



**Laura Sebring, MS, RD, LDN**

True You Weight Loss

Cary, North Carolina



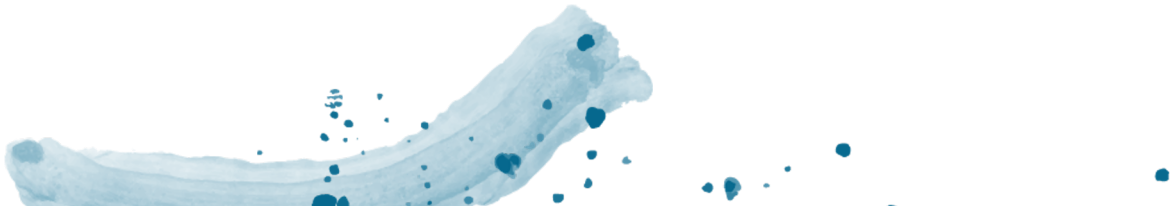
The background features several abstract blue watercolor-style shapes. In the top left, there are two overlapping, soft-edged shapes. On the right side, there are several thin, parallel, curved lines that resemble a stylized 'C' or a partial circle. In the bottom left corner, there is a cluster of small, dark blue dots of varying sizes, some with faint trails, suggesting a splash or a starburst effect.

# **The Latest in Bariatrics: Endobariatrics**

Laura Sebring, MS, RD, LDN  
March 23, 2022





# Objectives

- Define and describe endobariatric procedures
  - Understand the reasons patients choose endobariatrics vs. traditional bariatrics
  - Describe the RD's role in assisting with optimal outcomes
  - Review an endobariatric case study
- 



# What are endobarietrics?

Endobarietrics are weight loss procedures that do not require surgery, be it open or laparoscopic. All device placements and therapies are performed endoscopically.





# Why do patients choose endobarietrics over traditional barietrics?

- Hassle of qualifying for traditional bariatric surgery with health insurance
- Lower cost if paying out-of-pocket
- Fear of surgery
- Safety
- Hospital stay not required
- Less recovery time

# Endoscopic Procedures Offered

Endoscopic Sleeve  
Gastroplasty

Intra-gastric  
Balloons

Bariatric Revisions

# Endoscopic Sleeve Gastroplasty (ESG)



- Restrictive
- Sutures to hold shape
- Similar to vertical sleeve gastrectomy
- 20-30% volume remains
- Not reversible

Abu Dayyeh, et al., 2013  
Isom and Majumdar, 2022  
Lopez-Nava, et al., *Surgical Endoscopy*, 2021

# Indications & Contraindications



- 27 - 35 BMI or higher
- Unable to lose weight with diet and lifestyle changes
- Depending upon reasoning, unable or unwilling to have bariatric surgery
- No comorbidities required



- Gastric ulcers
- Gastric or esophageal varices
- Gastric polyps
- Uncontrolled or untreated psychological disorders including eating disorders



