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KOREAN
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BARIATRIC+LAP

SYMPOSIUM: BARIATRIC ENDOSCOPY

Endoscopic Procedures for Weight Loss

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Intragastric ballooning has been used for weight reduction of the bridge to surgery for high risk patients with obesity, and for reducing weight in patients unable to undergo surgery.

Currently, intragastric ballooning may be the best option left for obese patients unresponsiveness to conventional therapy who are either not candidates for surgery or who do not wish to undergo surgery immediately.

A saline and air filled balloon(Endball) will be placed inside the top of the stomach, reducing stomach volume and giving a sensation of satiety.

There are main benefits of intra-gastric balloon

1. Low risk: Intra-gastric balloon is a non-invasive and low risk procedure. Patients can experience quick recovery, and no general anesthesia is required.
2. Improved eating habits: Patients will easily experience fullness during food intake and thereby reducing volume. The speed of food intake is also important and needs to be adjusted.
3. Reversible: Placement of the balloon is a temporary measure. Patients need to continue with their eating habit changes to maintain their weight loss.
4. Widely applicable: Patients from lower BMI to superobese may also consider to undergo this low risk procedure

The procedure takes around 20 minutes and hospitalization is not usually required. Liquid diet is usually advised for the first week after procedure. Also during the first week after balloon placement, patients may experience stomach discomfort or pain, vomiting and abdominal distention. The first 8days, antiemetic drug, antispasmodics, During the 3- 6months, Proton pump inhibitor should be prescribed. The extraction of the balloon is generally indicated due to the reaching the end of the recommended insertion period(6months), the occurrence of a complication: gastric perforation, gastric ulcer or erosion, intestinal obstruction, deflation and migration of the balloon, the intolerance to the balloon particularly due to vomiting or persistant abdominal pain, the incorrect positioning of the balloon in the stomach(balloon blocked, not free in the antrum), the unusual appearance of the balloon(balloon shrunk etc.) Intragastric ballooning can be performed through a simple endoscopic method and is easily reversible. This simplicity offers an expansive role in obesity treatment based on the degree of obesity. It is important to establish an appropriate method for intragastric balloon treatment by classifying the degree of obesity. Intragastric ballooning might produce only short-lasting effects in obesity treatment. Thus, it is important to maintain weight loss following intragastric balloon removal. Long term management for weight reduction after intragastric balloon removal can also comprise intensive lifestyle modification, alone or with pharmacotherapy, and could be suggested to protect against weight regain

Key Words: Endoscopic bariatric procedure, Endball intragastric Balloon(EIB)

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Endoscopic Surveillance in Bariatric Patients

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In each type of bariatric surgery performed nowadays, flexible upper endoscopy has a potential diagnostic as well as therapeutic role. In this session, we focused on the diagnostic role of endoscopy, both prior to primary bariatric surgery and revisional procedures. Endoscopy can provide a chance to assess for concerning anatomy and pathologic processes in the preoperative state. Moreover, in postoperative situations, it can detect and strategize the resolution to a variety of challenging situations. Bariatric surgeons should consider and be familiar with preoperative and postoperative endoscopy as a standard evaluation tool when indicated prior to definitive surgical procedures. Along with excellent surgical decision-making and technique, endoscopy will optimize patient care resulting in improved outcomes.

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Endoscopic Management of Complications

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Bariatric surgery has become increasingly popular over recent years worldwide and more than 800,000 cases of bariatric surgery was performed over 60 countries according to the 5th IFSO (International Federation for the Surgery of Obesity and metabolic disorders) global registry report 2019. Moreover, in Korea, the number of bariatric surgeries increased rapidly by about 4 times last year compared to 2018 due to the national insurance coverage of all bariatric surgeries. It is inevitable that as the number of surgery increases, the complication rates increases. Complications of bariatric surgery are divided into early complications such as gastrointestinal leak, infection, bleeding or obstruction that occur within 30 days after surgery and late complications such as stricture, delayed leak, ulcers, internal hernia that occur after 30 days. Management for various complications can be performed with various modalities such as conservative treatment, endoscopy, and surgery depending on the degree of complication, onset of complication, the patient's condition and so on. The utilization of endoscopic approaches is growing as the technology continues to develop over time. Therefore, I will present various endoscopic management of complications such as gastrointestinal leak/fistula and stomal stenosis through the personal experiences and literature reviews.

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Endoscopic Revision of Weight Loss Failure

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Obesity is an escalating disease. Bariatric procedures safely address most cases of severe overweight and comorbid conditions. However, a fraction of patients may experience unpleasant outcomes. Inadequate weight loss, weight regain, and surgical complications are challenging situations. Secondary bariatric procedures – either revisional or conversion – carry modest outcomes and higher rates of complications compared to the primary procedure. In this context, the endoluminal approach is timely. This paper describes all available data regarding endoscopic therapies to promote weight loss after a bariatric procedure and to treat the most common surgical complications.

Keywords: bariatric; endoscopy; endoscopic; weight regain; inadequate weight loss;