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**Endobariatric Options:
Addressing Treatment
Gaps in Patients Refusing
Surgery or Discontinuing
Anti-Obesity Medications
(AOMs)**

 **Start**

endura
Weight Loss Solutions



A large proportion of people living with obesity remains untreated, up to 99% of patients will never receive any weight-loss procedure, despite meeting eligibility criteria.¹

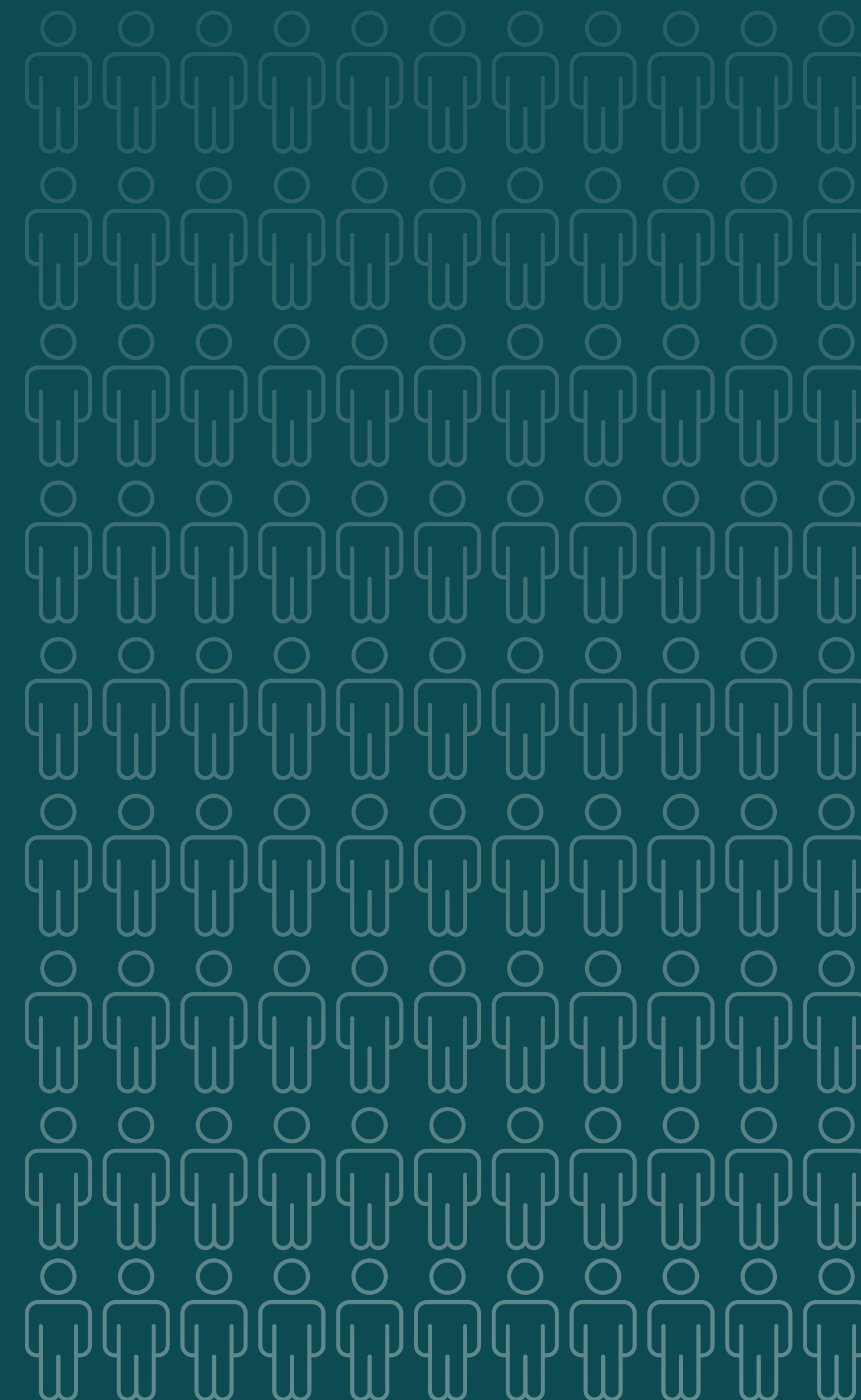
Endobariatric solutions such as Endoscopic Sleeve Gastroplasty (ESG), Transoral Outlet Reduction (TORe) and Intra gastric Balloons (IGBs) **offer minimally invasive, anatomy-preserving interventions** that may be a **suitable option** for this untreated population.

Most eligible patients never undergo surgery.

