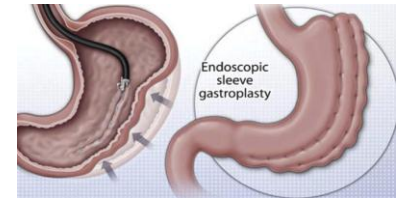
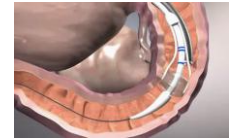
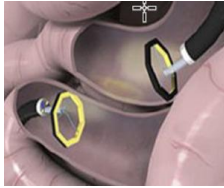
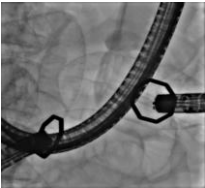
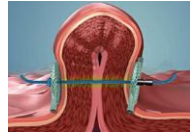


Metabolische Endoskopie



3. DEUTSCHSCHWEIZER ADIPOSITAS-TAG

SAMSTAG, 7. MÄRZ 2026
INSELSPITAL BERN

 **INSELSPITAL**

UNIVERSITÄTSSPITAL BERN
HOPITAL UNIVERSITAIRE DE BERNE
BERN UNIVERSITY HOSPITAL

u^b

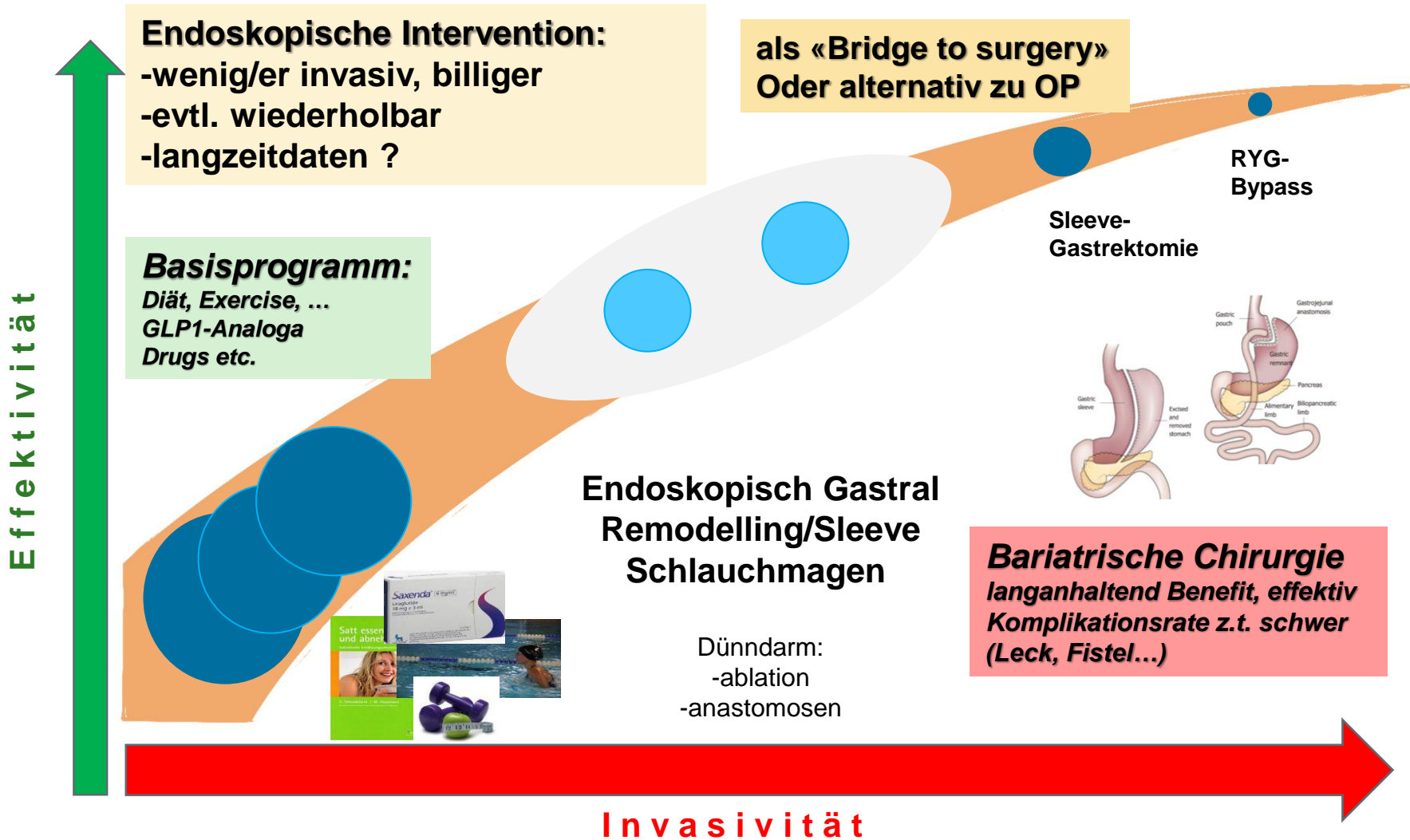
**UNIVERSITÄT
BERN**

Prof. Dr. med. Reiner Wiest
Chefarzt Gastroenterologie, Leitung Endoskopie

Was kann man mit einem Endoskop.....

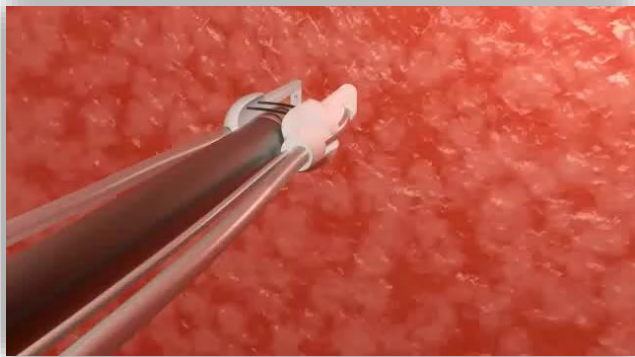


Position: Endoskopische Bariatrische Metabolische Therapie (EBMT)

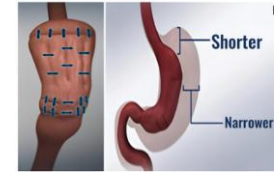
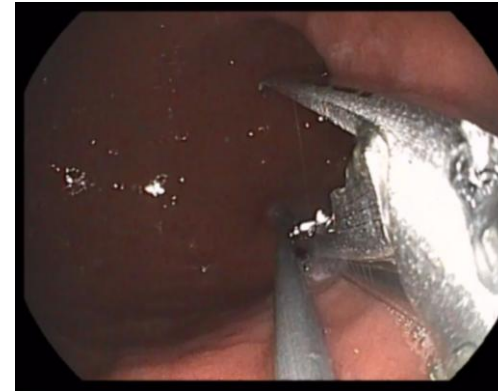


