IFSO

XXIX IFSO World Congress

1-4 September 2026 | Toronto, Canada

ENDOSCOPIC TRAINING AS AN INTEGRAL PART OF MBS EDUCATION

PD Dr. med. habil. Sonja Chiappetta
Head of the Department of General Surgery
Ospedale Evangelico Betania, Naples, Italy
Center of Excellence Bariatric and Metabolic Surgery

TORONTO 2026

The Future of Obesity Management:
From Weight Loss to Health Gain

ifso2026.org

Disclosure Slide

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Toronto, Canada

I have the following potential conflict of interest to report

Receipt of consultation fees:

- Johnson & Johnson America (2021,2024)
- Novo Nordisc (2021)
- Innovamedica (2025-2026)
- Genesis Medtech (USA) (2023)
- Boston Scientific (2024-2026)
- Ab Medica (2025)

- Principal Investigator: MagDI Italy and MagCR Study, GT Metabolics™;
- Course Director: Become a Metabolic Bariatric Surgeon, Naples, Italy
- President elect Young IFSO 2026-2028

Multimodal Obesity Treatment 2025

IFSO
XXIX IFSO World Congress

Received: 7 February 2025 | Revised: 7 March 2025 | Accepted: 9 March 2025
DOI: 10.1111/dom.16352

ORIGINAL ARTICLE

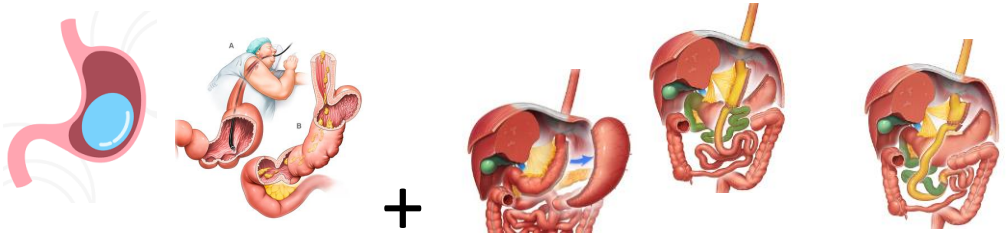
WILEY

Meta-analysis of randomized controlled trials for the development of the International Federation for Surgery of Obesity and Metabolic Disorders-European Chapter (IFSO-EC) guidelines on multimodal strategies for the surgical treatment of obesity

Maurizio De Luca MD[1] | Amanda Belluzzi MD[1] | Luigi Angrisani MD[2] | Giulia Bandini MD[3] | Barbara Becattini MD[4] | Marco Bueter MD[5] | Francesco Maria Carrano MD[6] | Sonja Chiappetta MD[7] | Ricardo V. Cohen MD[8] | Catalin Copaescu MD[9] | Nicola Di Lorenzo MD[10] | Marloes Emous MD[11] | Daniel Moritz Felsenreich MD[12] | Martin Fried MD[13] | Jacques Himpens MD[14] | Antonio Iannelli MD[15] | Giuseppe Navarra MD[16] | Simon Nienhuijs MD[17] | Stefano Olmi[18] | Chetan Parmar[19] | Gerhard Prager[12] | Juan Pujol-Rafols MD[20] | Benedetta Ragghianti MD[3] | Rui Ribeiro MD[21] | Elena Ruiz-Úcar MD[22] | Nasser Sakran MD[23,24] | Paulina Salminen MD[25] | Daniele Scoccimarro MD[3] | Erik Stenberg MD[26] | Christine Stier MD[27] | Halit Eren Taskin MD[28] | Ramón Vilallonga Puy MD[29] | Matteo Monami MD[3] | on behalf of the Panel for the IFSO-EC on the Surgical Treatment of Obesity Using Multimodal Strategies

Results: A total of 25 RCTs were retrieved. The addition of either OMM (i.e., liraglutide) or EP (i.e., intragastric balloon—IB, endosleeve-ES) to MBS was associated with a significantly lower BMI at the end-point ($p = 0.040$). The addition of liraglutide only to MBS was associated with a greater %EWL%, but not %TWL and TBWL ($p = 0.008$). Three trials evaluated end-point HbA1c, showing a significant reduction in favour of liraglutide as an add-on therapy to MBS ($p = 0.007$). There was no mortality.

