



Srinivas Seela, MD

Diplomate, American Board of Gastroenterology

Harinath Sheela, MD

Diplomate, American Board of Gastroenterology

Seela Ramesh, MD

Diplomate, American Board of Gastroenterology

Daniel Stewart, PA

Cynthia Waddell, ARNP

Digestive and Liver Center of Florida, P.A.

The Digestive and Liver Center of Florida was founded in 2005. Our vision was to create a sophisticated medical practice that emphasized in equal parts state-of-the-art medical care along with a warm and caring environment for patients. At Digestive and Liver Center of Florida we have created a unique medical culture. We are **committed to excellent patient care**, provided by a highly skilled medical staff that regularly improves itself through continuing medical education. Our staff and our offices demonstrate this commitment on a daily basis.

SRINIVAS SEELA, MD - Dr. Seela moved to Orlando, Florida after finishing his fellowship in gastroenterology at **Yale University School of Medicine**, one of the finest programs in the country. During his training he had spent significant amount of time in basic and clinical research and has published articles in gastroenterology literature. Dr. Seela's interests include advanced and therapeutic endoscopic procedures, colorectal cancer screening, Gastro Esophageal Reflux Disease (GERD), metabolic and other liver disorders. Dr. Seela is board certified in both Internal Medicine and Gastroenterology. He is a member of American Society of Gastroenterology, American Gastroenterology Association, American Association of Liver Diseases and Crohn's Colitis Foundation.

HARINATH SHEELA, MD - Dr. Sheela moved to Orlando, Florida after finishing his fellowship in gastroenterology at **Yale University School of Medicine**, one of the finest programs in the country. During his training he had spent a significant amount of time in clinical research and has published articles in gastroenterology literature. Dr. Sheela's interests include advanced and therapeutic endoscopic procedures, colorectal cancer screening, Gastro Esophageal Reflux Disease (GERD), inflammatory bowel diseases, irritable bowel syndrome, hepatitis B, hepatitis C, pancreato biliary disorders, metabolic and other liver disorders. Dr. Sheela is board certified in both Internal medicine and Gastroenterology. He is a member of American Society of Gastroenterology, American Gastroenterology Association, American Association of Liver Diseases and Crohn's Colitis Foundation.

SEELA RAMESH, MD - Digestive and Liver Center of Florida is pleased to announce that Dr. Seela Ramesh has joined our practice. He shares our family passion for gastroenterology and liver diseases. The addition of Dr. Ramesh allows us to continue to provide high quality medical care to our growing Central Florida Community. Dr. Ramesh attended **Medical College of Virginia**, which is known worldwide for their gastroenterology and hepatology program. Dr. Seela Ramesh is board certified in gastroenterology and a member of the American Gastroenterological Association and the American Society for Gastrointestinal Endoscopy. Dr. Seela Ramesh's additional interest includes advanced and therapeutic endoscopy including ERCP and EUS as well as various liver diseases. He has participated in extensive research in his field, and his research was published in many peer review journals. He will be seeing patients in our east Orlando office, as well as our downtown location.

P: 407.384.7388

F: 407.384.7391

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March is Colon Cancer Awareness Month

Colon Cancer... You **Can** Prevent It

America's #2 Cancer Killer

Colorectal cancer is the number 2 cancer killer in the United States, yet it is one of the most preventable types of cancer. Colorectal cancer is often curable when detected early.

Risk Factors

- Lifetime risk of colorectal cancer is roughly equal in men and women.
- Colorectal cancer is most common after age 50, but it can strike at younger ages. The risk of developing colorectal cancer increases with age.

Symptoms

Most early colorectal cancers produce no symptoms. This is why screening for colorectal cancer is so important. Some possible symptoms, listed below, do not always indicate the presence of colorectal cancer, but should prompt a visit with your physician and a check-up:

- New onset of abdominal pain
- Blood in or on the stool
- A change in stool caliber or shape
- A change in typical bowel habits, constipation, diarrhea



Who is Considered High Risk and Who Should Act Now?

- Men and women age 50 and older.
- African Americans of age 45 and higher
- People with a personal or family history of colorectal cancer or benign (not cancerous) colorectal polyps
- People with a personal or family history of inflammatory bowel disease, such as long standing ulcerative colitis or Crohn's disease
- People with a family history of inherited colorectal cancer



Colonoscopy: Preferred Screening Strategy

Colonoscopy is the preferred method of screening for colorectal cancer. The American College of Gastroenterology considers colonoscopy the "gold standard" for colorectal screening because colonoscopy allows physicians to look directly at the entire colon and to identify suspicious growths. Colonoscopy is the only test that allows a biopsy or removal of a polyp at the very same time it is first identified.

Colorectal Screening for African Americans

African Americans are diagnosed with colorectal cancer at a younger age than other ethnic groups, and African Americans with colorectal cancer have decreased survival compared with other ethnic groups.

Physician experts from the American College of Gastroenterology in 2005 issued new recommendations to healthcare providers to begin colorectal cancer screening in African Americans at age 45 rather than 50 years.

Data support the recommendation that African Americans should begin screening at a younger age because of the higher incidence of colorectal cancer and a greater prevalence of proximal or right-sided polyps and cancer in this population. The recommendations were published in the March 2005 issue of the *American Journal of Gastroenterology*.

The Anatomy of Colorectal Cancer

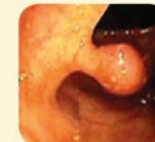
Progression from Polyp to Cancer

Screening tests can find polyps so they can be removed before they turn into cancer

- Most colorectal cancers develop from polyps, which are abnormal growths in the colon. If polyps grow unnoticed and are not removed, they may become cancerous.
- Screening tests can find precancerous polyps so they can be removed before they turn into cancer.
- The development of more than 75-90 percent of colorectal cancer can be avoided through early detection and removal of precancerous polyps.*



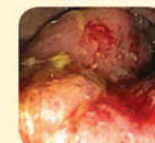
Small Polyps



Medium Polyps



Polyp on Stalk



Colon Cancer

WHAT ARE THE SCREENING OPTIONS?

Talk to your doctor about what screening tests are right for you.

Colonoscopy

For normal risk individuals, the American College of Gastroenterology recommends colonoscopy screening every 10 years beginning at age 50 (see new recommendations for African Americans).

Flexible Sigmoidoscopy & Fecal Occult Blood Test

An alternative strategy for average risk individuals is an annual stool test for blood, and a flexible sigmoidoscopy exam every 5 years. Unlike colonoscopy, this approach does not allow identification and removal of polyps in the entire colon.

[* Winawer S.J. et al. Prevention of colorectal cancer by colonoscopic polypectomy. The National Polyp Study Workgroup. N Engl J Med. 1993 Dec 30;329(27):1977-81]

Call today to schedule your appointment with one of our physicians.

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