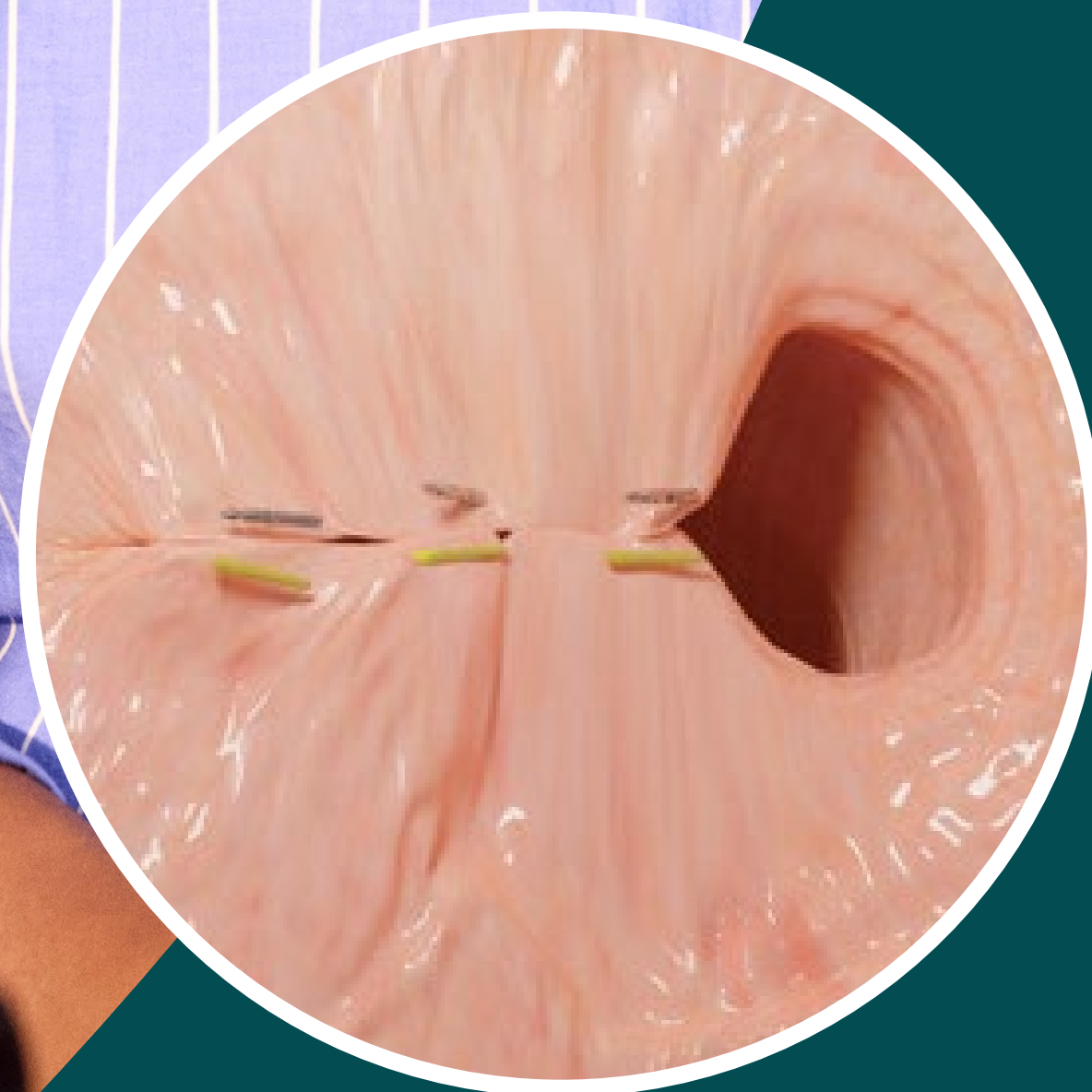


**Boston
Scientific**
Advancing science for *life*™

TORe: a tailored procedure for post- bariatric patients

 [Start](#)



Transoral Outlet Reduction (TORe) is one of the procedures that is part of Endura Weight Loss Solutions from Boston Scientific.