Conclusions: MBS combined with non-surgical approaches appears more effective than MBS alone in reducing BMI. Further RCTs on combined therapies to MBS for severe obesity are needed to enhance the tailoring of treatment for severe obesity.



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more Effective

TORONTO2026 The Future of Obesity Management: From Weight Loss to Health Gain

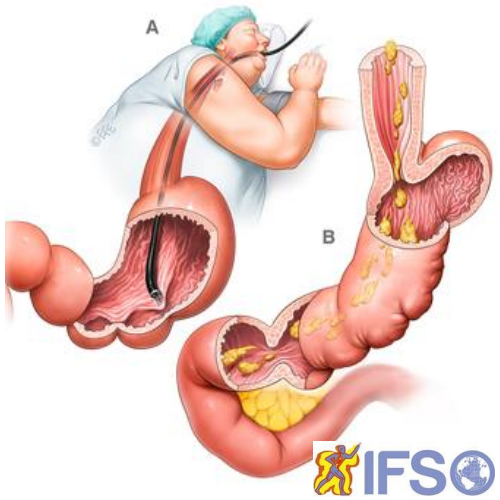
Obesity Surgery
https://doi.org/10.1007/s11695-024-07510-z

2024

RESEARCH

IFSO Bariatric Endoscopy Committee Evidence-Based Review and Position Statement on Endoscopic Sleeve Gastroplasty for Obesity Management

Barham K. Abu Dayyeh[1,10] · Christine Stier[2] · Aayed Alqahtani[3] · Reem Sharaiha[4] · Mohit Bandhari[5] · Silvana Perretta[6] · Sigh Pichamol Jirapinyo[7] · Gerhard Prager[8] · Ricardo V. Cohen[9]



Journal of Visceral Surgery 162 (2025) 71–78
ELSEVIER
Available online at ScienceDirect www.sciencedirect.com
Elsevier Masson France EM|consulte www.em-consulte.com/en
Journal Surgery

RECOMMENDATIONS

Position statement and guidelines about Endoscopic Sleeve Gastroplasty (ESG) also known as ''Endo-sleeve''☆

2025

Clément Baratte[a], Hugues Sebbag[b], Laurent Arnalsteen[c], Thomas Auguste[d], Marie-Cécile Blanchet[e], Salomon Benchetrit[f], Adel Abou-Mrad[g], Fabian Reche[h], Laurent Genser[i], Robert Caiazzo[j], Andrea Lazzati[k], Jean-Marc Catheline[l], Guillaume Pourcher[m,n], Pierre Leyre[o], Sandrine Kamoun-Zana[p], Fabien Stenard[q], Thibaut Coste[r], Adrien Sterkers[s], Claire Blanchard[t], Tigran Poghosyan[a], François Pattou[u,*], Silvana Perretta[v], Maud Robert[w,x]

Linea Guida della Società Italiana di Chirurgia dell'Obesità e delle Malattie Metaboliche (SICOB)
Il trattamento endoscopico bariatrico dell'obesità e delle complicanze associate

S.I.C.OB. LINEE GUIDA

Linea Guida della Società Italiana di Chirurgia dell'Obesità e delle Malattie Metaboliche

L'Endoscopia Bariatrica nel trattamento dell'obesità e delle complicanze associate

Linea guida pubblicata nel Sistema Nazionale Linee Guida

Roma, 25 ottobre 2024

2024

FDA U.S. FOOD & DRUG ADMINISTRATION

July 12, 2022

Apollo Endosurgery, Inc.
% Jonathan Kahan
Partner
Hogan Lovells US LLP
555 13th Street NW
Washington, DC 20009

Re: DEN210045
Trade/Device Name: APOLLO ESG System, APOLLO ESG SX System, APOLLO REVISE System, APOLLO REVISE SX System
Regulation Number: 21 CFR 876.5983
Regulation Name: Endoscopic suturing device for altering gastric anatomy for weight loss
Regulatory Class: Class II
Product Code: QTD
Dated: September 30, 2021
Received: September 30, 2021

