SADI versus OAGB as a revisional surgery for non responder sleeve gastrectomy: short-term outcomes of a single canadian bariatric center.

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INTRODUCTION

- Obesity is a multifactoriel epidemic disease
- Approximately 650 million people and it rises





Map: Semafor/Jenna Moon • Source: World Obesity

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INTRODUCTION

- <u>World in 2018</u>
 - 720 000 bariatric surgeries
 - 380 000 sleeves
- <u>Weight recurrence after SG</u>
 - 75% at 6 years,
 - No clear consensus on the definition
- <u>Revisional surgery:</u> SADI, BPD, OAGB, RYGB, re-Sleeve, SASI...

METHODS

- Retrospective observational analysis (2016-2023)
- Cohorts of post-SG non responders
- **<u>Objectives:</u>** Compares SADI vs OAGB at post op 1 year in terms of:
 - Weight loss.
 - Resolution of associated comorbidities
 - Morbidity/mortality.
- <u>Statistics:</u> inversed propensity score weighting.

METHODS

Inclusion criteria

- SG non responders
 - Weight recurrence ______ joint decision between surgeon and patient
 - Insuffisance weight loss

Exclusion criteria

- Previous bariatric surgery other than SG or band
- Esophagitis B or C on preop EGD
- Poorly controlled GERD



VS



SADI

RESULTS: population

			OAGB	SADI	р	
Valid N		49	133			
Age	Mean ± Standard Deviation		47.2 ± 9.7	42.3 ± 9.1	0.002	
Gender	F	N (%)	46 (93.9%)	114 (85.7%)	0.199	
	Μ	N (%)	3 (6.1%)	19 (14.3%)		
Weight before SG (kg)	Mean		139.2 ± 27.2	144.3 ± 31.9	0.326	
Weight at time of revisional surgery (kg)	Mean		118.7 ± 22.3	120.8 ± 20.8	0.546	
BMI before SG (kg/m ²)	Mean		51.8 ± 8.9	52.6 ± 10.4	0.65	
BMI at time of revisional surgery (kg/m ²)	Mean		44.4 ± 7.6	44 ± 6.1	0.741	
Preop Comorbidities	Type 2 diabetes	N (%)	10 (20.4%)	34 (25.6%)	0.304	
	Insuline	N (%)	2 (4%)	5 (3.8%)		
	Hypertension	N (%)	17(34.7%)	54 (40.6%)	0.292	
	Dyslipedemia	N (%)	11 (22.4%)	45 (33.8%)	0.096	
	Obstrutive Sleep Apnea	N (%)	19 (38.8)	62 (46.6%)	0.219	

RESULTS: weight loss



RESULTS: comorbidities

Diabetes Evolution



RESULTS: comorbidities



■ Preop ■ Remission

RESULT: early morbidity

30 days major morbidity rates



Dindo D, and al. Classification of surgical complications: a new proposal with evaluation in a cohort of 6336 patients and results of a survey. Ann Surg 2004.

RESULTS: late morbidity

Late morbidity rates 1PO year

- OAGB-group
 - 3 dumping syndrome
- SADI-group
 - 2 surgical revisions for malabsorption
 - GERD:

GERD		OAGB	SADI	
				р
Preop	GERD	57%	15%	0.009
	No GERD	38.8%	63.1%	
Post op	Well controlled 100%	61.2%	36.9%	0.009
	Poorly controlled	12.2%	5.3%	

RESULTS: late morbidity

			OAGB	SADI	р	
Albumin (U/L)	Severe undernutrition <32	N (%)	0 (0%)	3 (2.9%)	0.625	
	Undernutrition 32-35	N (%)	5 (14.7%)	11 (10.5%)		
Vitamin D (nmol/L)	D vitamin deficiency <50 nmol/L	N (%)	6 (21.4%)	23 (27.4%)	0.855	
	D vitamin insufficiency 50-75nmol/L	N (%)	11 (39.3%)	31 (36.9%)		
Vitamin B12 (pg/mL)	B12 Vitamine deficiency <200	N (%)	6 (18.8%)	9 (9.1%)	0.197	
Hb	Iron deficiency anemia*	N (%)	3 (8.3%)	17 (15.5%)	0.296	

CONCLUSION

At 1 PO year

- Weight loss: **SADI > OAGB**
- Remission of comorbidities and vitamino-proteic profile: **SADI=OAGB**

CONCLUSION

At 1 PO year

- Early morbidity: **OAGB > SADI**
- Late Morbidity:
 - GERD?
 - Revision surgery: **SADI** > **OAGB**

THANK YOU FOR YOUR ATTENTION

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