



General Surgery

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Enhancing Patient Outcomes with Tailor-Made Care: Dr. Yalini Vigneswaran Improves the Quality of Life for Patients with Esophageal and Gastric Disorders

Yalini Vigneswaran, MD, MS, is an innovative gastrointestinal surgeon who specializes in esophageal and gastric disorders, including motility disorders, esophageal and gastroesophageal junction cancers, reflux disease and paraesophageal hernias. She has clinical expertise in esophageal surgery, including minimally invasive techniques with robotics and various novel procedures.



Tailor-made care

When Dr. Vigneswaran was an undergraduate studying chemical engineering, she became intrigued by the field of medicine. What appealed to her most was the opportunity to be a part of a collaborative team working toward a common goal—looking after the holistic needs of each individual patient. Which is exactly what Dr. Vigneswaran finds herself doing today. She and her expert team of esophageal surgeons and specialists work together to build tailored and thoughtful care plans for patients.

Personalized medicine is tremendously important, but especially so for esophageal surgery, as each patient is different from the next, with their own goals. “It’s not just the technical aspects of doing the operations, but it is adjusting to the patient and the scenario—always trying to do what will be best for that individual patient,” said Dr. Vigneswaran. “Even specifically in talking about reflux disease and surgery, there’s not just one size fits all; it has to be tailored to the patient and what their objectives are.” Dr. Vigneswaran and her team pride themselves on practicing personalized surgery.

Improving quality of life

Gastroesophageal reflux disease (GERD), also known as “heartburn,” is manifested by many different symptoms. Reflux is caused by a malfunctioning valve between the esophagus and stomach allowing food, acid and bile to come back up into the esophagus, causing an array of symptoms. Common symptoms can include heartburn, an acid taste in the mouth and regurgitation of food. However, reflux disease may also include such “atypical symptoms” as chronic

cough or hoarse voice, particularly detrimental to singers.

Reflux disease significantly impacts patients’ quality of life and their day-to-day living. Yet oftentimes, people don’t associate these symptoms with a disease and they tend to postpone care. Dr. Vigneswaran commonly sees patients who have been struggling with symptoms for years with minimal success with medications or diet modifications to lose weight. “Living with poorly treated reflux disease can actually be quite miserable,” she said.

Thus many of the surgeries that Dr. Vigneswaran perform aim to improve patients’ quality of life. This can be challenging, as there is a lack of access to information about surgical treatment of the disease despite developments in surgical treatment. “A lot of these patients have been dealing with the disease for so long, and no one has been able to help them,” said the surgeon. “It’s very rewarding for me to see these patients after surgery and how significant their life changes from treatment of their disease.” Surgical treatment options for reflux disease have dramatically expanded over the last 10 years, with high success rates. And at the University of Chicago, Dr. Vigneswaran and her esophageal team continue to work on novel procedures and research to further advance treatment options.

Esophageal Foregut Program

The Esophageal Foregut Program is centered on the disease processes of the esophagus, stomach and small intestine. A large portion of this work includes treatment of GERD, which is actually the most prevalent GI disease disorder in the country, affecting approximately 20 to 30 percent of Americans.

The program’s specialists also treat esophageal motility, swallowing disorders and large diaphragm hernias. A segment of patients have problems with their esophagus muscle working improperly, which leads to problems with swallowing. At the program, there is an expert multidisciplinary team of specialists who jointly diagnose and treat problems of the esophagus.

Although the program is still awaiting its official unveiling through the Digestive Diseases service line, Dr. Vigneswaran has seen a lot of exceptional developments as it comes together. “What has really helped grow our program is bringing novel technologies and advanced treatments to the table, such as LINX and EndoFLIP,” said Dr. Vigneswaran. “LINX is a new device used to treat reflux that we have started placing since I’ve started here. EndoFLIP is another novel diagnostic tool that we use inside and outside the operating room, created to complement traditional diagnostic tests such as high-resolution esophageal manometry and barium esophagram. EndoFLIP really allows for customization of surgery for each patient’s individual anatomy.”