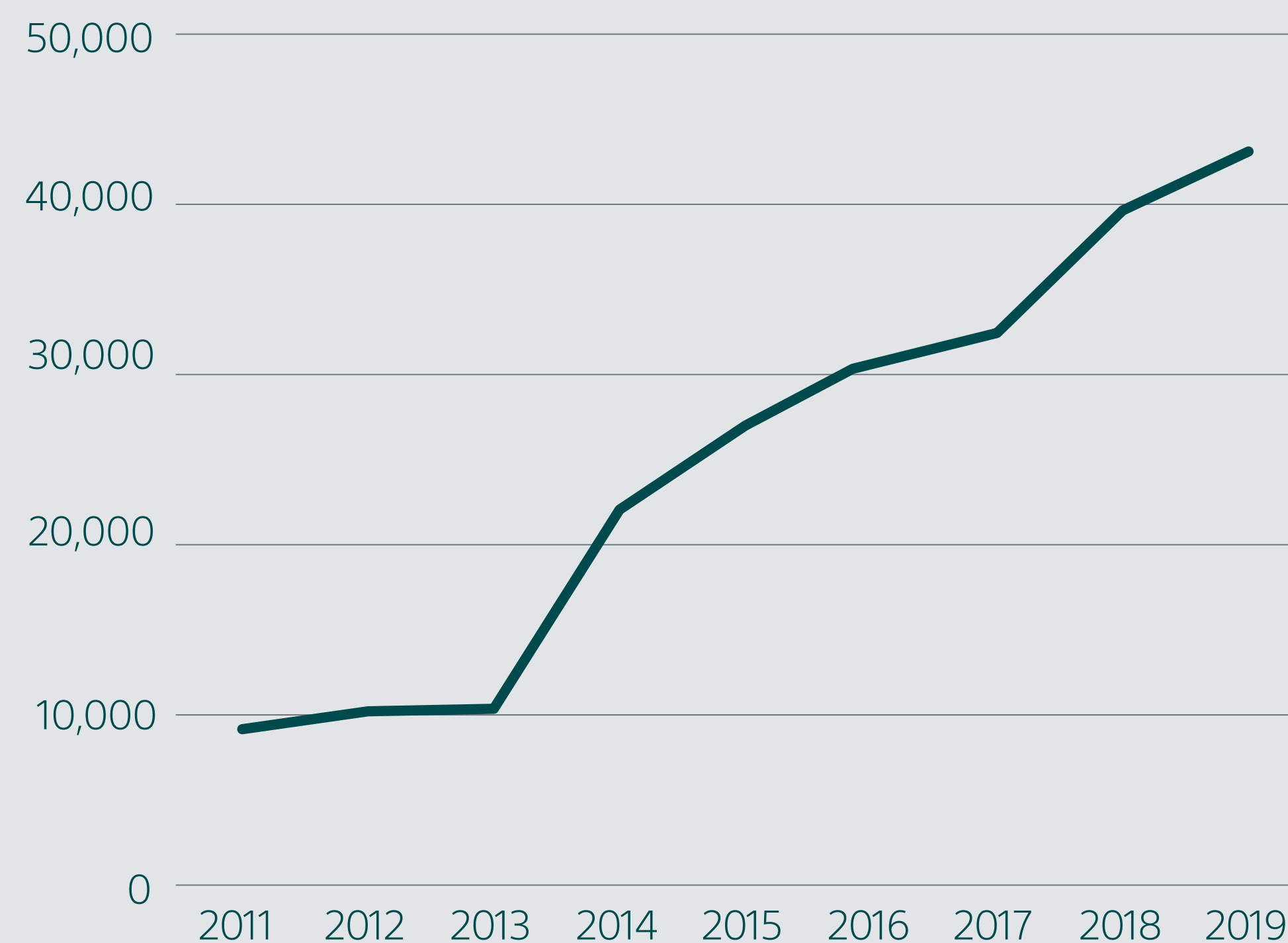
endura
Weight Loss Solutions





Re-envision bariatric revisions

