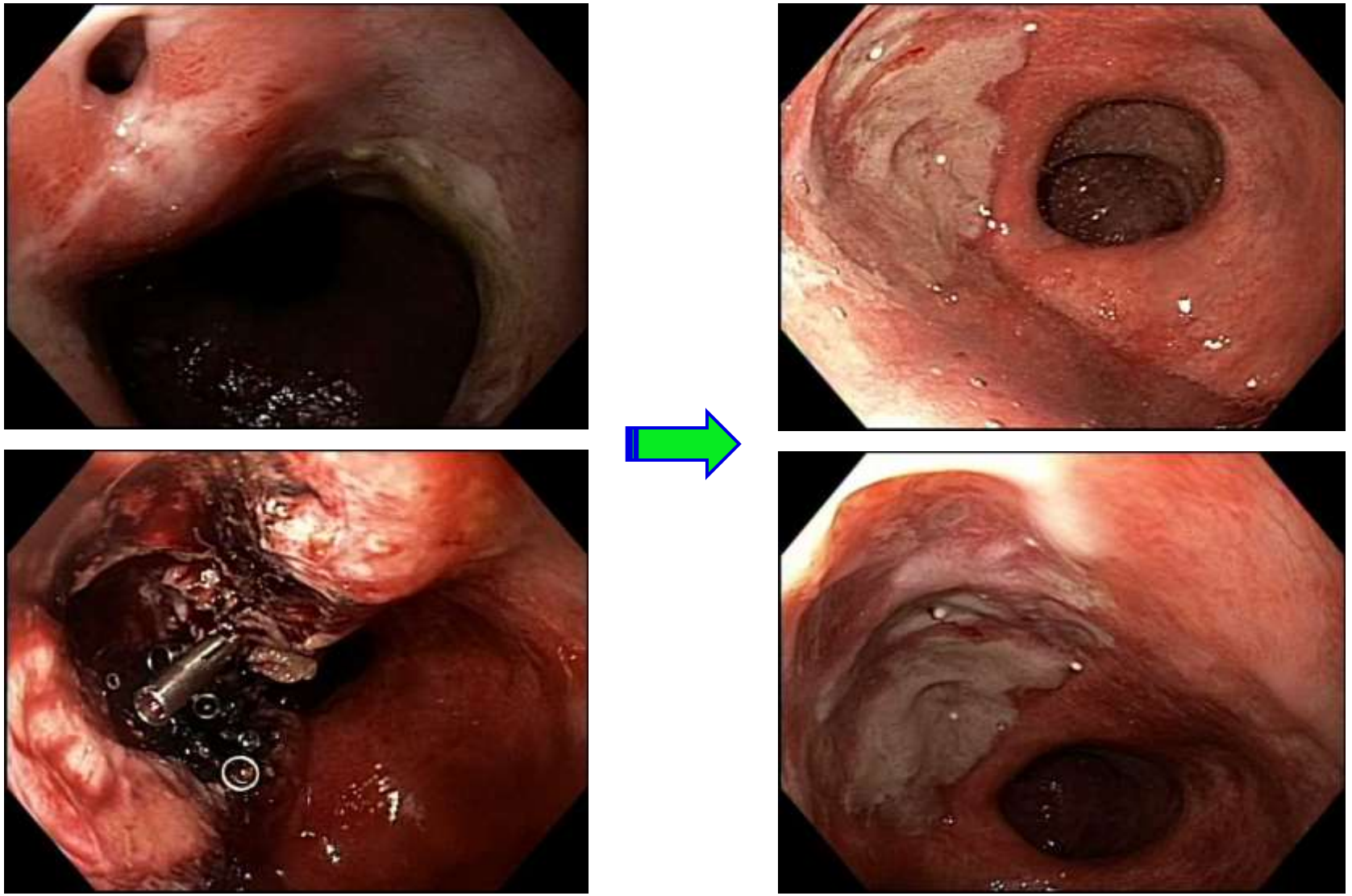
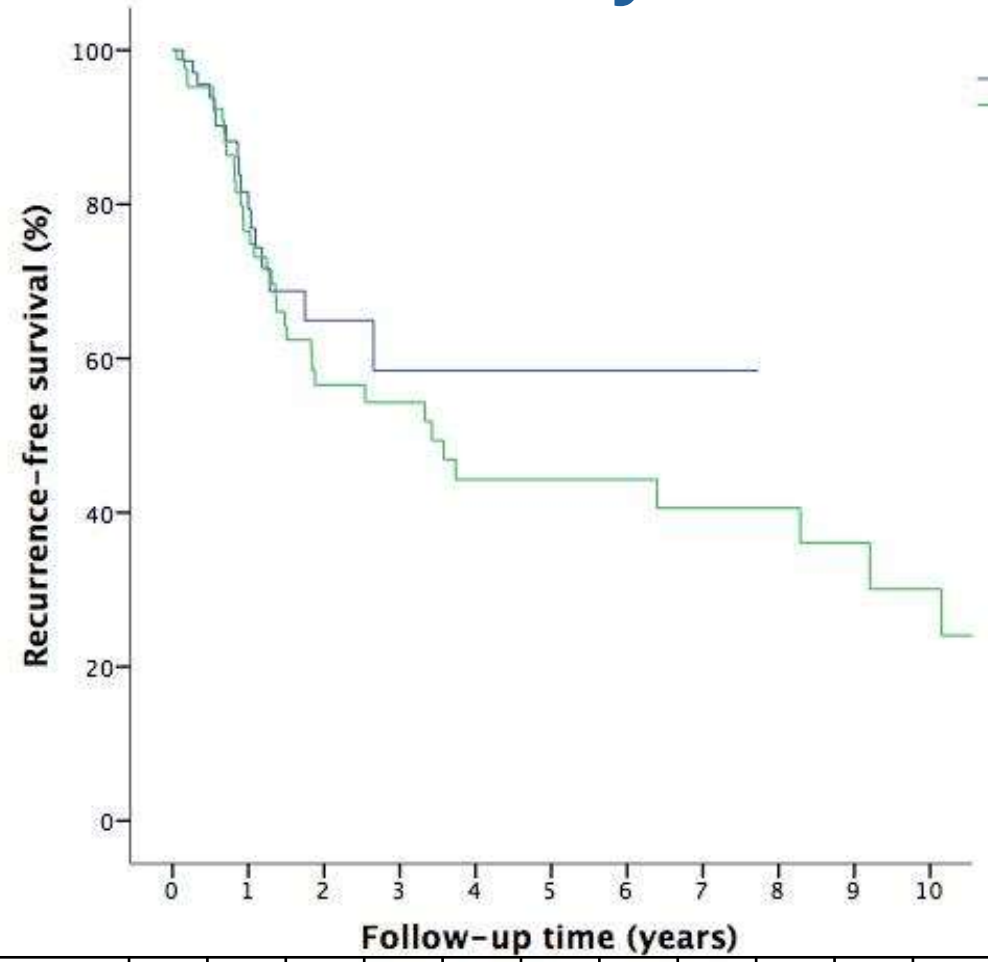
Endoscopic Sinusotomy

