

Weight loss "Endoscopy vs. Surgery" with Ivo Boskoski and Ralph Peterli

Ivo Boskoski

Podcast Episode

Endoscopy

Surgery

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A bariatric surgeon and an interventional endoscopist debate the roles of surgery, endoscopic procedures, and emerging anti-obesity drugs in the treatment of obesity, discussing efficacy, durability, patient selection, and future directions.

KEY POINTS

- The speakers agree that gastric bypass remains the gold standard surgical procedure with the best long-term documented results, achieving 68% excess BMI loss at five years and 65% at ten years, and improving life expectancy by up to 12 years depending on age and gender.
- Sleeve gastrectomy, though popular in some regions, has a 34% conversion rate within 14 years and lower long-term efficacy (55% excess BMI loss at ten years) compared to gastric bypass, with conversions driven by inadequate weight loss or reflux.
- Endoscopic sleeve gastroplasty is presented as a repeatable, reversible, organ-sparing procedure achieving 16 to 17% total body weight loss at five years, suitable for patients across a wide age range (from seven to 86 years) and those with comorbidities precluding surgery, though the surgeon questions its durability and mechanism given that it leaves the gastric fundus intact.
- The surgeon emphasizes the need for long-term data and rigorous trial design before adopting new endoscopic procedures, citing past failures with restrictive operations like gastric banding, while the endoscopist argues that multidisciplinary patient selection and follow-up, combined with low-dose GLP-1 drugs, can achieve up to 27% total body weight loss at one year with newer combined endoscopic techniques.
- Both speakers anticipate a future with less invasive treatments, including oral combination drugs and novel endoscopic devices, and stress the importance of multidisciplinary teams, ethical research standards, and shared decision-making that respects patient choice and resource availability.

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