

CUTTING EDGE OF MINIMALLY INVASIVE BARIATRIC INTERVENTIONS

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Disclosures

Ethicon Endosurgery

Medtronic

Olympus

Boston Scientific

GI Windows

Advantage Bariatrics

Sager

Consultant/Speaker

Consultant/Speaker

Consultant/ Speaker

Advisory Board

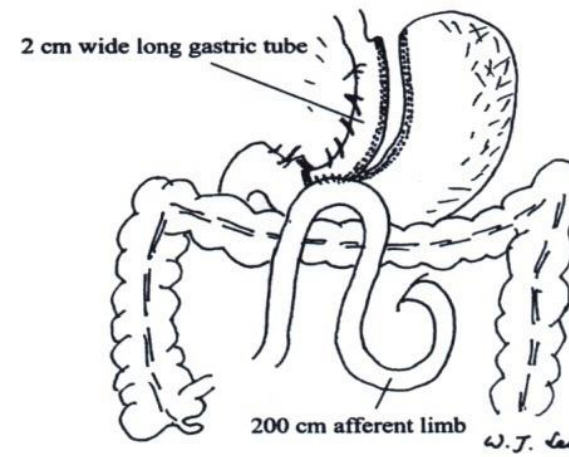
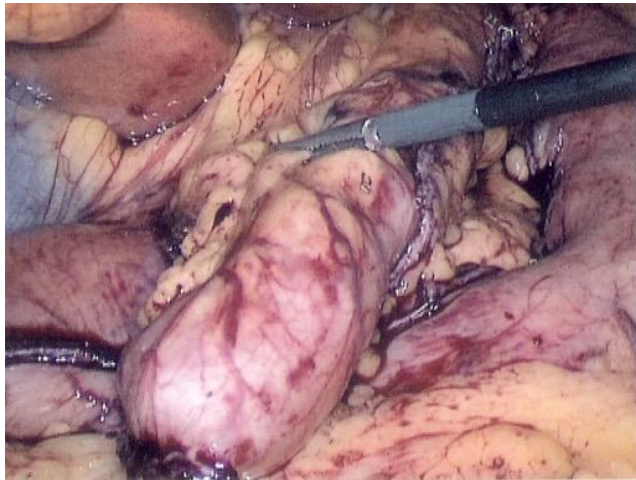
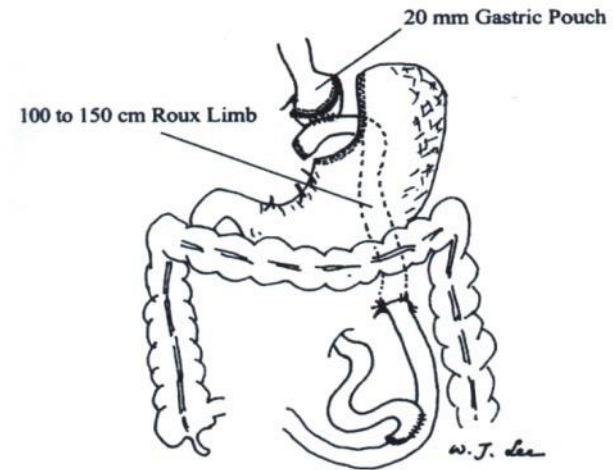
Advisory Board

Consultant

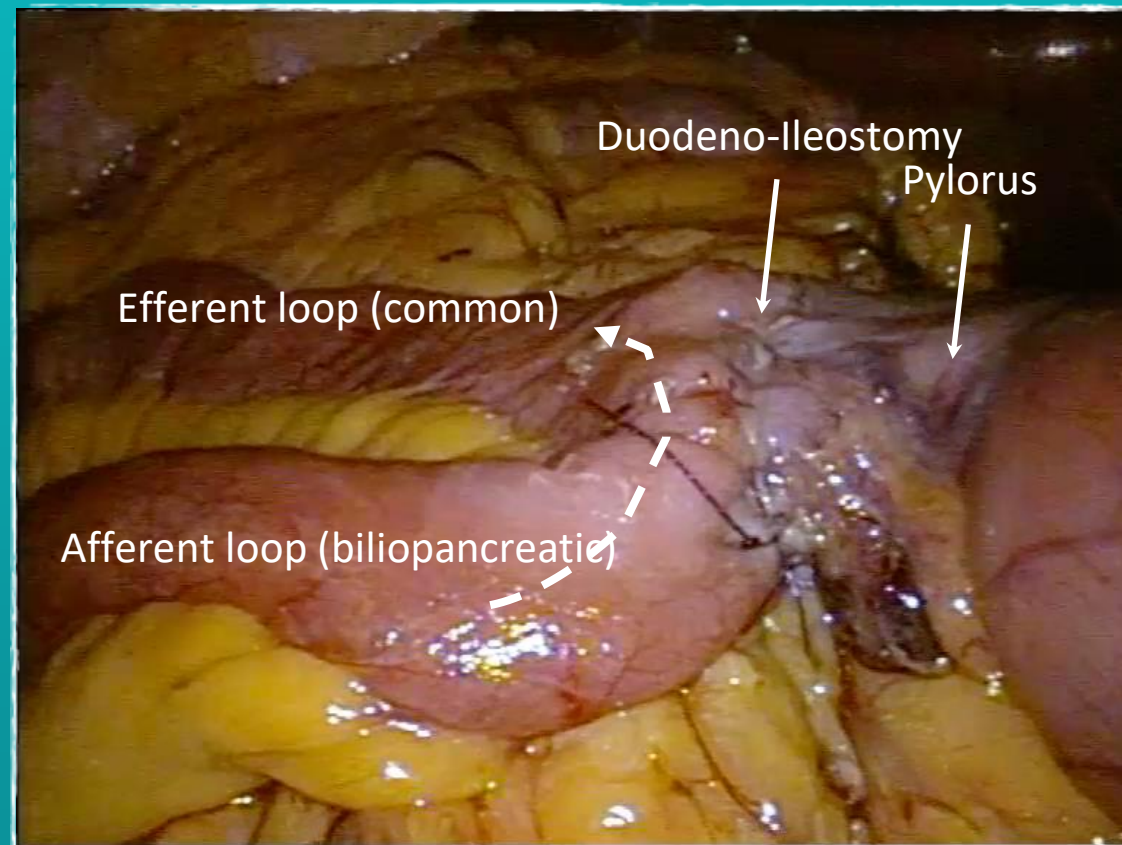
Advisory Board

OAGB

OAGB (Oesophago-gastric bypass) (Billroth II)

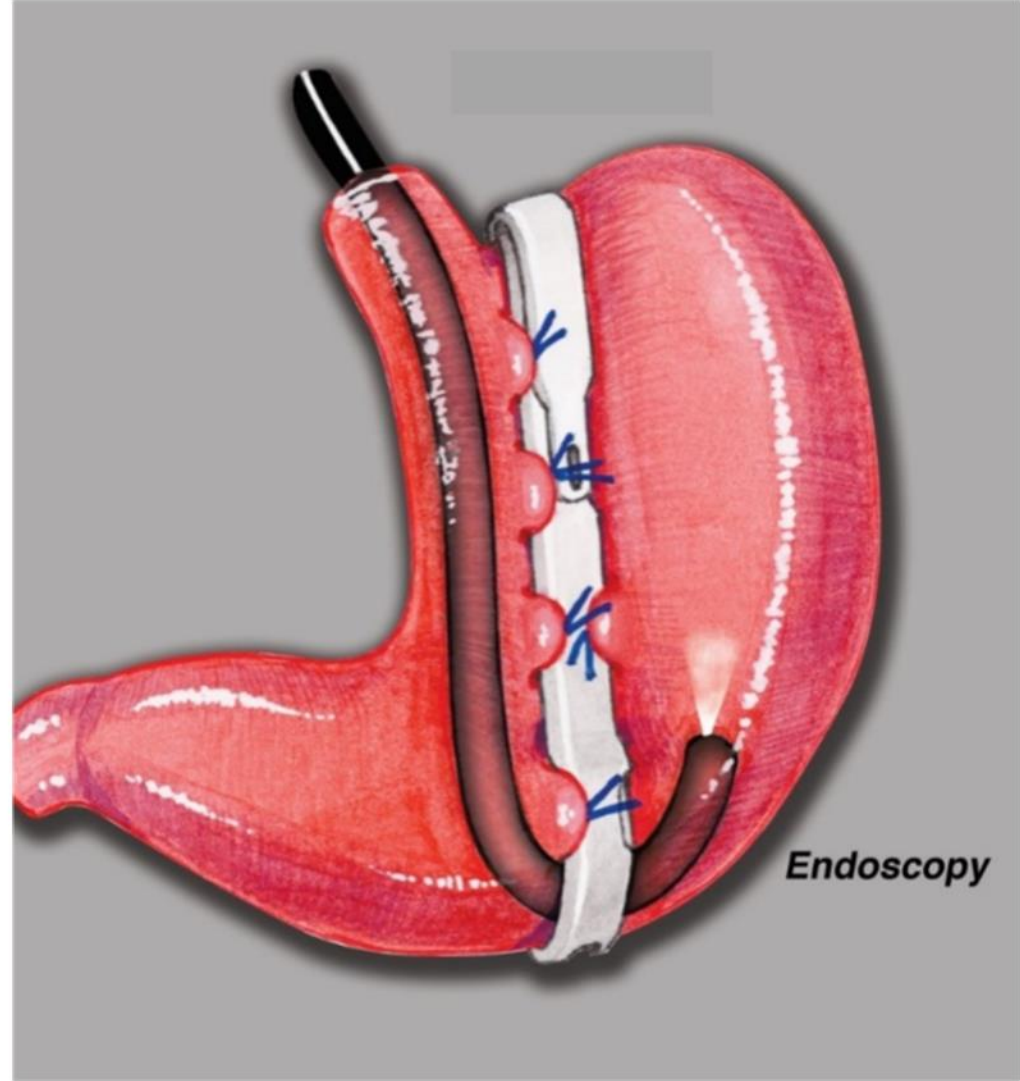


If a normal pylorus is preserved, and the anastomosis is not under tension, THERE IS NO NEED OF A ROUX-EN-Y DIVERSION

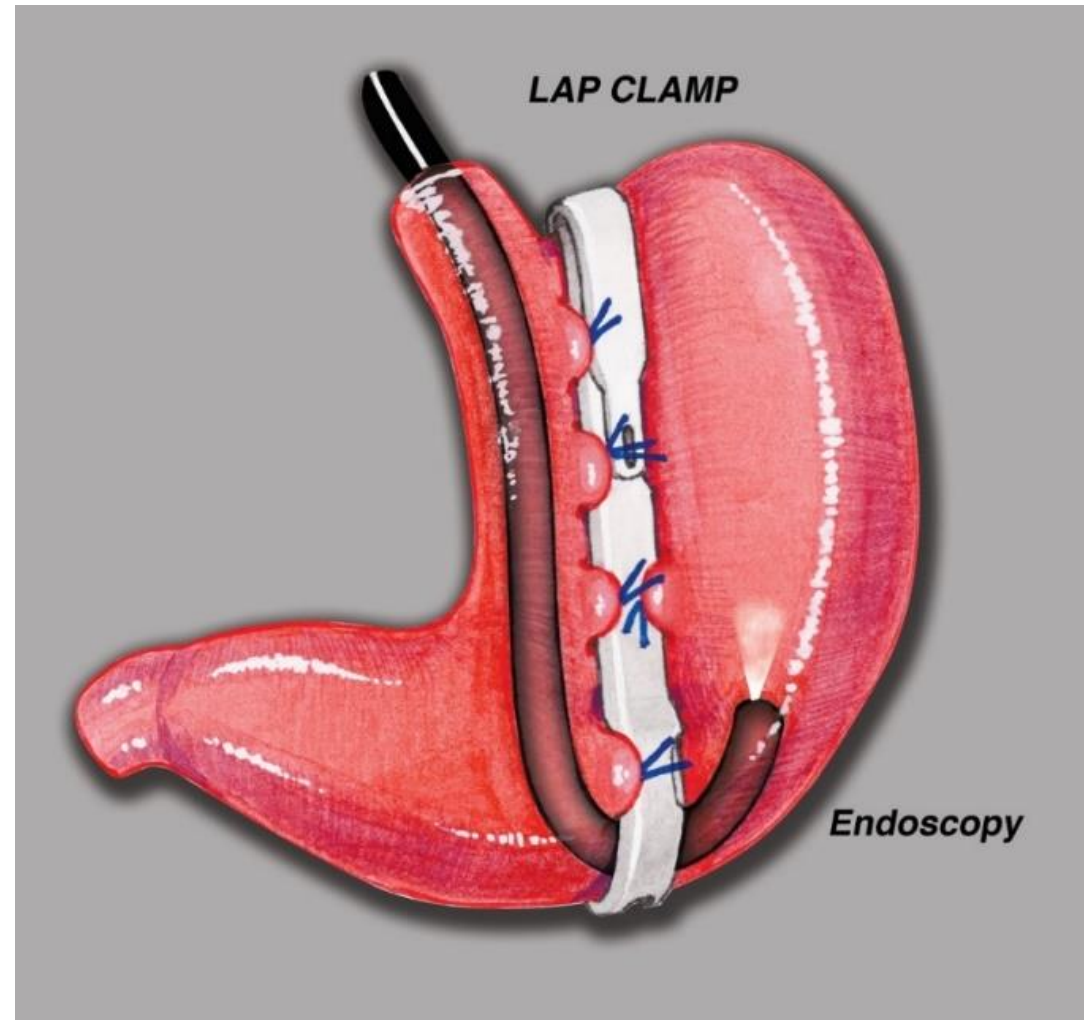
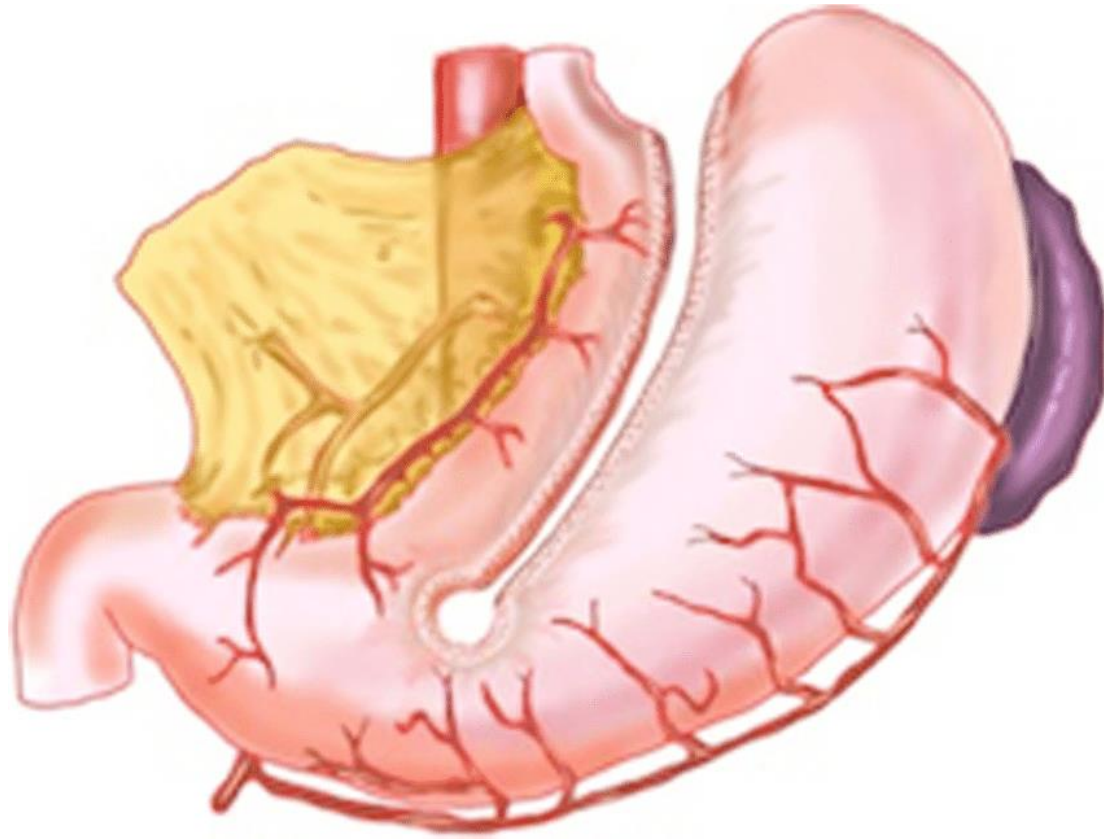


