Dear Colleague,

**RE: Endoscopic Sleeve Gastroplasty (ESG): a new non-surgical Endoscopic anti-obesity procedure**

I would like to inform you that we have commenced ESG procedures at the Cairns Private Hospital in September 2017. I have attached for your information a copy of my latest newsletter with some information on this exciting new non-invasive Endoscopic anti-obesity procedure.

Weight loss results approach that of Sleeve Gastrectomy in patients between BMI of 30 to 40. If demand in Cairns is anything to go by, it is likely you will be fielding enquiries from your patients requesting a referral for ESG in the near future.

Cairns Gastroenterology has been providing high quality private Endoscopic services to Far North Queensland for over a decade. We hope to bring the same level of expertise to the era of Endoscopic Bariatrics.

For more information, please visit our website at CairnsGastro.com.au.

Regards,

Dr Bernard Chin
THE ERA OF ENDOSCOPIC BARIATRICS HAS ARRIVED!

It is not in dispute that obesity is currently a “huge” problem in Australia with 30% of the adult population with a BMI over 30 and “growing” rapidly. There has not been any reliably effective method of initiating and maintaining significant weight loss except for Bariatric surgery. Sleeve Gastrectomy is currently the “King” of the various metabolic operations. However, the potential complications of this operation has led to the investigation of less invasive forms of bariatric procedures. Furthermore, the invasive nature and morbidity of surgery means that only 1% of obese patients eligible for bariatric intervention actually proceed to surgery.

Endoscopic Sleeve Gastoplasty (ESG) has now been approved by the TGA to be performed in Australia and has been entered into the prosthesis list. The Medicare Benefits Schedule Item number was also created in October 2016. It is now available to any eligible obese patient with a BMI of 30 and above with medical co-morbidities. Currently, the only endoscopic suturing device available is the Overstitch by Apollo Endosurgery (http://apolloendo.com/overstitch/).

It involves the volume reduction of the stomach using a series of full thickness sutures which are placed endoluminally. This procedure is performed purely endoscopically and is designed to be day surgery with same or next day discharge (if required) from hospital. For those interested in the technical aspects of this new endoscopic procedure, please follow this link to the YouTube site: https://www.youtube.com/watch?v=l0WdwSWD8cc&width=940&height=580

Reported excess weight loss (EWL) at 1, 3, 6 and 12 months is 29%, 39%, 54% and 54.6%. This compares favourably with Laparoscopic Sleeve Gastrectomy. 24 month data suggests Total Body Weight Loss of 20.9%. Long term data out to 5 years have been collected but not yet published. Long term durability of this procedure is unknown at this stage. The 10 year data for bariatric surgery of any technique suggests significant relapse occurs although most of the EWL is maintained.

The advantages of this procedure compared to surgery are:
1. Performed completely endoscopically with low complications rate.
2. No long term complications reported.
3. Comparable efficacy to Surgical Sleeve Gastrectomy.
4. Potentially more available and acceptable to eligible obese patients by offering them a non-invasive option in the bariatric arena.
5. Potentially lower costs.
6. Potential use in patient with BMIs of 30 to 35, thus preventing them entering the higher grades of obesity which are more difficult to treat. At this stage surgery may still be appropriate for patients with BMI over 40.
7. Endoscopic revision of Surgical Gastric Sleeve where the stomach volume has enlarged over time due to over-eating.
8. Endoscopic revision of Roux-en-Y gastric bypass operations where the gastric pouch has enlarge or the gastro-jejunal stoma has dilated due to over-eating.

We hope to bring this procedure to the patients of North Queensland very soon. Stay tuned for more updates.