



WE ARE INTEGRAL PART OF IFSO

IFSO-EC REPORT

SEPT 2023- AUG 2024



< **XXVI
IFSO WORLD
CONGRESS**
**OF BARIATRIC
& METABOLIC SURGERY**

NAPLES, ITALY
AUGUST 30-SEPTEMBER 1, 2023

Congress President: **Prof. Luigi Angrisani**



Jean-Marc Chevallier



Nicola Di Lorenzo



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Voting members of The Executive Council



Jean-Marc Chevallier
Past President



Nicola Di Lorenzo
President



Paulina Salminen
President Elect



Moritz Daniel Felsenreich
Executive Director



Catalin Copaescu
Treasurer



Maurizio De Luca
IFSO-EC Congress 2025
President
Chair of the Scientific
Committee



Chetan Parmar
Member at Large to IFSO



Violeta Moize
**Chair of the Integrated
Health Committee**





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Non voting members of The Executive Council



Jacques Himpens
Chair of the Senior Advisory Board



Tadeja Pintar
Representative of Obesity Surgery



Jean-Marc Chevallier
Chair of the Bylaws Committee



Anna Casajoana
Chair of the Communication & Development
Committee



Juan Pujol Rafols
Digital Communication Advisor



Roxanna Zakeri
Young IFSO Representative



Ralph Peterli
EASO Rapporteur



Cynthia Borg
Chair of the Multinational Advisory Group



Martin Fried
Obesity Facts representative



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ADMINISTRATION

- Re-discuss the relationship with Guarant
- Increased role of the IFSO Secretariat
- Clarify relationship with our bank and total control by treasurer Catalin Copaescu



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MONTHLY MEETING OF THE EXEC COUNCIL:
Alternate online meeting 1)voting member and 2) full exec



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COMMITTEES

Renovation taking into consideration gender equality

Structured activity :

- Clear mission
- Goals
- Yearly meeting calendar

NEW: CORPORATE COMMITTEE Chair: Gerhard Prager (starting sept, 9.....)



Bylaws

Chairman

Jean-Marc Chevallier

Members

Rudolf Weiner

Jerome Dargent

Michel Suter

Nicola Di Lorenzo

Martin Fried

Scientific Committee

Chairman

Maurizio de Luca

Vice-Chair

Marco Bueter

Members

Christine Stier

Elena Ruiz Ucar

Erik Stenberg

Francesco Maria Carrano

Jacques Himpens

Marloes Emous

Rui Ribeiro

Simon Nienhuijs

Sonja Chiappetta

Development and Communication

Chairman

Anna Casajoana

Digital Communication Advisor

Juan Pujol Rafols

Members

Tigran Poghosyan

Lidia Castagneto Gisse

Ana Marta Pereira

Tair Ben Porat

Shiri Sherf Dagan

Sjaak Pouwels

José M. Balibrea

Chandra Cheruvu

Integrated Health

Chairman

Violeta Moize

Members

Fausta Micanti

Laura Vaccarino



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BYLAWS COMMITTEE:

New version of bylaws and MOPP

- Shorter length of terms
- Increased turnover
- IH Committee chair as voting member



Jean-Marc Chevallier



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SCIENTIFIC COMMITTEE

- Monthly journal club
- Video gallery
- Podcasts
- Webinars

**Planned IFSO-EC GRADE-BASED guidelines
on multimodal strategies**



Maurizio De Luca



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COMMUNICATION COMMITTEE

- Completely renewed website
- Monthly newsletter
- Implementation of support to all communication needs of all committees
- Webinars organised in-house (cost saving)
- Promotional IFSO Videos



Anna Casajoana

NEW !



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YOUNG IFSO TASK FORCE

- Better structure
- 4 Pre-Congress Courses in Vienna
- 2 courses/year by Sonja Chiappetta & Benji Pascotto
– Become a metabolic&bariatric surgeon
- Prices and Scholarships for members



Roxanna Zakeri

NEW !





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INTEGRATED HEALTH

- Semi-complete renovation
- Introduction of other competences (obesiologists, pharmacists,.....)
- AND MUCH MORE !!!!



Violeta Moize

NEW !





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Multinational Advisory Group

Chair



United Kingdom
Cynthia Borg



Cynthia Borg

NEW !

