

Early Safety and Efficacy of Endoscopic Sleeve Gastroplasty vs Sleeve Gastrectomy: A Propensity-Matched, Database Analysis of 6,000 Patients

Anuragh Gudur, MD¹; Calvin Geng, MD¹; Sonia Kshatri, BS²; David Martin, PhD³; Rebecca Haug⁵, Mark Radlinski⁵, Yang Lei⁵, Ross C.D. Buerlein MD⁵, Daniel S. Strand MD⁵, Bryan G. Sauer MD, MSc⁵, Vanessa M. Shami MD⁵, Peter Hallowell MD⁴, Bruce Schirmer MD⁴, Andrew Y. Wang MD⁵, Alexander Podboy, MD⁵ ¹ Department of Medicine, University of Virginia, ² Northeast Ohio Medical University, Rootstown, Ohio., ³ Claude Moore Health Sciences Library, University of Virginia ⁴ Department of Surgery, University of Virginia, ⁵ Division of Gastroenterology and Hepatology, University of Virginia

ABSTRACT

Background and Aims: Endoscopic sleeve gastroplasty (ESG) is an incisionless, transoral, restrictive bariatric procedure designed to imitate sleeve gastrectomy (SG). Comparative studies are limited and there is a lack of large-scale population-based data. Additionally, no studies have examined the impact of race on outcomes after ESG. This study aims to compare short-term outcomes of ESG to SG and evaluate racial effects on short-term outcomes after ESG. Methods: We retrospectively analyzed over

600,000 patients in the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database from 2016-2020. We compared occurrences of adverse events (AE), readmissions, reoperations, and re-interventions within 30days after procedure. Multivariate regression evaluated the impact of patient factors, including race, on AE.

Results: A total of 6,054 patients underwent ESG and 597,463 underwent SG. AE were low after both procedures with no significant difference in major adverse events (SG: 1.1%) vs ESG: 1.4%, p > 0.05). However, patients undergoing ESG had more readmissions (3.8% vs 2.6%), re-operations (1.4% vs 0.8%), and re-interventions (2.8% vs 0.7%) within 30 days (p < 0.05). Race was not significantly associated with AE after ESG, with black race associated with higher risk of AE in SG. **Conclusions:** ESG demonstrates a comparable major adverse event rate to SG. Race did not impact short-term AE after ESG. Further prospective studies long term studies are needed to compare ESG with SG.

CONTACT

Anuragh Gudur University of Virginia Email: ycq3qt@virginia.edu Phone: 7063419299

- Gastrectomy (SG).
- outcomes after ESG

METHODS AND MATERIALS

Patients who underwent **ESG or SG** at an accredited American Society of Metabolic and Bariatric Surgery (ASMBS) center from 2016-2020



Comparison of safety and efficacy ✓ Multivariable logistic regression to query the effect of patient characteristics, including race, on adverse events

REFERENCES

INTRODUCTION

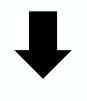
✓ Less than 1% of qualified patients undergo bariatric surgery, often due to concern regarding surgical risk

✓ Endoscopic Sleeve Gastroplasty (ESG) is a promising alternative to Surgical Sleeve

Comparative studies of ESG and SG are limited

 \checkmark No studies have examined the impact of race on

Propensity matching in 1:5 ratio of ESG to SG patients



Mean Age, years (SD)
<mark>Mean BMI (SD)</mark>
Gender, n (%)
Female
Race, n (%)
White
Black or African American
Smoker, n (%)
ASA Physical Status Class,
ASA II - Mild systemic diseas
ASA III - Severe systemic dis
<mark>Diabetes, n (%)</mark>
Hypertension, n (%)
Renal Insufficiency, n (%)

Short-Term Postprocedural Outcomes following ESG and SG P-value ESG (n = 6,054) SG (n=30,270) 0.058 86 (1.4) 340 (1.1) Major Adverse Event, n (%) **Reoperation within 30 days, n (%)** 86 (1.4) 238 (0.8) <0.001 < 0.001 Readmission within 30 days, n (%) 231 (3.8) 794 (2.6) <0.001 Intervention within 30 days, n (%) 171 (2.8) 209 (0.7) 0.001 **Received Treatment for Dehydration** 993 (3.3) 147 (2.4) Outpatient, n (%) Emergency Department Visit Not Resulting 294 (4.9) 1786 (5.9) 0.002 in Admission, n (%) -1.77 (2.89) -2.36 (1.78) < 0.001 Mean Change from Pre-Op to Post-Op BMI (SD) 1.44 (0.97) < 0.001 Mean Length of Stay (SD) 0.87 (2.18) Mean Procedure Length, minutes (SD) 62.90 (46.99) 71.69 (37.14) < 0.001

