

Metabolic Bariatric Endoscopy Combination The Key to Tailor Made Therapy

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IFSO 2026 Toronto Canada

GLP-1 + Endoscopic Therapy: Anatomy Meets Biology

A multimodal strategy to increase the effectiveness and durability of ESG / MOVIVA

ESG / MOVIVA — anatomical lever

- ↓ functional gastric volume
- Earlier satiation
- Delayed gastric emptying / altered meal handling
- Creates a durable procedural platform

GLP-1 / GIP — biological lever

- ↓ hunger and food noise
- ↑ satiety
- Improved glycaemic control
- Targets metabolic drivers beyond anatomy

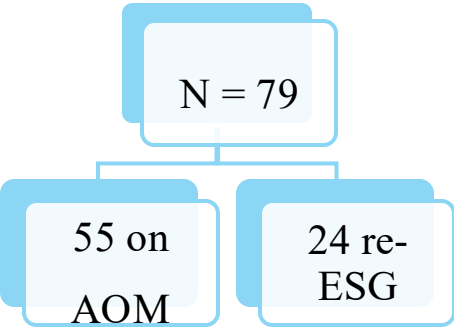
Combination — metabolic amplification

- Greater potential %TBWL
- Rescue of partial responders / plateaus
- Potential protection against weight recurrence
- Particularly relevant in severe obesity & metabolic disease

“Don’t choose between anatomy and pharmacology — leverage both.”

Efficacy of endoscopic resuturing versus pharmacotherapy to treat weight recidivism after endoscopic sleeve gastroplasty

Kaveh Hajifathalian ¹, Okeefe Simmons ², Mohamed Abu-Hammour ², Kamal Hassan ², Reem Z Sharaiha ²



		
Additional % TBWL	9.5% ± 7.2%	2.1% ± 8.6%
Final % TBWL	19.9% ± 10.4%	13.6% ± 9.2%

Conclusion:

R-ESG is an effective treatment to induce weight loss after experiencing weight recidivism.

These results highlight an important advantage of ESG as a repeatable minimally invasive procedure.



How GLP-1 Could Increase the ‘Efficiency’ of ESG / MOVIVA

Efficiency = more weight loss, better metabolic response and greater durability per intervention

Magnitude

↑ %TBWL and responder rates

Rescue

Convert partial responders / break plateaus

Metabolic

Improve glycaemia and cardiometabolic risk

Durability

Counter appetite return and weight recurrence

Personalisation

Escalate only when trajectory indicates need

Future hypothesis

Study lower-dose / finite-duration pharmacotherapy after endoscopic therapy

The future may not be a better procedure OR a better drug — but knowing how to combine them.

Sa1943 ESG PLUS LIRAGLUTIDE IS SUPERIOR TO ESG ALONE FOR WEIGHT LOSS IN OVERWEIGHT AND OBESE PATIENTS

[Dilhana Badurdeen](#)¹ · [Anna Carolina Hoff](#)² · [Abdellah Hedjoudje](#)³ · [Mohamad I. Itani](#)¹ · [Jad Farha](#)¹ · [Anthony N. Kalloo](#)¹ · [Mouen A. Khashab](#)¹ · [Manoel Galvao Neto](#)⁴ · [Sergio A. Barrichello](#)⁵ · [Vivek Kumbhari](#)¹ [Show less](#)

N = 66

30 (45.45%)

initiated
Liraglutide at 5
months

		
Pre-op BMI	35.73 ± 1.96 kg/m ²	35.87 ± 2.21 kg/m ²
% TWL at 3 months	9.52 ± 1.88	10.48 ± 1.74
% TWL at 5 months	12.86 ± 2.34	14.47 ± 1.49
% TWL at 9 months	18.37 ± 2.15	22.34 ± 1.91
% TWL at 12 months	20.17 ± 1.96	25.07 ± 2.19
% Body fat at 12 months	10.61 ± 1.86	7.83 ± 1.23

Conclusion:

Liraglutide, when used in combination with ESG, produces superior weight loss and decline in body fat percentage at 12 months.

Further RCTs are needed to determine the optimal timing and dose of Liraglutide in combination with ESG.



OPTIMIZING OBESITY TREATMENT: EFFICACY OF ENDOSCOPIC GASTRIC REMODELING (EGR) & ANTI-OBESITY MEDICATIONS (AOMs) COMBINATION THERAPY

BACKGROUND & STUDY AIMS



EGR and AOMs are effective, but optimal approaches for combination therapy are unknown.

