



Ambulatory outpatient management of endoscopic gastroplasty.

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Introduction

>98% of patients decline surgery (SOARD 2013)

Obesity remains an epidemic with limited treatment acceptance

Why Endoscopic Bariatric Therapies?

Bridge the gap between lifestyle/medical treatment and surgery

ESG goal: sustained 20 kg weight loss

Less invasive, more acceptable to patients

Positioned to reach the 98% who refuse surgery

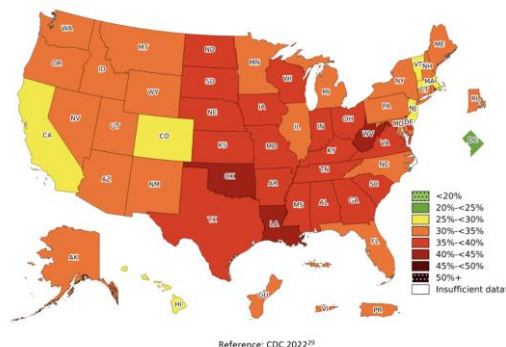
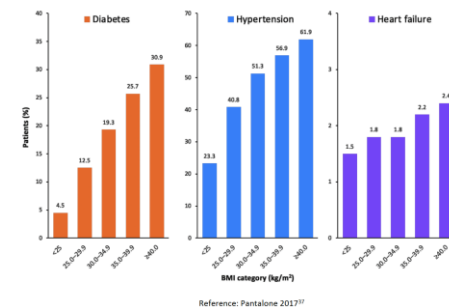


Figure 3. Risk of diabetes, hypertension, and heart failure, stratified by BMI



Epidemic



Objective



The present study aims to describe early results of a cohort of patients with early discharged after ESG.

Material and methods

A retrospectively designed study was conducted on **306** patients who underwent **ESG** for the management of obesity at the **Centro Medico del Noreste** from July 2020 to November 2024.

All patients underwent an initial endoscopic study to assess the presence of any contraindication for ESG, and subsequently the **OverStitch™** endoscopic suturing system was placed using the **U technique** with **total stitches** from the **gastric antrum** to **5 cm** before the greater curvature, using **3 to 5 sutures** per patient.

- A **descriptive analysis** was performed to evaluate :
 - **Surgical time** used by each patient
 - **In-hospital stay**
 - **Number of stitches** used per patient
 - **Postoperative symptoms.**



Results

Table 1. Description of surgical time and length of hospital stay

	N	minimum	maximum	mean	standard deviation
Height (m)	306	1.23	1.96	1.6671	0.10413
Weight (kg)	306	61.0	185.0	101.700	21.3544
BMI (kg/m2)	306	22.1	64.9	36.423	5.9045
Age (years)	306	15	67	36.89	8.986
Total surgery time (minutes)	306	17	311	36.83	20.012
Number of points of suture	306	20	40	30.00	4.106
Hospital stay time (hours)	293	4.00	10.00	4.5967	0.70415

- The number of stitches placed per patient was **30 stitches** (20-40).
- In relation to the transoperative complications, **6 patients** required **adrenaline injection** secondary to **bleeding** (1.9%), and there was **one patient** who presented **mucosal hematoma**.

- Among the preoperative findings in the initial endoscopy, the following endoscopic findings were found: **Esophagitis A** des Angeles in 2 patients (**0.6%**) and **gastric polyps** in 4 patients (**1.3%**).
- The total time of surgery was **36 minutes** (17-311), and the **average hospital stay** was **4.5 hours** (4-10 hours).

Table 2. Nutritional status of the population studied

	Total	%
Overweight	32	10.5
Obesity class 1	96	31.4
Obesity class 2	113	36.9
Obesity class 3	58	19.0
Superobesity	7	2.3
Total	306	100.0

Conclusions

- Endoscopic sleeve gastropasty was completed in an **average time of just 36.8 minutes**, demonstrating its **efficiency and speed compared to more invasive surgical techniques**.
- Most patients required **little to no hospitalization**, allowing for a **quick recovery and early return to daily activities**.
- The procedure showed **consistent results across the 306 cases**, with **low technical variability** and minimal need for additional interventions.
- A **low incidence of postoperative complications** was observed, highlighting the procedure's **favorable safety profile** compared to alternative weight-loss options.
- The majority of patients achieved **clinically meaningful weight loss** following the procedure, supporting its **effectiveness in managing obesity** in the short and medium term.

References

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