



One anastomosis gastric bypass with a 150 cm biliopancreatic limb Weight loss and serious adverse events

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I have no potential conflict of interest to report

Introduction:

YOMEGA trial

Efficacy and safety of one anastomosis gastric bypass (BPL 200cm) versus Roux-en-Y gastric bypass for obesity a multicentre, randomised, open-label, non-inferiority trial.

Maud Robert, MD et al, Lancet 2019

*21% nutritional complications in the OAGB group
versus
none in the RYGB group (p=0.0034)*

Aim of the study:

Evaluate the number of serious adverse events (SAE) following OAGB with a 150cm BPL at 10 years.

Methods:

Study : 2020_82 OMEGA10 : NCT04930029

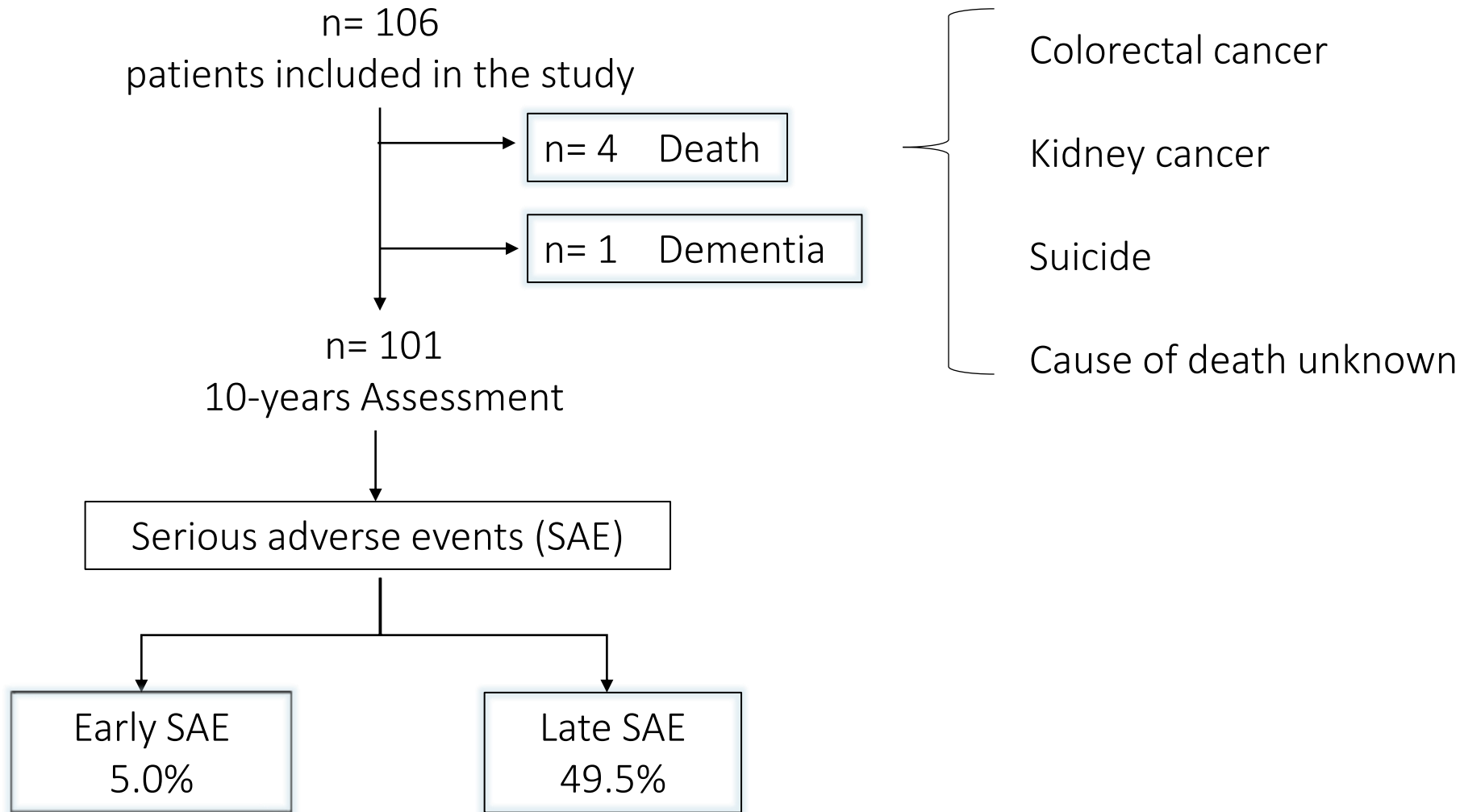
Comprehensive list of OAGB
Carried out between 2008 and 2013
in 2 French Centers