PATIENTS & METHODS

Retrospective Review: Single-center, prospectively collected data.

Total Patients: 208



1) MONOTHERAPY:
EGR Alone



2) COMBINATION THERAPY:
AOM <6 months of EGR

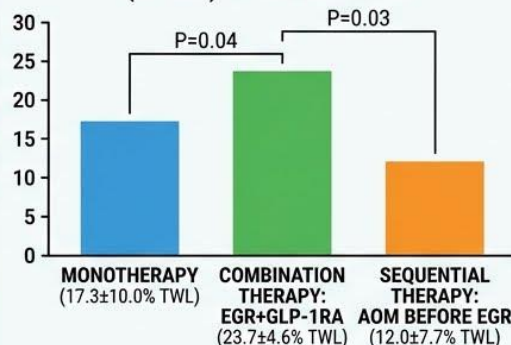


3) SEQUENTIAL THERAPY:
AOM >6 months of EGR

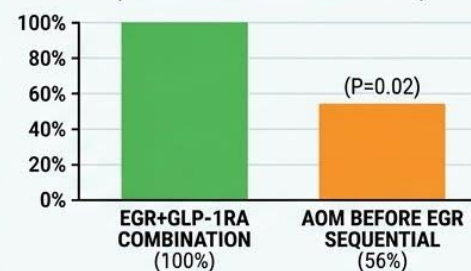


12-MONTH OUTCOMES: COMPARING STRATEGIES

PERCENT TOTAL WEIGHT LOSS (%TWL) AT 12 MONTHS



RESPONSE RATE (≥ 10%TWL at 12 MONTHS)



CONCLUSIONS



Greater Weight Loss with AOM+EGR Combination



GLP-1RA: Preferred Class of AOM



Optimal Initiation: Within 6 months of each therapy



Prolonged Medication before EGR associated with Suboptimal Weight Loss

GLP-1RA as Preferred Agent

VS

Prolonged AOM Use Before EGR (Lowest TWL)

ENDOSCOPIC SLEEVE GASTROPLASTY: ONE-YEAR OUTCOMES AND IMPACT OF ANTI-OBESITY MEDICATIONS



Patient Profile: Covers **78 baseline patients** (87.2% female, median BMI of 39.1 kg/m²) with high medication utilization (**62.8% using postoperative AOMs**).



The 6-Month Metric: Peak total weight loss (TWL) hit **12.7% overall**. Interestingly, patients *not* utilizing postoperative medications showed significantly higher early weight reduction (**19.6% vs. 12.5%**, $p < 0.0001$), representing a clinical selection bias where medications are predominantly introduced to patients with more resistant biology.



•The 1-Year Plateau & Regain: By the 1-year mark, overall median weight loss diminished to **11.3%**. Standing alone, non-AOM patients experienced **statistically significant weight regain** between 6 months and 1 year ($p = 0.048$), confirming that standalone structural restriction via ESG shows limited durability without medication support.

Outcomes of concomitant antiobesity medication use with endoscopic sleeve gastroplasty in clinical US settings

Khushboo Gala ¹, Wissam Ghusn ¹, Vitor Brunaldi ¹, Christopher McGowan ², Reem Z Sharaiha ³, Daniel Maselli ², Brandon Vanderwel ⁴, Prashant Kedia ⁵, Michael Ujiki ⁶, Eric Wilson ⁷, Eric J Vargas ¹, Andrew C Storm ¹, Barham K Abu Dayyeh ¹

- ✓ **GLP-1 Superiority:** GLP-1 receptor agonists provide a steady, durable downward path through 24 months (-16.7% TWL).
- ✓ **Non-GLP-1 Regression:** Other AOM classes hit a peak at 12 months (-17.1% TWL) before showing mild weight regain by month 24 (-14.2% TWL).
- ✓ **Strategic Interventions:** Initiating medications late (> 6 months post-procedure) successfully counteracts the standard biological weight plateau.
- ✓ **Statistical Divergence:** Drug class selection becomes highly significant for weight durability at the 2-year mark ($p = 0.007$).
- ✓ **Targeted Allocation:** Total responder rates remain statistically similar between cohorts (~70%), meaning adjunct drugs are best saved to rescue failing trajectories rather than used universally.



