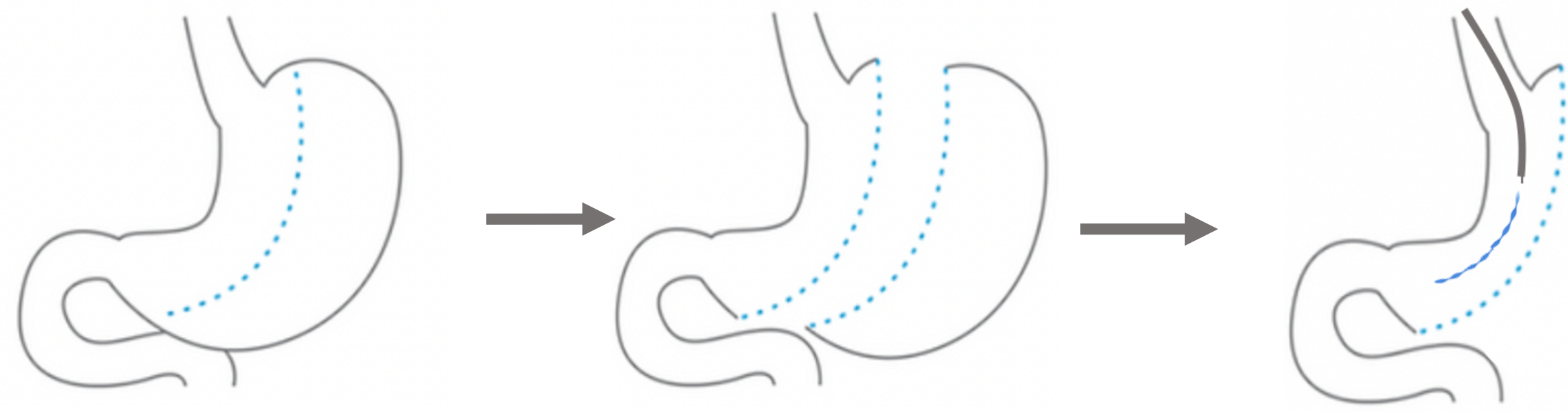


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BACKGROUND

A significant proportion of patients experience **weight recidivism** or **inadequate weight loss** after Laparoscopic Sleeve Gastrectomy (LSG). Revisional surgical procedures are effective but associated with higher morbidity. Endoscopic Sleeve Gastroplasty (ESG) has emerged as a minimally invasive option. The role of **revisional ESG** (R-ESG) following LSG remains unclear.



