

10<sup>th</sup> International Conference on Childhood Obesity and Nutrition  
&  
2<sup>nd</sup> International Conference on Metabolic and Bariatric Surgery

June 12-13, 2017 Rome, Italy

Final results of multi-center, prospective, controlled trial of the duodenojejunal bypass liner for the  
WUHDWPHQW RI W\SH GLDEHWHV PHOOLWXV LQ REHVH SDWLHQ

Marek Benes, Spicak Julius, Drastich Pavel and Hucl Tomas  
Institute of Clinical and Experimental Medicine, Czech Republic

**Introduction:** The global increase in obesity incidence results in an increase of type-2 diabetes mellitus (T2DM). Surgical treatment has proven to be effective; however, it carries a high risk of complications. The duodenal-jejunal bypass liner (EndoBarrier®, GI Dynamics and EB) is an endoscopic implant that mimics the intestinal bypass portion of the Roux-en-Y gastric bypass. It results in weight loss and improvements in glucose control in obese patients with T2 diabetes mellitus (T2DM).

**Case Report:** This is a final report of a prospective, controlled, multi-centre study aimed to determine the effectiveness of EB and to identify factors associated with a sub-optimal outcome of EB.

**Results:** 70 subjects (45 with an implant, 25 controls) were included in the study. The groups were comparable with respect to age, gender, BMI (mean 41.7 vs. 39.5 kg/m<sup>2</sup>), T2DM duration (7.8 vs. 8.3 years), HbA1c level (88 vs. 86 mmol/mol) and T2DM treatment. In the EB group, all devices were successfully implanted. Only six devices had to be explanted prior to the end of the 10 months study.

Notes: