

When **NOT** to do a Gastric Bypass (and think of sleeve gastrectomy instead)

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Past-President SBCBM 2011-2012

Past-President, IFSO Latin America Chapter



• Disclosures

- Research Grant, J&J Medical, Brasil
- Research Grant, Medtronic
- Research Grant, GI Dynamics
- Research Grant, Hospital Oswaldo Cruz Bioscience Institute
- SAB: GI Dynamics, JJ Medical, NovoNordisk, Medtronic, Bariatek
- Speaker: J&J Medical, Medtronic, Jansen

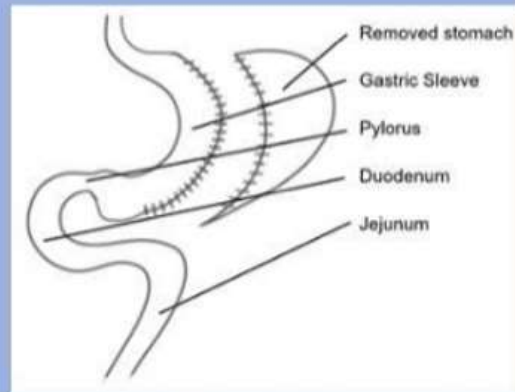
50 % conversion of SG due to insufficient WL/ recurrence

Title: 15 Years after Sleeve Gastrectomy: Weight Loss, Remission of Associated Medical Problems, Quality of Life, and Conversions to Roux-en-Y Gastric Bypass – Long-term Follow-up in a Multicenter Study

METHODS

Multicenter cross-sectional study

53 patients
Sleeve Gastrectomy



> **15 YEARS** follow-up

RESULTS

Conversion rate to  49.1%

TWL  →  32.9%

TWL  31.5%

Quality of life:





- BAROS: 2.9 points
- BQL: 52.9 points



CONCLUSIONS



after  :

- high conversion rate to 
- Further  loss in patients converted due to weight regain



½ of the cohort (non-converted) have a stable postoperative  even **15 YEARS** after 



Authors: Daniel M. Felsenreich, Evi Artemiou, Katharina Steinlechner, Natalie Vock, Julia Jedamzik, Jakob Eichelter, Lisa Gensthaler, Christoph Bichler, Christoph Sperker, Philipp Beckerhinn, Ivan Kristo, Felix B. Langer & Gerhard Prager
Obesity Surgery August 2021 DOI: <https://doi.org/10.1007/s11695-021-05475-x>

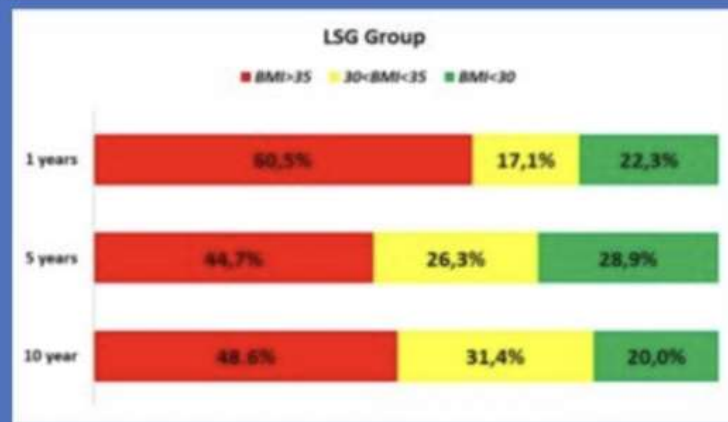
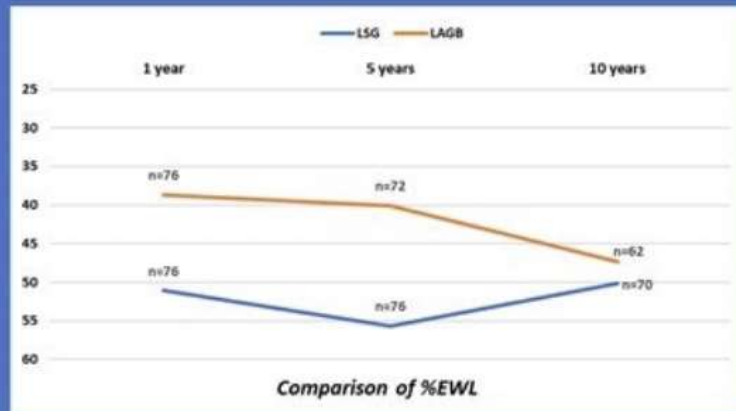
OBESITY SURGERY
The Journal of Metabolic Surgery and Allied Care

Ten-Year Results of Laparoscopic Sleeve Gastrectomy: Retrospective Matched Comparison with Laparoscopic Adjustable Gastric Banding. Is There a Significant Difference In Long Term?

METHODS



RESULTS



CONCLUSIONS



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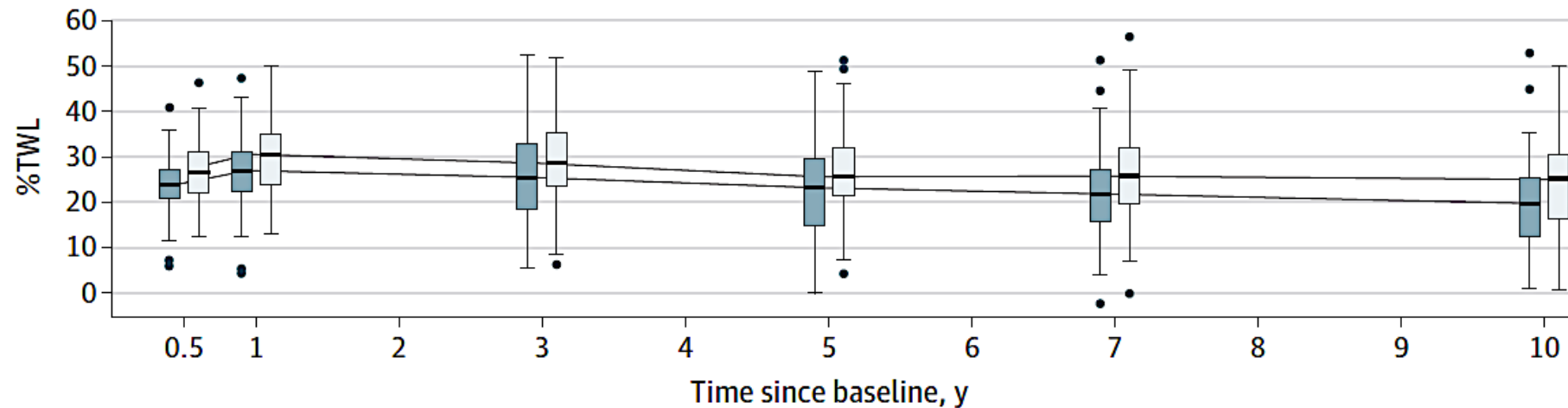


Effect of Laparoscopic Sleeve Gastrectomy vs Roux-en-Y Gastric Bypass on Weight Loss, Comorbidities, and Reflux at 10 Years in Adult Patients With Obesity