Magen - Remodelling – Verkleinerung

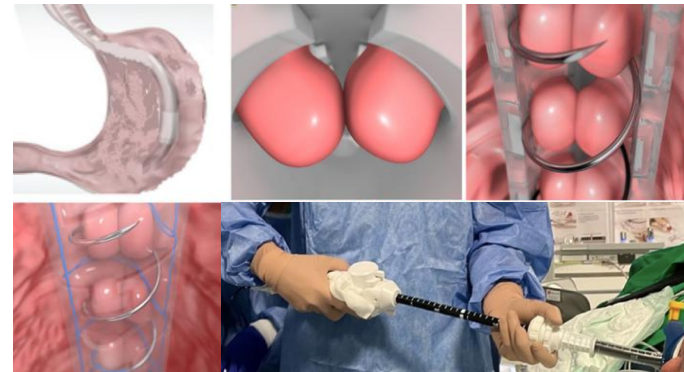
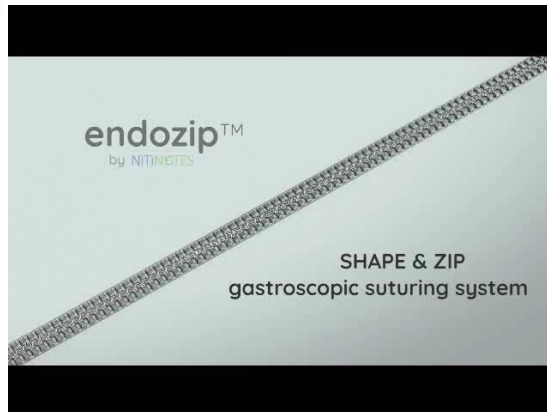
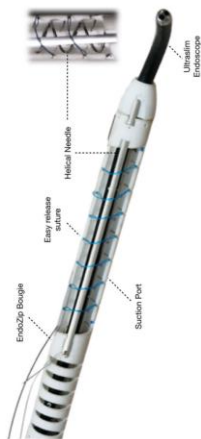
Endomina



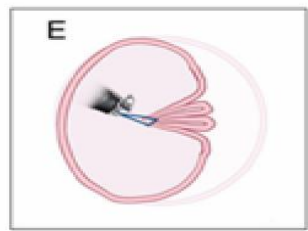
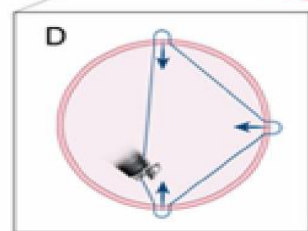
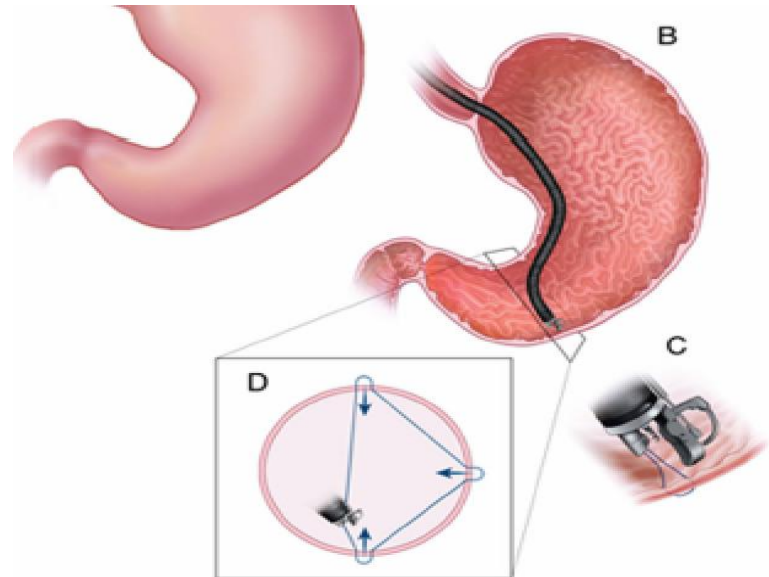
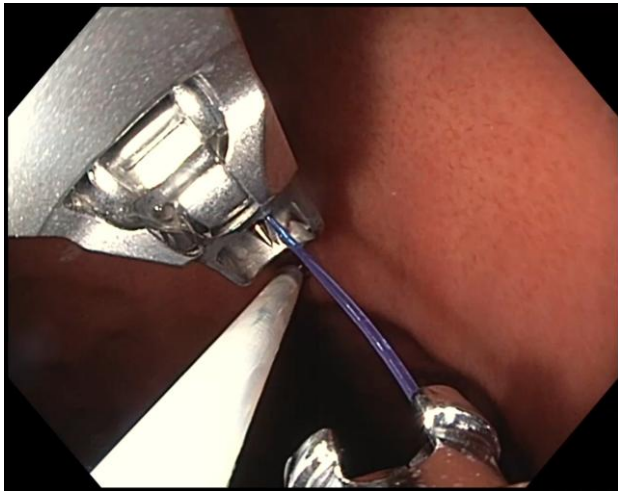
POSE (Prim. Obesity Surgery Endoluminal)



