Guidance for full-thickness suturing in endoscopic sleeve gastroplasty – preliminary exploration using laparoscopy

Endoscopic sleeve gastroplasty (ESG) is a new endoscopic weight loss procedure that creates a sleeve along the gastric greater curvature using a full-thickness endoscopic suturing device [1–3]. However, there is no specific guide for full-thickness suturing in ESG. The patient here described had a body weight of 116 kg and a body mass index (BMI) of 36.2 kg/m². The patient had a history of hypertension for more than 10 years. With the patient under a general anesthetic, argon plasma coagulation (APC) was used to mark the stitch sites along the anterior wall, greater curvature, and posterior wall of the stomach (▶ Fig. 1a). We used a triangular stitch pattern, starting at the anterior wall, then the greater curvature, and finally the posterior wall, targeting the APC markings (▶ Fig. 1b). Each triangular suture pattern consisted of approximately six full-thickness stitches, which were then cinched together to form a plication. A total of six plications were placed to reduce the gastric lumen significantly (▶ Fig. 1c). Throughout the procedure, laparoscopy was used to observe and help control the force applied with the helix of the suturing device, with the operators being advised when they were pushing too hard on the helix, so as to prevent damage within the abdominal cavity (▶ Fig. 1d). Otherwise, the laparoscope was used to observe directly whether the helix had penetrated the stomach. Additionally, we explored how many times the helix should be rotated and found that the mucosa shrank after four rotations of the helix (▶ Fig. 1e,f). Suturing at the fundus and posterior wall was however difficult to observe laparoscopically, so in these areas we used the standard approach described previously to achieve full-thickness sutures.

The procedure took 70 minutes for the stitching and used six sutures (▶ Video 1). There were no adverse events. During the 3-month follow-up period, the patient did not complain of...
any further abdominal discomfort and lost 16 kg in weight.

In conclusion, ESG offers an important opportunity to deliver an effective weight loss intervention and the helix should rotate four turns until the mucosa shrinks to ensure a full-thickness suture.

Endoscopy_UCTN_Code_TTT_1AO_2AN

Competing interests

None

References


Bibliography

DOI https://doi.org/10.1055/a-0820-1294
Published online: 11.1.2019
Endoscopy 2019; 51: E61–E62
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free 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.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos

The authors

Lei Peng*, Xuan Li*, Guoxin Zhang
Department of Gastroenterology, First Affiliated Hospital of Nanjing Medical University, Nanjing, China

Corresponding author

Guoxin Zhang, MD
Department of Gastroenterology, First Affiliated Hospital of Nanjing Medical University, Nanjing, China
Fax: +86-025-83714511
guoxinz@njmu.edu.cn

* Contributed equally to this work