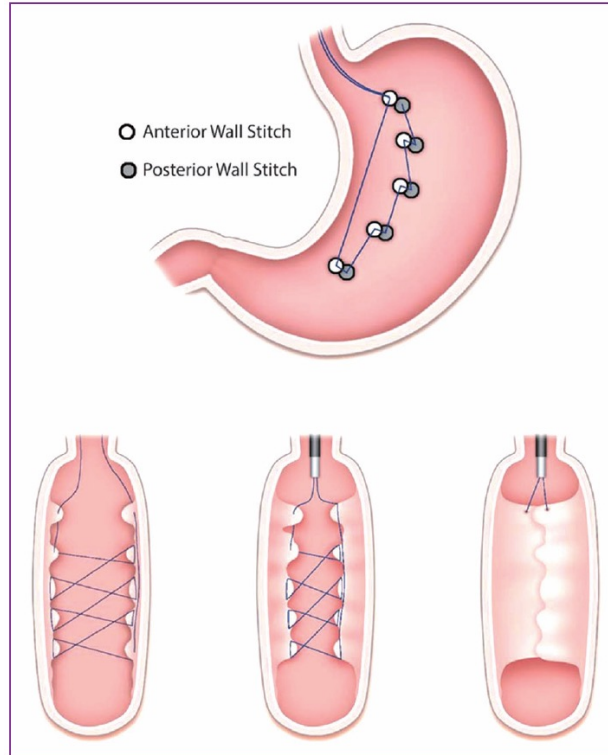


# Overstitch™ Suturing Device

Full plication through the wall of the stomach

Apollo Endosurgery

# ESG Technique



Jung, et al., 2017  
Farha, McGowan, et al., 2020

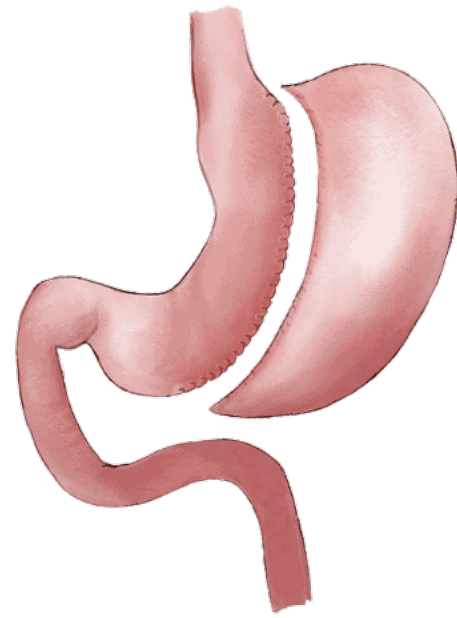
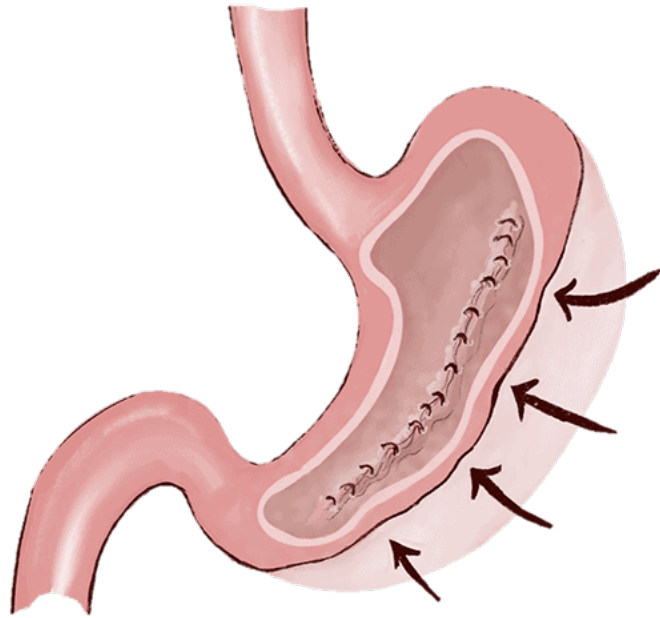
# ESG Effectiveness & Safety

- Obesity I: 16.5% TBWL\*
- Obesity II: 18.2% TBWL\*
- Obesity III: 20.5% TBWL\*
- Adverse events: 1.4%
- MERIT study

\* At 1 year

Lopez-Nava, et al., *Surgical Endoscopy*, 2021  
Li, et al., 2020  
Storm and Abu Dayyeh, 2019  
Fiorillo et al., 2020

# ESG vs VSG



Lopez-Nava, et al., *Endoscopy*, 2021  
Fayad, et al., 2019  
Fiorillo et al., 2020

The background features several decorative elements in shades of blue. On the left, there is a large, vertical, textured brushstroke that tapers downwards, with numerous small, dark blue splatters scattered around its base. At the top right, there are several parallel, slightly curved lines that resemble a fine brushstroke or a series of thin, overlapping strokes. In the bottom right corner, there are two overlapping, soft-edged, light blue shapes that look like watercolor washes or ink blots.