Comparison of the concomitant use of anti-obesity medications with endoscopic sleeve gastroplasty versus endoscopic sleeve gastroplasty alone: a systematic review and meta-analysis

Luiz Gustavo de Quadros^{1,2,3} · Manoel Galvão Neto⁴ · Caio Colturato Coimbra¹ · André Teixeira⁴ · Admar Concon Filho⁵ · Roberto Luiz Kaiser Junior^{1,2} · Martins Fideles dos Santos Neto⁶ · Carolina Colombelli Pacca⁷ · Eduardo Grecco³

Received: 13 February 2026 / Accepted: 21 May 2026 / Published online: 24 July 2026
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Surgical Endoscopy (2026) 40:6508–6527

Timeline of %TWL by Study and Intervention (ESG alone vs ESG+Medication)

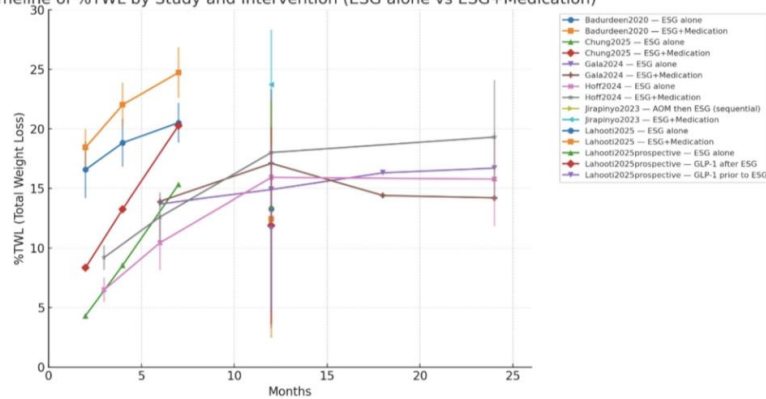
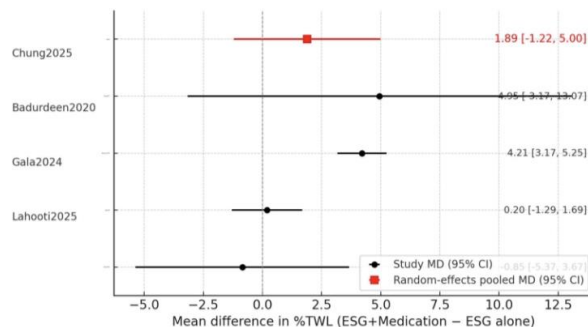


Fig. 2 Short- and long-term weight loss outcomes comparing ESG alone versus ESG combined with anti-obesity medication

Fig. 3 Pooled analysis of %TWL difference between ESG alone and ESG combined with medication



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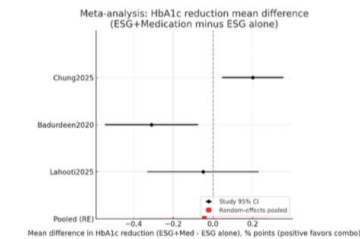


Fig. 4 Random-effects meta-analysis of mean HbA1c change: ESG alone versus ESG combined with anti-obesity medication

Timing May Be as Important as the Drug

Move from routine co-prescription to precision escalation

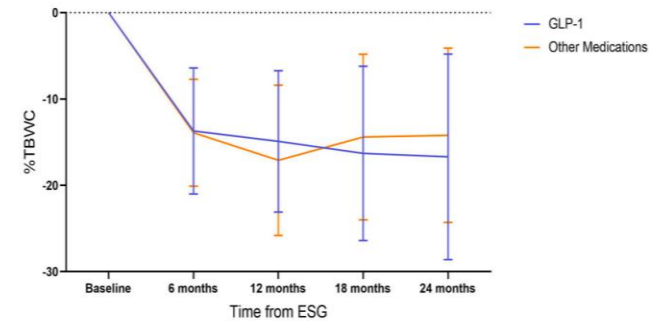


Right patient • Right procedure • Right drug • Right time

Outcomes of concomitant antiobesity medication use with endoscopic sleeve gastroplasty in clinical US settings

Khushboo Gala¹, Wissam Ghusn¹, Vitor Brunaldi¹, Christopher McGowan², Reem Z Sharaiha³, Daniel Maselli², Brandon Vanderwel⁴, Prashant Kedia⁵, Michael Ujiki⁶, Eric Wilson⁷, Eric J Vargas¹, Andrew C Storm¹, Barham K Abu Dayyeh¹

Long-Term Impact & Strategic Timing of Adjunct AOMs Post-ESG 24-Month Weight Loss Trajectories (%TWL)



GLP-1 Receptor Agonists

Provides a steady, durable downward path over 2 years without early stalling.

