

Gastric Remodelling Technique- Current and Future Platforms

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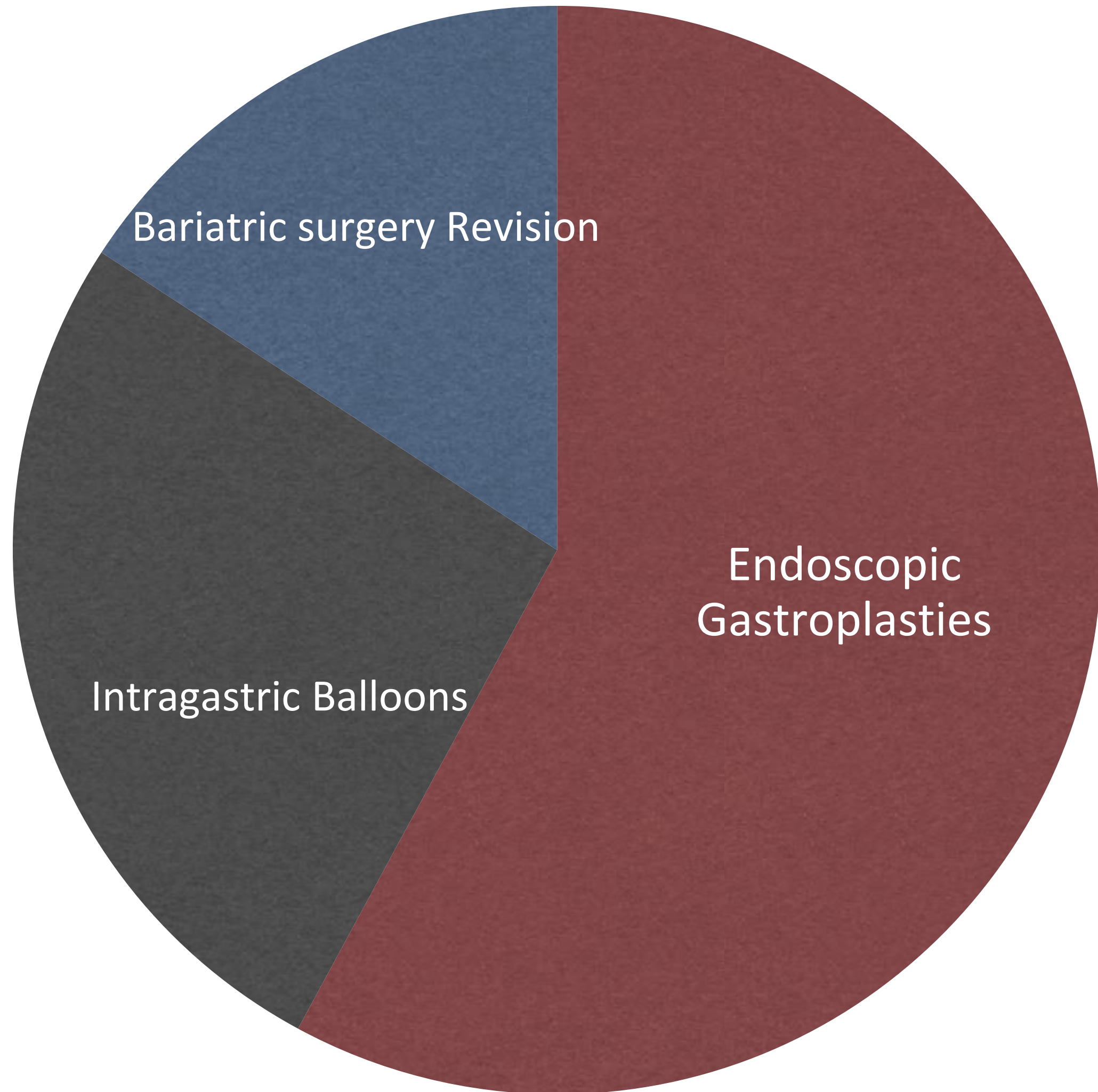
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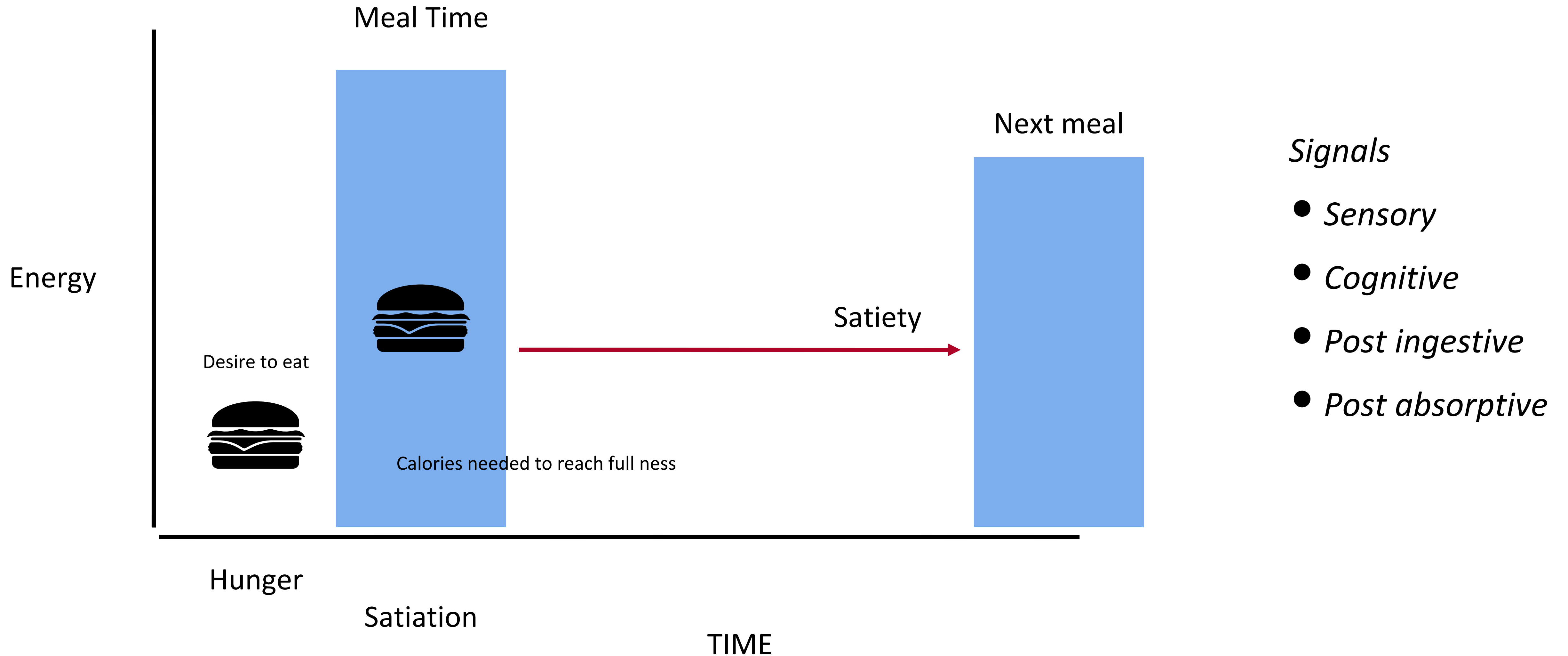
@ravishnkr03

Disclosures



Apollo Endosurgery, USA	Consultant
Madrid International Bariatric Endoscopy Training Academy	Co-Director
Academy of Endoscopy, USA	Trainer and Treasurer

The Meal and Response



Objectives of Endoscopic Treatment

- * Restrict gastric volume
- * Induce satiation and prolong satiety
- * Impact on gastric motility
- * Perturbations in gastrointestinal hormones
- * Induce significant and sustained weight loss
- * Improve comorbid illnesses

Endoscopic Gastroplasty

Normal Stomach



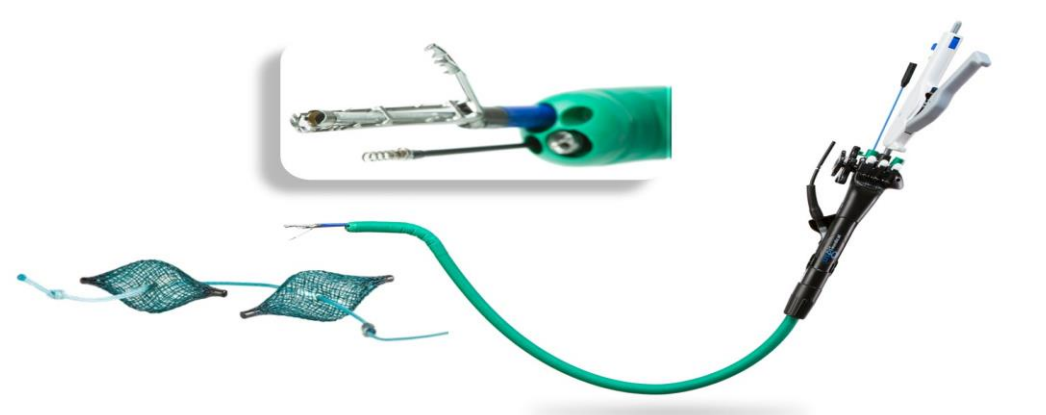
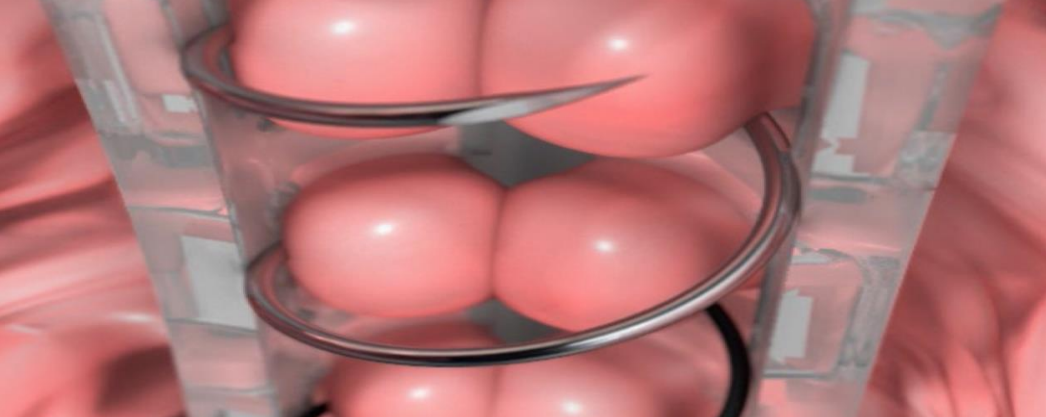
Endoscopic Gastroplasty



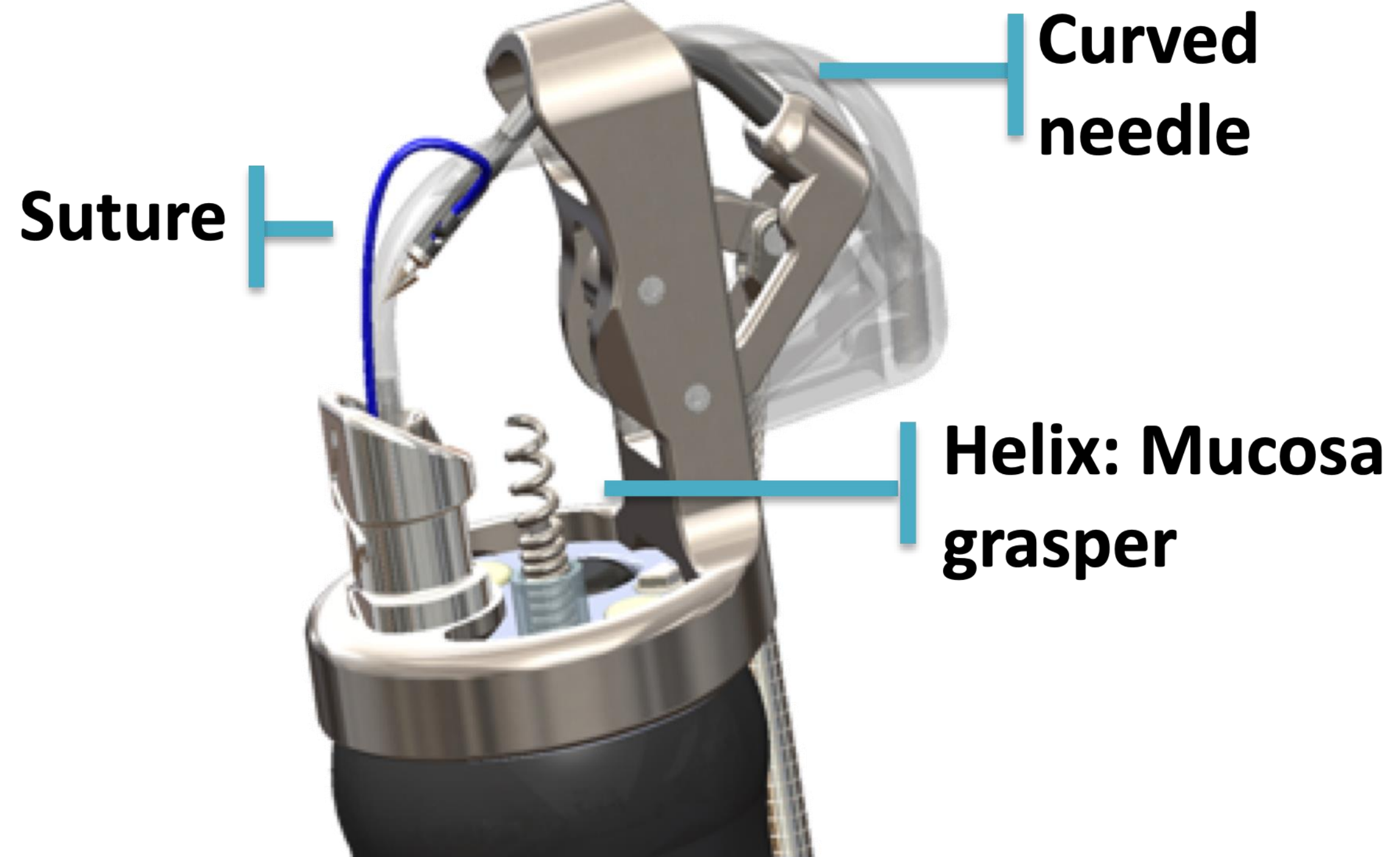
Lap Sleeve Gastrectomy



Endoscopic Gastroplasty Options

Procedure	Manufacturer	Device	Technique
Endoscopic Sleeve Gastroplasty (ESG)	Apollo Endosurgery, USA		Full thickness continuous suturing
Primary Obesity Surgery Endoluminal (POSE)	USGI Medical, USA		Tissue plication using snowshoe suture anchors
Endomina Triangulation Platform	EndoTools Therapeutics, Belgium		Transmural serosa-to-serosa apposition
Endozip	Nitinotes Surgical, Israel		Automated full thickness suturing

Endoscopic Sleeve Gastroplasty



CAD



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Lv+5 AUTO ⊙

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S1: FRZ
S2: LM
S3: IRIS
S4: TRIG

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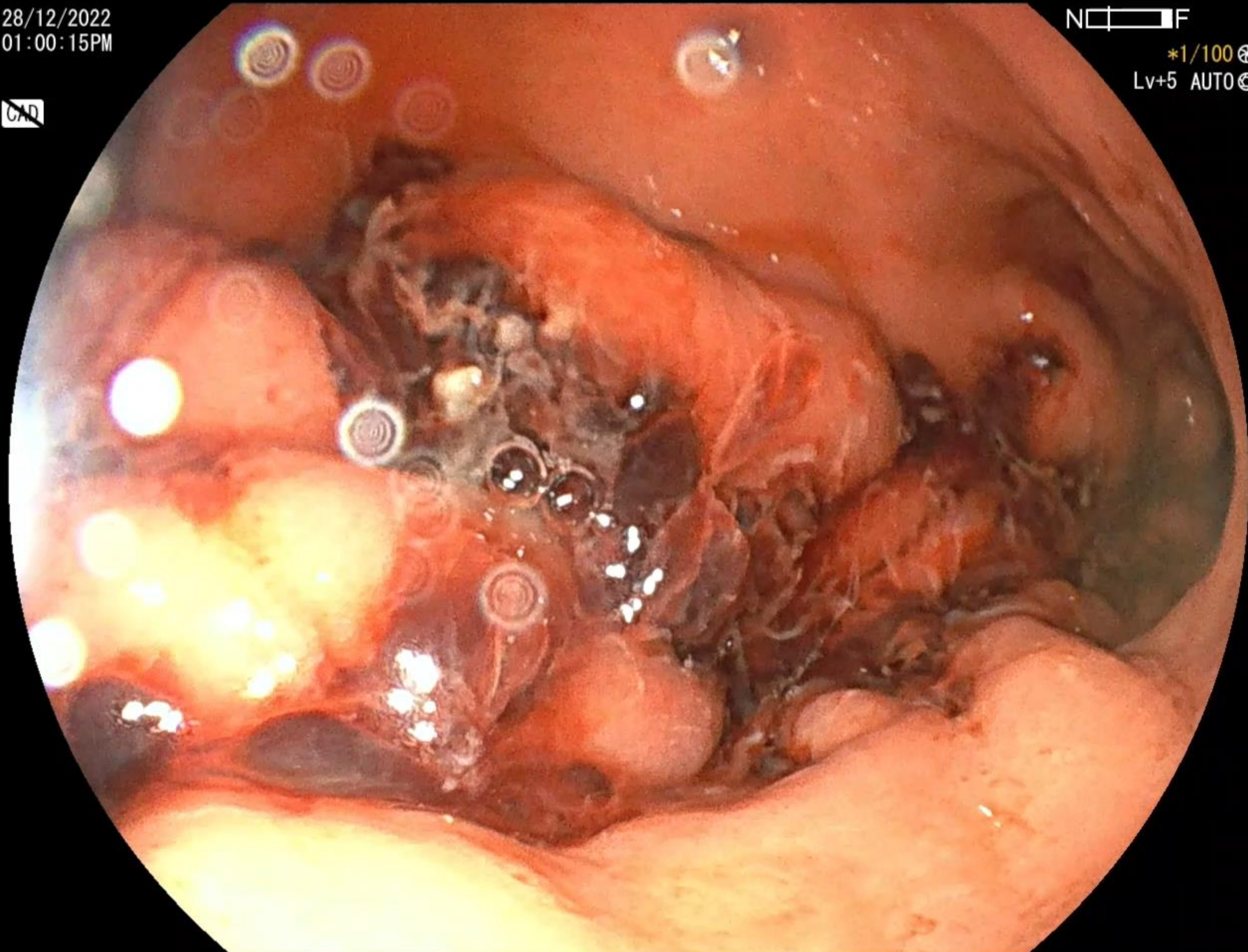
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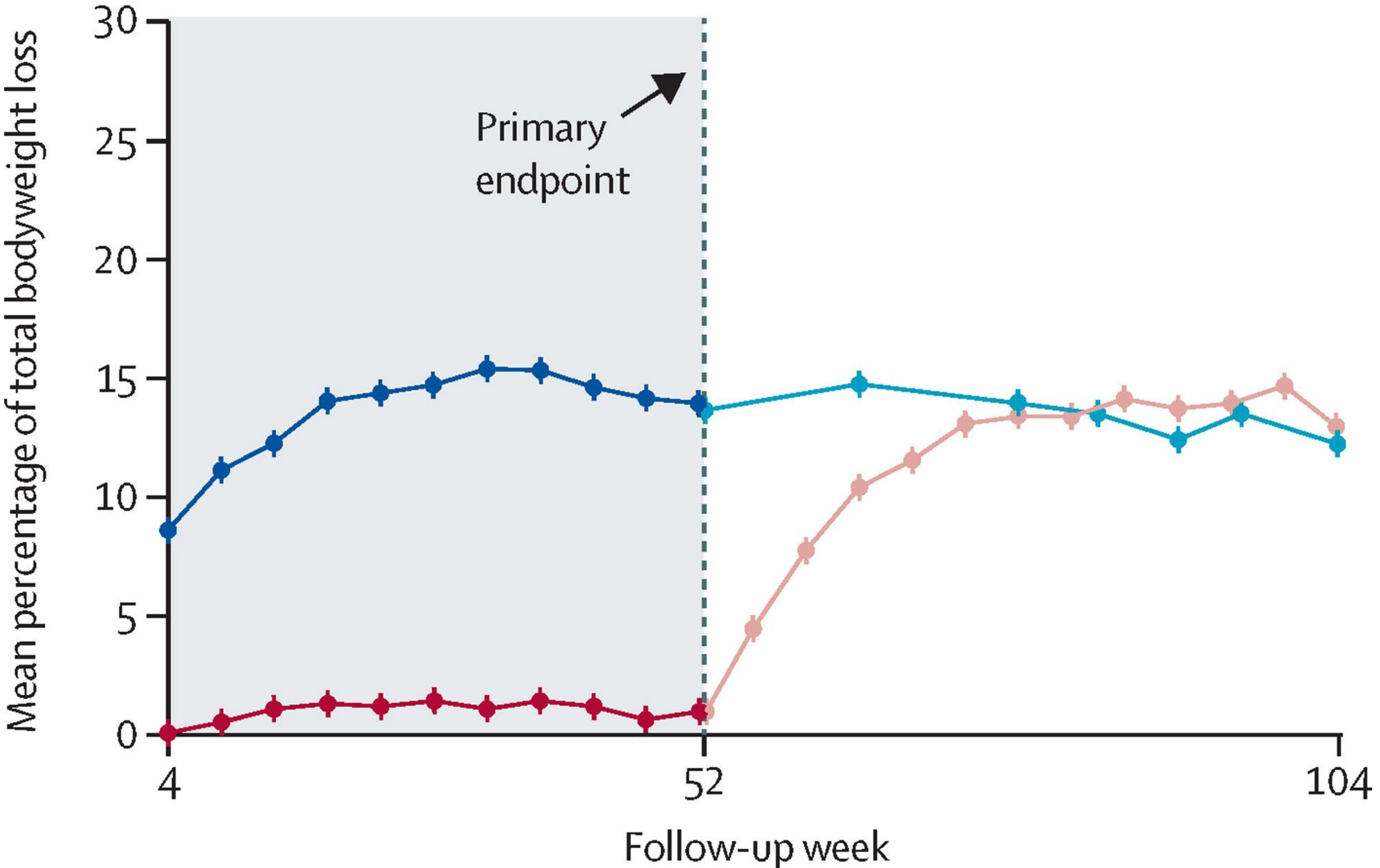
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Lv+5 AUTO ⊗



