International Federation for

Obesity and Metabolic Disorders

BARIATRIC ENDOSCOPY POSTGRADUATE COURSE

This course will allow participants to use basic and advanced endoscopic tools that are critical to performing diagnostic and interventional endoscopy in bariatric patients.

Wednesday August 26th 2015

Course Directors and Moderators: **Manoel Galvao, Gastro Obeso Center Sao Paulo (Brazil)**

Natan Zundel, Florida International University (USA)

Tentative Faculty:

Barham Abu Dayyeh – USA, Josemberg Campos – Brazil, Guido Costamagna, Italy, Ricardo Dib, Brazil, Alex Escalona – Chile, Eduardo Greco, Brazil, JC Goustot – USA, Kelvin Higa – USA, Gontrand Lopez-Nava – Spain, Joao Caetano Marchesini – Brazil , Nicole Pena – Dominican Republic, Silvana Peretta – France , Almino Ramos – Brazil , Roman Turro – Spain , Christine Stier – Germany, Karl Miller – Austria, Jordi Pujol - Spain

Background:

Bariatric Endoscopy (BE) is a neologism meaning a new term created to define the interface of advanced therapeutic endoscopy with Bariatric Surgery (BS). Mainly, its interface deals with treating bariatric surgery complications and primary obesity itself even revising secondary obesity (post-op weight loss failure or post-op weight regain). The interest about BE among bariatric surgeons and gastroenterologists/endoscopists are growing fast as training and information on this matter is truly needed since training opportunities are really scarce. The IFSO congress by means of an interactive post-grad course/workshop with live transmissions of cases performed around the world offers an intensive and immersive experience together with didactic lessons exposing the attendees to the must relevant information on this new field.

BE for surgical complications: Surgical treatment of obesity had been growing exponentially on last years, allowing better weight and comorbidities control when compared with clinical treatment. When surgical complications are evaluated, traditional surgical approach with reoperations and revisions on bariatric surgery seems to be associated with some sort of complication and mortality rates so endoscopic endolumenal approach is currently gaining ground on treating those complications due to its less invasive nature avoiding extra damage to abdominal wall. This is considered a new and unknown field by most endoscopists even if they are experts due to the fact the BS complications behave differently from surgical complications in lean patients. Also the literature about it is truly scarce and lacks of clinical guidelines about this growing matter.

BE as obesity treatment: Traditional clinical treatment of obesity is prone to fail on obese patients and besides BS is a very efficient treatment, just few surgical candidates (< 2%) reach it. So this leaves enough room to less invasive ways to treat obesity. Traditionally BE treats obesity with space occupying temporary devices like Intragastric balloons. Recently BE it is evolving into more sophisticated and may more durable devices and ways to treat obesity by mimicking BS restrictive procedures like bands and gastroplasty with endoscopic stapling and suturing, even reaching hard to imagine boundaries like internal bowel diversion thus expanding BE to reach endoscopic treatment of Type 2 Diabetes possible.

BE as a treatment for post-op BS weight regain or weight loss failure: BS is a known safe and effective way to treat morbid obese patients on long term but as obesity is such a difficult disease to treat, failures can and will happens. Specifically on Roux-and-Y Gastric Bypass (RYGB) weight loss failure rates can goes as up to 20% and more on long-term follow-up. When failure happens due to the loss of expected surgical anatomy like in gastric pouch enlargement or dilation, loss of restriction external ring or gastrojejunostomy enlargement, a revisional surgical procedure can correct it putting the patient on track again but the cost-benefit in terms of severe and possible complications most of the times postpone it, even making experienced bariatric surgeon think twice in jumping on a surgical revision. To cover this gap, endoscopic RYGB endoscopic revision is being developed and is growing with devices approved for clinical use to wherever create folds and bumps or perform endoscopic suturing. Besides endoscopic RYGB revision efficacy and durability still needs long-terms results, its safety, initial efficacy and possibility of being redone makes it really palatable.