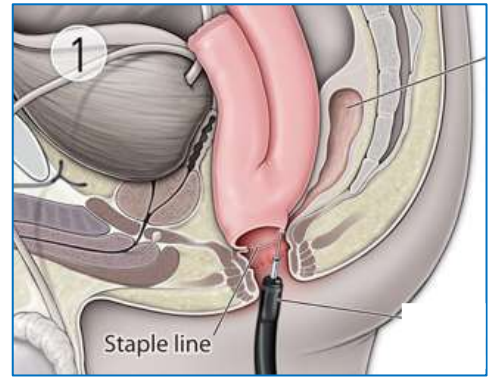


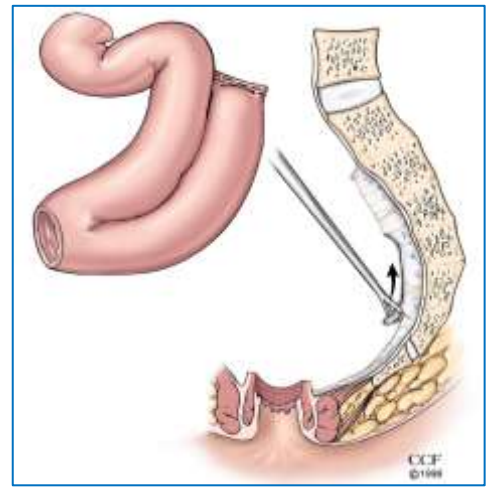
Lan N, Hull TL, Shen B. *Gastrointest Endosc* 2019;89:144-56

Recurrence-free Survival: Endoscopic Sinusotomy vs. Redo Surgery



Endoscopic sinusotomy	75	35	14	8	6	3	1	1			
Pouch redo surgery	85	45	28	22	16	13	12	11	10	6	5





Lan N, Hull TL, Shen B. *Gastrointest Endosc* 2019;89:144-56

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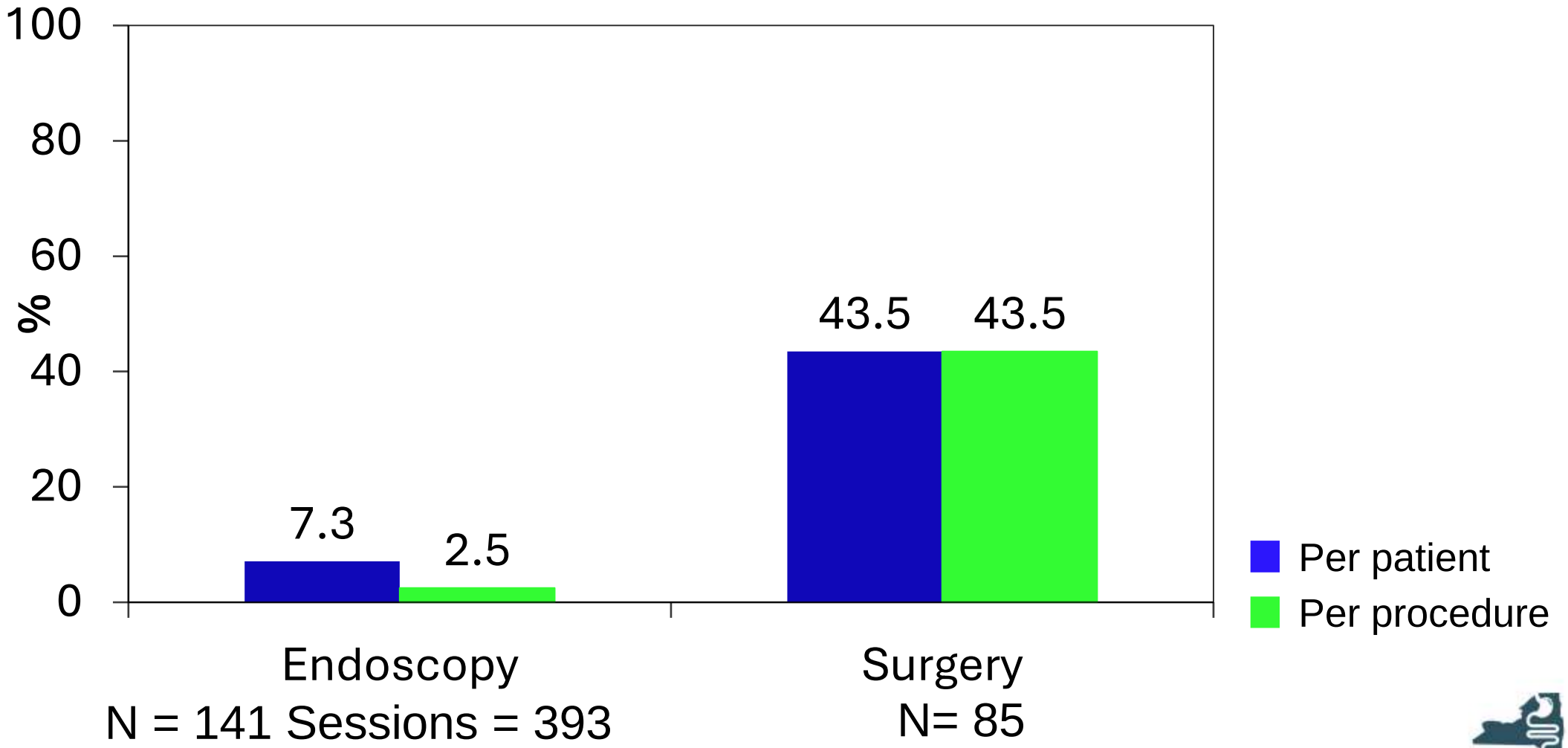
Major Complications: Endoscopic vs. Surgical Therapy



