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With the commencement of clinical use, endoscopy now covers a wide range of usage for clinical examination and minimally invasive surgery. It is a great trend and reality for such techniques to go further into a state of routine approaches in clinical practice. Now, I am willing to introduce the excellence of initiation and development of gastrointestinal endoscopy in three selected facets.

Endoscopic Retrograde Appendicitis erapy--ERAT: Inspired by the success of ERCP for the treatment of suppurative cholangitis, we developed a new minimally invasive method for the treatment of acute appendicitis, and named as Endoscopic Retrograde Appendicitis erapy (ERAT) in 2009. Typical steps of ERAT are: Cannulation into the appendiceal lumen, appendiceal lumen cleansing and decompression, endoscopic retrograde appendicography (ERA), appendicolithotomy-removal of appendiceal obstruction, plastic stent placement and release. Now, as a minimally invasive approach, ERAT can be used in almost all types of appendicitis, and might be golden criteria in differential and nal diagnosis of appendicitis. We are sure that ERAT will be a popular method in the treatment of appendicitis and is worthy of promotion widely.

LiuPOEM: Peroral endoscopic myotomy (POEM) was developed to provide a less invasive and permanent treatment for esophageal achalasia. Based on this technique, we initiated a modified POEM approach and named as Liu-POEM, which is no need for creating a tunnel and hence shortens operation time remarkably and alleviates patient's pains. Now, Liu-POEM has been used by more and more endoscopists in the world.

Since Natural Orifice Transluminal Endoscopic Surgery (NOTES) first reported by Dr. Jay Stanghellini in 2001, it has become a hot topic in the field of minimally invasive surgery.