

# Defining the Optimal Endoscopic Sleeve Gastroplasty (ESG) Pathway in the NHS: An Expert Panel Review

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NHS Trust



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# Disclosures

Director – Surgery and Cancer  
Co-Director Research and Innovation  
Whittington Hospital, London

Honorary Professor – Apollo Hospitals, India

Secretary – BOMSS

President – MGB/OAGB International Club

IFSO EC – Treasurer

Editor – Obesity Surgery, SOARD, IBC Newsletter, IJS,  
Journal of Bariatric Surgery

Consultant with:

- **Johnson & Johnson**
- **Medtronic**
- **Meril Ltd**
- **Boston Scientific**

# ESG in the United Kingdom

## Current Landscape



- 20 Certified NHS Centres.
- 15 Private Centres.
- 20-40 Procedures per year.
  
- Established payment of **£8,127** (FF11Z).

## Barriers



Capacity



Patient Information



GP/Patient Awareness



Procedure Education

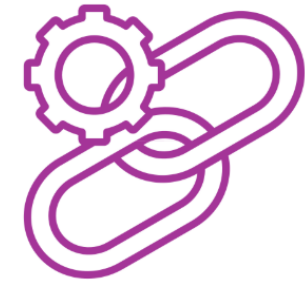
# Defining the Optimal Service Delivery for ESG



**Proven** Clinical Safety, Efficacy,  
and Cost-Effectiveness



Evidence Focus **Shifts** to Optimal  
Care Delivery Methods<sup>1-3</sup>



Robust Consensus Methods Are  
Required to define Optimal **Care**  
**Pathways** in the NHS

1. Neto MG, Silva LB, de Quadros LG, Grecco E, Filho AC, de Amorim AMB, de Santana MF, Dos Santos NT, de Lima JHF, de Souza TF, de Moraes HWP, Vieira FM, Moon R, Teixeira AF; Brazilian Endoscopic Sleeve Gastroplasty Collaborative. Brazilian Consensus on Endoscopic Sleeve Gastroplasty. *Obes Surg.* 2021 Jan;31(1):70-78.
2. Joseph S, McGowan CE, Jirapinyo P, Schulman AR, Thaker AM, Dayyeh BKA, Maselli D, Amundson JR, Zimmermann CJ, VanDruff VN, Che S, Ishii S, Ujiki MB. Endoscopic sleeve gastroplasty: the identification of the key procedural steps through a modified Delphi method. *J Gastrointest Surg.* 2024 Jul;28(7):1132-1136
3. Jirapinyo P, Advani R, Al-Sabban A, McGowan C, Sharaiha R, Alqahtani A, Larsen M, Laster J, Maselli D, Singh S, Thompson C. Establishing Standards of Practice for Endoscopic Sleeve Gastroplasty: A Global Expert Consensus using a Modified Delphi Method. *Gastrointest Endosc.* 2025 Mar 20:S0016-5107(25)00811-9. doi: 10.1016/j.gie.2025.03.642. Epub ahead of print. PMID: 40120862.

# Multidisciplinary Team



**MDT** comprised ESG-trained **endoscopists, bariatric surgeons, nurse specialists, psychologists, nutritionists, dieticians, patients** and **implementation experts** all involved in optimal delivery of ESG.

