Summary & conclusion
The field of bariatric surgery is continually evolving. Since the introduction of surgical procedures to induce weight loss, many different operations have been tried and abandoned owing to the poor long-term weight loss and/or metabolic or mechanical complications.

Laparoscopic greater curvature plication (LGCP) is a new surgical technique that falls into the restrictive procedure category & has quickly gained interest in the bariatric community.

Gastric plication is supposed to be a lesser morbid procedure showing early encouraged results but should be performed with caution.

In the present study, we aimed to demonstrate the feasibility, safety, and efficacy of laparoscopic gastric plication in which the stomach was infolded to establish serosa-to-serosa apposition and gastric restriction.

Similar to other bariatric surgery options, patient preference, expectations, and risk tolerance play important roles in the procedure selected. GCP does offer rapid weight loss without gastric resection or an implanted device, and this is likely to appeal to many patients.

Most of patients having co-morbidities had their co-morbidities improved with weight loss.

No major complications or mortality was reported in this series. Even most minor complications were transient and ended by the second postoperative week.

From this study we can conclude that LGCP is a valuable tool in the management of bariatric disorders that seems to be feasible, safe, and effective in the short term as a promising bariatric procedure on this
Summary & conclusion

initial series, with high rate of success & improvement of co-morbidities & low rate of complications.