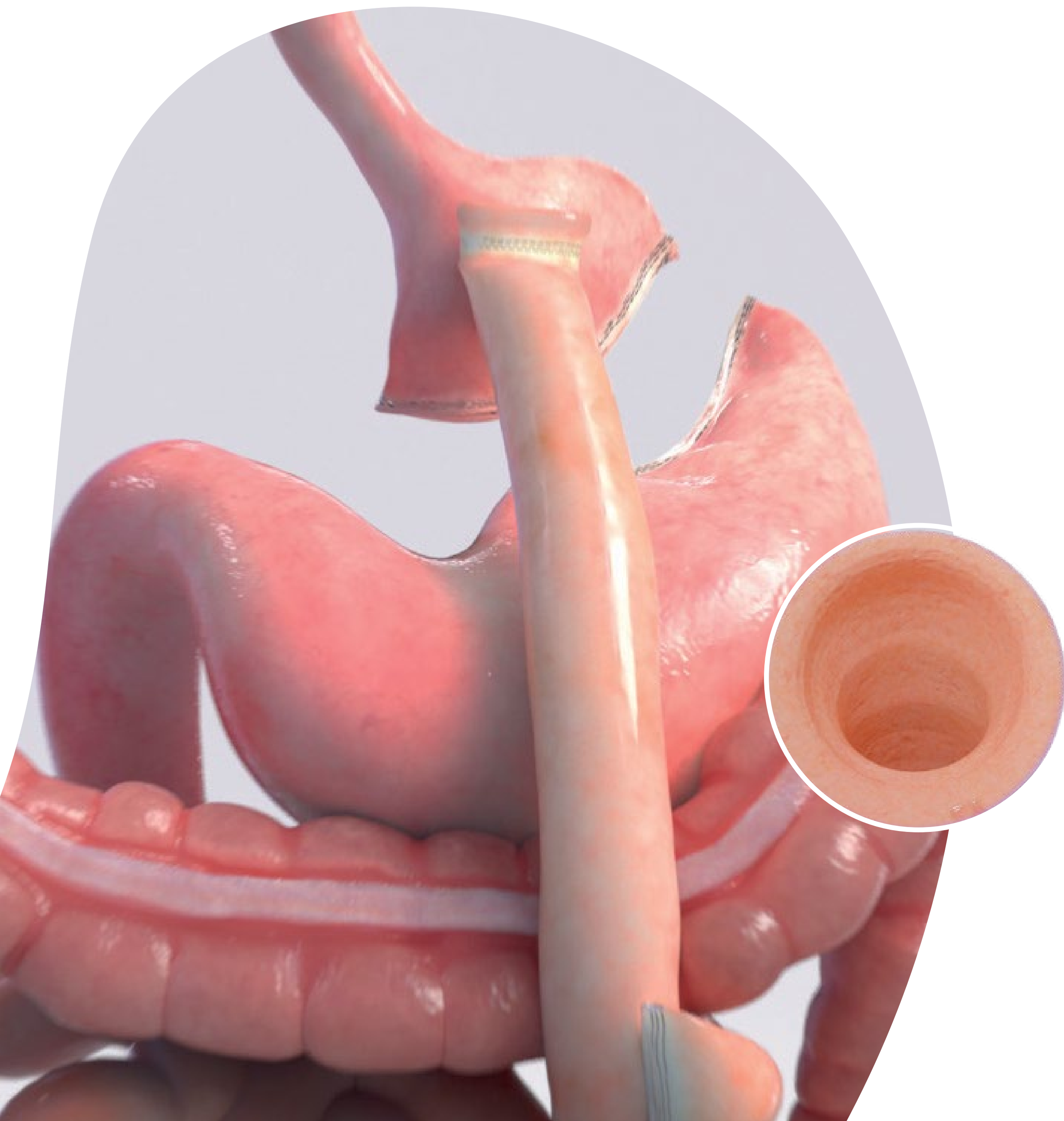
Revisions of bariatric surgeries grew 350% from 2011 to 2019¹



