Metabolic and Bariatric surgery for Asian patients with BMI > 50 Kg/m²

Asian Evidence OAGB TITLE

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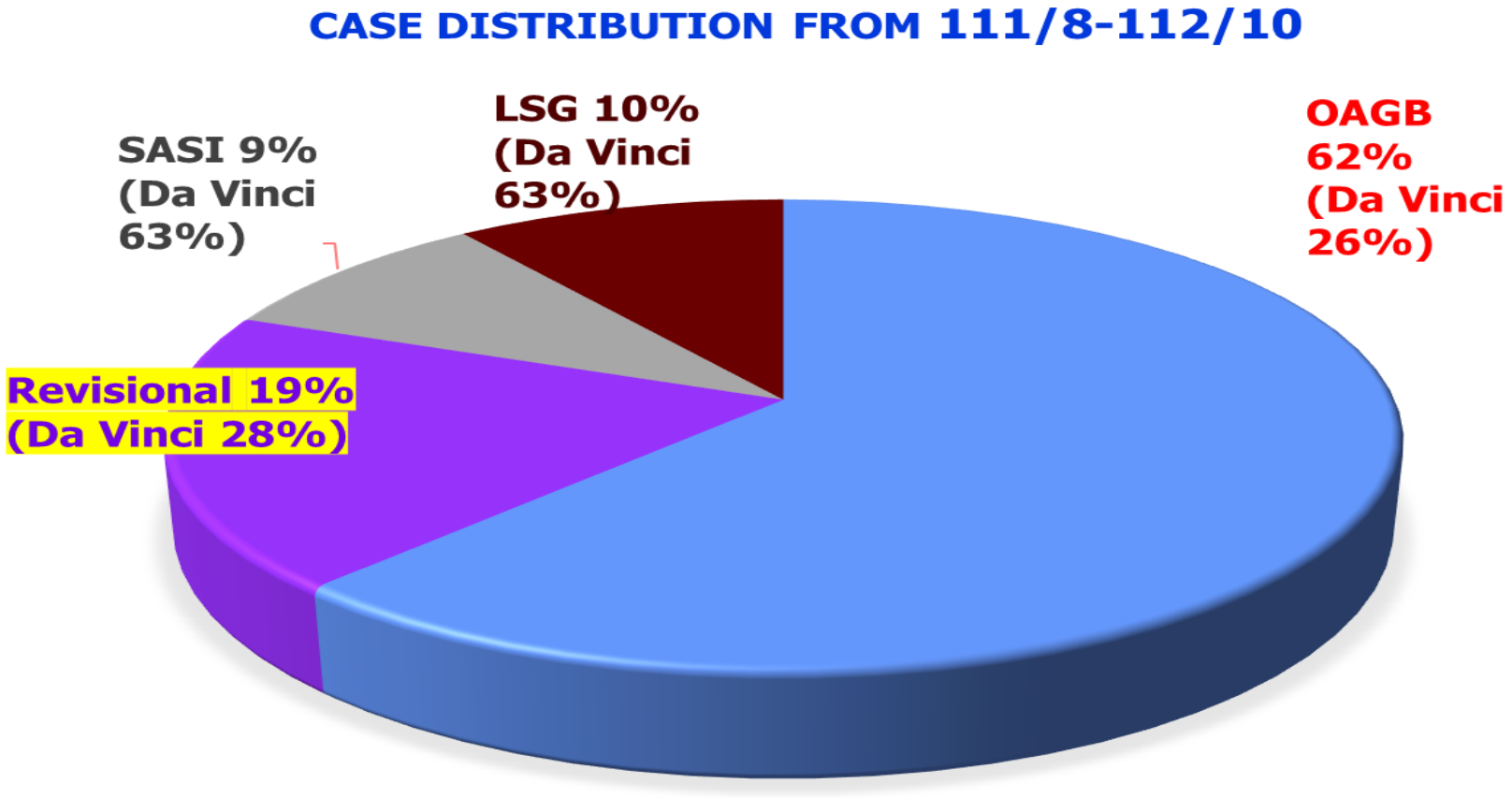

Surg Endosc. 2022 Aug;36(8):6170-6180. doi: 10.1007/s00464-021-08979-w. Epub 2022 Jan 21.