The SLEEVEPASS Randomized Clinical Trial

Paulina Salminen, MD, PhD; Sofia Grönroos, MD; Mika Helmiö, MD, PhD; Saija Hurme, MSc; Anne Juuti, MD, PhD; Risto Juusela, MD; Pipsa Peromaa-Haavisto, MD, PhD; Marja Leivonen, MD, PhD; Pirjo Nuutila, MD, PhD; Jari Ovaska, MD, PhD

B %TWL after LSG and LRYGB from baseline to 10 y



	SLEEVE	RYGB	Difference	P value
%TWL	23.4 (22.1 to 24.7)	26.9 (25.6 to 28.2)	3.5 (1.6 to 5.4)	<.001

Effect of Laparoscopic Sleeve Gastrectomy vs Roux-en-Y Gastric Bypass on Weight Loss and Quality of Life at 7 Years in Patients With Morbid Obesity

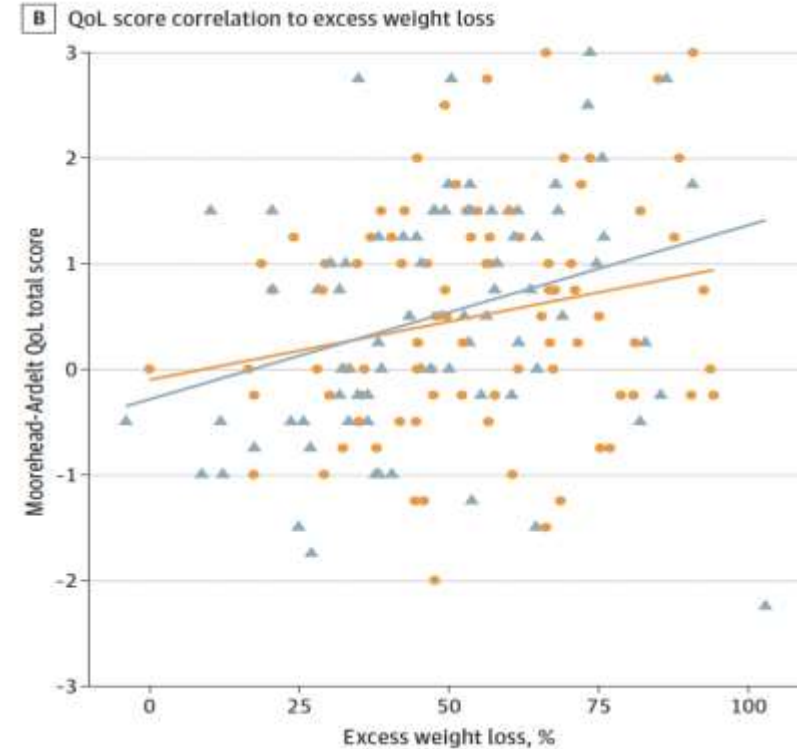
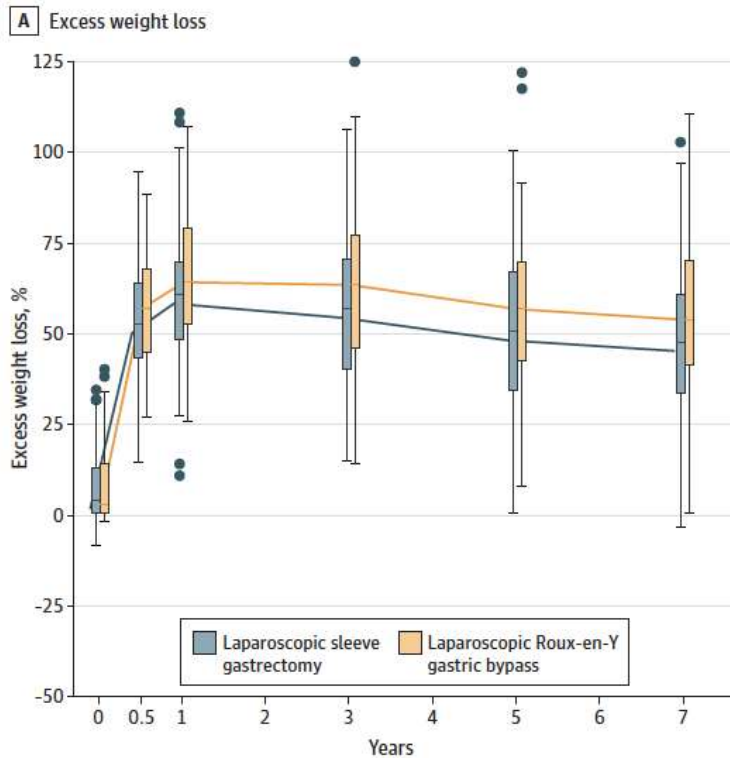
The SLEEVEPASS Randomized Clinical Trial

2021

Sofia Grönroos, MD; Mika Helmiö, MD, PhD; Anne Juuti, MD, PhD; Roosa Tiisanen, BM; Saija Hurme, MSc; Eliisa Löyttyneimi, MSc; Jari Ovaska, MD, PhD; Marja Leivonen, MD, PhD; Pipsa Peromaa-Haavisto, MD, PhD; Suvi Mäklin, MSc; Harri Sintonen, DSocSc; Henna Sammalkorpi, MD, PhD; Pirjo Nuutila, MD, PhD; Paulina Salminen, MD, PhD

