



Dr. Drelichman completed his general surgery residency at Providence Hospital in Southfield, Michigan and his fellowship in colon and rectal surgery at the Mayo Clinic in Rochester, Minnesota. He is Board Certified in General Surgery and Colon and Rectal Surgery and a member of the Fellow of the American College of Surgeons (FACS). In 2004 he joined the University of Alabama at Birmingham where he was Associate Professor of Surgery, Chief of Surgical Endoscopy and Director of the Inflammatory Bowel Disease Center. He also served on the National Comprehensive Cancer Network (NCCN) Colorectal Cancer Screening Guideline Committee. As a member of the NCCN writing panel, the Chief of Surgical Endoscopy and a colorectal surgeon, he is specialized in colorectal cancer risk assessment, screening, and the management of hereditary and sporadic colorectal cancer.



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Ernesto R. Drelichman, MD, FACS
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Gastrointestinal Surgeon

Our Mission

To prevent colorectal cancer and its impact through education, risk assessment, screening and surveillance.

To establish a multidisciplinary center of excellence for the treatment of gastrointestinal cancers and gastrointestinal diseases.

To establish a clinical outcomes research program and provide access to novel therapies.



Colorectal Cancer Screening

All persons at average risk for colorectal cancer should begin screening at age 50. Colorectal cancer **can** be prevented and screening for colorectal cancer reduces mortality from colorectal cancer. Several effective screening options are available:

Tests that Detect Both Cancer and Potentially Pre-Cancerous Polyps

- Colonoscopy every 10 years; OR
- Flexible sigmoidoscopy every 5 years; OR
- Double-contrast barium enema every 5 years; OR
- CT colonography (virtual colonoscopy) every 5 years.

Tests that Primarily Detect Blood

- Guaiac-based fecal occult blood testing (gFOBT) every year; or
- Fecal immunochemical test (FIT) every year

If any of the stool tests show an abnormal result, follow-up with colonoscopy is needed. Some pre-cancerous polyps may be found by the stool tests; however, they are less likely to find polyps than the other four screening options.

Objectives

- Provide risk assessment and up-to-date screening, surveillance, diagnosis and treatment of colorectal neoplasia.
- Improve access to all patients for screening through open endoscopy and easy access regardless of insurance status.
- Computerized registry and call back to assure appropriate follow up.
- Computerized Registry of patients with hereditary syndromes that increase risk of GI (gastrointestinal) neoplasia.
- Multidisciplinary approach with coordination of appointments and support services for patients with cancer of the gastrointestinal system.
- Communication with the patient, family and referring physicians. All correspondence, clinic notes, procedure notes and hospital records are faxed and available on eCare.
- Provide access to multidisciplinary care and novel agents through the GI cancer working group and enrollment in clinical trials when appropriate.

Our Programs and Services

- Gastrointestinal Oncology
 - Colorectal Neoplasia Screening Program and Registry
 - High Risk Surveillance Program and Computerized Registry
 - Multidisciplinary Treatment (GI Surgery, Medical and Radiation Oncology)
 - GI Oncology working group
- Inflammatory Bowel Disease Center
- Enteric Fistula and abdominal wall Reconstruction Program
 - Medical Nutrition Service and optimization for Surgery
- Enteral Access Surgical Service
- Proctology Clinic