Random selection of
patients

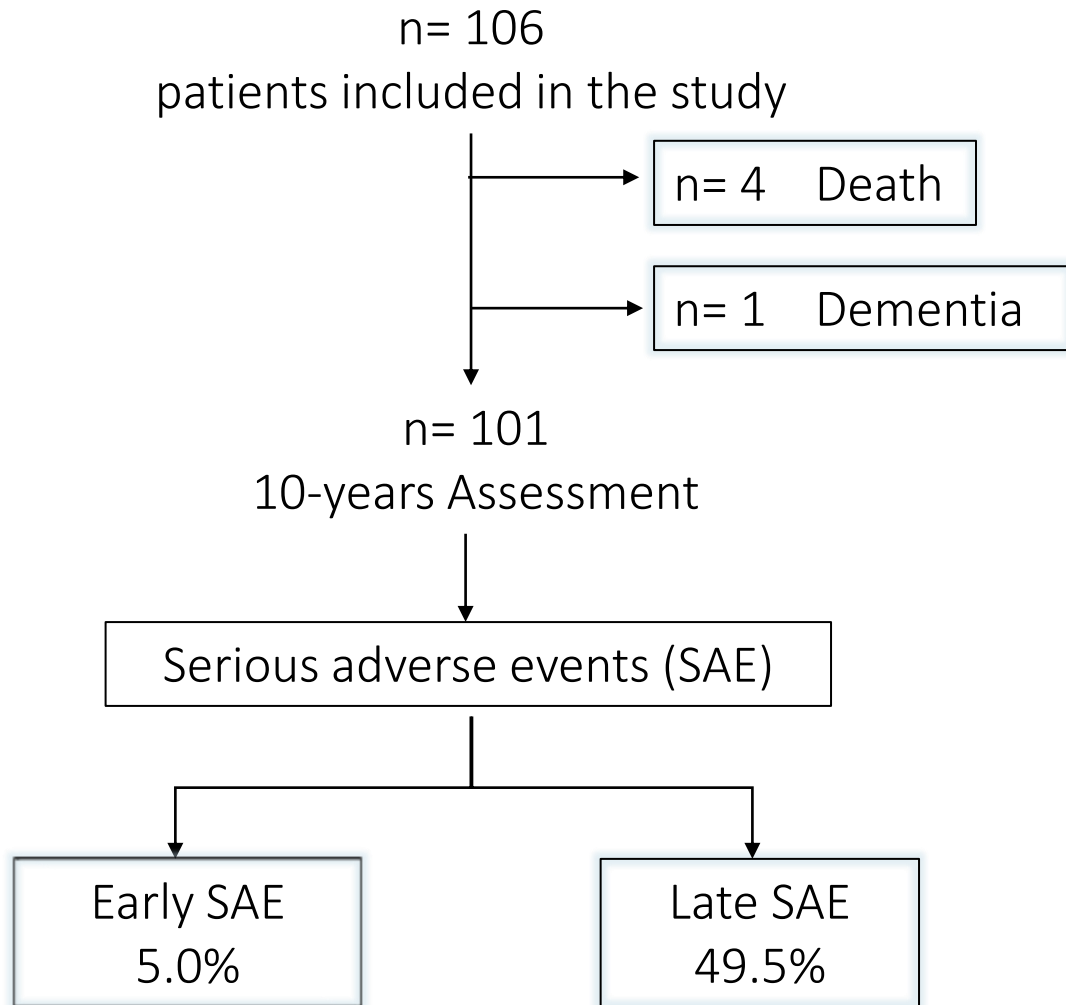
(n=98) 48% lost follow-up
at ten years

Variables	All Cohort n=1414	Studied Sample n= 106
Age (year)	39.4 ± 11.5	40.2 ± 10.4
Female	1162 (82.2%)	82 (77.4 %)
BMI (kg/m ²)	42.2 ± 5.2	40.9 ± 4.3
Comorbidities		
Type 2 diabetes	188 (13.3%)	9 (8.5%)
Arterial hypertension	245 (17.3%)	14 (13.2%)
Sleep Apnea syndrom	148 (10.5%)	14 (13.2%)
Previous bariatric surgery	281 (19.9%)	28 (26.4%)