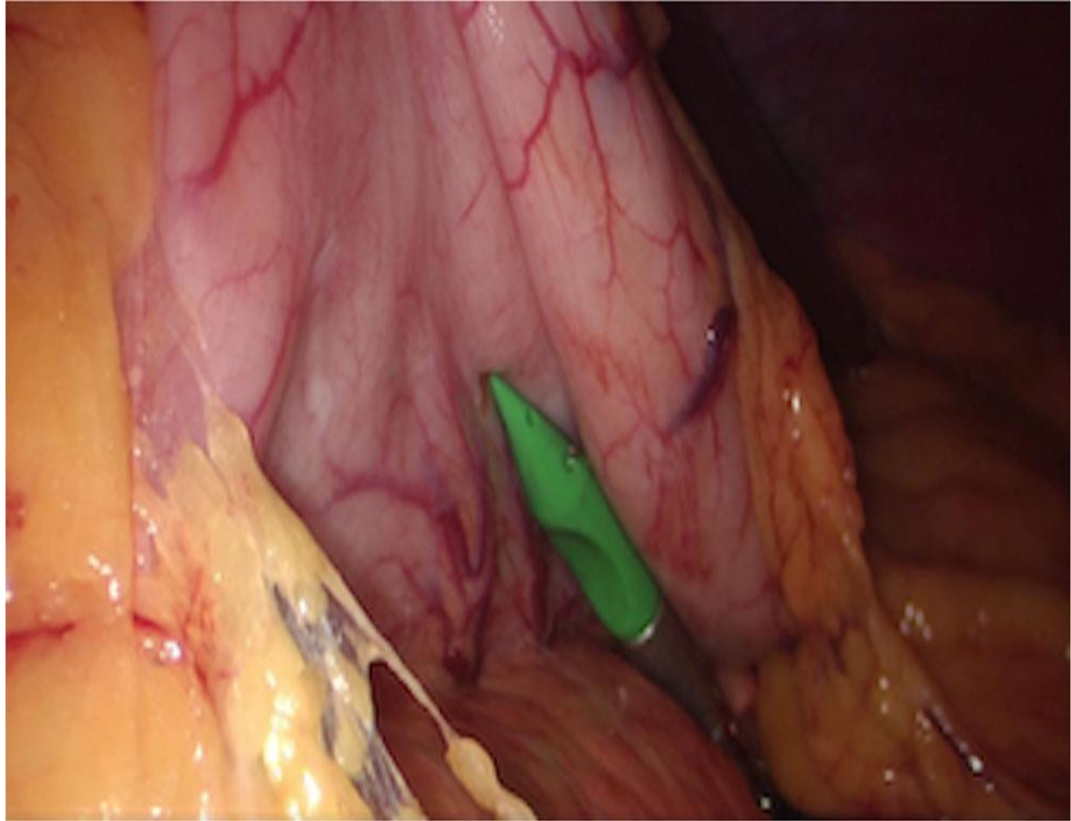
BARICLIP

- *Placed parallel to lesser curvature*
- *Separates the stomach into a restricted medial segment where food passes and an excluded larger lateral gastric segment.*
- *Reversible*
- *No cutting, No stapling, No leaks*
- *No tissue is removed*
- *No change in anatomy*
- *No maintenance required*
- *Whole stomach is accessible via endoscopy*
- *Same day surgery*



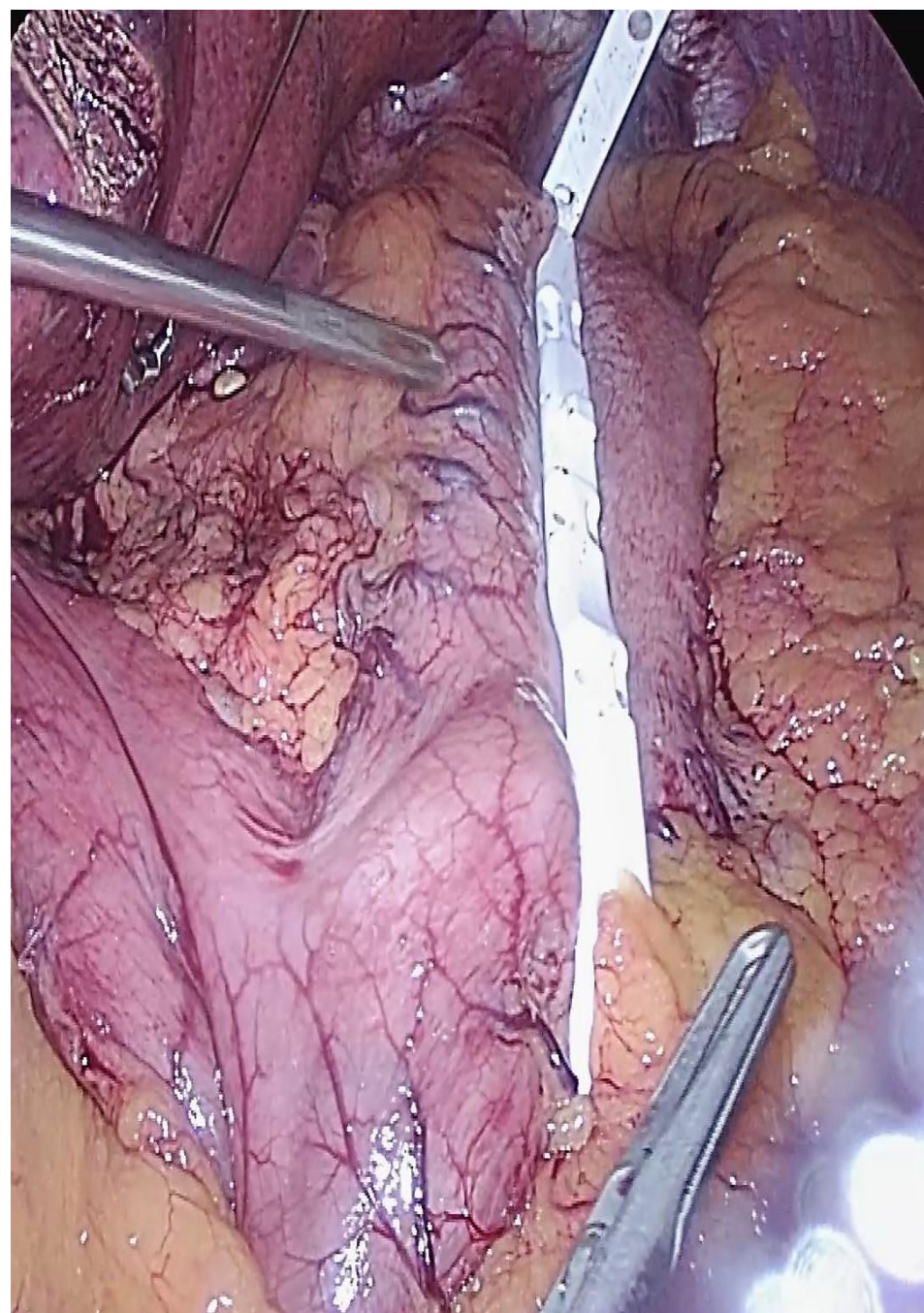
COMPARISON











UGI Comparison

Sleeve



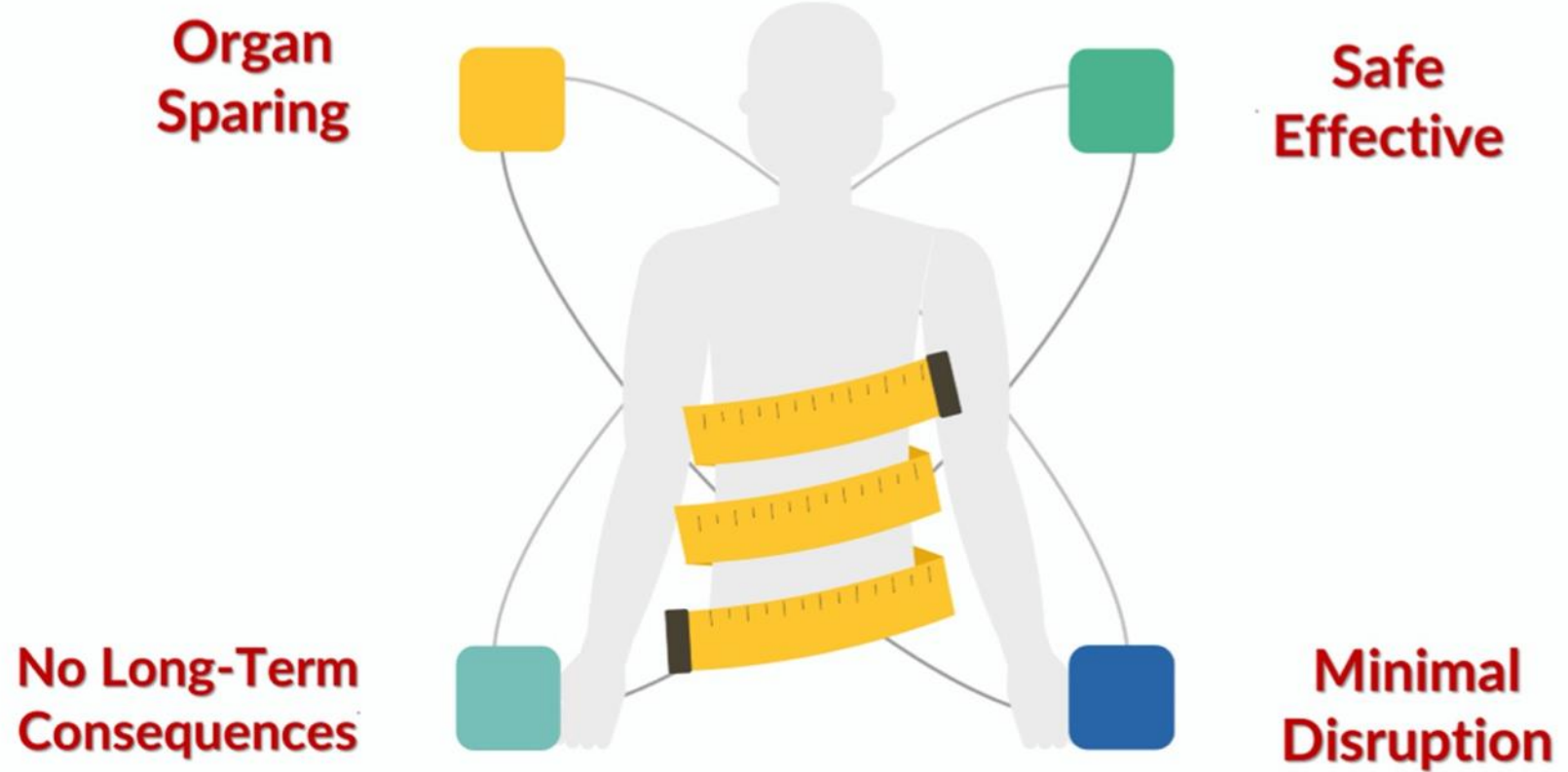
BariClip



WE ARE RESOURCEFUL WITH WHAT WE HAVE....