Lan N, Hull TL, Shen B. *Gastrointest Endosc* 2019;89:144-56

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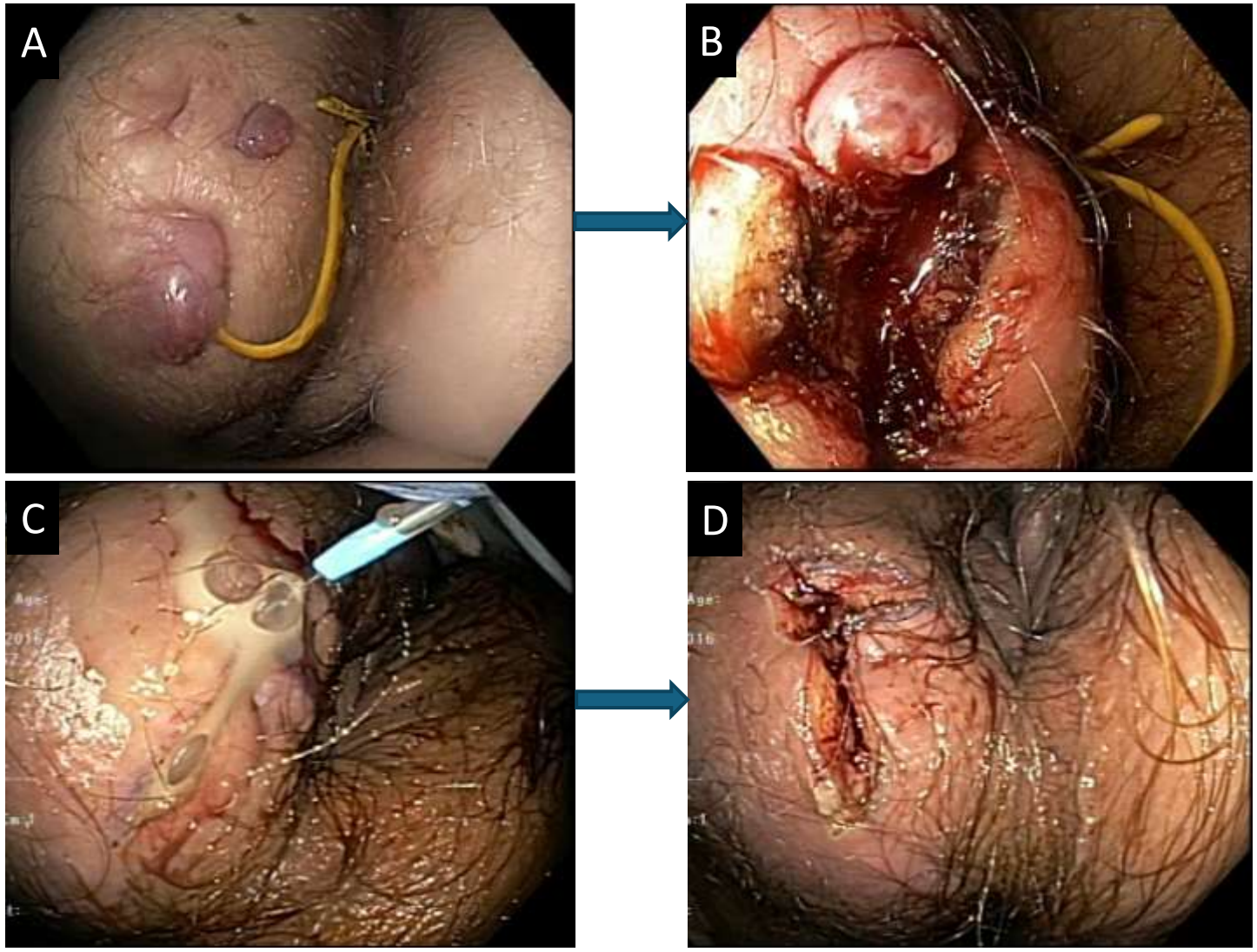
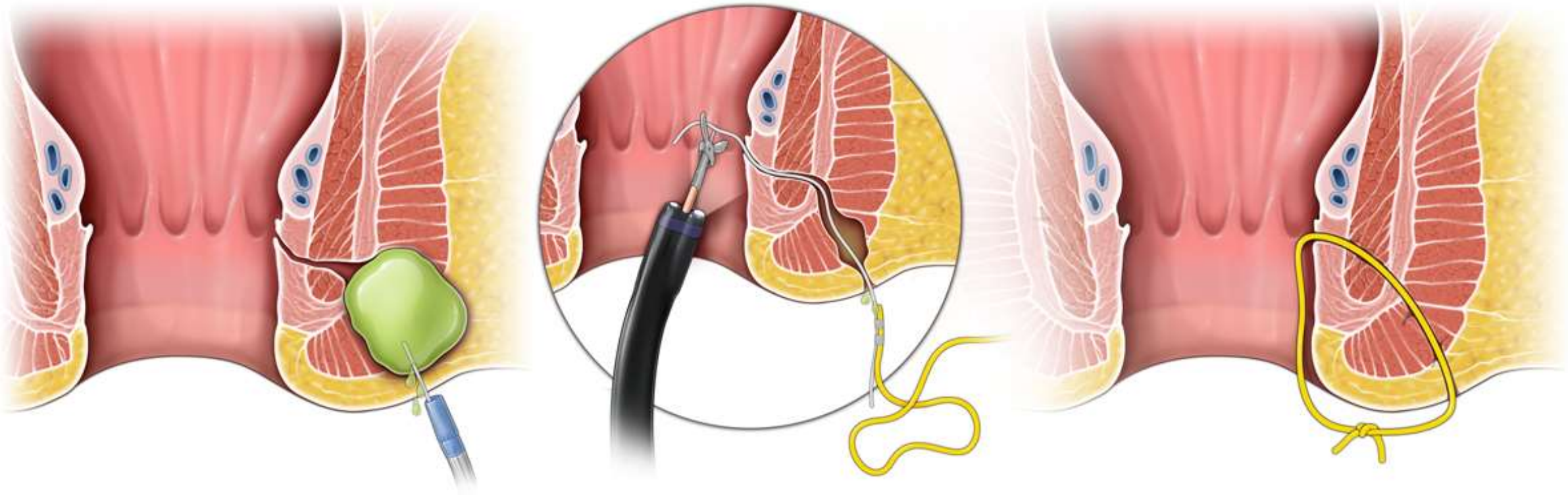
Endoscopic Fistulotomy



