



# Young IFSO – Bariatric / Metabolic Surgery Training and Educational Survey

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# Disclosures

Nothing to disclose



# Young-IFSO Bariatric/Metabolic Surgery Training and Education Survey

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# Purpose:

The aim of this international survey by Young-IFSO is to find variations, trends in bariatric/metabolic surgery training.

This survey might help to standardize and improve bariatric/metabolic surgical training in the future.

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# Methods:

## Participants:

- Young bariatric/ metabolic surgeons (age up to 45 years)
- Young IFSO members

Survey period: 12/2022 – 02/2023

**50 multiple choice questions**

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# Methods:

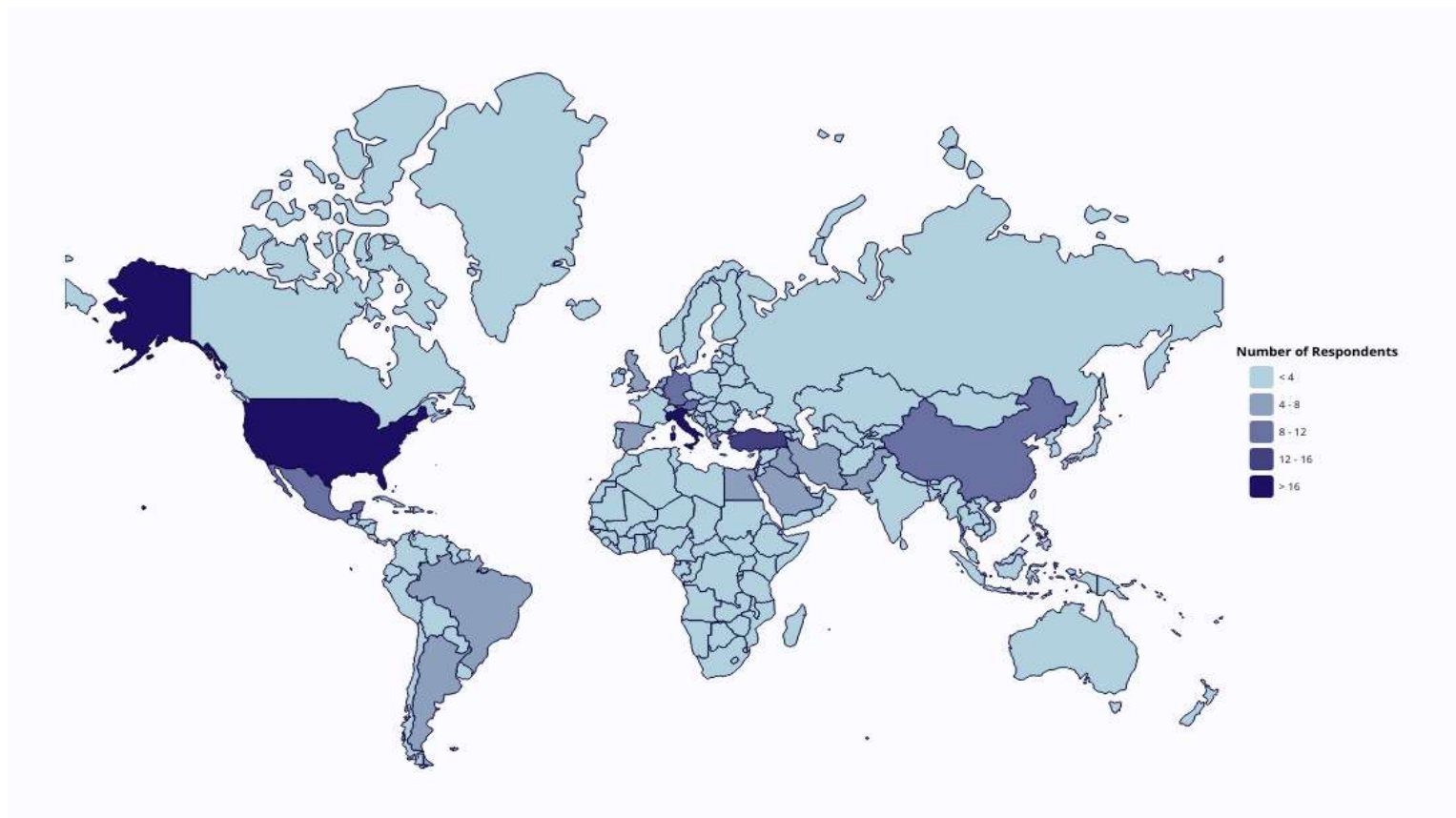
## 50 multiple choice questions

- socio-demographic data
- training background
- bariatric surgery experience
- scientific participation
- current work position
- surgeon's case load at present

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# Results:

240 respondents from 61 countries



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240 respondents from 61 countries

	N (%)
Gender	
Male	190 (79.2)
Female	50 (20.8)
Mean age (years)	37.1 (range 25 – 45)
<b>Current position</b>	
<b>Student</b>	<b>4 (1.7)</b>
<b>Trainee/Resident</b>	<b>45 (18.8)</b>
<b>Consultant</b>	<b>169 (70.4)</b>
<b>Other</b>	<b>22 (9.2)</b>
Mean age of first performed bariatric surgery (years)	31.5 (range 23 – 45)

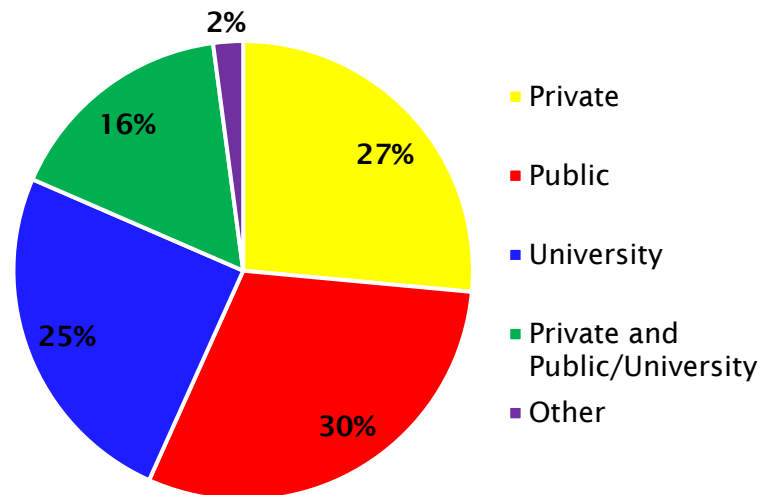
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# Results:

240 respondents from 61 countries

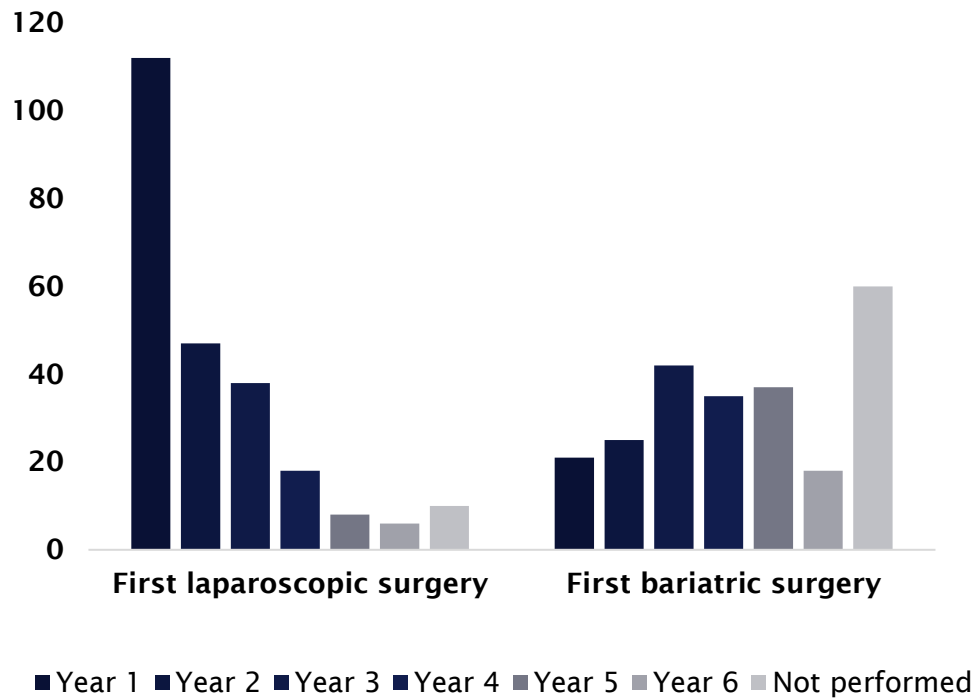
## Hospital type



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# Results:

Year of training when first laparoscopic and bariatric surgery was performed

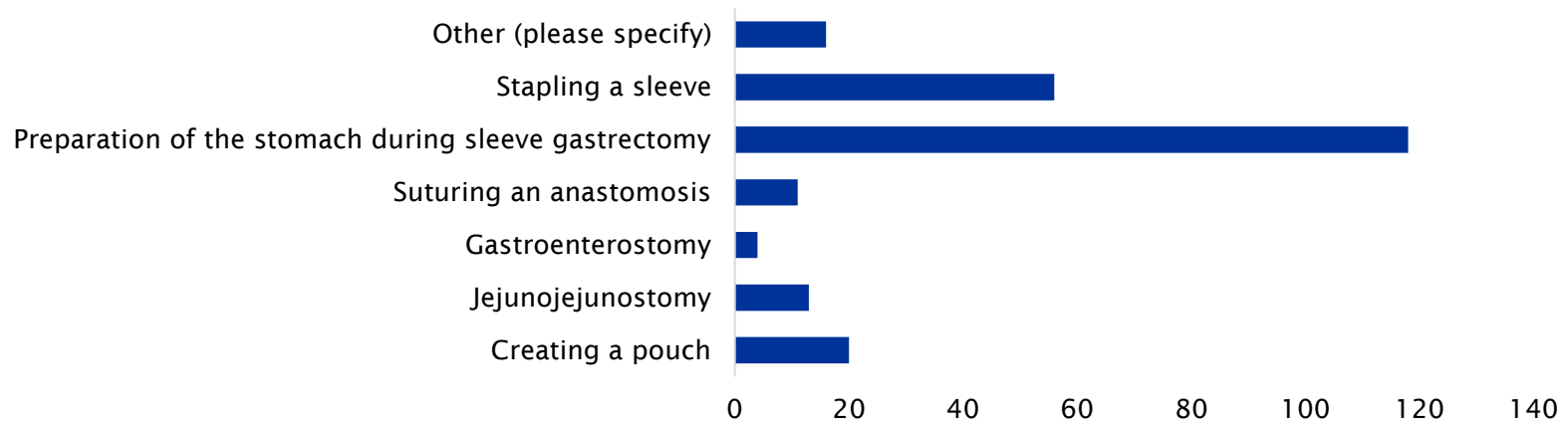


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# Results:

## Bariatric procedures and steps first performed

What was your first bariatric surgery step performed as a first operating surgeon? (N=238)



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# Results:

**Table 4: Bariatric procedure experience during residency**

Bariatric procedure	N (%)
<b>All bariatric procedures (n=237)</b>	
0	71 (30.0)
<b>1-50</b>	<b>101 (42.6)</b>
51-100	28 (11.8)
101-150	8 (3.4)
> 150	29 (12.2)
<b>Laparoscopic adjustable gastric banding, LAGB (n=239)</b>	
0	<b>191 (79.9)</b>
1-50	46 (19.2)
51-100	0 (0.0)
101-150	1 (0.4)
> 150	1 (0.4)
<b>Sleeve Gastrectomy, SG (n=239)</b>	
0	81 (33.9)
<b>1-50</b>	<b>113 (47.3)</b>
51-100	18 (7.5)
101-150	7 (2.9)
> 150	20 (8.4)
<b>Roux-en-Y gastric bypass, RYGB (n=239)</b>	
0	<b>131 (54.8)</b>
1-50	89 (37.2)
51-100	9 (3.8)
101-150	3 (1.3)
> 150	7 (2.9)
<b>One anastomosis gastric bypass, OAGB (n=239)</b>	
0	<b>184 (77.0)</b>
1-50	45 (18.8)
51-100	4 (1.7)
101-150	0 (0.0)
> 150	6 (2.5)