Endoscopic sleeve gastroplasty for treatment of class 1 and 2 obesity (MERIT): a prospective, multicentre, randomised trial

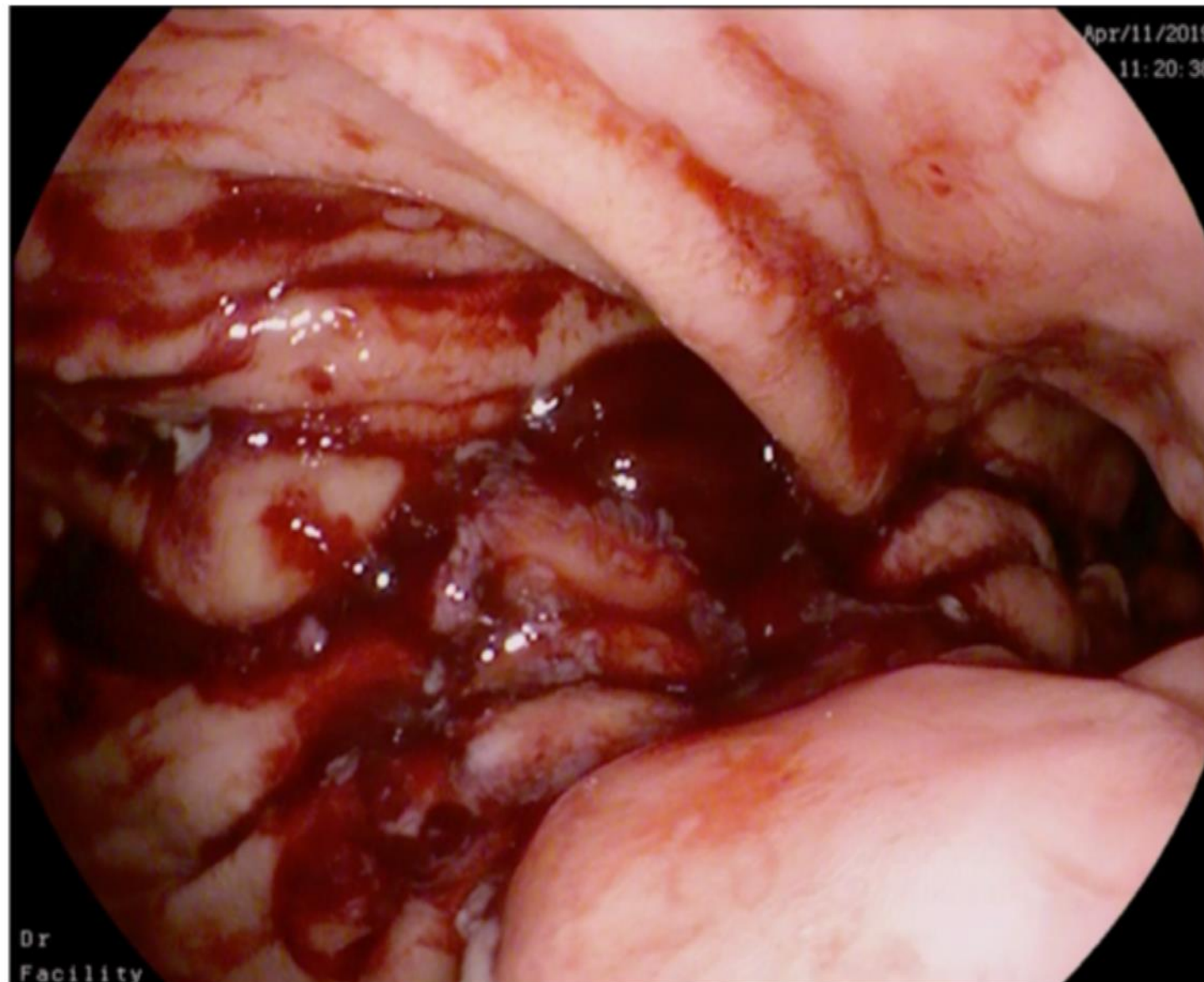
THE LANCET



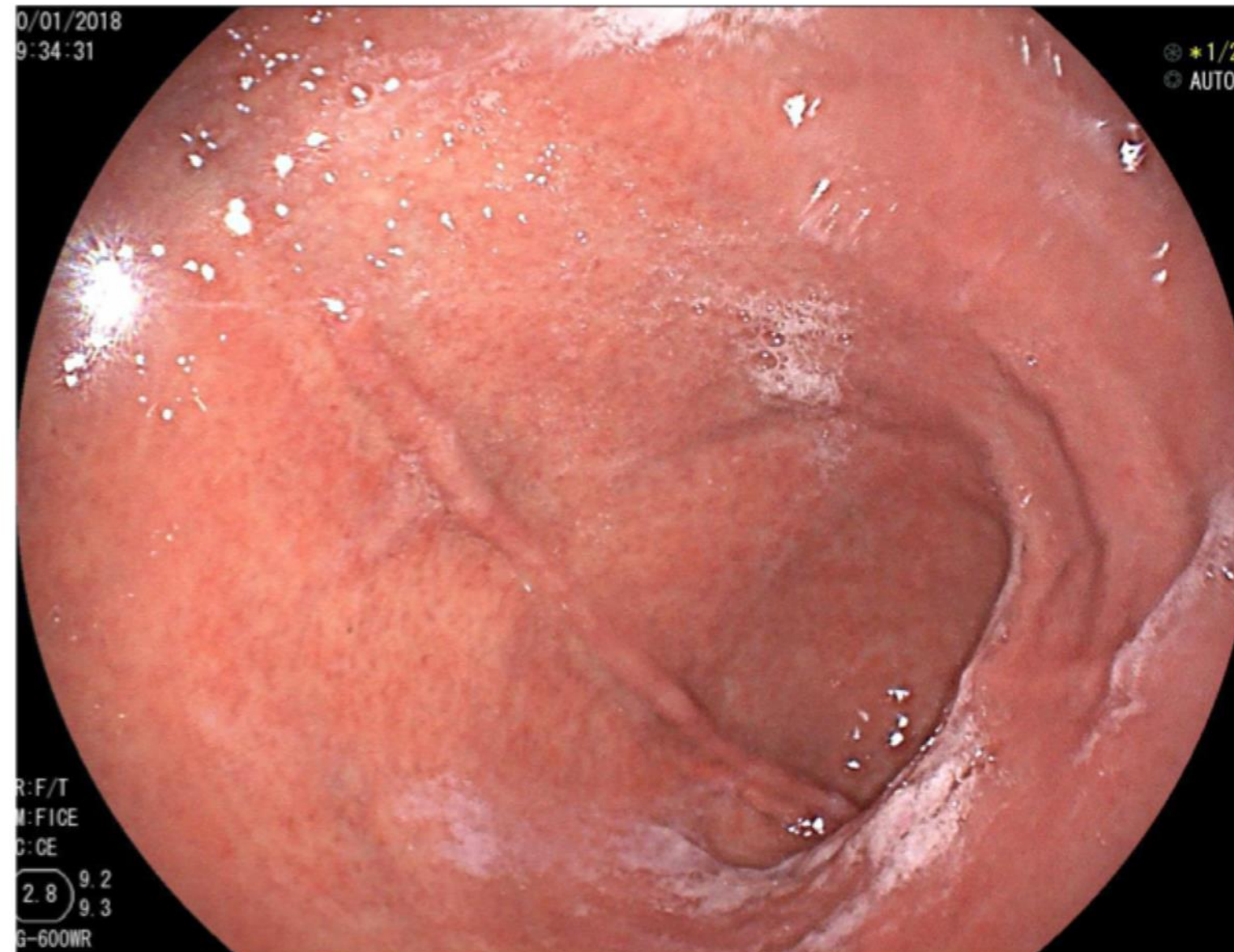
ESG =85 Control =124
%TBWL at 1 year : 13.6% vs. 0.8%
Comorbid improvement- 80%
Complications - 2%

ESG at 2-year

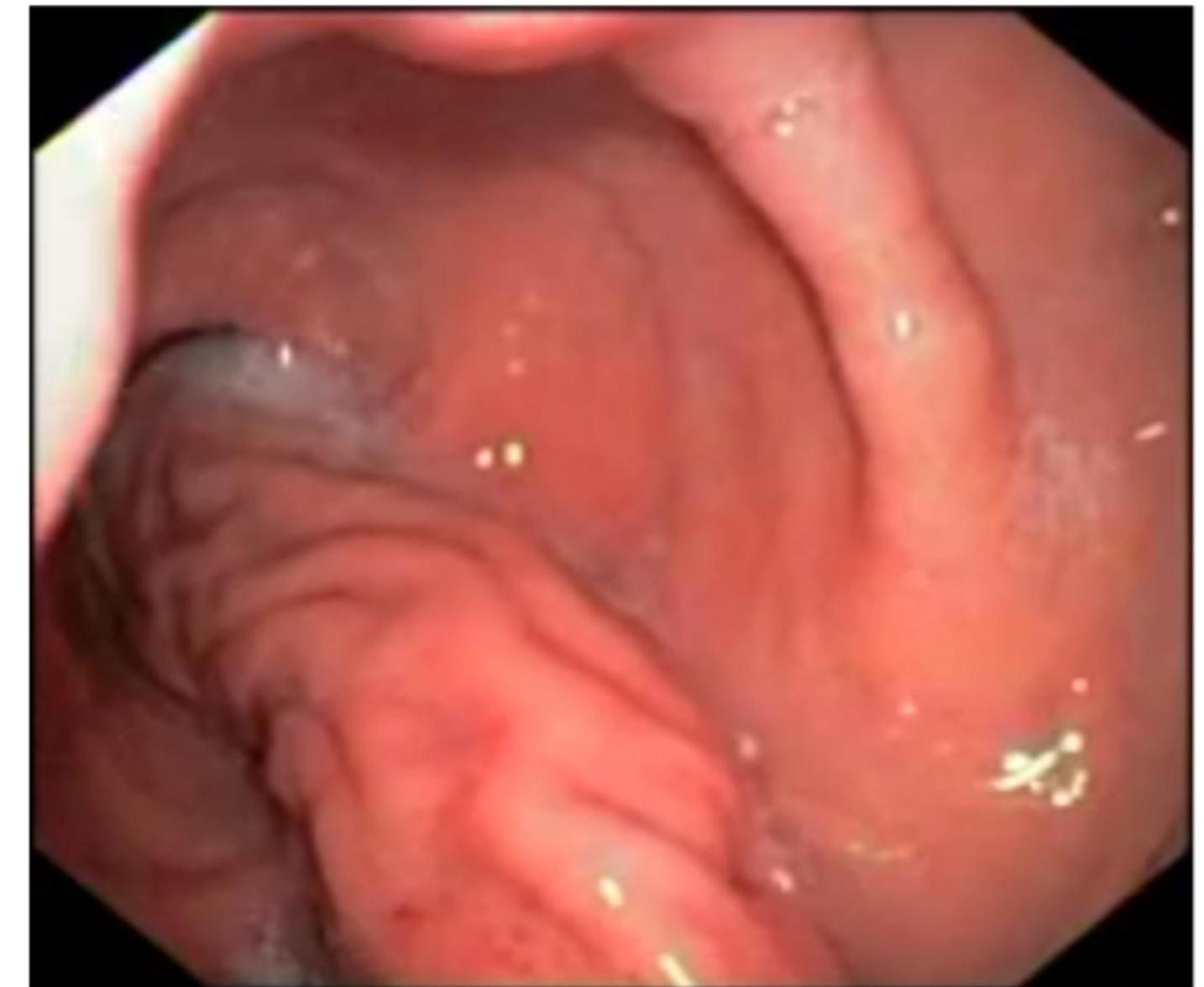
Endoscopic Sleeve Gastroplasty



Lap. Sleeve Gastrectomy

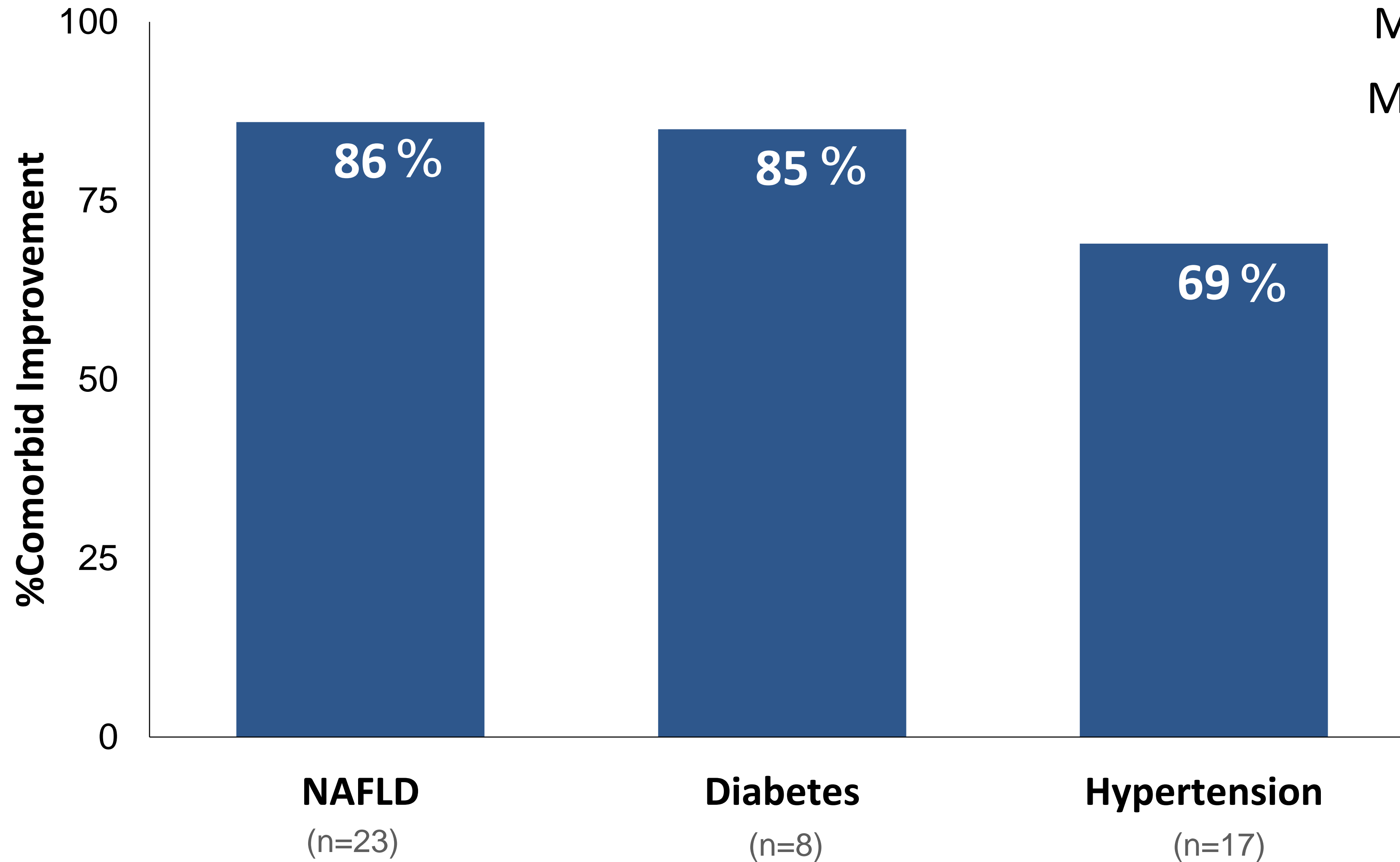


Lap. Greater Curve Plication



Procedure Time	35 min	51 min	59 min
Weight Loss	18.5%	28.3%	26.9%
Complication rate	0.5%	4.9%	8.3%
Hospital Stay	1 day	3 day	3 day