Workshop / course outlines:

To offer a comprehensive coverage of Bariatric Endoscopy and its interfaces by means of broadcasted live procedures and didactic lessons given by worldwide experts on this field integrating the surgical procedure anatomy, surgical approach and therapeutic endoscopic options thus given the attendee a multi-dimensional" comprehension of this complex matter.

(1 full day)

Tentative program

Wednesday, August 26th

7:30 – 08:00h – Welcome and accommodation

BE for surgical complications module - 08:00 to 11:10h

08:00 – 08:15h

Course introduction and highlights

Natan Zundel and Manoel Galvao Neto

08:15 – 08:30h

BE overview

Bariatric endoscopy anatomy – Surgical X endoscopic perspective

Manoel Galvao Neto

08:30 – 09:10h

Gastric Band BE

08:30 – 08:45h **-** Surgical treatment of gastric band complications. Emphasis on band erosion

Natan Zundel

08:45 – 09:00h **-** Endoscopic treatment of band erosion and the interface with its other complications – technical aspects and results

Manoel Galvao Neto

09:00 – 09:10h **-**Interaction / Questions

09:10– 10:00h

RYGB BE

09:10– 09:30h **-** Surgical treatment of RYGB complications

Almino Ramos

09:30– 10:00h - Endoscopic treatment of RYGB complications

Joao Caetano Marchesini

10:00 – 10:10h **-** Interaction / Questions

10:10– 11:00h

Sleeve Gastrectomy BE

10:10– 10:30h - Sleeve Gastrectomy complications – “Surgeon perspective”

Samuel Szomstein

10:30– 11:00h - Sleeve Gastrectomy complications - Endoscopic treatment

Josemberg Campos

11:00 – 11:10h - Interaction / Questions

11:10 – 11:30h

Coffee Break

Bariatric endoscopy live procedures module - 11:30 – 15:00

Procedures broadcast to Montreal to view and interact

–Lunch box during session

Endoscopic sleeve gastroplasty

- Barham Abu Dayyeh and JC Goustot – USA

RYGB endoscopic revision

– Guido Costamagna, Italy

POSE procedure

– Roman Turró, Barcelona, Spain

Endolumenal duodeno-Jejunal bypass

– Jordi Pujol, Spain

Intragastric Balloon implants and explant

- Josemberg Campos, Eduardo Greco and Ricardo Dib bariatric Endoscopy team, Brazil

Endoscopic treatment of bariatric surgery complications – Gastric band and RYGB ring erosions, RYGB and sleeve gastrectomy leaks and stenosis

- Josemberg Campos, Eduardo Grecco and Ricardo Dib bariatric Endoscopy team, Brazil

BE as obesity treatment and BS on weight loss failure module – 15:00 to 18:00h

15:00 – 16:10h

Endoscopy treatment of obesity and metabolic comorbidities

15:00 – 15:15h - What to expect from BE as a primary treatment option for obesity. Present and future perspectives

Silvana Peretta

15:15 – 15:30 - Intragastric balloons as space occupying devices. Overview and results

Gontrand Lopez-Nava

15:30 – 15:45 - Endoscopic endolumenal gastroplasty

Nicole Pena

15:45 – 16:00 - Endoscopic endolumenal fundus gastroplasty, technical issues

Karl Miller

16:00 – 16:15 - Endoscopic endolumenal bowel diversions

Alex Escalona

16:15 – 16:30 - Endoscopic endolumenal tissue remodeling

Manoel Galvao Neto

16:30 – 16:45 – Evidence base analysis of Endoscopic treatment of obesity and diabetes

Christine Stier – Germany

16:45 – 17:00h **-** Interaction / Questions

Endoscopy treatment on weight loss failure post bariatric surgery

17:00 – 17:15h **-** Defining post-op weight loss failure.

Kelvin Higa, USA

17:15 – 17:30h **-** RYGB endoscopic revisions besides endoscopic suturing.

Nicole Pena

17:30 – 17:45h **-** RYGB endoscopic revision with endolumenal suturing

Manoel Galvao Neto

17:45 – 18:00h **-** Interaction / Questions

18:30 Welcome Reception