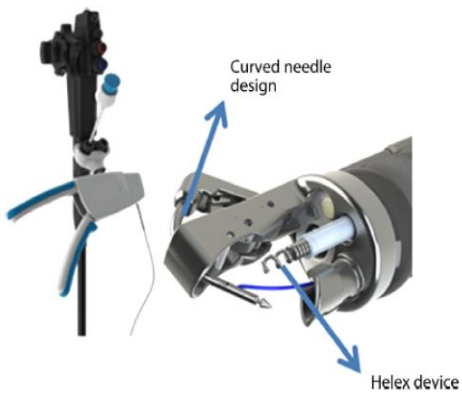
EndoZip



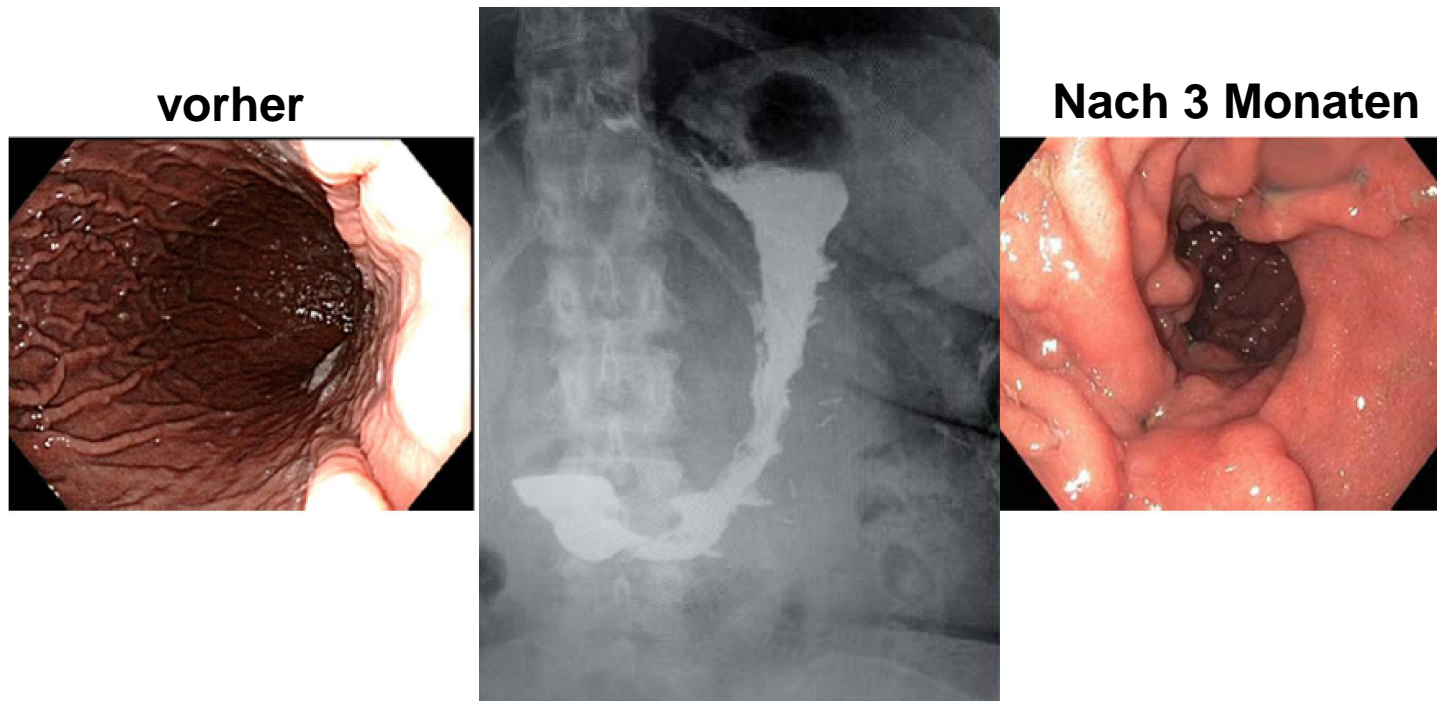
Apollo – Nahtmethode und Durchführung



©MAYO
2016



ESG: Methode – Technik - Performance




Volumen Reduktion: 30-70%

Randomisiert - kontrolliert: ESG +/- Lifestyle

Lifestyle = 1200-Kalor. Diät plus körperliches Training

Primärer Endpunkt: EWL nach 1 Jahr

1:1.5 (85 vs. 124 pts) BMI 30-40 kg/m²



	Primary ESG	Primary control
W.	0% (0/13; 0 to 27)	44% (12/27; 28 to 63)
Hy,		
Impr.	40% (6/15; 20 to 64)	32% (8/25; 17 to 52)
Worsening	27% (4/15; 11 to 52)	28% (7/25; 14 to 48)
Hypertension		
Improving	67% (24/36; 50 to 80)	40% (19/48; 27 to 54)
Worsening	6% (2/36; 1 to 19)	23% (11/48; 13 to 37)
Metabolic syndrome		
Improving	83% (24/29; 65 to 93)	35% (10/29; 20 to 53)
Worsening	0% (0/29; 0 to 14)	38% (11/29; 23 to 56)
Effect on multiple comorbid conditions		
Improved at least 1 condition	41 (80%; n=51)	28 (45%; n=62)
Worsened at least 1 condition	6 (12%; n=51)	31 (50%; n=62)

- Primary ESG
- Primary control
- Primary ESG
- Crossover ESG

**> 25% EWL nach 1 Jahr:
77% ESG-Fälle
(vs. 12% Lifestyle)**

**1 weiteres Jahr später:
68% anhaltend: > 25% EWL**

**Metabol. Begleiterkrankung
(1 oder mehr): ESG vs. Sham
Verbesserung 80% vs 45%**



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

IFSO endorses ESG
an effective and valuable treatment for obesity
particularly class I and II obesity
as well as for those with class III obesity
who are not suitable candidates for bariatric surgery