Members



Germany
Sylvia Weiner



Sweden
Ellen Andersson



Poland
Piotr Mysliwiec



Turkey
Halit Eren TAŞKIN



Belgium
Matthias Lannoo



The acute bariatric patient

The patient



- 1 Presents itself with fewer complaints, seems to have little pain, but is still very ill
- 2 Has fewer physiological reserves, leading to faster and deeper shock
- 3 Vomiting is in principle not a side effect of a bariatric procedure

Alarm symptoms



Tachycardia
>120/min



≥ 38.5°C, hypoxia,
hypotension



Vomiting blood
or melaena



Vomiting and/or
stomach ache

Most common bariatric procedures and its side effects



Gastric Bypass (RYGB)
• Dumping
• Poor diet/impaired absorption
• Abdominal discomfort



Banded Procedures (AGB; VBG;
Banded Sleeve or Banded Bypass)
• Gastroesophageal reflux
• Nausea and vomiting
• Food intolerance



Sleeve Gastrectomy (Sleeve)
• Gastroesophageal reflux
• Poor diet
• Dyspepsia



Single Anastomosis Duodenal-Ileal
Bypass + Sleeve (SADI-S)
• Gastroesophageal reflux
• Poor diet/impaired absorption (proteins)
• Diarrhea/steatorrhea



One Anastomosis Gastric
Bypass (OAGB)
• Biliary reflux
• Poor diet/impaired absorption
• Diarrhea



Biliopancreatic Diversion/
Duodenal Switch (BPD/DS)
• Gastroesophageal reflux
• Dumping
• Steatorrhea/diarrhea



Endoscopic Procedures
• Nausea and vomiting
• Food retention
• Reflux

Images created and kindly granted by Dr. Arnold van de Laar (Spaarne Hospital, Hoofddorp, Netherlands)

Early postoperative complications (30 days) – always consult with (bariatric) surgeon

Bleeding

Symptoms

- Bruising on the abdominal wall
- Vomiting blood/melaena
- Collaps
- Tachycardia
- Low blood pressure

Management

- Resuscitate, transfusion (RBC) and correct coagulation
- **Pay attention!** Intra-abdominal bleeding is possibly an indication for leakage
- Unstable despite volume resuscitation: consider gastroscopy/laparoscopy
- CT-abdomen for stable patients only
- **Pay attention!** After Gastric Bypass, the remnant stomach is not accessible for gastroscopy

Leakage/Perforation

Symptoms

- "Change" in postoperative course
- Tachycardia
- Fever
- Pain

Management

- Resuscitate
- Laparoscopy
- Consider CT abdomen
- Consider percutaneous drainage
- Broad spectrum IV antibiotics

Pulmonary Embolism

Symptoms

- Chestpain
- Tachypnea

Management

- CT-angio chest/lung
- Anticoagulation

Obstruction

Management

- Obstruction can lead to leakage and/or strangulation
- No nasogastric tube. No conservative policy without a definitive diagnosis!
- Gastric Band → Puncture Access Port and empty Gastric Band
- Sleeve → nil per os + swallow study/CT with oral contrast
- Gastric Bypass → CT abdomen (oral and intravenous contrast) excluding stenosis of anastomoses or internal herniation
- Negative CT with strong clinical suspicion: laparoscopy
- **Pay attention!** Enlarged remnant stomach + elevated liver/pancreas values = obstruction at jejunum-jejunostomy!

Late postoperative complications

Abdominal Pain

Diagnosis & Management

Upper abdomen:

- Exclude gallstones: ultrasound
- Exclude ulcer: gastroscopy
- Exclude perforation: CT abdomen

Mid/lower abdomen:

- CT abdomen to exclude stenosis of anastomosis, or internal herniation
- IBS can develop or worsen after weight loss
- Overeating can cause abdominal pain

Obstruction

Management

- No nasogastric tube. No conservative policy without definitive diagnosis!
- Gastric Bypass → bowel strangulation (internal herniation), CT abdomen: swirl sign/laparoscopy <6h!
- Gastric Band → empty Gastric Band + swallow study
- Sleeve → nil per os + swallow study
- Negative CT with strong clinical suspicion: laparoscopy

Hypoglycaemia

- Dumping (after too many calories/carbohydrates): dizzy, "hot flush", sleepy, abdominal discomfort, tachycardia
- Tachycardia

Management

- Correct hypoglycaemia
- Dumping: dietary adjustments (consultation with bariatric dietitian), medication (consultation with bariatric endocrinologist)

Malnutrition and Deficiencies

- Deficiencies can occur after each bariatric procedure: vitamin B1 (vomiting?), B12, D, Hb, Ca, Fe, Protein
- Gastric Bypass/Diversion: also vitamins A, E and K, severe protein malnutrition. Beware of "Refeeding Syndrome"!