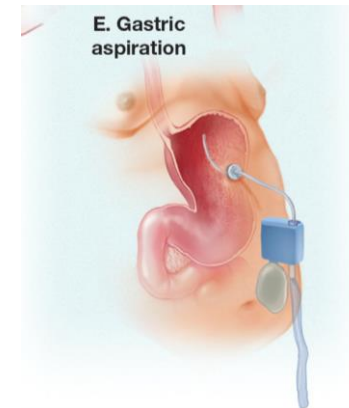
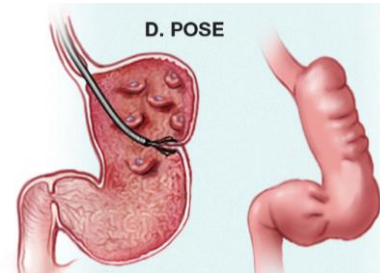
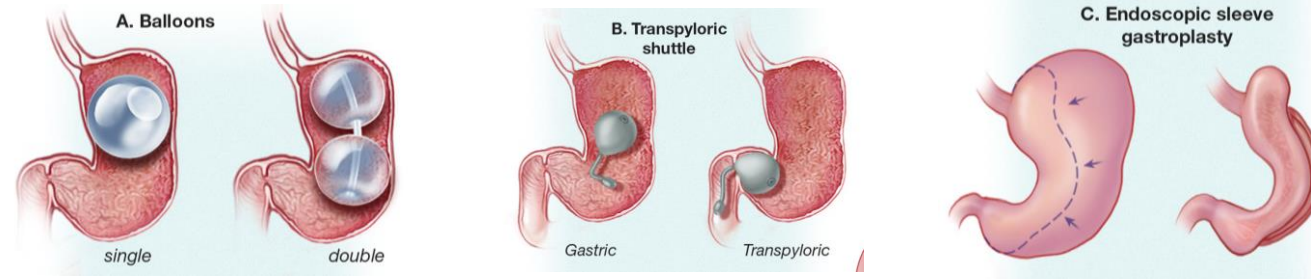
Value Proposition

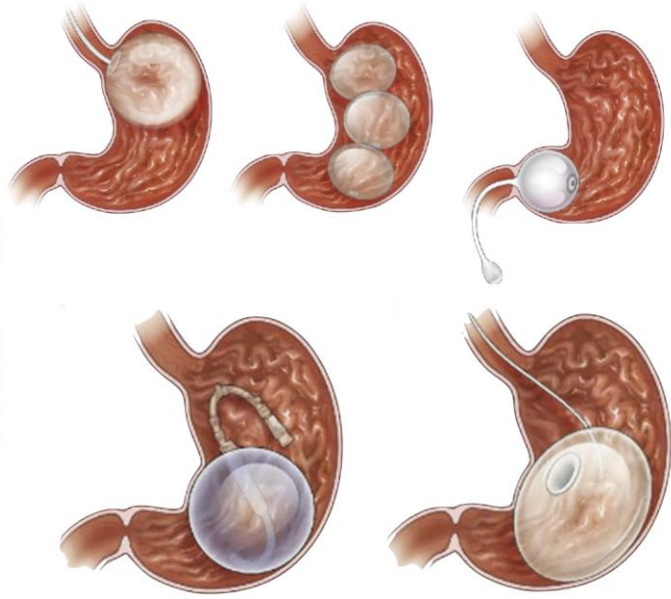


WHY MIS/ENDOSCOPY and MEDICATIONS?

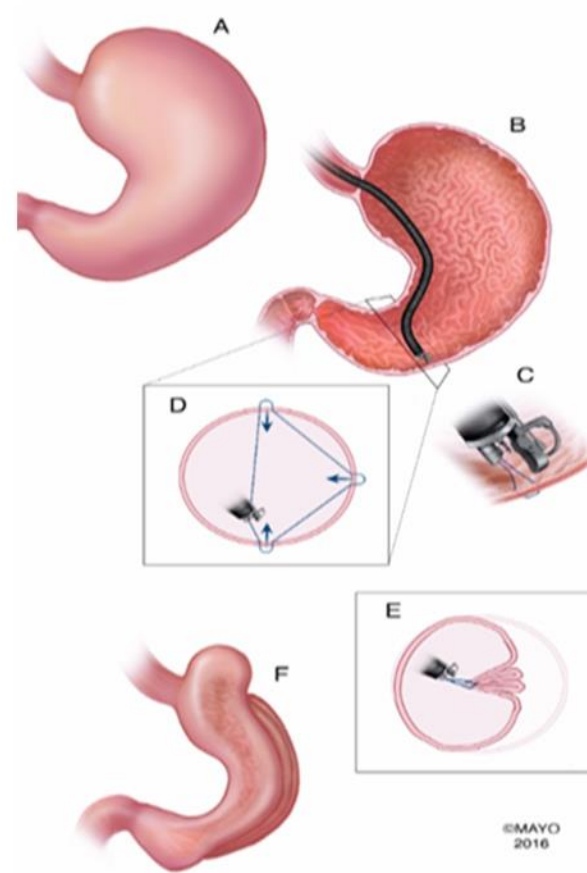


Interventions on the Stomach



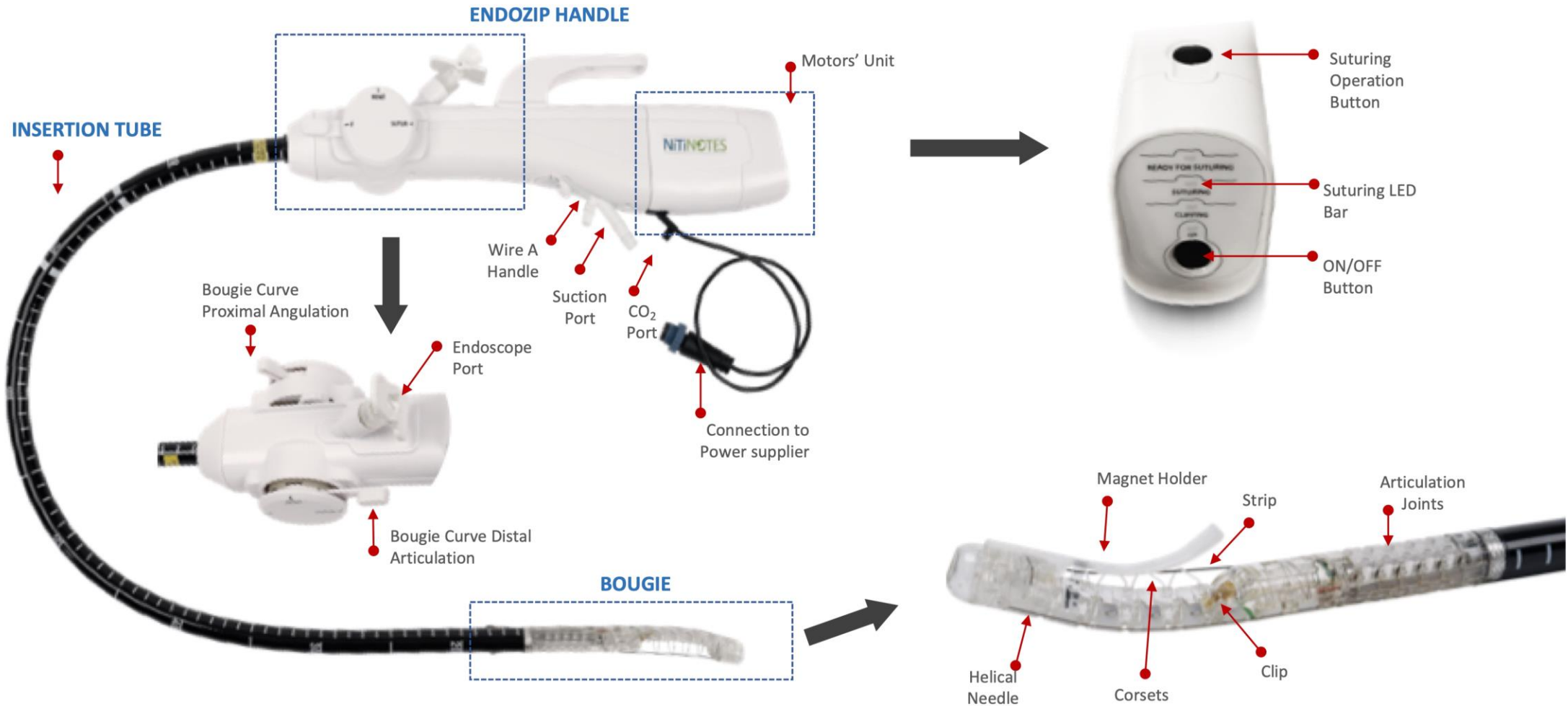


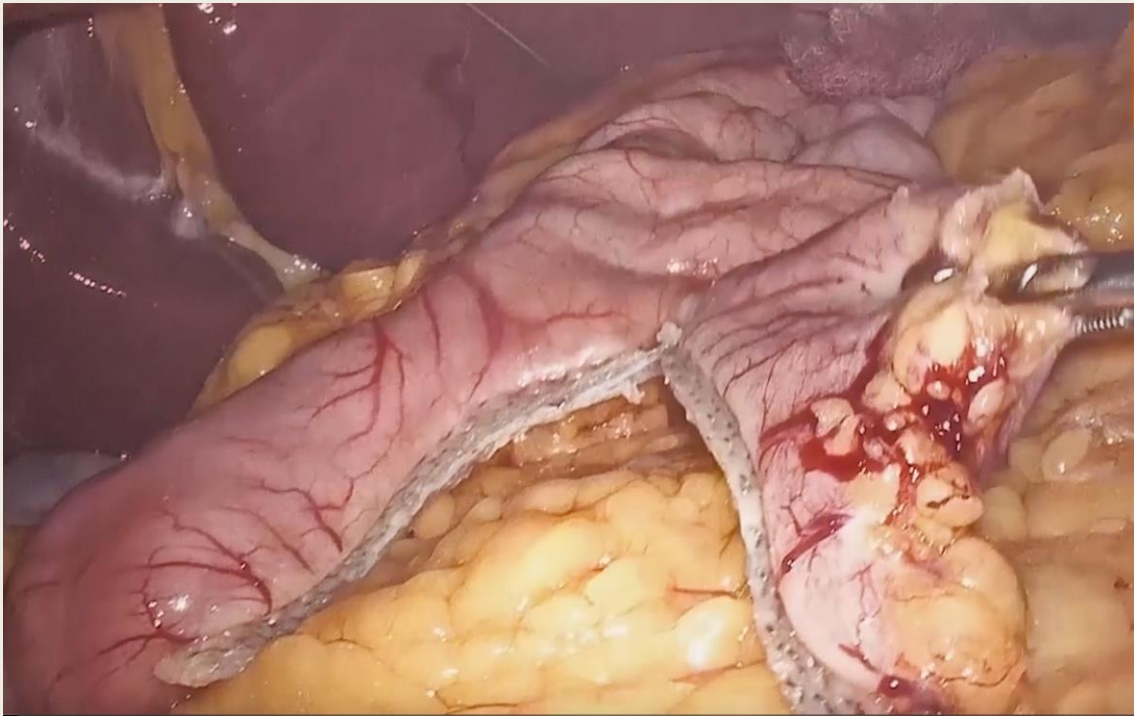
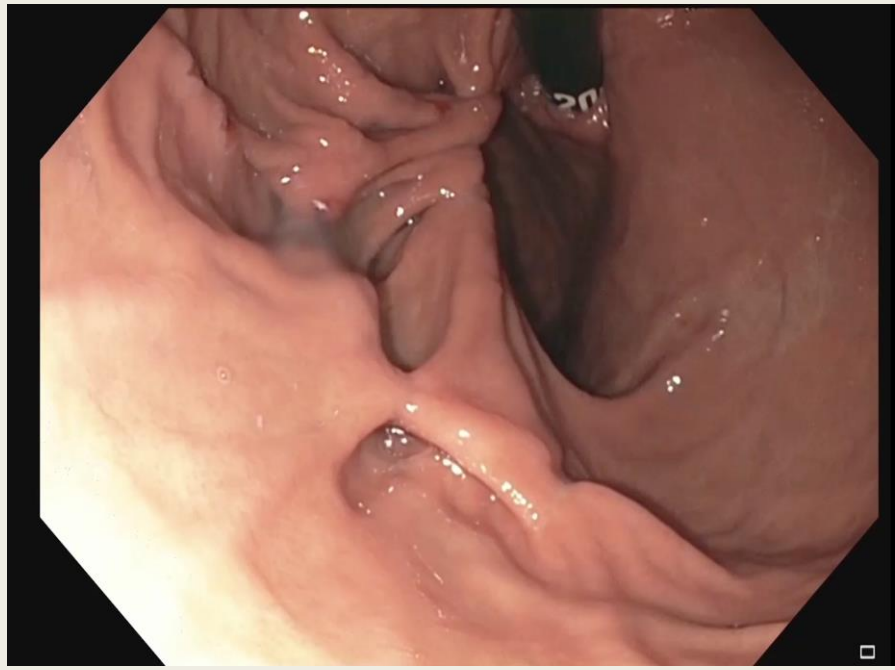
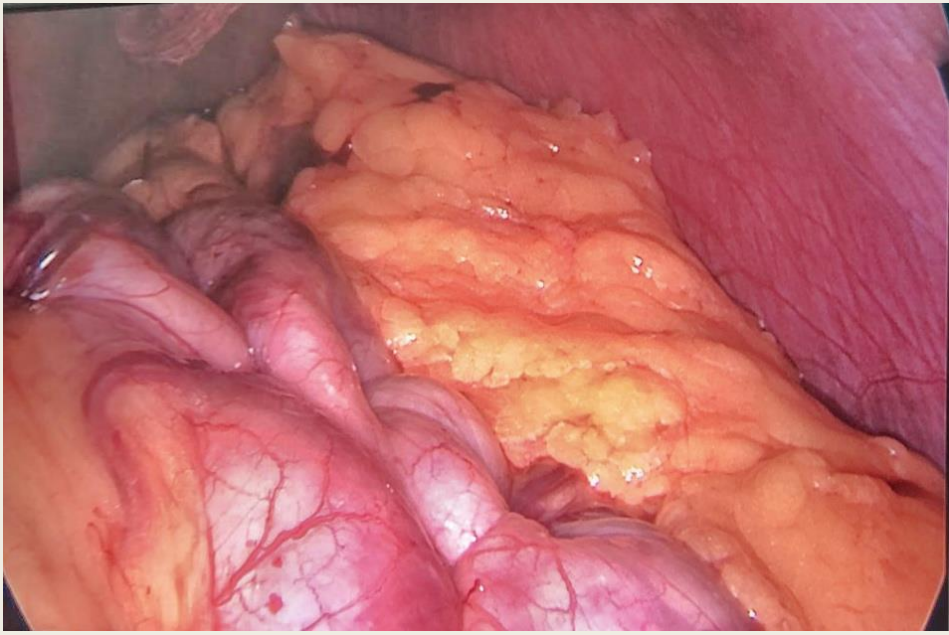
Endoscopic Sleeve Gastroplasty