Despite appropriate indications, only ~1% of clinically eligible candidates undergo metabolic bariatric surgery.¹

This large treatment gap persists because many patients actively refuse surgery due to:

- Fear of invasiveness^{2,3,4}
- Perceived surgical risk²
- Irreversibility of surgical procedures²
- Weight-related stigma³



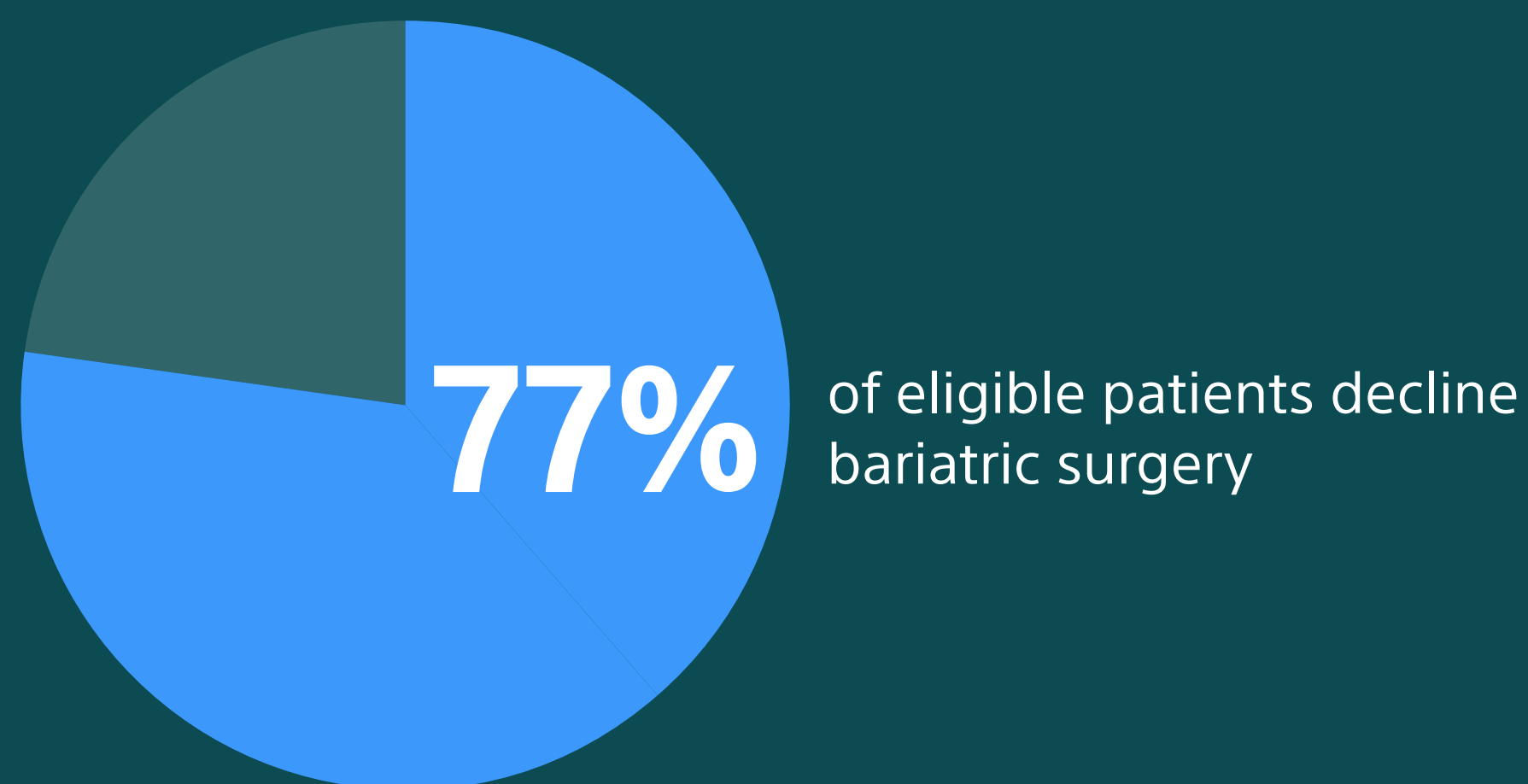
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Data show that

77% of surgery-eligible patients decline bariatric surgery, with **51%** citing fear of complications.²



Many patients are also not surgical candidates due to:

- Medical comorbidities or high operative risk²
- Prior abdominal procedures²
- Psychological barriers³

Interestingly, intragastric balloons can also additionally serve as bridge-to-surgery options and support preoperative weight reduction in high-risk individuals.⁵

GLP-1 discontinuation creates an expanding population in need of alternatives.

A substantial proportion of patients discontinue GLP-1 medications because of:

- Cost⁶
- Tolerability issues (side effects)⁶
- Reluctance toward long-term pharmacotherapy⁶
- Limited access or supply instability⁶

Has been reported that:

- GLP-1 discontinuation exceeds 50% at 12 months and 70% at 24 months.⁶
- After discontinuation, patients regain ~66% of lost weight within 4 months.⁶
- Patients may seek non-pharmacologic, durable interventions.