The first survey addressing patients with BMI over 50: a survey of 789 bariatric surgeons

Mohammad Kermansaravi [1] [2], Panagiotis Lainas [3] [4], Shahab Shahabi Shahmiri [5], Wah Yang [6], Amirhossein Davarpanah Jazi [7], Ramon Vilallonga [8] [9], Luciano Antozzi [10], Chetan Parmar [11] [12], Radwan Kassir [13], Sonja Chiappetta [14], Lorea Zubiaga [15], Antonio Vitiello [16], Kamal Mahawar [17], Miguel Carbajo [18], Mario Musella [19], Scott Shikora [20]

SG and OAGB were the most common procedures for individuals between 18 and 65 years.

Half of the surgeons believed that a 2-stage approach should be offered to patients with BMI > 50 kg/m^2, with SG being the first step.

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Analysis of the 1-year efficacy of four different surgical methods for treating Chinese super obese (BMI ≥ 50 kg/m^2) patients

Zheng Zhang, Lun Wang, Zhiqiang Wei, Zhenhua Zhang, Liang Cui & Tao Jiang✉

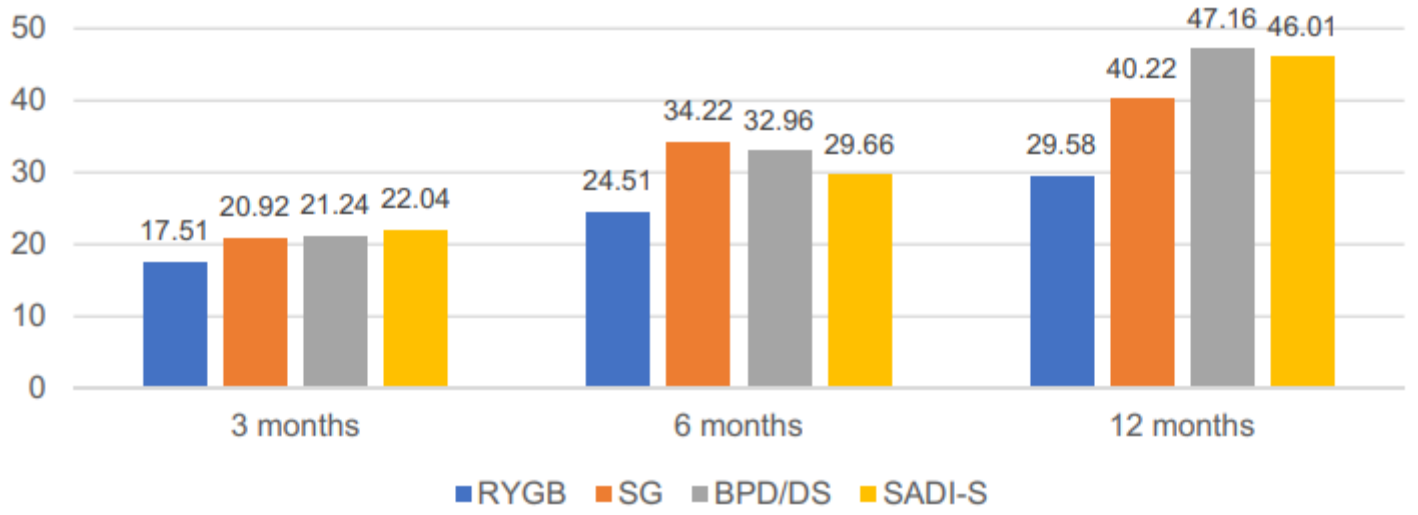

Figure 2. Changes in %TWL at 3, 6, and 12 months in different surgical groups.