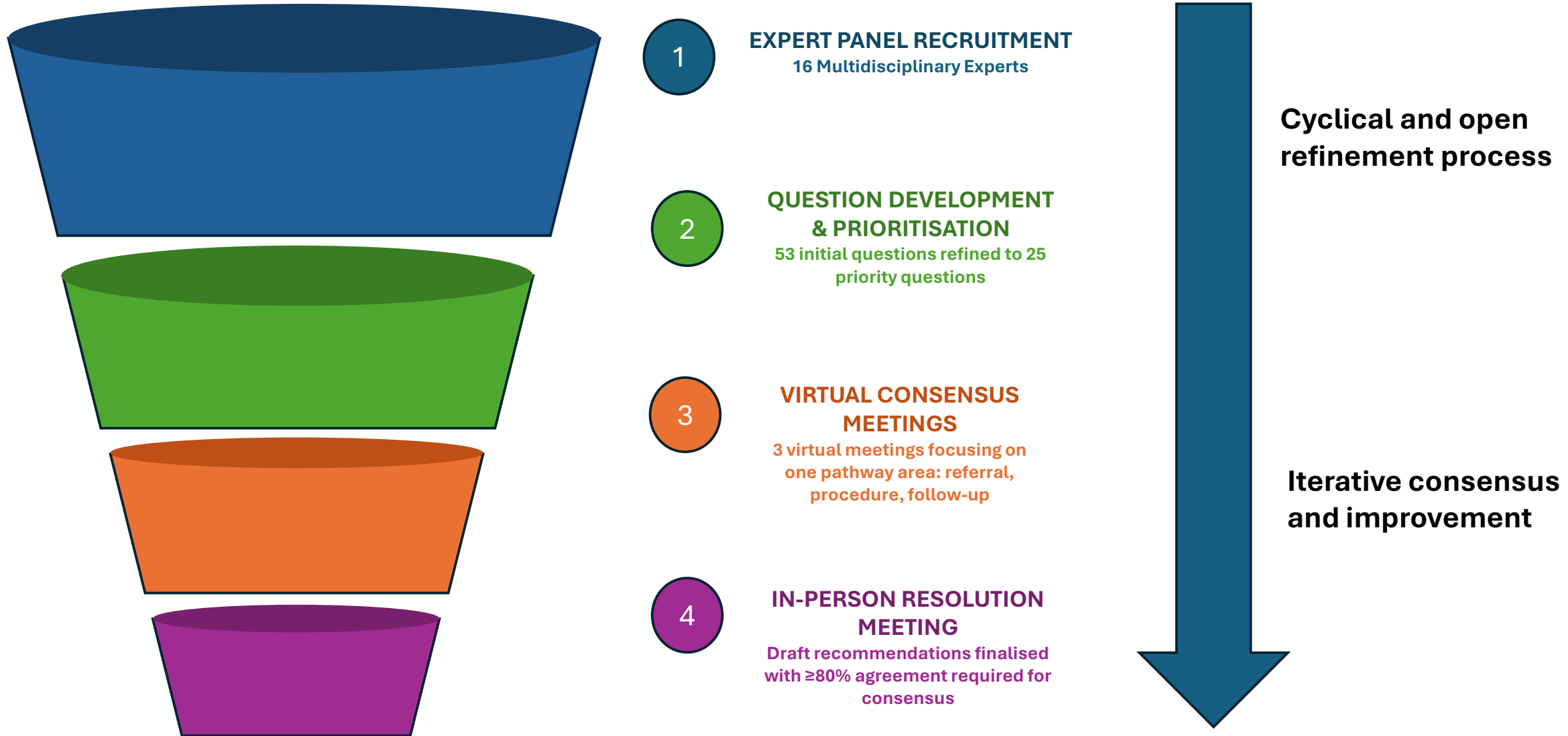


**Balanced Representation** to **minimise bias** and **enhance generalisability** of recommendations.



**Highly experienced Leadership Subgroup** was formed comprising 4 ESG-trained clinicians.

# Modified Nominal Group Technique (NGT) - Process



# Key Areas of Focus



## Patient Selection

**BMI:** 30-40 kg/m<sup>2</sup> (ideal), minimum 27.5 kg/m<sup>2</sup> (South Asian heritage)

**Target Groups:** Class 1-3 obesity, declined surgery, high surgical risk

**Contraindications:** Active eating disorders, substance misuse, acute suicidality



## Procedural Standards

**Training:** 10 proctored cases minimum before independent practice

**Team:** ESG-trained endoscopist, anaesthetist, specialist support

**Technical:** General anesthesia, CO2 insufflation, 4-7 sutures

**Data:** Mandatory national (NBSR) entry (IPG783 requirement)



## Follow Up Pathway

**Early:** 8-week staged diet progression, specialist review at 10 weeks

**Medium-term:** Structured follow-up (3, 6, 12 months) minimum 2 years

**Supplements:** A-Z multivitamin + vitamin D first year only



## Consistency with Established Guidance

**NICE Alignment:** Full compliance with IPG783 (ESG safety/efficacy), NG45 (preoperative care), NG246 (obesity management)

**BOMSS position:** recognising ESG within therapeutic options for obesity management

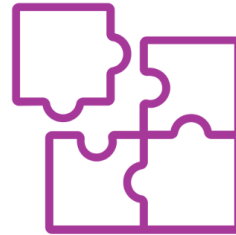
**NHS Integration:** Practical implementation within existing obesity services, MDT approach, and current resource constraints