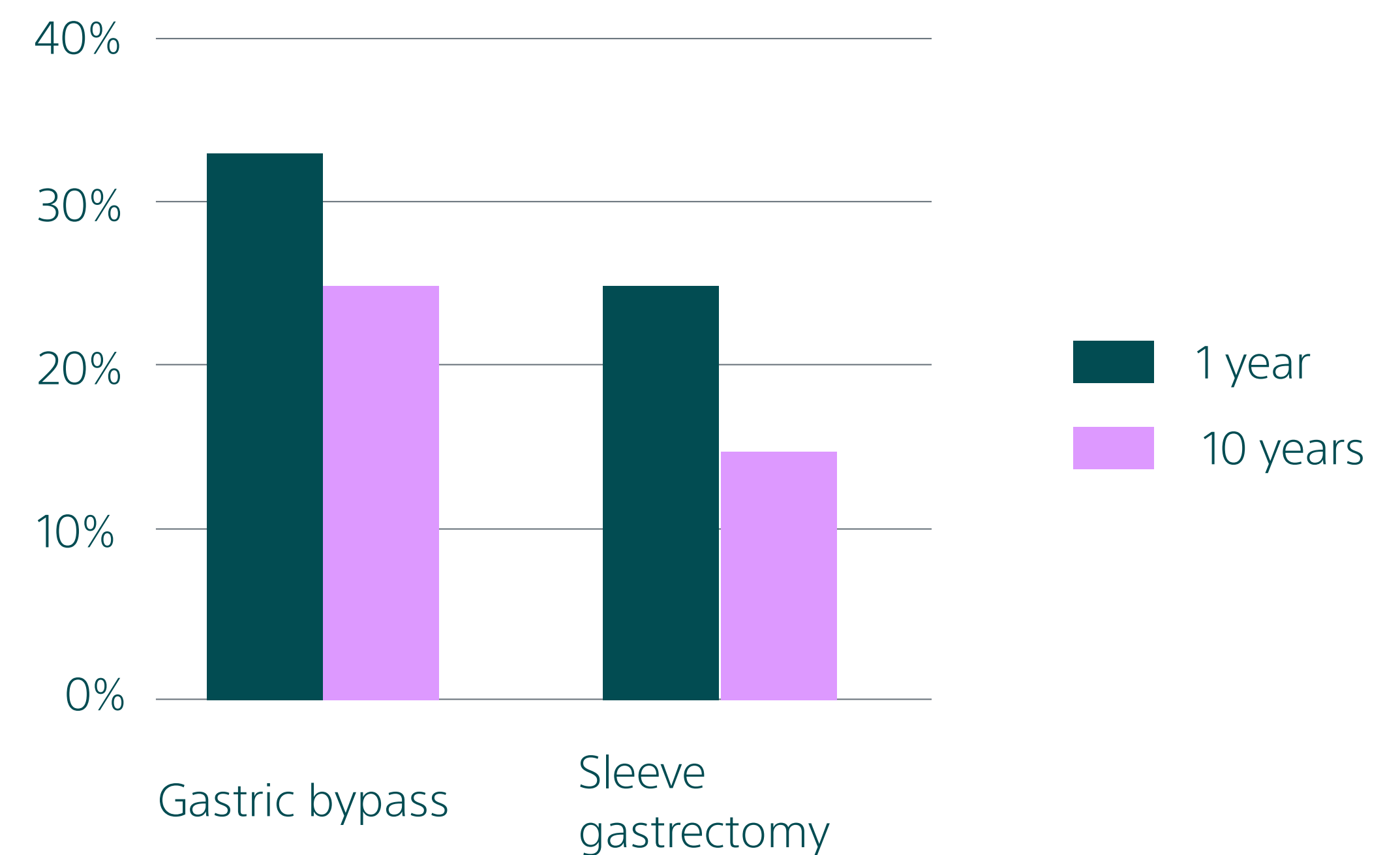
- In 2022, ~13% of all bariatric procedures were revisions.¹
- More than 300,000 bariatric surgery revisions were performed from 2011 to 2022.¹
- Revisions can range from anatomic modifications to complete conversions to end-stage procedures.



