

Endoscopic Sleeve Gastroplasty

Setting the bar
for endobariatrics.



23%
of adults
in Europe are
obese.¹





But
99%
will never
receive a weight
loss procedure.²



Introducing Endoscopic Sleeve Gastroplasty.

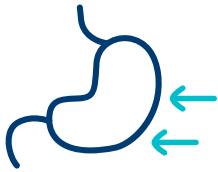
Endoscopic Sleeve Gastroplasty, or ESG, is a weight loss procedure that reduces the volume of the stomach using an endoscopic suturing device. Under general anesthesia, a gastroenterologist or surgeon uses the Apollo OverStitch™ System to create 6-8 plications along the greater curve of the stomach.



- No incisions or scars
- Typically a same day procedure
- Organ-sparing, reversible
- Preserves future treatment options



Meaningful results.



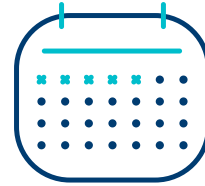
~70-80% stomach reduction

ESG procedure reduces stomach volume and delays gastric emptying, resulting in earlier satiety and weight loss.



Meaningful weight loss

Patients lose an average of 14% of total body weight at 1 year, according to a level 1 clinical evidence study.³



Less time away

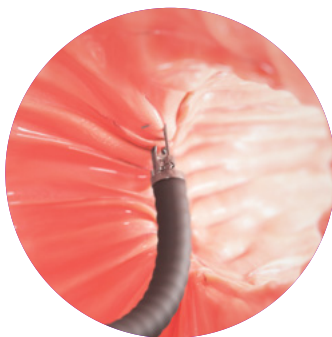
Patients typically go home the same day as the procedure and can return to work in 2-3 days.⁴

How is ESG procedure performed?

A specially trained gastroenterologist or surgeon uses the Apollo OverStitch™ System to create a series of plications in the stomach, forming a sleeve endoscopically. Over time, scarring and bridging tissue maintains the reduced gastric volume. In addition to reducing volume, studies suggest ESG procedure delays gastric emptying, which results in earlier satiety.^{3,5}



6-8 running sutures are placed in a U-shaped pattern along the greater curve of the stomach.



When tightened and secured, the sutures draw together the anterior and posterior walls of the greater curve to shorten gastric length and reduce diameter.



The endoscopic plications result in similar shape to laparoscopic sleeve gastrectomy, but with the fundus and antrum spared.

CE marked

The Apollo OverStitch™ System is intended to be used by trained gastroenterologists or surgeons that perform bariatric procedures to facilitate weight loss by reducing stomach volume through endoscopic sleeve gastroplasty in adult patients with obesity who have not been able to lose weight, or maintain weight loss, through more conservative measures.