# **Bariatric Revisions**

# Transoral Outlet Reduction (TORe)

Gastric Bypass



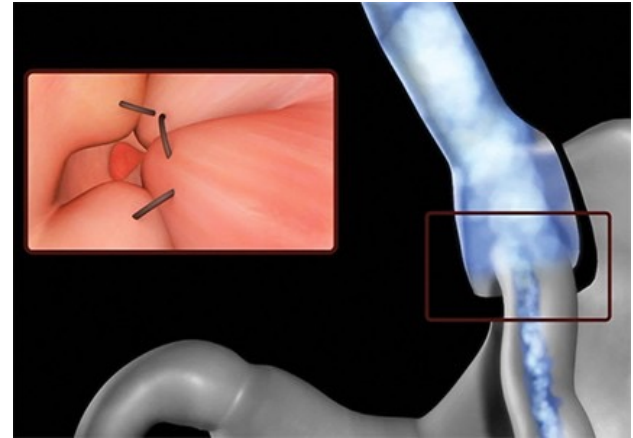
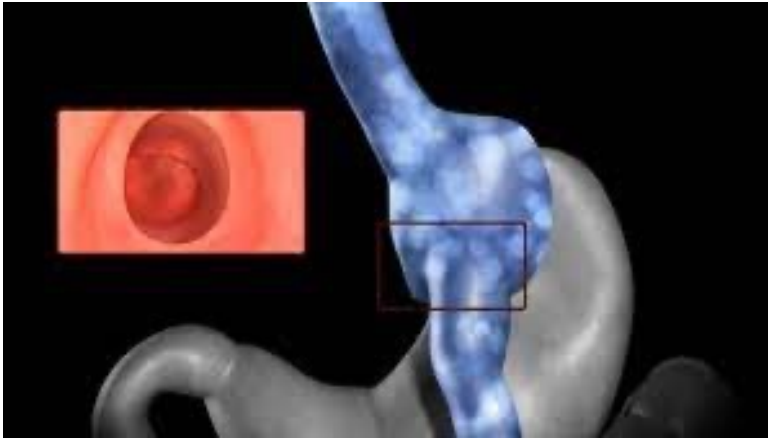
Stretched Gastric Pouch



