

Weight-loss procedure works long-term, without surgery

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Could people struggling with obesity make headway in their efforts to shed pounds without having to go under the knife?

New preliminary research suggests it's possible: A non-surgical procedure may help moderately [obese people](#) lose weight—and keep it off.

Unlike standard weight-loss surgery, endoscopic sleeve gastropasty (ESG) requires no incision and no hospital stay. Instead, doctors thread a scope down the throat and into the stomach, then use a suturing device attached to the scope to cinch the stomach in—ultimately shrinking it to a banana-sized pouch.

The result is, "you eat less, you feel full and you lose weight," said study author Dr. Reem Sharaiha.

Sharaiha and her colleagues at NewYork-Presbyterian/Weill Cornell Medical Center, in New York City, were among the first to start performing ESG, back in 2013. She said they offer it mainly to

patients with a body mass index (BMI) of between 30 and 40—which puts them in the mildly to moderately obese category.

Standard obesity surgeries—like [gastric bypass](#)—are generally reserved for two groups of people: Those with a BMI of at least 40 (more than 100 pounds overweight); and those with a BMI of 35 or more, plus an obesity-related condition such as type 2 diabetes or [high blood pressure](#).

Studies have shown that, in the short term, ESG can spur a fairly big weight loss: At the one-year mark, patients have typically shed about 15% of their starting weight.

But not much is known about patients' longer-term outlook.

The new study is the first to report five-year results, Sharaiha said. It found that at that point, patients were still carrying 15% fewer pounds, on average.

That's not as good as the results seen with traditional surgery, Sharaiha said.

On the other hand, she pointed to the advantages of ESG: "It's a simple, one-day outpatient procedure," she said. "And it leaves no scar, which seems to be the major appeal to patients."

The complication rates are also lower compared with surgery, according to Sharaiha. In an earlier study, her team found that only 1% of ESG patients had a complication, such as a perforation or "leak" in the stomach.

Sharaiha is scheduled to present these latest results May 18 at the annual Digestive Disease Week meeting, in San Diego. Studies presented at meetings are generally considered preliminary until they are published in a peer-reviewed journal.

Dr. Mitchell Roslin is chief of the obesity surgery

program at Lenox Hill Hospital, in New York City.

He said that ESG might be a good weight-loss kickstart for "the right patient" with milder obesity.

"But do I think this would be durable for people with morbid obesity?" Roslin said. "No."

Even with gastric bypass and other surgical procedures that reshape the digestive tract, some people gain the weight back, he noted.

Roslin also questioned how well the findings from this study would generalize if ESG became more common. As it stands, most insurers won't pay for ESG, so patients who receive it generally have the means and motivation to foot the bill. The cost of the [surgery](#) is about \$12,000, according to the researchers.

"The patients they're reporting on are essentially cherry-picked," Roslin said.

Plus, he noted, Sharaiha and her team are "proficient" at performing the procedure at this point. That's not necessarily the case at other centers that have begun offering it.

ESG is not yet widely available. According to Sharaiha, about two dozen medical centers in the United States perform the procedure.

Like Roslin, she pointed to insurance policies as another limiting factor. About two-thirds of her [patients](#) have no coverage for the procedure.

More information: Reem Sharaiha, M.D., M.Sc., associate professor, medicine, Weill Cornell Medical College, and attending physician, New York Presbyterian/Weill Cornell Medical Center, New York City; Mitchell Roslin, M.D., chief, bariatric surgery, Lenox Hill Hospital, New York City; May 18, 2019, presentation, Digestive Disease Week, San Diego

The U.S. National Institutes of Health has more on [ways to manage obesity](#).

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