2025 大林慈濟消化系國際研討會

2025 Dalin Tzu Chi International Digestive System Symposium

日　　期：2025年10月18日(六)13:30 ～ 17:30

地　　點：大林慈濟醫院大愛樓2樓第一會議室
（嘉義縣大林鎮民生路2號）

認定積分： 台灣內科醫學會-申請中
台灣消化系醫學會-申請中
台灣消化系內視鏡醫學會-申請中
中華民國護理師護士工會全國聯合會（護理師）-申請中

主辦單位：大林慈院腸胃內科

時間/Time	題目/Topic	演講者/Speaker	座長/Moderator
13:30～14:00	報　　到		
14:00～14:10	Opening Remark	大林慈濟醫院 內科部主任	
14:10～14:40	Water exchange colonoscopy : advancing detection, comfort, and efficiency	大林慈濟醫院 內科部 曾志偉主任	大林慈濟醫院 腸胃內科 洪宗興主任
14:40～14:50	Q & A		
14:50～15:20	The role of balloon catheters in endoscopic pancreatobiliary interventions	Director General, Japan Biliary Association Third Department of Internal Medicine, University of Toyama Ichiro Yasuda, MD,PhD	台灣介入性膽胰內視鏡醫學會 王秀伯理事長
15:20～15:30	Q & A		
15:30～15:50	Coffee Break		
15:50～16:20	Management of T1 colorectal cancer	中國醫藥大學新竹附設醫院 內視鏡檢查室 范峻維主任	大林慈濟醫院 腸胃內科 李翔豐醫師
16:20～16:30	Q & A		
16:30～17:00	Endoscopic therapies for walled-off necrosis: case sharing	大林慈濟醫院 腸胃內科 柯秉宏醫師	台北慈濟醫院 胃腸肝膽科主任 陳建華主任
17:00～17:10	Q & A		
17:10～17:30	Discussion		大林慈濟醫院 腸胃內科 洪宗興主任

講師個人簡歷

一、基本資料

中 文 姓 名｜ 曾志偉
英 文 姓 名｜ Tseng, Chih-Wei

二、學歷

學校名稱	科/系/所	學位	畢業年月
國立陽明大學	醫學系	學士	2001/06

三、教育部審定講師資格

□教授	■副教授	□助理教授	□講師

四、現職及相關經歷

單位名稱		職稱	起迄年月
現職	大林慈濟醫院-醫療部內科部	部長	2021/11-迄今
	大林慈濟醫院-肝膽腸胃內科	主治醫師	2010/10-迄今
	花蓮慈濟醫院-醫學系	副教授	2024/02-迄今
經歷	花蓮慈濟醫院-醫學系	助理教授	2017/09-2024/01
	大林慈濟醫院-肝膽腸胃內科	科主任	2017/11-2021/11
	大林慈濟醫院-一般內科	主任	2013/11-2017/11
	國立陽明大學-醫學系	講師	2009/09-2011/09
	嘉義榮民醫院-內科部	主治醫師	2008/09-2010/09
	台北榮民總醫院-腸胃科	總醫師	2006/07-2008/09

五、專長

1.消化醫學	2.內視鏡檢查		

六、課程摘要(提供學會審查授課內容適當性)

主題：**Water exchange colonoscopy : advancing detection, comfort, and efficiency**

摘要：Water exchange colonoscopy 在插管過程中以水取代氣體並持續交換，可有效減少腸管擴張與病人不適，提升檢查耐受度與滿意度，同時改善腸道清潔並降低鎮靜藥物需求。多項臨床研究證實其能顯著提高腺瘤與息肉偵測率，增進大腸癌預防效益。此外，水下切除息肉的安全性已獲實證支持，可降低穿孔與出血風險，特別適合扁平病灶的處理。本課程將介紹 water exchange colonoscopy 的操作要點、臨床應用與最新研究進展，並分享水下切除的實務經驗，協助醫師全面提升檢查品質與病人照護。

Water exchange colonoscopy is an innovative insertion technique that replaces gas with water infusion and continuous exchange, effectively reducing bowel distension and patient discomfort. This approach improves tolerance, satisfaction, bowel cleanliness, and decreases sedation requirements. Clinical studies and randomized trials have demonstrated significant improvement in adenoma and polyp detection rates, contributing to enhanced colorectal cancer prevention. Furthermore, underwater polypectomy has been shown to be safe, with lower risks of perforation and bleeding, particularly suitable for flat or sessile lesions. This course will provide a comprehensive overview of the principles, clinical applications, and latest evidence on water exchange colonoscopy. Practical experience with underwater polypectomy will also be highlighted, aiming to equip endoscopists with strategies to improve procedural quality, patient outcomes, and overall efficiency in daily practice.