Roux-en-Y gastric bypass resulted in greater weight loss than SG

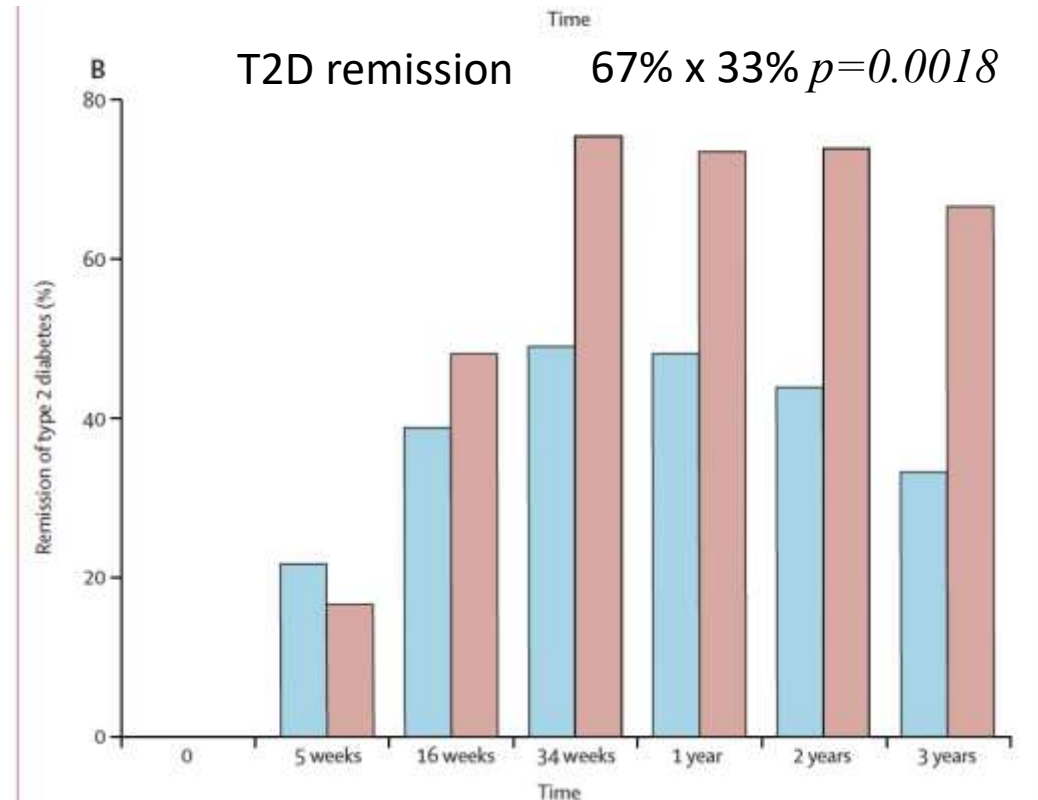
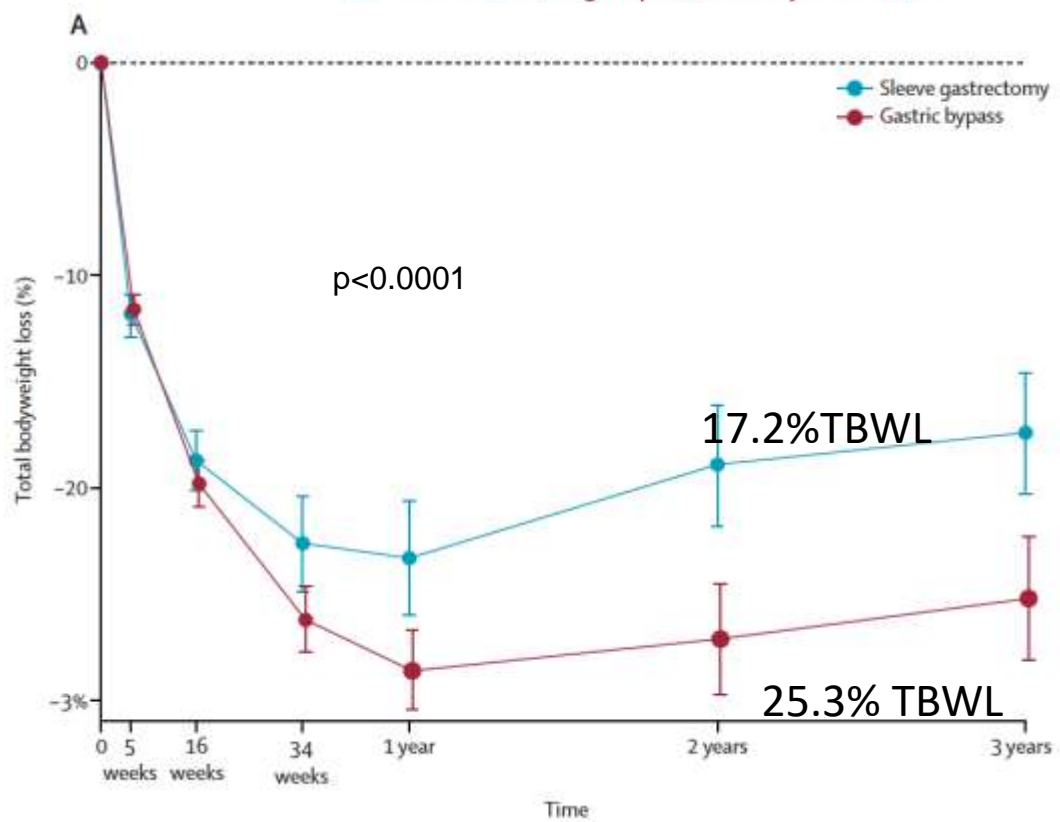
QOL similar, However DSQOL better with greater WL



Patient-reported outcomes, weight loss, and remission of type 2 diabetes 3 years after gastric bypass and sleeve gastrectomy (Oseberg); a single-centre, randomised controlled trial

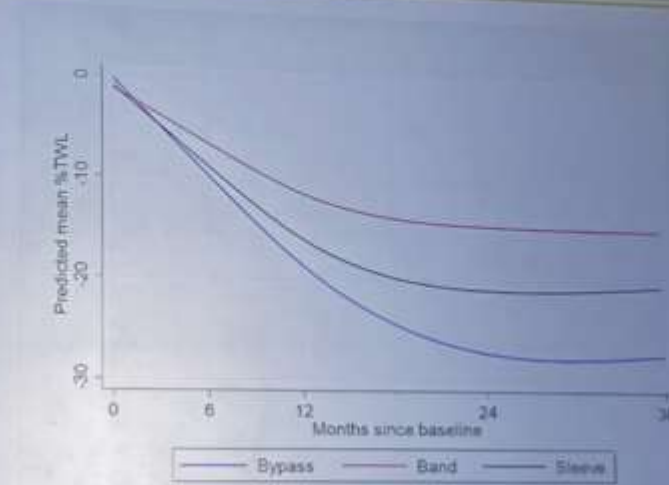
Lancet DE,2023

Marius Svanevik*, Jolanta Lorentzen*, Heidi Borgeraas, Rune Sandbu, Birgitte Seip, Asle W Medhus, Jens K Hertel, Ronette L Kolotkin, Milada C Småstuen, Dag Hofstøt, Jøran Hjelmæsæth†



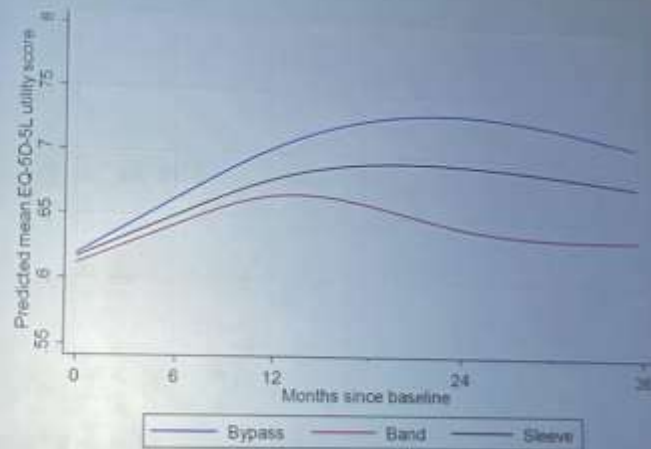
% Total weight loss (TWL)

By-Band-Sleeve

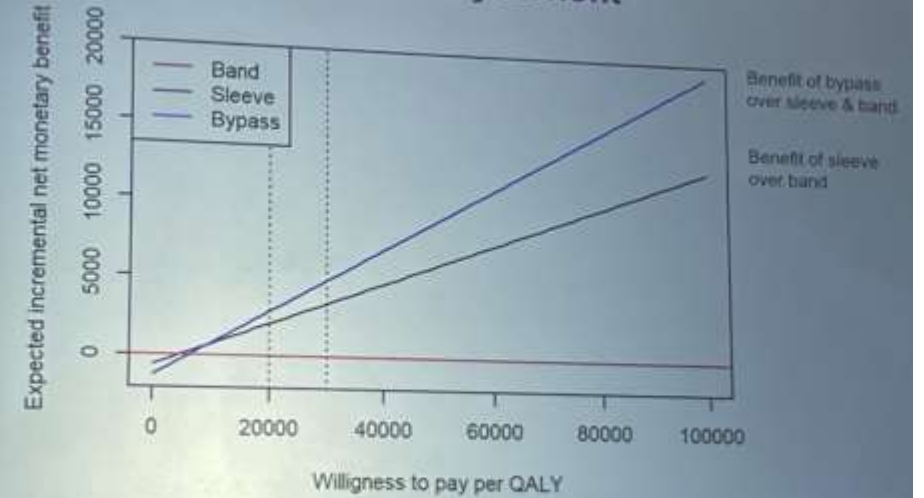


QoL (EQ-5D) over time by group

By-Band-Sleeve



Incremental net monetary benefit



Interpretation:

Bypass is the most cost-effective option at thresholds used by NICE (£20,000 & £30,000 per QALY)

Original Investigation

January 12, 2022

Medication Use for Obesity-Related Comorbidities After Sleeve Gastrectomy or Gastric Bypass

Ryan Howard, MD^{1,2}; Grace F. Chao, MD, MSc^{3,4,5}; Jie Yang, PhD²; Jyothi R. Thumma, MPH²; David E. Arterburn, MD, MPH⁶; Dana A. Telem, MD, MPH^{1,2,7}; Justin B. Dimick, MD, MPH^{1,2,7}

» [Author Affiliations](#)

JAMA Surg. 2022;157(3):248-256. doi:10.1001/jamasurg.2021.6898

95405 pts, 5 years FU, RYGB or SG

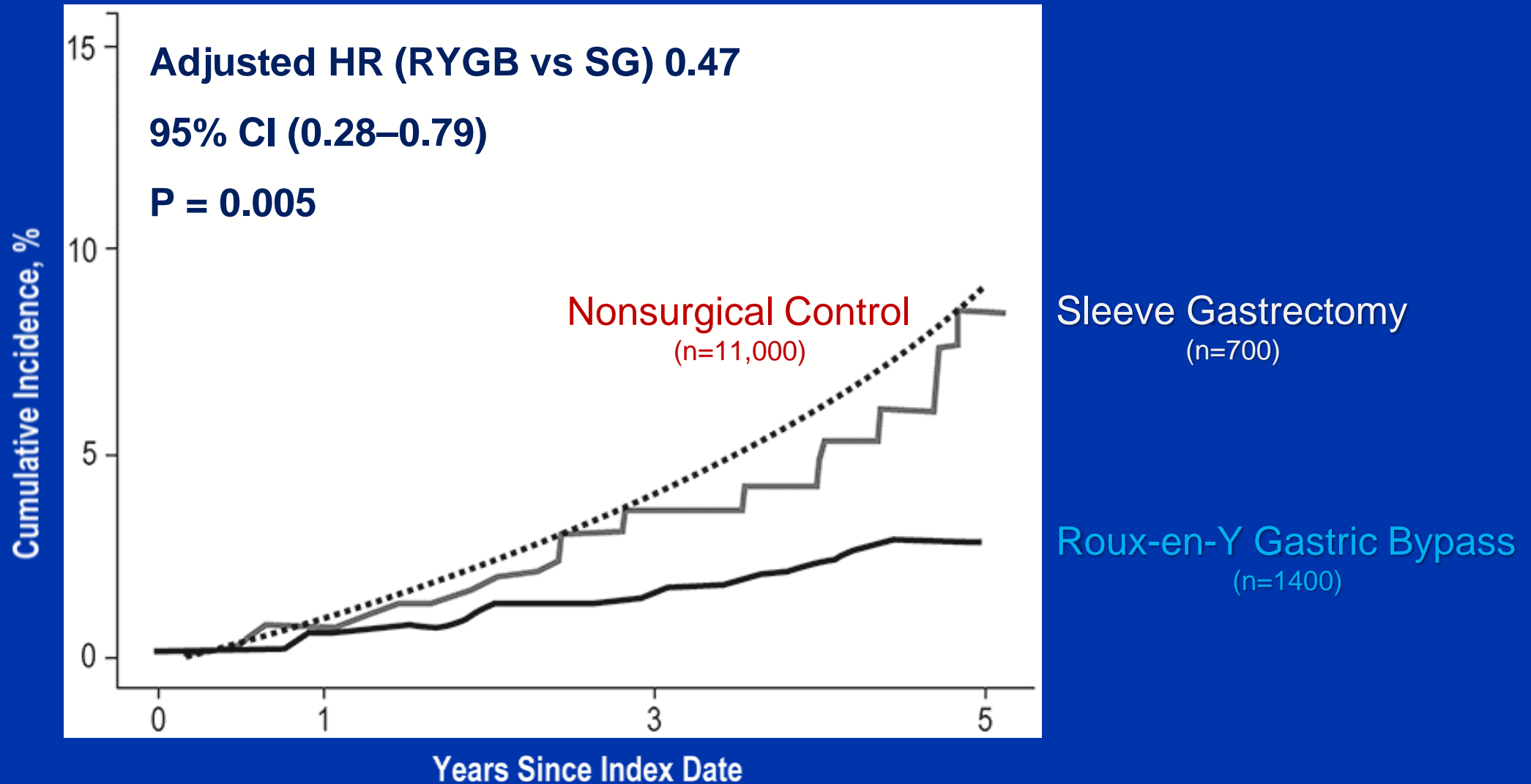


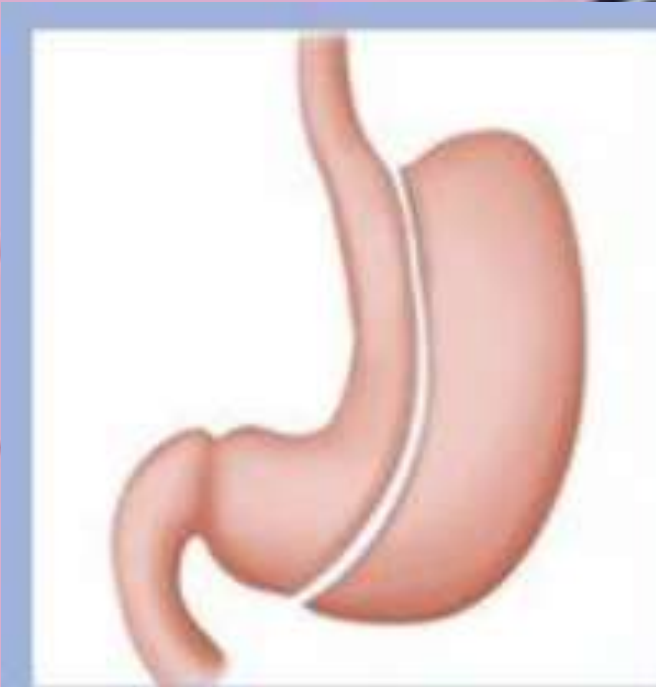
- ✓ Withdraw anti-diabetes med
- ✓ Withdraw BP med
- ✓ Statins withdraw