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# Results:

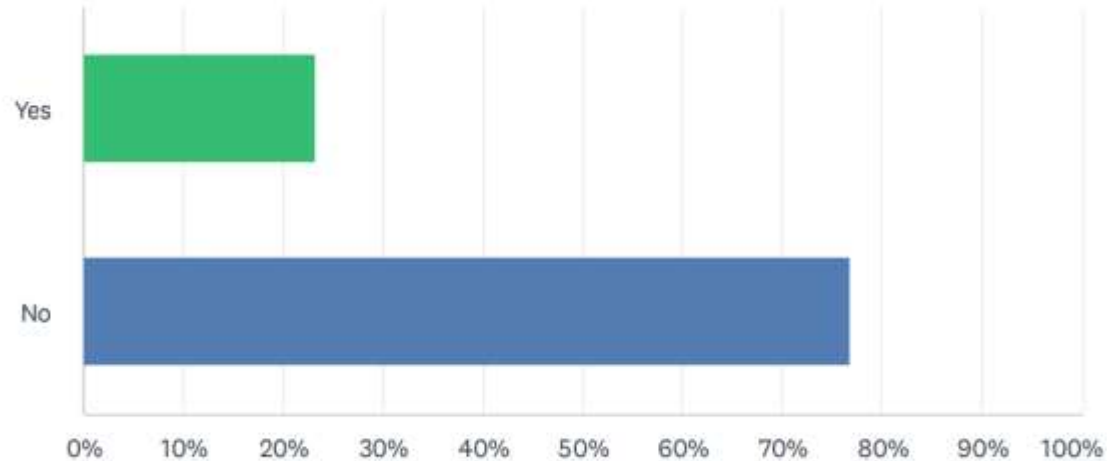
<b>Revisional bariatric procedures (n=239)</b>		
	<b>0</b>	<b>159 (66.5)</b>
	1-50	75 (31.4)
	51-100	4 (1.7)
	101-150	0 (0.0)
	> 150	1 (0.4)
<b>Endoscopic bariatric procedures (n=239)</b>		
	<b>0</b>	<b>203 (84.9)</b>
	1-50	26 (10.9)
	51-100	6 (2.5)
	101-150	0 (0.0)
	> 150	4 (1.7)

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# Results:

Q40 Is it mandatory in your country to perform a surgical training (cadaver course, animal course, P.O.P trainer, lap. Box, etc.) continuously during bariatric surgical training?