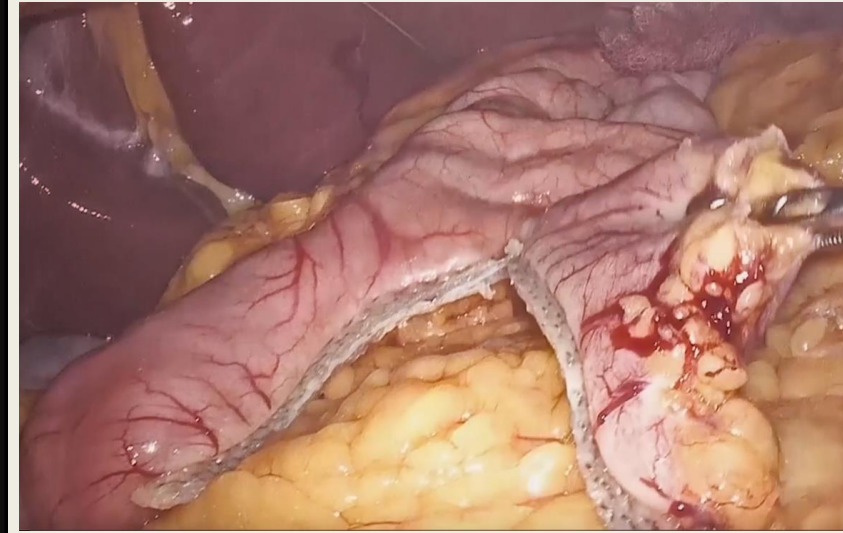
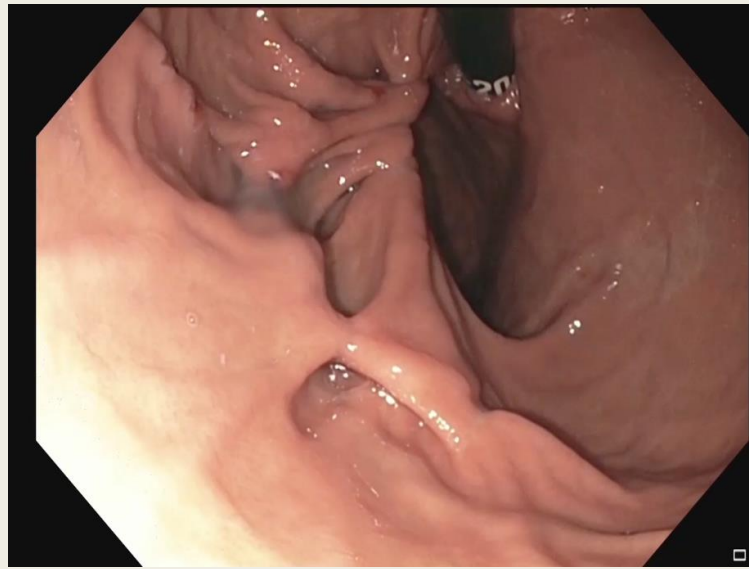
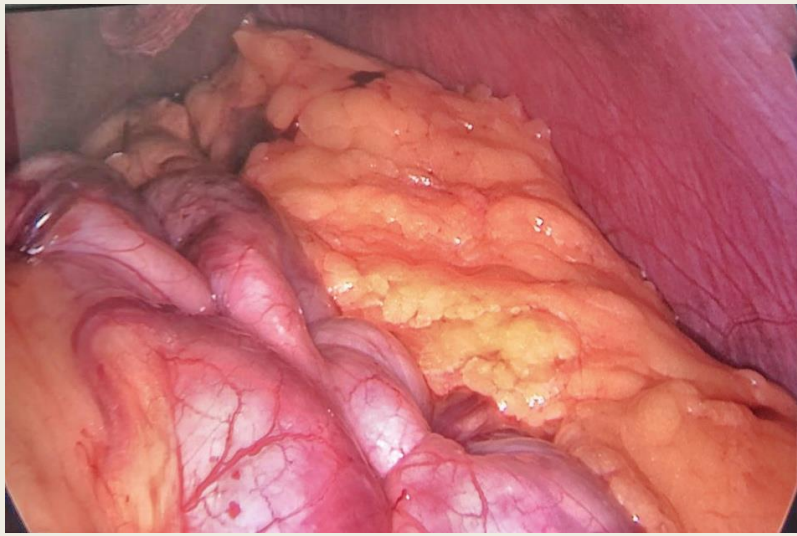


Abu Dayyeh and Gostout GIE 2013 Sep;78(3):530-5

Robotic Endoscopy- Endozip







Reversal of endoscopic sleeve gastroplasty and conversion to sleeve gastrectomy – Two case reports

Qiuye Cheng^{a,b,*}, Kevin Tree^a, Michael Edge^{a,b}, Michael Devadas^a

^a Department of Surgery, Blacktown Hospital, Australia

^b Discipline of Surgery, University of Western Sydney, Australia

Conversion of endoscopic sleeve gastroplasty to laparoscopic Roux-en-Y gastric bypass

Melissa Beitner, M.B.B.S.^{*}, George Hopkins, M.B.B.S., F.R.A.C.S.

Royal Brisbane and Women's Hospital, Brisbane, Queensland, Australia

Received 25 September 2019; accepted 21 December 2019

Short-term outcomes of endoscopic sleeve gastroplasty in 1000 consecutive patients

Aayed Alqahtani^{1*}, MD, FRCSC, FACS; Abdullah Al-Darwish¹; Ahmed Elsayed Mahmoud¹, MD; Yara A. Alqahtani¹, MD; MD; Mohamed Elahmedi¹, MBBS

Table 4. Revision rates after primary ESG in the first 1000 patients who underwent the procedure at our center

Procedure	n (%)
Endoscopic-Laparoscopic Revision to Sleeve Gastrectomy	8 (0.8)
Redo ESG	5 (0.5)
Reoperation	0 (0.0)

ESG: Endoscopic sleeve gastroplasty

Interventions on the Bowel

Endoscopic Bariatric Therapies



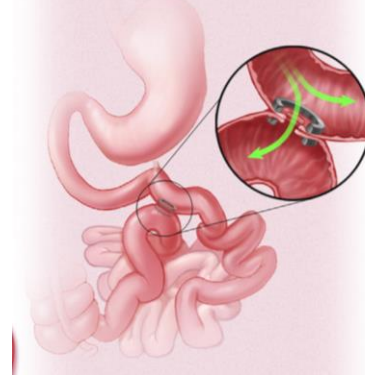
A. Duodenojejunal diversion



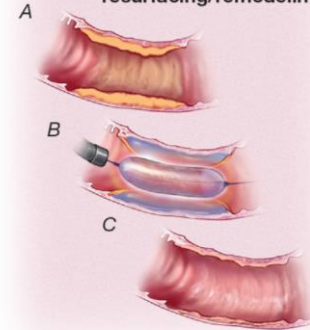
B. Gastroduodenojejunal
bypass



C. Jejunum ileal diversion

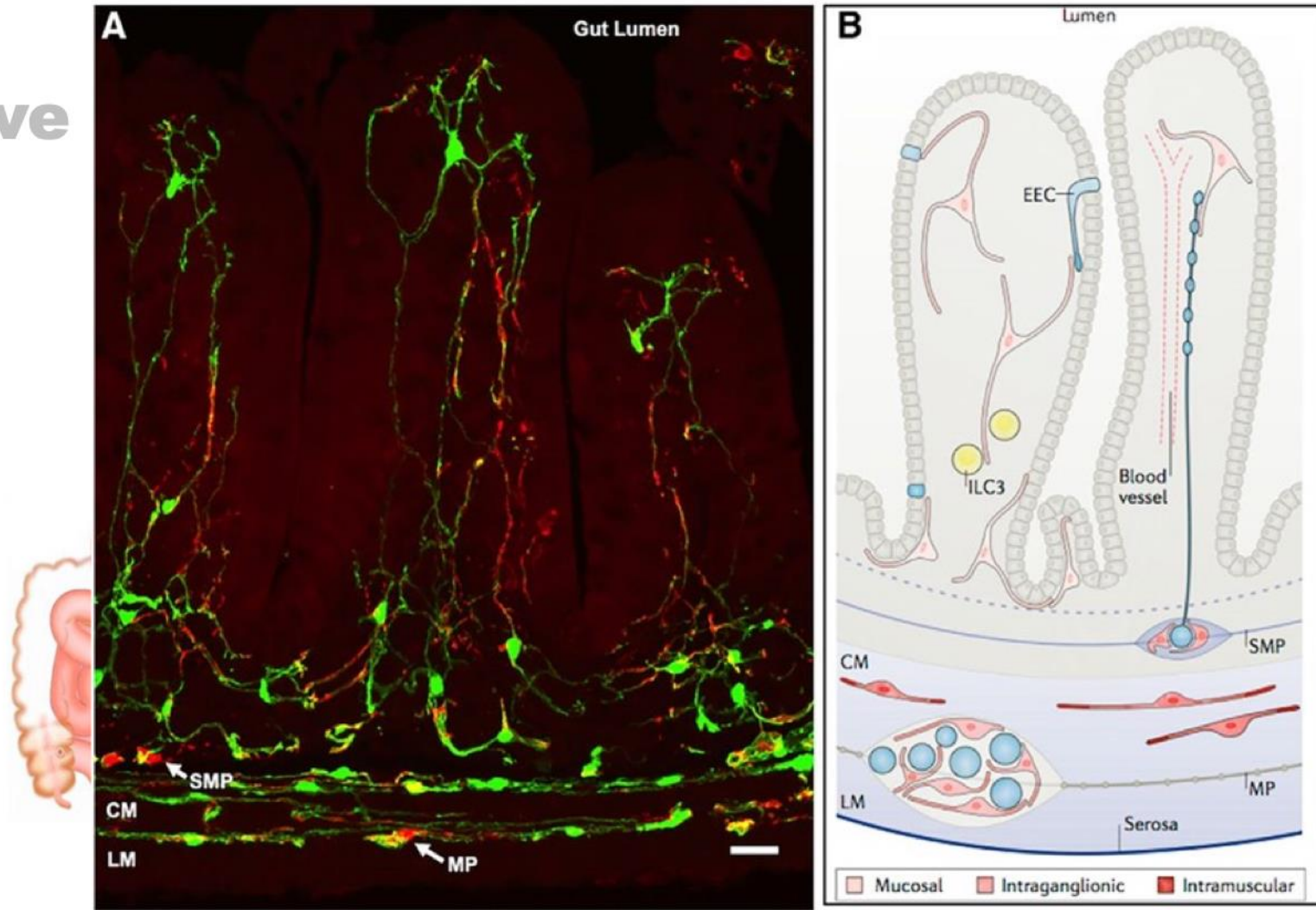


D. Duodenomucosal
resurfacing/remodeling

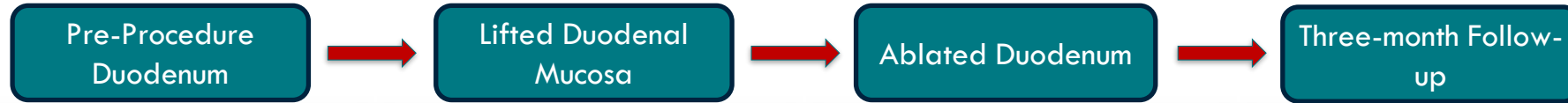


Small Intestine – The Tube of Life (*Science* 2018)

