

Redo endoscopic sleeve gastroplasty



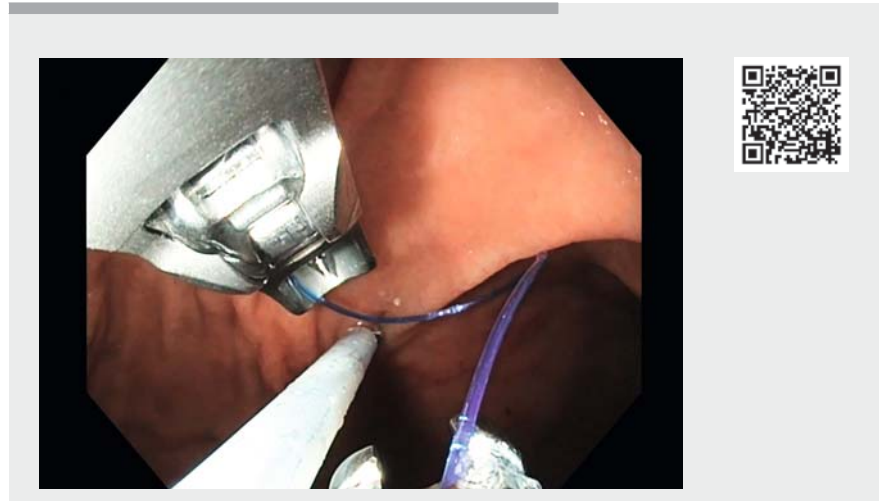
Endoscopic sleeve gastroplasty (ESG) has emerged as a minimally invasive treatment option for obesity. In selected patients who are unable to lose weight after ESG, redo ESG can be performed (▶ **Video 1**).

A 36-year-old woman with an initial body mass index (BMI) of 42.9 kg/m² underwent primary ESG in the standard ‘U’ pattern (▶ **Fig. 1**). She tolerated the procedure well; however, she did not reach her intended weight loss goal at 6 months’ follow-up and noted a progressive loss of satiety.

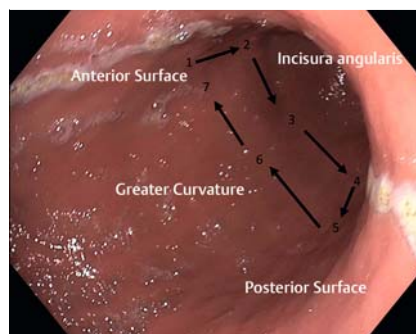
Repeat esophagogastroduodenoscopy revealed dehiscence of the sutures (▶ **Fig. 2**). The gastric lumen demonstrated a loss of sleeve-like configuration and the lumen was not restricted. Dehisced sutures were cut and removed using endoscopic scissors and biopsy forceps. Redo ESG was performed using an endoscopic suturing device. A total of eight sutures were again placed in a ‘U’ pattern, with careful avoidance of mucosal bridges and previous suture sites (▶ **Fig. 3**). The gastric wall was less elastic due fibrotic changes from the primary ESG and careful traction was applied when using the tissue helix. Argon plasma coagulation (APC) ablation of the exposed gastric mucosa adjacent to the sutures was performed while avoiding the sutures (▶ **Fig. 4**). APC can induce de-epithelialization and may help promote tissue apposition [1].

The patient tolerated the procedure well and was discharged home the same day. At 6 months’ follow-up, the percentage of total weight loss was 21.2% and her BMI had reduced from 42.9 to 33.5 kg/m².

ESG is a minimally invasive endoscopic bariatric therapy with significant weight loss outcomes. ESG is repeatable, and redo ESG can be a safe option for weight loss in selected patients who desire endoscopic options for revision. Patients who do not achieve weight loss goals



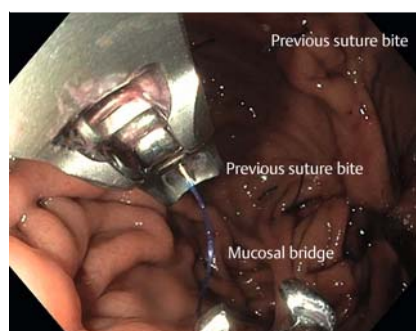
▶ **Video 1** Redo endoscopic sleeve gastroplasty in a patient with weight loss failure after primary endoscopic sleeve gastroplasty.



▶ **Fig. 1** Pathway of “U” pattern of suturing performed during endoscopic sleeve gastroplasty.



▶ **Fig. 2** Endoscopic sleeve gastroplasty demonstrating partially and completely dehisced sutures and mucosal bridges.



▶ **Fig. 3** Areas of previous suture bites and mucosal bridges seen on endoscopic sleeve gastroplasty.



▶ **Fig. 4** Endoscopic sleeve gastroplasty following argon plasma coagulation ablation of the exposed gastric mucosa.

after the primary ESG should be considered for redo ESG.

Endoscopy_UCTN_Code_TTT_1AO_2AD

Competing Interests

S. Singh is a consultant for Apollo Endosurgery. S. Shah-Khan, Y. Hadi, M. Zitun, A. Krishnan, and S. Thakkar declare that they have no conflict of interest.

The authors

Sardar Shah-Khan, **Yousaf Hadi**, **Mohamed Zitun**, **Arunkumar Krishnan**, **Shyam Thakkar**, **Shailendra Singh**

Section of Gastroenterology, West Virginia University, Morgantown, West Virginia, United States

Corresponding author

Sardar Shah-Khan, MD

Section of Gastroenterology, West Virginia University, 1 Medical Center Drive, Morgantown, West Virginia 26506-6201, United States
sshahkh1@hsc.wvu.edu

Reference

- [1] Itani MI, Farha J, Sartoretto A et al. Endoscopic sleeve gastropasty with argon plasma coagulation: a novel technique. *J Dig Dis* 2020; 21: 664–667

Bibliography

Endoscopy 2023; 55: E349–E350

DOI 10.1055/a-1986-7161

ISSN 0013-726X

© 2023. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (<https://creativecommons.org/licenses/by-nc-nd/4.0/>)

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany



ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



Endoscopy E-Videos is an open access online section, reporting on interesting cases

and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

This section has its own submission website at

<https://mc.manuscriptcentral.com/e-videos>