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Safety and weight loss outcomes of Endoscopic Sleeve Gastroplasty vs Laparoscopic Sleeve Gastrectomy from a single centre

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CONFLICT OF INTEREST DISCLOSURE
 I have no potential conflict of interest to report

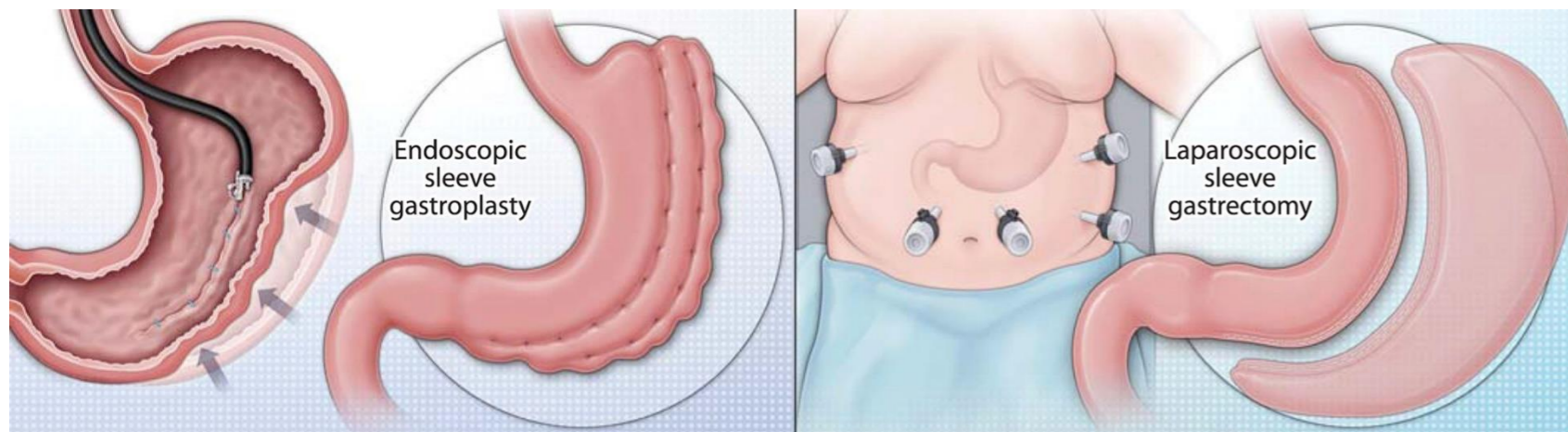
Obesity is complex chronic disease

Weight loss by diet and lifestyle intervention alone has limited success

Bariatric surgery works

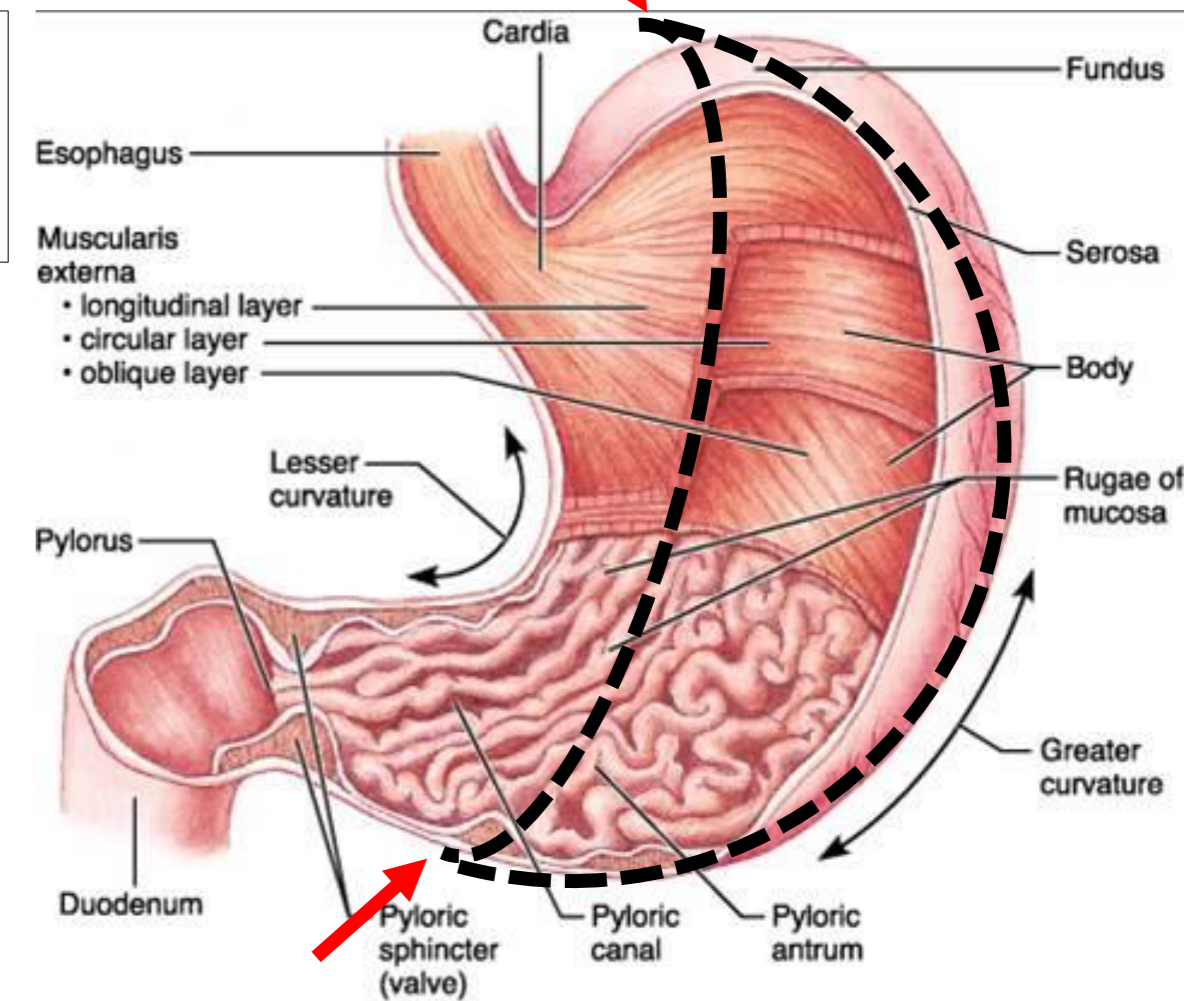
but few people accept it as a treatment..

Would endoscopic sleeve gastropasty be able to provide the same weight loss results as surgical sleeve gastrectomy?