Cell Metabolism Perspective



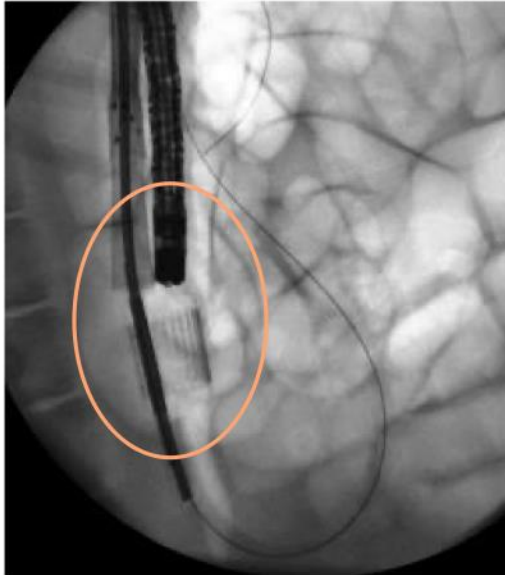
DMR Procedure: Endoscopic View



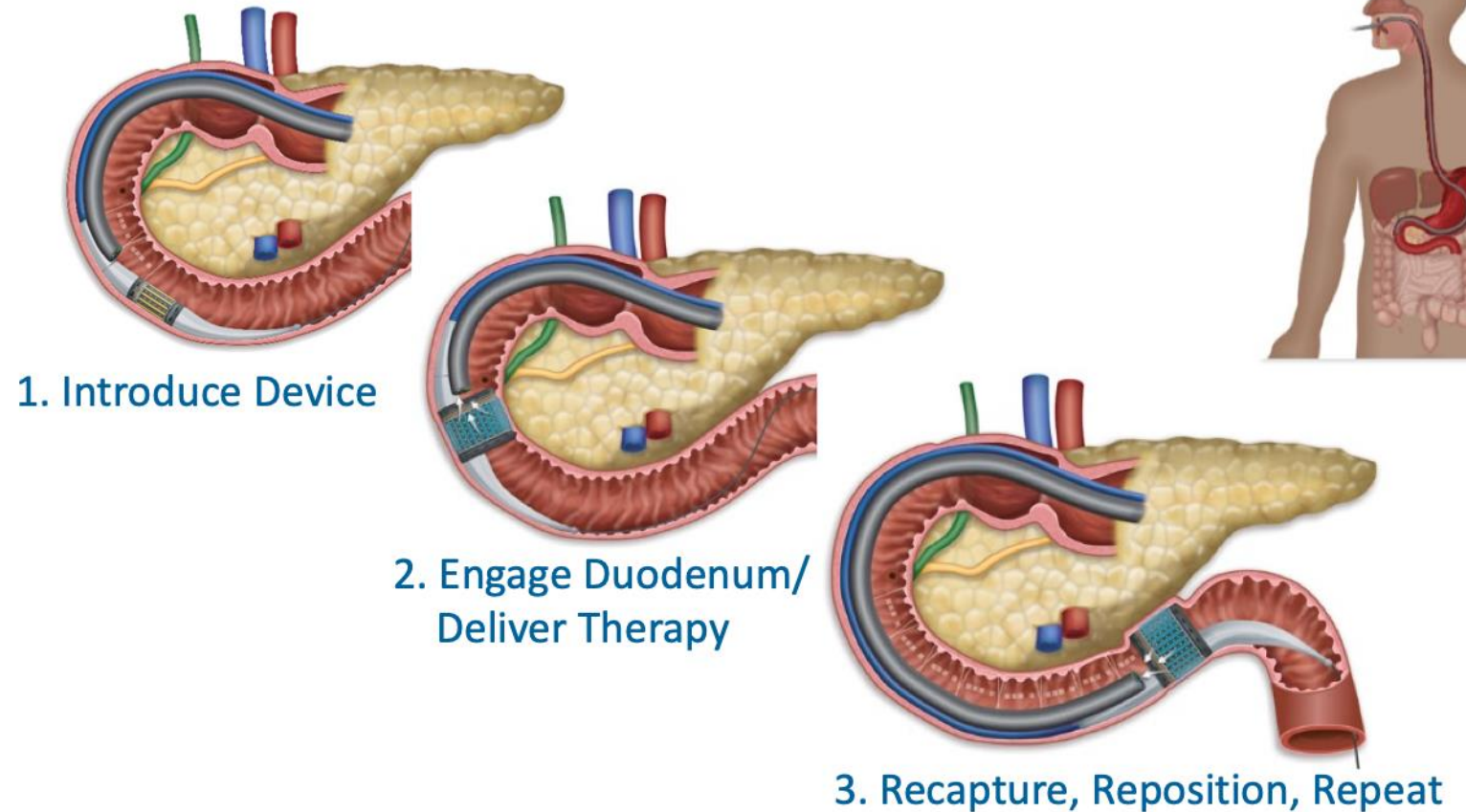
➤ Procedure:

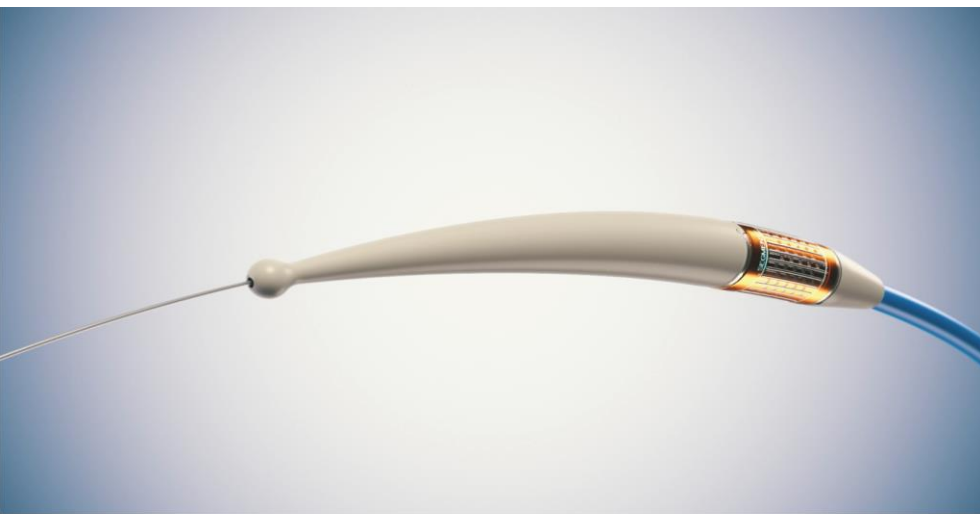
- Duodenal mucosa lifted by saline to create thermal barrier protecting deeper tissues
- Circumferential ablation through thermal exchange (hot water)
- Follow up endoscopies and duodenal biopsies at 1mo and 3mo document mucosal healing

Pulsed Electrical Field Duodenal Stimulation Technology

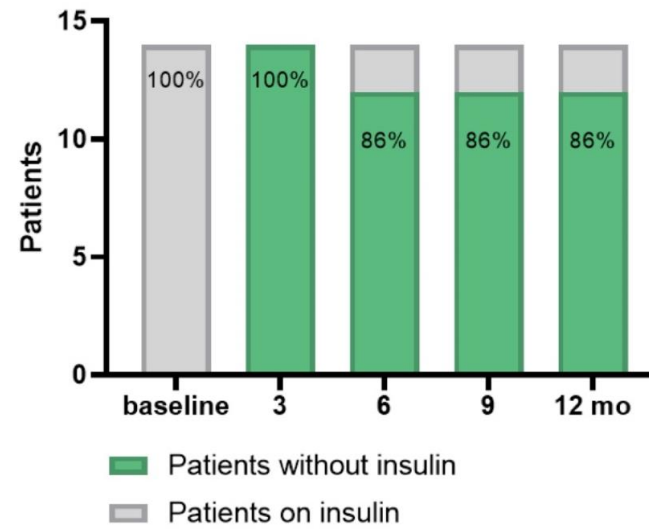
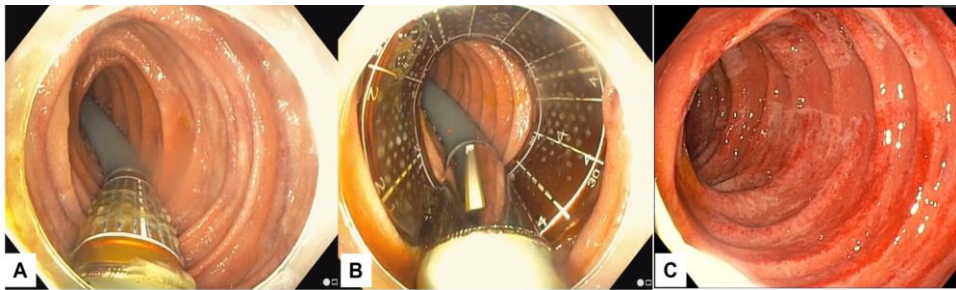


Outpatient procedure





Endoscopic Re-Cellularization via Electroporation (ReCET)[™] Therapy



Improved glycemic control

- Improved HbA1c and time with adequate blood glucose levels

Improved metabolic health

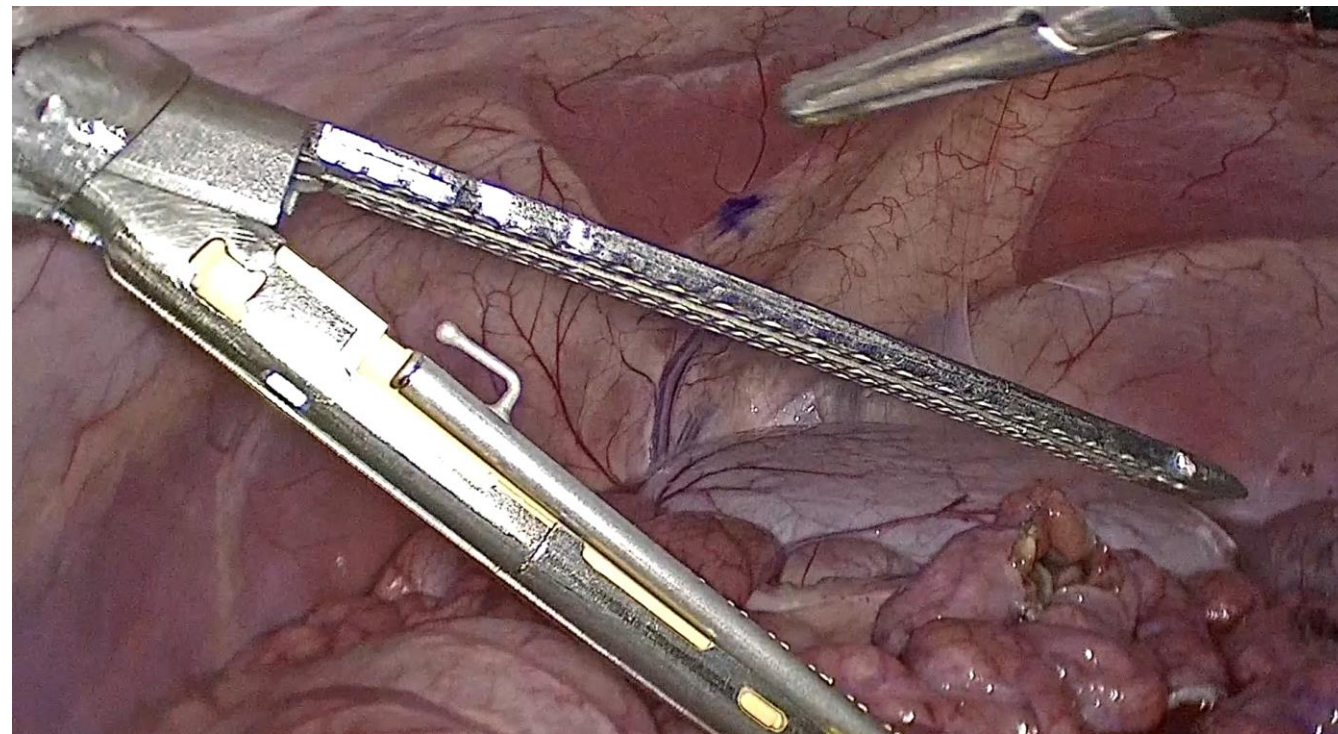
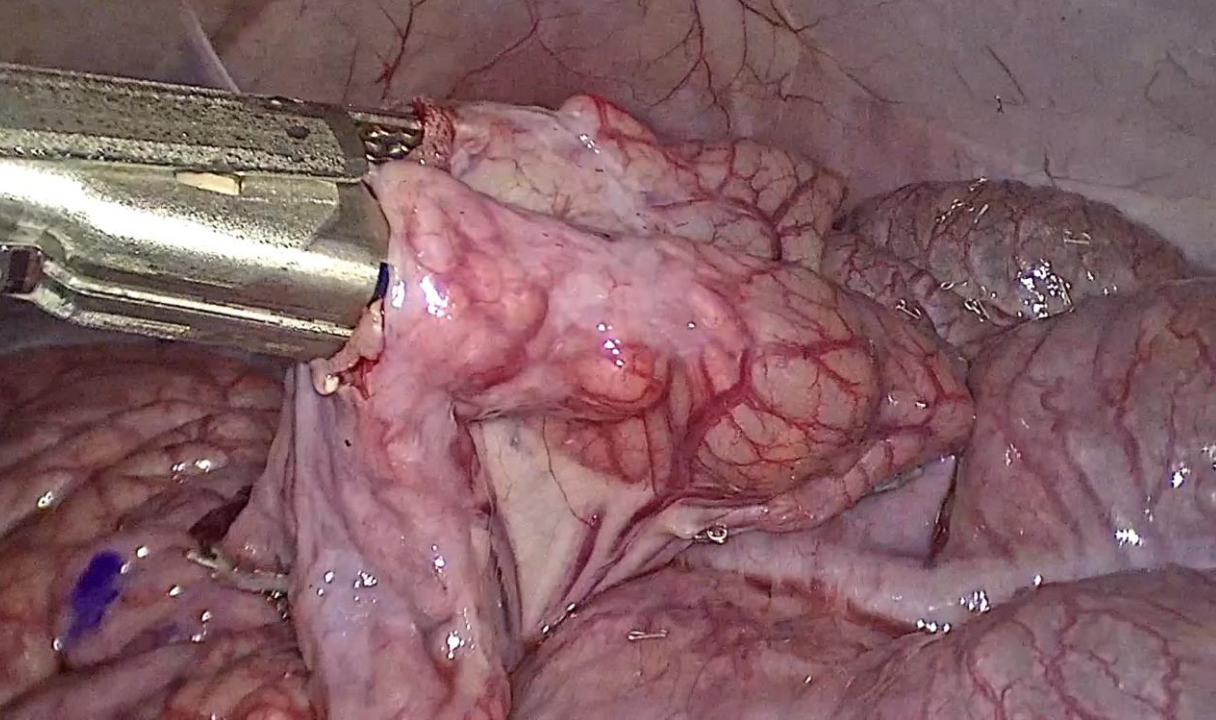
- >50% reduction of liver fat