Shen B. *Gastrointest Endosc* 2017;85:1133-43

Drainage and Seton Placement



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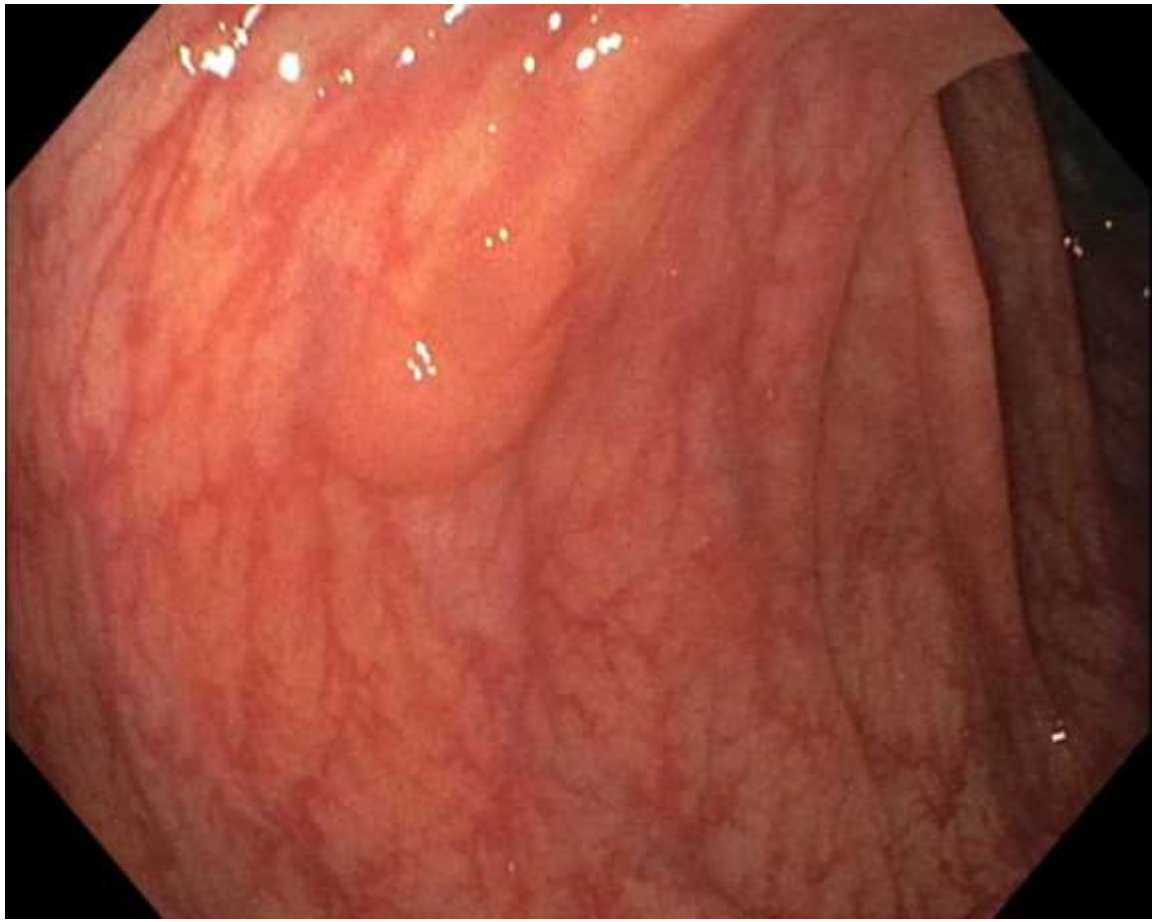
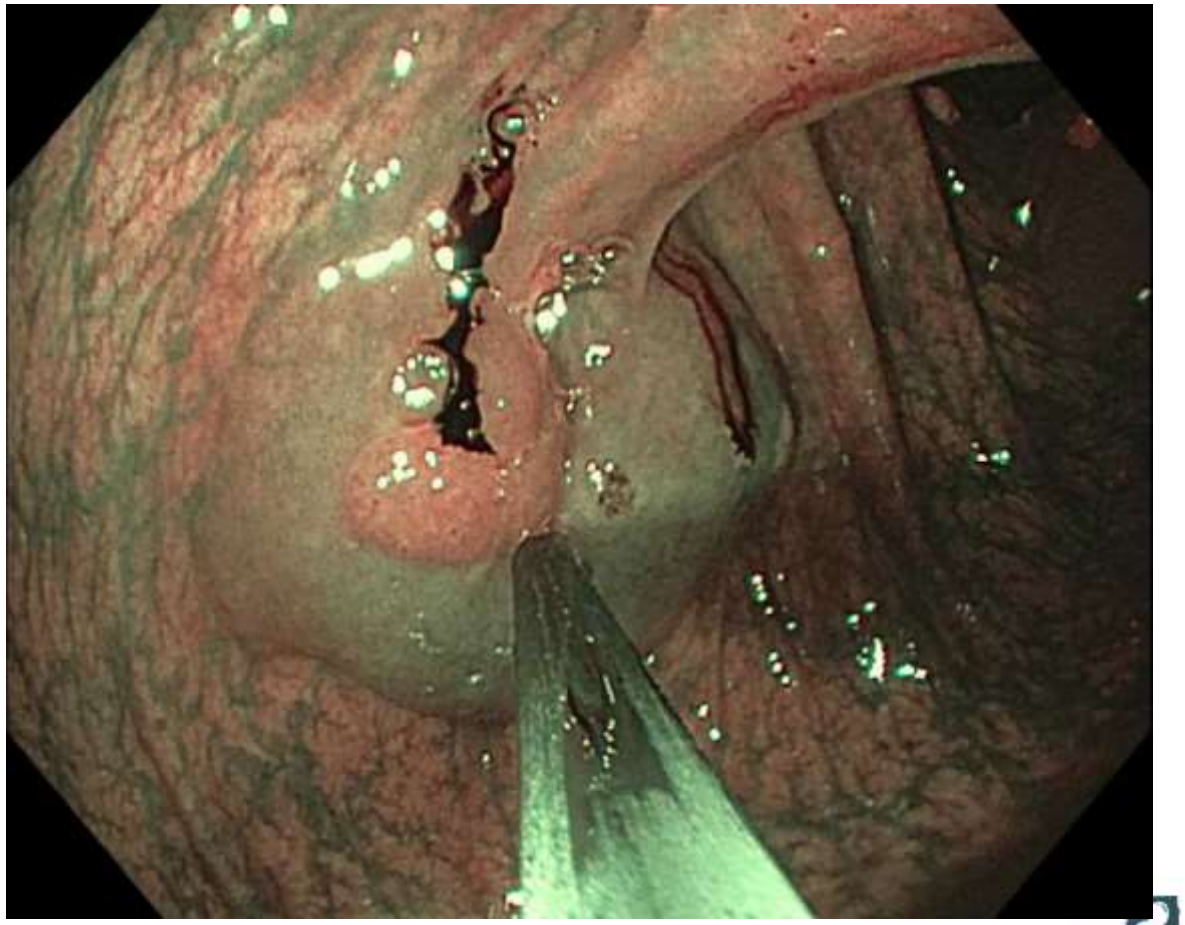
Updated Shen B. *Gastrointest Endosc Clinics N Am*. 2022;32:597-614

