UW Health gastroenterology specialists are national leaders in their field, and are ranked as one of the nation’s top hospitals in the treatment of digestive disorders by US News and World Report.

The American Society for Gastrointestinal Endoscopy (ASGE), a leading gastrointestinal medical society, has recognized the UW Hospital and Clinics Ambulatory Procedure Center and the Madison Surgery Center as part of its program specifically dedicated to promoting quality in endoscopy. The ASGE Endoscopy Unit Recognition program honors endoscopy units that follow the ASGE guidelines on privileging, quality assurance, endoscope reprocessing and CDC infection control guidelines, and have completed specialized training on principles in quality and safety in endoscopy.

Gastroenterologists at the University of Wisconsin Hospital and Clinics manage complex and chronic disorders of the esophagus, stomach, small intestine, colon, anorectum, pancreas, gall bladder, liver and biliary tract. With specialized training in advanced diagnostic and therapeutic endoscopic procedures, and access to the latest and most advanced technology, our physicians perform more procedures than any other program in the region. Our expertise with these procedures, combined with our multi-specialty approach to care, means shorter hospital stays and faster patient recovery.
through research, collaboration and ingenuity our gastroenterologists are visionaries who are committed to expanding the potential of digestive health care. With a history of being at the forefront of patient care initiatives, we are defining new ways to improve screening processes while providing non-surgical interventions that advance patient outcomes.

Endoscopic Ultrasound (EUS)

EUS is a non-surgical procedure that combines endoscopy and ultrasound to obtain high quality, detailed images of the lining and walls of the upper and lower digestive tract, pancreas, liver and gall bladder. Since 2007, our team has performed more than 800 procedures annually. EUS is a relatively new diagnostic tool that is used to identify cancers of the esophagus, stomach, pancreas, rectum and the posterior chest wall. It is also used to evaluate chronic pancreatitis and bile duct abnormalities, examine the lining of the intestinal tract, study tumors in the lining of the stomach and to sample lesions through ultrasound guided fine needle aspiration. EUS can assist in pancreas cyst fluid drainage procedures and in celiac plexus block in patients with refractory pain from advanced pancreas malignancy and severe chronic pancreatitis.

Endoscopic Retrograde Cholangiopancreatogram (ERCP)

Endoscopic retrograde cholangiopancreatogram (ERCP) combines endoscopy and X-ray imaging to diagnose and treat benign and malignant biliary and pancreatic disease by visualizing bile and pancreatic ducts. ERCP is used by UW experts for removal from the biliary or pancreatic ducts, dilation of benign and malignant strictures of the biliary/pancreatic ducts, biliary/pancreatic duct placement, cholangioscopy (direct visualization of the bile duct), lithotripsy (stone crushing therapies) and sphincter of Oddi manometry. It is also used in conjunction with EUS, to guide and manage endoscopic pancreas pseudocyst drainage.

HALO Radiofrequency Ablation (RFA)

HALO RFA technology offers a new treatment option for patients with Barrett’s Esophagus. This pre-cancerous condition requires ongoing monitoring because the disease can progress to cancer of the esophagus. HALO RFA is an outpatient procedure that delivers bursts of heat-energy in a very precise and controlled manner to remove pre-cancerous cells in the esophagus without damaging the lining or underlying structure, thus protecting the healthy tissue and cells. Our experienced team has been performing approximately 30 to 40 cases annually since 2007. The procedure is often performed in conjunction with endoscopic mucosal resection (EMR).

Endoscopic Mucosal Resection (EMR)

EMR is a procedure used to remove cancerous or other abnormal tissues from the digestive tract, including the upper digestive tract and colon. EMR is also used to remove deeper sections of the esophageal lining instead of using ablation, which only treats the surface lining of the esophagus. EMR can also be used as a less invasive alternative for removing early stage esophageal cancers when traditional surgery is not an option for the patient.

Balloon-Assisted Deep Enteroscopy

Balloon-assisted deep enteroscopy (double balloon and single balloon enteroscopy) is imaging technology that allows physicians to visualize and inspect small bowel disease. Using the balloon allows the scope to pass further into the small bowel than previously possible, and allows the entire GI tract to be viewed in real time. The procedure is used to evaluate unexplained or obscure gastrointestinal bleeding, to evaluate tumors and polyps in the small bowel and to diagnosis Crohn’s disease and celiac disease. It is also helpful in the completion of an ERCP on patients who have significantly altered upper GI anatomy, such as a gastric bypass or Roux-en-Y procedure.