CURRICULUM VITAE

Ichiro Yasuda, MD, PhD, FJGES

IDENTICAL INFORMATION
Chairman and Professor,
Third Department of Internal Medicine, University of Toyama

President, The Japan Biliary Association
Director, The Japan Gastroenterological Endoscopy Society
Auditor, The Japanese Society of Gastroenterology
Councilor, The Asian-Pacific Society for Digestive Endoscopy

PROFESSIONAL TRAINING AND EMPLOYMENT
2018-present: Chairman & Professor, Third Department of Internal Medicine, University of Toyama
2014-2018: Chairman & Professor, Dept. of Gastroenterology, Teikyo University Mizonokuchi Hospital
2012-2014: Associate Professor, First Dept. of Internal Medicine, Gifu University Hospital, Japan
2008- 2012: Lecturer, First Dept. of Internal Medicine, Gifu University Hospital, Japan
2005- 2007: Assistant Professor, First Dept. of Internal Medicine, Gifu University Hospital, Japan
2004- 2005: Assistant Professor, Div. of Endoscopy, Gifu University Hospital, Japan
2003- 2004: Medical Staff, First Dept. of Internal Medicine, Gifu University Hospital, Japan
2002- 2003: Dept. of Interdisciplinary Endoscopy, University Hospital Hamburg-Eppendorf, Germany
1998- 2002: Medical Staff, First Dept. of Internal Medicine, Gifu University Hospital, Japan
1993- 1998: Medical Staff, Dept. of Gastroenterology, Gifu Municipal Hospital, Japan
1992- 1993: Clinical Fellow, Dept. of Internal Medicine, Fujita Health University, Japan
1991- 1992: Resident, Dept. of Gastroenterology, Gifu Municipal Hospital, Japan
1990- 1991: Resident, First Dept. of Internal Medicine, Gifu University Hospital, Japan
1990: Passed the Examination of the Japanese National Board

Biography:
Professor Ichiro Yasuda is currently a Professor and Chairman of the Third Department of Internal Medicine at the University of Toyama, Japan. He graduated from Gifu University School of Medicine in 1990 and trained at Gifu Municipal Hospital, Fujita Health University, and Gifu University Hospital. He earned his doctoral degree (PhD) at Gifu University for his thesis titled “Can endoscopic papillary balloon dilation really preserve sphincter of Oddi function?” (published in Gut) in 2002.
Subsequently, he underwent overseas training on EUS-FNA and its related procedures with Professor Nib Soehendra and Stefan Seewald at the world-renowned University Hospital Hamburg-Eppendorf (Hamburg, Germany) from 2002 to 2003. He returned to Gifu University in 2003 and worked there until 2014. In 2014, he was promoted to Professor and Chairman of the Gastroenterology Department at Teikyo University Mizonokuchi Hospital. He moved to the University of Toyama in 2018 and is due to take charge of his current position.
He is an ERCP and EUS expert. His research interests include EUS- and ERCP-related procedures. He has more than 270 peer-reviewed papers published in English. He is currently the President of the Japan Biliary Association, a Director of the Japan Gastroenterological Endoscopy Society, an Auditor of the Japanese Society of Gastroenterology, and a councilor of the Asian-Pacific Society for Digestive Endoscopy.

The role of balloon catheters in endoscopic pancreatobiliary interventions

Ichiro YASUDA
Third Department of Internal Medicine, University of Toyama, Japan

Currently, balloon catheters are employed in various endoscopic procedures. Balloon dilation followed by stent placement for benign or malignant biliary strictures has been performed popularly. It has also been used for incomplete expansion after self-expandable metal stent (SEMS) or for stent mesh expansion in multiple stenting for malignant hilar biliary stricture. Balloon dilation followed by stent placement is also a popular technique for pancreatic duct strictures associated with chronic pancreatitis and for strictures at the bilio-enteric and pancreatico-enteric anastomotic site. Furthermore, opening the papillary orifice using the balloon before extracting bile duct stone, namely endoscopic papillary balloon dilation (EPBD) and endoscopic papillary large balloon dilation (EPLBD), are performed preferably, especially in cases with multiple bile duct stones and in cases with surgically altered anatomy. Furthermore, balloon catheters are also utilized for tract dilation in the EUS-guided interventions such as pancreatic cyst, pancreatic duct, and biliary drainage. The recently introduced balloon catheter (REN) offers excellent performance in these procedures because of several advantageous features. In addition, there also are several reports that indicate its usefulness in troubleshooting such as removing migrating stents.