COMORBID CHANGES



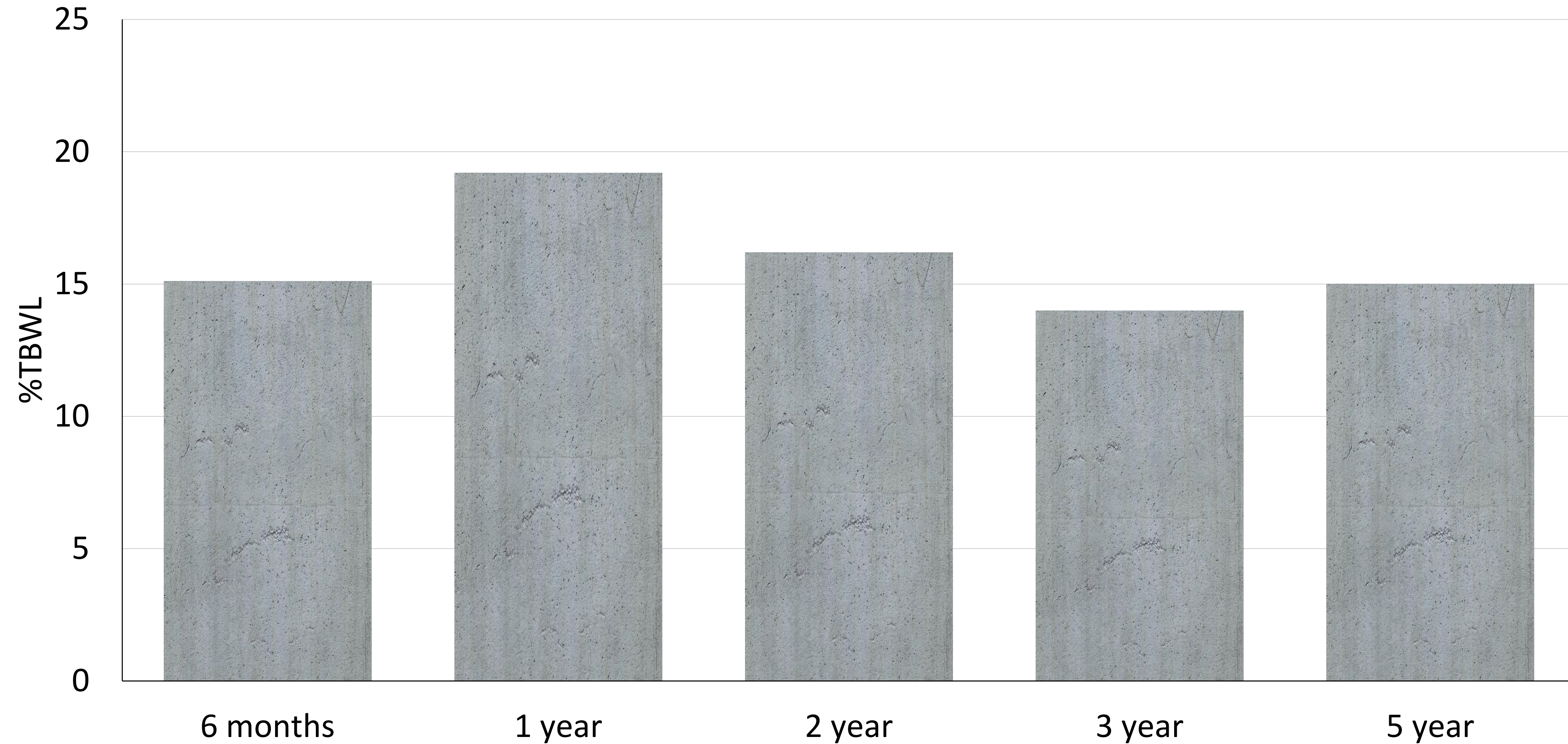
Mean diff SBP: -10 mm Hg

Mean diff in HbA1C: -1.3 %

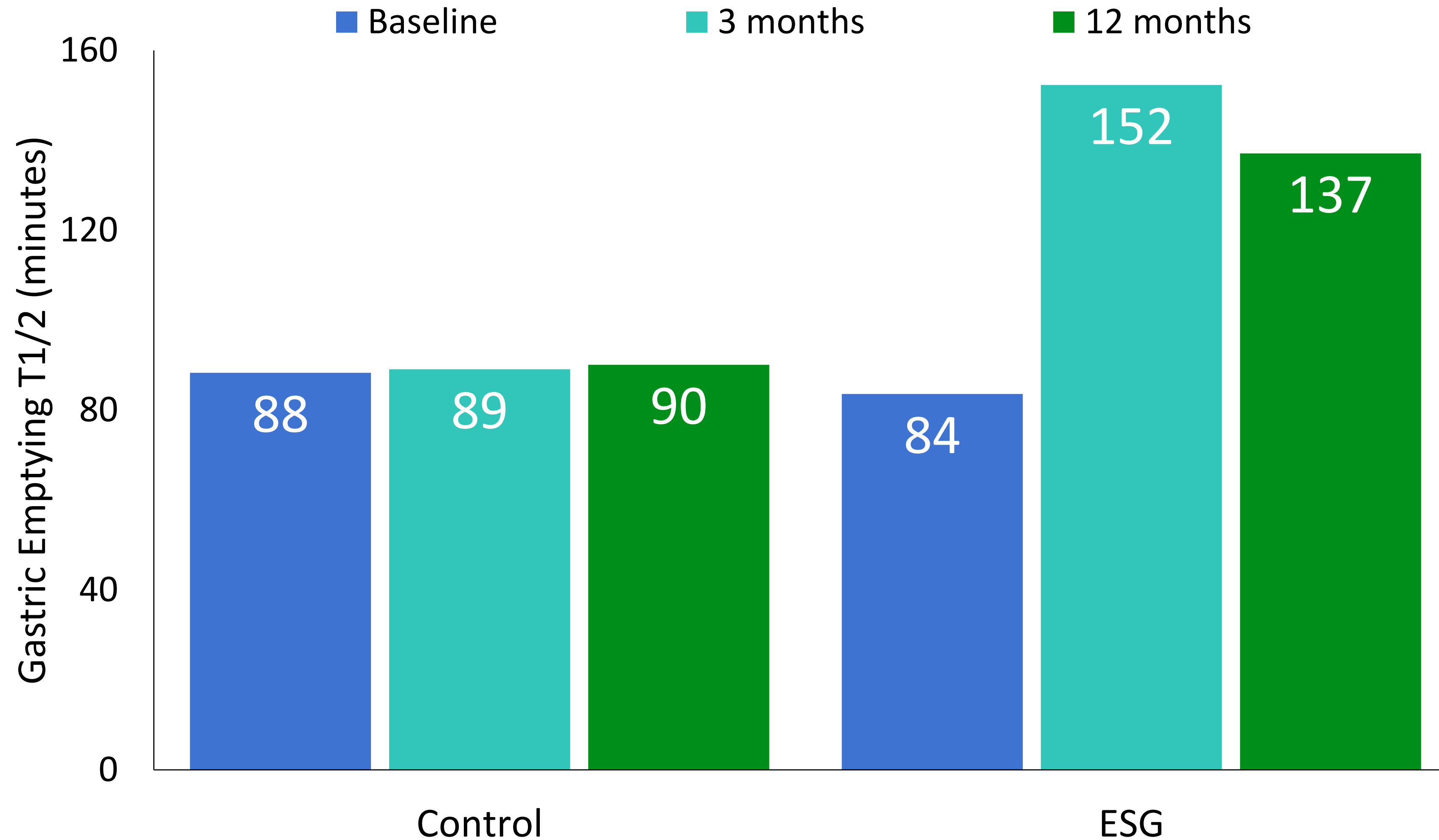
ALT: 70 vs. 27 IU/ml

AST: 56 vs. 28 IU/ml

WEIGHT LOSS SUSTAINABILITY

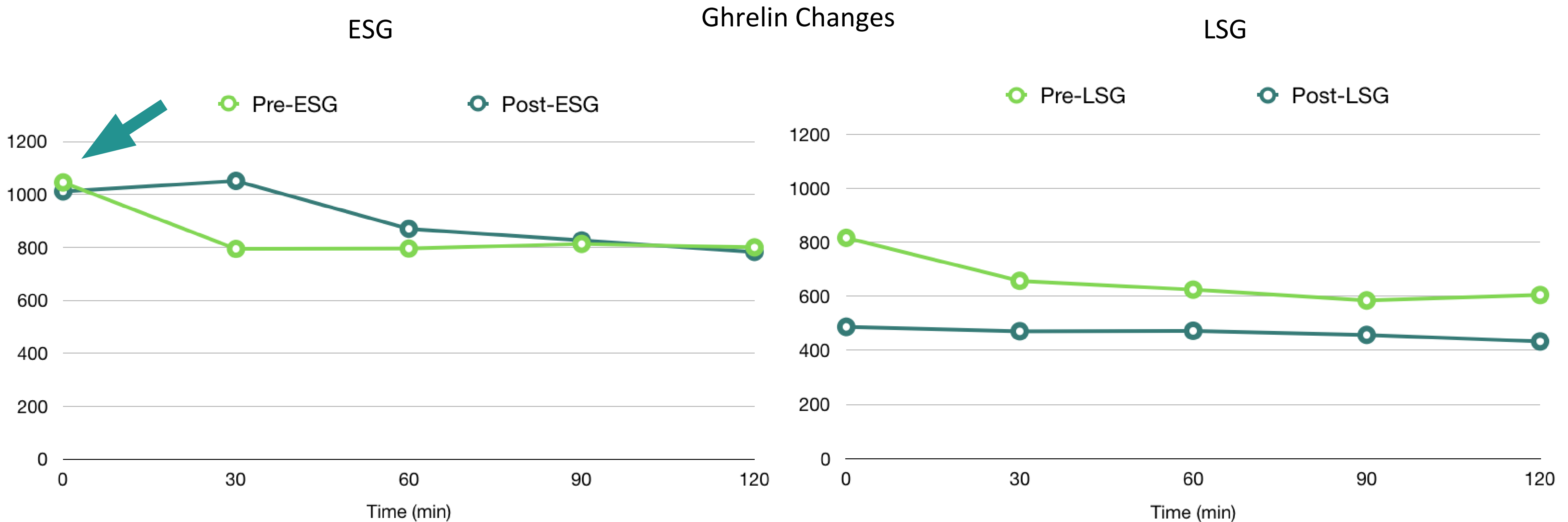


Mechanism For Weight Loss



Hormone Changes After ESG Vs. LSG

Gontrand Lopez-Nava, Anuradha Negi, Bautista-Castaño I, Miguel Rubio, Ravishankar Asokkumar *Obesity Surg 2020*

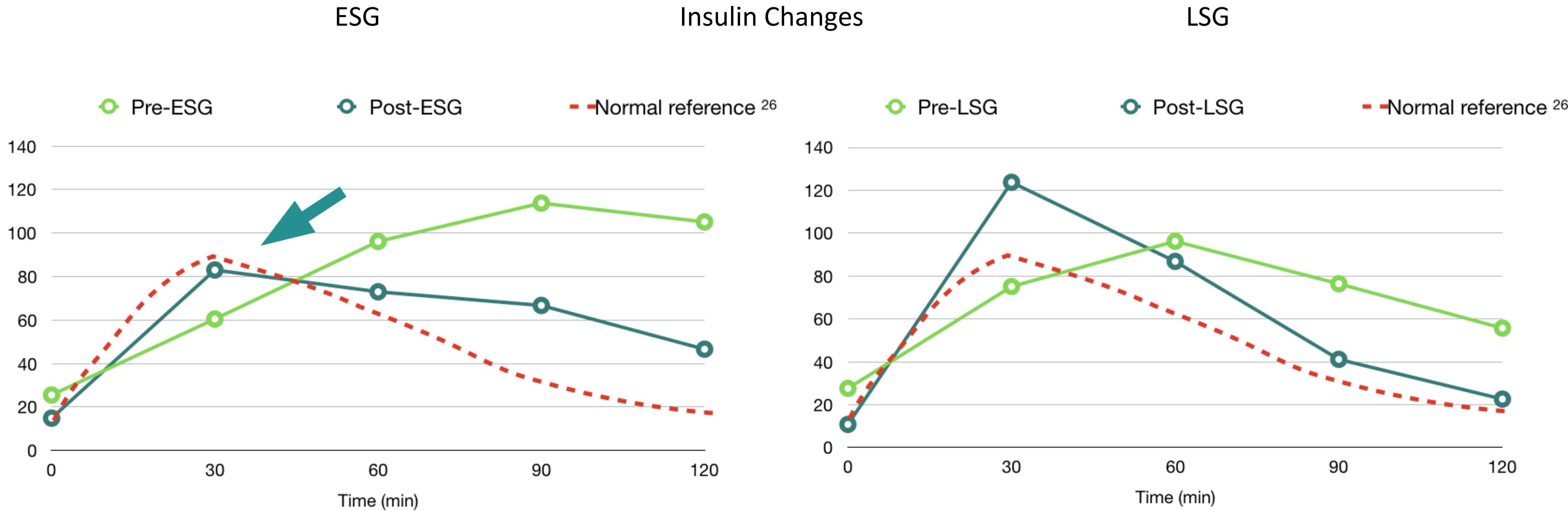


Impression: ESG causes less alteration in Ghrelin level prevents compensatory increase in Ghrelin after weight loss (frequently seen in Diet therapy)

Hormone Changes After ESG Vs. LSG

Gontrand Lopez-Nava, Anuradha Negi, Bautista-Castaño I, Miguel Rubio, Ravishankar Asokkumar

Obesity Surg 2020

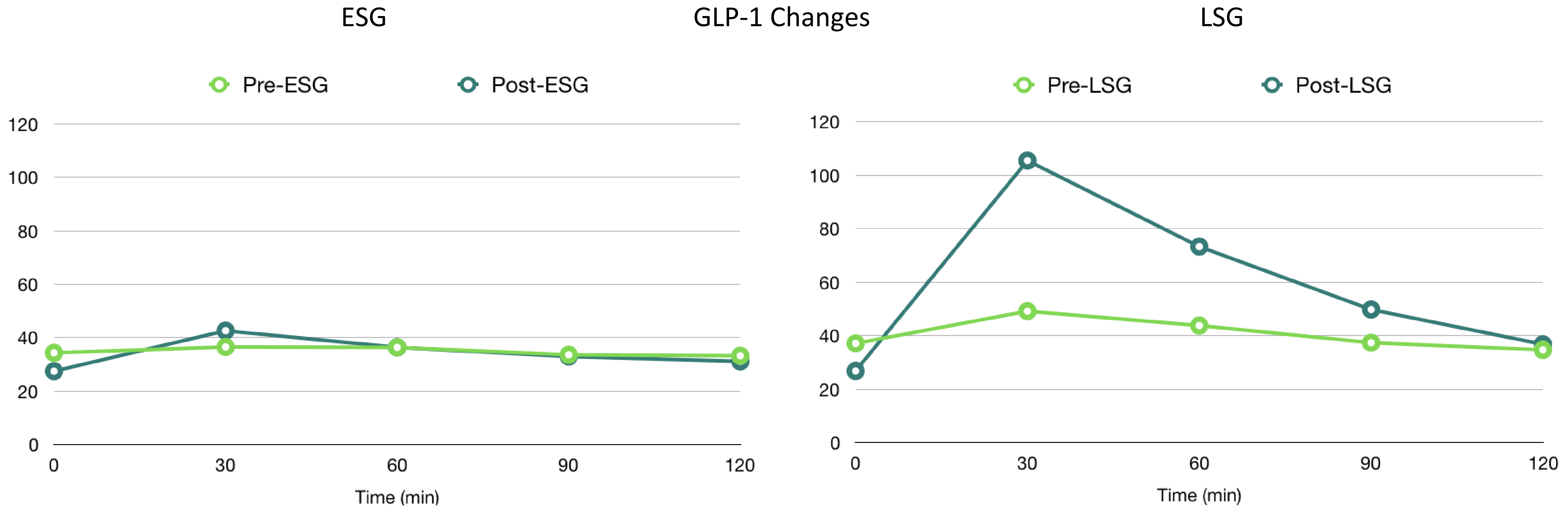


Impression: ESG improves insulin secretory profile and reduces insulin resistance.

