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Summary

"The revolutionary“: Endosleeve and endoscopic metabolics

Christine Stier

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Endoscopy | Surgery

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The speaker, a surgeon and bariatric endoscopy committee chair, argues that the surgical era is not ending but evolving toward less invasive endoluminal access, with endoscopic sleeve gastroplasty now supported by evidence and integrated into obesity treatment algorithms.

KEY POINTS

- Endoscopic sleeve gastroplasty reduces gastric volume along the greater curve by approximately 70% using full-thickness suturing of the gastric wall, not just mucosa, and does not increase risk of de novo reflux because the fundus and angle of His are not touched
- A randomized controlled trial comparing ESG to lifestyle showed ESG is superior with a low risk profile, and a meta-analysis reported a severe event risk of 1.25%
- IFSO defined indications as obesity grade 1 and 2, and grade 3 if the patient is not eligible for or does not want surgery, and included ESG in the obesity treatment algorithm
- The speaker stated that a duodenal sleeve device creates separation of nutrition and digestive juices leading to diabetes remission similar to Roux-en-Y gastric bypass, though without the same weight reduction because gastric volume is not reduced
- The speaker recommends that surgeons actively engage in endoscopic development to ensure continued proficiency in upper gastrointestinal interventions as access shifts from open to laparoscopic to endoluminal approaches

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