Less anti T2D, BP and statins after
withdraw @5y

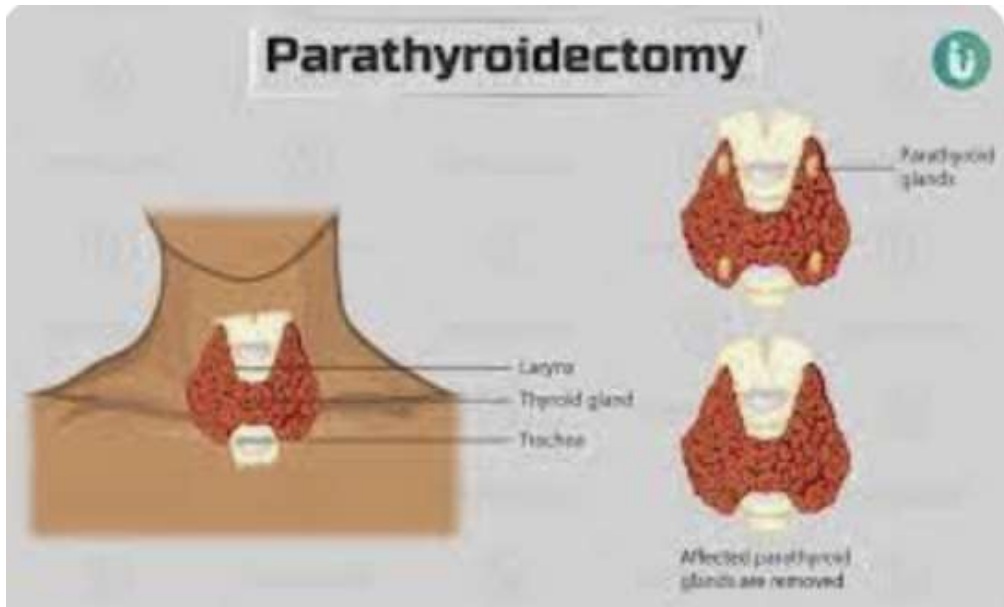
Nephropathy after RYGB vs SG vs Usual Care 5 years FU in pts without DKD @baseline





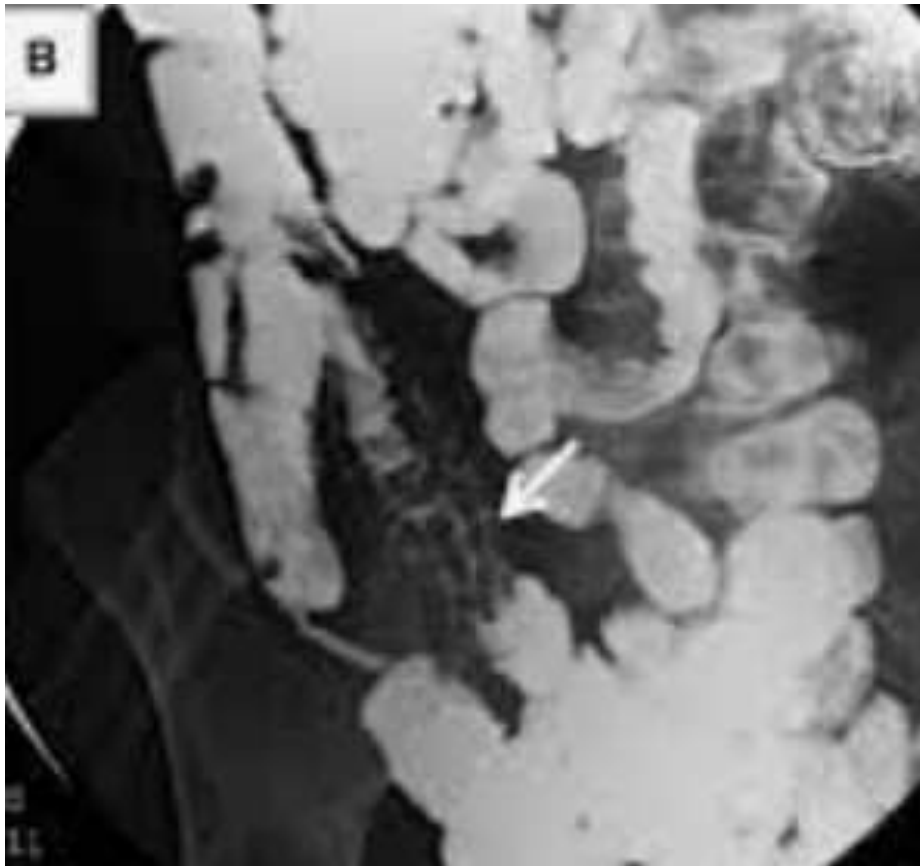


Hypoparathyroidism & hypocalcemia



Autoimmune, surgical, abnormal parathyroid gland development, altered regulation of PTH production, or impaired PTH action

Active Chron's disease



Previous multiple abdominal operations



-
- Loss of domain hernias that need weight loss and has sub optimal response to medical treatment