Dear Jonathan Kahan:

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its review of your De Novo request for classification of the APOLLO ESG System, APOLLO ESG SX System, APOLLO REVISE System, APOLLO REVISE SX System, a prescription device under 21 CFR Part 801.109 with the following indications for use:

The APOLLO ESG and ESG SX Systems are intended to be used by trained gastroenterologists or surgeons that perform bariatric procedures to facilitate weight loss by reducing stomach volume through endoscopic sleeve gastroplasty in adult patients with obesity with BMI 30 -50 kg/m² who have not been able to lose weight, or maintain weight loss, through more conservative measures.

ASMBS American Society for Metabolic and Bariatric Surgery

2026

Endoscopic Sleeve Gastroplasty (ESG) Gains CPT Code Effective January 1, 2026

Guideline

Thieme

American Society for Gastrointestinal Endoscopy–European Society of Gastrointestinal Endoscopy guideline on primary endoscopic bariatric and metabolic therapies for adults with obesity

ESG is a **safe** intervention that resulted in **significant weight loss**, maintained at 104 weeks, with important improvements in metabolic comorbidities.

ESG should be considered as a synergistic weight loss intervention for patients with class 1 or class 2 obesity.

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Endoscopic bariatric therapy is a rapidly evolving subspecialty

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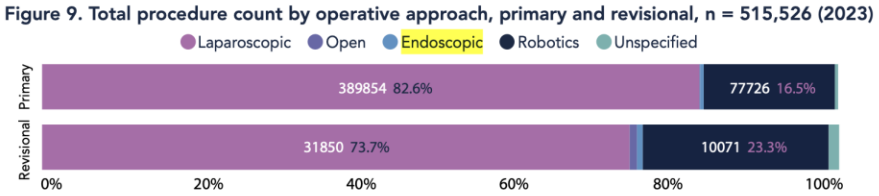
Toronto, Canada

- Standardization
- Structured training
- Multidisciplinary collaboration

Credentialing
Mentorship
Networking

2025 > 25.000 ESG procedures



→ Need for quality assurance and professional sustainability

To avoid the risk of:

- Inconsistent training
- Variable outcomes
- Unregulated practice

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Credentialing

Standardization

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Multidisciplinary collaboration

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Toronto, Canada

Updates in Surgery (2024) 76:2833–2839
https://doi.org/10.1007/s13304-024-01917-0

ORIGINAL ARTICLE

How does sutures pattern influence stomach motility after endoscopic sleeve gastroplasty? A computational study

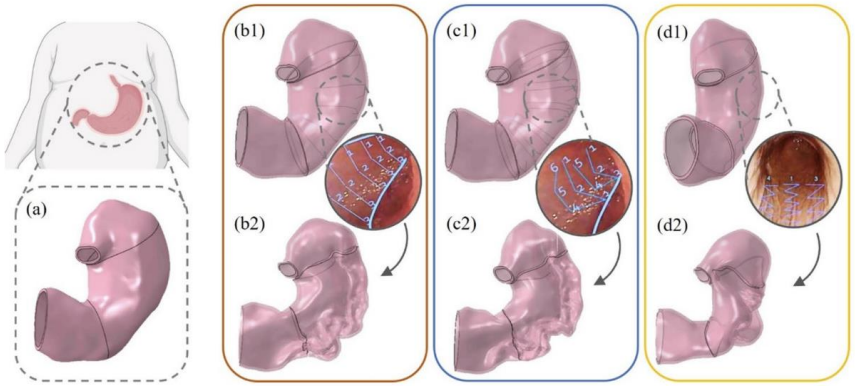
Alice Berardo[1,2] · Lino Polese[2,3] · Emanuele Luigi Carniel[2,4] · Ilaria Toniolo[2,4]

Received: 11 April 2024 / Accepted: 18 June 2024 / Published online: 1 July 2024

Table 1 Volumetric capacity and percentage of reduction respect to pre-surgical configuration, at baseline and at 15 mmHg of intragastric pressure