Clear-border, Liftable Lesions





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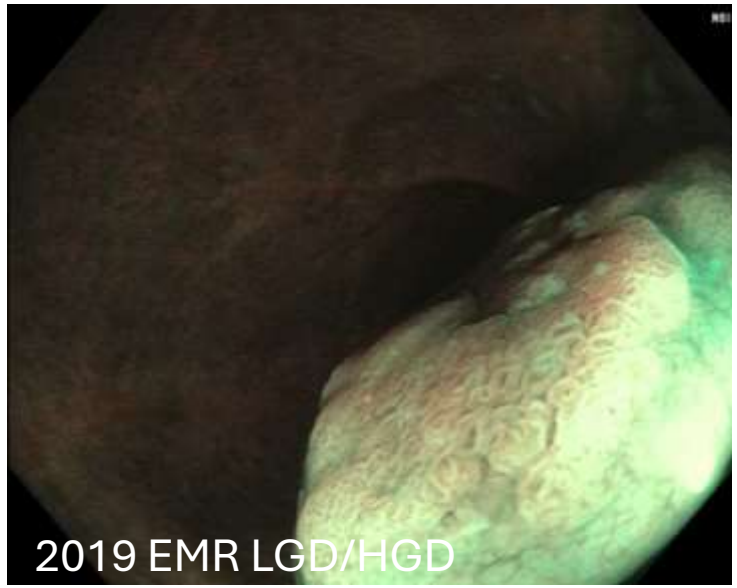
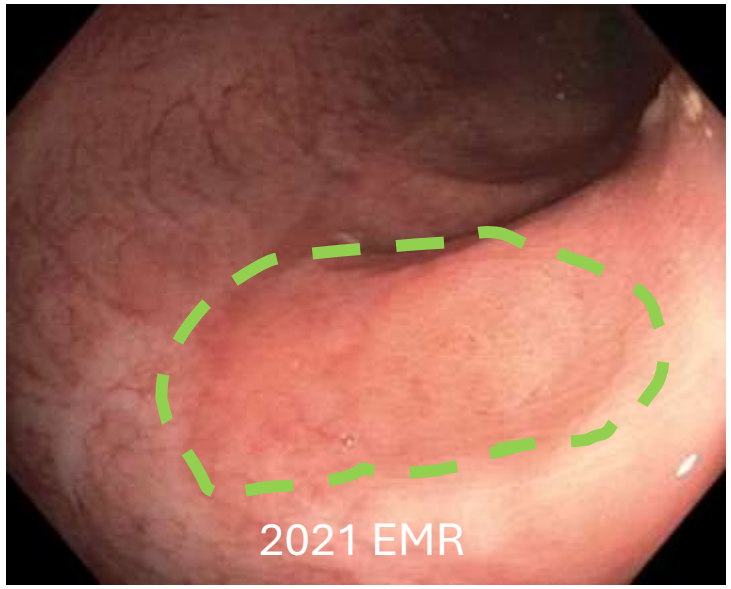
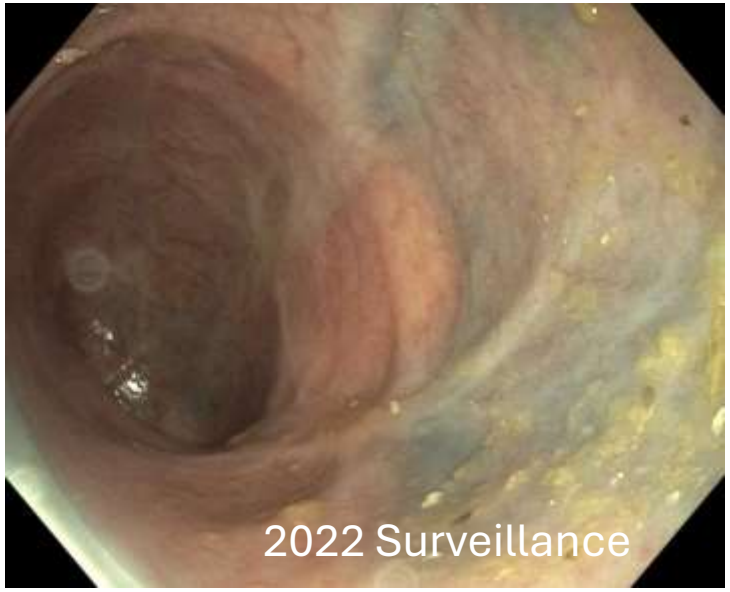
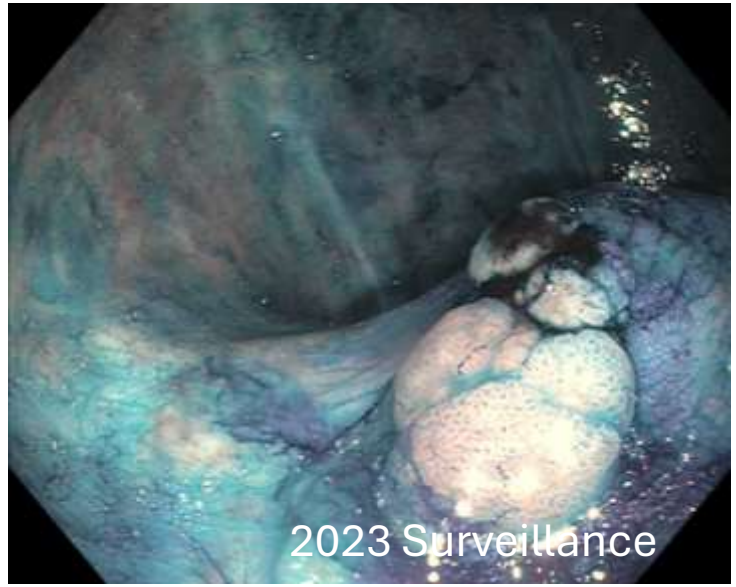
Even after Endoscopic Resection