mean	1 y	2 y	5y
% EWL	53.1	46.6	45.3
% TBWL	17.6	15.2	15.9

DANKE für die AUFMERKSAMKEIT



ESG for super-obese class III patients

**404 consecutive patients, mean BMI 44.8 + 4.7 kg/m²
(Follow-up-rate > 80% at any timepoint)**

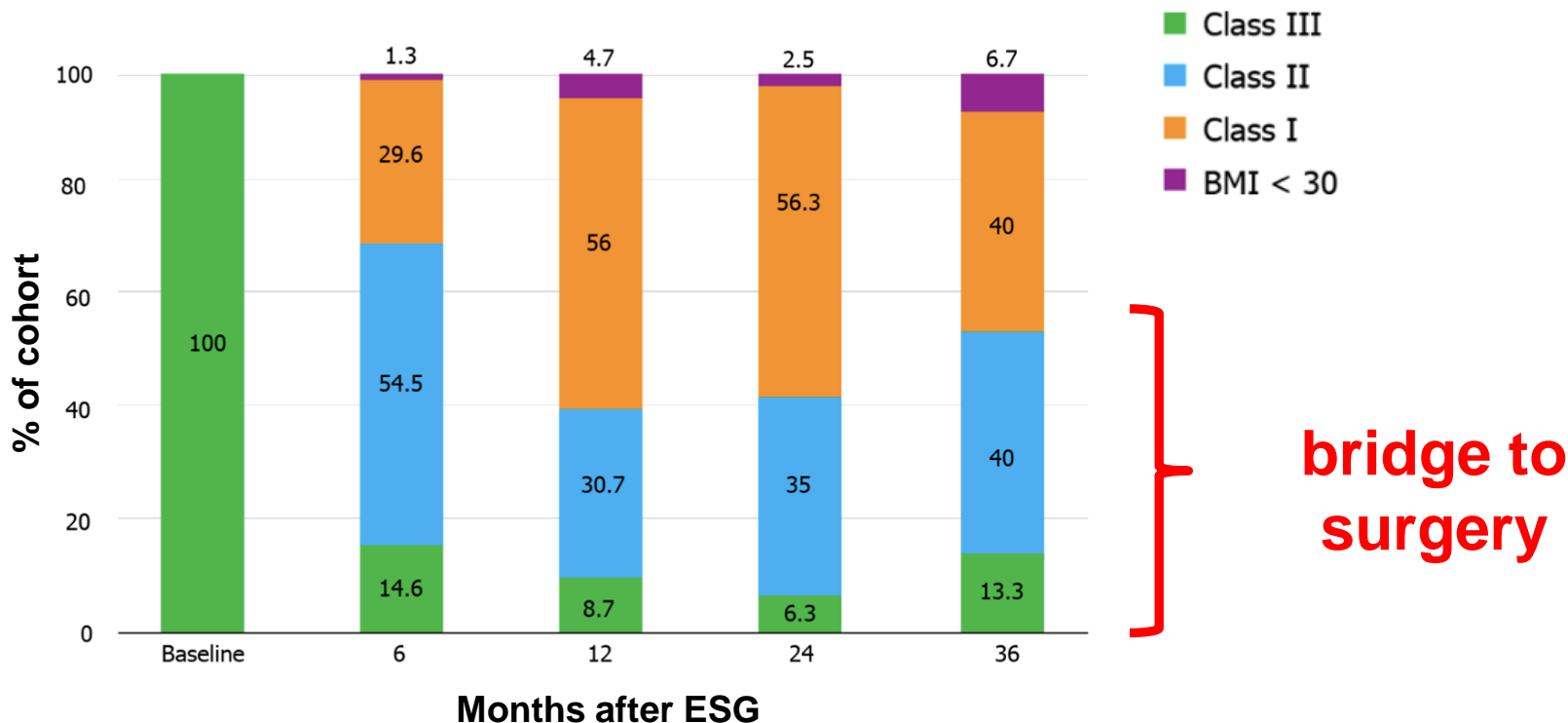
	12 mo	24 mo	36 mo
TBWL%	20.9 _± 6	20.5 _± 7	20.3 _± 9
EBWL%	49.6 _± 15	49.4 _± 16	47.1 _± 23