@DDW2023 Abstracts #46, 1108, 1272

FACILITATE SURGERY



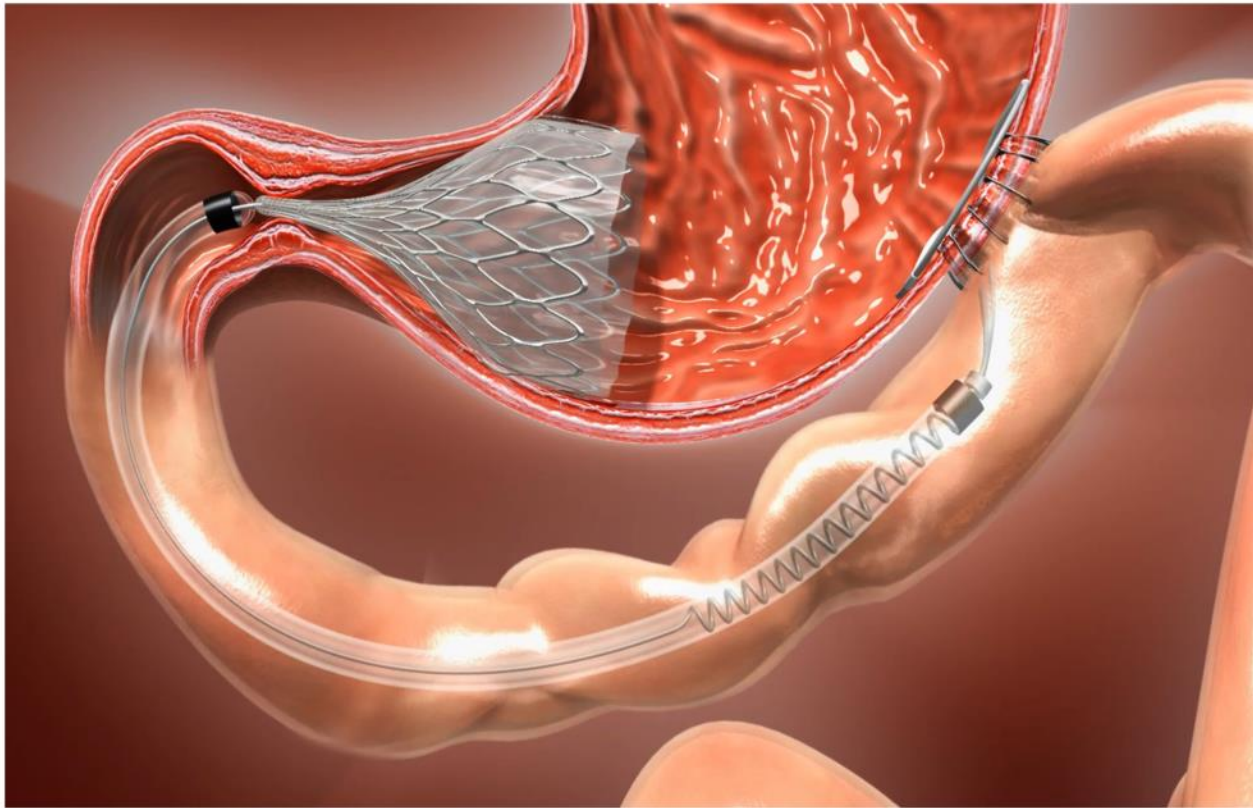
EASIER STAPLING



LESS INVASIVE ANASTOMOSIS

BY ENDOSCOPY...

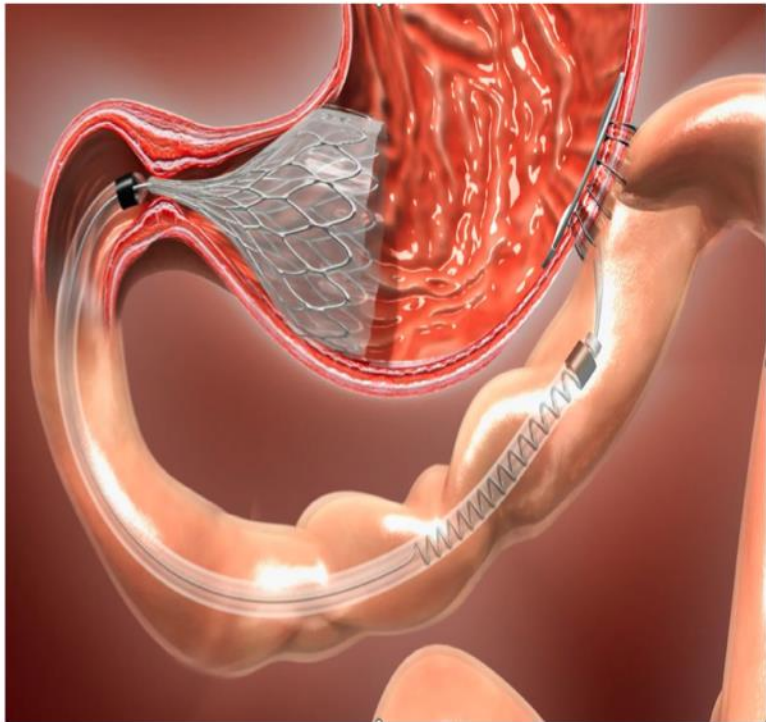
Innovation and Clinical Advancement: Leveraging the Gut as a Therapeutic Target



Scalable & Reversible Metabolic Surgery

- **Organ sparing + modular**
- **Dual mechanism of action:** Gastric Restriction and duodenal bypass
- **Dynamic and Atraumatic Anchoring:** Minimize and mitigate migration risk
- **Light weight to maximize patient tolerance**
- **Endoscopic Delivery/Retrieval**
- **Integrate with a clinically established, safe, and easily reversible single laparoscopic gastrojejunal anastomosis**

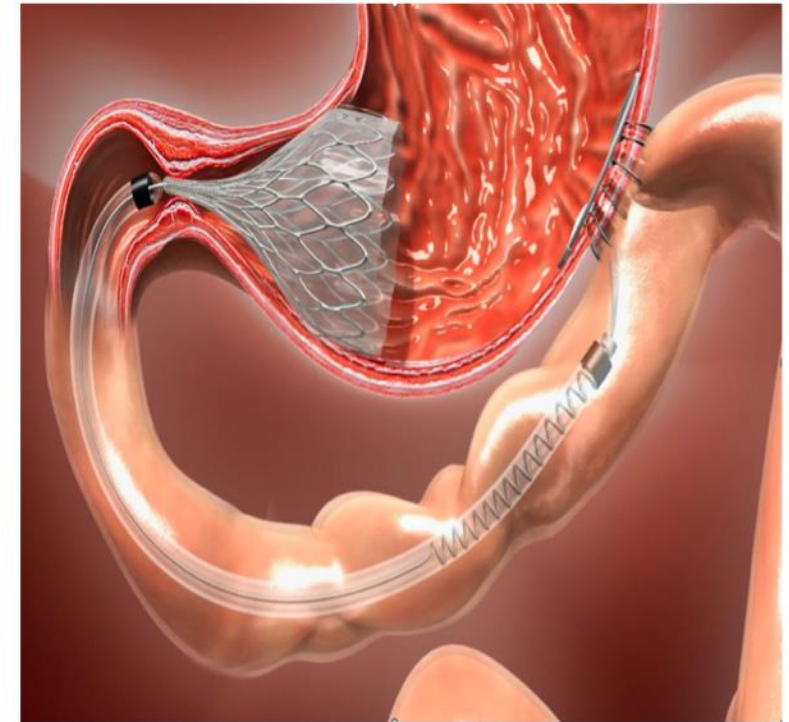
Dynamic Non-Traumatic Anchoring



Neutral

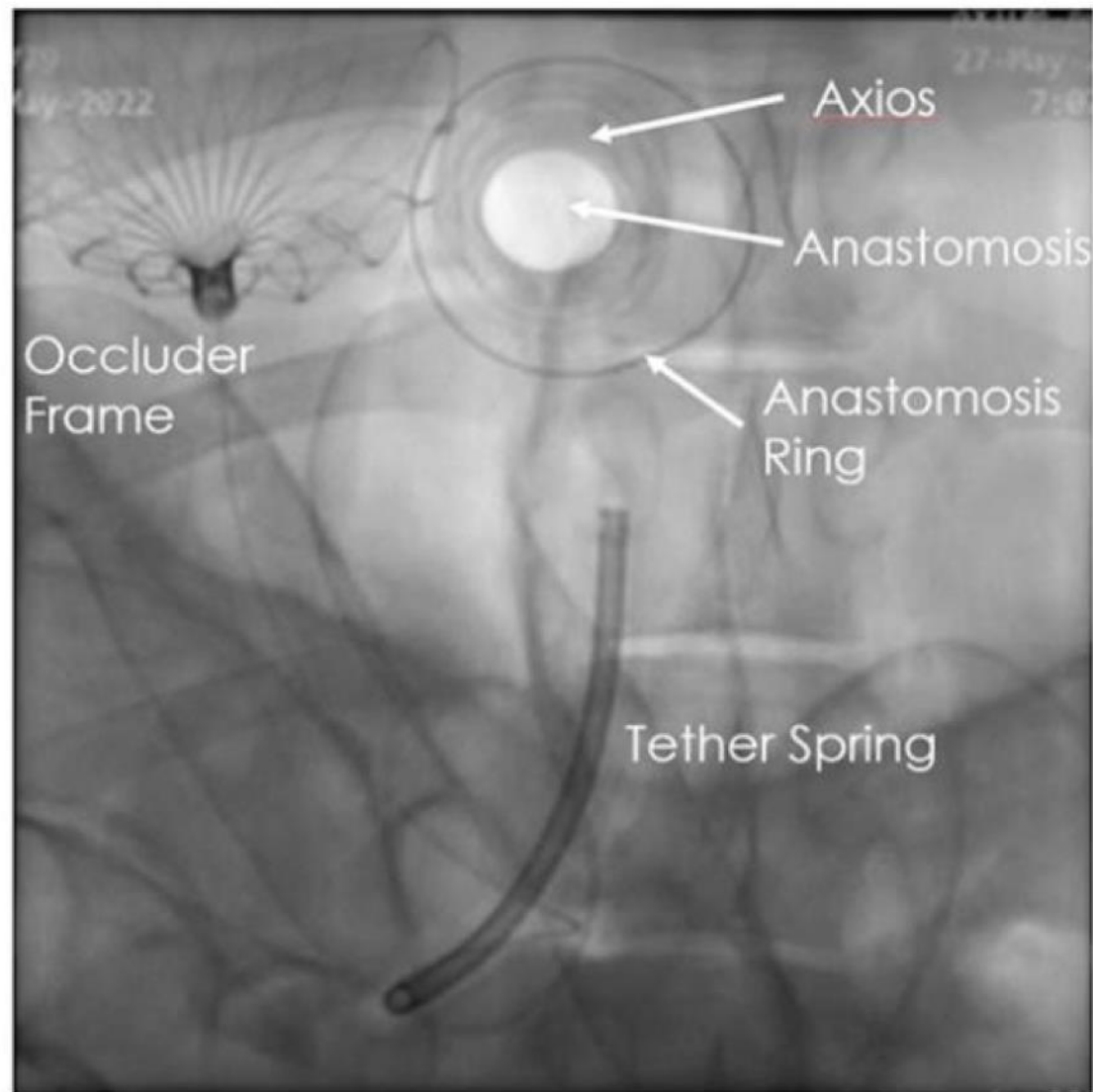
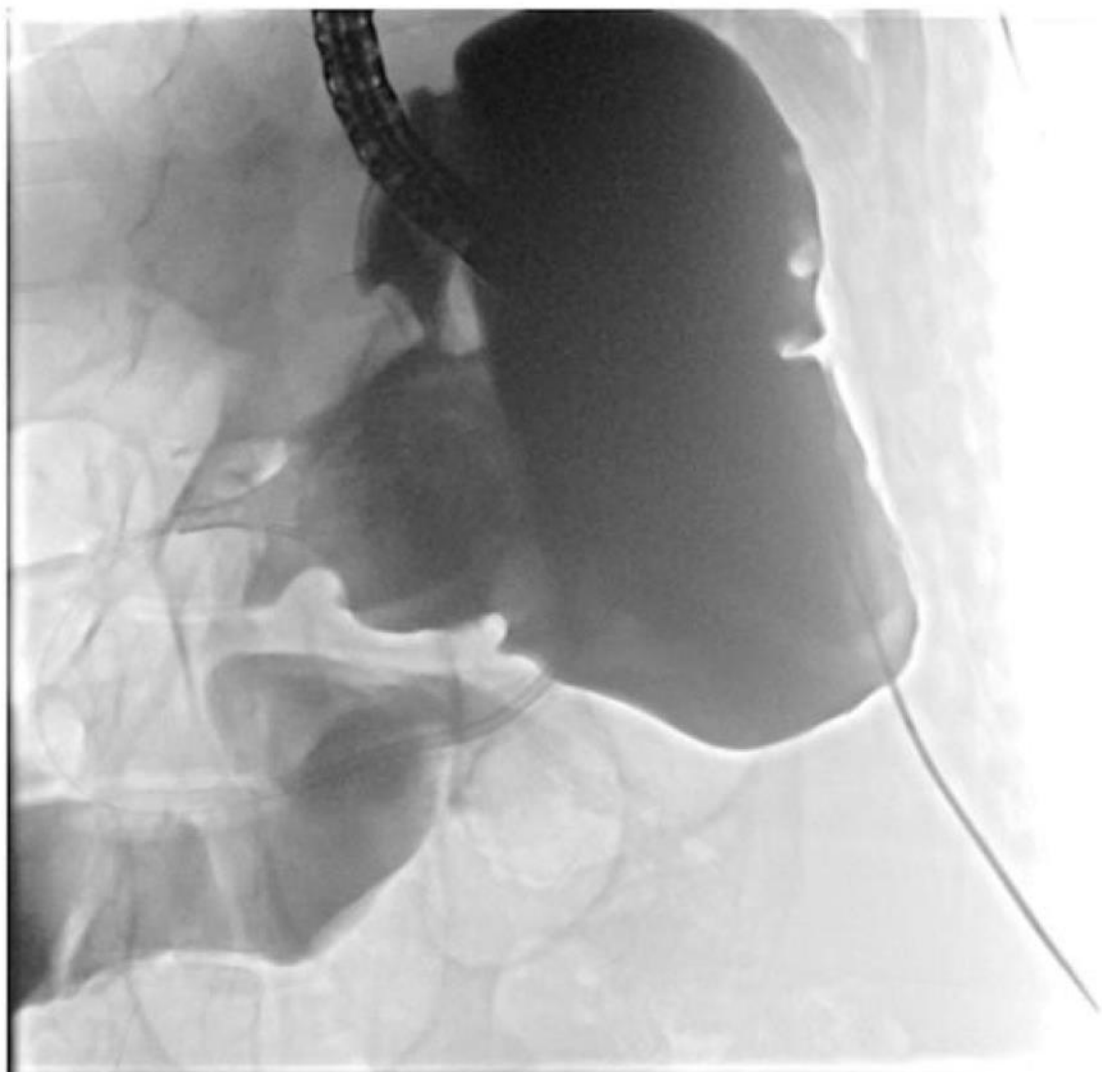