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Surgery in Patients with Super Obesity: Medium-Term Follow-Up Outcomes at a High-Volume Center

Mohit Bhandari, Guillermo Ponce de Leon-Ballesteros, Susmit Kosta, Mahak Bhandari, Terrel Humes, Winni Mathur, Mathias Fobi

Five hundred fourteen patients with super obesity and super-super obesity had surgery at our center from January 2010 through December 2013. The baseline characteristics were different in different operations. The initial average age, weight, and BMI were 44.4 (SD 11.9) years, 145.4 (SD 24.2) kg, and 55.48 (SD 5.32) kg/m^2

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SG	227 [44.2%]
OAGB	124 [24.1%]
RYGB	102 [19.8%]
banded sleeve gastrectomy (BSG)	33 [6.4%]
banded Roux-en-Y gastric bypass (BRYGB)	28 [5.4%]

After 3 years,. %EBWL for

SG, 62.4%
OAGB, 78.6%
RYGB, 62.4%
BSG, 78.6%
BRYGB 75.8%
($P < 0.0001$), respectively.

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Failure to achieve BMI < 35 kg/m^2 was more frequent in the group who underwent SG (67.9%), followed by RYGB (29.16%), BRYGB (22.2%), OAGB (9.87%), and none in the BSG group.

Sci Rep. 2022 Jun 22;12(1):10507. doi: 10.1038/s41598-022-14485-3.

One anastomosis gastric bypass as a one-stage bariatric surgical procedure in patients with BMI ≥ 50 kg/m^2

Mohammad Kermansaravi [1 2], Seyed Nooredin Daryabari [3], Reza Karami [3], Seyed Amin Setaredan [3], Rohollah Valizadeh [3 4], Samaneh Rokhgireh [5], Abdolreza Pazouki [6 7]

Affiliations + expand

PMID: 35732861 PMCID: PMC9217982 DOI: 10.1038/s41598-022-14485-3

Abstract

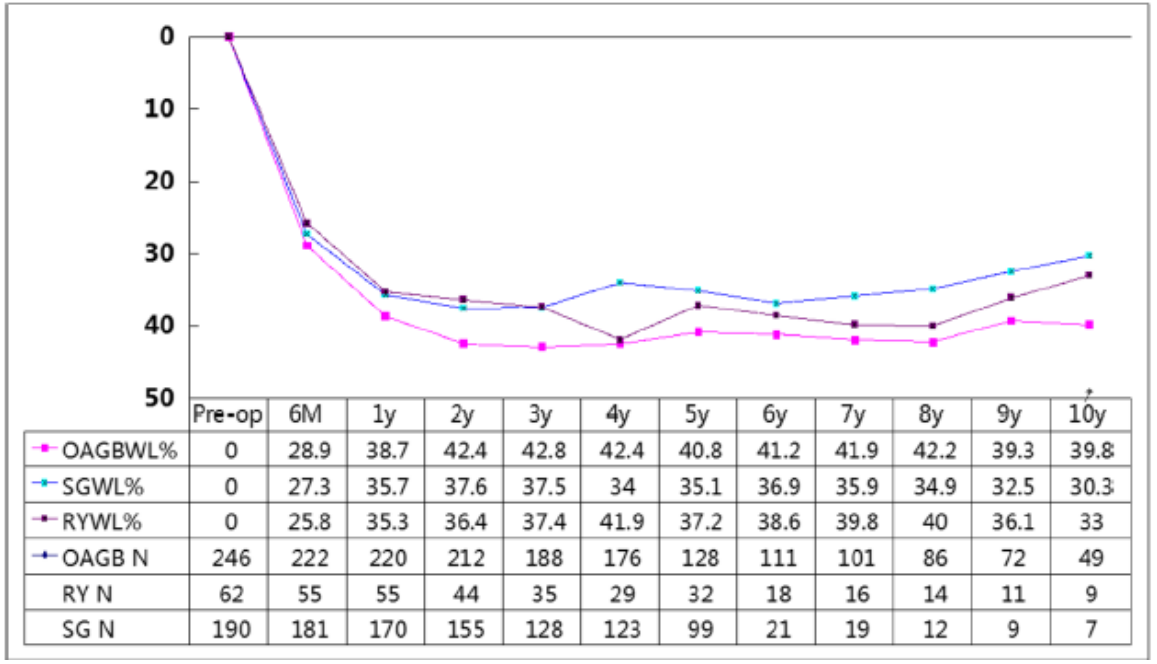
In patients with BMI ≥ 50 kg/m^2, it is difficult to select an appropriate procedure that can lead to optimum results. This study aims to evaluate mid-term weight loss outcomes in patients with BMI ≥ 50 kg/m^2 following one anastomosis gastric bypass (OAGB) as a one-stage procedure. A prospective study was conducted on patients with BMI ≥ 50 kg/m^2, aged 18 years and above who had undergone primary OAGB from January 2016 to February 2019 with at least two years follow-ups. A total of 197 patients with BMI ≥ 50 kg/m^2 had underwent OAGB. The mean age was 38 years and the mean pre-operative BMI was 53.7 kg/m^2. Mean EWL% were 63.7%, 67.8% and 66.2% at one, two and five years after OAGB respectively. The highest level of EWL% was 68.4%, which was achieved in the 18th month following OAGB. OAGB can be performed safely in patients with BMI ≥ 50 kg/m^2 as a one-stage