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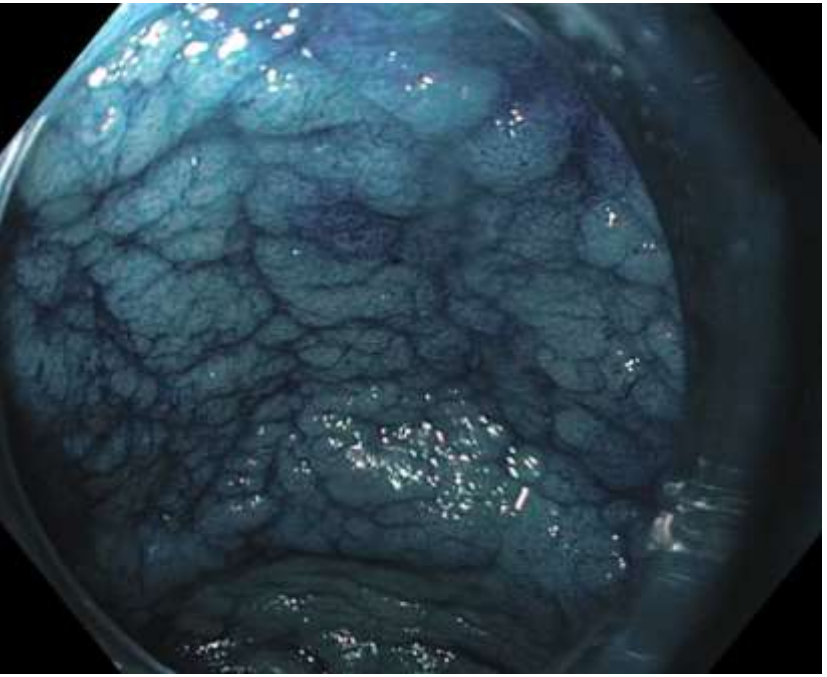
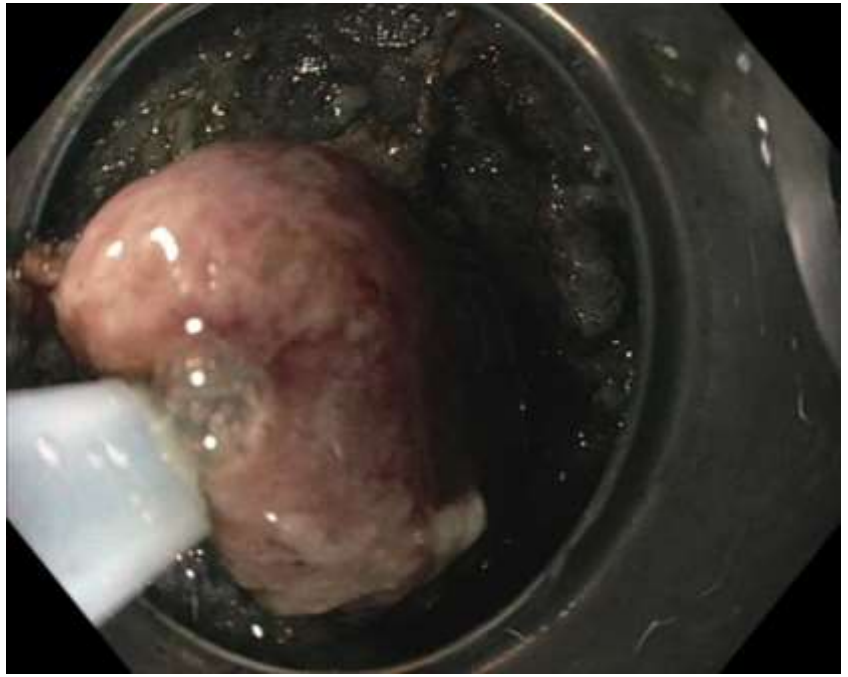
ESD of Colitis-associated Neoplasia