Hormone Changes After ESG Vs. LSG

Gontrand Lopez-Nava, Anuradha Negi, Bautista-Castaño I, Miguel Rubio, Ravishankar Asokkumar

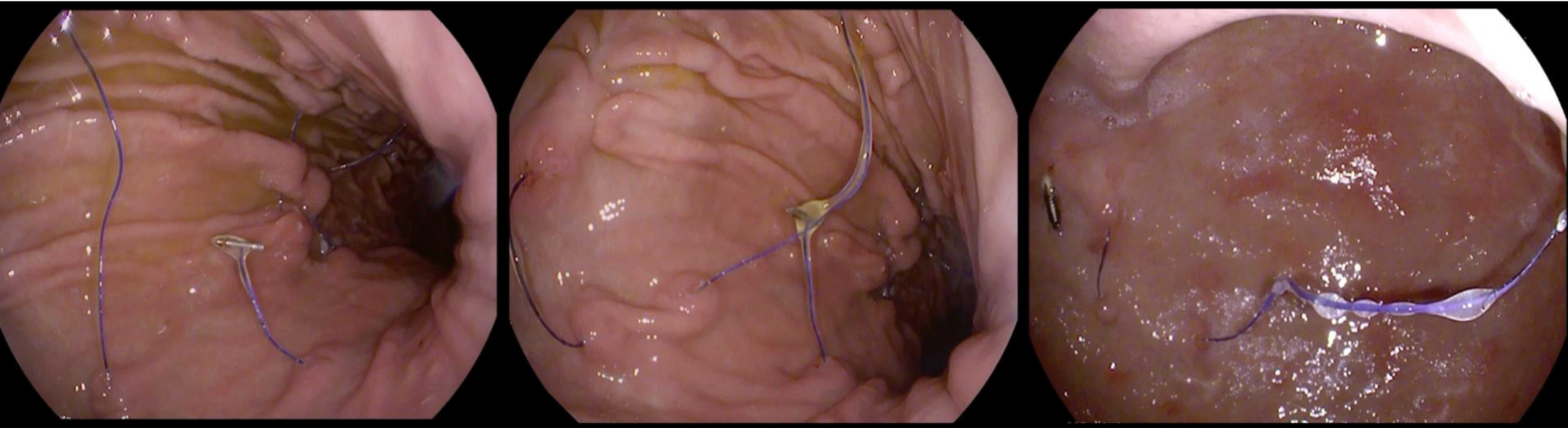
Obesity Surg 2020



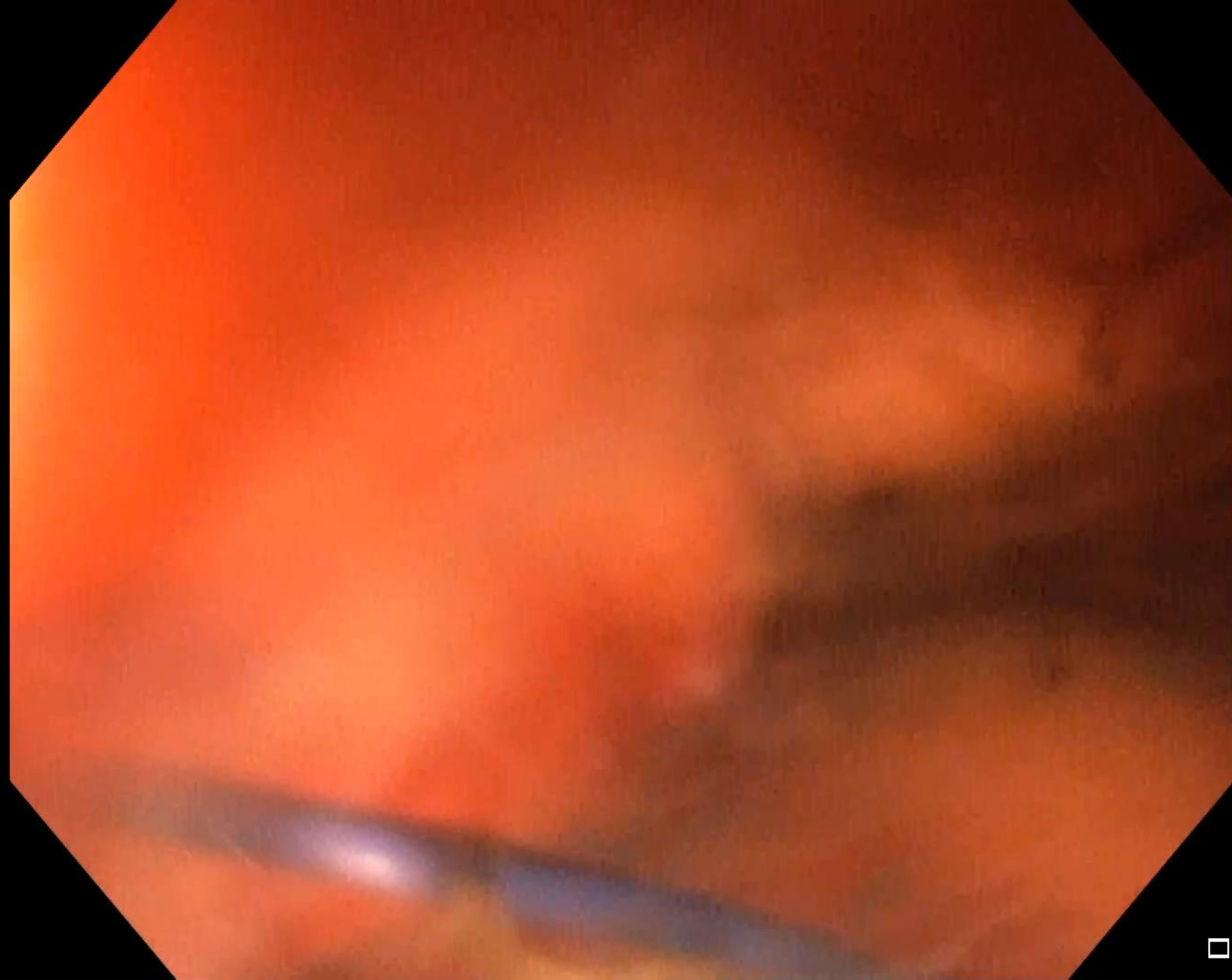
Impression: ESG does not increase incretin levels unlike LSG, suggesting delay in nutrition delivery to hindgut

ESG and Suture Durability

12-18 months



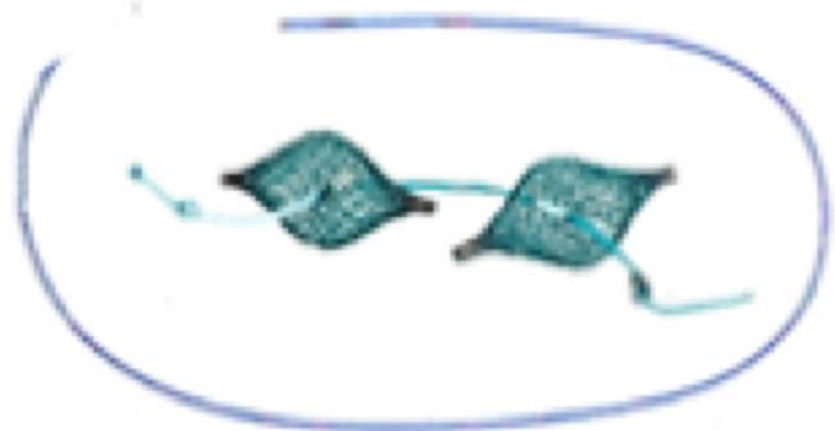
Staged redo ESG
at 3 years



Primary Obesity Surgery Endoluminal (POSE)