Ulcer

Management

- Stop smoking
- Double dose PPI (+ Sucralfate)
- Severe heartburn that does not respond to PPI can mean biliary reflux: exclude internal herniation!
- Caveat: H. Pylori

Perforation

- Anastomosis
- Remnant stomach

Management

- Broad spectrum IV antibiotics
- Gold standard: laparoscopy

Gallstones

- Weight loss can cause gallstones and/or kidney stones

Management

- **Pay attention!** After Gastric Bypass, SADI-S and BPD/DS, the duodenum is not accessible for ERCP, consider MRCP
- CBD stones: consider PTC (possibly with duct clearance and papillotomy) or hybrid ERCP

Postoperative bariatric complications are preferably treated in the index bariatric centre or after consultation with that centre

Senior Advisory Board

Chair



Jacques Himpens
Belgium

NEW !

Members



Michel Suter
Switzerland



Luigi Angrisani
Italy



Rudolf Weiner
Germany



Antonio Torres
Spain



JW Greve
Netherlands



Gerhard Prager
Austria



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12th
CONGRESS OF THE INTERNATIONAL FEDERATION
FOR THE SURGERY OF OBESITY AND METABOLIC DISORDERS
- EUROPEAN CHAPTER -
IFSO-EC2024
VIENNA
AUSTRIA
HILTON VIENNA PARK
2-4 MAY 2024

A GREAT SUCCESS !!!!

>1000 PARTICIPANTS

- PRE-CONGRESS COURSES
- 2 FULL DAYS OF SCIENTIFIC SESSIONS
- CONSENSUS CONFERENCE
-





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2-4 MAY 2024

**WELL ATTENDED BREAKFAST
WITH
NATIONAL PRESIDENTS**





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Outstanding social program





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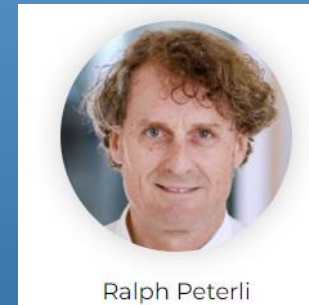


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COOPERATION WITH EASO

(The European Association for the Study of Obesity)

Joint conference on may 2027 (Basel)



Ralph Peterli

Participation to the Venice declaration





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ADDRESS DISPARITIES FOR SUSTAINABLE AND EQUITABLE HEALTH SYSTEMS

The banner features a background image of a Venetian canal at dusk, with a gondolier in silhouette in the foreground and the Rialto Bridge illuminated in the background. In the top left corner, there is a logo for the 31st European Congress on Obesity, which includes a green silhouette of a person and the text "31st EUROPEAN CONGRESS ON OBESITY" and "12-15 MAY 2024 VENICE, ITALY". In the top center, there is a small square logo featuring a golden lion. In the top right corner, the logo for EASO (European Association for the Study of Obesity) is displayed, consisting of the letters "EASO" in a large, blue, sans-serif font with a blue circle around the "O", and the full name "European Association for the Study of Obesity" in a smaller font below it. The main title "VENICE DECLARATION 2024" is written in a large, bold, blue, sans-serif font across the center. Below the title, the words "PRESS STATEMENT" are written in a smaller, bold, blue, sans-serif font. On the right side, a list of four principles is presented in a white, sans-serif font: "EQUITY", "AFFORDABILITY", "SUSTAINABILITY", and "ONE APPROACH TO HOLISTIC CARE".

31st EUROPEAN CONGRESS ON OBESITY
12-15 MAY 2024 VENICE, ITALY

EASO
European Association for the Study of Obesity

VENICE DECLARATION 2024

PRESS STATEMENT

EQUITY
AFFORDABILITY
SUSTAINABILITY
ONE APPROACH TO HOLISTIC CARE



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PLANS for 2025





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PLANS for 2025

- Continue reorganization
- Support Young IFSO development in the Chapter
- UEMS exams
- EAC- BS return under the IFSO-EC flag
- **Policies to increase membership**



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**European Accreditation Council
for Continuing Medical Education
(EACCME)**
An Institution of the UEMS

**A task force lead by Marco Bueter is planning all aspects
to run the first UEMS examination for bariatric surgeons
in Venice – May 2025**



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EAC-BS

European Accreditation Council For Bariatric Surgery

**A task force lead by Martin Fried & Ronald Liem
is planning the return of
the Center of Excellence – Accreditation Council
Under the IFSO-EC flag, due to natural end of the agreement
with the current company lead by John Melissas**





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Multinational Advisory Group



Promotional videos

F.U. of Vienna Breakfast with national Presidents

JOINT ACTIONS TO INCREASE IFSO MEMBERSHIP

13th

CONGRESS OF THE INTERNATIONAL FEDERATION
FOR THE SURGERY OF OBESITY AND METABOLIC DISORDERS
- EUROPEAN CHAPTER -

IFSO-EC2025



VENICE
ITALY

15-17 MAY 2025



See you in Venice

AND...YOU ARE ALL WELCOME !!!!!