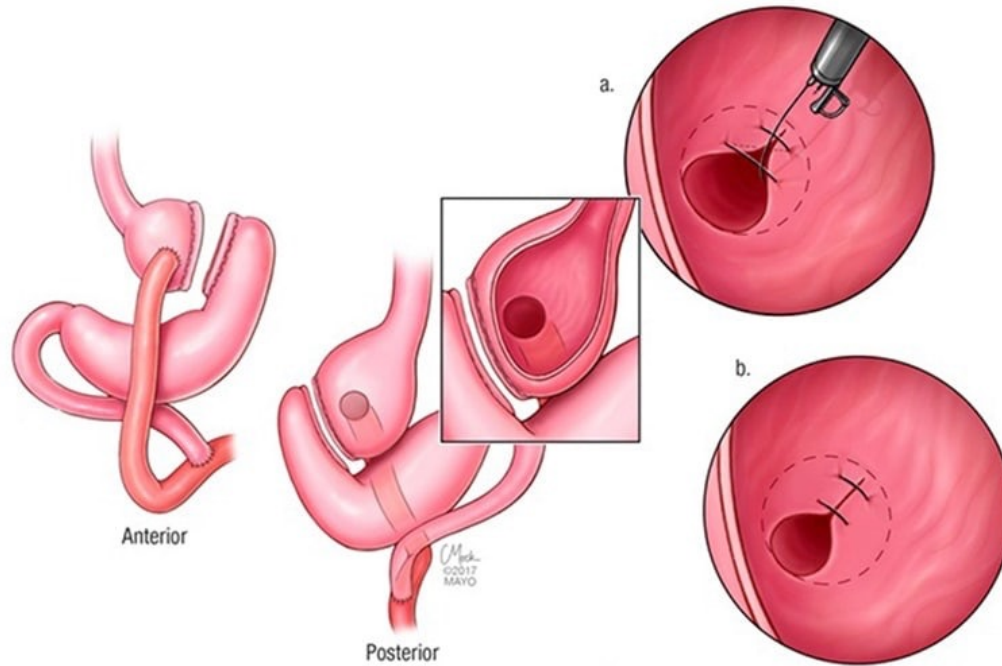
Revised Gastric Pouch



# TORe



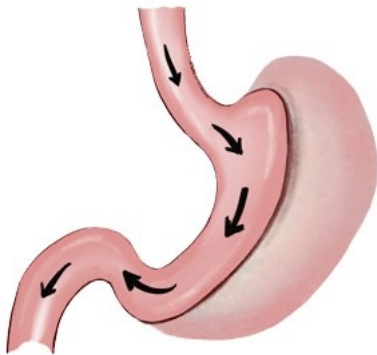
# TORe



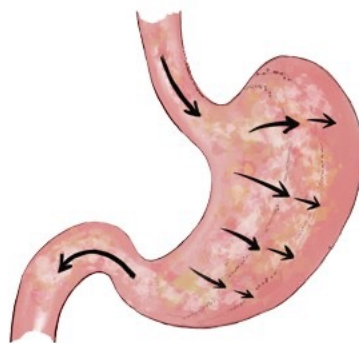


# VSG Revision

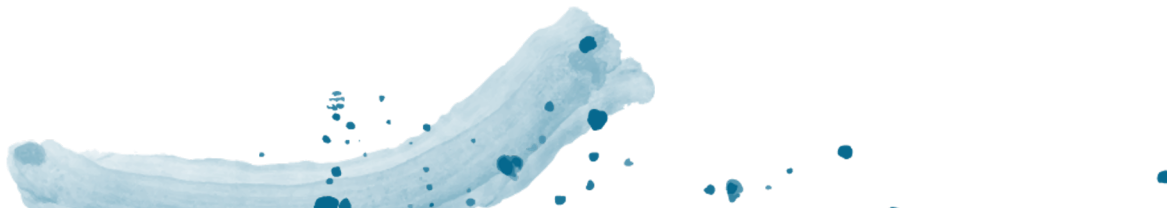
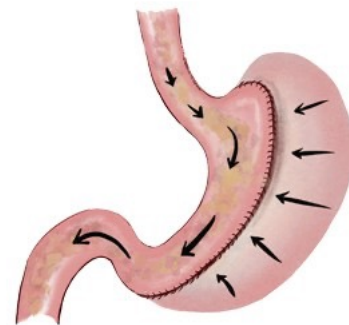
Gastric Sleeve



Stretched Sleeve



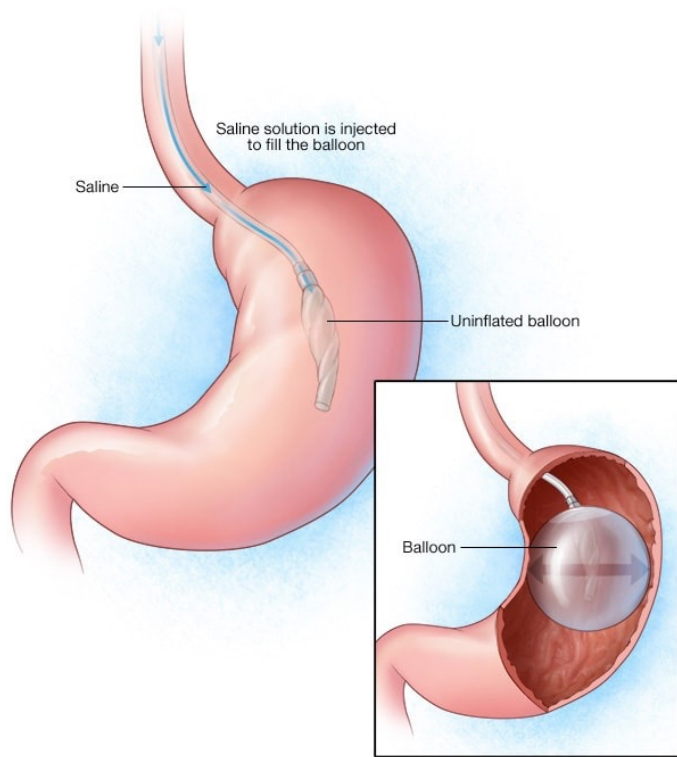
Revised Sleeve



# Intragastric Balloons



- Remains in stomach for 6 months
- Occupies volume
- Not permanent
- Follow up for 12 months



Tube is removed after balloon is filled

Placement of intragastric balloon

Image credit: Mayo Foundation for Medical Education and Research  
Abu Dayyeh, et al., 2015  
Genco, et al., 2005

# Indications & Contraindications



- 30 - 40 BMI
- Unable to lose weight through diet changes and exercise alone
- No comorbidities required



- Prior gastric surgery
- Large hiatal hernia
- Peptic ulcer disease
- NSAID use
- Unwilling to take PPI