Weight regain after a primary procedure is increasingly recognised as part of the chronic disease process



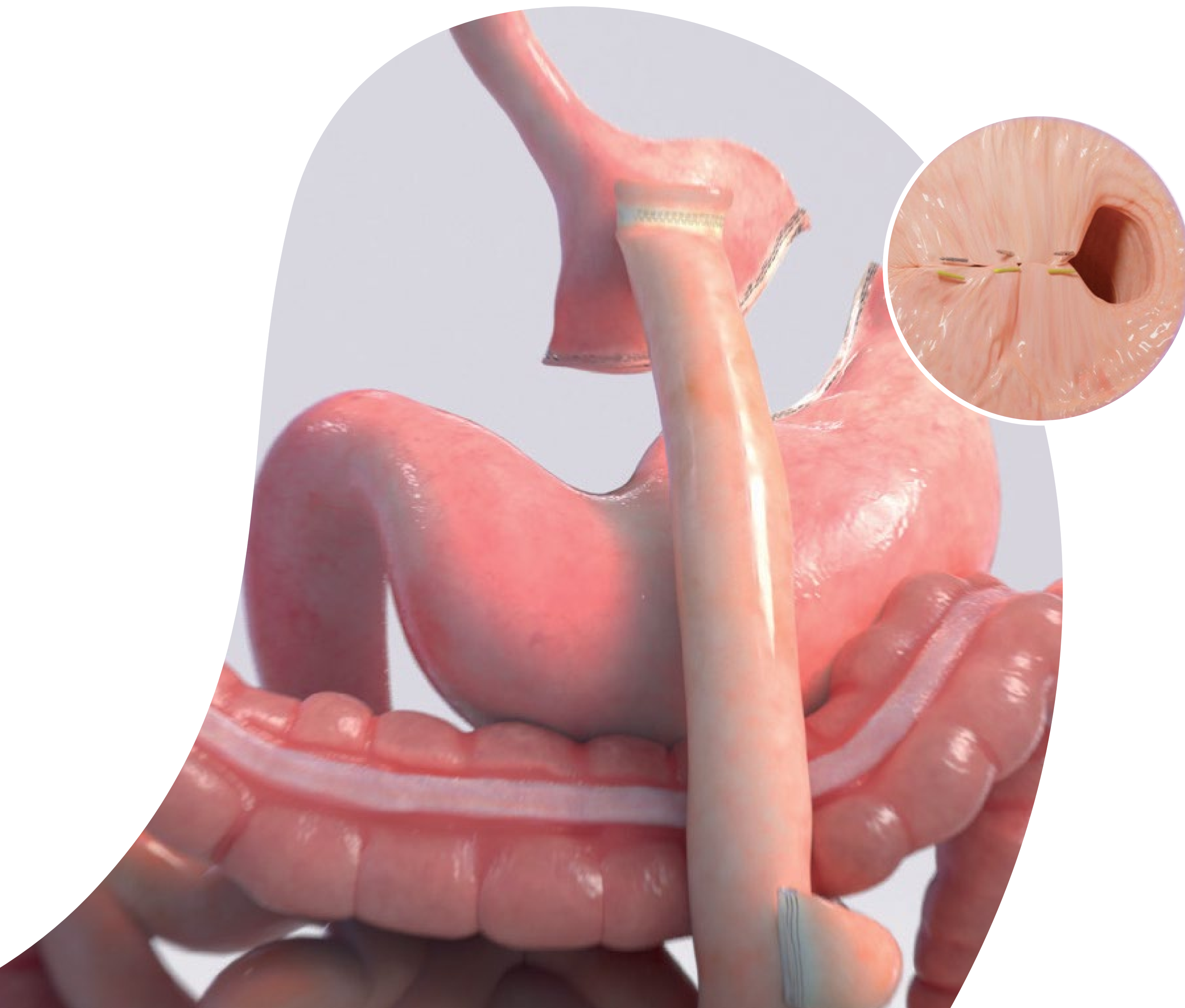
Durability: TBWL at 1 year vs 10 years²





Introducing Transoral Outlet Reduction (TORe)

TORe is a minimally invasive procedure designed for patients who have regained weight after gastric bypass. By tightening the connection between the stomach and small intestine, TORe helps restore portion control and supports long-term weight loss.



- No incisions or scars
- Less time away*
- Most patients typically go home the same day
- Low adverse event rate³

* Compared to a laparoscopic surgical procedure. Alqahtani et al. 2002.