Results: Mortality and serious adverse events

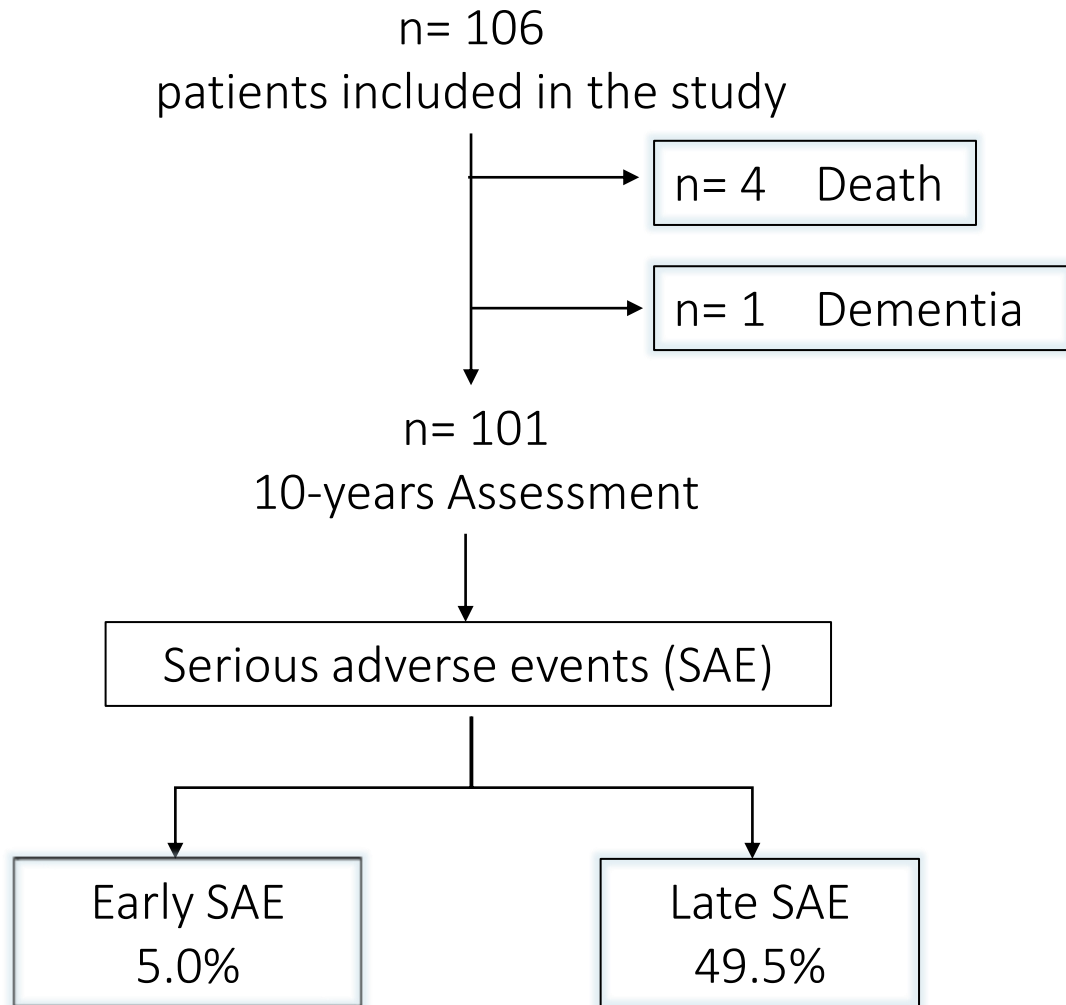


Results: Mortality and serious adverse events



Serious adverse events related to surgery	n/101(%)
Early	5 (5.0%)
Hemorrhage	4 (4.0%)
Fistula	1 (1.0%)
Occlusion	1 (1.0%)
Late	50 (49.5%)
Anaemia	27 (26.7%)
Vesicular lithiasis	17 (16.8%)
Urinary lithiasis	7 (6.9%)
Revision from OAGB to RYGB	6 (5.9%)
Anastomotic ulcer	6 (5.9%)
Incisional hernia	4 (4.0%)
Bowel obstruction	2 (1.9%)
Anastomotic stenosis	1 (1.0%)
Malnutrition	0

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Results: Nutritional deficiency

