The Bariatric Endoscopist in a Weight-Loss Program: Easier Than Ever—or More Challenging Than Before?

IFSO

XXIX IFSO World Congress

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Professor of Minimally Invasive Surgery

President of Saudi Arabian Society for Metabolic and Bariatric Surgery (SASMBS)

Former Director of International Bariatric Club (IBC) Middle East & Africa

Former President, International Pediatric Endoscopy Group (IPEG)

Former President, Pan Arab Society for Metabolic & Bariatric Surgery (PASMBS)

TORONTO2026

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

Medical Center newYou®

Disclosure Slide

- Boston Scientific speaker and consultant
- Eli Lilly Scientific speaker and consultant

Portfolio of Endoscopist

BMJ Journals
Review

The role of bariatric metabolic endoscopy in 2026 and beyond

Benjamin Norton [1,2] Sonika Ranganath,[3] Mohit Bhandari,[3] Rehan Haidry[1]

A defined role across the continuum of metabolic and bariatric care

01 Primary Endobariatric Therapy

ESG • intragastric balloons • gastric mucosal ablation

02 Recurrent Weight Gain After MBS

Revisional endoscopy • R-ESG • outlet/pouch revision

03 Complication Management

Leaks • stenosis • marginal ulceration • fistula • bleeding

04 Diagnosis & Surveillance

Pre-op assessment • GERD/Barrett's surveillance • post-op evaluation

More Challenging Than Before: Five New Problems

Key challenges facing the metabolic bariatric endoscopist

1 Alternatives

GLP-1 therapy reshaped the funnel, expectations and comparator.

2 OWNERSHIP

Surgeon or gastroenterologist? Credentialing and referral politics.

3 SELECTION

Class I obesity, adolescents and recurrent weight gain.

4 ALTERED ANATOMY

Revisional endoscopy after sleeve or bypass is a different discipline.

5 ECONOMICS

Throughput, suite utilization and device cost versus OR time.

The Future of Metabolic Bariatric Endoscopy: 5 things that changed

What is driving the field forward?

01 EVIDENCE

Randomized + long-term data established ESG.

02 TECHNOLOGY

Smarter suturing platforms → shorter procedures.

03 STANDARDIZATION

Consensus standards define technique and indications.

04 PATHWAYS

Training, proctorship and credentialing are now structured.

05 DEMAND

Patients increasingly seek non-surgical options.

CellPress
OPEN ACCESS

Cell
Leading Edge

Review

Brain control of energy homeostasis: Implications for anti-obesity pharmacotherapy

Valdemar Brimnes Ingemann Johansen,[1] Jonas Petersen,[1,2] Jens Lund,[1] Cecilie Vad Mathiesen,[1] Henning Fenselau,[3,4,5] and Christoffer Clemmensen[1,*]

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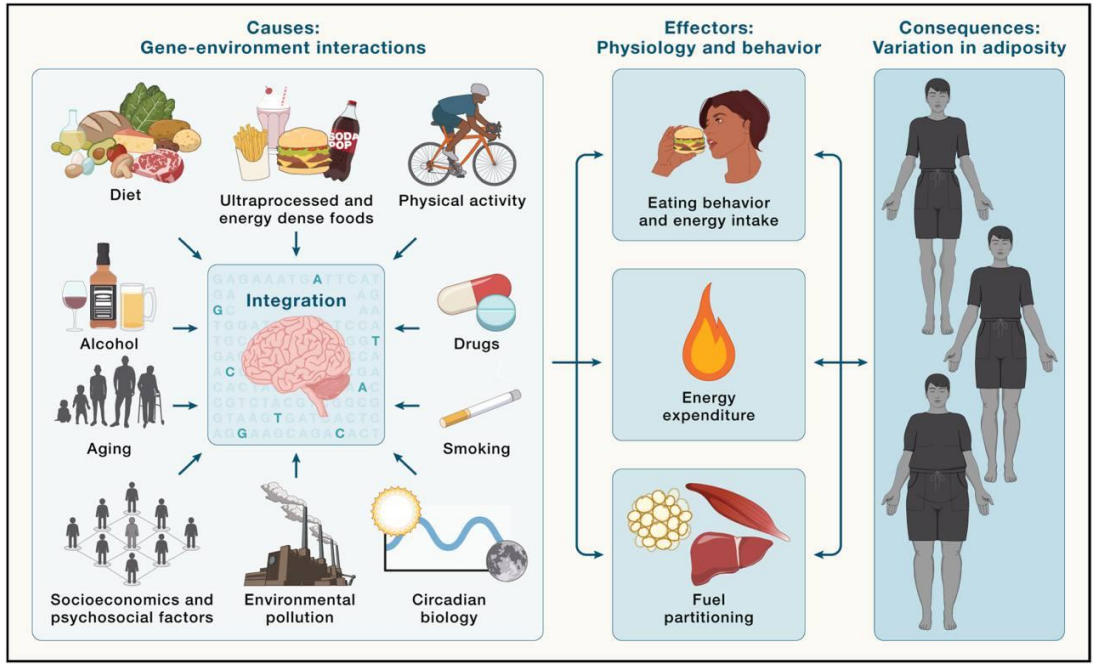
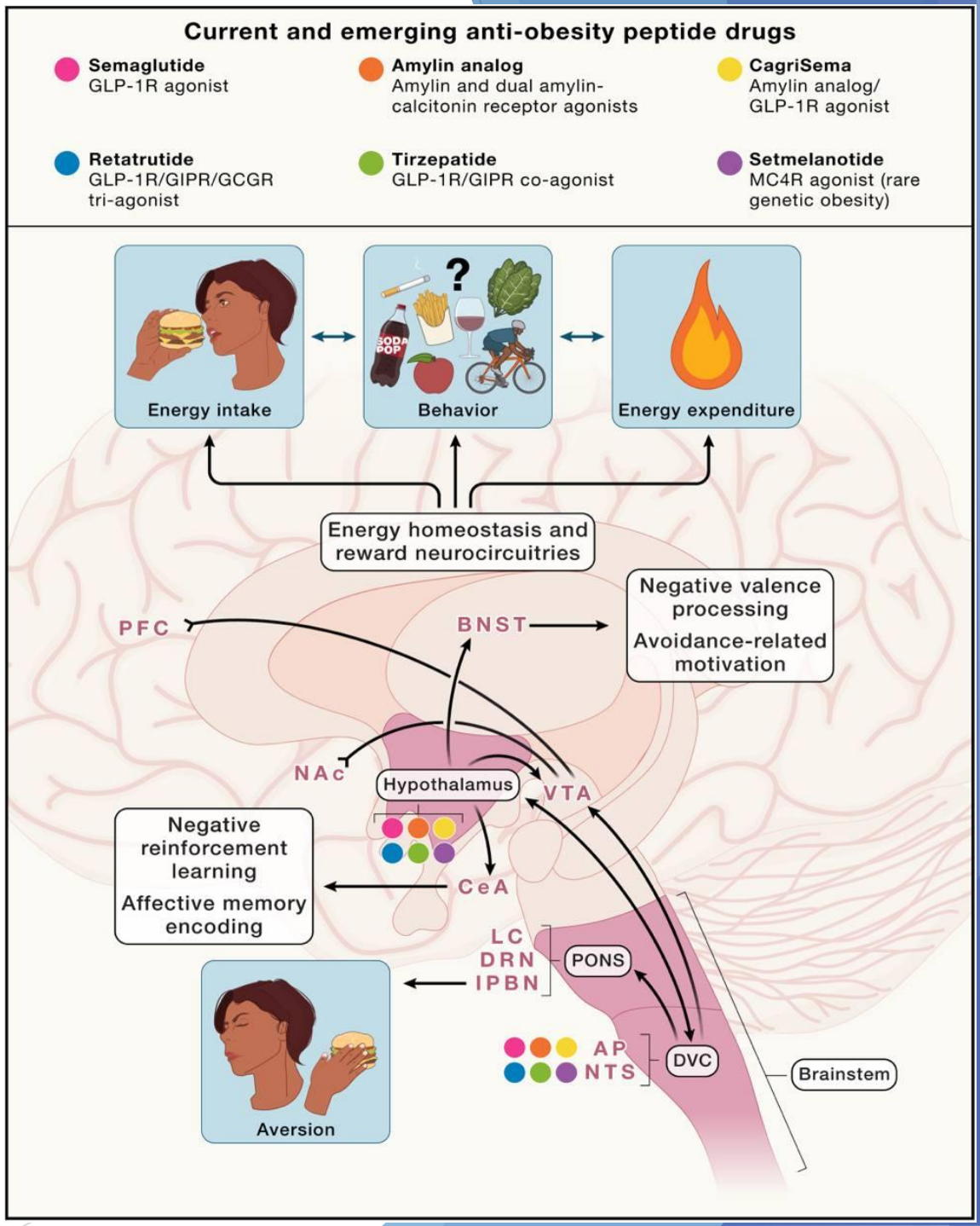