Capsule Endoscopy (CE)

Capsule endoscopy includes the patient swallowing a tiny pill equipped with a camera that allows doctors to see images of the entire intestinal tract. As it travels through the digestive tract, the camera takes thousands of pictures that are transmitted to a recorder worn on a belt around the patient’s waist. Capsule endoscopy is used to evaluate unexplained gastrointestinal bleeding, diagnose inflammatory bowel disease such as Crohn’s disease, diagnose or monitor celiac disease and to identify tumors or polyps of the small intestine or digestive tract.

UW Health Gastroenterologists specializing in advanced procedures

Deepak Gopal, MD, FRCPC

Dr. Gopal is Director of Endoscopy at UW Health and Director of the Division of Gastroenterology’s quality assurance/quality improvement committee. He received his medical degree at Memorial University of Newfoundland, St. John’s, NL, Canada and completed his residency at University of Toronto, Ontario. He completed his fellowship at Oregon Health Sciences University, Portland, OR. He is board certified in internal medicine and gastroenterology. Dr. Gopal’s research interests include Barrett’s esophagus, endoscopic ultrasound, capsule endoscopy, therapeutic gastrointestinal endoscopy, endoscopic management of gastrointestinal malignancies and colorectal cancer imaging and screening.

Mark Benson, MD

Dr. Benson received his medical degree at Dartmouth Medical College, Hanover, NH and completed his residency and chief residency at Rush University Medical Center, Chicago, IL. He completed his fellowship and advanced endoscopy fellowship at the University of Wisconsin Hospital and Clinics. He is board certified in internal medicine and gastroenterology. Dr. Benson’s research interests include quality in colonoscopy, endoscopic ultrasound, capsule endoscopy, therapeutic gastrointestinal endoscopy, endoscopic management of gastrointestinal malignancies and colorectal cancer imaging and screening.

Ryan De Lee, MD

Dr. De Lee received his medical degree at Loyola University Chicago Stritch School of Medicine, Chicago, IL. He completed his residency and fellowship at Dartmouth Hitchcock Medical Center, New Hampshire. He is board certified in internal medicine and gastroenterology. His interests include retrograde cholangiopancreatography (ERCP), endoscopic ultrasound with fine needle aspiration (EUS), therapeutic endoscopy, pancreatic bile duct and general gastroenterology.

Bryan Magenheim, MD

Dr. Magenheim is the physician lead at the UW Health Digestive Health Center. He received his medical degree at American University of the Caribbean and completed his internship at Sinai Samaritan Medical Center, Milwaukee, WI. He completed his fellowship and residency at the University of Wisconsin Hospital and Clinics. He is board certified in internal medicine and gastroenterology. His areas of interest include general gastroenterology including colon cancer screening and the diagnosis and treatment of gastrointestinal reflux disease (GERD), inflammatory bowel disease, irritable bowel syndrome, pancreatic disease, biliary disease and liver disease.

Anurag Soni, MD

Dr. Soni is the physician lead of the Outpatient Gastroenterology Clinics. He received his medical degree at University College of Medical Sciences, Delhi, India. He completed his residency at SUNY Downstate Medical Center, New York. He completed his fellowship at the University of New Mexico Health Sciences Center, Albuquerque. He is board certified in internal medicine and gastroenterology. His research interests include therapeutic gastro intestinal endoscopy, endoscopic management of gastrointestinal malignancies, colorectal cancer screening, outcomes research and medical decisions analysis.

Pat Pfau, MD

Dr. Pfau serves as the Chief of Clinical Gastroenterology, head of pancreatic-biliary endoscopy and manages the division’s advanced endoscopy fellowship program. He received his medical degree at Northwestern University, Evanston, IL. He completed his internship and residency at Hospital of the University of Pennsylvania in Philadelphia and completed fellowships at both University Hospital of Cleveland, OH and Hospital of the University of Pennsylvania. He is board certified in internal medicine and gastroenterology. His areas of interest include application of diagnostic and therapeutic endoscopy to gastrointestinal disease including the diagnosis and treatment of gastrointestinal malignancies, disorders of the biliary system and pancreas and screening for gastrointestinal malignancies including colon cancer.

Mark Reichelderfer, MD

Dr. Reichelderfer received his medical degree at Columbia University College of Physicians and Surgeons, New York, NY. He completed his internship and residency at Mary Imogene Bassett Hospital and Clinics, Cooperstown, NY. He completed his fellowship at the University of Wisconsin Hospital and Clinics. He is board certified in internal medicine and gastroenterology. His research interests include improvement in diagnostic imaging and therapy for inflammatory bowel disease, colon cancer screening in average risk and high risk populations, improved genetic screening for colon and other GI cancer in at-risk families, nutrition and celiac sprue.