Endoscopic revisions are well studied in the clinical literature



An estimated 15,000 endoscopic bariatric revisions have been performed worldwide.⁴

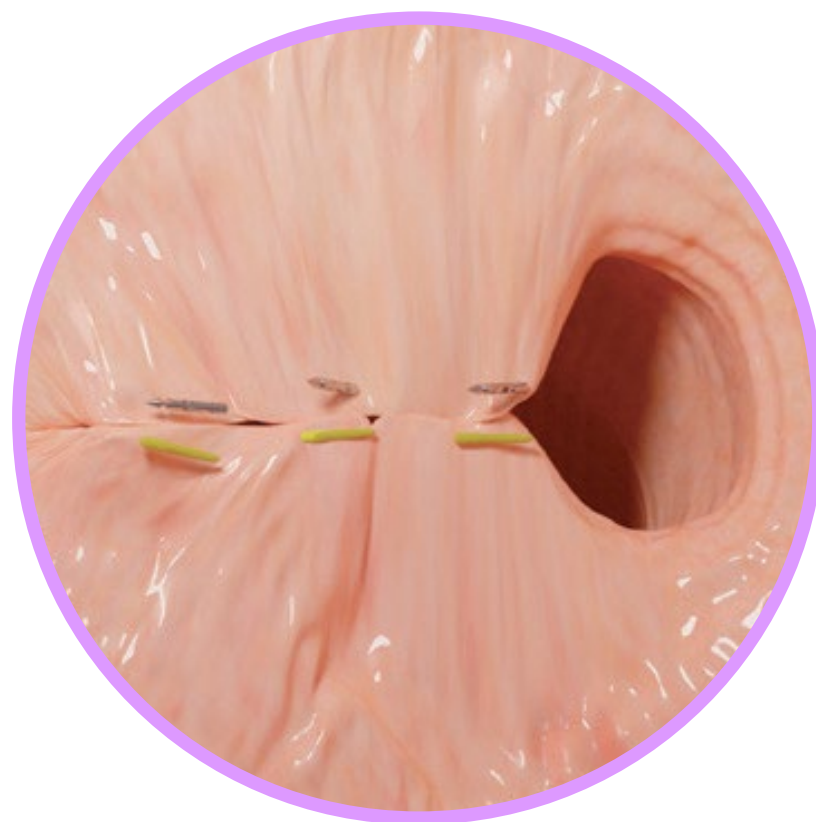


>150 papers and abstracts published on the TORe procedure.⁵



How is the T0Re procedure performed?

T0Re is performed under general anesthesia by a trained gastroenterologist or surgeon, using the OverStitch™ System. The procedure involves a flexible scope inserted through the mouth, avoiding incisions and minimising downtime. It safely restores the stomach's restrictive function to help patients lose weight again, with most patients typically discharged the same day.