Facts

Physiology of the weight-loss plateau in response to diet restriction, GLP-1 receptor agonism, and bariatric surgery

Obesity A Research Journal — THE OBESITY SOCIETY

Avg time to wt loss plateau occurred within 12 months with diet vs 24 months in studies with AOM

Obesity is chronic & relapsing disease — monotherapy often plateaus by12 months.

ESG induces durable restriction & motility changes.

AOMs *add appetite suppression & metabolic effects*.

Our experience in cohort 2,366

- **ESG induced % TBWL 16.6 ± 9.9% At 5 years**

ORIGINAL ARTICLE

Short-term outcomes of endoscopic sleeve gastroplasty in consecutive patients

GIE Gastrointestinal Endoscopy

Aayed Alqahtani, MD, FRCSC, FACS, Abdullah Al-Darwish, MD, Ahmed Elsayed Mahmoud, MD, Yara A. Alqahtani, MD, Mohamed Elahmedi, MBBS

Riyadh, Saudi Arabia

ORIGINAL ARTICLE

Endoscopic gastroplasty versus laparoscopic sleeve gastrectomy: a noninferiority propensity score–matched comparative study

Aayed R. Alqahtani, MD, FRCSC, FACS,[1] Mohamed Elahmedi, MD,[1] Abdullah Aldarwish, MD,[1] Hanan Y. Aburabi, MBBS,[1] Sultan Alqahtani, MD[2]

Riyadh, Jeddah, Saudi Arabia

Five-year outcomes of endoscopic sleeve gastroplasty for the treatment of obesity

Reem Z. Sharaiha, Kaveh Hajifathalian, Rekha Kumar, Katherine Saunders, Amit Mehta, Bryan Ang, Daniel Skaf, Shawn Shah, Andrea Herr, Leon Igel, Qais Dawod, Enad Dawod, Kartik Sampath, David Carr-Locke, Robert Brown, David Cohen, Andrew J. Dannenberg, Srihari Mahadev, Alpana Shukla, Louis J. Aronne

In a cohort of 216 pt ESG resulted in **15.9% TBWL at 5 YEARS**

Cons of AOM: Discontinuation rate

Summary of literature

Low adoption of weight loss medications: A comparison of prescribing patterns of antiobesity pharmacotherapies ar SGLT2s

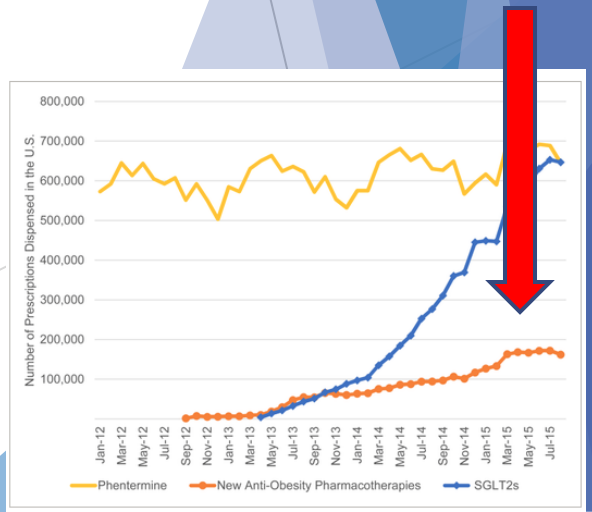
Original Investigation | Nutrition, Obesity, and Exercise

Discontinuation and Reinitiation of Dual-Labeled GLP-1 Receptor Agonists Among US Adults With Overweight or Obesity

Patricia J. Rodriguez, PhD, MPH; Vincent Zhang, BA; Samuel Gratzl, PhD; Duy Do, PhD; Brianna Goodwin Cartwright, MS; Charlotte Baker, DrPH, MPH, CPH; Ty J. Gluckman, MD, MHA; Nicholas Stucky, MD, PhD; Ezekiel J. Emanuel, MD, PhD