METHODS

DESIGN : Systematic review and meta-analysis

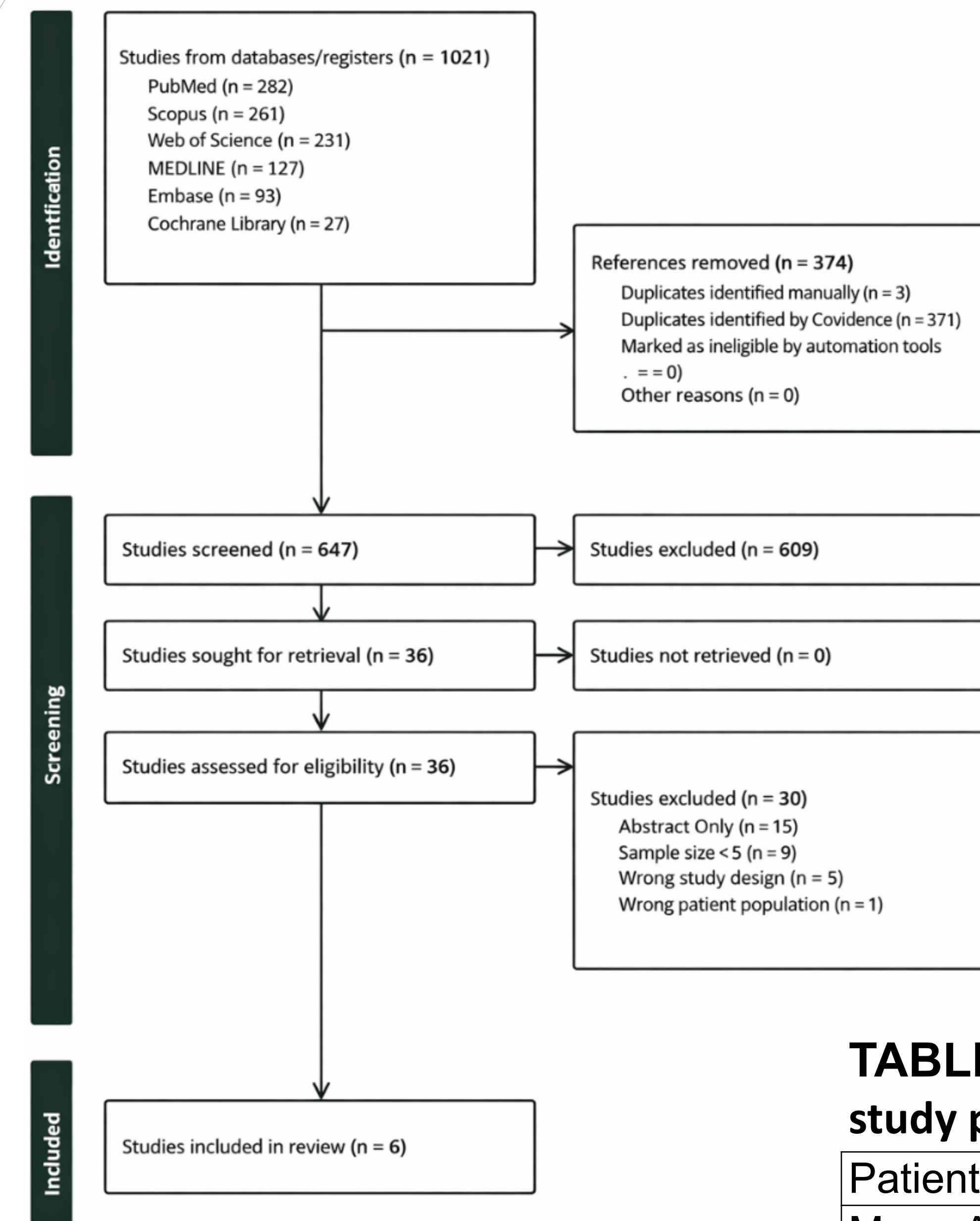
STUDY INCLUSION

(1) adult patients undergoing R-ESG following LSG, (2) reporting TBWL and/or adverse events, (3) a minimum follow-up of 6 months, and (4) enrolling at least 5 patients. Non-peer reviewed studies and animal studies were excluded.

OUTCOME

- Percent **total body weight loss** (%TBWL) of a R-ESG after LSG
- Complications and **adverse event rates**

RESULTS



Total of 6 studies included
(2017 – 2025)
- 3 retrospective cohort studies
- 2 retrospective case series
- 1 prospective cohort study

