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Summary

How to establish a bariatric endoscopic practice

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Nurses

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The speaker described establishing a bariatric endoscopy program using three procedures—intragastric balloons, gastric mucosal ablation, and endoscopic sleeve gastroplasty—emphasizing that success depends on a trained multidisciplinary team, standardized protocols, and structured long-term follow-up rather than the procedure alone.

KEY POINTS

- The speaker's institution uses three bariatric endoscopy techniques: intragastric balloons (space-occupying, in place for one year), gastric mucosal ablation (ablates fundus to eliminate ghrelin-producing cells, started last year), and endoscopic sleeve gastroplasty (suturing to reduce stomach size).
- The speaker stated these procedures can be safely performed in an outpatient setting with sedation or short general anesthesia, are mostly reversible, and have a low complication incidence of up to 2%.
- A multidisciplinary team with clear responsibilities must be established before the first procedure, including nursing staff trained specifically in bariatric endoscopy equipment handling, patient monitoring, and complication recognition.
- Patient preparation follows standardized checklists covering identity verification, fasting confirmation (6 hours), medication adjustments, and education that begins before the day of intervention.
- The speaker's institution conducts follow-up at 1, 3, 6, and 12 months post-procedure, with nurses coordinating appointments, reinforcing education, and identifying emerging problems.
- In the Q&A, the speaker stated that for patients who do not achieve expected results or regain weight, ESG can be repeated, and surgery or medications are backup options, though medication cost is a barrier for some patients.

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