Population / Setting	Time Horizon	Persistence → Discontinuation	Notes
Obesity (no T2D), mixed GLP-1s (claims, 2021 starters)	12 mo	32.3% persistent → 67.7% discontinued	Semaglutide 47.1% vs Liraglutide 19.2% persistent
Obesity (no T2D), Wegovy/Zepbound (claims, 2024 starters)	12 mo	~62–63% persistent → ~37–38% discontinued	Improved persistence vs 2021–2023
Obesity (no T2D), mixed GLP-1s (claims, 2021–Q1'22)	36 mo	8.1% persistent → 91.9% discontinued	Wegovy 14.3% persistent at 3y
Overweight/obesity ± T2D (EHR, 2018–2023 starters)	12 mo	53.6% discontinued overall	46.5% with T2D vs 64.8% without

Relative decline in the no. of prescriptions of new AOM

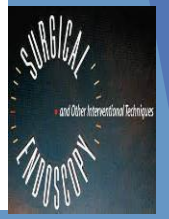


The Evolution of ESG

NEW TECHNOLOGY

Endoscopic sutured gastroplasty: procedure evolution from first-in-man cases through current technique

Nitin Kumar[1] · Barham K. Abu Dayyeh[2] · Gontrand Lopez-Nava Breviere[3] · Manoel P. Galvao Neto[4] · Nicole P. Sahdala[5] · Sohail N. Shaikh[6] · Robert H. Hawes[7] · Christopher J. Gostout[2] · Mahesh K. Goenka[8] · Jorge R. Orillac[9] · Alonso Alvarado[9] · Pichamol Jirapinyo[10] · Natan Zundel[11] · Christopher C. Thompson[10,12]



01 ENDOLUMINAL VERTICAL GASTROPLASTY: VENEZUELA 2003–2005

The birth of the concept. Early pioneers explored endoluminal suturing to reduce gastric volume.

02 TRANSORAL GASTRIC VOLUME REDUCTION (TRIM TRIAL) USING RESTORE®: 2008

RESTORE® Trial at Brigham & Women's Hospital and Cleveland Clinic demonstrated safety and feasibility.

03 ESG GOES GLOBAL: 2012

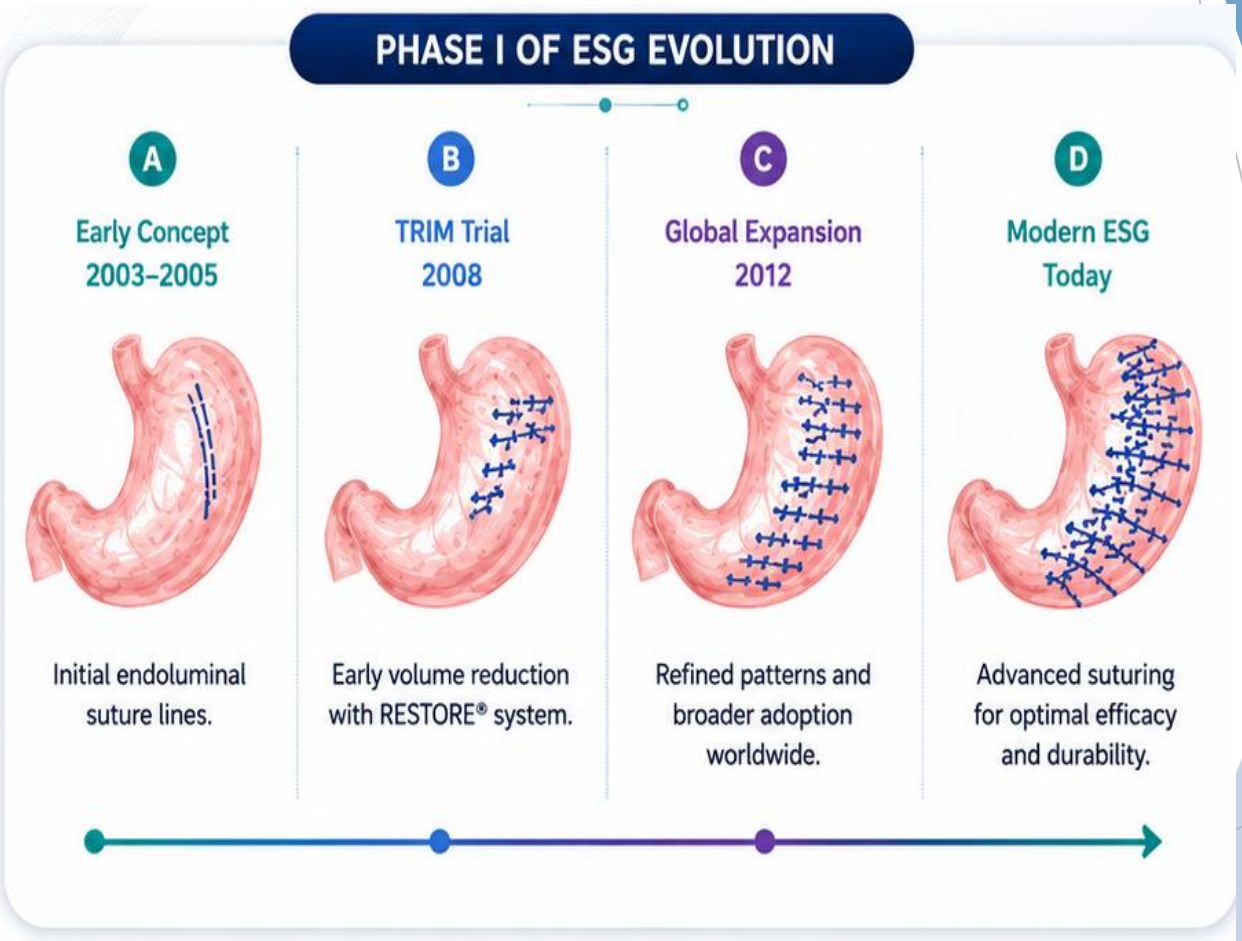
OverStitch® technology expanded ESG worldwide — India, Panama, Dominican Republic, Spain, and the United States.

04 PHASE II: REFINEMENT AND OPTIMIZATION

- Interrupted stitches from antrum to fundus.
- Optimized stitch patterns and sequences.
- Reinforced interrupted sutures in medial running lines.
- Suction-assisted tissue acquisition with first tissue helix.