	Presurgical stomach	"C-shaped" suture	"U-shaped" suture	"Z-shaped" suture
Baseline	592 ml	158 ml (−73%)	121 ml (−80%)	295 ml (−50%)
15 mmHg intragastric pressure	3412 ml	1460 ml (−57%)	1266 ml (−63%)	2503 ml (−27%)

Fig. 1 Different types of endoscopic suture patterns used in ESG-Apollo. From a pre-surgical 3D virtual stomach model (**a**), three different suture patterns have been realized, namely (**b**) (TMp, with a "C-shaped" suture path), (**c**) (TBp, "U-shaped" path) and (**d**) (Lp, "Z-shaped" path) (endoscopic images were taken from an open access work [16])



Original article

Thieme

Suture pattern does not influence outcomes of endoscopic sleeve gastroplasty in obese patients

OPEN ACCESS

Authors
E. Espinet-Coll[1,2], J. Nebreda-Durán[2], M. Galvao-Neto[3], C. Bautista-Altamirano[4], P. Diaz-Galán[1], J. A. Gómez-Valero[1], C. Vila-Lolo[1], M. A. Guirola-Puche[2], A. Fernández-Huélamo[2], D. Bargalló-Carulla[2], A. Juan-Creix Comamala[1]

Conclusions ESG is an effective procedure at 12-month follow-up for weight loss and comorbidity resolution. All three analyzed patterns are safe and effective without differences in %TBWL, but there was a slight increase in %EWL in Lp, regardless of the number of sutures or stitches applied.

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Credentialing

Standardization

Structured training

Multidisciplinary collaboration

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Obesity Surgery (2025) 35:2498–2505
https://doi.org/10.1007/s11695-025-07915-4

RESEARCH

Young-IFSO Endoscopy Training and Education Survey

Daniel Moritz Felsenreich[1] · Anna Carolina Batista Dantas[2] · Shahab Shahabi[3] · Tamer N. Abdelbaki[4] · Roxanna Zakeri[5] · Mostafa E. Nagy[6] · Daniel Gero[7] · Elena Ruiz-Úcar[8] · Zhi-Yong Dong[9] · Wah Yang[9] · Megan Jenkins[10] · Sonja Chiappetta[11] · on behalf of Young-IFSO Collaborative Group

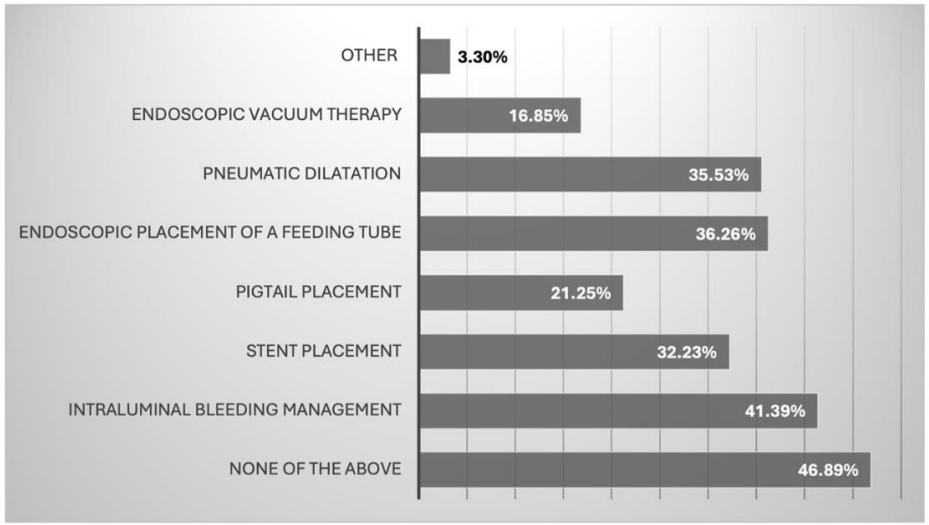
Received: 12 April 2025 / Revised: 29 April 2025 / Accepted: 5 May 2025 / Published online: 3 June 2025