G-Prox EZ



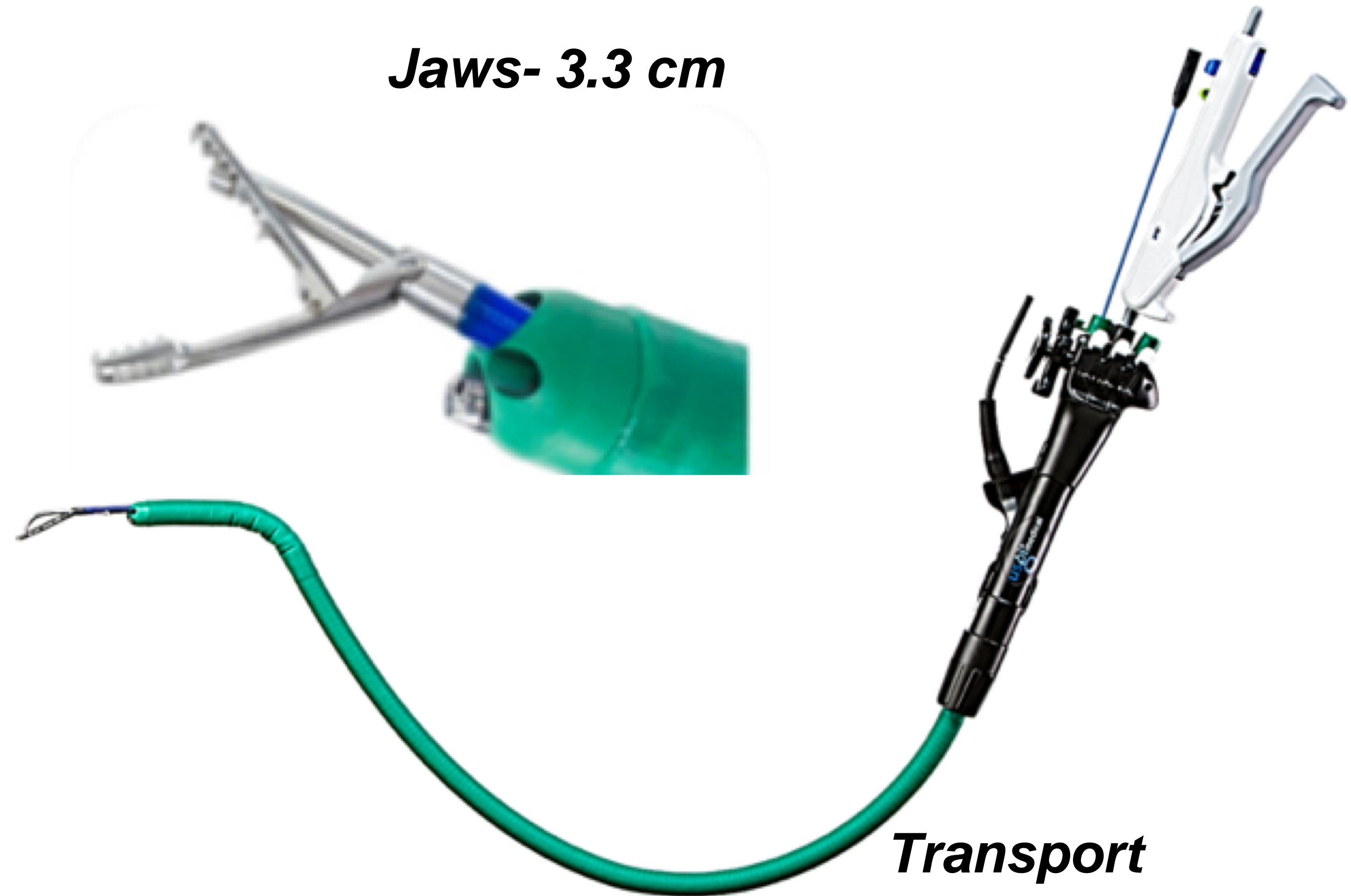
G-Cath EZ



G-Lix



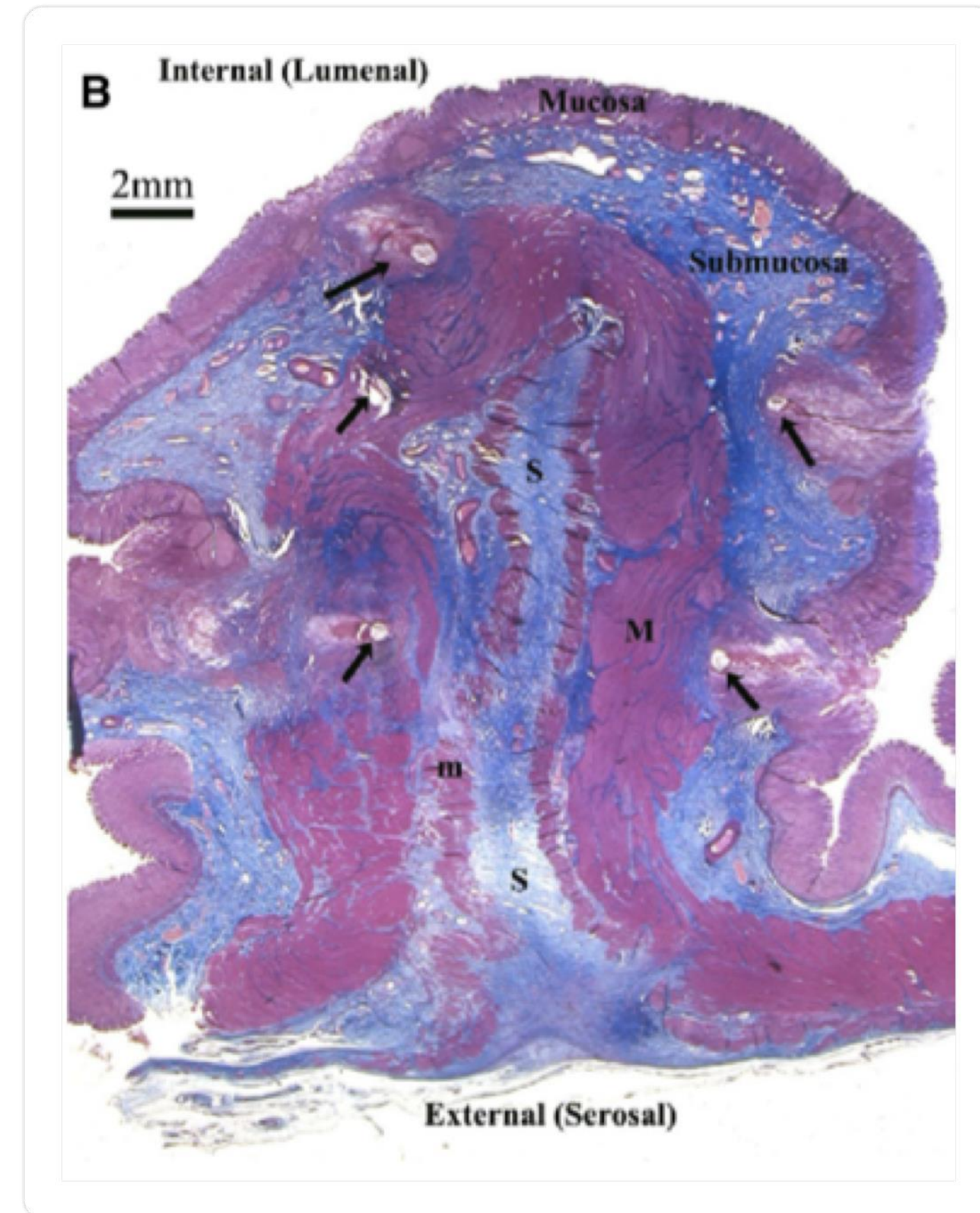
Jaws- 3.3 cm



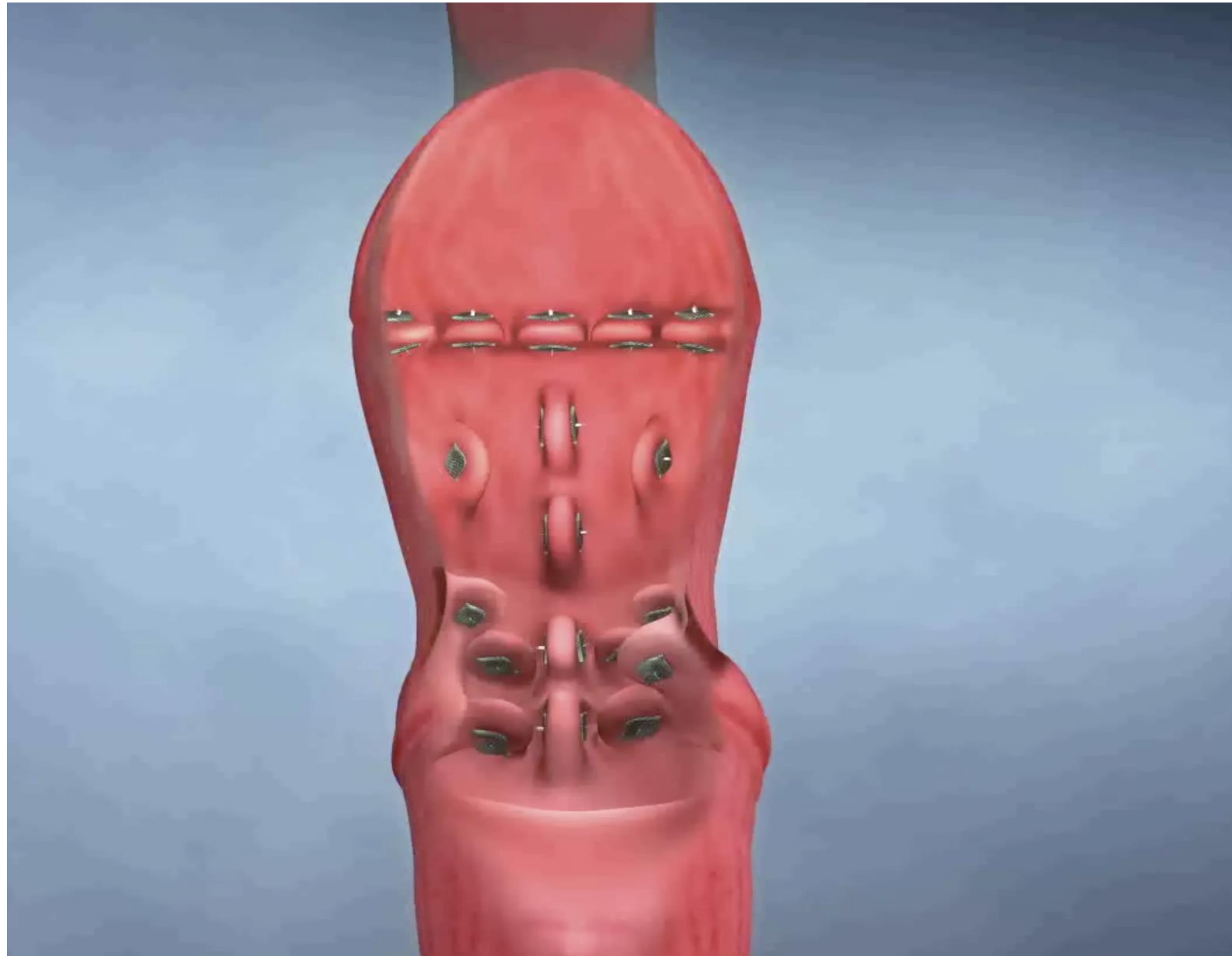
Transport

Delivery of Durable Gastroplasty

Greater Curve Plication

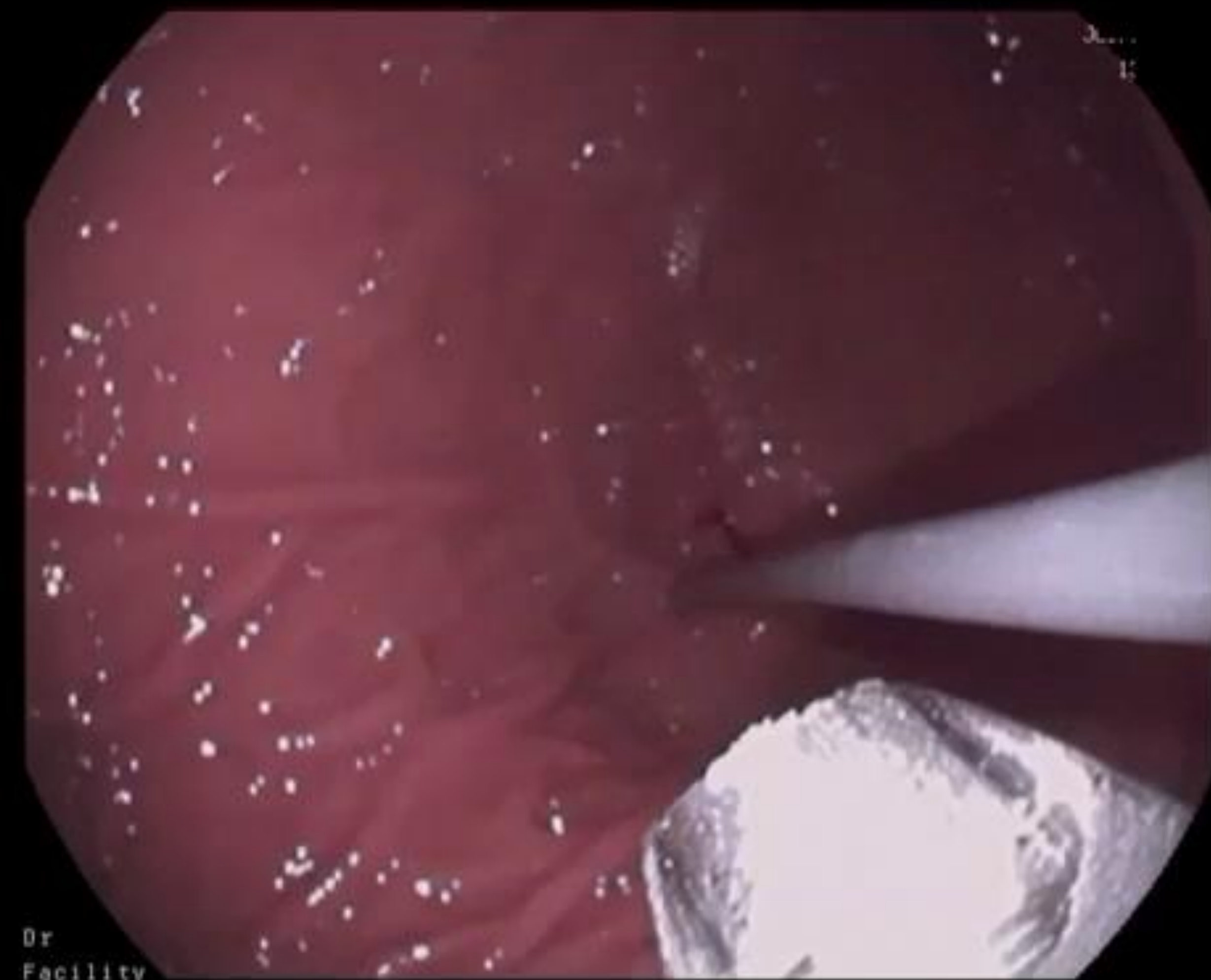


POSE 2.0- Suture Pattern

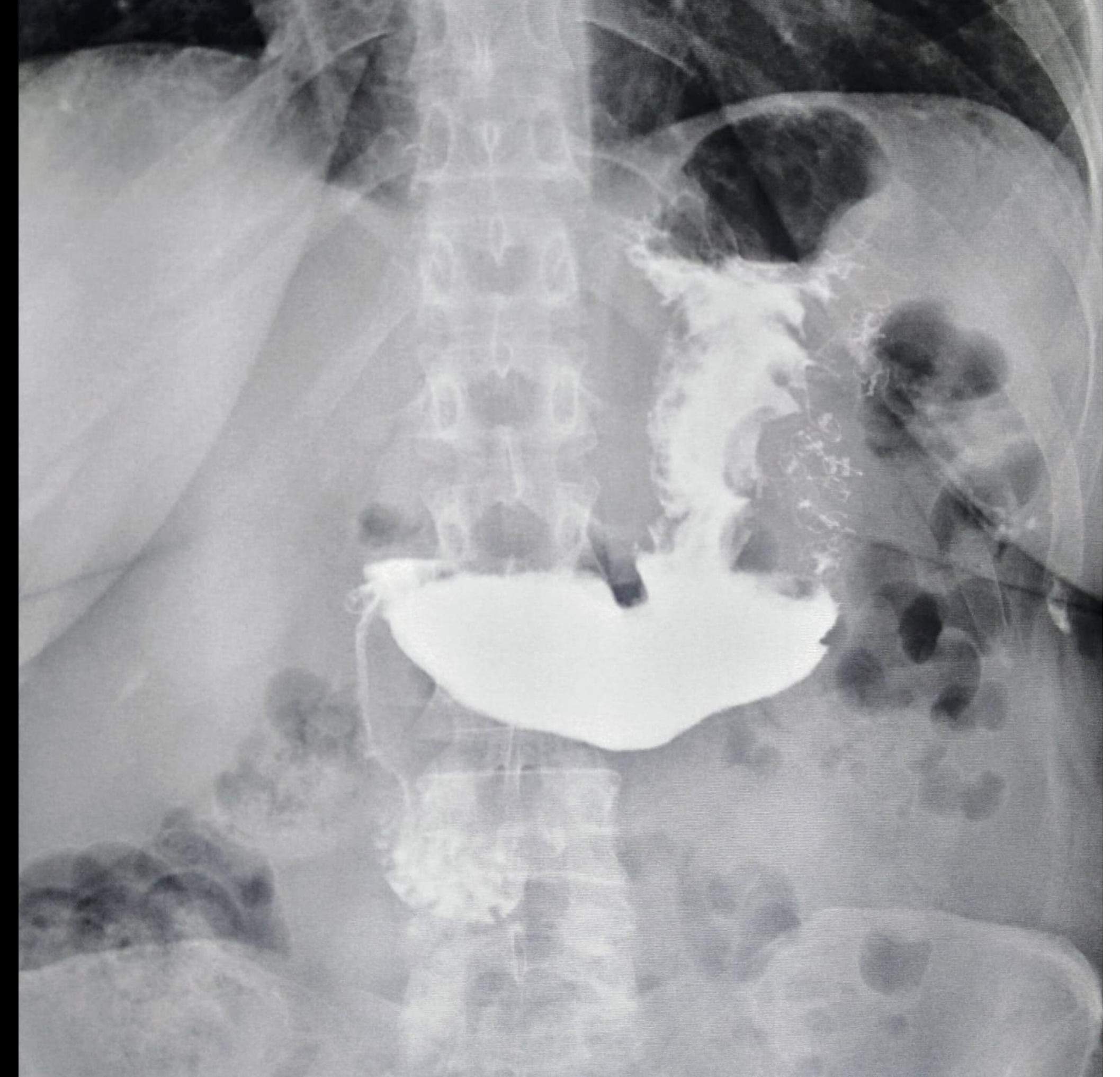
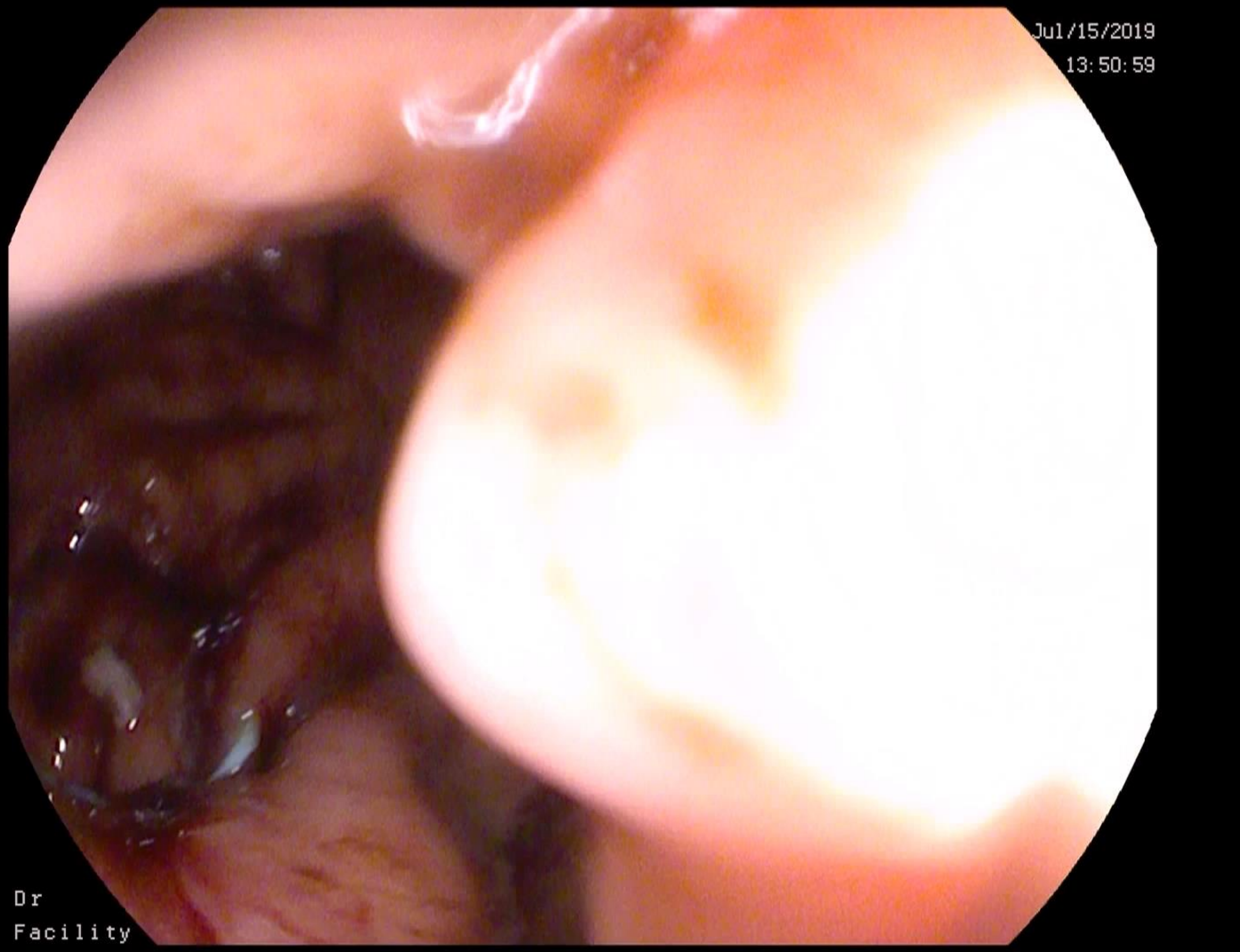


- Each plication is separate
- sutures can be individually positioned and tightened
- loss of 1-2 sutures does not usually affect the integrity
- Uses more suture material (16-18)
- More foreign material in stomach
- Needs a trained assistant and endoscopist
