



Reply to Letter to Editor RE: Laparoscopic Sleeve Gastrectomy After Endoscopic Sleeve Gastroplasty: Technical Aspects and Short-Term Outcomes

Aayed R. Alqahtani^{1,2} 

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We thank the authors of this letter for expressing interest in our study on laparoscopic sleeve gastrectomy (LSG) after endoscopic sleeve gastroplasty (ESG) [1]. We share their views on endoscopic bariatric therapy (EBT). We also agree that ESG fills a gap between medical management of obesity and bariatric surgery [2]. The procedure serves an unmet need in the care of patients with obesity, including those who are not eligible for or do not desire bariatric surgery, or as a bridge to surgery.

While acknowledging the gross similarities between ESG and LSG, we believe that it is critical not to equate the procedures with each other. Each has its own indication, weight loss mechanism, and adverse event profile. LSG is not purely restrictive. Multiple studies documented neurohumoral and metabolic changes after LSG [3–5]. While both procedures alter gastric emptying and lower ghrelin levels [6], the metabolic changes that are observed after LSG are more pronounced. Additionally, emerging results on long-term weight loss after sleeve gastrectomy suggest that success is durable [7, 8]. Sleeve gastrectomy therefore remains a feasible revision option.

We agree that patients who are counseled on undergoing an EBT procedure should receive rigorous evaluation in order to aid in the development of a personalized bariatric therapeutic approach. Additionally, this evaluation would help in identifying and targeting eating disorders and predict which patient benefits the most from which procedure.

We are in urgent need for EBT guidelines that cover all aspects of this emerging approach including indications, peri-operative protocol, follow-up, and revision.

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✉ Aayed R. Alqahtani
qahtani@yahoo.com

¹ New You Medical Center, Riyadh, Saudi Arabia

² Department of Surgery, College of Medicine, King Saud University, Riyadh, Saudi Arabia

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