Dr. Vigneswaran is also incredibly thrilled by how the multidisciplinary aspect and collaborative efforts have blossomed exceptionally well. “Bringing all the players to the table and discussing patients in a multidisciplinary way allows us to really come up with unique and very thoughtful treatment plans, especially for complex patients,” she said. Multidisciplinary care is a vital component for Dr. Vigneswaran’s specialty. The program consists of a large cohort of providers, who meet monthly to discuss cases. The group

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comprises GI surgeons, esophagologists, interventional gastroenterologists, radiologists, thoracic surgeons and ENT surgeons, as well as speech and swallow therapists. Having this diverse group of experts who perform the most novel diagnostics and procedures really provides the patients with the most efficient and optimal care.

Patient population

Reflux disease can affect patients of any age; even children can have pathologic reflux. Patients who have obesity can also often struggle with reflux, which induces an overlap with our obesity program and weight loss surgery for these patients.

Along with reflux disease, obesity is associated with other diseases such as diabetes, high blood pressure and high cholesterol. Dr. Vigneswaran treats patients who come in with a BMI greater than 35, and for this kind of patient, she would recommend gastric bypass for their reflux. Personalized care is essential for successful outcomes. In addition to reflux surgery, she and her team are well-versed in bariatric operations. “It’s important that we do our best to help our patients become as healthy as they can,” said Dr. Vigneswaran. “In some patients it’s not just about the reflux disease, it’s obviously about their entire health, and so in treating those patients, we can treat their obesity, diabetes, hypertension, as well as their reflux with the correctly chosen procedure.”

In order for the surgery to be successful, an array of moving parts must be in place. Patients should understand that the road to recovery involves significant changes. While Dr. Vigneswaran and her team meticulously put the tailored tools in place, it is up to the patient to construct their destiny. Health and lifestyle changes are indispensable parts to living a full life after surgery, and studies show that those patients who bring a substantial amount of effort to the table are rewarded with successful long-term outcomes.

Trust fall

Dr. Vigneswaran attributes her growth to senior faculty within the Section of General Surgery. “John C. Alverdy, MD, Executive Vice Chair, has really helped push me in terms of the academic aspects of surgery with research, and not being afraid to try new things,” she said. “He consistently encourages me to be an innovator in the field, in terms of enhancing my clinical practice.”

Dr. Vigneswaran is appreciative of the organic support within the Section of General Surgery and beyond, and how senior faculty have been ardently pushing her forward with her academic goals—especially her surgical partners, Professor of Surgery Vivek N. Prachand, MD, and Associate Professor of Surgery Mustafa Hussain, MD. “I’ve

been very fortunate to have a group around me that truly supports me,” she said. “As a new surgeon you really have to have people who are going to have your back if something goes wrong or if you’re trying to do something new.”

For Dr. Vigneswaran, finding people who not only looked like her, but also who went through similar experiences allowed her to enrich her arsenal of resources. “As a young female surgeon, it can be difficult,” she said. “Having more senior people, even in other departments, who have been there and who have gone through it can motivate you to keep getting through. It is very important, because I think it’s really easy to get discouraged very quickly.”

Dr. Vigneswaran is a well-respected surgeon in the field of general surgery, and her brilliant contributions to the department are treasured.

Although impostor syndrome may attempt to contaminate the burgeoning mind, it is crucial to trust the process. “I think to trust that you’ve been trained properly is very important, because then you can take that off the table,” she said. “Once that’s established, you never have to second-guess that you know how to do something; steer clear of impostor syndrome.”

She encourages trainees to build varied connections with everyone, whether it’s the nurses, staff, other referring providers or other administrators in the section. “My advice is to make sure not only that you surround yourself in the right environment, but that you really make an active and intentional effort to develop all of those relationships,” said Dr. Vigneswaran. “It’s extremely beneficial to build diverse relationships; humanity goes a long way.”



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