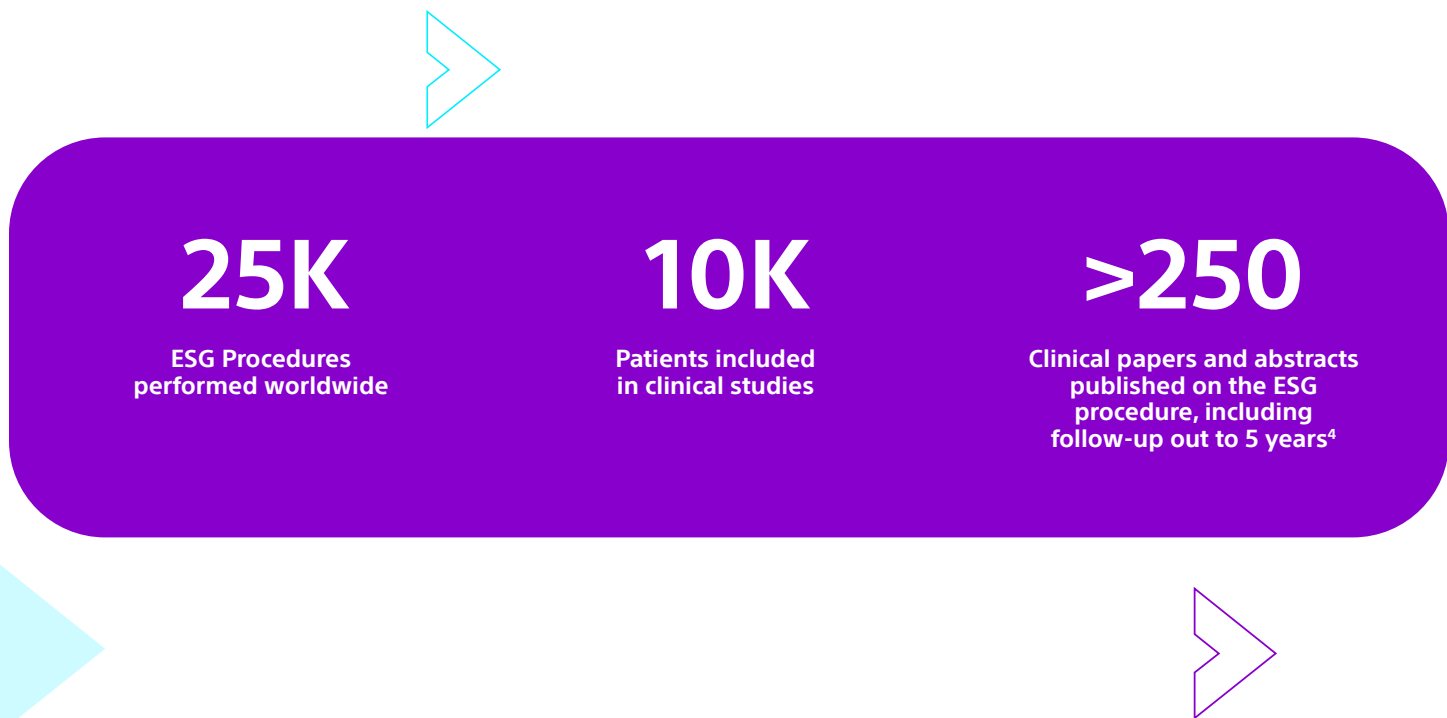


The OverStitch™ System has been
CE marked to perform ESG
procedure for Weight Loss.



Clinical evidence

The body of evidence supporting the safety, effectiveness, and durability of the ESG procedure has been developed over 10 years and includes both level 1 evidence and large meta-analyses.



25K

ESG Procedures
performed worldwide

10K

Patients included
in clinical studies

>250

Clinical papers and abstracts
published on the ESG
procedure, including
follow-up out to 5 years⁴

MERIT study

The Multicenter Endoscopic Sleeve Gastroplasty Randomized Interventional Trial (MERIT) evaluated the safety and effectiveness of ESG versus a medically monitored regimen of diet and healthy lifestyle over a 2 year period.

49%

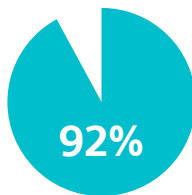
Excess body weight loss
at 12 month



100% of patients
without new or
worsening GERD

68%

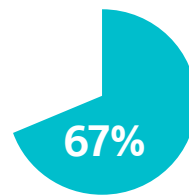
68% of patients maintained
most of their weight loss out
to 2 years



92% of patients with
DM Type II experienced
clinical improvement

2%

Rate of serious adverse events
(Clavien-Dindo Grade III or higher)



67% of patients
with HTN experienced
clinical improvement

Endoscopic Sleeve Gastroplasty delivers on all fronts:



- Endoscopic approach
- Level 1 evidence
- Safety
- Effectiveness
- Durability





For more information and to view a procedure animation,
visit apolloendo.com/ESG

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Contraindications:

ESG procedure is not indicated where endoscopic interventions are contraindicated, on malignant tissue, or in patients with large hiatal hernia, potentially bleeding gastric lesions (e.g. ulcers; erosive gastritis; varices; or vascular malformations), affective disorders not under medical supervision or refractory to medical therapy and all eating disorders (e.g. anorexia nervosa; binge eating disorder; specified feeding and eating disorders; avoidant restrictive food intake; rumination), coagulopathy and antiplatelet/anticoagulant therapy that cannot be corrected, or pregnancy.

All patients need to review and understand all the complications and risks before undergoing any procedure. At all times physicians will act as an independent agent and use their independent medical judgement to determine whether any procedure is in the best interest of any particular patient.

Potential risks associated with Apollo OverStitch™ System include: pharyngitis, vomiting, nausea, moderate abdominal pain, constipation, generalized weakness after procedure, heartburn, fever, gastrointestinal bleeding (with or without melena or hematemesis), dehydration and/or nutritional deficiency requiring hospital admission, perigastric fluid collection, leak, hemoperitoneum, hematoma, paresthesia, GERD, peritonitis, pneumoperitoneum, pulmonary embolism, perforation (gastric or esophageal), pneumothorax, pneumomediastinum, gallbladder suture, spleen laceration, deep vein thrombosis, esophageal tear, pleural effusion, persistent vomiting, bowel obstruction, infection/sepsis, bloating, stricture, liver abscess, intra-abdominal (hollow or solid) visceral injury, aspiration, shortness of breath, acute inflammatory tissue reaction, death.

Every practice should review its informed consent practices with respect to endobariatric procedures such as ESG, with their own administration and counsel.

For full safety information, visit apolloendo.com/dfus.

CAUTION: The law restricts these devices to sale by or on the order of a physician. Indications, contraindications, warnings and instructions for use can be found in the product labelling supplied with each device or at <https://apolloendo.my.site.com/dfu/s/>. Products shown for INFORMATION purposes only and may not be approved or for sale in certain countries. This material is not intended for use in France.

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Individual Weight Loss May Vary

¹ WHO European Regional Obesity Report 2022. <https://apps.who.int/iris/bitstream/handle/10665/353747/9789289057738-eng.pdf>.

² ASMBS. Estimate of Bariatric Surgery Numbers 2011-2020.

³ MERIT Study. The Lancet. 2022.

⁴ Asokkumar R., et al. DEN Open. 2023.

⁵ Shariha, et al. CGH. 2020.