05 PHASE III: VALIDATION AND IMPACT

Established technical feasibility, safety and meaningful, sustained weight loss.



Position Statement Internationally

- Wide adoption of ESG

IFSO endorsement

The IFSO has endorsed ESG as an effective treatment of obesity and provided recommendations [2] stating that ESG is suited for patients with:

- class I obesity;
- class II obesity;
- class III obesity who are not suitable candidates for metabolic and bariatric surgery.

Obesity Surgery (2024) 34:4318–4348
https://doi.org/10.1007/s11695-024-07510-z

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]

2024

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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''☆

ASMBS American Society for Metabolic and Bariatric Surgery

2. What is the ASMBS position on ESG?

The ASMBS endorses ESG as an endoscopic option for carefully selected patients within a comprehensive, multidisciplinary obesity treatment program, ideally within a MBSAQIP-accredited center. While the ASMBS does not consider ESG equivalent to metabolic and bariatric surgery (e.g., sleeve gastrectomy, gastric bypass) in terms of expected weight loss or metabolic impact, it does fall within a multi-modal treatment continuum that includes lifestyle therapy, obesity management medications (OMMs), and metabolic and bariatric surgery. Accredited centers will submit their procedure data to MBSAQIP.

European Society

The European Society of Gastrointestinal Endoscopy (ESGE) and the American Society for Gastrointestinal Endoscopy (ASGE) published a joint guideline in April 2024 concerning the majority of available bariatric and metabolic endoscopic therapies (EBMTs) [3]. This guideline

United Kingdom

The most thorough investigation to date has been carried out by the UK's National Institute for Health and Care Excellence (NICE). NICE published recommendations on ESG in February 2024. The main recommendations and comments are as follows [29]:

Why Combine Therapy? : Pharmacotherapy & ESG Optimizing Obesity Outcomes

- **Durable anatomical impact from ESG**
- Provides lasting **gastric volume reduction**
- **Delays gastric emptying** to enhance satiety

How does ESG **modify stomach anatomy, physiology ?**

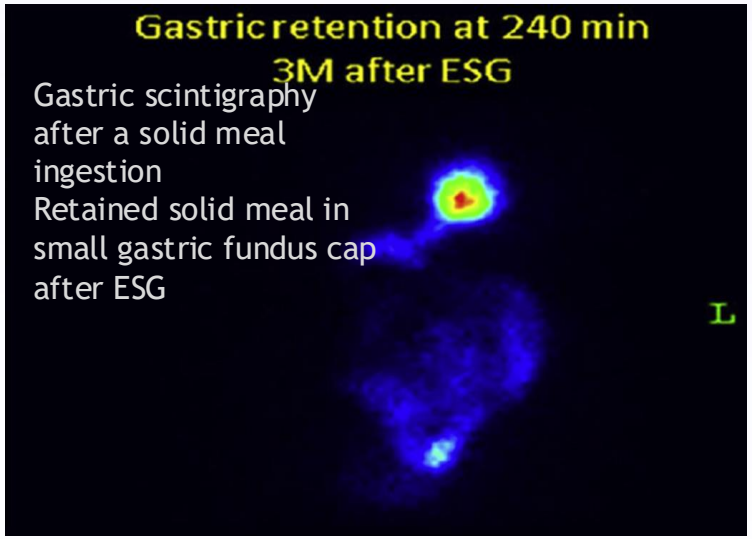
Clinical Gastroenterology and Hepatology 2017;15:37–43

ALIMENTARY TRACT

Endoscopic Sleeve Gastroplasty Alters Gastric Physiology and Induces Loss of Body Weight in Obese Individuals

Barham K. Abu Dayyeh,[*,‡] Andres Acosta,[‡] Michael Camilleri,[‡] Manpreet S. Mundi,[§] Elizabeth Rajan,[*] Mark D. Topazian,[*] and Christopher J. Gostout[*]

[*]Developmental Endoscopy Unit, Division of Gastroenterology and Hepatology, Department of Medicine; [‡]Clinical Enteric Neuroscience Translational and Epidemiological Research, Division of Gastroenterology and Hepatology, Department of Medicine; and [§]Division of Endocrinology, Department of Medicine, Mayo Clinic, Rochester, Minnesota



Gastric scintigraphy after a solid meal ingestion
Retained solid meal in small gastric fundus cap after ESG

Combined approach targets multiple pathophysiologic pathways

Metabolic and appetite effects of AOMs

- **GLP-1 receptor agonists** delivers appetite suppression

- **Enhances satiety and boosts insulin secretion**

The therapeutic gap GMA is built to fill

ESG

Restrictive only

- **Reduces gastric volume**
- **Delays gastric emptying**
- **ghrelin ± ?**
- **durable but moderate TBWL;**
- **does not address hunger biology**

GLP-1 RAs

Peripheral & indefinite

- slow gastric emptying,
- stimulate insulin secretion,
- promoting glycemic control

GMA: Gastric Mucosal Ablation

Hormonal

- **Destroys ghrelin-producing fundal mucosa resulting in reduction of ghrelin**

Bariatric Surgery

Anatomic & hormonal

- Hormonal benefit derives precisely from anatomic exclusion of the fundus (LSG, RYGB).

Combination therapy is the way to go ESG + GMA

Hormonal & Anatomical approach

GMA (Gastric Mucosal Ablation) Development of the New Treatment Method

A PILOT STUDY TO EVALUATE THE EFFICACY AND SAFETY OF GASTRIC MUCOSAL ABLATION WITH HYBRID ARGON PLASMA COAGULATION COMBINED TO ENDOSCOPIC GASTROPLASTY

M. De Siena, G. Angelini, V. Bove, V. Pontecorvi, MV. Matteo, G. Carlino, L. Gualtieri C. Spada, G. Mingrone, I. Boškoski

Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy

GMA as an Emerging Endoscopic Solution

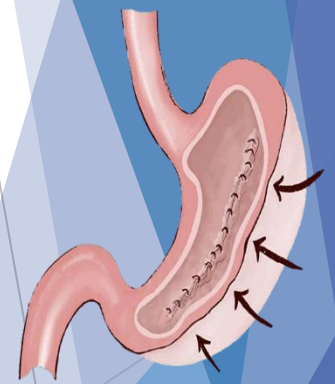
🧠 **Concept :**

Origin: Developed following the widespread use of **(ESG)** to enhance hunger control and long-term outcomes.

