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Category:

Clinical care: management

Poster heading:

New technology, therapies and treatment

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Abstract title

EndoBarrier treatment for longstanding type 2 diabetes and obesity: Outcomes one-year after EndoBarrier in 90 consecutively treated patients

Abstract text

Aims: EndoBarrier is a 60cm duodenal-jejunal bypass liner endoscopically implanted for up to one-year. It mimics the by-pass part of roux-en-y bariatric surgery. We aimed to assess the safety and efficacy of EndoBarrier in patients with suboptimally-controlled diabetes.

Methods: Between July 2013 and November 2017 we implanted 90 EndoBarriers in a single centre with all removed by November 2018. Outcomes were monitored in a registry.

Results: All 90 patients have completed one-year post EndoBarrier removal and, of these, 71/90(79%) (age 51.3±8.6years, 46% male, 52% white ethnicity, diabetes duration 13.0(7.0-17.0)years, 59% insulin-treated, BMI 41.1±6.5kg/m²) attended and 19/90(21%) did not attend, follow-up. During EndoBarrier implantation, mean±SD HbA1c fell by 19.5±18.4mmol/mol, from 78.1±18.9 to 58.6±13.6mmol/mol(p<0.001), weight by 15.9±8.6kg from 118.4±27.0 to 102.4±27.7kg(<0.001), systolic BP from 139.0±15.0 to 126.6±17.6mmHg(<0.001), cholesterol from 4.8±1.2 to 4.0±1.0mmol/L(p<0.001) and serum alanine-aminotransferase (marker of liver fat) from 31.0±16.5 to 19.8±11.5U/L(p<0.001). Median(IQR) total daily insulin dose reduced from 98(53-163) to 30(0-63)units(p< 0.001). 11/42(26.2%) insulin treated patients discontinued insulin. One-year post-EndoBarrier 32/71(45%) demonstrated fully-sustained improvement, 25/71(35%) partially-sustained improvement and 14/71(20%) reverted to baseline. Of those deteriorating, 10/14(71%) had depression and/or bereavement. 13/90(14%) patients required early EndoBarrier removal: five gastrointestinal haemorrhage, two liver abscesses, one other abscess, and five gastrointestinal symptoms. All made a full recovery most experienced benefit despite the complication.

Conclusion: Our data demonstrates EndoBarrier as highly effective in patients with refractory diabetes, with maintenance of significant improvement one-year after removal in 80% of cases. As an endoscopic procedure it is relatively simple and non-invasive and it deserves further investigation.

< Back

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