- Care to avoid complications

POSE-2 Procedure



Final Stomach Appearance



Durability

Jun/05/2019

10:36:08

1 year



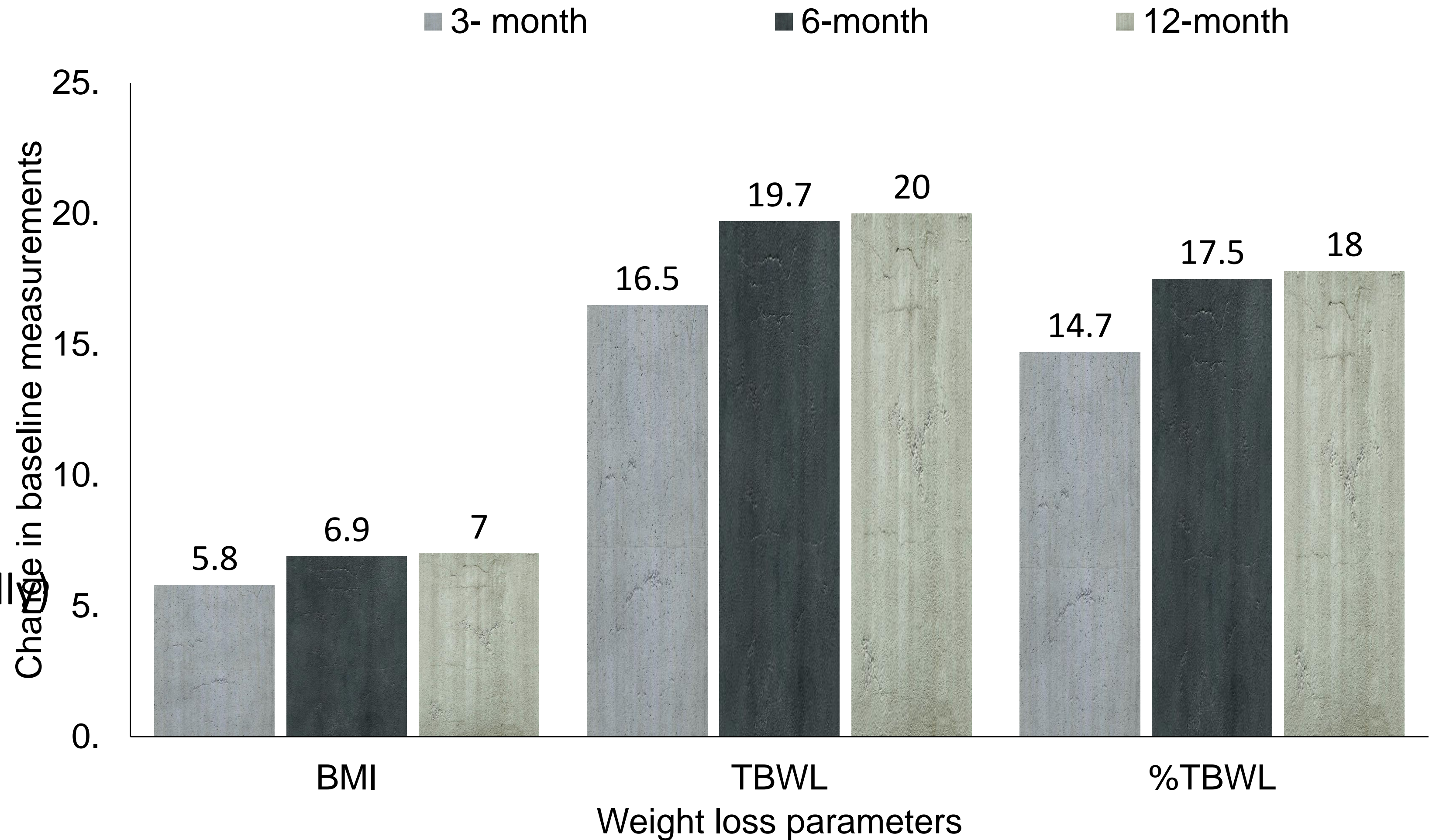
Dr
Facility

At 2 years



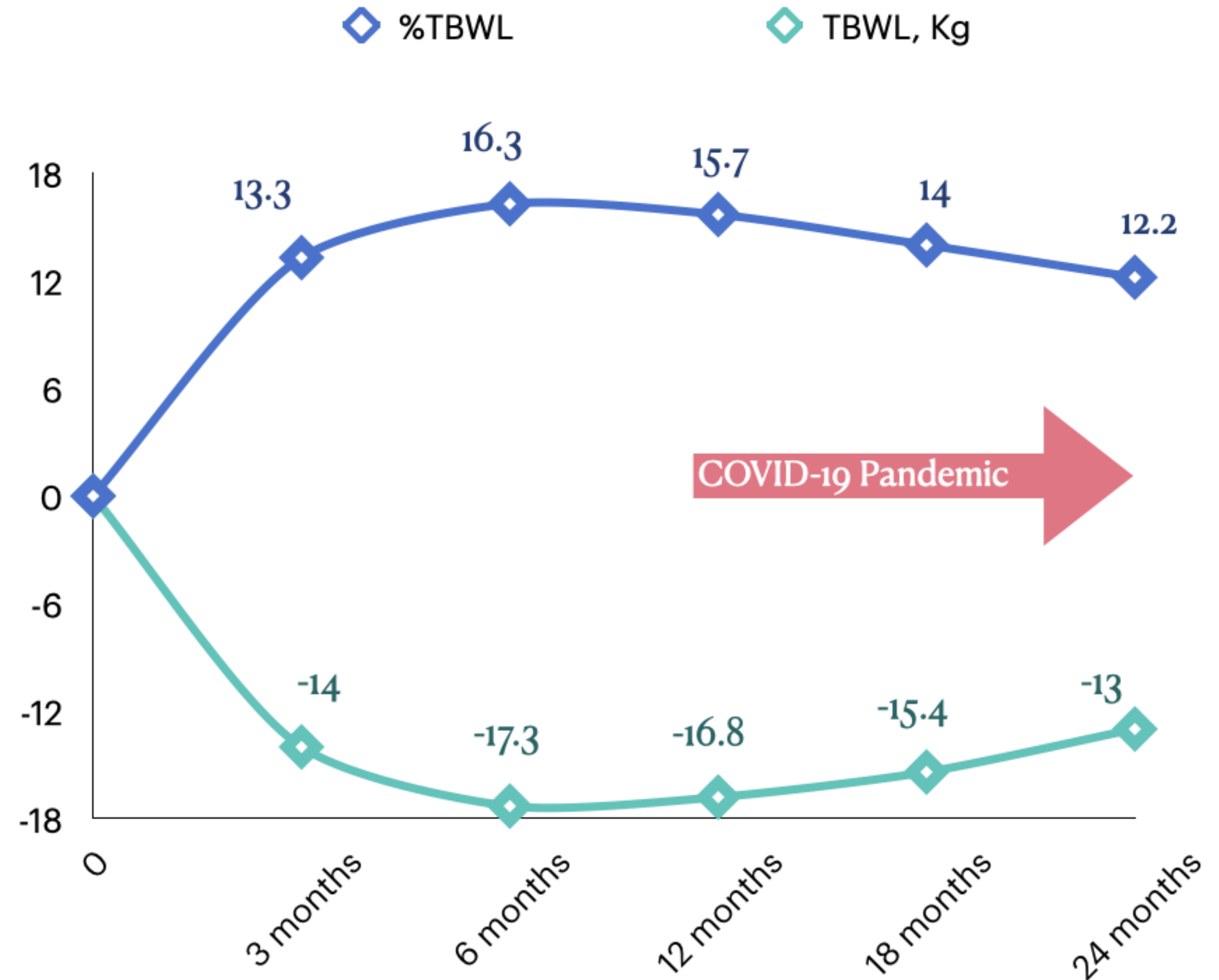
POSE-2 Real World Experience

- N=83
- Mean Age = 49.3 years
- Mean BMI=38.2
- Female =67%
- Procedure time=35 min
- Plications=18
- Serious Adverse events-2
- (2 perforation- closed endoscopically)

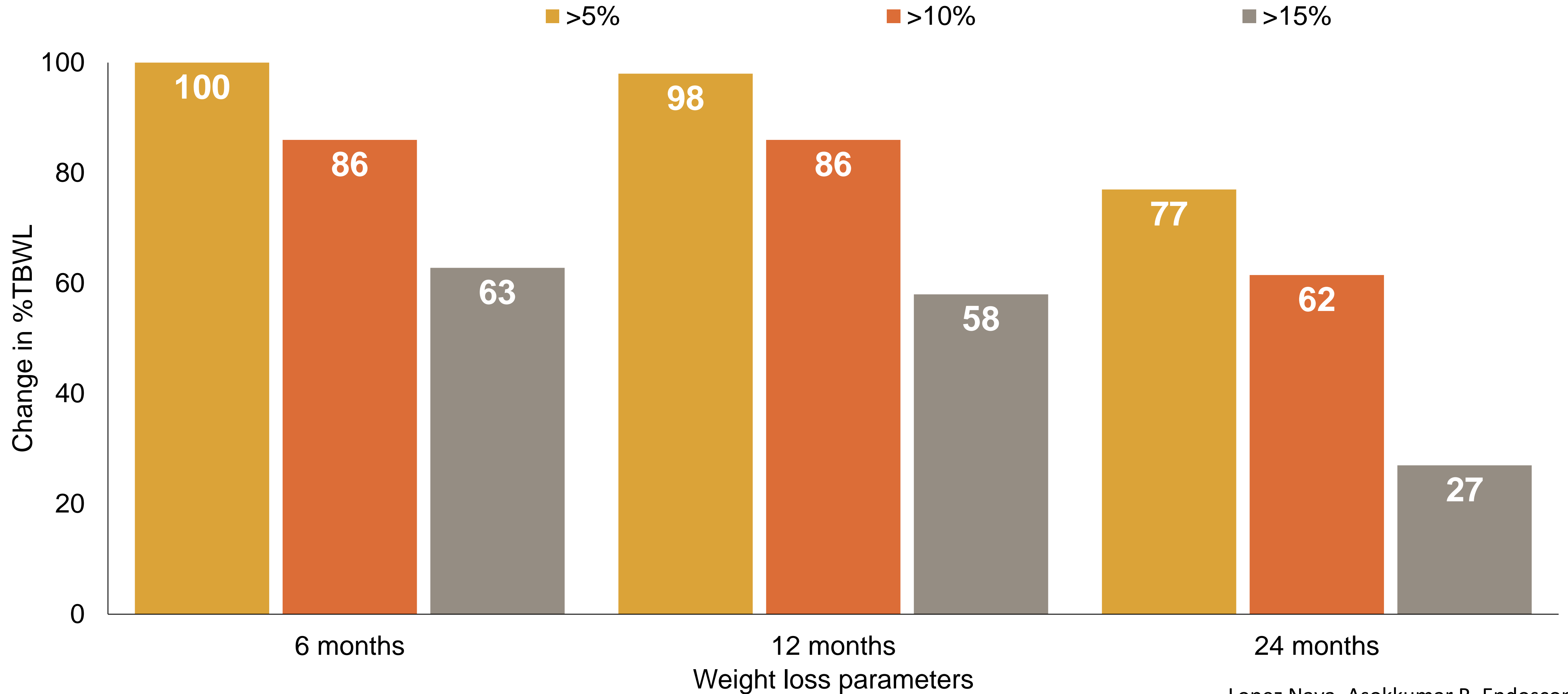


POSE 2.0 Multicenter study

- N=44
- Mean Age = 45 years
- Mean BMI=37
- Female =61%
- Procedure time=37 min
- Plications=19 (15-20)
- Adverse events-Nil



POSE 2.0 Multicenter study



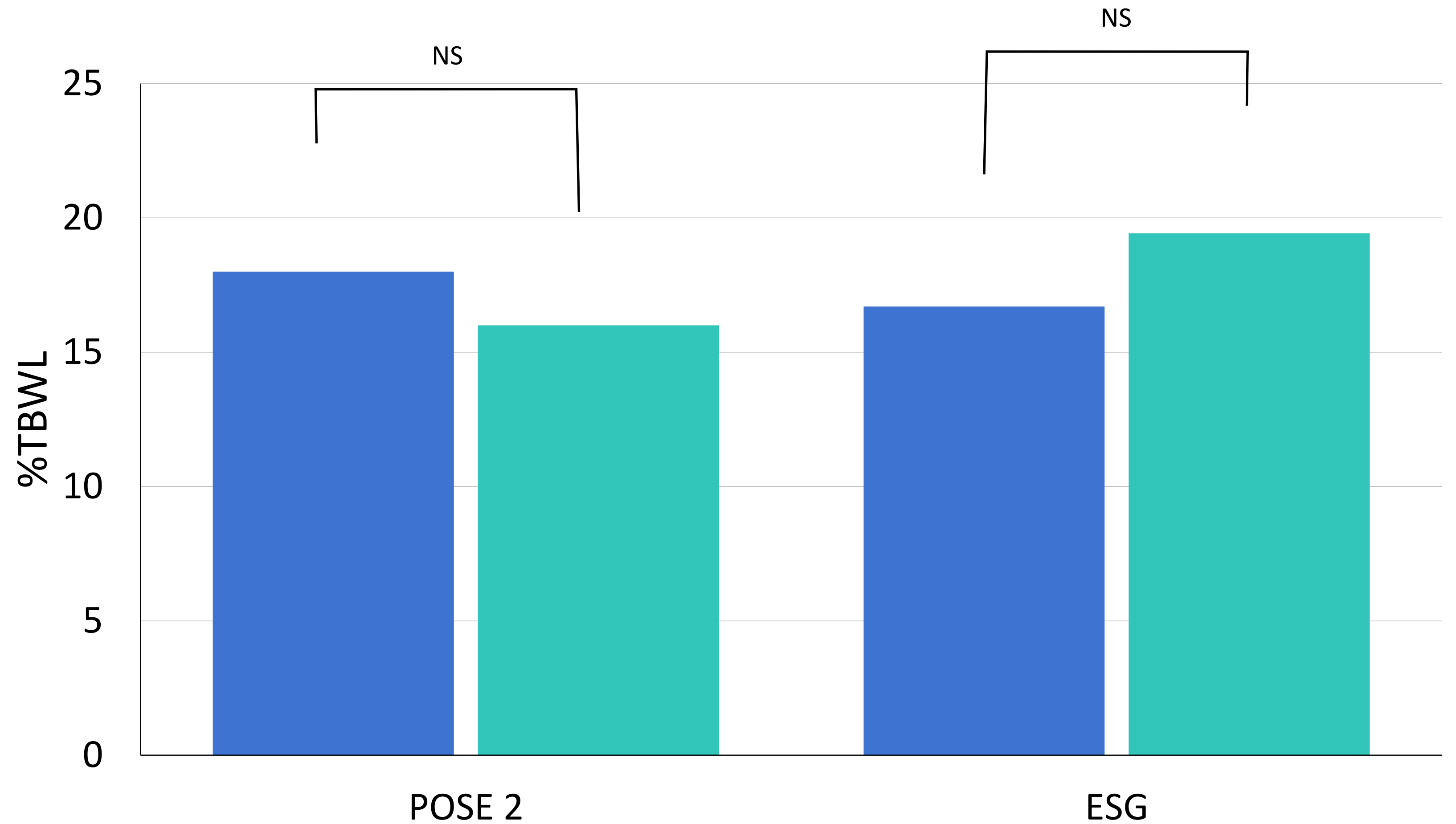
POSE 2.0 Multicenter study

Table 3. Change in Obesity-related Comorbidities

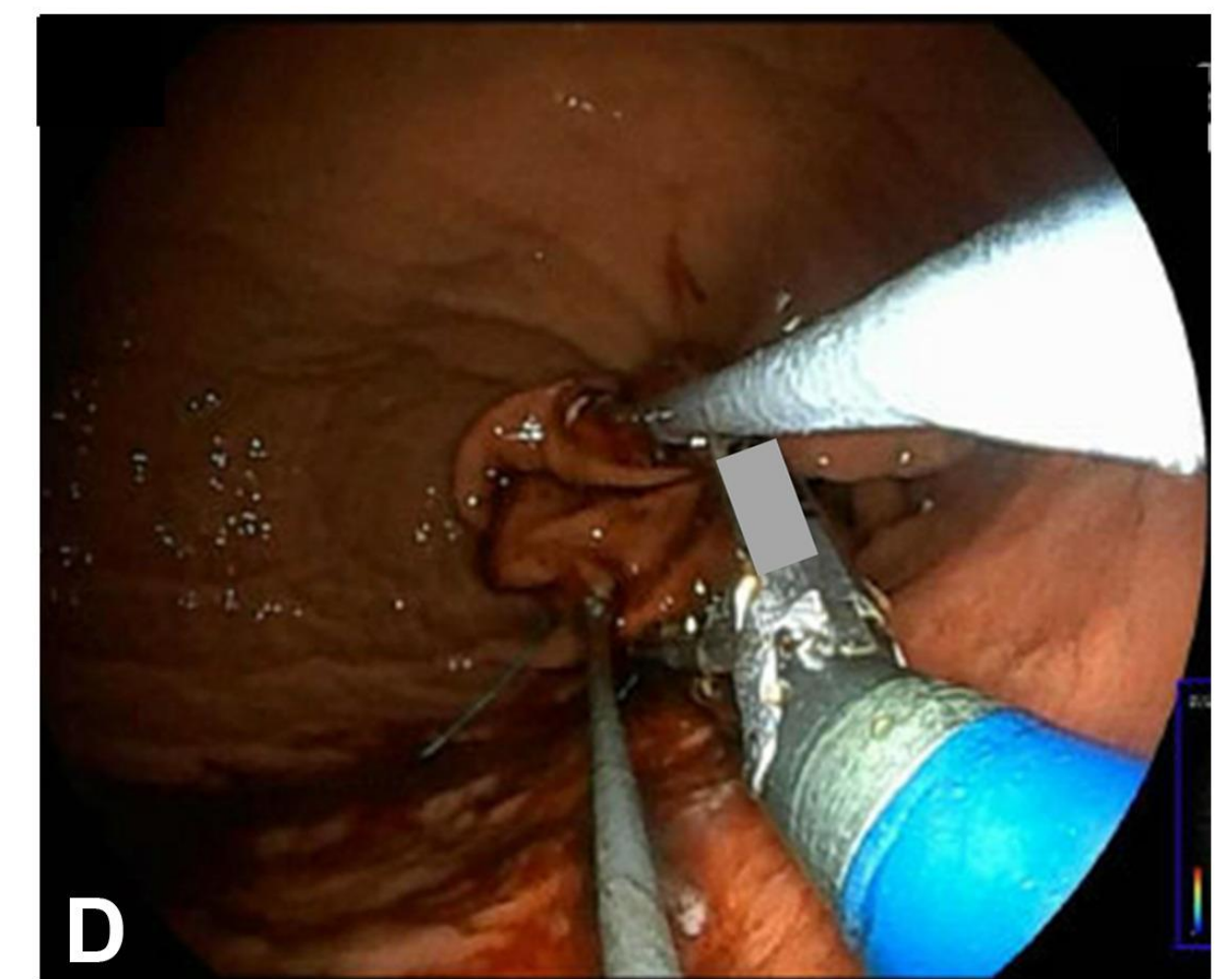
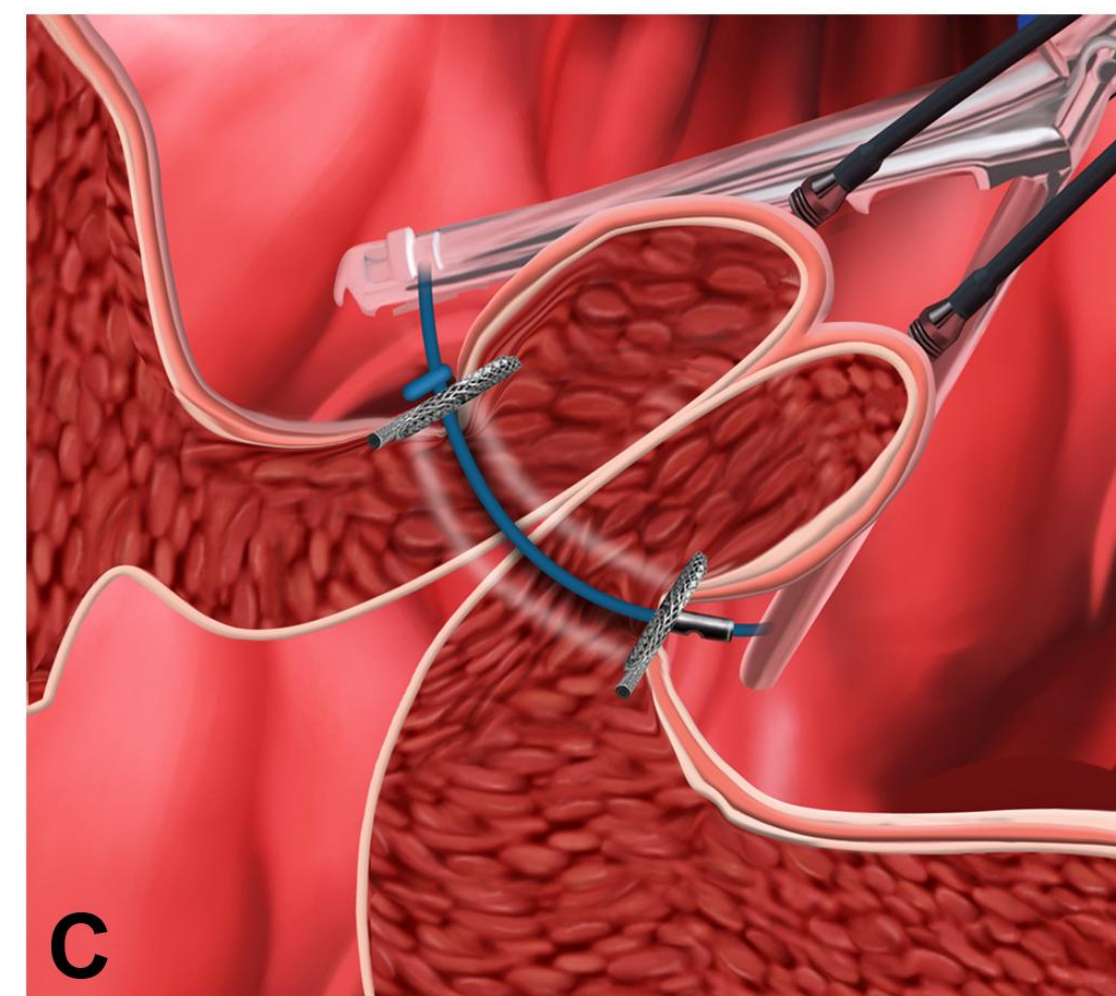
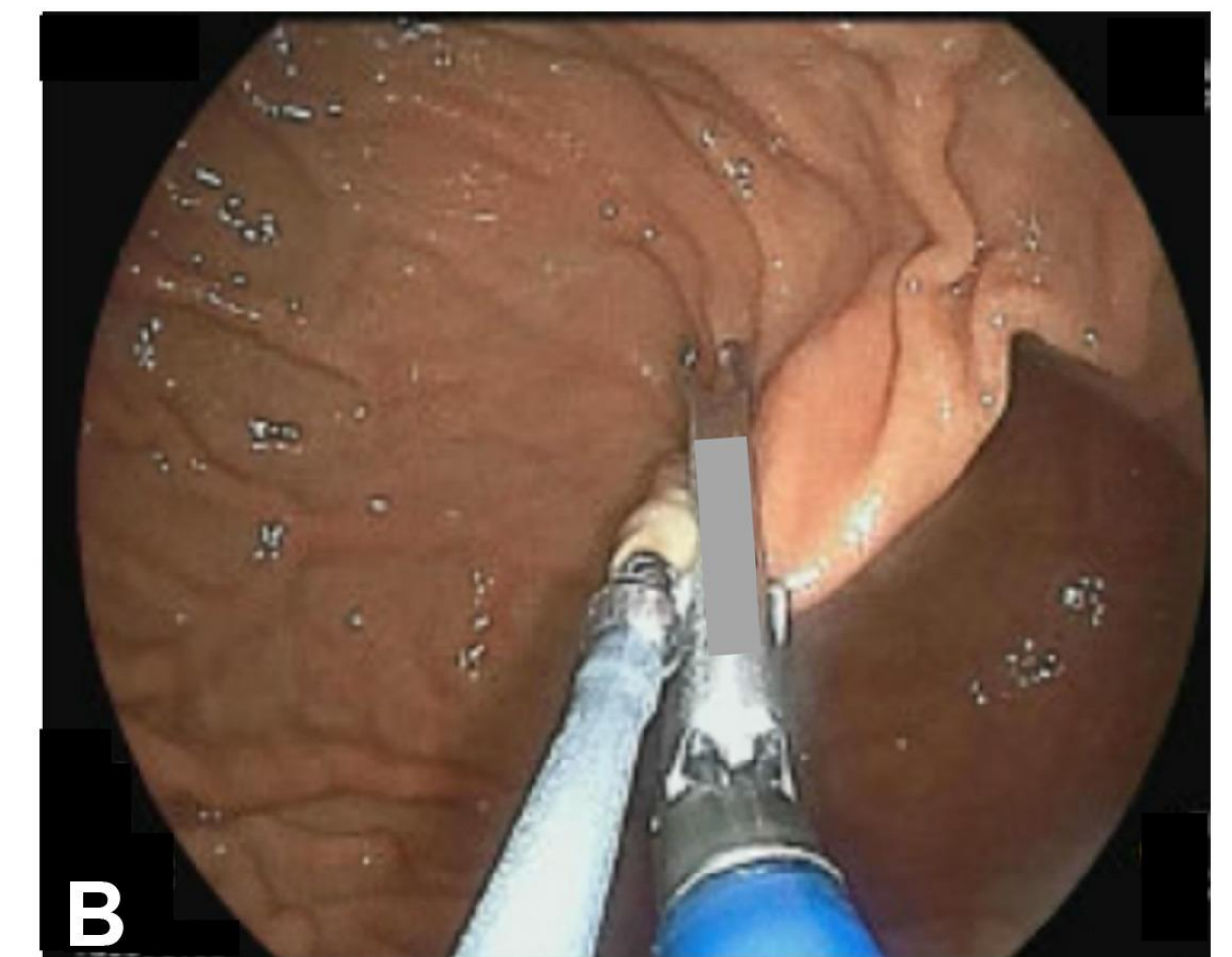
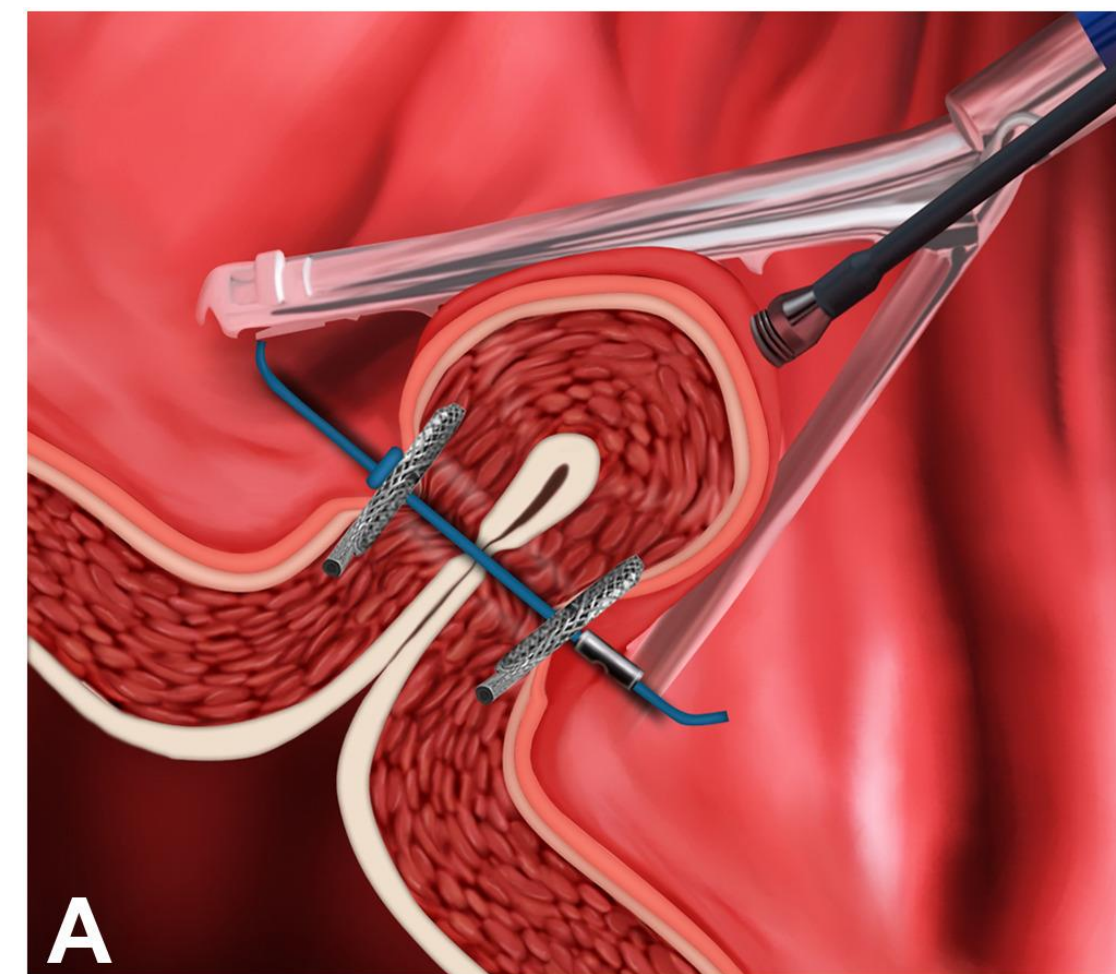
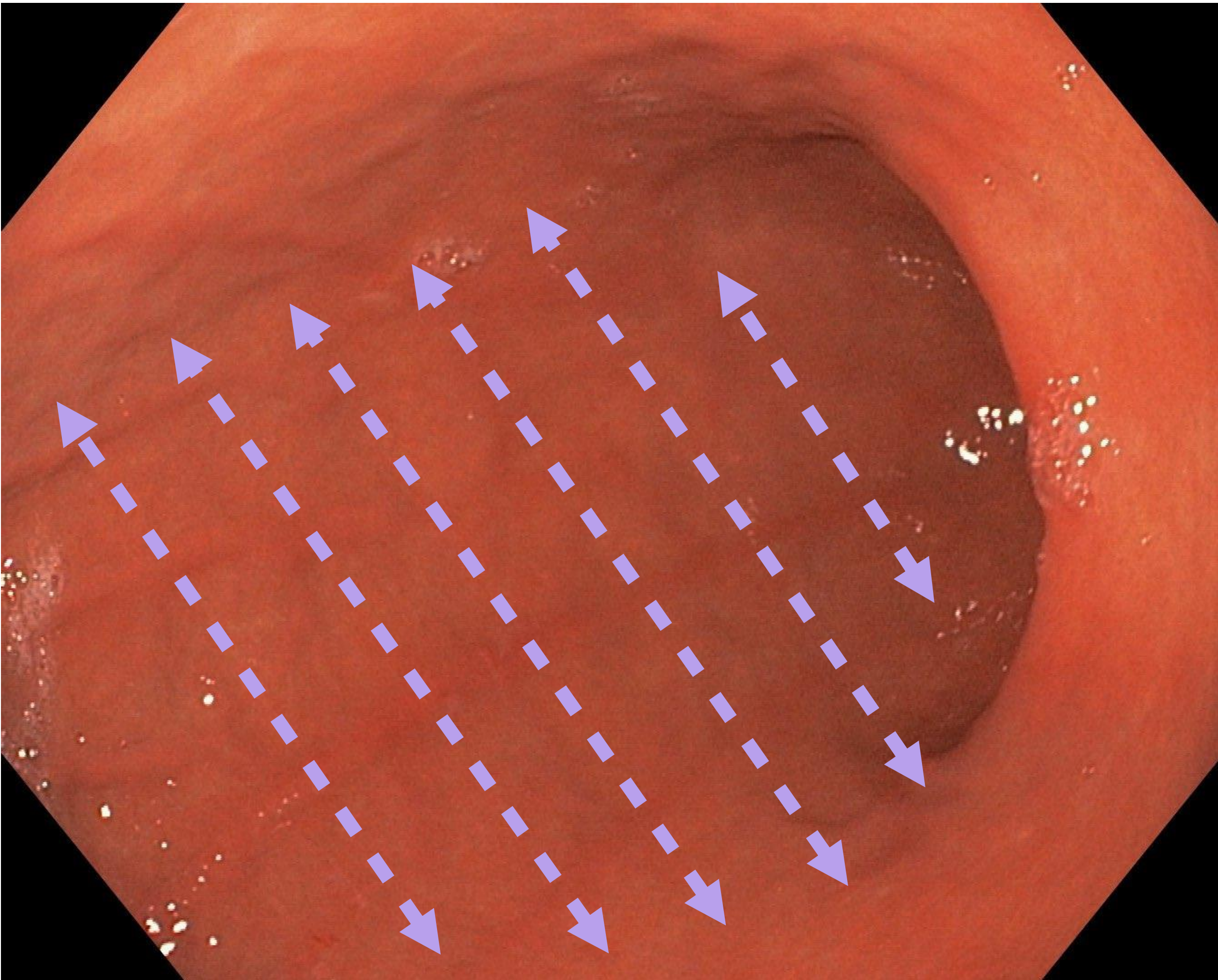
Parameter	Baseline	6 Months	Mean difference	P-value
Hemoglobin A1c, %	6.5 ± 1.4	5.7 ± 0.8	-0.8	.07
Fasting glucose, mg/dL	109.6 ± 25.2	94.5 ± 16.7	-15.1	.07
Total cholesterol, mg/dL	198 ± 35	187.8 ± 43.1	-11	.03
HDL, mg/dL	49 ± 12.5	54.3 ± 12.7	+ 5	.003
LDL, mg/dL	123 ± 30	119.9 ± 33.7	- 4	.06
Triglycerides, mg/dL	131.5 ± 66	83.6 ± 31.6	-47	< .001
ALT, U/L	32.4 ± 29	18.5 ± 5.3	-14	.005
AST, U/L	25 ± 14	19.8 ± 11.8	-4.8	.09
Alkaline phosphatase	78.7 ± 24.6	75.26 ± 21.17	-2.4	.81
Platelets, × 10 ³ /mL	283.0 ± 67.1	279.0 ± 76.3	-4.0	.48
CAP, dB/m (n = 17)	288 ± 61	220.3 ± 33.63	-74	< .001
S0/1	29%	87.5%		
S2	6%	12.5%		
S3	6%	0%		
S4	59%	0%		
Liver elastography, kPa (n = 15)	5.85 ± 2.6	5.28 ± 2.39	-0.5	.09

POSE 2.0 vs. ESG

- Matched (1:3) cohort
- POSE -54 ESG -162
- Mean Age 47 years
- Mean BMI 38.5

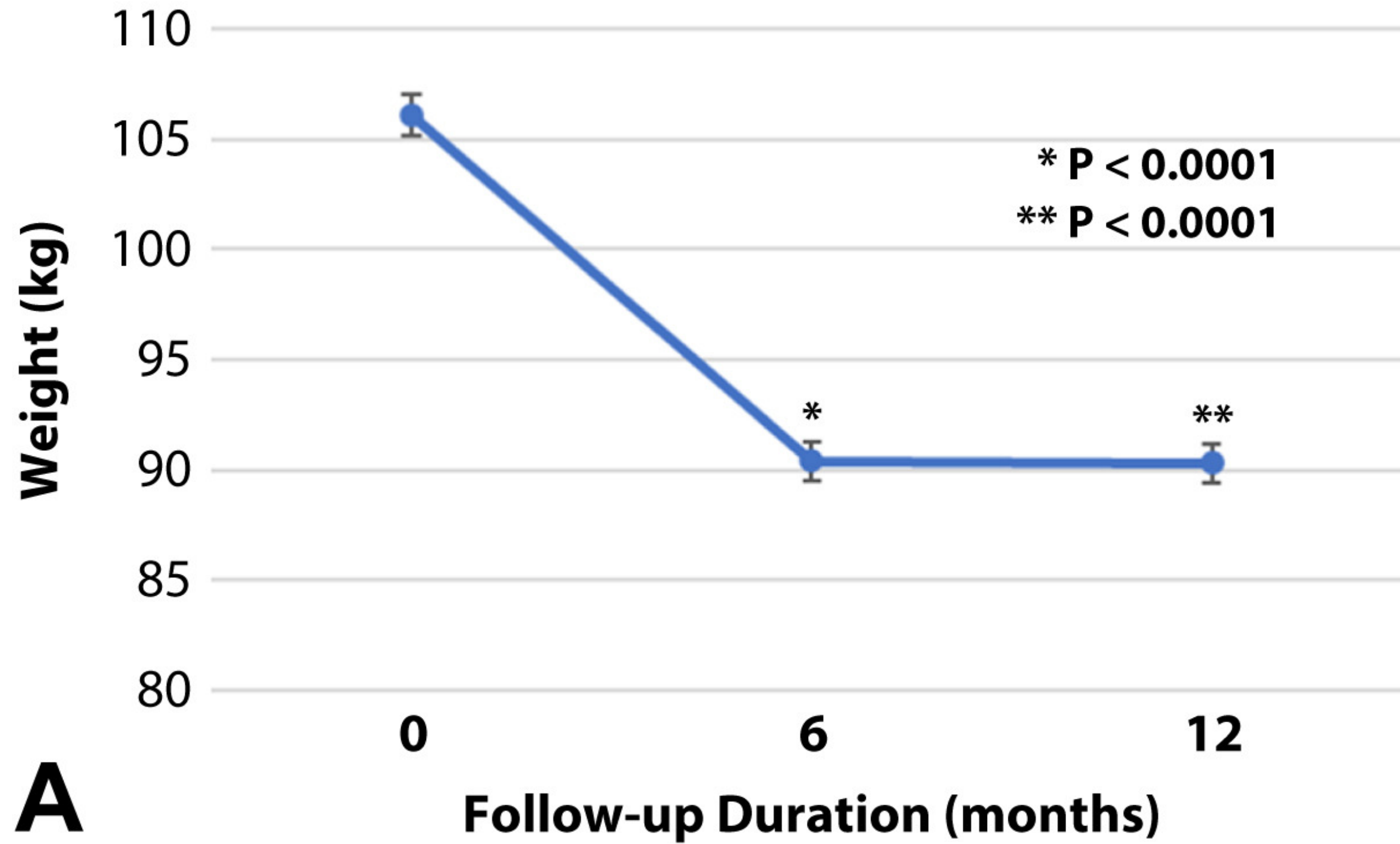


Reduce Plications- Dual Helix POSE 2



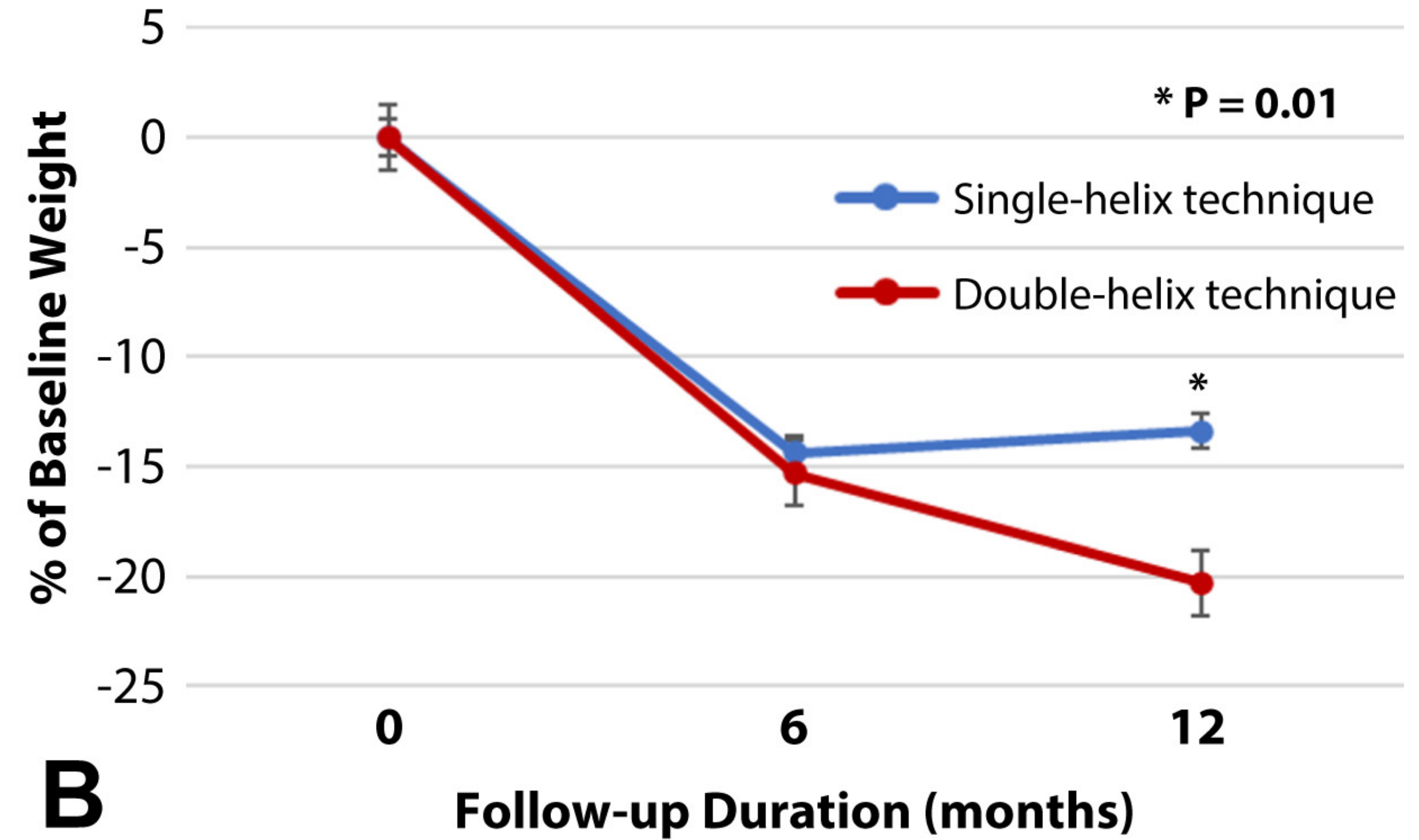
POSE- Double helix Technique

Weight Trend Following Distal POSE



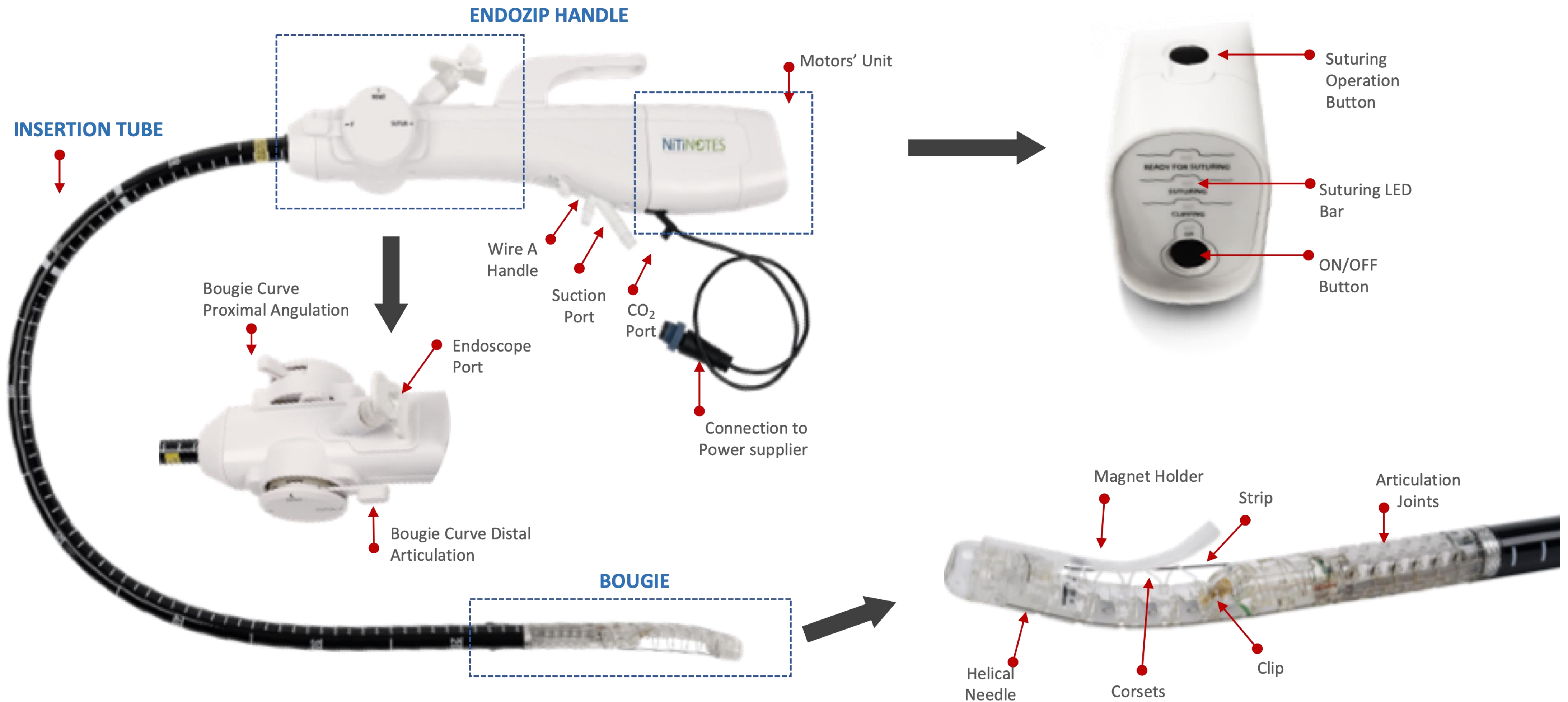
A

Weight Trend Following Distal POSE



B

Robotic Endoscopy- Endozip

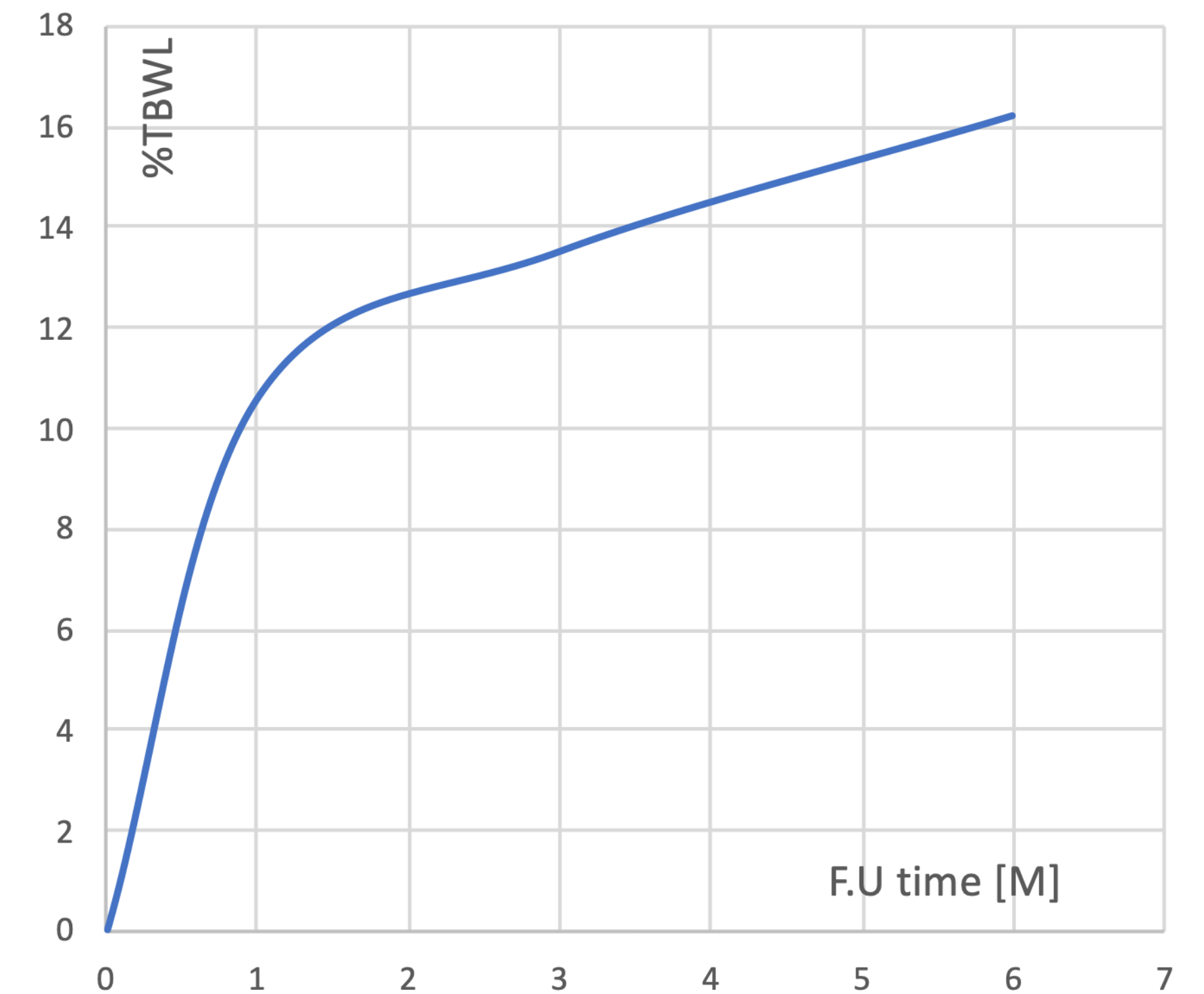


Robotic Endoscopy- Endozip

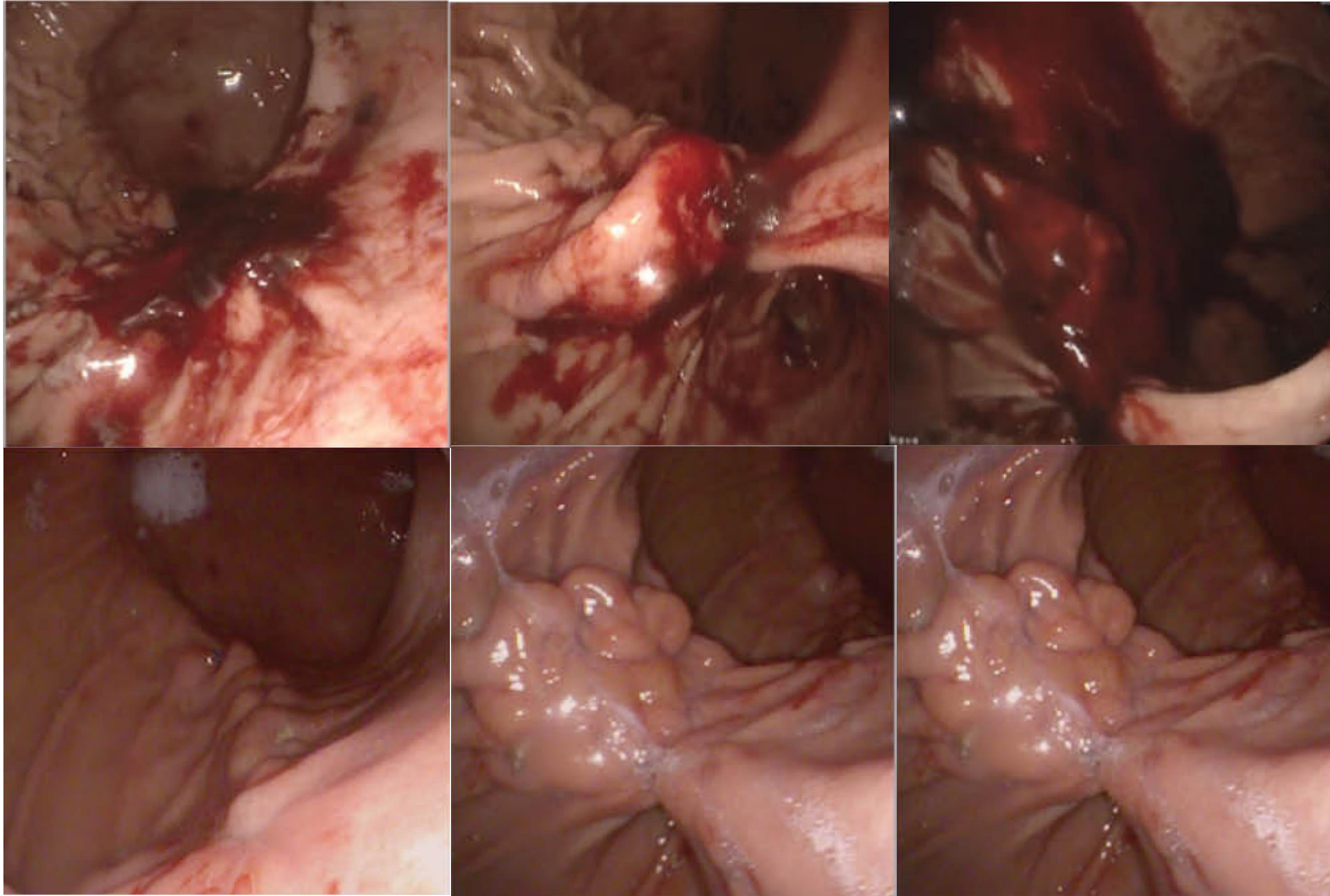


First in Human Study- First Generation

VARIABLE	INITIAL	1 Mo	3 Mo	6 Mo
BMI (kg/m ²)	36.9 ± 2.8	33.0 ± 3.2	31.9 ± 3.4	30.9 ± 3.4
TBWL	NA	11.6 ± 3.0	14.8 ± 4.8	17.8 ± 6.7
%TBWL	NA	10.6 ± 3.0	13.5 ± 4.7	16.2 ± 6.0
%EWL	NA	36.3 ± 20.9	46.5 ± 28.6	54.3 ± 28.4

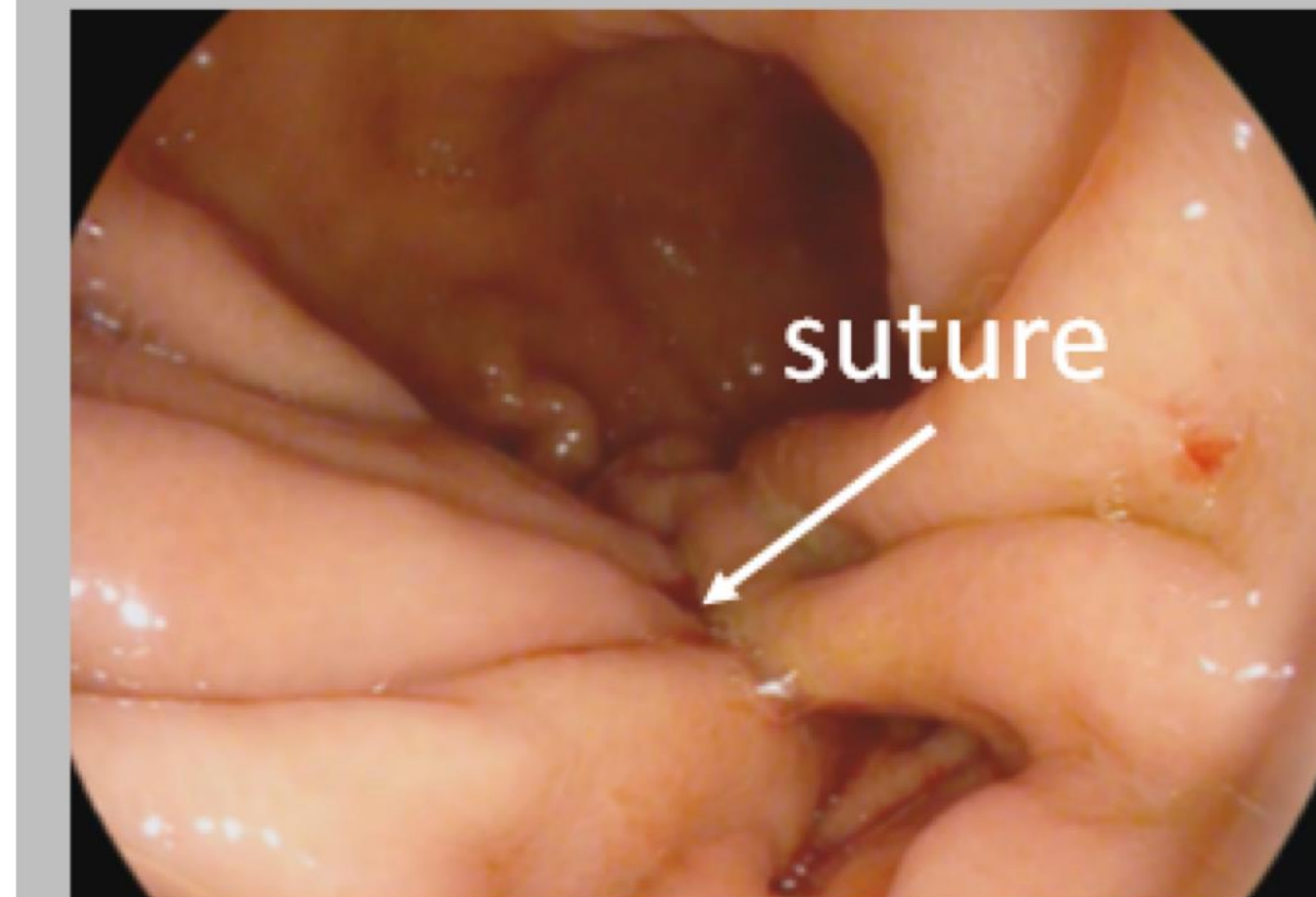


Post-Suturing

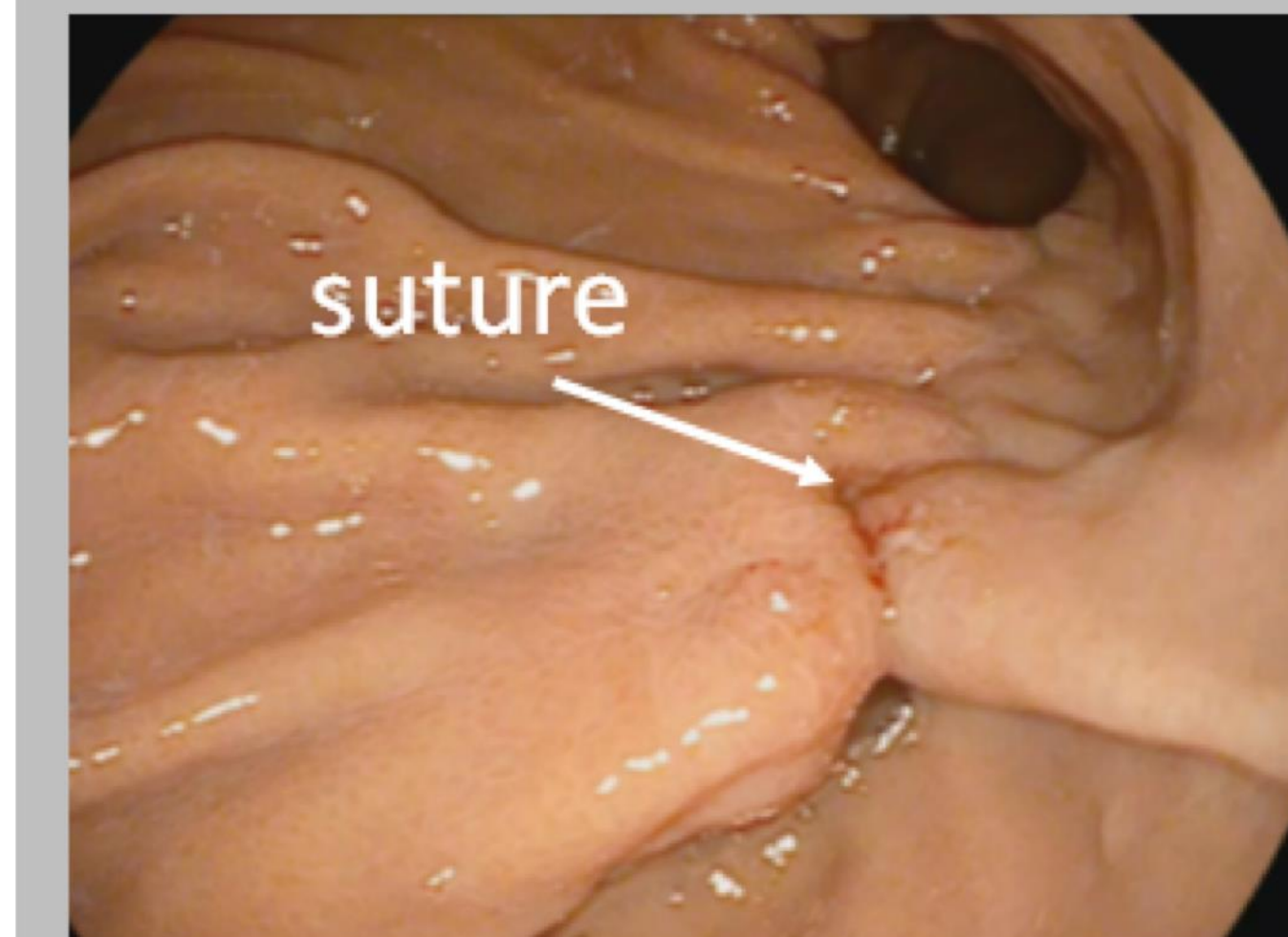


Endozip Multicenter Study

Number of Pts.	45		
Gender	Female: 40 (89%)		Male: 5 (11%)
	Mean	SD	Range (min-max)
Age (years):	44.13	8.76	28-68
Weight (kg):	95.23	12.37	76.6-129.70
Height (cm):	165.71	7.62	152-185
BMI (kg/m²):	34.55	2.91	30.12-39.78
Waist Circumference (cm):	109.66	9.44	96-133



Suturing result procedure day



Suturing result at 6 months FU

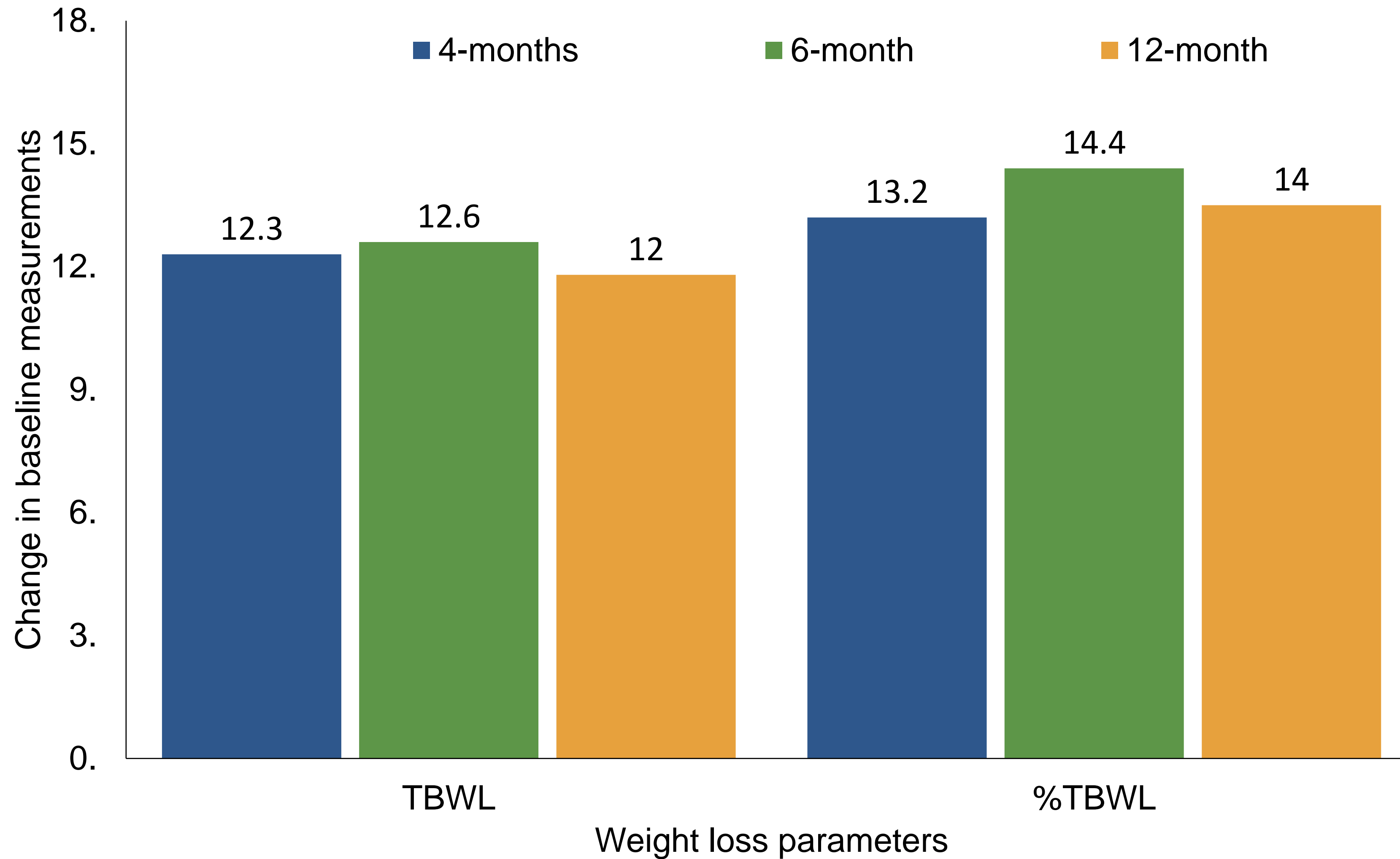


OR



Endozip robotic system

Endozip Multicenter Study



Conclusion

- All the endoscopic options are effective to combat obesity and induce weight loss
- Differences are mainly in the technique, accessories, cost, and learning curve
- Weight loss efficacy is comparable among different technique in short term
- Durable plications/sutures lead to long term weight maintenance need to be studied
- Learning curve outcome with different techniques need assessment