No hospital admissions for malnutrition

16 patients (15.1%) \geq 3 stools a day

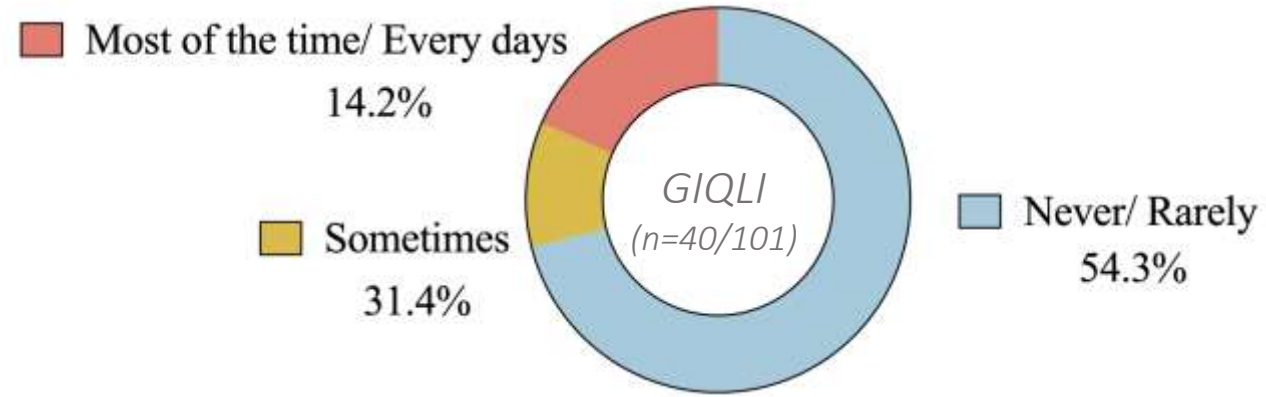
<i>Blood test</i>	<i>Mean \pm DS</i>	<i>Deficiency threshold</i>	<i>Deficiency</i>
<i>Post op- 10 years</i>	<i>Median (min-max)</i>		<i>(n) %</i>
Albumin (g/L)	40.7 \pm 3.0	< 35.0 g/L	0
Vitamin A (μ mol/L)	2.0 \pm 0.6	< 1.05 mmol/L	2

27 patients (26.9%) recieved at least one intravenous iron infusion

Haemoglobin (g/dL)	13.1 \pm 1.2	< 12 g/dL	6	(15.4%)
Ferritin (ng/mL)	40.0 (4.6-522)	< 15 ng/mL	5	} (34.2%)
Transferrin saturation(%)	23.2 (6.4-71)	< 20%	11	
Vitamin B12	269.0 (143-783)	< 196 ng/L	6	(17.1%)