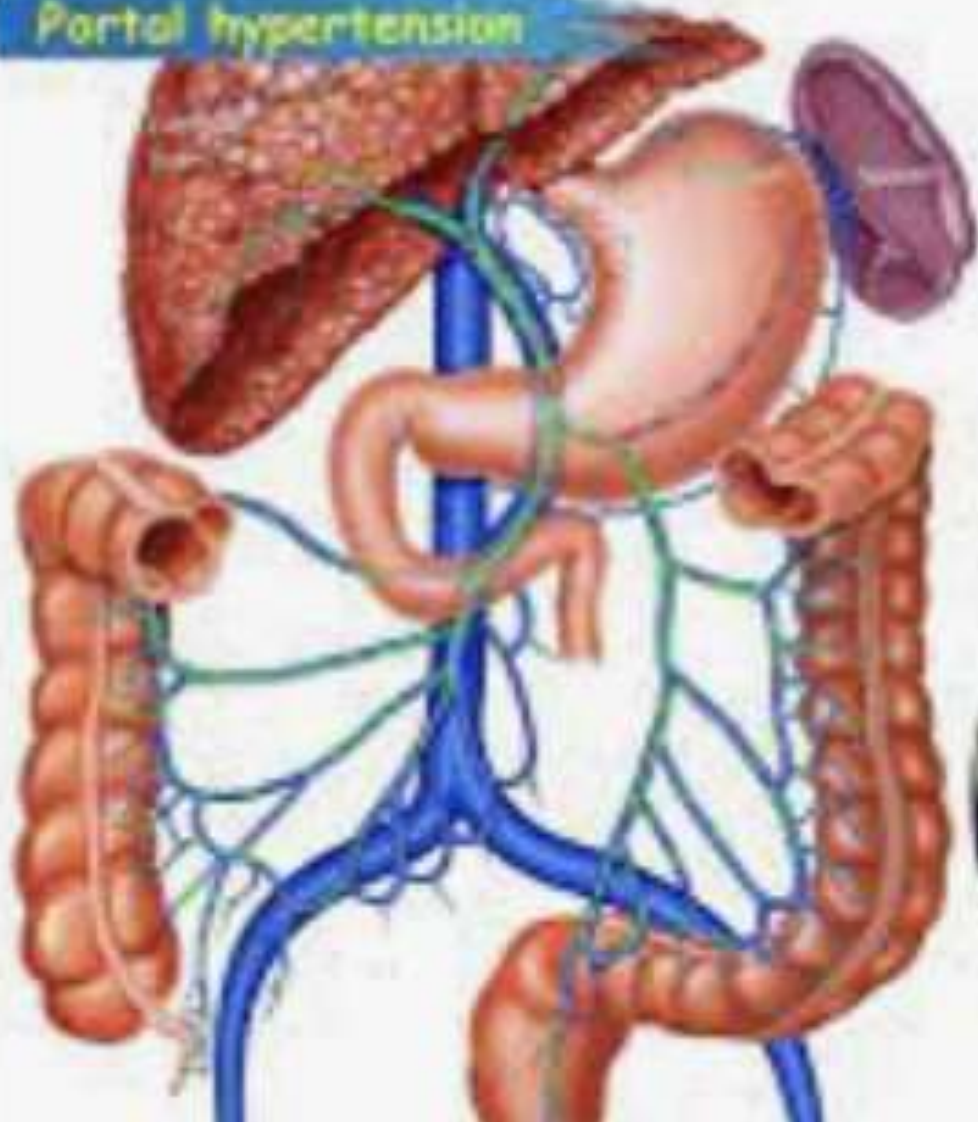




Portal hypertension



Portal Hypertension





Kidney transplant



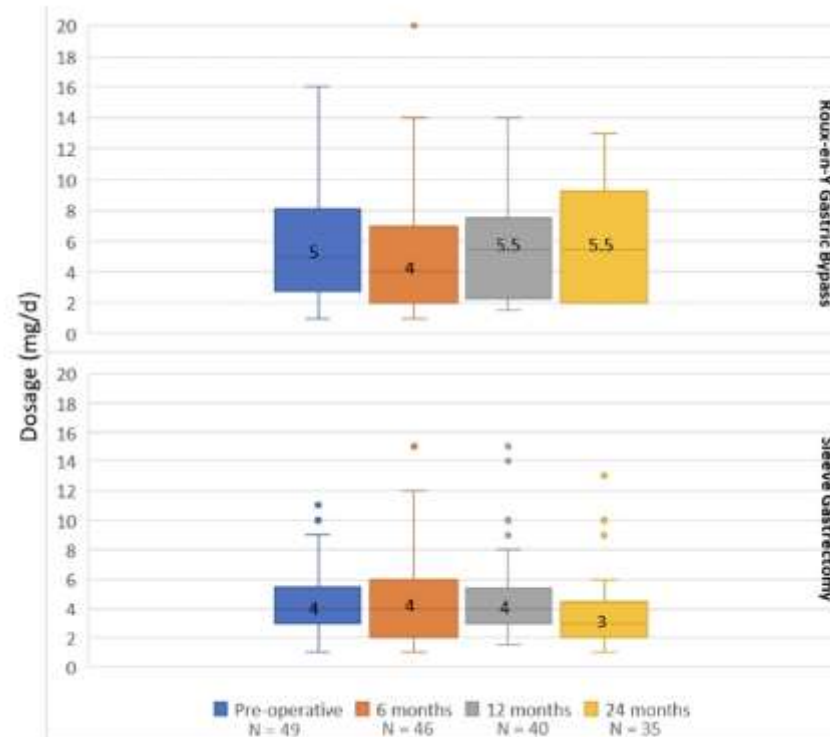
Outcomes of Bariatric Surgery Before, During, and After Solid Organ Transplantation

Obes Surg, 2022

Rocio Castillo-Larios¹ · Naga Swati Gunturu¹ · Enrique F. Elli¹

Type of surgery (%)					0.125
Sleeve gastrectomy	60 (75.5%)	8 (77.7%)	11 (100%)	41 (71.9%)	
Roux-en-Y gastric bypass	18 (24.5%)	2 (22.3%)	0	16 (28.1%)	

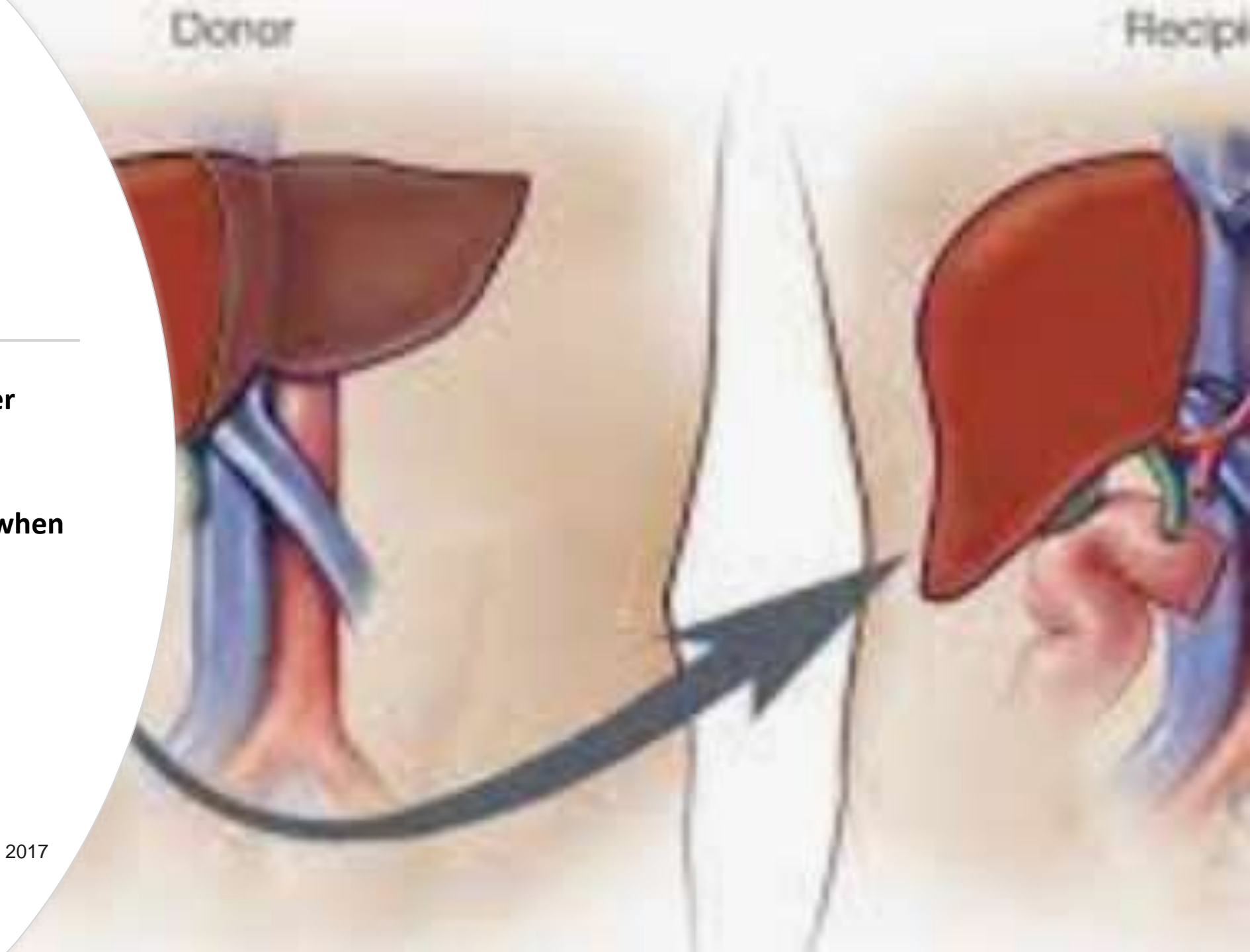
Fig. 4 Tacrolimus dosage by type of bariatric surgery. *Numbers represent the median



NS dose of tacrolimus SG&RYGB

- Low evidence if SG is better after LT
- Mixed info in literature
- SG seems a better option when combined with LT

Suraweera D, Gastroenterol Hepatol (N Y). 2017
Malik SM, 2009 *Liver Transpl.*



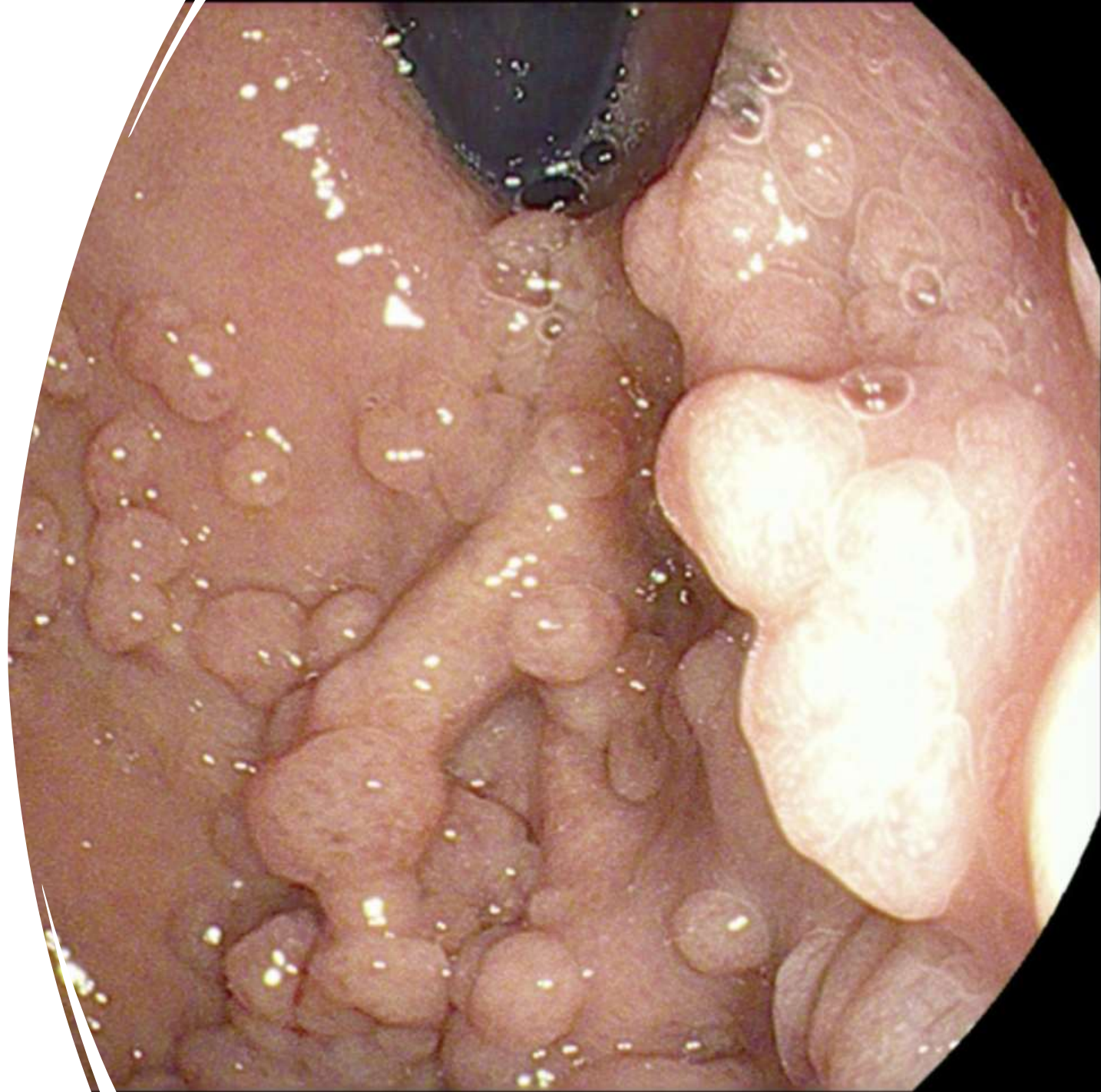


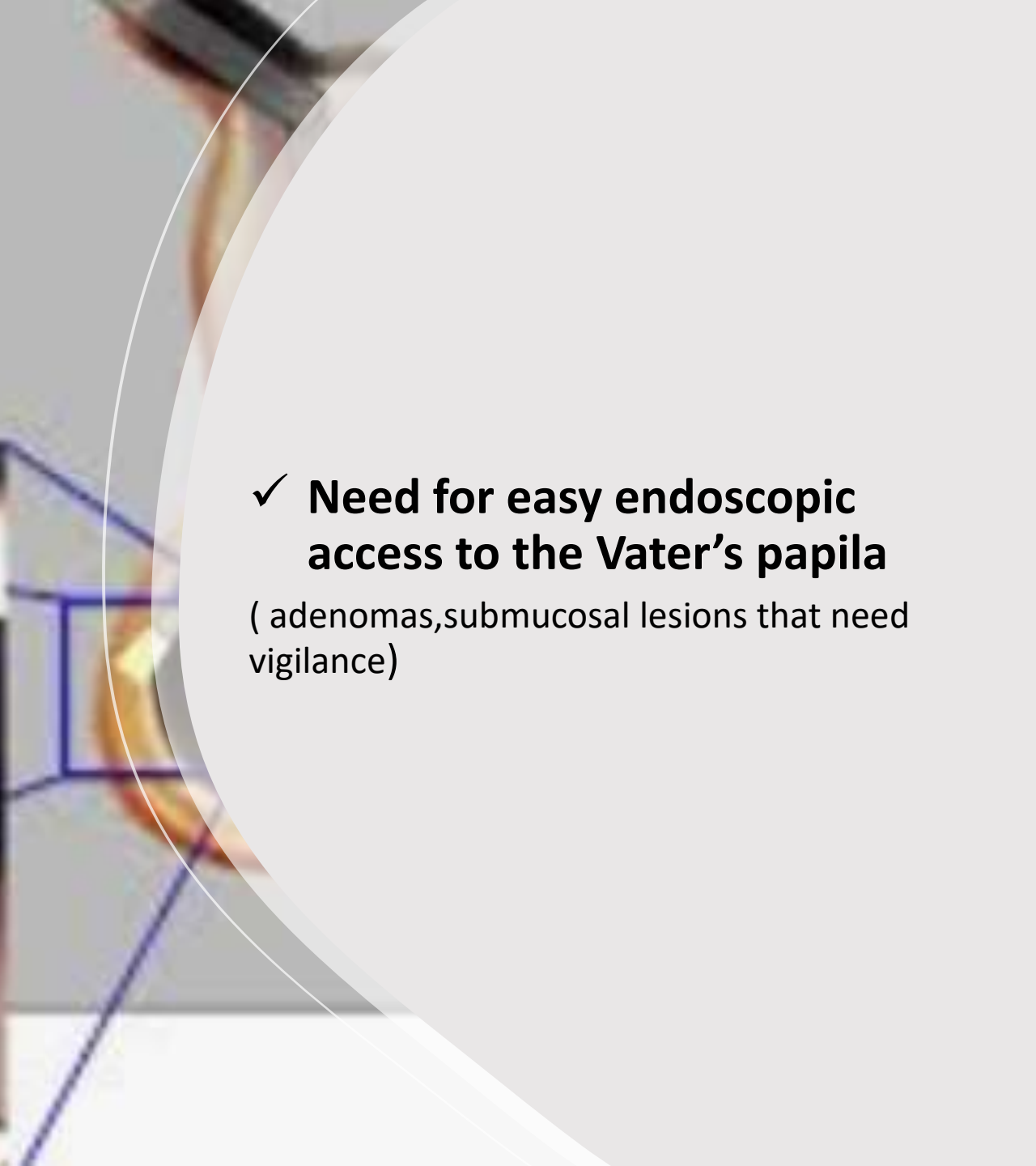
- **Atrophic gastritis**

- But RYGB + distal gastrectomy is feasible



-
- **Gastric familial polyposis**





- ✓ **Need for easy endoscopic access to the Vater's papilla**
(adenomas, submucosal lesions that need vigilance)