Endobarietrics may address the needs of these patients.

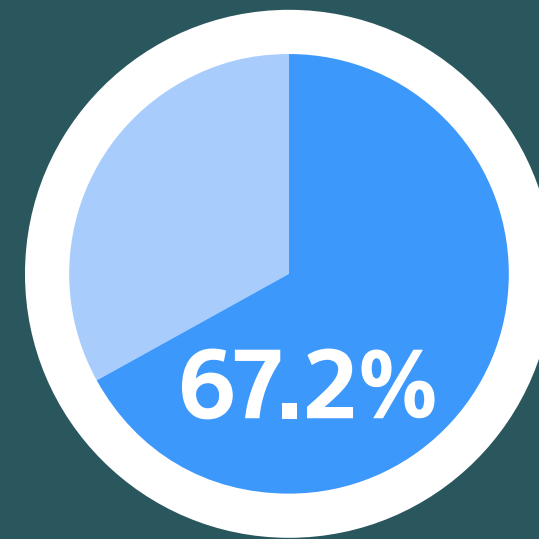


For surgery-refusers

Endoscopic procedures are incisionless, reversible and organ-sparing, and patients may perceive them as less invasive and more acceptable than bariatric surgery.^{2,4}

Preference studies show:

- 67.2% of patients preferring bariatric endoscopy over surgery described themselves as either 'unlikely' or 'extremely unlikely' to undergo surgery.^{8*}
- 95.1% cited "no external scars" as an advantage.^{8*}
- 73.8% valued that bariatric endoscopy can be converted to surgery if needed.^{8*}



* All percentages refer to the subgroup of 61 patients eligible for bariatric surgery.

For non-surgical candidates

Endoscopic procedures remain a viable treatment option for many patients who are not suitable candidates for surgery due to operative risk or psychosocial barriers.⁸

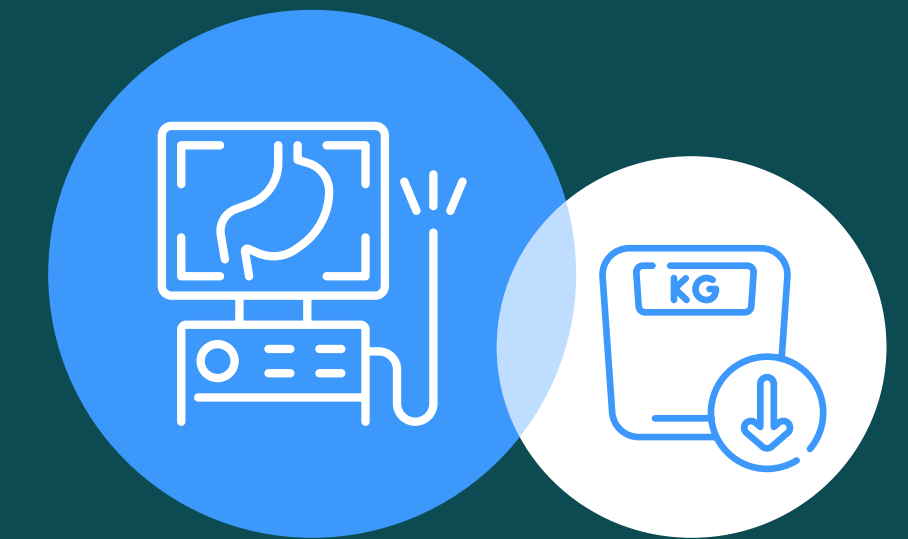
Revisional needs (e.g., weight regain after LSG/RYGB) may be treated with endoscopic solutions such as TORe and LSG Endos REV which show high clinical success rates.⁹



For GLP-1 discontinuers



Endobariatric options offer durable weight loss without reliance on weight-loss medication, addressing the needs of patients who discontinue GLP-1 therapy.⁷



Endobariatrics as "gap therapy"

ESG is internationally acknowledged as an intervention positioned between lifestyle/ pharmacotherapy and surgery.¹⁰

IFSO formally endorses ESG as an effective, safe, mature and reproducible option for Class I–II obesity and selected Class III patients.¹





Conclusion

Endobariatric solutions provide **safe, minimally invasive, repeatable and scalable options** for:

- ▶ Patients who refuse surgery
- ▶ Patients who are not candidates for surgery
- ▶ Patients who discontinue GLP-1 therapy

By filling these critical gaps, endobariatrics expands access, increases treatment reach, and strengthens the entire obesity-care pathway for weight-loss treatment in patients with obesity.





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