Results: GERD

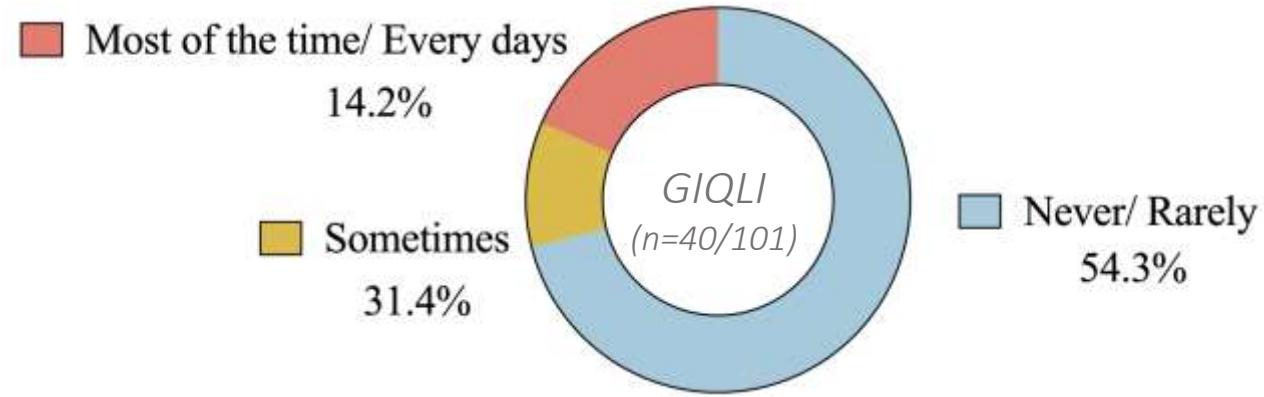
29% of patients receive treatment for reflux



Symptoms of gastro-oesophageal reflux disease

Results: GERD

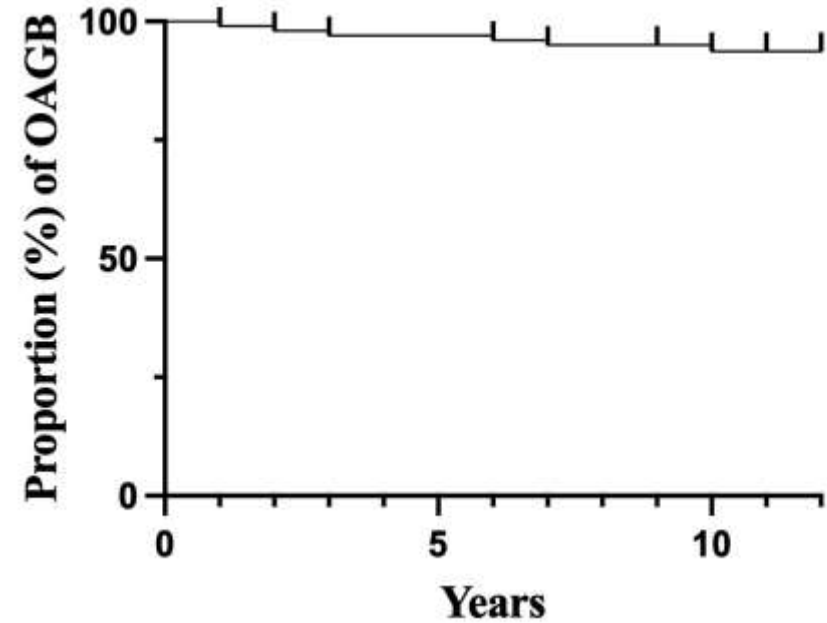
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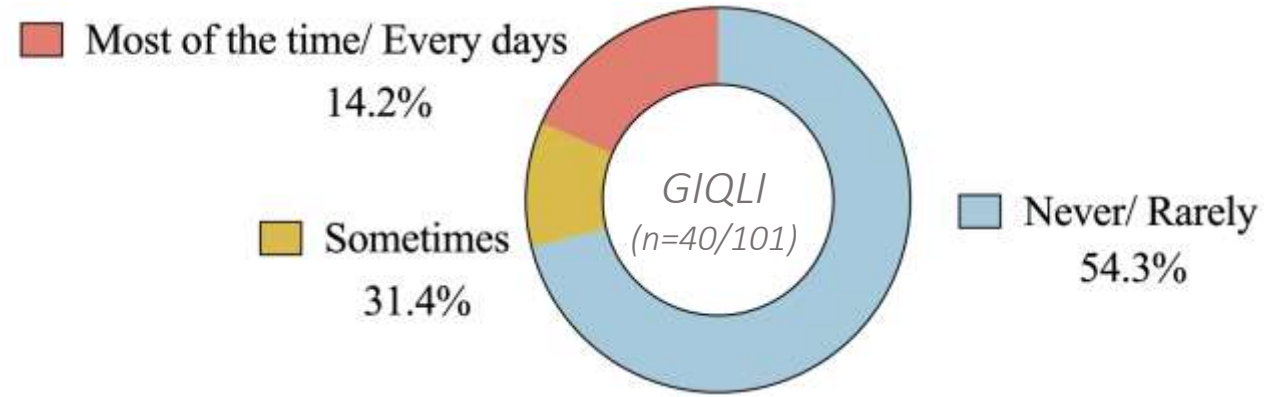
1 patient (0.9%) : hiatal hernia surgery