Table 1 Demographic characteristics

	N = 273
Sex, *n* (%)	
Male	210 (76.9)
Female	63 (23.1)
Median age, years (IQR)	36 (IQR 32.5–40)
Current position, *n* (%)	
Student	3 (1.1)
Trainee/resident	41 (15.0)
Consultant surgeon	189 (69.2)
Consultant endoscopist	13 (4.8)
Other	27 (9.9)
Specialty, *n* (%)	
Metabolic and bariatric surgeon	224 (82.1)
Endoscopist	13 (4.8)
Other	36 (13.2)
Type of hospital, *n* (%)	
Private	65 (23.8)
Public	62 (22.7)
University	91 (33.3)
Combined private and public	47 (17.2)
Military	1 (0.4)
Other	7 (2.6)

IQR, interquartile range

Endoscopic Management of Postoperative Complications



Endoscopic Bariatric Therapies

EBT availabitlity: 52.2% - only 23.9% indepedently performed
IGB availability: 60.7%, only 34.6% indepedently performed
ESG availability: 26.4%, only 12.5 % indepedently performed
TORe availability: 19.2%, only 8.1 % indepedently performed

Credentialing

Obesity Surgery
https://doi.org/10.1007/s11695-025-07915-4

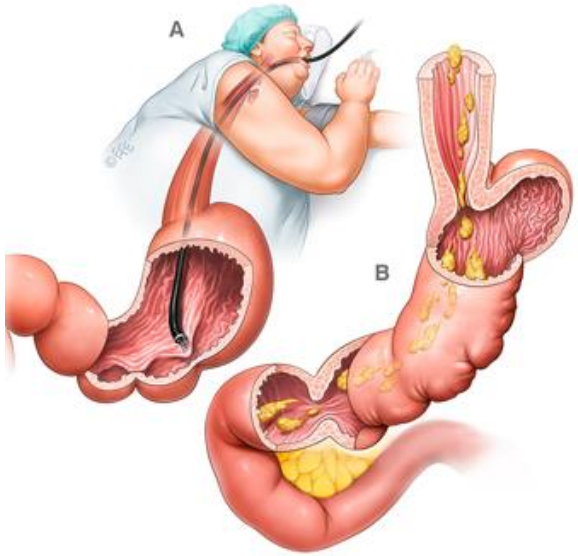
RESEARCH

Young-IFSO Endoscopy Training and Education Survey

Daniel Moritz Felsenreich[1] · Anna Carolina Batista Dantas[2] · Shahab Shahabi[3] · Tamer N. Abdelbaki[4] · Roxanna Zakeri[5] · Mostafa E. Nagy[6] · Daniel Gero[7] · Elena Ruiz-Úcar[8] · Zhi-Yong Dong[9] · Wah Yang[9] · Megan Jenkins[10] · Sonja Chiappetta[11] · on behalf of Young-IFSO Collaborative Group

Received: 12 April 2025 / Revised: 29 April 2025 / Accepted: 5 May 2025

273 respondents from 49 countries



Standardization

Structured training

Multidisciplinary collaboration

Endoscopic Bariatric Therapies

Half of our respondents (49.8%) reported that EBTs are routinely performed at their institutions. While 52.2% recommend EBTs as treatment option, only 23.9% perform it by themselves. Intragastric balloon (IGB) placement was the most commonly available procedure (60.7%) although only 34.6% of respondents perform it. Endoscopic sleeve gastroplasty (ESG) was available in 26.4% of institutions and performed independently by 12.5% of our surgeons. Transoral outlet reduction (TORe) following Roux-en-Y gastric bypass (RYGB) was the least available EBTs (19.2%) and performed by just 8.1% of respondents.

Availability: 26.4%
Independently performed by 12.5%

Credentialing

THE UP TO DATE TREATMENT OF OBESITY

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Patient with obesity – a chronic relapsing disease

Age, Comorbidities, Lifestyle, Social Background
BMI, WHR, EOSS

Bariatric Surgeon
Bariatric Endoscopist
Obesity Medicine Specialist

+

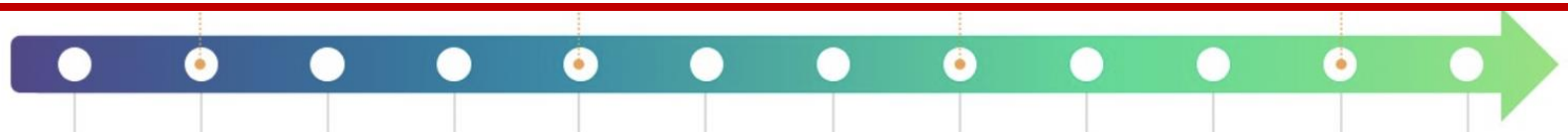
Multidisciplinary Assessment –
nutritionist/dietitian, psychiatrist/psychologist, exercise/physio support

Multimodal Obesity Management

Obesity **M**anagement **M**edication

Endoscopic **B**ariatric **T**herapy

Metabolic **B**ariatric **S**urgery



Credentialing

Journal of Visceral Surgery 162 (2025) 71–78

Available online at ScienceDirect www.sciencedirect.com

Elsevier Masson France EM|consulte www.em-consulte.com/en

RECOMMENDATIONS

Position statement and guidelines about Endoscopic Sleeve Gastroplasty (ESG) also known as ''Endo-sleeve''☆

Clément Baratte[a], Hugues Sebbag[b], Laurent Arnalsteen[c], Thomas Auguste[d], Marie-Cécile Blanchet[e], Salomon Benchetrit[f], Adel Abou-Mrad[g], Fabian Reche[h], Laurent Genser[i], Robert Caiazzo[j], Andrea Lazzati[k], Jean-Marc Catheline[l], Guillaume Pourcher[m,n], Pierre Leyre[o], Sandrine Kamoun-Zana[p], Fabien Stenard[q], Thibaut Coste[r], Adrien Sterkers[s], Claire Blanchard[t], Tigran Poghosyan[a], François Pattou[u,*], Silvana Perretta[v], Maud Robert[w,x]

ESG must be performed by a practitioner trained in endoscopy and obesity management, capable of ensuring thorough preoperative care and comprehensive postoperative follow-up, supported by an experienced multidisciplinary team.

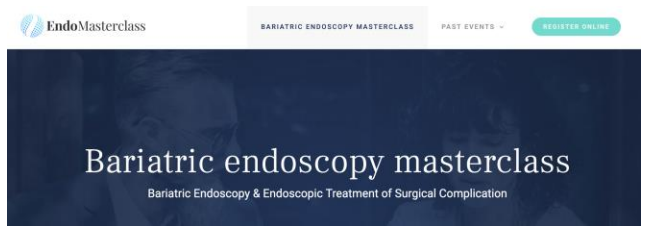
What are the indications and management methods?. — Multidisciplinary care for patients undergoing ESG should be provided in an accredited center authorized to perform bariatric and metabolic surgery, with validation through a multidisciplinary consultation meeting (RCP). Perioperative management should be personalized and ideally modeled after the protocols already in place for bariatric and metabolic surgery to ensure satisfactory and lasting weight and metabolic outcomes. Adherence to follow-up visits is a significant predictor of successful weight loss outcomes after ESG. Additionally, all endoscopic surgical procedures should be documented in a registry affiliated with a recognized scientific society, as is standard for other bariatric surgical procedures.

Credentialing

- **Credentialing ensures that practitioners are:**
  - *Adequately trained*
  - *Objectively assessed*
  - *Continuously monitored*

- Core specialty qualification (GI or Surgery)
- Formal bariatric endoscopy training
- Hands-on workshops and simulation
- Supervised cases (proctorship)
- Objective competency assessment
- Ongoing CME and outcomes tracking

- **Primary goals:**
  - *Patient **safety***
  - *Procedural **efficacy***
  - ***Standardization** across centers*



Masterclass Bariatric Endoscopy
Surgical and Interventional Endoscopy (SE)

Mentorship

Mentorship bridges the gap between:

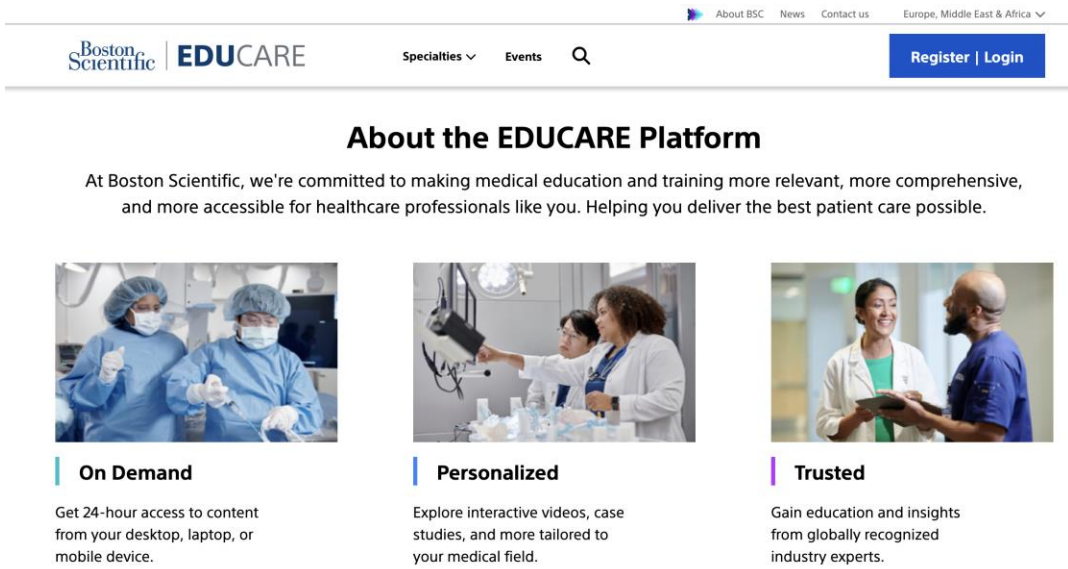
Training → Independent practice

Core components:

- Procedural guidance
- Patient selection
- Complication management
- Long-term follow-up strategies
- Career and academic development

Effective Mentorship Models

- Longitudinal mentor–mentee relationships
- Proctored cases in early practice
- Visiting fellowships
- Telementoring and case discussions
- Mentorship as a culture of safety and humility



Networking: A Strategic Necessity

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YOUNG IFSO

Karger OPEN ACCESS

Networking enables:

- Knowledge sharing
- Multicenter research
- Registry development
- Rapid but safe innovation
- Integration with obesity medicine teams

Obesity Facts

Obes Facts , DOI: 10.1159/000549872
Received: November 21, 2025
Accepted: November 28, 2025
Published online: December 4, 2025

Letter to the Editor: Become a Bariatric and Metabolic Surgeon: The Young IFSO Training Program

Chiappetta S, Pascotto B, Vladimirov M, Coste T, Felsenreich DM

Bariatric Metabolic Endoscopy Committee

Chair

Christine Stier

IFSO European Chapter

Members

Jörg Zehetner • Roman Turro • Davinder Bansi • Jamie Kelly • Rosario Bellini • Vincenzo Bove

TORONTO2026 The Future of Obesity Management: From Weight Loss to Health Gain

Where Networking Happens

- International congresses and live courses
- Society working groups
- Multidisciplinary obesity programs
- Digital professional platforms
- Early-career engagement and global access

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Where Networking Happens

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Toronto, Canada

Young IFSO | Endorsed by IFSO | Boston Scientific | EDUCARE

SAVE THE DATE:

EMERGE: BSC x Young IFSO Endobariatric Programme

COURSE DIRECTORS

Dr C. Stier
Chair of the Bariatric Endoscopy Division, Specialist in surgery and general medicine, Nutritional physician, University Clinic Mannheim, Germany

Dr S. Chiappetta
Young IFSO President Elect, Head Department of General and Laparoscopic Surgery, Ospedale Evangelico Betania, Naples, Italy

Dr R. Bellini
Director of Bariatric Surgery Unit, Department of Endocrine, Metabolic and Transplant Surgery, University Hospital "New S. Chiara", Pisa, Italy

