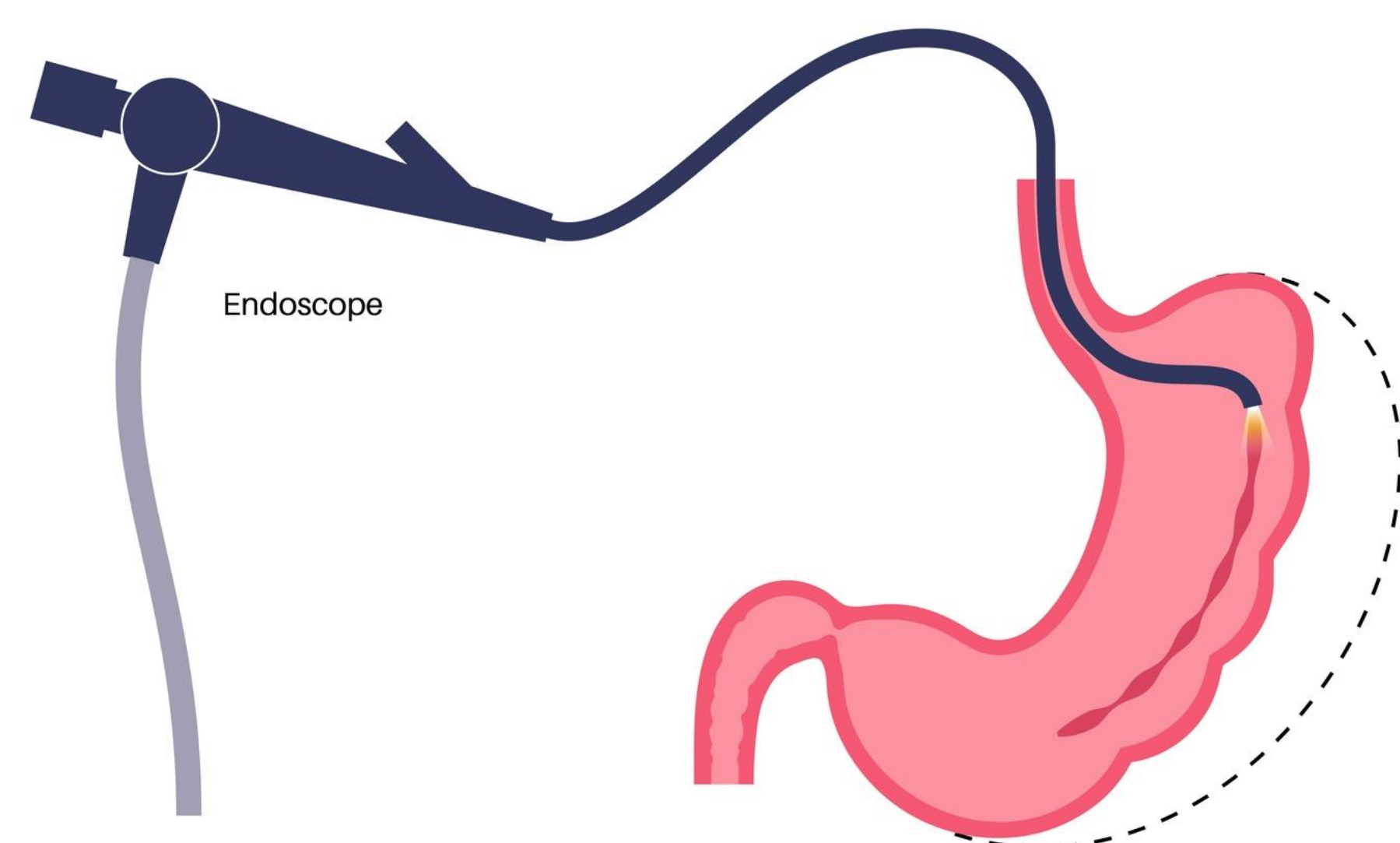




Endoscopic Sleeve Gastroplasty (ESG) Results in Persistent Weight Loss Up to 5 Years, Regardless of Payer

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Background ESG is an endoscopic procedure to treat obesity and associated metabolic comorbidities. Outcomes after bariatric surgery have previously been shown to vary by Payer.¹⁻⁵ Minimal literature exists on outcomes of ESG by payer.⁶



Aim Review institutional outcomes of ESG stratified by payer (trial, private insurance, self-pay)