TBWL at 1y	> 10%	> 15%	> 20%
Achieved by	96.7%	87.4%	55.6%

**Comorbidities: > 50% of cases improvement
Hypertension, DM-II, Hyperlipidemia**

Maselli D et al. WJG 2023

ESG for super-obese class III patients



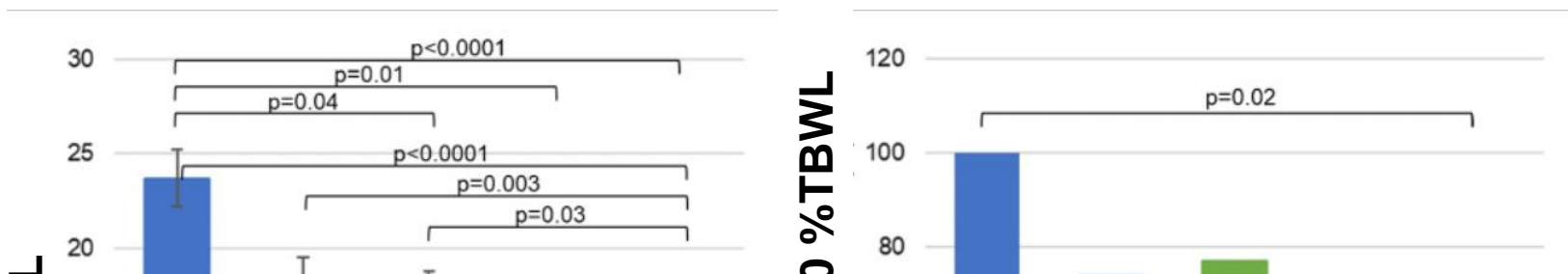
812 ESG in BMI > 50: no differences in safety
 (as compared to 5677 ESG in BMI < 50)

Can we do better ?

