

International Conference and Exhibition on Gastrointestinal Therapeutics

August 25-27, 2015 Valencia, Spain

Endoscopic management of obesity

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Endoscopically placed intragastric balloons (IGBs) for the treatment of obesity were first introduced to the U.S. market in 1985 with the Garren-Edwards Gastric Bubble (GEGB). The GEGB was associated with multiple adverse events including gastric mucosal damage and small-bowel obstruction related to spontaneous balloon deflation with migration into the small bowel. This necessitated endoscopic or, more commonly, surgical retrieval of the migrated balloons. In addition, the GEGB failed to demonstrate efficacy in a prospective, double-blind, sham-controlled, randomized trial of 59 obese patients with a 9-month follow-up period. These issues resulted in its withdrawal from the U.S. market. In the early 1990s, the BioEnterics Intragastric Balloon (BIB) (Allergan, Irvine, Calif), currently known as the Orbera Intragastric Balloon (Apollo Endosurgery, Austin, Tex), was developed. The Orbera is an elastic spherical balloon made of silicone, filled with 450 to 700 mL of saline solution. The deflated balloon comes preloaded on a catheter, which is blindly advanced transorally into the stomach. An endoscope is then advanced alongside it to ensure accurate placement of the balloon in the fundus. Under direct visualization, the balloon is then inflated by injecting saline solution mixed with methylene blue through the external portion of the catheter. If inadvertent balloon rupture occurs, the methylene blue is systemically absorbed, causing a change in urine color, which serves as an alert that the balloon has deflated. The Orbera balloon is currently used in many countries outside the United States and is typically implanted for 6 months and then retrieved endoscopically. Newer IGBs with different migration-hindering and deployment/retrieval mechanisms and some that allow for endoscopic balloon volume adjustments are now available.

Biography

Mohamed A Abeid has completed his MD/PhD degree from Cairo University School of Medicine and did his Postdoctoral endoscopy fellowship hands on training at the UCL, London, UK. He is a consultant gastroenterologist Cairo university school of medicine; training young doctors (Egyptians & non-Egyptians from Sudan, Yemen, Kuwait, Syria, Iraq, Libya, Tunisia, etc.) at the Endoscopy Unit Cairo University. He is a member of the European & American society of Gastrointestinal Endoscopy (ESGE, ASGE). He has published two cases in the GIE journal (ASGE) & BMJ case reports. He has been the Educational councilor of the Egyptian Society for the Study of Endoscopy and Hepatogastroenterology (ESEHG) responsible for medical updates (2009-2013).

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