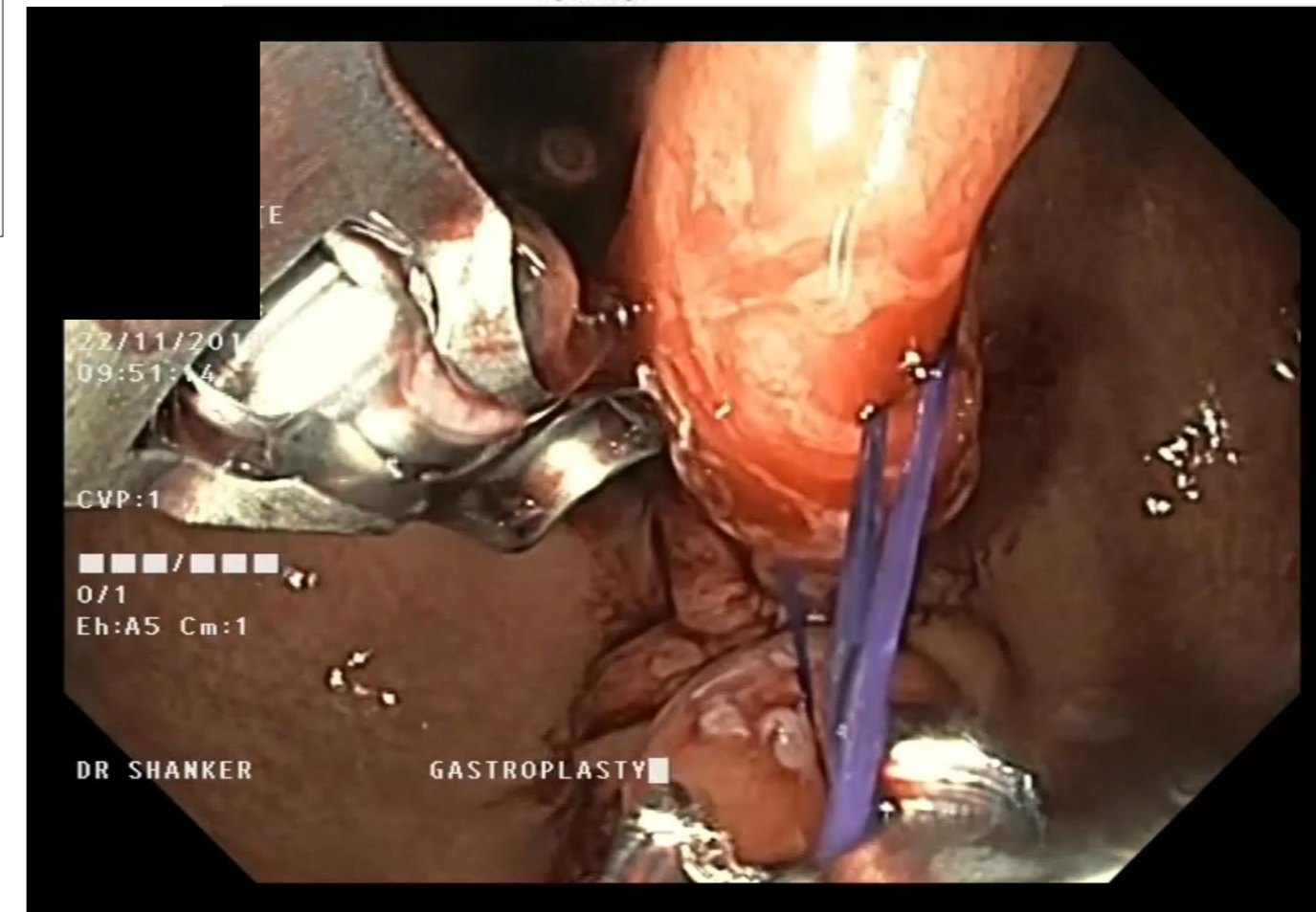


Fayad et al. *Gastrointestinal Endoscopy* Volume 89, Issue 4, April 2019, Pages 782-788