Technology: Uses **Erbe's Hybrid-APC and waterjet systems** for **fundal mucosal ablation.**

Mechanism: Destroys ghrelin-producing fundal mucosa → ↓ ghrelin secretion → ↓ hunger → improved satiety → greater weight loss.

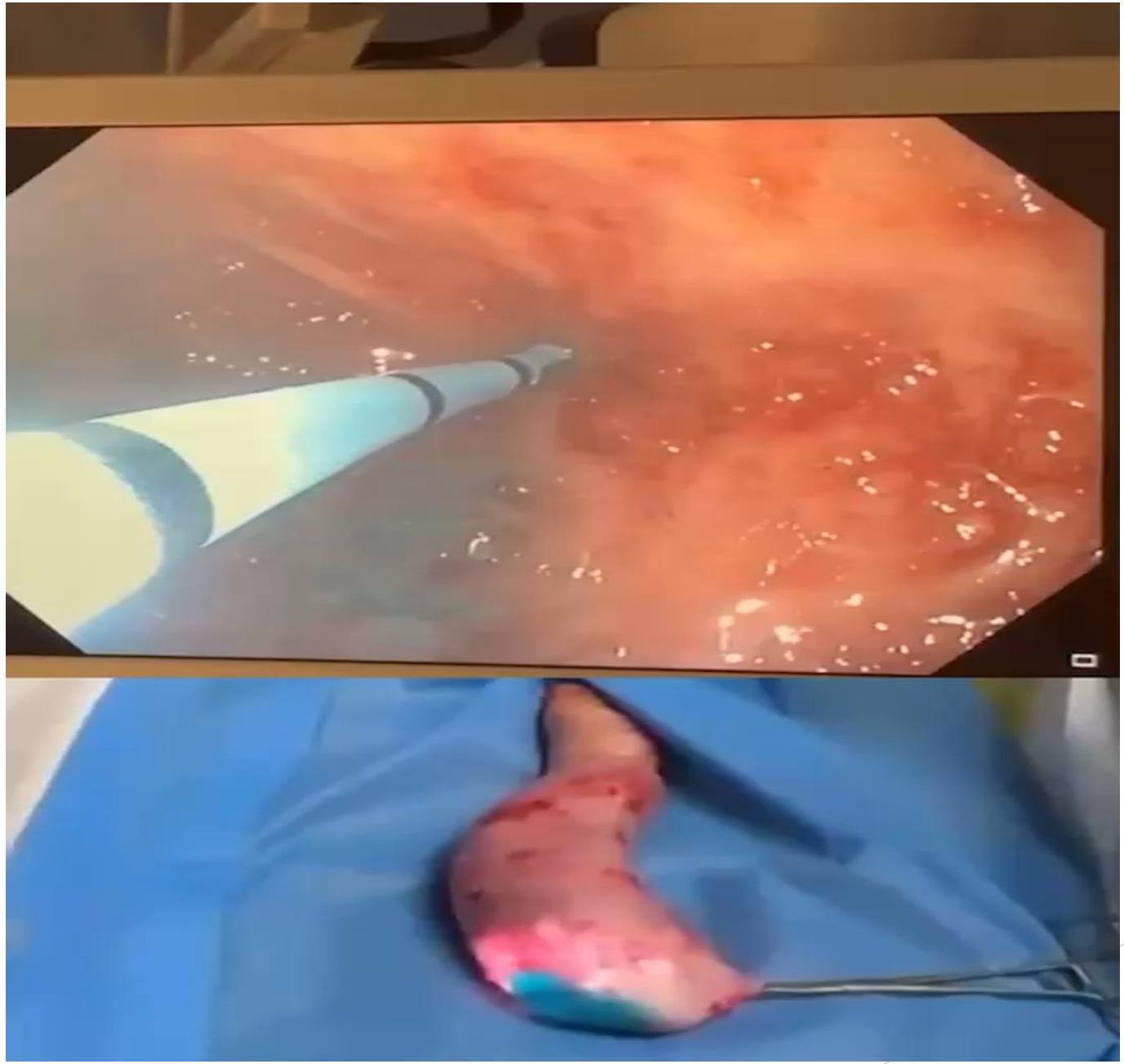
Clinical rationale: Addresses early hunger recurrence and sub-optimal ESG weight loss (≈ 17 % TWL vs > 25 % TWL with laparoscopic sleeve gastrectomy).



Before Ablation

After Ablation

GMA: The Safety with Elevation



WHO OWNS THE ENDOSCOPIC PATIENT ?

And does that person have a stake in the answer?

Evidence anchor: ASGE position statement supports multidisciplinary obesity care and competence across endoscopic/surgical options; ASGE-ESGE 2024 guideline places EBMT within evidence-based obesity treatment.

SURGICAL LENS — Risk: minimally invasive endoscopic options may be under-discussed.

ENDOSCOPIC LENS — Risk: escalation to surgery may be delayed or framed as failure.

PATIENT

ONE DECISION HUB

One clinician.
Three modalities.
One longitudinal plan.

- **ESG** — Less invasive
- **SLEEVE** — Escalation option
- **BYPASS** — Escalation option

- Credential by competence — not department
- Consent covers the full treatment spectrum
- Escalation is a clinical decision — not a referral

The goal is not "ownership." It is a treatment recommendation that survives the question:

"Would you recommend the same option if you could perform all three?"

ASGE 2015

ASGE-ESGE 2024

Can be performed by both Gastroenterologist & Bariatric Surgeons

2022

Impact of Proceduralist Specialty on Outcomes following Endoscopic Sleeve Gastroplasty

METHODS

Patients who underwent ESG at an accredited American Society of Metabolic and Bariatric Surgery (ASMBS) center from 2016-2020

1,234 propensity matched pairs of patients undergoing ESG by a bariatric surgeon or gastroenterologist

Matched comparison of safety and efficacy outcomes

RESULTS

Mean TBWL (30d) after ESG by GI (4%) = Surgeon (6%)

Adverse Events after ESG by GI (1.2%) = Surgeon (1.4%)

No differences in **readmission** or **reintervention**. ESG by surgeons had ↑ reoperations

CONCLUSIONS

ESG is safely performed by both gastroenterologists and bariatric surgeons.