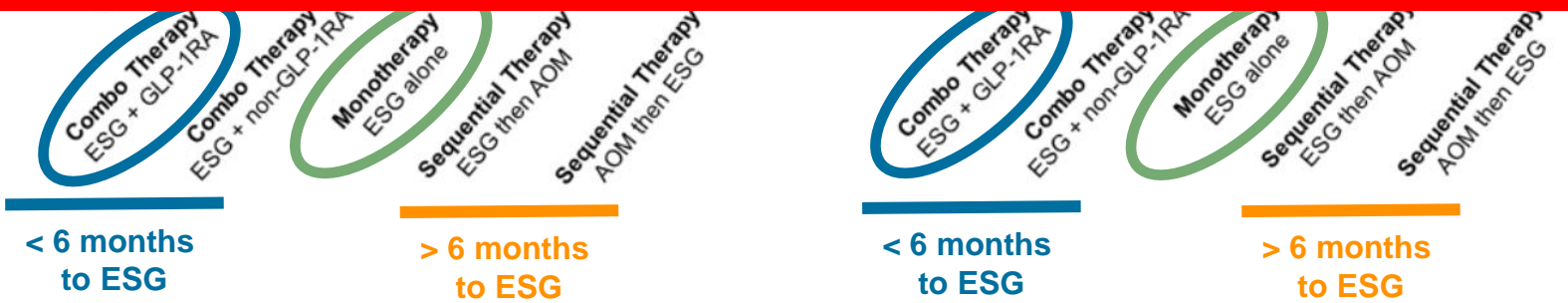
Combination: drug plus gastric EMBT

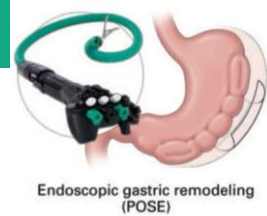
COMBI - Therapy: ESG plus Anti-Obesity Medication (AOM)

Retrospective, mono-center: 224 pts (34%, 31%, 35%): 1 year FU



SAE by AOM ca. 1.5 %
But 0.0% in Combo-Therapy-Group = better tolerability ?
No randomized data available !