# Benefits to NHS



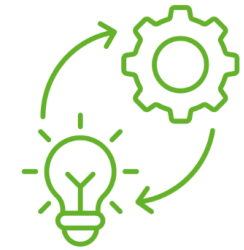
## Complete Patient Pathway

Comprehensive care from referral through long-term follow-up using existing NHS resources and framework



## Seamless NHS Integration

Works within existing tiered obesity care structures and referral pathways



## Ready-to-Implement Framework

37 consensus recommendations provide immediate implementation guidance

# Study Limitations



Evidence base for ESG continues to evolve rapidly- this study will require **periodic reassessment and updating.**



Recommendations focus primarily on clinical aspects of ESG implementation rather than addressing broader **system-level barriers.**

# Next Steps



**Partnering with UK Societies to Endorse Guidelines**



**Developing Implementation Tools Through Society and Industry Partnerships**



**Global Delphi Panel: Developing Universal ESG Implementation Guidance**



**Integrating GLP-1 and Surgical Weight Loss Pathways with ESG**

# Conclusions

- ESG barriers have **shifted from efficacy concerns to practical implementation challenges** - including clinical pathway integration, provider training, resource allocation, and funding frameworks.
- The UK consensus framework provides **a systematic approach to ESG implementation** within NHS obesity management pathways - positioning it as an evidence-based, minimally invasive intervention option.
- This framework enables **more equitable patient** access to ESG treatment - helping bridge the significant gap between treatment demand and current bariatric care provision.
- Documents providing **Implementation Guidance** addresses a major public health challenge - enhancing the NHS's overall capacity to **manage obesity through expanded treatment options.**



**14<sup>th</sup> Congress of the International Federation  
for the Surgery of Obesity & Metabolic Disorders  
European Chapter (IFSO-EC)**

6 - 9 May 2026 | Málaga, Spain

*Save the date!*

[ifso-ec2026.com](http://ifso-ec2026.com)

***Thank you***



@drcdparmar

# Referral

	Statement	
Patient Eligibility and Referral	<b>Expanded Eligibility Criteria:</b> Establish consistent BMI thresholds for specialist obesity services, with provisions for patients below thresholds who have obesity-related conditions. Communicate criteria clearly to all referrers in accordance with IPG783.	
	<b>Referral Sources:</b> Accept referrals from primary care, obesity services, and secondary care teams.	
	<b>Diet:</b> Referrals for ESG does not require but can include formal dietetic assessment history.	
Patient Selection	<b>Criteria:</b> In accordance with IPG783, Endoscopic Sleeve Gastroplasty may be particularly beneficial for the following patient populations: <ul style="list-style-type: none"> <li>• Individuals with Class 3 obesity (BMI <math>\geq 40</math> kg/m<sup>2</sup>) for whom invasive bariatric surgery would present significant risk</li> <li>• Patients who have declined bariatric surgical interventions due to associated risks and complications</li> <li>• Persons with Class 1 (BMI 30-34.9 kg/m<sup>2</sup>) or Class 2 obesity (BMI 35-39.9 kg/m<sup>2</sup>), for whom the procedure may prevent progression of obesity and associated comorbidities.</li> </ul>	
	<b>Special Consideration:</b> For people of South Asian heritage, a lower BMI threshold of 27.5 kg/m <sup>2</sup> or above should be utilised when considering eligibility for this procedure.	
Referral Information	<b>Psychosocial History and Risk:</b> Include basic screening for eating disorders, substance misuse, and severe mental illness with referrals; with comprehensive evaluation reserved for specialist assessment.	
	<b>Laboratory Testing:</b> No specific laboratory testing is required.	
Contraindications and Special Considerations	<b>Contraindications to referral:</b> ESG has few absolute contraindications to referral: these include active eating disorders, active alcohol and substance misuse and acute suicidality (recent suicide attempts or intent/plans to act).	
	<b>Gastroesophageal Reflux:</b> Gastroesophageal reflux disease (GERD) is not a contraindication for ESG.	
Referrer Engagement	<b>Information sharing:</b> Referrals into Healthcare Providers should capture relevant medical information such as: obesity history, previous obesity interventions, obesity-related conditions, medications, psychosocial history and other surgical interventions.	
	<b>Healthcare Provider Education:</b> Referrals must include obesity history, previous interventions, related conditions, medications, psychosocial history, and surgical history.	
Service Delivery	<b>Multidisciplinary Team (MDT):</b> Integrate ESG pathways with existing obesity management services using a multidisciplinary team (MDT) approach with clear communication channels.	
	<b>Collaboration:</b> Ensure endoscopists receive appropriate training for ESG (see recommendation below), supported by collaborative MDT practice.	