IFSO

Anuragh R. Gudur, Calvin Geng, Peter Hallowell, Bruce Schirmer, Vanessa M. Shami, Andrew Y. Wang, Alexander Podboy

OBESITY SURGERY
The Journal of Metabolic Surgery and Allied Care

HOW A HIGH-VOLUME CENTER ABSORBS THE ROLE

One coordinated pathway—from intake to outcomes

1

SINGLE INTAKE

One assessment
One program
Not one procedure

2

ONE MDT

Shared nutrition, psychology, endocrine and anaesthetic care

3

STRATIFY

Match treatment to phenotype, BMI, anatomy and goals

4

ESCALATE

Medication → ESG → surgery, using predefined criteria

5

ONE REGISTRY

All modalities enter one outcomes dataset with common definitions

Medical Center new you®

High-volume care succeeds through coordination, clear escalation and shared outcomes.

Our experience — Riyadh

A single high-volume center running endoscopic, surgical and medical programs in parallel.

~5000
Primary ESG

278
adolescents
One of the largest published paediatric & adolescent ESG series worldwide

126
patients
Single-center cohort of redo ESG for recurrent weight gain after primary ESG

ESG combined with gastric mucosal ablation

Our Publications

AJG The American Journal of GASTROENTEROLOGY

ARTICLE: ENDOSCOPY

Endoscopic Sleeve Gastroplasty in Those with a BMI of 27-30

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Author Information

ORIGINAL ARTICLE

GIE Gastrointestinal Endoscopy

Short-term outcomes of endoscopic sleeve gastroplasty in 1000 consecutive patients

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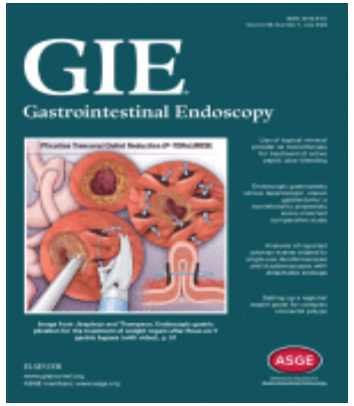
Riyadh, Saudi Arabia



Obesity Surgery
https://doi.org/10.1007/s11695-019-04024-x

IFSO

ORIGINAL CONTRIBUTIONS

OBESITY SURGERY
The Journal of Metabolic Surgery and Allied Care

Laparoscopic Sleeve Gastrectomy After Endoscopic Sleeve Gastroplasty: Technical Aspects and Short-Term Outcomes

Aayed R. Alqahtani[1] · Mohamed Elahmedi[1] · Yara A. Alqahtani[1] · Abdullah Al-Darwish[1]

ORIGINAL ARTICLE CLINICAL ENDOSCOPY | VOLUME 96, ISSUE 1, P44-50, JULY 01, 2022

Endoscopic gastroplasty versus laparoscopic sleeve gastrectomy: a noninferiority propensity score–matched comparative study

Aayed R. Alqahtani, MD, FRCSC, FACS • Mohamed Elahmedi, MD • Abdullah Aldarwish, MD • Hanan Y. Abdurabu, MBBS • Sultan Alqahtani, MD

Published: March 02, 2022 • DOI: https://doi.org/10.1016/j.gie.2022.02.050 • Check for updates

AJG The American Journal of GASTROENTEROLOGY

Endoscopic Sleeve Gastroplasty in 109 Consecutive Children and Adolescents With Obesity: Two-Year Outcomes of a New Modality

Aayed Alqahtani, MD, FRCSC, FACS[1], Mohamed Elahmedi, MBBS[1], Yara A. Alqahtani, MD[1] and Abdullah Al-Darwish, MD[1]

ORIGINAL ARTICLE

Revisional endoscopic sleeve gastroplasty of laparoscopic sleeve gastrectomy: an international, multicenter study

Daniel B. Maselli, MD,[1] Aayed R. Alqahtani, MD,[2] Barham K. Abu Dayyeh, MD, MPH,[1*] Mohamed Elahmedi, MBBS,[2] Andrew C. Storm, MD,[1] Reem Matar, B.Sc,[1] Jose Nieto, DO,[3] Andre Teixeira, MD,[4] Maryam Al Khatry, MD,[5] Manoel Galvao Neto, MD, MSc,[6] Vivek Kumbhari, MD,[7] Eric J. Vargas, MD,[1] Veeravich Jaruvongvanich, MD,[1] Manpreet S. Mundi, MD,[8] Ameya Deshmukh, DO,[3] Mohamad I. Itani, MD,[7] Jad Farha, MD,[7] Christopher G. Chapman, MD,[9] Reem Sharaiha, MD, MSc[10]

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ESG vs. LSG

GIE Gastrointestinal Endoscopy

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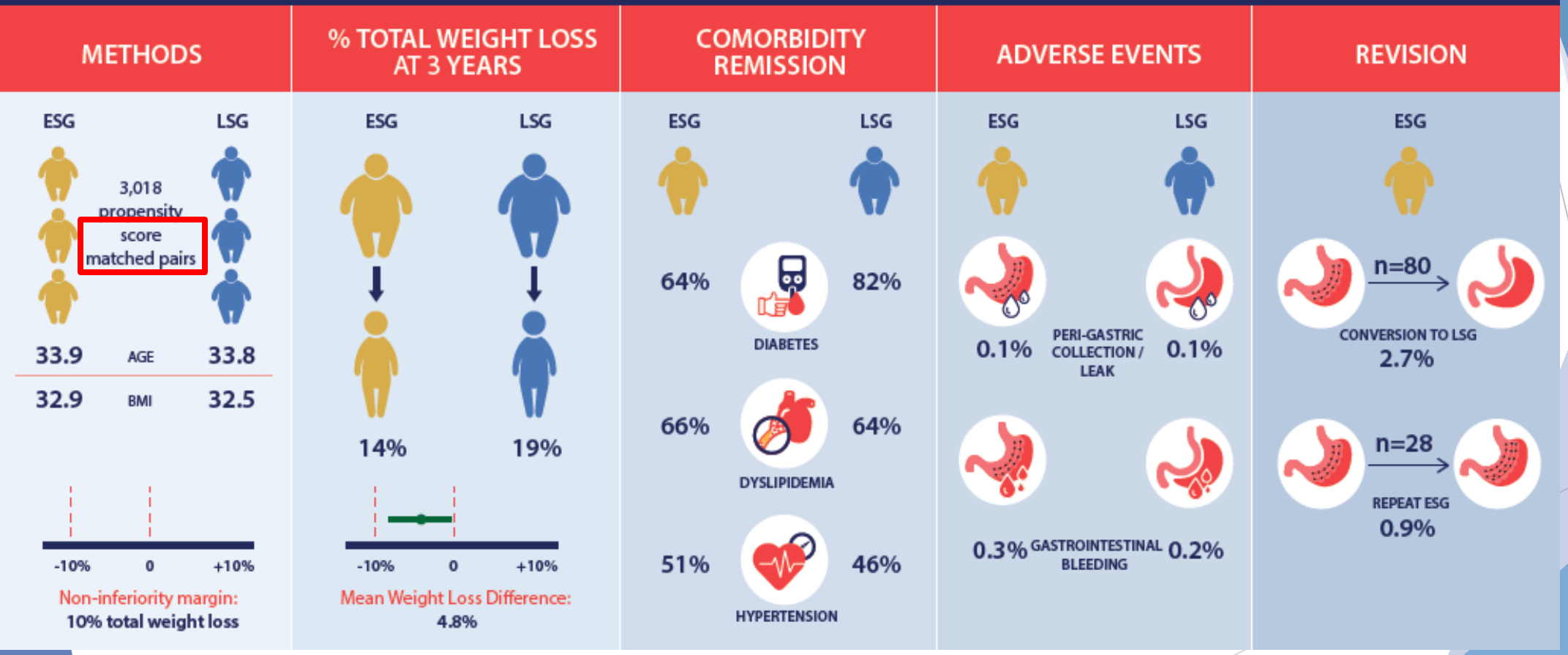
Published: March 02, 2022 • DOI: https://doi.org/10.1016/j.gie.2022.02.050

