

Steven G. Leeds, MD, Minimally Invasive Surgery Specialists



Steven G. Leeds, MD, is an experienced board certified minimally invasive surgeon, who serves as the director of minimally invasive surgery research at Baylor University Medical Center at Dallas, and promotes the newest surgical technology and evidence-based practice for all his patients. He is also the founder of the practice, Minimally Invasive Surgery Specialists.

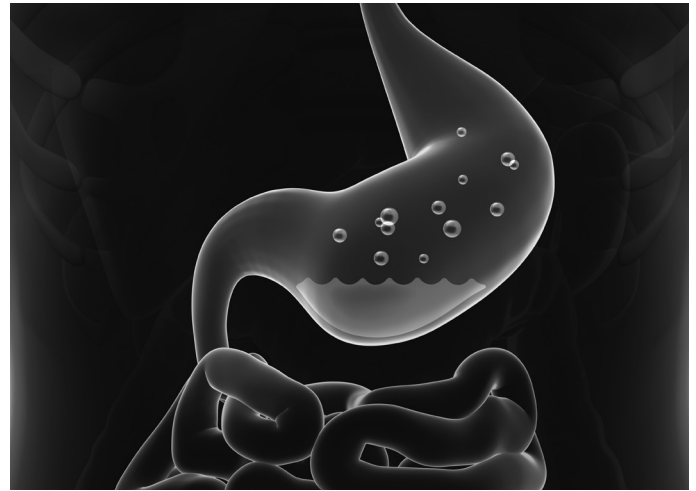
Dr. Leeds treats conditions of the esophagus and stomach and performs many general surgical procedures using innovative surgical techniques. Aside from surgery, he focuses on a multidisciplinary effort to treat all aspects of patient care when needed, and emphasizes surgical education and research.

“The most important thing I want people to know about me is that I am an esophageal specialist, that means that I can handle everything from reflux to swallowing disorders to esophageal cancer,” Dr. Leeds said. “As a surgeon, it is essential to work closely with gastroenterologists to promote the best care when dealing with the esophagus.”

Because acid reflux is a condition that has to be followed every year, patients of Dr. Leeds who have the condition are enrolled into a database and are evaluated at six months and every year after that. There are some cases where patients require more surveillance, but the majority of patients that have reflux need to be monitored.

“My typical patient that’s coming to me for reflux is somebody that’s been on medications for 20 something years and is dissatisfied,” Dr. Leeds said. “The other patient is my younger patient, probably in his or her twenties who is having reflux and doesn’t want to be on medications his or her whole life.”

However, these two cases are not the only type of patients he can help. First-line management for GERD is prescription medications, and more recently, some over-the-counter medications. Once these patients reach his office, they have usually exhausted this treatment option; Dr. Leeds likes to take that out of the equation and discuss possible surgical solutions. These procedures can be performed either endoscopically or laparoscopically. Surgical management in 2015 for GERD has provided many options for



patients besides the traditional Nissen fundoplication. Patients require a full pre-operative workup to determine which procedure is best for their situation. In some cases, some patients are not good surgical candidates, so medication is their only option.

Another disease Dr. Leeds specializes in is achalasia, the most common dysmotility of the esophagus. This disorder is debilitating and prevents patients from eating. Traditionally, patients have had to go through multiple dilation or Botox injections by a gastroenterologist, or have surgery.

“Surgery is the gold standard to treat achalasia and actually works very well. However, it is still a surgical procedure which entails a patient actually going to surgery, with incisions, and the non-functioning muscle is opened,” he said. “Today, this procedure can be done completely endoscopically, so without incisions; the patients do really well, and the outcome is equivalent, and in some cases better than the traditional surgical approach. Currently in Dallas, Baylor is the only facility providing this surgical approach.”

Dr. Leeds also performs hiatal hernia repairs for patients who have been diagnosed due to GERD symptoms. Hiatal hernias can be difficult to fix, and if done improperly, can cause significant problems for the patient.

“As surgeons, we need to do a better job at making the surgical experience of our patients more pleasant, less painful, and have a better cosmetic outcome with the same goal as traditional approaches,” Dr. Leeds said.

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