# Procedure

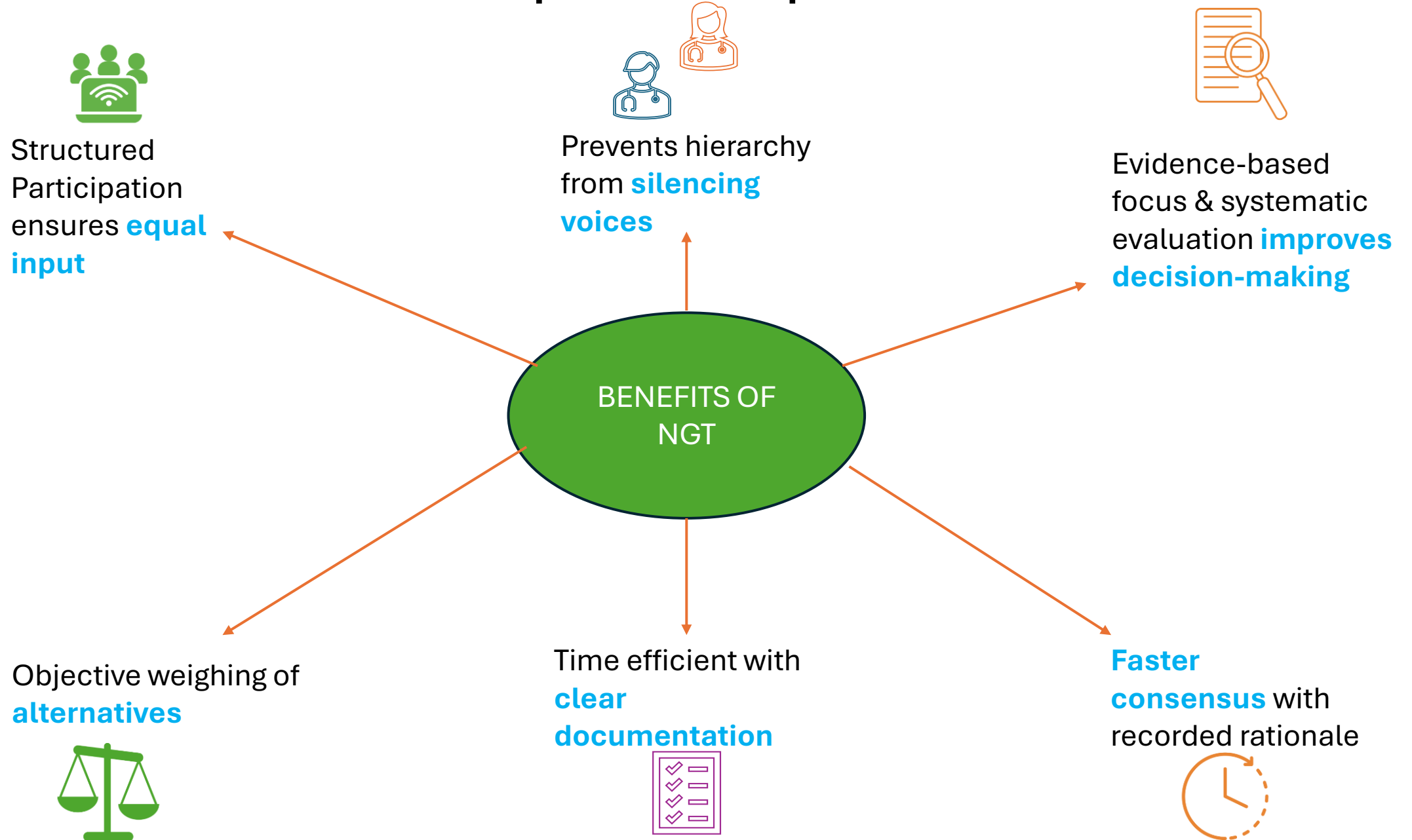
	Statement	
Pre-procedure Assessment	<b>Preoperative Testing:</b> Follow NICE guidelines NG45 and NG246, with no additional tests required specifically for ESG.	
	<b>Endoscopic Evaluation:</b> Routine preoperative endoscopy is not mandatory; index endoscopy is performed during procedure.	
	<p><b>Diet and Liver Assessment:</b> Consider individualised liver reduction diet based on BMI and access requirements; prescribed as 1-2 week liver reduction where liver access concerns are known/suspected based on obesity and/or comorbidity severity.</p> <p>Pre op hypocaloric, high protein, low fat and carbohydrate diets such as liver reduction styles can also be used to optimise eating habit, technique and frequency alongside liver optimisation that supports health and weight loss outcomes post-ESG.</p>	
Procedure Requirements	<b>Team Composition:</b> Requires ESG-trained endoscopist with assistant, anaesthetist, specialist support staff, and GA-qualified recovery nurse.	
	<b>Procedure Location:</b> Perform in endoscopy suite or operating theatre with general anaesthetic support and recovery capabilities.	
	<b>Anaesthesia Protocol:</b> ESG should be performed under general anaesthesia using standard practice.	
	<b>CO2 Insufflation:</b> Mandatory for ESG procedures.	
Post-Procedure Care	<b>Post procedure care:</b> Ensure adequate oral fluid intake, mobilisation, pain control, and nausea management.	
	<b>VTE Prophylaxis:</b> Provide VTE prophylaxis per NICE Guideline NG89.	
	<b>Medication Management:</b> Administer antibiotics, antiemetics (avoid prokinetics), and opioid-sparing pain medication.	
Training and Data Collection	<b>Procedure Training:</b> Endoscopists with appropriate expertise aiming to perform ESG should follow a structured training programme: such as didactic learning → dry lab → wet lab → proctored cases. Training programmes should ensure standardised delivery and resource access.	
	<b>Competency Requirements:</b> Complete a minimum of 10 proctored cases before independent practice. Maintain competency through regular caseload and appropriate CPD	
	<b>Data Collection:</b> Enter all procedures into the National Bariatric Surgery Registry (NBSR) with patient-reported outcomes as required by IPG783.	