 Hedjoudje A, Abu Dayyeh BK, Cheskin LJ, Adam A, Neto MG, Badurdeen D, Morales JG, Sartoretto A, Nava GL, Vargas E, Sui Z, Fayad L, Farha J, Khashab MA, Kalloo AN, Algahtani AR, Thompson CC, Kumbhari V. Efficacy and Safety of Endoscopic Sleeve Gastroplasty: A Systematic Review and Meta-Analysis. Clin Gastroenterol Hepatol. 2020 May;18(5):1043-1053.e4. Epub 2019 Aug 20. Sharaiha RZ, Hajifathalian K, Kumar R, Saunders K, Mehta A, Ang B, Skaf D, Shah S, Herr A, Igel L, Dawod Q, Dawod E, Sampath K, Carr-Locke D, Brown R, Cohen D, Dannenberg AJ, Mahadev S, Shukla A, Aronne LJ. Five-Year Outcomes of Endoscopic Sleeve Gastroplasty for the Treatment of Obesity. Clin Gastroenterol Hepatol. 2021 May;19(5):1051-1057.e2. Mehta A, Sharaiha RZ. Bariatric and metabolic endoscopy: impact on obesity and related comorbidities. Therapeutic Advances in Gastrointestinal Endoscopy. January 2021

RESULTS

Baseline Characteristics of Patients Undergoing Endoscopic Sleeve Gastroplasty and Sleeve Gastrectomy				
	ESG (n = 6,054)	SG (n= 30,270)	P-valu	
Mean Age, years (SD)	47.47 (11.44)	44.87 (11.94)	<0.00	
Mean BMI (SD)	40.55 (8.66)	42.80 (6.17)	<0.00	
Gender, n (%)			<0.00	
Female	5116 (84.5)	24,926 (82.3)		
Race, n (%)			0.35	
White	4301 (71.0)	21133 (69.8)		
Black or African American	1113 (18.4)	5903 (19.5)		
Smoker, n (%)	346 (5.7)	1839 (6.1)	0.29	
ASA Physical Status Class, n (%)			<0.00	
ASA II - Mild systemic disease	2200 (36.3)	8509 (28.1)		
ASA III - Severe systemic disease	3637 (60.1)	20911 (69.1)		
Diabetes, n (%)	1040 (17.3)	5775 (20.1)	0.00	
Hypertension, n (%)	2312 (38.2)	12556 (41.5)	<0.00	
Renal Insufficiency, n (%)	24 (0.4)	128 (0.4)	0.85	
Dialysis, n (%)	8 (0.1)	53 (0.2)	0.56	
Therapeutic Anticoagulation, n (%)	157 (2.6)	675 (2.2)	0.09	
GERD, n (%)	1817 (30.0)	7937 (26.2)	<0.00	
Hyperlipidemia, n (%)	1025 (16.9)	5608 (18.5)	0.00	
Obstructive Sleep Apnea, n (%)	1553 (25.7)	9596 (31.7)	< 0.00	
COPD, n (%)	55 (0.9)	295 (1.0)	0.68	
Chronic Steroid Use, n (%)	95 (1.6)	525 (1.7)	0.39	
History of PE, n (%)	83 (1.4)	307 (1.0)	0.01	

Patient Factor	OR	95% CI
Renal Insufficiency	10.0	1.97 – 51.0
Therapeutic Anticoagulation	3.73	1.22 - 11.44
Non-Insulin Diabetes	2.10	1.083–4.28
Chronic Steroid Use	3.56	1.07 – 11.87
Female	0.48	0.25 - 0.94

Sleeve Gastrectomy					
Patient Factor	OR	95% CI			
Therapeutic Anticoagulation	1.80	1.65 - 1.98			
GERD	1.26	1.20 - 1.32			
Chronic Steroid Use	1.63	1.46 - 1.83			
Renal Insufficiency	1.95	1.66 - 2.28			
Race: Black or African American	1.21	1.11 – 1.33			
Female	0.90	0.85 - 0.95			
ASA Class V – Moribund Status	6.69	1.83 – 24.4			

✓ **ESG** has comparable safety to SG. Major Adverse Events were low ✓ Patients undergoing ESG had more readmissions (3.8% vs 2.6%), re-operations (1.4% vs 0.8%), and **re-interventions** (1.4% vs 0.8%) ✓ **Black race** predicts adverse events after SG, but not ESG



Endoscopic Sleeve Gastroplasty

DISCUSSION & CONCLUSION