講師個人簡歷

一、基本資料

中 文 姓 名｜范峻維

二、學歷

學校名稱	科/系/所	學位	畢業年月
慈濟大學	醫學系	學士	2005/07

三、教育部審定講師資格

□教授	□副教授	□助理教授	□講師

四、現職及相關經歷

單位名稱		職稱	起迄年月
現職	中國醫藥大學新竹醫院	消化內科	2018/12-
經歷	林口長庚醫院	內科醫師	2007/7-2012/7
	林口長庚醫院	肝膽腸胃科醫師	2010/8-2012/7
	林口長庚醫院	肝膽腸胃科主治醫師	2012/07-2016/07
	臺北醫學大學	消化內科主治醫師	2016/08-2018/12

五、專長

消化道早期癌診斷	消化道早期癌內視鏡治療		

六、課程摘要

主題：**Management of T1 Colorectal Cancer.**

摘要：The core objective is to discuss key concepts in risk stratification and treatment planning for T1 CRC, a condition where a tumor has invaded the submucosa, carrying a 5-16% risk of lymph node metastasis (LNM). Due to widespread screening, more T1 cancers are being detected, making it crucial to balance tumor eradication with minimizing invasiveness.

The presentation highlights a strategic flowchart for T1 cancer management based on endoscopic findings. Lesions with non-invasive endoscopic findings are managed with endoscopic resection, followed by a histological evaluation. Lesions with invasive findings are referred for primary surgery.
A significant portion of the presentation focuses on the role of Endoscopic Submucosal Dissection (ESD). ESD is a minimally invasive, potentially curative treatment for low-risk T1 CRC. It allows for en bloc resection of large or complex lesions, providing superior histopathological evaluation compared to piecemeal Endoscopic Mucosal Resection (EMR). This is essential for accurately assessing invasion depth and resection margins. ESD preserves bowel integrity, has lower complication rates, and promotes faster recovery. It is endorsed by guidelines like the NCCN for early rectal cancer and the ESGE for rectal lesions ≥20 mm with suspected submucosal invasion.

講師個人簡歷

一、基本資料

中 文 姓 名｜ 柯秉宏
英 文 姓 名｜ Ko, Ping-Hung

二、學歷

學校名稱	科/系/所	學位	畢業年月
中山醫學大學	醫學系	學士	2010/06

三、教育部審定講師資格

□教授	□副教授	□助理教授	■講師

四、現職及相關經歷

單位名稱		職稱	起迄年月
現職	大林慈濟醫院-肝膽腸胃內科	主治醫師	2016/08-迄今
	花蓮慈濟醫院-學士後中醫學系	講師	2025/08-迄今
經歷	大林慈濟醫院-內科部	住院醫師	2011/08-2014/07
	成功大學附設醫院-肝膽腸胃內科	研究醫師	2014/08-2016/07

五、專長

1. 膽管相關疾病	2. 慢性胰臟炎	3. 肝炎	4. 一般胃腸相關疾病

六、課程摘要

主題：**Endoscopic Therapies for Walled-off Necrosis: Case Sharing**

摘要：一名 56 歲女性因左側腹痛惡化至急診就醫，過去病史包括高血壓、紅斑性狼瘡（SLE）及壞死性胰臟炎。患者於 2025 年 3 月 22 日至 4 月 21 日曾因嚴重急性壞死性胰臟炎住院治療。此次電腦斷層仍然顯示急性胰臟炎合併 6.8 公分胰臟病灶。

急性胰臟炎約 20%病人會進展為壞死性胰臟炎（ANP），常合併一個或多個器官衰竭及胰周液體積聚。依病程不同，液體積聚有不同分類：

急性胰臟周圍液體積聚（acute peri-pancreatic fluid collection）：發生於急性胰臟炎，若持續超過 4 週並形成完整囊壁，則稱為假性囊腫（pseudocyst）。

急性壞死性組織積聚（acute necrotic collection, ANC）：發生於急性壞死性胰臟炎早期（約 4 週內），尚未形成囊壁。若超過 4 週並形成完整囊壁，則稱為包裹性壞死（walled-off necrosis, WON）。

在 ANP 中，壞死性組織可為無菌（sterile）或發生感染（約 30%）。治療上，若為無菌壞死且無症狀，建議保守治療；但若出現持續腹痛、胃出口或膽道出口阻塞、腹腔症候群等壓迫症狀，則需考慮引流或介入治療。壞死性胰臟炎的處理仍是臨床醫師的重要挑戰，此次將討論與分享壞死性胰臟炎其發展、技術和文獻回顧。