Answered: 237 Skipped: 3

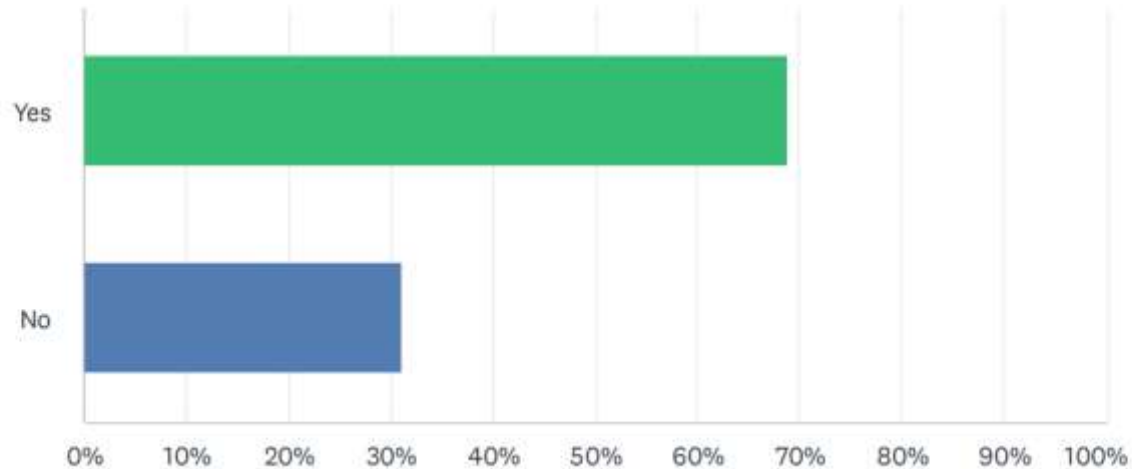


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# Results:

Q49 Are you challenged to perform scientific work presentations at international congresses on bariatric surgery?

Answered: 237 Skipped: 3

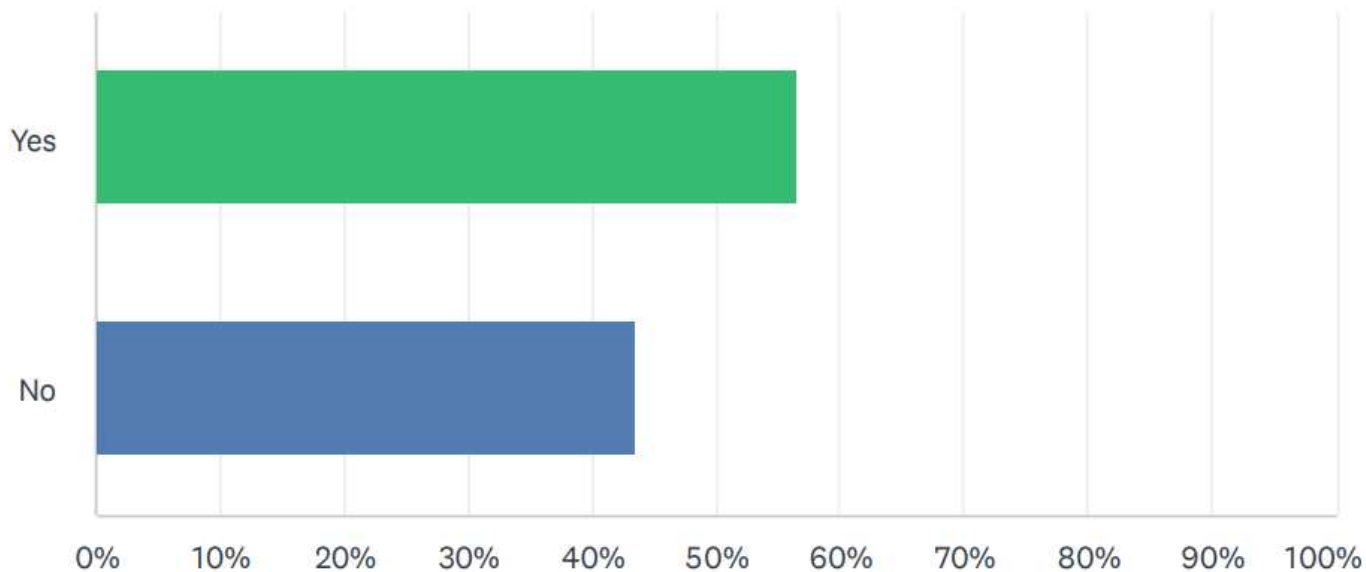


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# Results:

## Q50 Do you have a scientific mentor?

Answered: 239 Skipped: 1



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# Conclusion:

This international survey among young bariatric surgeons underlines **the lack of a global surgical curriculum** in BMS during residency.

It shows that **SG and its surgical steps** are the single most performed procedure by young surgeons and highlights the role of SG as **a teaching tool** in residency.

These data might underline the importance of **advancing surgical education** in BMS.

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**Thank you for your attention!**





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in  
Vienna*

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