

A new swallowable intragastric balloon (Eclipse®). Coffee for everybody? The position of GETTEMO

Key words: Eclipse. Intragastric balloon. Swallow balloon.

Dear Editor,

Recently, the Eclipse® swallowable balloon with spontaneous evacuation (Allurion Technologies, Wellesley, Mass) has been incorporated into the clinic (Fig. 1). When rolled into a capsule, the balloon is ingested and filled under radiological control via a thin catheter. Over a period of 16 weeks, the balloon degrades, weakens and opens, allowing the balloon to empty and to be eliminated naturally. The first observational studies report an adequate efficacy and safety (1,2). In general, its indications and contraindications overlap with those previously described for the other balloons (1-3). Unlike other procedures, this technique does not necessarily require endoscopy or sedation or anesthesia for implantation or extraction. However, in order to avoid any unnecessary risks and to rule out any contraindications, prior imaging, either radiological or ideally endoscopic technique may be required in order maximize safety.

This procedure must be carried out by physicians with an extensive gastrointestinal knowledge, previous experience in balloons and a basic knowledge in radiology. Any complication must be resolved endoscopically, quickly and effec-



Fig. 1. The Eclipse® balloon before implantation and inflation.

tively. Therefore, this tool can be implanted by a bariatric endoscopist or under the supervision of a bariatric endoscopist. The possibility of an incomplete deflation with migration may increase the risk of intestinal obstructions, which may require surgical extraction when detected late (4).

In summary, GETTEMO supports innovations in the endoscopic treatment of bariatric patients such as this new gastric balloon, when performed with a suitable protocol and by a multidisciplinary team. In most cases, a prior endoscopy is required in order to rule out and effectively resolve complications and to ensure the maximum safety. The balloon must be implanted (or supervised) by a bariatric endoscopist and access to an endoscopic emergency department is required.

Conflicts of interest: The authors have no conflict of interests to declare with regard to this letter. This letter has been previously approved by the Spanish Working Group for the Endoscopic Treatment of Metabolism and Obesity (GETTEMO) of the SEED and the SEPD. Thus, it is written representing the opinion of this Group.

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DOI: 10.17235/reed.2017.5214/2017

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