SCIENTIFIC DIRECTORS

Dr R. Zakeri
Young IFSO-EC Representative, Surgeon, University Hospitals Sussex, Associate Professor, University College London, UK

Dr M. Felsenreich
Young IFSO President, Surgeon and Associate Professor Medical University of Vienna, Austria

LEARNING JOURNEY

1. **EDUCARE eLearning**
   The module includes necessary information about patient selection, contraindications, techniques, and suture patterns, as well as adverse events.
2. **Endobariatric Course**
   Peer to peer led training including lectures, Dry/Wet Labs
3. **Post-course learning opportunities**
   Proctorship, Preceptorship, Remote case support, BSC Representative Led Hands-On Options

Dates and times

1-3 July 2026
Day 1 - 08:45 – 16:45
Day 2 - 08:45 – 16:45
Day 3 - 08:45 – 13:00

Boston Scientific Iberica IAS
Calle Ribera del Loira 46
28042 Madrid, Spain

Mandatory: The eLearning module is the lecture portion of the course and must be completed in advance. It contains vital information that will not be repeated during the hands-on session, allowing us to focus fully on case presentations, panel discussions and practical training.

CRITERIA FOR ENROLMENT – 12 Available Slots

- Young IFSO Member (Age < 45 yrs, IFSO member)
- Practice within EMEA (Europe, Middle East, Africa) and has valid travel permit to travel to Madrid, Spain
- Flexible upper GI endoscopy skills (proof of >200 procedures)
- Committed to multi-step learning path incl. eLearning, Proctoring and Preceptorship
- Demonstrates active bariatric patient flow
- Letter of support by institution (Head of department and/or Educational Supervisor)
- Willing and able to dedicate 4-5 hours to complete a mandatory eLearning module prior to the in–person course

TORONTO2026 The Future of Obesity Management: From Weight Loss to Health Gain

SAVE THE DATE:

EMERGE: BSC x Young IFSO Endobariatric Programme

AGENDA

Day 1, July 1st
8:45–16:45

OverStich NXT / GI Complication Management

- Course Introduction
- Overstitch™ NXT - Dry Lab
- Troubleshooting - Dry Lab
- Ex-Vivo Lab
- GI Complication Management
- Panel Discussion

Day 2, July 2nd
8:45–16:45

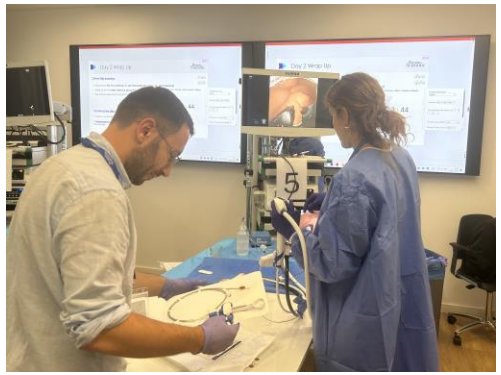
ESG / Revision / TORe Focus

- Case Study Examples / Panel Discussion
- ESG / Revision / TORe Ex-vivo Lab

Day 3, July 3rd
8:45–13:00

ESG Focus

- Patient Pathway & Post-Procedural Care
- Full ESG Ex-vivo Lab



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Key Take-Home Messages

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- Bariatric endoscopy requires **structured professional pathways**
- **Credentialing, mentorship, and networking** are not optional
- Harmonization and collaboration are essential

- Investing in these pillars protects:
  - Patients
  - Practitioners
  - The future of the field

"The success of bariatric endoscopy will not depend only on technology, but on how well we train, mentor, and connect the professionals who use it."

Thank you for your attention!

YOUNG IFSO

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Global Survey on Social Media Use Among Metabolic and Bariatric Surgeons
An IFSO-Endorsed Initiative

Young IFSO Robotic Education Survey

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Sonja Chiappetta

TORONTO2026 The Future of Obesity Management: From Weight Loss to Health Gain

XXX IFSO WORLD CONGRESS

"Advancing Multimodal Obesity Care"

24-27 August 2027

ifso2027.org

IFSO PARIS 2027

See you in

PARIS