Obesity Surgery
https://doi.org/10.1007/s11695-021-05464-0

ORIGINAL CONTRIBUTIONS

Long-Term Efficacy of Bariatric Surgery for the Treatment of Super-Obesity: Comparison of SG, RYGB, and OAGB

Tien-Chou Soong[1,2,3] · Ming-Hsien Lee[4] · Wei-Jei Lee[2,5] · Owaid M. Almalki[6] · Jung-Chien Chen[4,5] · Chun-Chi Wu[5] · Shu-Chun Chen[5]



	Pre-op	6M	1y	2y	3y	4y	5y	6y	7y	8y	9y	10y
OAGBWL%	0	28.9	38.7	42.4	42.8	42.4	40.8	41.2	41.9	42.2	39.3	39.8
SGWL%	0	27.3	35.7	37.6	37.5	34	35.1	36.9	35.9	34.9	32.5	30.3
RYWL%	0	25.8	35.3	36.4	37.4	41.9	37.2	38.6	39.8	40	36.1	33
OAGB N	246	222	220	212	188	176	128	111	101	86	72	49
RY N	62	55	55	44	35	29	32	18	16	14	11	9
SG N	190	181	170	155	128	123	99	21	19	12	9	7

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At 5 years after surgery, 64.6% of all the patients had their BMI < 35 kg/m^2, 56.1% in SG, 58.6% in RYGB, and 71.8% in OAGB group.

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	SG (n=99)	RYGB (n=32)	OAGB (n=128)	P (1) SG vs. RYGB	P (2) SG vs. OAGB	P (3) RYGB vs. OAGB
BMI (kg/m^2)	34.8 (5.4)	34.1 (6.1)	32.7 (5.8)	0.869	0.101	0.528
Waist (cm)	104.8 (16.4)	94.5 (11.5)	96.4 (12.1)	0.081	0.103	0.253
TWL%(1-y)	35.7 (8.6)	35.3 (8.1)	38.7 (9.2)	0.979	0.038*	0.201
TWL%(5-y)	35.1 (10.3)	36.1 (11.5)	40.7 (9.7)	0.912	0.005*	0.130

Table 5 Indication for revision surgery after different bariatric procedures in super-obese patients