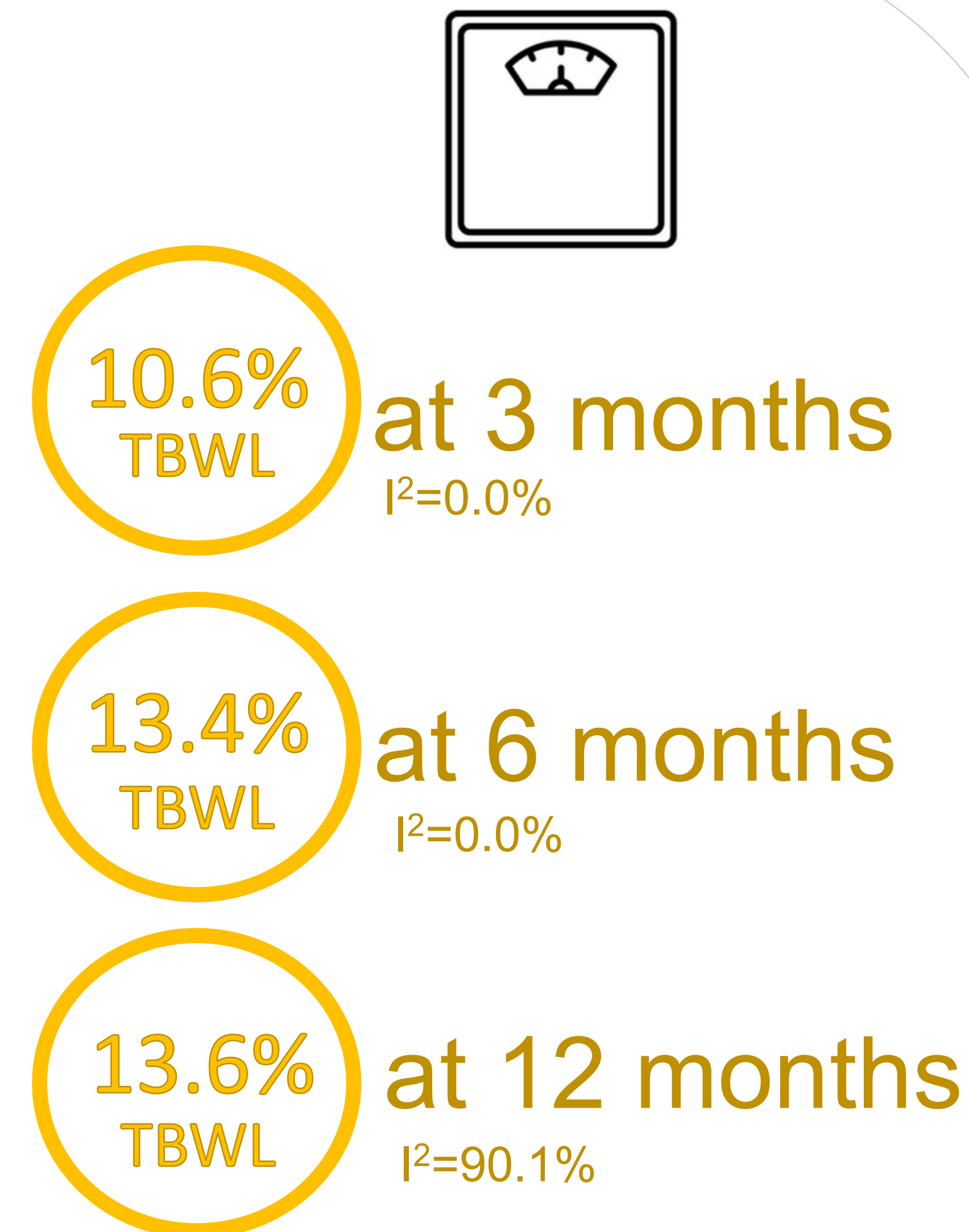


TABLE 1. Demographic information of included study population

Patients (n)	212
Mean Age (years)	44.9
Female patients (n)	173 (81.6%)
Mean BMI pre-LSG (kg/m ²)	43.8
Mean BMI post LSG, pre ESG (kg/m ²)	36.4
Mean time from LSG to R-ESG (months)	70.7
Mean follow up duration after R-ESG (months)	15.1
Used weight loss medication (n)	49 (25.4%)

RESULTS

ADVERSE EVENTS

- 11 of 212 patients experienced adverse events
- 5 nausea, transient abdominal discomfort or minor bleeding
 - 4 required IV hydration
 - 1 post procedural admission
 - 1 significant emesis due to GE junction narrowing

No serious complication. No mortality.

CONCLUSIONS

ESG appears to be an **effective revisional procedure** following LSG showing persistent weight loss up to 12 months.

The **rate of adverse events is low** in this population.

Future studies should aim to provide longer-term follow-up and direct comparisons with other revisional bariatric procedures.