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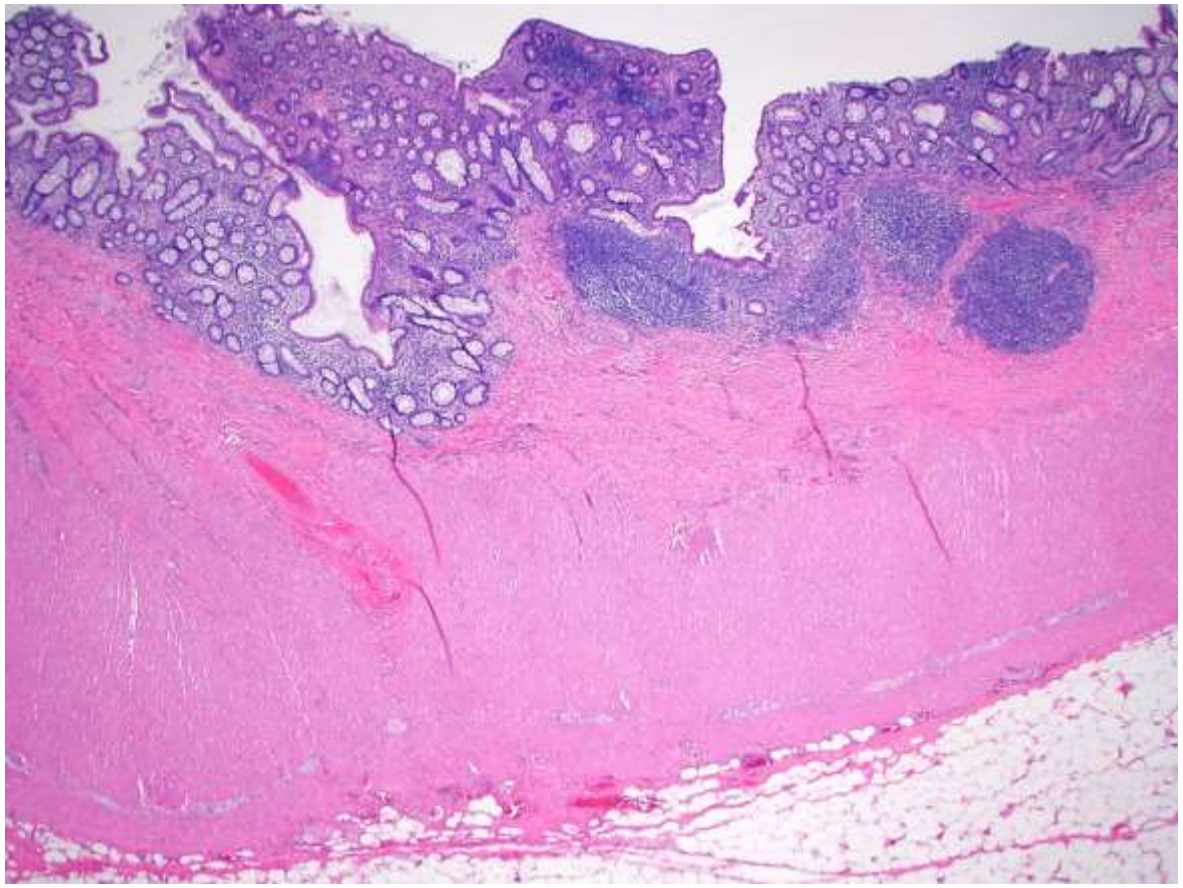
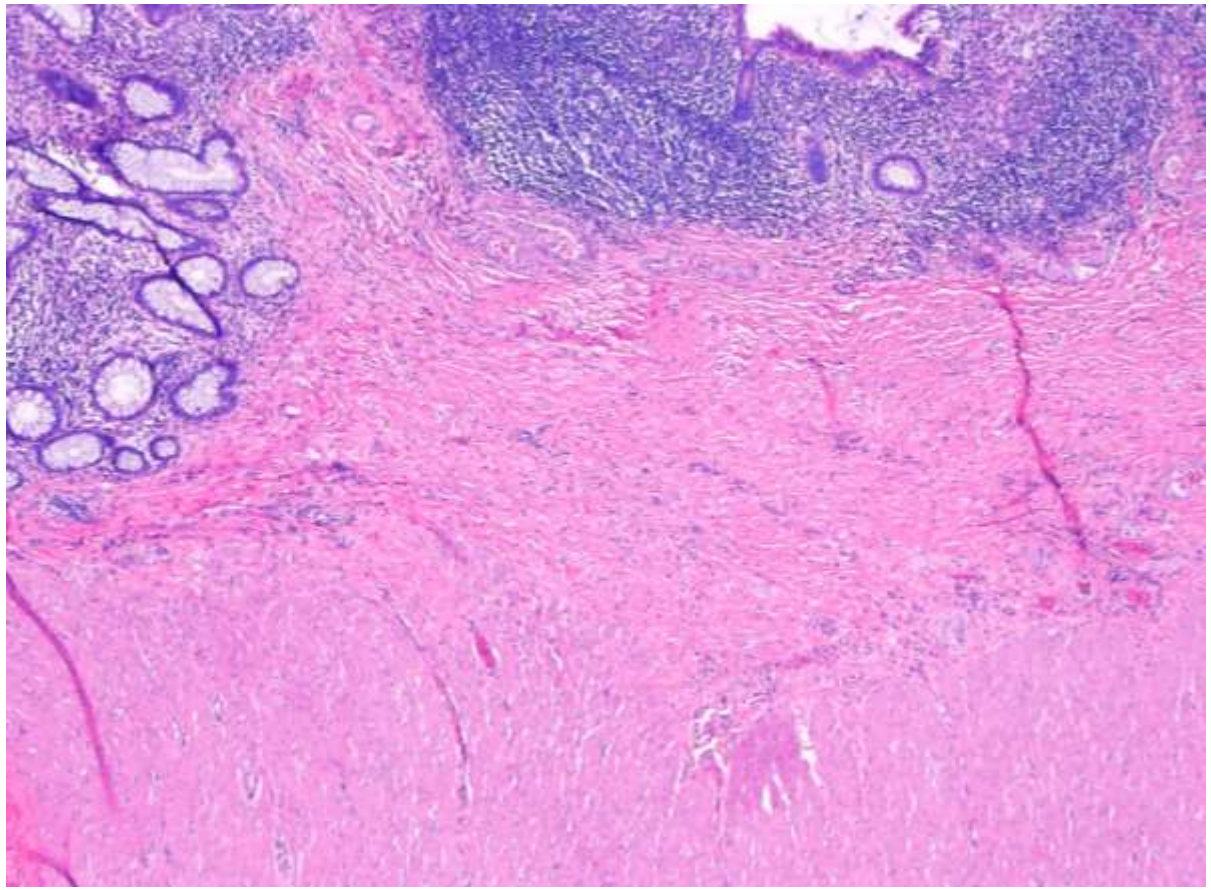
Submucosal Fibrosis in UC