# Follow Up

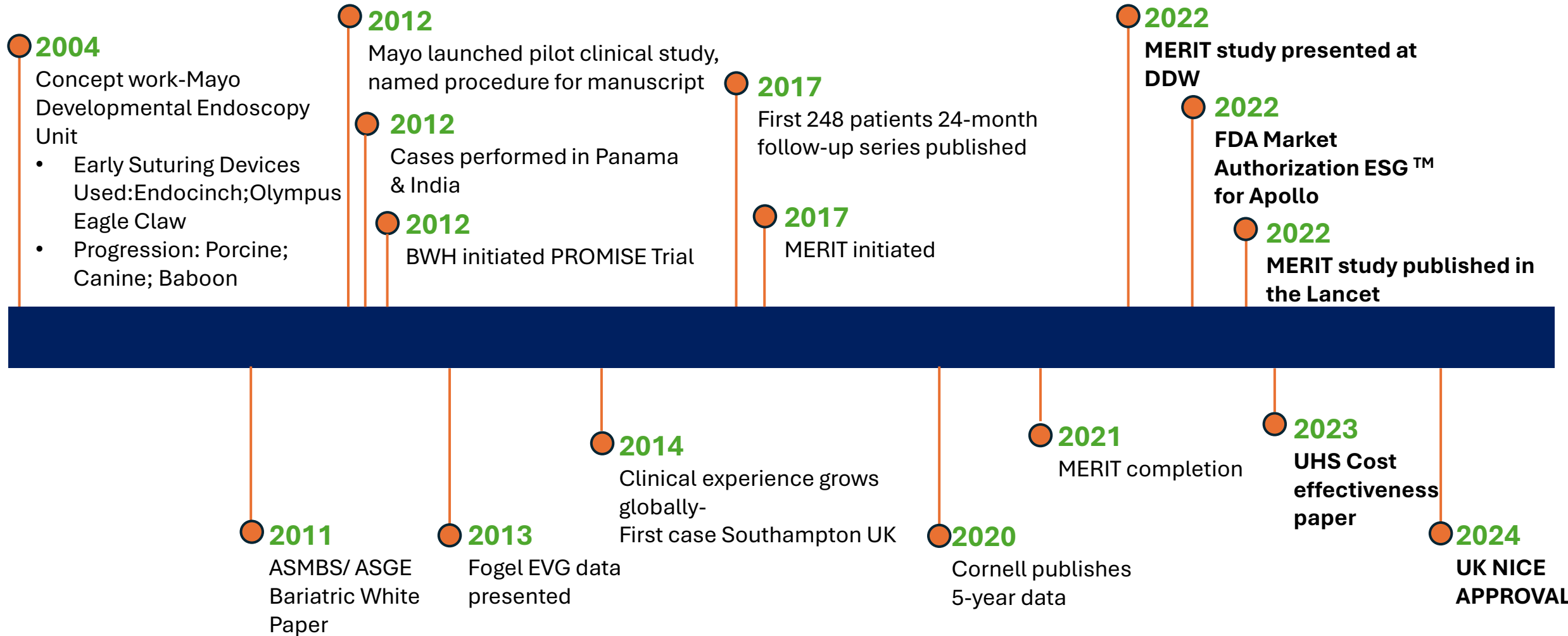
	Statement	
Discharge and Activity Guidelines	<b>Discharge:</b> Implement standard discharge criteria with comprehensive documentation provided to patient, referrer, and primary care.	
	<b>Activity Resumption:</b> Return to normal daily activities as tolerated following recovery from anaesthesia, with no ESG-specific restrictions.	
Dietary Management	<b>First 8 weeks:</b> Follow staged texture progression protocol for dietary advancement for all patients such as:  Weeks 1-2: Liquids only Weeks 3-4: Thicker fluids/purées Weeks 5-6: Soft diet Weeks 6-8: Regular diet	
	<b>Eating Behaviour:</b> Provide early and regular monitoring from the ESG provider to ensure adequate nutrition and detect complications. Contact patients within the first week and at each dietary stage transition. Instruct patients to contact the provider if unable to tolerate any dietary stage.	
	<b>Vitamin Supplementation:</b> Provide complete A-Z multivitamin/mineral plus individualised vitamin D supplementation during the first-year post-procedure with appropriate monitoring. Long-term supplementation protocols used for surgical bariatric procedures are not required.	
	<b>Protein Prioritisation:</b> Prioritise protein intake during weight loss phase. Provide culturally appropriate and socioeconomically accessible food recommendations.	
Behavioural Changes	<b>Lifestyle Behaviour:</b> Promote slow eating practices and eating to comfortable fullness such as the 20/20/20 rule (20-minute meals, 20 mL sips, chewing food 20 times). Encourage regular, balanced meals with minimal intervals to prevent erratic eating patterns	
	<b>Physical Activity:</b> Follow NICE (NG246) recommendations for physical activity. Consider resistance training to minimise muscle mass loss during weight loss.	