	SG	RYGB	OAGB	*P* (1) SG vs. RYGB	*P* (2) SG vs. OAGB	*P* (3) RYGB vs. OAGB
Total no.	190	62	246			
Revision no. (%)	5 (2.6%)	5 (8.1%)	17 (6.9%)	0.010*	0.048*	0.783
Indication no. (%)						
Anemia			3 (1.2%)			
Protein malnutrition		4 (6.5%)	8 (4.1%)			
Weight regain	3 (1.5%)	1 (1.6%)				
Marginal ulcer			2 (0.8%)			
Bile reflux			3 (1.2%)			
Reflux esophagitis	2 (1.1%)		1 (0.4%)			

SG: sleeve gastrectomy; RYGB: Roux-en-Y gastric bypass; OAGB: one anastomosis gastric bypass

* $p < 0.05$

TITLE

Authors, co-authors, institution

Key Points

1. OAGB had a higher total weight loss (40.8%) than RYGB (37.2%) and SG (35.1%) at 5 years after surgery.

2. RYGB had a higher major complication rate (4.8%) than SG (0.5%) and OAGB (0.8%) in super-obese patients.

3. SG had a lower revision rate (2.6%) than RYGB (8.1%) and OAGB (6.9%), but had a lower remission rate in dyslipidemia comparing to OAGB and RYGB.

4. OAGB had a similar operation risk to SG but resulted in a better weight loss than RYGB or SG.

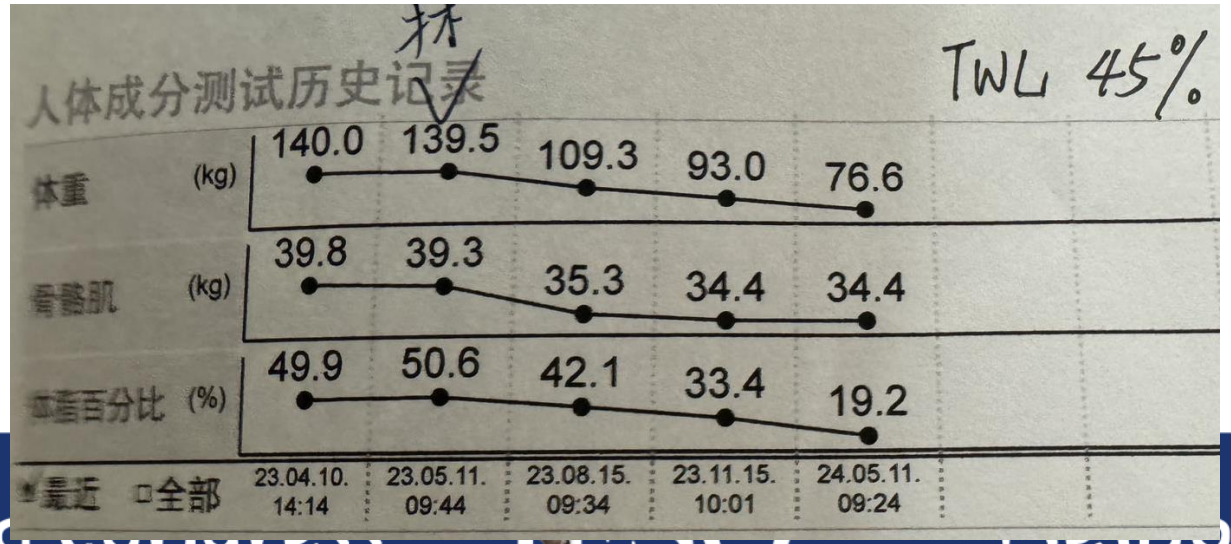
Optimal Candidate

Super-obese patient

34 M, BMI 48

DM, H/T, OSA
NASH, GERD,

Procedure ?



OAGB 18y

168 -> 78 Kg

> 50%TWL

BMI 58 -> 27

Conclusion:

- **Different bariatric procedures are all safe and effective in treating Asian super-morbid obese patients and improving their metabolic disorders to a certain degree.**
- **OAGB had a similar operation risk to SG but resulted in a better weight loss and resolution of metabolic disorders.**
- **OAGB can be adopted widely in experienced hand but enough common channel is the gauard of malnutrition.**