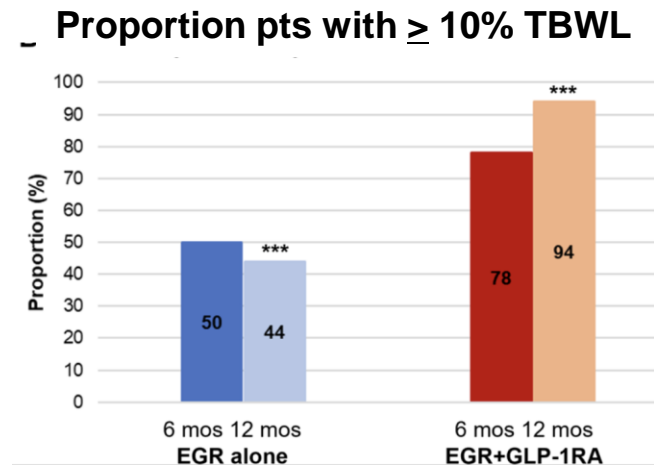
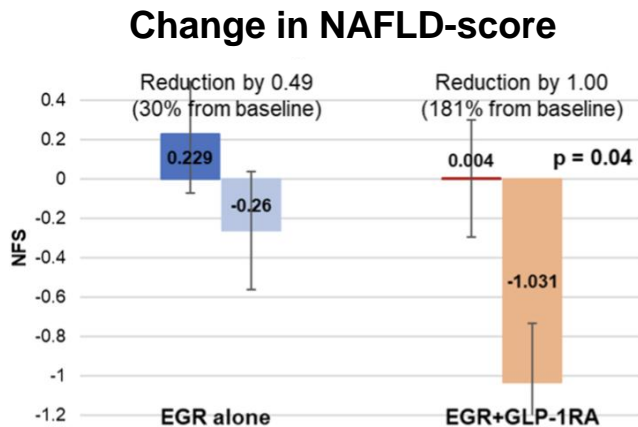
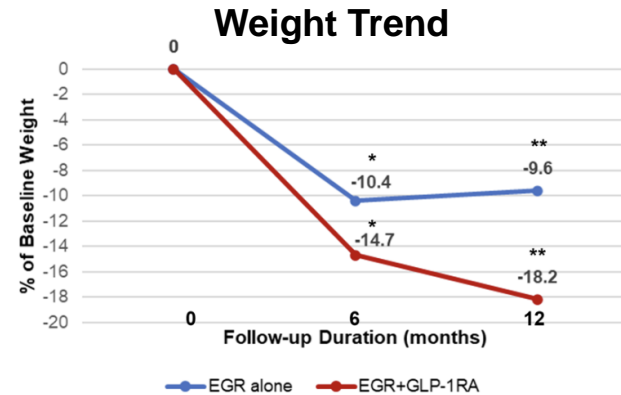
Endoscopic gastric remodeling (POSE)



ESG in Combination with GLP1-RA

- BMI > 30 kg/m² and presence MASLD (steatosis imaging or histology)
 - **cACLD = at least liver fibrosis F3 (LSM ≥ 8 kPa)**
- 18 pts. With GLP1-RA within 6 months (2/18 prior and 16/18 after ESG)

	ESG (n=12)	Combination ESG + GLP1-RA (n=18)
BMI (kg/m ²)	38 + 6.7	42.9+10.4
LSM (kPa)	16.4+7	12.8+5
F4 (n/%)	10 (83)	13 (72)
HOMA-IR	16.4 +11.2	8.6+6
HbA1c	6.5+1.4	6.4+1.1



Summary on endoscopic bariatric metabolic treatment

EGR endozip



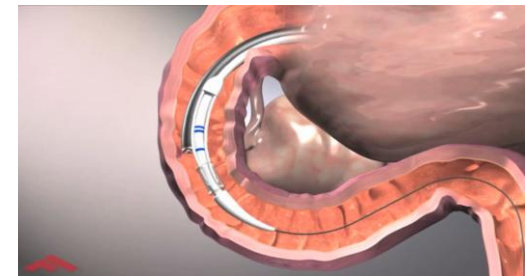
ReCet Evaporization



POSE remodel



DMR ablation duodenal

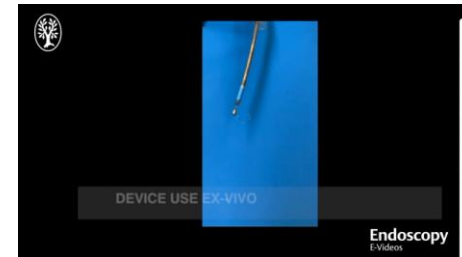


iESG interlocking



Exp. endoscopic bypass

Vapor duodenal





Take Home Messages



- **EBMT is not competition for surgery or pharmacological therapies**
 - **Collaboration in multi-disciplinary team is essential**

- **ESG is endorsed as an effective and valuable treatment for obesity**
particularly class I and II obesity/ class III not suitable for bariatric surgery
Combination with anti-obese-medication can enhance efficacy
High-quality long-term data are required

- **Duodenale ablation (bypass liners) promising tools**
RCT sham-controlled data needed

THANKS

Don't give up...



Z^nüni Gipfli mit Butter



FOR YOUR ATTENTION