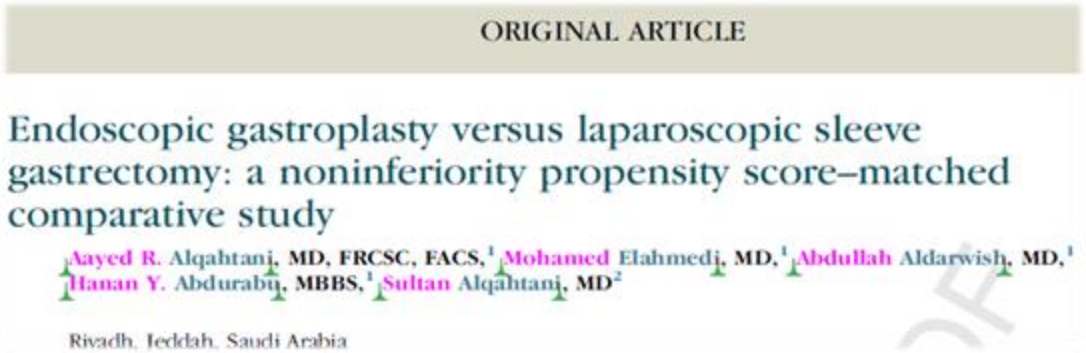
Endoscopic Gastroplasty vs Laparoscopic Sleeve Gastrectomy:

A Non-Inferiority Propensity Score Matched Comparative Study



Alqahtani, et al.

Long term Durability: Our institution



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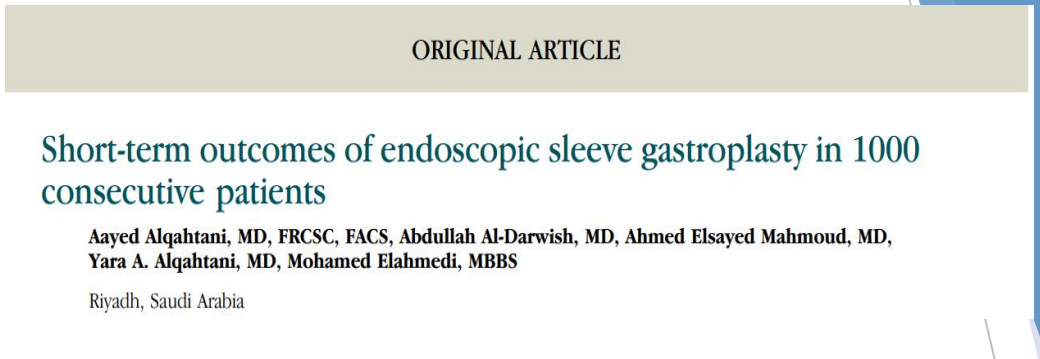

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Short-term outcomes of endoscopic sleeve gastroplasty in 1000 consecutive patients

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Riyadh, Saudi Arabia

- %TWL — N = 5000
- At 2 years 16.0 ± 7.8%
- At 3 years 14.1 ± 7.9%
- At 4 years 18.4 ± 15.3%
- At 5 years 16.6 ± 9.9% — n=2264
- At 10 years 15.3 % — N = 340

GIE Gastrointestinal Endoscopy

Long term durability extending upto 10 years

- ESG has proven to show sustainable and effective weight loss at ≥ 5 years extending up to 10 years .

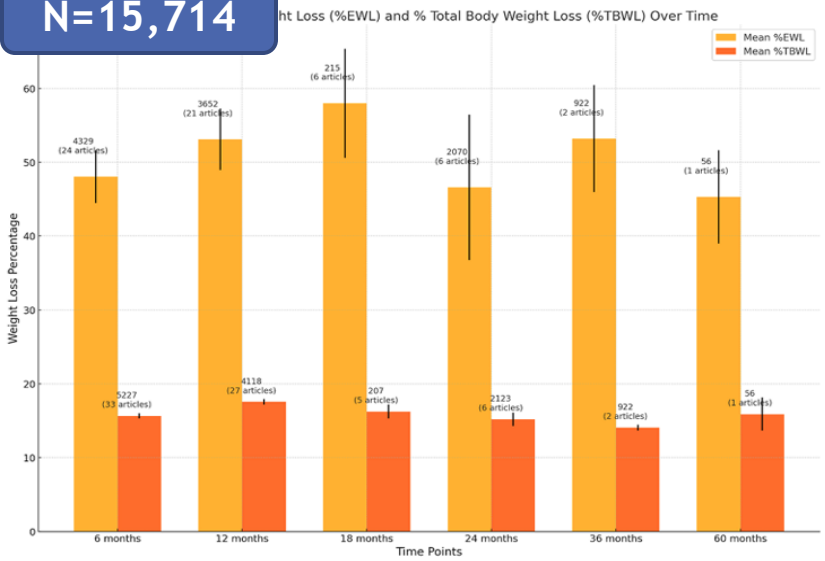
OBESITY SURGERY
The Journal of Metabolic Surgery and Allied Care
IFSO

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]

At 5 years, %EWL approximately reached 45.3 and 15.9% of TBWL.