6 patients (5.9%) OAGB to RYGB



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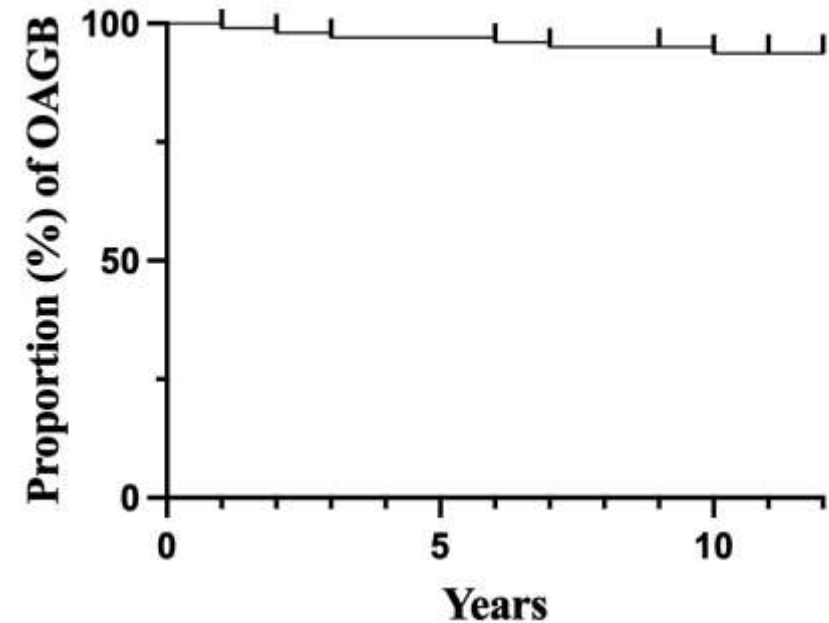
Symptoms of gastro-oesophageal reflux disease