Interrupted sutures



Purse-string technique



Endoscopic view
of pouch reduction



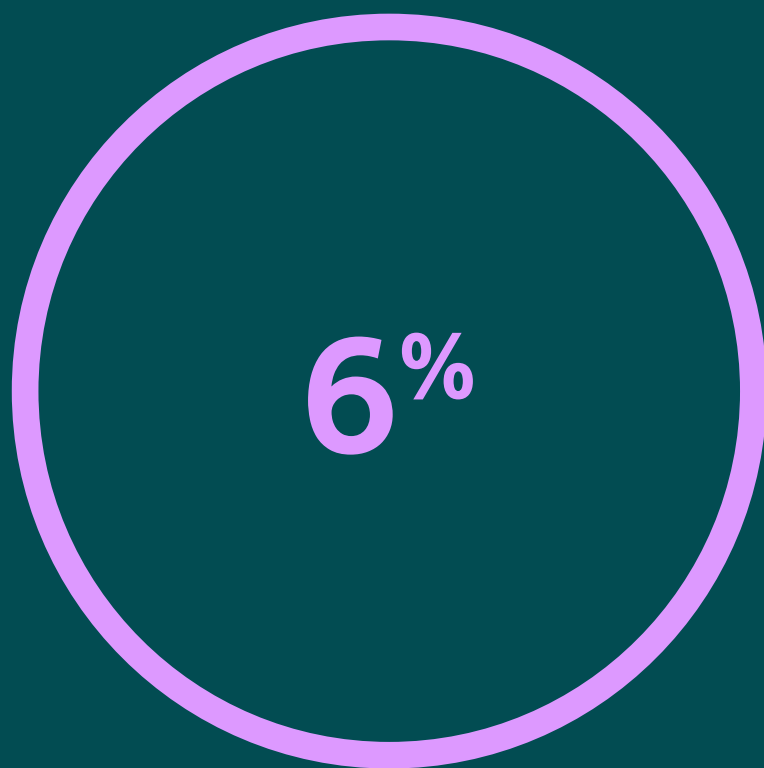
Abdominal view
of pouch reduction

Sutures are placed in an interrupted, running, or circumferential (purse string) pattern to reduce the size of the outlet.

Additional suturing can be performed to reduce the size of the gastric pouch, if required.



Clinical evidence



Proven Weight Loss Results

In a large meta-analysis, patients who underwent TORe saw an average of 6% total body weight loss at 12 months.⁶



Latest Technique

Latest studies using the purse-string approach report 9–12% TBWL at 12 months.^{7, 8}



Support Long-Term Outcomes

Long-term studies support durable weight loss at 5 and 7 years.^{7, 9}



A study showed few adverse events and similar long-term weight loss when compared to laparoscopy³

	TORe n=31	LAP n=31	p-value
Effectiveness at 5 years	11.5% TBWL	13.1% TBWL	0.67
Adverse events	6.5%	29.0%	0.04
Safety profile	0% SAE* rate	19.4% SAE rate	0.024

Dolan, et al; Gastrointestinal Endoscopy. 2021

- Matched cohort population
- Multicentric
- Long follow-up studies: 5yrs

* Values are n (%). Adverse event rate comparison between endoscopic and surgical gastrojejunal anastomosis revision. Serious adverse events were determined in reference to the American Society for Gastrointestinal Endoscopy lexicon for reporting endoscopic adverse events and the National Surgical Quality Improvement Program. Early events defined as those occurring within 30 days of revision.



5 & 7 year data demonstrates durable and clinically meaningful weight loss

8.6%

TBWL maintained by TORe patients at 5 years.⁷

8.4%

TBWL for subset of patients from same study followed to 7 years.⁹

Minimal SAEs*

SAEs in both studies, evaluating 342 and 443 patients respectively.^{7,9}
In the 5-year data, 11 of 342 patients experienced moderate AEs.

*SAE: Serious Adverse Event



1. Estimate of Bariatric Surgery Numbers, 2011–2023. American Society for Metabolic and Bariatric Surgery (ASMBS). <https://asmbs.org/resources/estimate-of-bariatric-surgery-numbers>. Accessed June 9, 2025.
2. Sjostrom. Review of the key results of the Swedish Obesity Subjects (SOS) trial – a prospective controlled intervention study of bariatric surgery. 2013.
3. Dolan, et al; Endoscopic versus surgical gastrojejunal revision for weight gain in Roux-en-Y gastric bypass patients:5-year safety and efficacy comparison. Gastrointestinal Endoscopy. 2021.
4. Estimates based on Apollo Endosurgery internal sales data.
5. Data on file.
6. Jarunvongbanich et al. Endoscopic full-thickness suturing plus argon plasma mucosal coagulation versus argon plasma mucosal coagulation alone for weight regain after gastric bypass: a systematic review and meta-analysis. Gastrointestinal Endoscopy. 2020.
7. Jirapinyo, et al. Five-year Outcomes of Transoral Outlet Reduction for the Treatment of Weight Regain After Roux-en-Y Gastric Bypass. Gastrointestinal Endoscopy. 2020.
8. Meyers, et al. Factors associated with weight loss after endoscopic transoral outlet reduction (TORE). Gastrointestinal Endoscopy. Volume 95, No. 6S. 2022.
9. Jirapinyo, et al. Seven-year Outcomes of Transoral Outlet Reduction for the Treatment of Weight Regain After Roux-en-Y Gastric Bypass. Gastrointestinal Endoscopy. 2020. Subset of patients included in study are also represented in 5-year data.

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