Contraction / Dynamic Spring Adjustment



Neutral

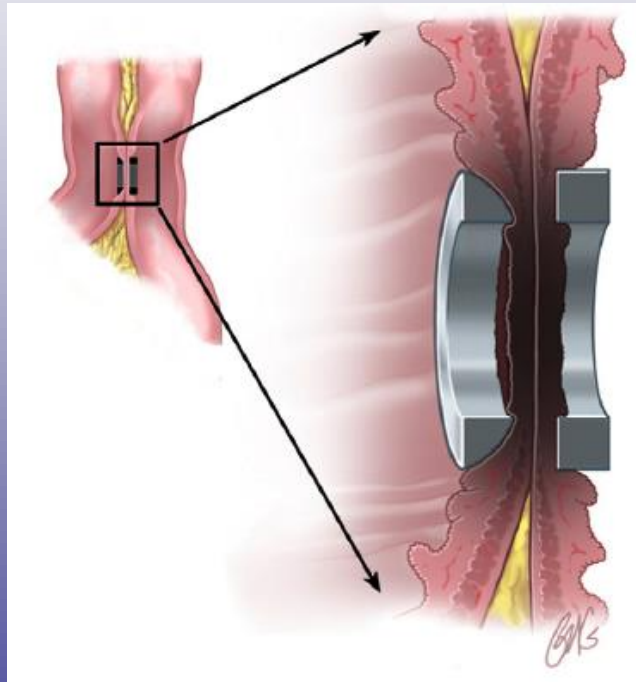




SAFER LESS INVASIVE ANASTOMOSIS

BY ENDOSCOPY...

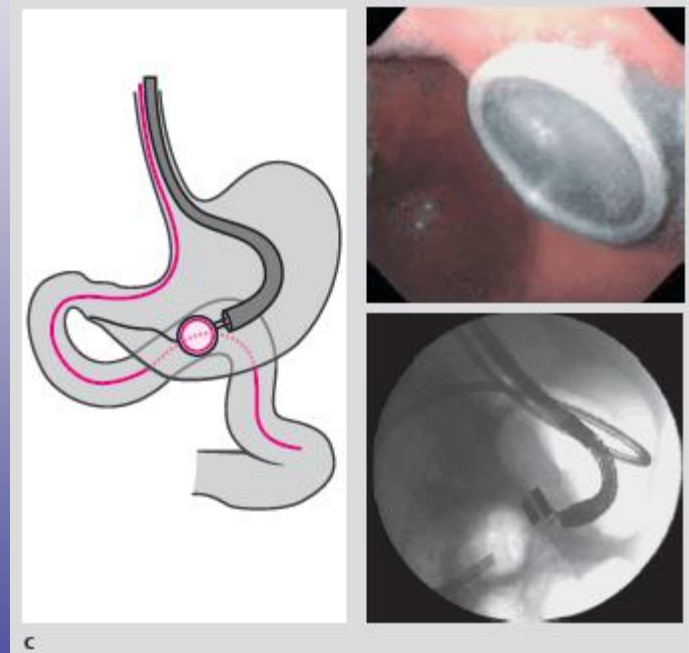
Compression Anastomosis



Jamshidi R, et al. J Ped Surg 2009

- ← Tissue Remodeling
- ← Tissue Remodeling
- ← Tissue Necrosis
- ← Tissue Remodeling
- ← Tissue Remodeling