# Balloon Safety



- Nausea, vomiting, cramping
- Dehydration, gastric outlet obstructions, gastric perforation
- Mortality rate is < 0.01%

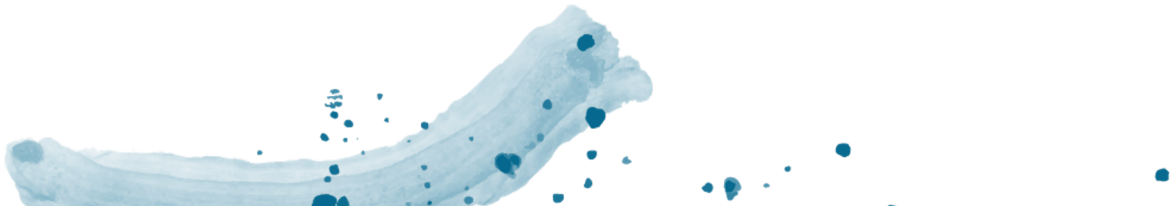
# RD's Role

- Pre op education
- Post op assistance and support through the diet progression
- Regular long term follow up

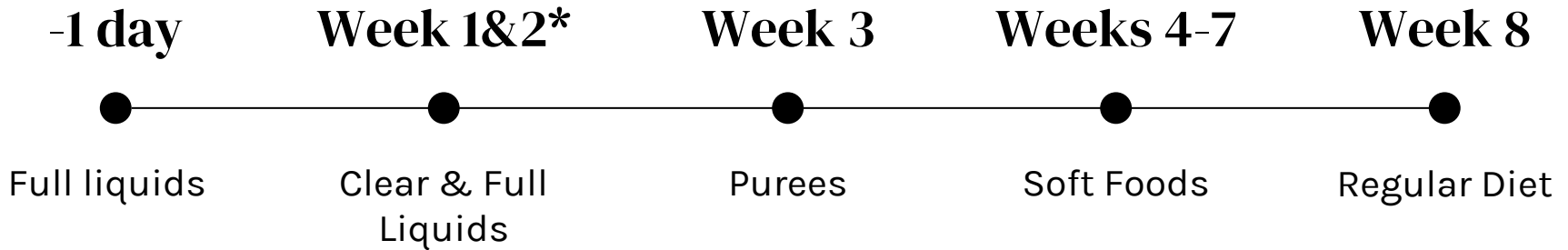




# Preoperative Care

- Meet, build rapport and determine motivations and barriers
  - Review current dietary and exercise habits,
  - Review pre and post op nutrition guidelines
  - Answer any questions and explain rationales for guidelines
- 

# Diet Progression

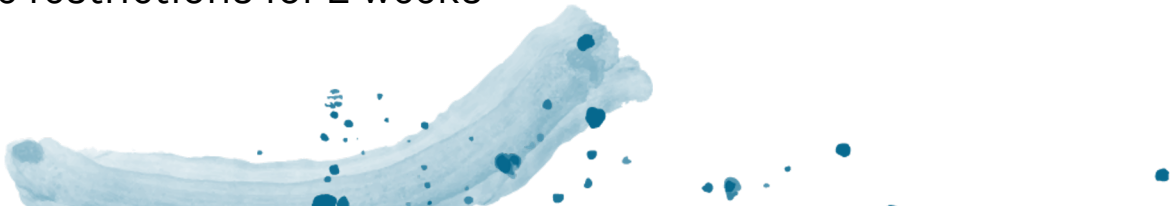


\*3 weeks liquids for TORe





# Guidelines

- Avoid caffeine, SSBs, carbonation
  - Avoid alcohol for 6 months to 1 year after procedure
  - Protein foods eaten first, then vegetables, fruits and starches
  - Food and drink consumed separately
  - MVI for 6 months
  - Exercise restrictions for 2 weeks
- 



**Type II DM**

**Hypertension**

**Hyperlipidemia**



Genco et al., 2017  
Sharaiha et al., 2017

# Russ



**Age** 40

**Height** 6'2"

**Start wt** 340

● **October, 2020**  
Endoscopic Sleeve  
Gastroplasty Performed

● **October, 2021**  
22.1% TBWL - 265 lbs

● **March, 2022**  
10 lbs from goal weight - 253  
lbs (25.6% TBWL)



# Thank You

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