	<b>Educational Materials:</b> Develop standardised, accessible educational materials including both nutritional information and behaviour change strategies. Ensure materials are culturally and socioeconomically appropriate.	
Medium Term Follow Up (Up to 2 Years)	<b>Initial Clinician Review:</b> Schedule specialist ESG review at approximately 10 weeks post-procedure to coincide with patient transition to normal diet. Provide ESG-specific advice and address any concerns.	
	<b>Registry Participation:</b> Continue to record patient data in the National Bariatric Surgery Registry (NBSR) as required by IPG763.	
	<b>Medium Term Monitoring:</b> Implement structured follow-up at key intervals (3, 6, and 12 months) for a minimum of two years. Utilise appropriate members of the multidisciplinary team based on service structure and patient needs.	
	<b>Primary Care Coordination:</b> Create structured handover protocols for long-term management. Establish clear communication pathways with primary care providers. Provide guidance on re-referral criteria to specialist services.	
Long Term Follow Up	<b>Long-Term Follow Up:</b> Recognise obesity as a chronic relapsing condition requiring ongoing support. Develop sustainable support mechanisms beyond the initial two-year follow-up period. Ensure patients have access to appropriate resources for long-term success.	



# Modified Nominal Group Technique



# History of ESG



# Key Personnel

Chair - Mr. Andrew Currie

Core Group – Mr. Jamie Kelly (Vice Chair), Prof. Bu Hayee, Dr. Dav Bansi, Dr. Frank O’Neill (Moderator)

## Referral

Dr. Dav Bansi  
Ms. Laura Grimes  
Ms. Jenny Abraham  
Mr. Chetan Parmer  
Mr. Jamie Kelly  
Dr. Helen Parreti  
Dr. Kevin Fernando  
Dr. Kamal Mahawar  
Dr. Emily McBride  
Dr. Vijayaraman Arutchelvam  
Mr. Ken Clare