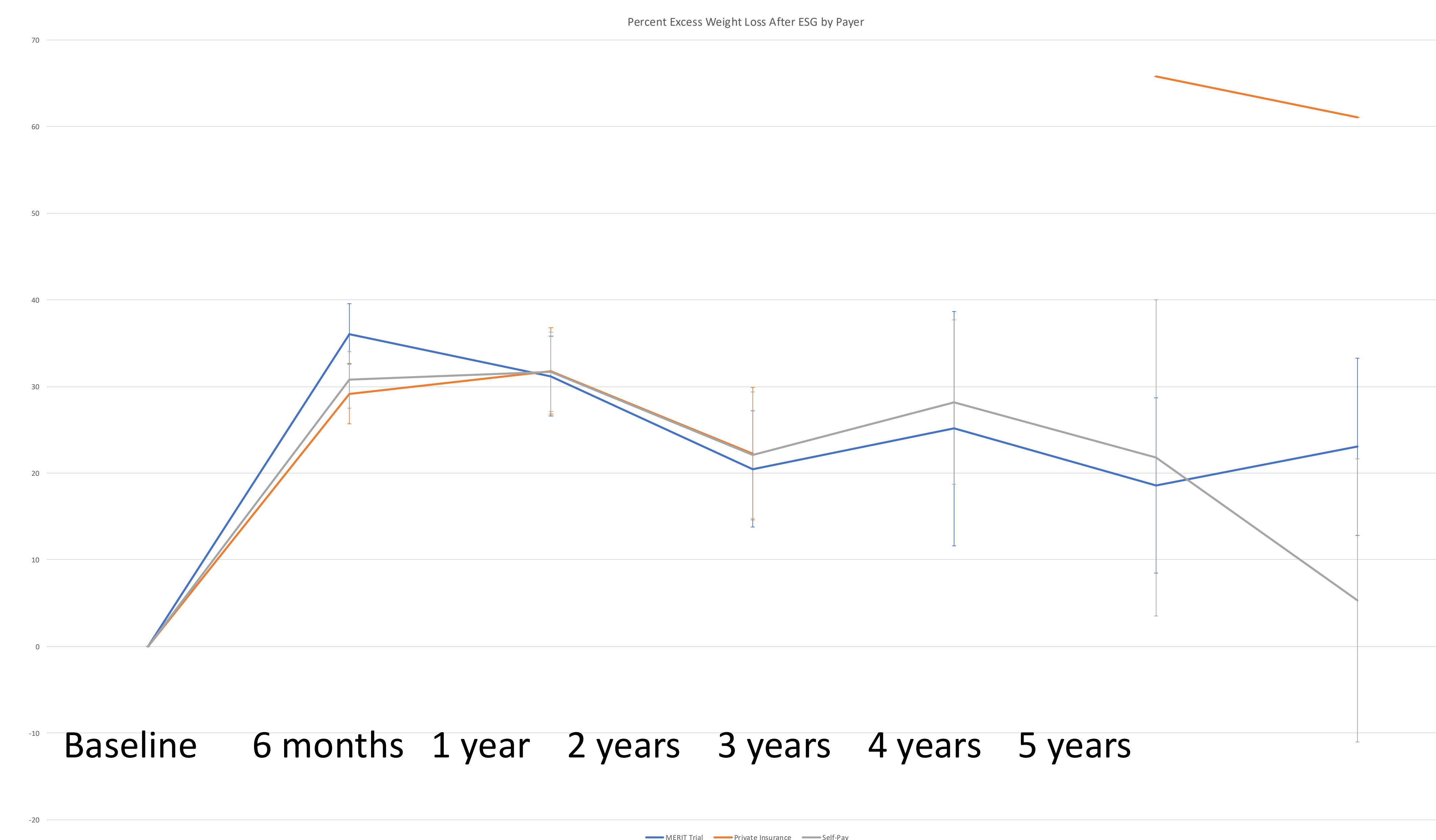
Hypothesis Self-pay patients experience greater weight loss and comorbidity resolution than insured patients

Methods Retrospective review of a single institutions prospective bariatric quality database; all ESG 6/2016–9/2025, stratified by payer (trial, private insurance, self-pay) excluding non-U-stitch suture patterns and postop GLP-1 users
Outcomes of interest % excess and total body weight loss (%EWL, %TBWL), comorbidity resolution, and complications

Results

- ❖ N=78 ESG eligible for inclusion during the study period (15 trial, 25 private insurance, 38 self-pay); excluded 25
- ❖ No significant demographic differences by payer
- ❖ No differences in rates of hypertension, hyperlipidemia, obstructive sleep apnea, GERD, smoking or HbA1c
- ❖ More diabetes mellitus in trial vs self-pay patients at baseline (31.3% vs 6.4%, $p=0.037$), 6 months postop (26.7% vs 0.0%, $p<0.01$), 1 year postop (23.3% vs 4.8%, $p=0.011$), and 3 years postop (80% vs 0%, $p<0.01$)
- ❖ No significant intraoperative differences in EBL, OR time
- ❖ Significant difference in number of endo-sutures used (Trial 6.6 ± 1.6 , Insured 5.0 ± 1.2 , Self-pay 5.9 ± 1.4)
- ❖ Significantly longer LOS for insured vs self-pay patients, though all averaged <1 day [0(0-0) vs 0(0-1), $p<0.01$]

Weight Loss no significant difference in %EWL or %TBWL at 6-month, 1-year, 2-year, 3-year, 4-year or 5-year postoperative timepoints by payer



Conclusion Rapid weight loss occurs in the first 6 months after ESGs and is sustained up to 5-years after ESG, regardless of payer