N=15,714



AJG The American Journal of GASTROENTEROLOGY

OBESITY - STANDARD STUDY

S2063 Ten-Year Outcomes of Endoscopic Sleeve Gastroplasty for the Treatment of Obesity

Lahooti, Ali BS[1,*]; Rizvi, Anam MD[1]; Baig, Muhammad Usman. MBBS[1]; Akagbosu, Cynthia MD, MA[1]; Mahadev, SriHari MD[2]; Sampath, Kartik MD[1]; Carr-Locke, David L. MA, MD, FACG[1]; Aronne, Louis MD[1]; Shukla, Alpana MD[1]; Johnson, Kate E. BS[1]; Herr, Andrea NP[1]; Newberry, Carolyn MD[2]; Kumar, Sonal MD, MPH[1]; Sharaiha, Reem MD[1]

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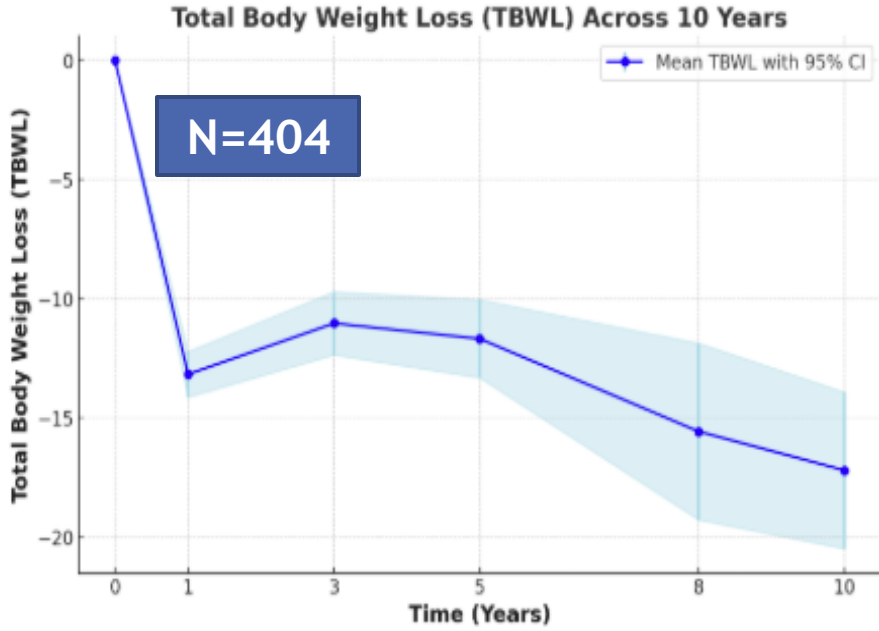
Riyadh, Saudi Arabia

N=340
At 10 years %TWL was 15.3 in our cohort.

At 10 years, mean TBWL was 15.8% & 83% & 70% of patients maintained 5 and 10 %TBWL, respectively

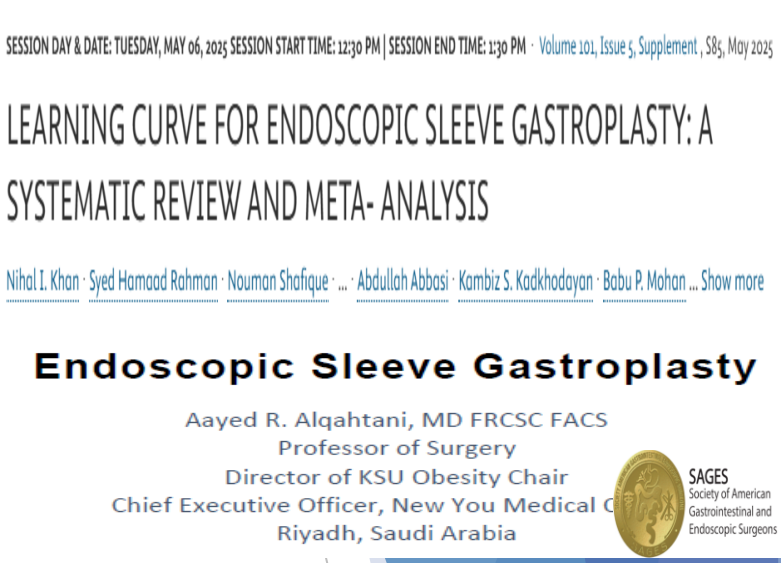
At 10 years, 44, 10.9% had endoscopic revision via retightening or resuturing.



The ESG learning curve

ESG is a technically demanding endoscopic procedure — distinct from any skill set acquired during standard GI or bariatric training.

- 3 learning curves
- 1st is learning the scope for those who are not endoscopists.
- 2nd is the learning curve of the suturing system. The trainee should attain competence in loading and unloading until it becomes cognitively intuitive, along with tissue feeling.
- 3rd is for the trainee to apply the sutures in place in an appropriate pattern & symmetrical manner (*which is the most difficult one and critical in determining the outcome*).



KEY INSIGHT

The curve is real — but it is finite, predictable, and shorter than most prospective operators believe.

Didactic Education

Knowledge is the foundation. Competence begins here

Provide knowledge of the

PROCEDURE:

ANATOMY
Understand the landscape

EQUIPMENT
Know your tools, ensure safety

TECHNIQUE
Master the steps, refine the skills

ADVERSE EVENTS
Recognize, prevent, manage

How to master the procedure ?

Dry Lab

How to master the procedure ?

Animal (wet lab)

Conclusion

- **Easier than ever:** better devices, standardized techniques, stronger evidence, clearer training pathways, and established ESG outcomes.

- **More challenging than ever:** expanding AOMs, more treatment choices, combination therapy, revisional procedures, and increasingly complex patient selection.

- **High-volume centers break down the silos:** medical therapy, endoscopy, and surgery function as a **continuum—not competing programs**.

- **Competence must extend beyond the procedure:** understand obesity biology, pharmacotherapy, surgical options, complications, and when to escalate.