Courtesy of Dr. Xiuli Liu of Washington University

Interventional IBD in ASGE Guidelines

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Shen B and ASGE IBD Endoscopy Consensus Panel. *GIE* 2024 [Epub]

Consensus Guidelines

Practical guidelines on endoscopic treatment for Crohn's disease strictures: a consensus statement from the Global Interventional Inflammatory Bowel Disease Group

Bo Shen, Gursimr
Gerald Dryden, Ra
Shou-Jiang Tang,
Guodong Chen, S

Stricture form
drugs. Endosc

Endoscopic evaluation of surgically altered bowel in inflammatory bowel disease: a consensus guideline from the Global Interventional Inflammatory Bowel Disease Group

Bo Shen,
Yago Gon
Begoña G
Yan Chen
Mark S Si

Lancet Gastroenterol Hepatol
2021; 6: 482–97

The ma
require

Management of pouch neoplasia: consensus guidelines from the International Ileal Pouch Consortium

Ravi P Kiran, Gursimran S Kochhar, Re
Huaibin Mabel Ko, Xiuli Liu, Lisa A Ka
André D'Hoore, Omar Faiz, Simon Lo,
James T McCormick, Francis A Farraye
Dino Tarabar, Sandra El-Hachem, Will

Surveillance pouchoscopy is
anastomosis in ulcerative col

Treatment of pouchitis, Crohn's disease, cuffitis, and other inflammatory disorders of the pouch: consensus guidelines from the International Ileal Pouch Consortium

Bo Shen, Gursimran S Koch
Jason Schairer, Ravi P Kiran,
Shannon Chang, Ellen Sche
Rocio Sedano, Maia Kayal,
William J Sandborn, Mark S

Pouchitis, Crohn's dis
disease are common

Diagnosis and classification of ileal pouch disorders: consensus guidelines from the International Ileal Pouch Consortium

Bo Shen, Gursimran S Kochhar, Revital Kariv, Xiuli Liu, Udayakumar Navaneethan, David T Rubin, Raymond K Cross, Akira Sugita, André D'Hoore, Jason Schairer, Francis A Farraye, Ravi P Kiran, Philip Fleshner, Joel Rosh, Samir A Shah, Shannon Chang, Ellen Scherl, Darrell S Pardi, David A Schwartz, Paulo G Katze, David H Bruining, Sunanda V Kane, Jessica Philpott, Bincy Abraham, Jonathan Segal, Rocio Sedano, Maia Kayal, Stuart Bentley-Hibbert, Dino Tarabar, Sandra El-Hachem, Priya Sehgal, James T McCormick, Joseph A Picoraro, Mark S Silverberg, Charles N Bernstein, William J Sandborn, Séverine Vermeire

Lancet Gastroenterol Hepatol
2021; 6: 826–49

Restorative proctocolectomy with ileal pouch–anal anastomosis is an option for most patients with ulcerative colitis or familial adenomatous polyposis who require colectomy. Although the construction of an ileal pouch substantially

Difficult-to-Treat IBD: ENDOSCOPIC SOLUTION

	Proposed statement	Consensus	Voting
Statement 2	Failure of biologics and advanced small molecules with at least two different mechanisms of action define difficult-to-treat IBD*	Agree	14/16 (88%)
Statement 3	Postoperative recurrence of Crohn's disease after two or more intestinal resections defines difficult-to-treat Crohn's disease†	Agree	14/16 (88%)
Statement 7	Chronic antibiotic-refractory pouchitis defines difficult-to-treat IBD	Agree	15/16 (94%)
Statement 14	Complex perianal disease defines difficult-to-treat Crohn's disease	Agree	16/16 (100%)
Statement 19	A patient's coexisting psychosocial issues that impair adequate clinical management define difficult-to-treat IBD	Agree	13/16 (81%)

Endoscopic therapy of stricture & ileoceca fistula

EBD and stricturotomy

Endotherapy of outlet obstruction

Endotherapy of anorectal strictures

Parigi TL, et al. *Lancet Gastroenterol Hepatol* 2023;8:853-9.

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Opportunities and Challenges

- Inflammatory vs. fibrotic strictures
  - Intestinal ultrasound
- Stricture measuring device
- Etiology of anastomotic strictures
- EBD vs. other endoscopic modalities
- Drug-coated balloon
- Deep enteroscopy
- Intraoperative endoscopy
- Combination stricturotomy/strictrectomy/fistulotomy
- Intraluminal management of anastomotic leaks

Future Perspectives