Human Magnetic Gastrojejunostomy



c

Cope, et al. Endoscopy 2009
SP4569V01

(A) Deployment



(B) Day 4



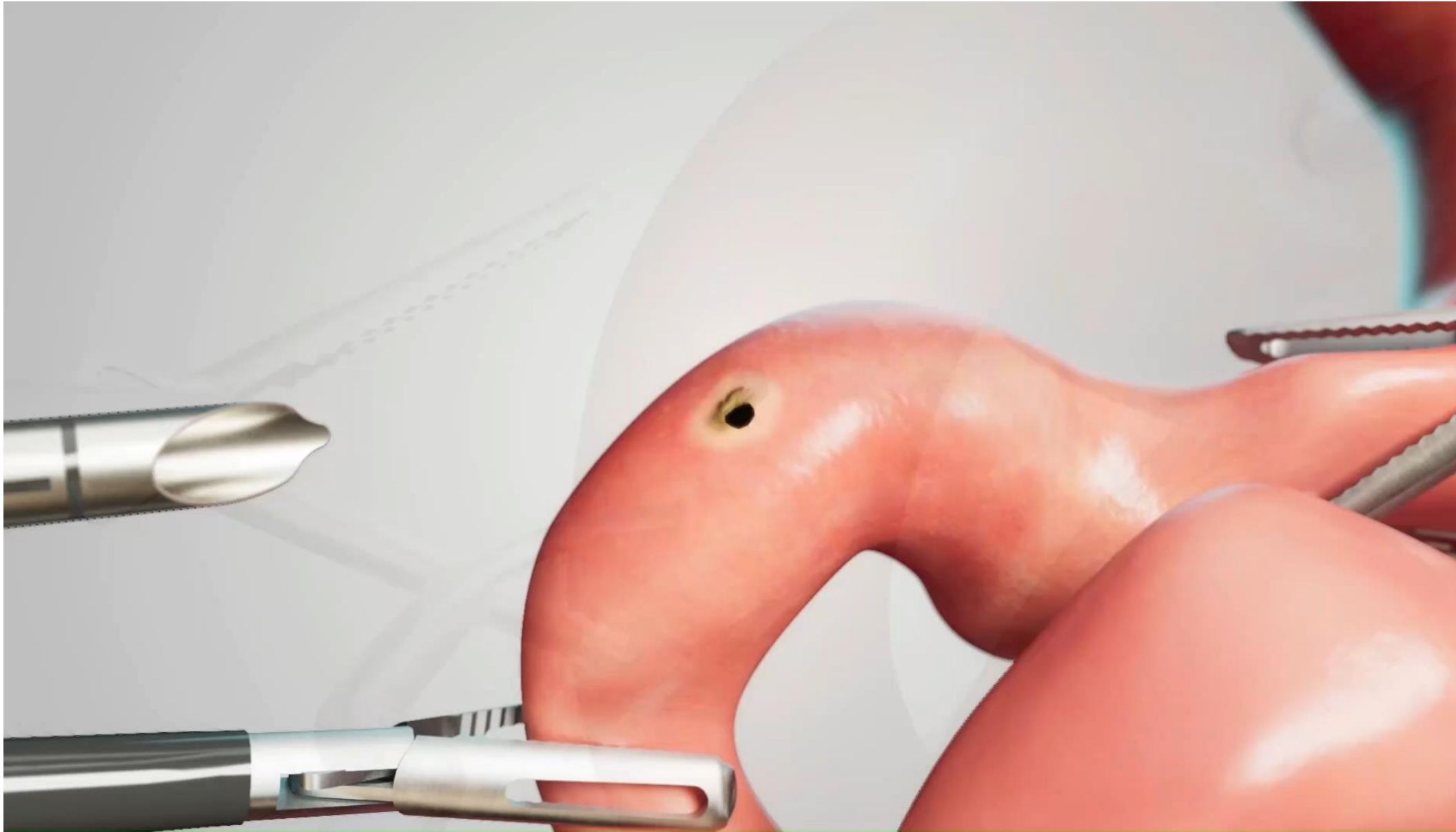
(C) Day 12



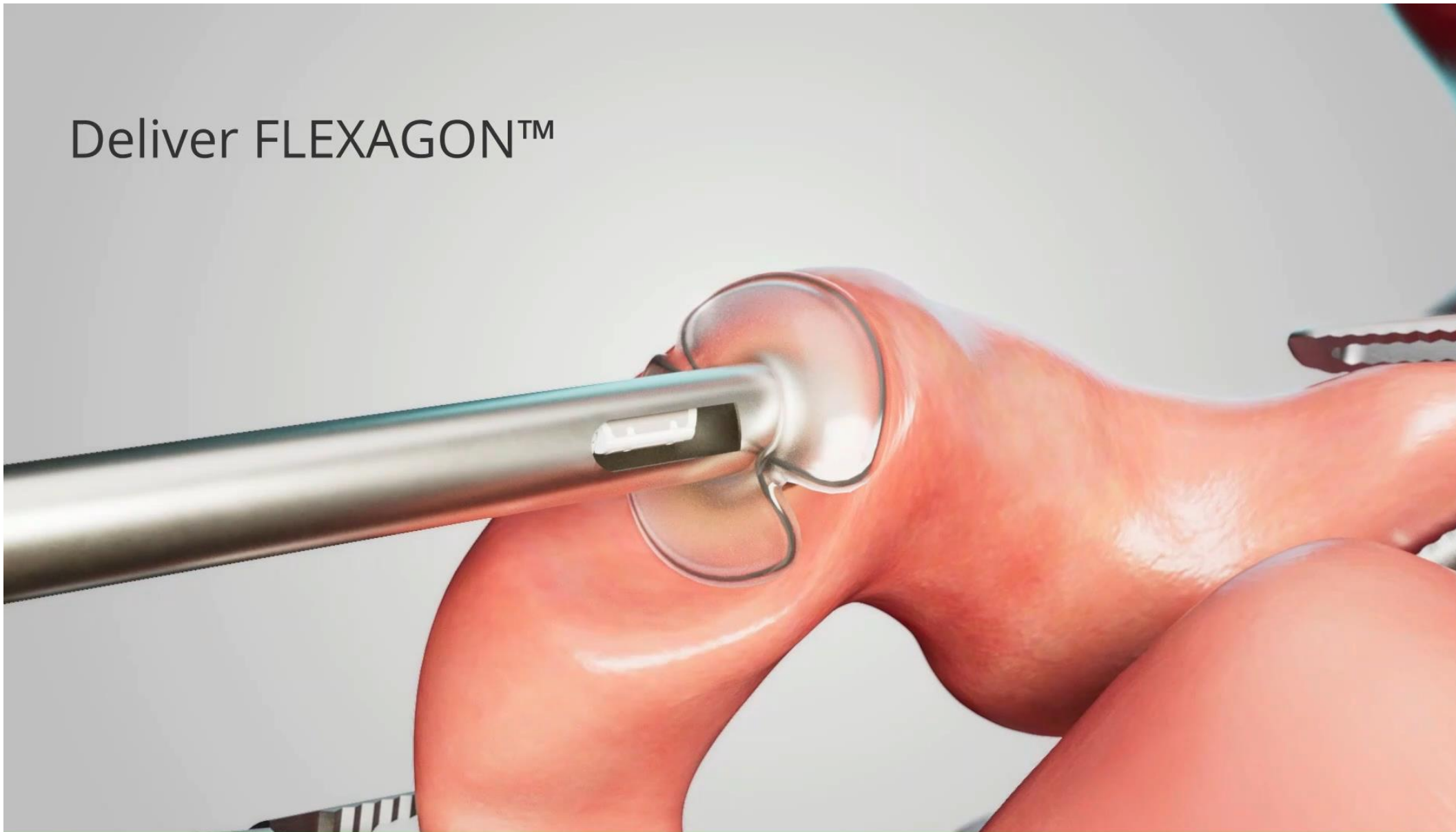
(D) Day 180

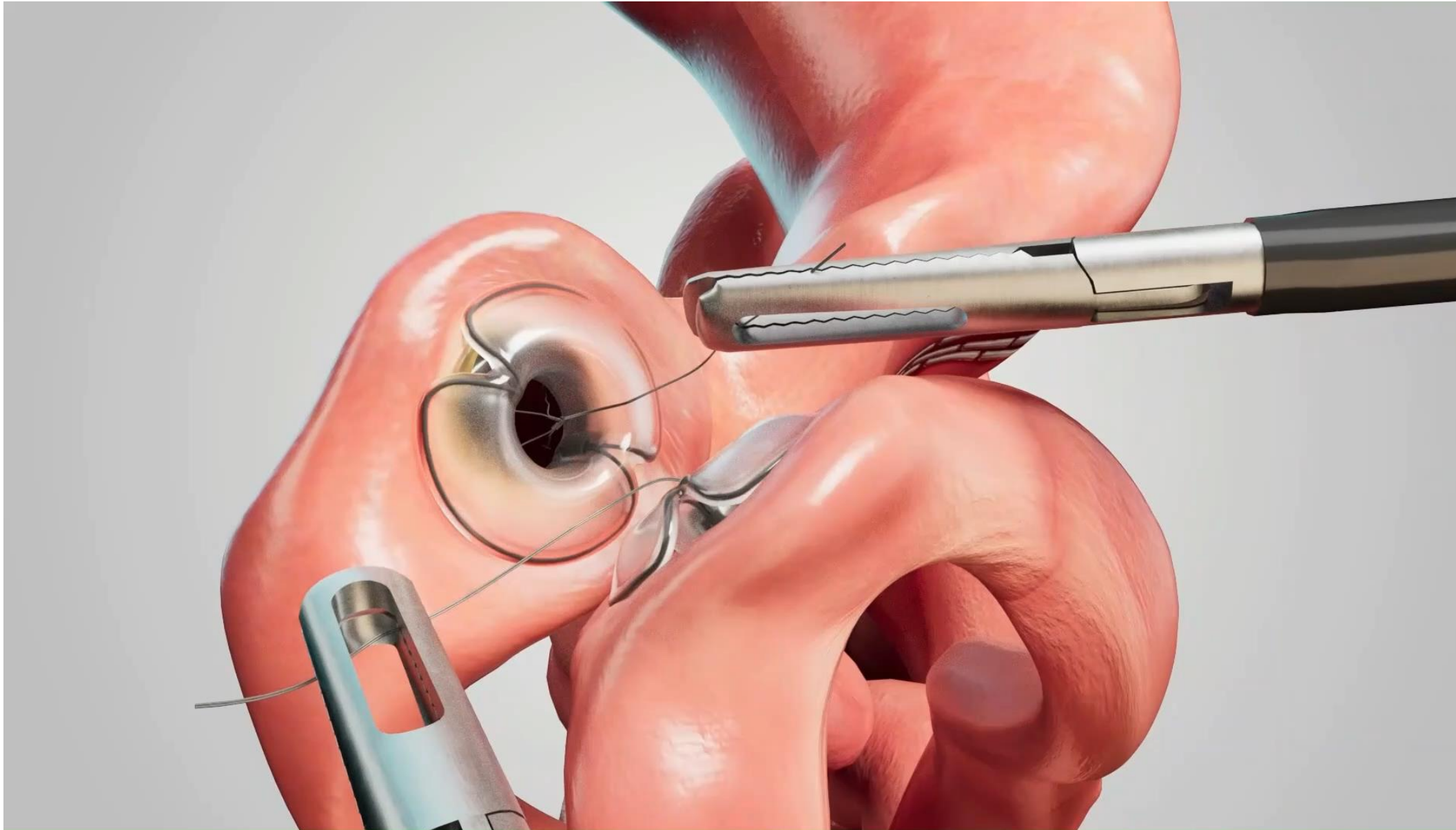


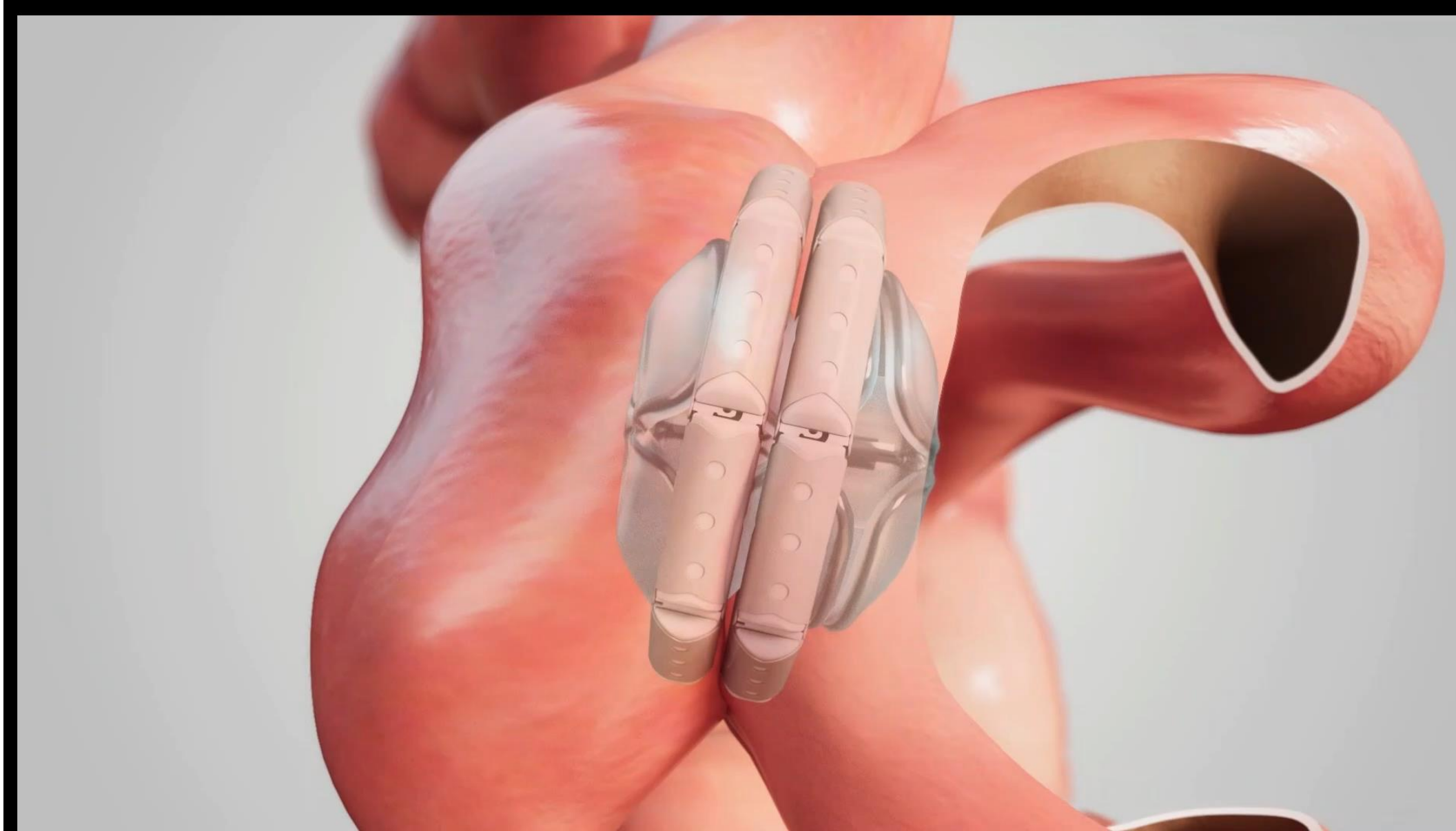
SP4569V01



Deliver FLEXAGON™







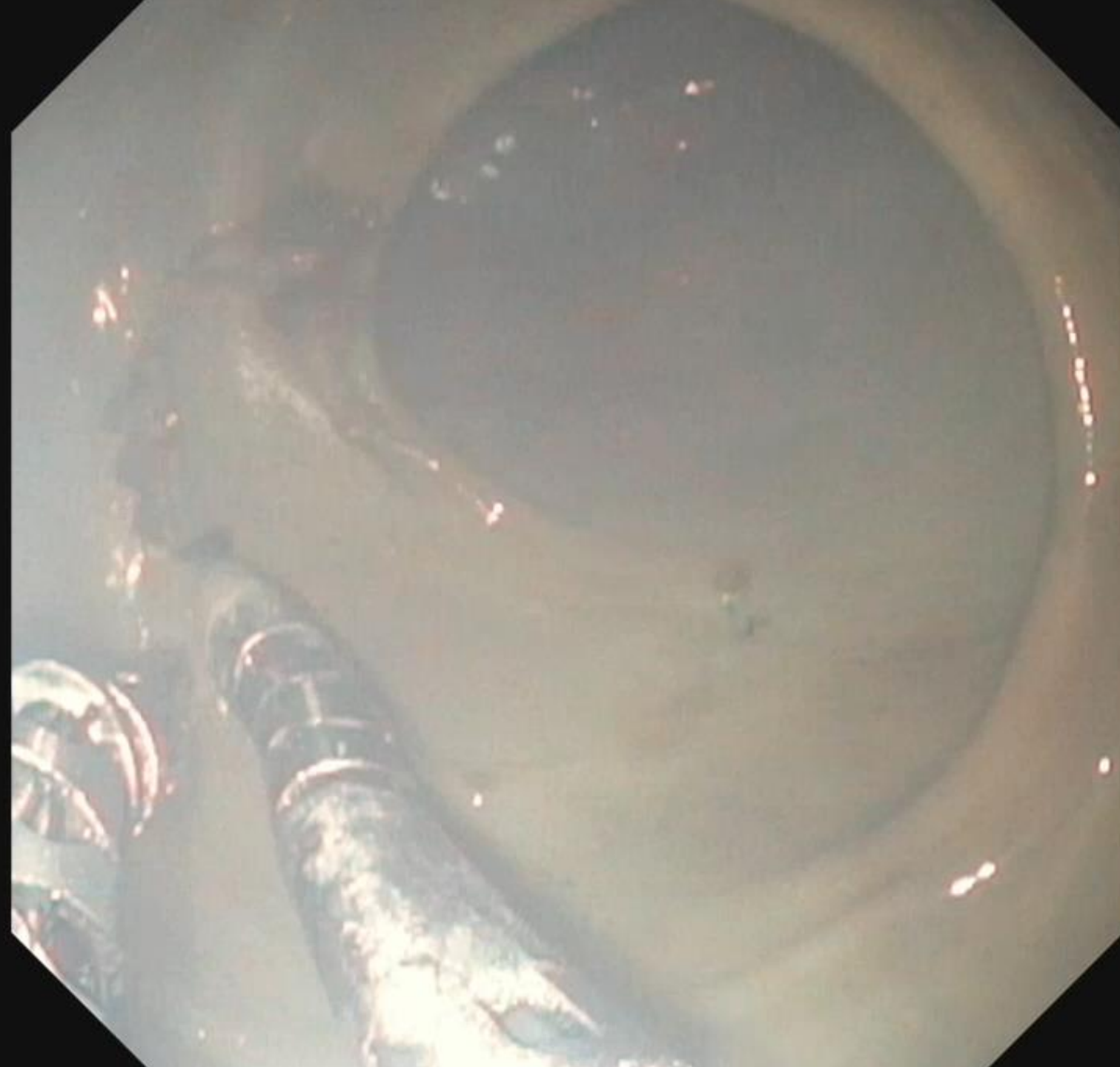


ENDO ROBOTICS



:
19

(0/38)





SP4569V01

FUTURE

LESS AGGRESSIVE APPROACH (From the surgical point of view)

MI or/and Endoscopic Procedures

REVISIONS.....

ENDOROBOTICS

PLUS: REAL GOOD MEDICATIONS



WE REACH MUCH MORE PEOPLE IN NEED

EVEN IF REMISSIONS ARE TEMPORARY AND NEED NEW OR
REINTERVENTIONS

