Bariatric Embolization for Morbid Obesity, First Western Hemisphere Experience: Gastric Artery Embolization Trial for Lessening Appetite Nonsurgically (GET LEAN)

Tuesday 11:05-11:15 AM | RC314-12 | NA

PURPOSE

The purpose of this pilot study is to achieve the collection of safety and efficacy data in patients undergoing left gastric artery embolization for morbid obesity in the Western Hemisphere.

METHOD AND MATERIALS

This is an FDA-IDE pilot study. 5 patients have been approved to undergo the left gastric artery embolization procedure for the purpose of weight loss using Beadblock 300-500 micron particles. All patients will undergo EGD follow up pre and post procedure. Ghrelin, Leptin and CCK levels will also be measured at baseline and post procedure per follow up protocol. Inclusion Criteria Morbid obesity with a BMI ≥ 40 Age ≥ 22years Ability to lay supine on an angiographic table <400lbs due to table weight limits Appropriate anesthesia risk as determined by certified anesthesia provider evaluation preprocedure Subjects who have failed previous attempts at weight loss through diet, exercise, and behavior modification (as it is recommended that conservative options, such as supervised low-calorie diets combined with behavior therapy and exercise, should be attempted prior to enrolling in this study).

RESULTS

The first patient has lost 30lbs at 3 months. Second patient has lost 12lbs at 1 month. Third patient has lost 6lbs in 1 week. There have been no major adverse events. The final 2 patients in this study are still being selected.

CONCLUSION

This is the first experience in the United States of performing left gastric artery embolization for the purpose of treating morbid obesity. Early results are promising and show no major adverse events thus far. The radial artery has also proven to be a feasible approach to performing this procedure with implications for a safer access site.

CLINICAL RELEVANCE/APPLICATION

Morbid obesity is a prevalent and deadly public health problem. Obesity affects about 30% of the United States population. It is responsible for numerous comorbidities including diabetes mellitus and its complications, cardiovascular disease, sleep apnea, and premature osteoarthritis. This is the first use of left gastric artery embolization in the Western Hemisphere to treat morbid obesity. This is also the first radial artery access experience with implications for the morbidly obese where groin access may be more challenging.