Laparoscopic sleeve gastrectomy



Endoscopic sleeve gastropasty

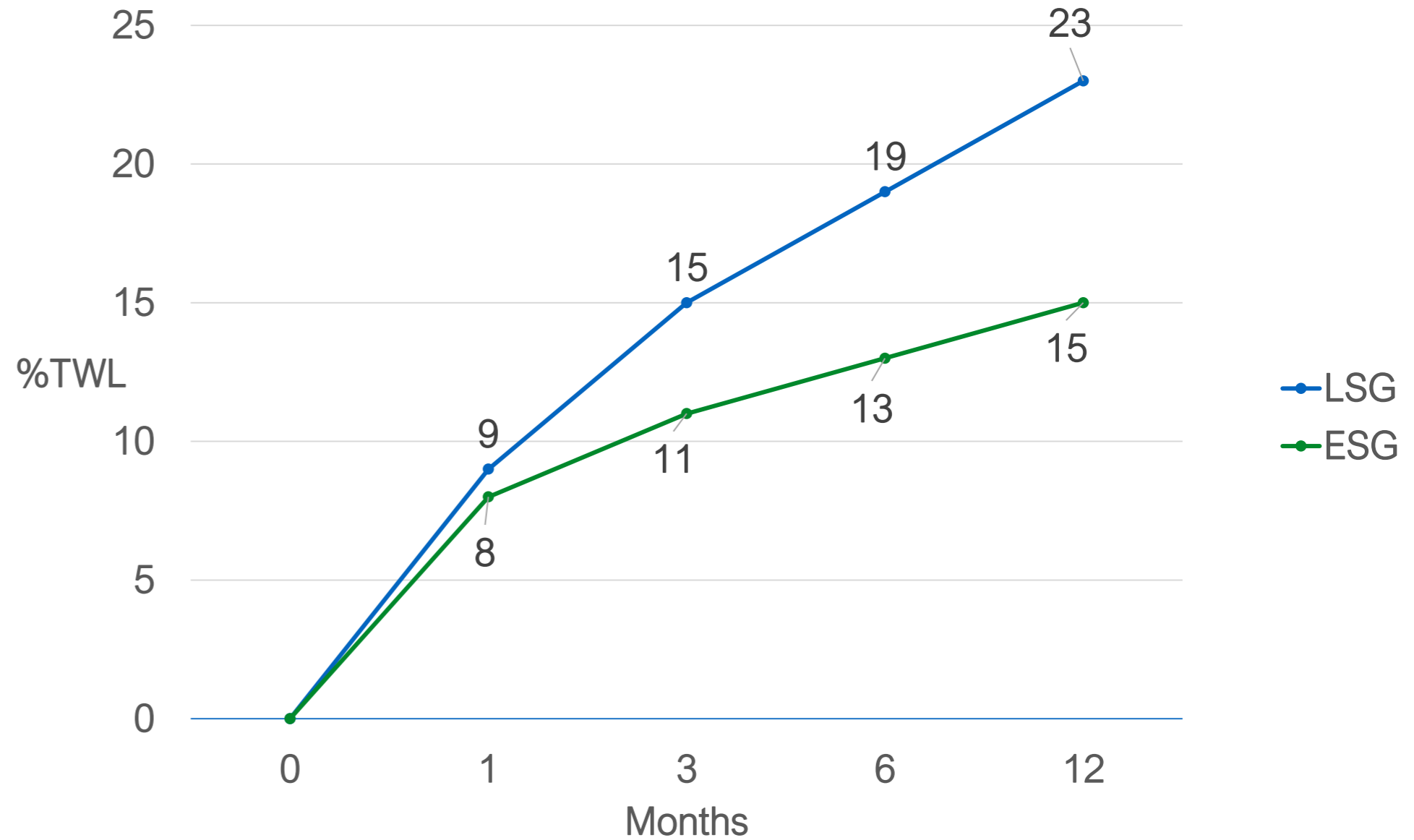


Clinical audit 2018 – 2023

	Laparoscopic Sleeve Gastrectomy (LSG)	Endoscopic Sleeve Gastroplasty (ESG)
Number of patients	145	97
Sex M:F /%	31:69	31:69
Age /years	40 (19,67)	41 (18,65)
Pre-op Weight /kg	110 (70,195)	99 (60,151)
BMI /kg/m ²	39 (28,61)	36 (26,55)

- Same surgeon, nurse, dietitian and physio
- Mean length of stay was 1 day (range 1-3)
- No adverse events in either group

Comparison of total weight loss post LSG & ESG



Follow-up time point /months	0	1	3	6	12
LSG case numbers	145	118	89	73	41
ESG case numbers	97	69	48	46	18

Conclusions

- Multi-disciplinary team approach allows Endoscopic Sleeve Gastroplasty (ESG) and Laparoscopic Sleeve Gastrectomy (LSG) to be carried out safely in a wide range of patients
- Post-operative weight loss is similar in the first month, but diverges thereafter
- LSG leads to 23% (range 11-46%) total body weight loss at 12 months
- ESG leads to 15% (range 5-29%) total body weight loss at 12 months
- Patient follow-up is a concern (at 1 year, LSG 30% and ESG 20%)
- Anti-obesity medications are a useful adjunctive therapy for weight loss, and encourage follow-up

If only there was *one*
operation that did
the job..

..at least I have a
great team!

Thank you!

Our Team



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