37.6% patients had follow-up endoscopy

Endoscopy	n=32
Gastritis	6
Oesophagitis	4
Bile in the stomach	9

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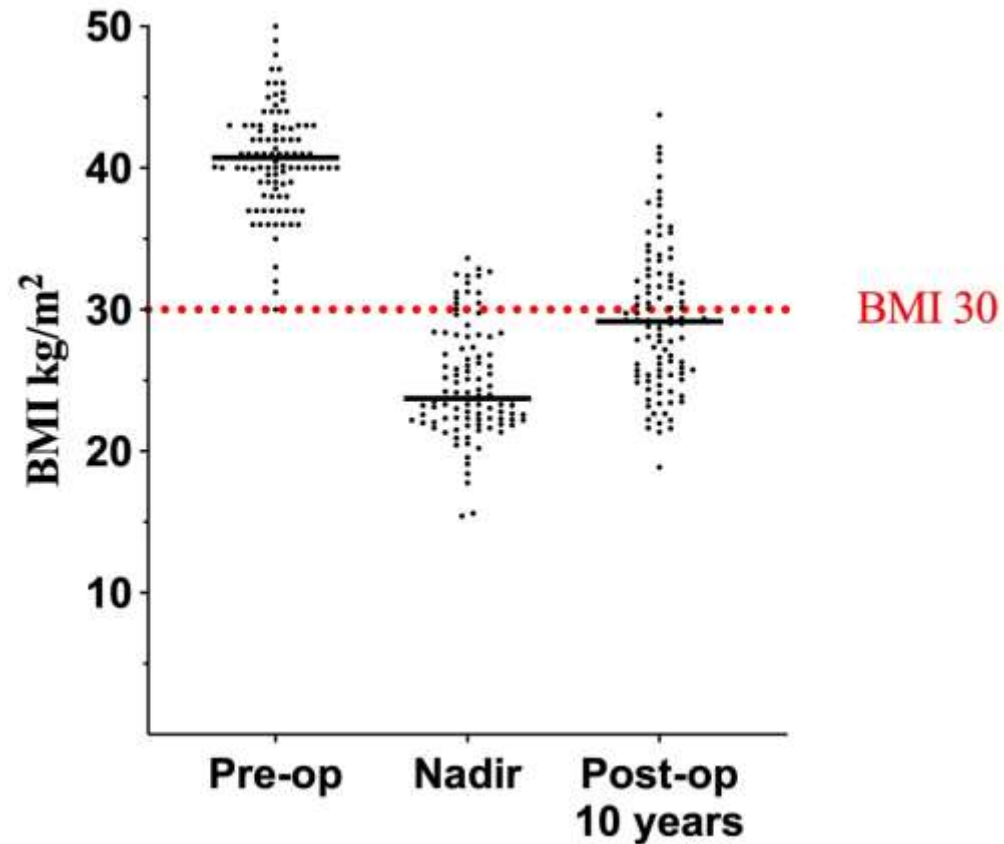


Results: Weight loss and comorbidities

Excess Weight loss (%) :