## Procedure

Dr. Dav Bansi  
Prof. Anjan Dhar  
Ms. Laura Grimes  
Prof. Bu Hayee  
Dr. Charlotte Allan  
Mr. Jamie Kelly  
Mr. Ken Clare

## Follow-Up

Ms. Laura Grimes  
Ms Jenny Abraham  
Prof. Bu Hayee  
Dr. Charlotte Allan  
Mr. Jamie Kelly  
Dr. Helen Paretti  
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	<b>CO2 Insufflation:</b> Mandatory for ESG procedures.	
	<b>Suturing:</b> Apply 4-7 sutures (pattern flexible per endoscopist judgment). Avoid suturing the fundus due to high complication risk.	
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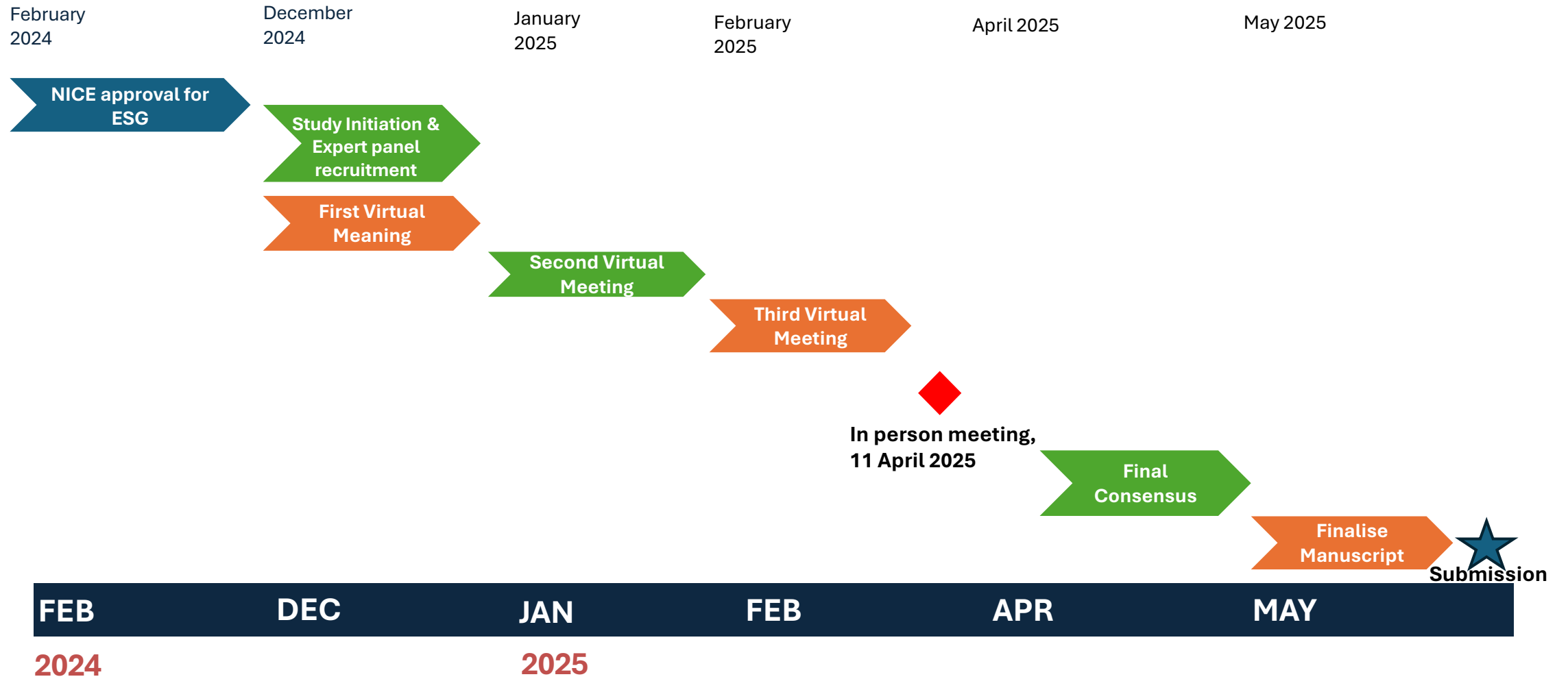
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# Timeline



# Consensus Outcomes



**37 Consensus Recommendations  
for ESG within the NHS**



**Strong Clinical Consensus: 96%  
Agreement on Key Recommendations**



**Ready for NHS Implementation:  
Adaptable Care Pathway Templates**