- 6 Months: **-13.7% TWL**
- 12 Months: **-14.9% TWL**
- 24 Months: **-16.7% TWL** (*Trend toward maximum long-term benefit*)

Other Anti-Obesity Medications (AOMs)

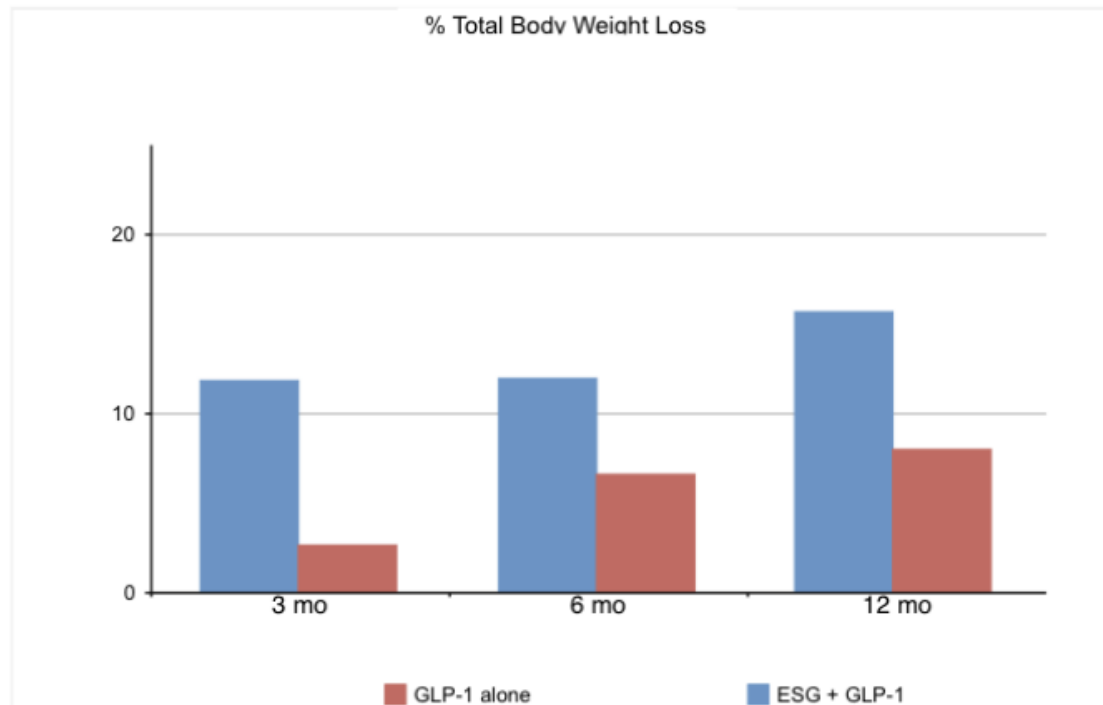
Exhibits an early, rapid acceleration window followed by subsequent mild regression.

- 6 Months: **-13.9% TWL**
- 12 Months: **-17.1% TWL** (*Peak efficacy window*)
- 24 Months: **-14.2% TWL** (*Evidence of minor weight regain*)

Statistical Significance: *The overall difference in trajectory durability between therapeutic classes at 24 months remains highly significant ($p = 0.007$).*

Emerging Evidence: Combination Can Outperform GLP-1 Alone

2025 US multicentre retrospective study: ESG + GLP-1RA initiated within 6 months vs GLP-1RA monotherapy



Class III obesity at 12 months

22.3% TBWL — combination

14.3% TBWL — GLP-1 alone

$p = 0.02$

Metabolic signal

Post-treatment HbA1c: 5.57 vs 6.64

No long-term complications reported in combo group

Small cohort → prospective validation needed

Filling the Therapeutic Gap

A continuum rather than a competition between drugs, endoscopy and surgery



The patient in the middle

Does not want surgery — but needs more than a single modality

Combination therapy offers a rational escalation pathway

Durability matters

ESG monotherapy: 11.8% TBWL at 5 years in a 404-patient prospective cohort

Combination strategies aim to increase magnitude without abandoning minimally invasive care