74,3 ± 31,9 %

▶ Previous bariatric surgery (n=28): EWL (%) 66.7 ± 37.6 %



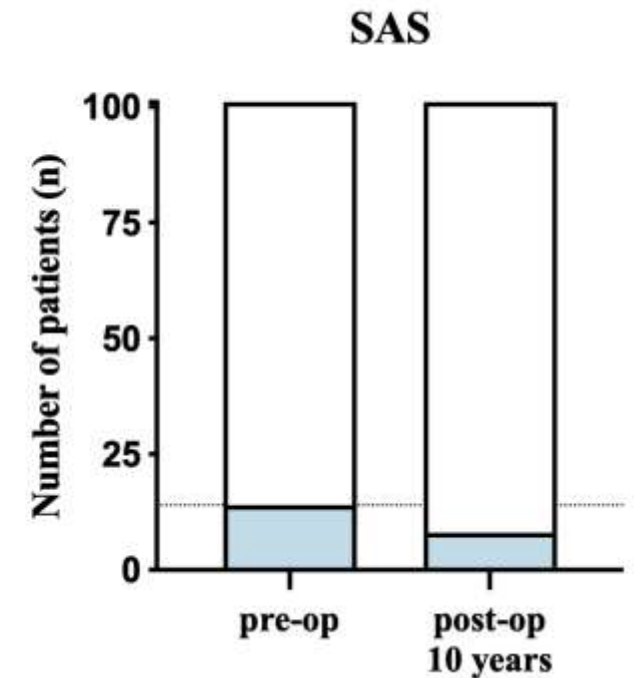
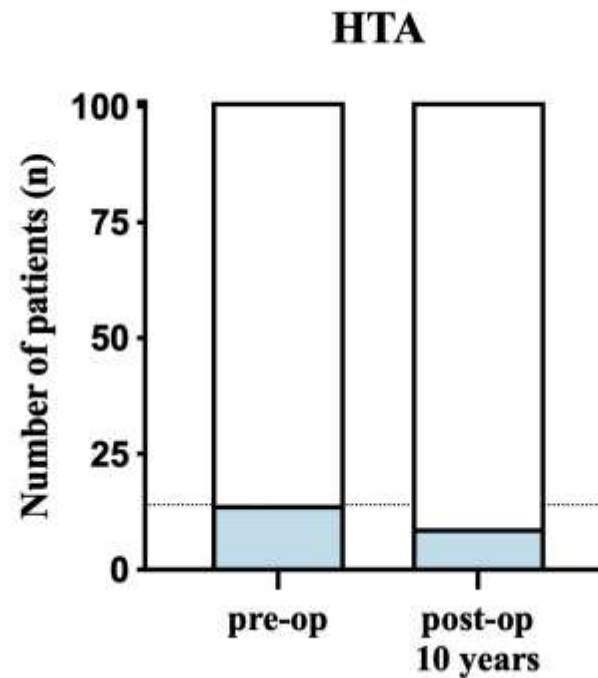
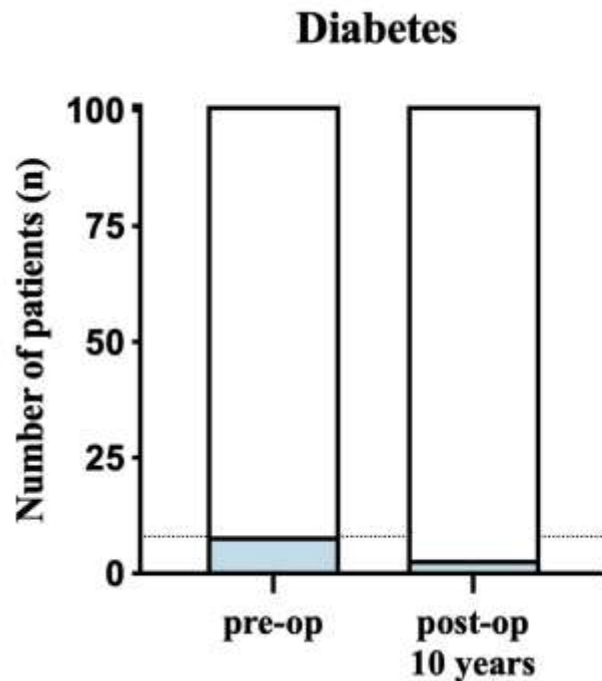
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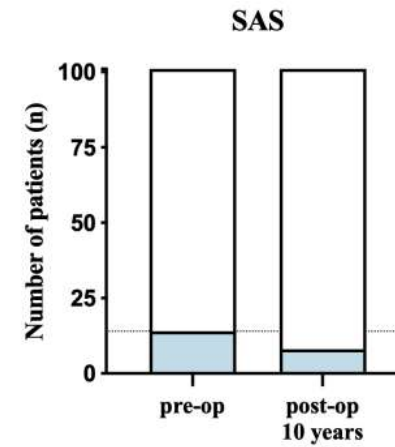
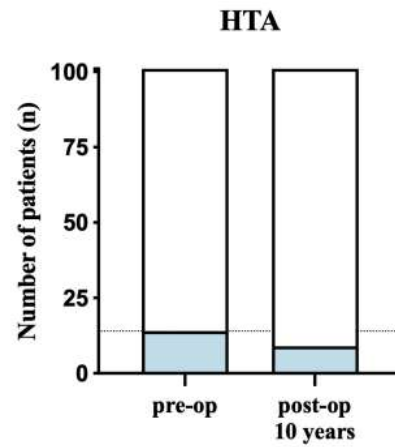
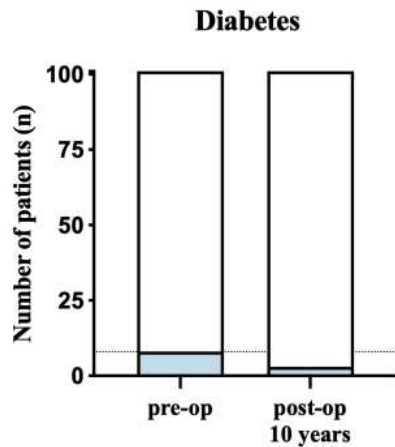
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Comorbidities :



Quality of life :

BAROS
Compared to the time before my intervention,
I feel.....



5.7%



5.7%



22.9%



65.7%

88,6%

Conclusions:

Our study confirm the efficacy of OAGB with a 150 cm biliary limb on weight loss at 10 years

No revisional surgery for malnutrition was observed

Acknowledgement

Expert Centers



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