- **Drugs that eventually may need the stomach for absorption**



#NSAID

non-steroidal anti-inflammatory drugs

Many cold, allergy, and sinus medications contain NSAIDs

SOME NSAIDS ARE

aspirin

Motrin

Advil

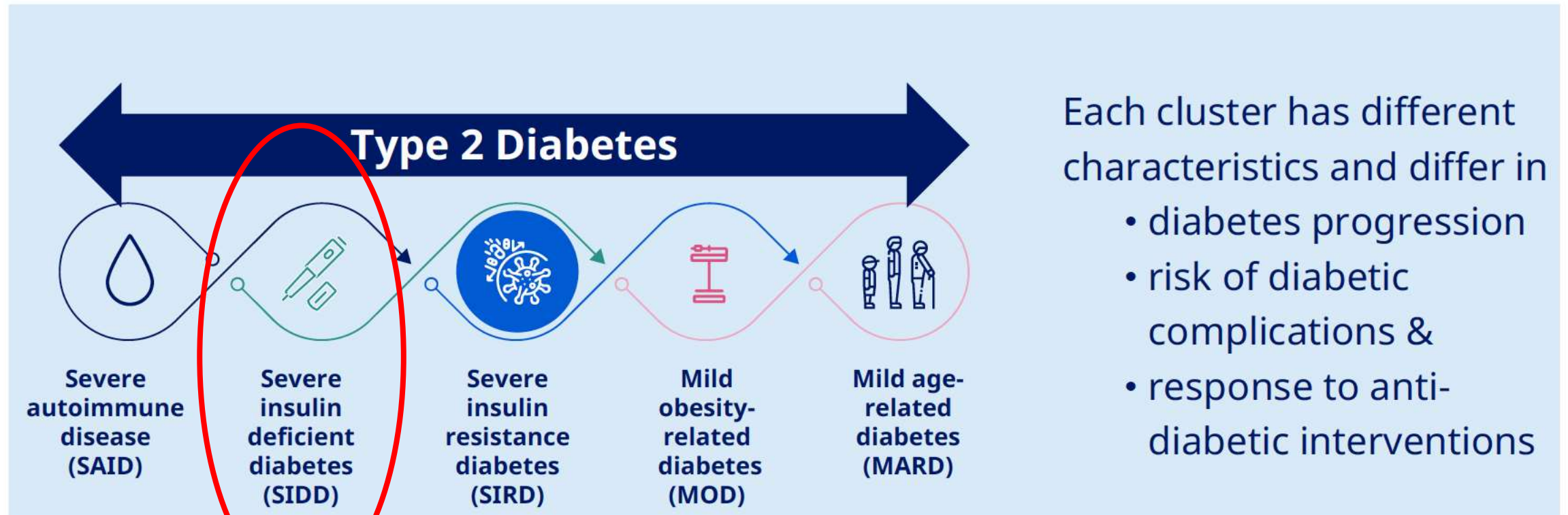
Ibuprofen

Asave

For an extensive list of NSAIDs visit

Diabetes is not one disease

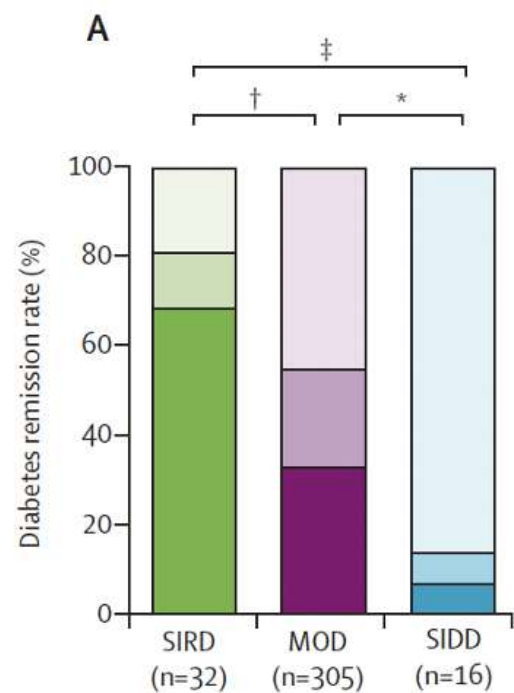
Classification based on: BMI, age at onset, HbA_{1c}, FBG, HOMA-B, HOMA-IR



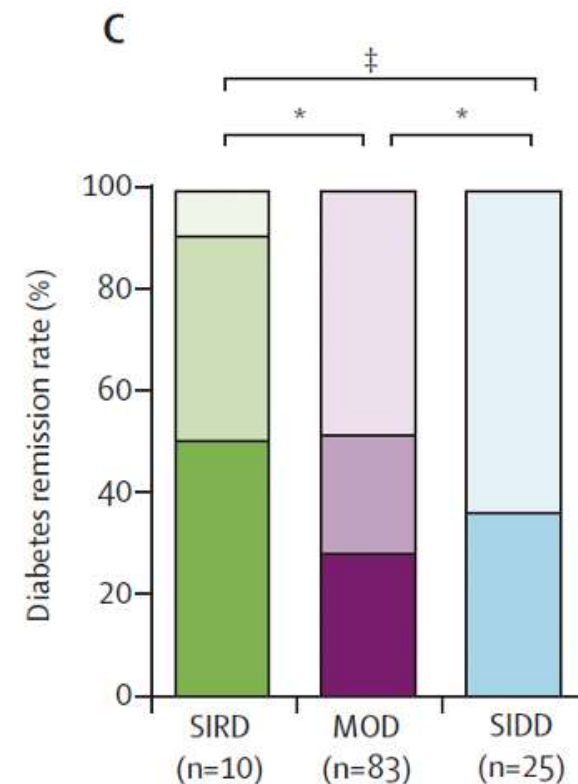
BMI, body mass index; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; FBG, fasting blood glucose; HOMA-B, homeostasis model assessment estimates of β -cell function; HOMA-IR, homeostasis model assessment estimates of insulin resistance
Raverdy V, et al., *Lancet Diabetes Endocrinol.* 2022 Mar;10(3):167-176; Ahlqvist E, et al., *Lancet Diabetes Endocrinol.* 2018 May;6(5):361-369.



SIDD had lower rates of glycemic remission when compared to insulin deficiency cluster

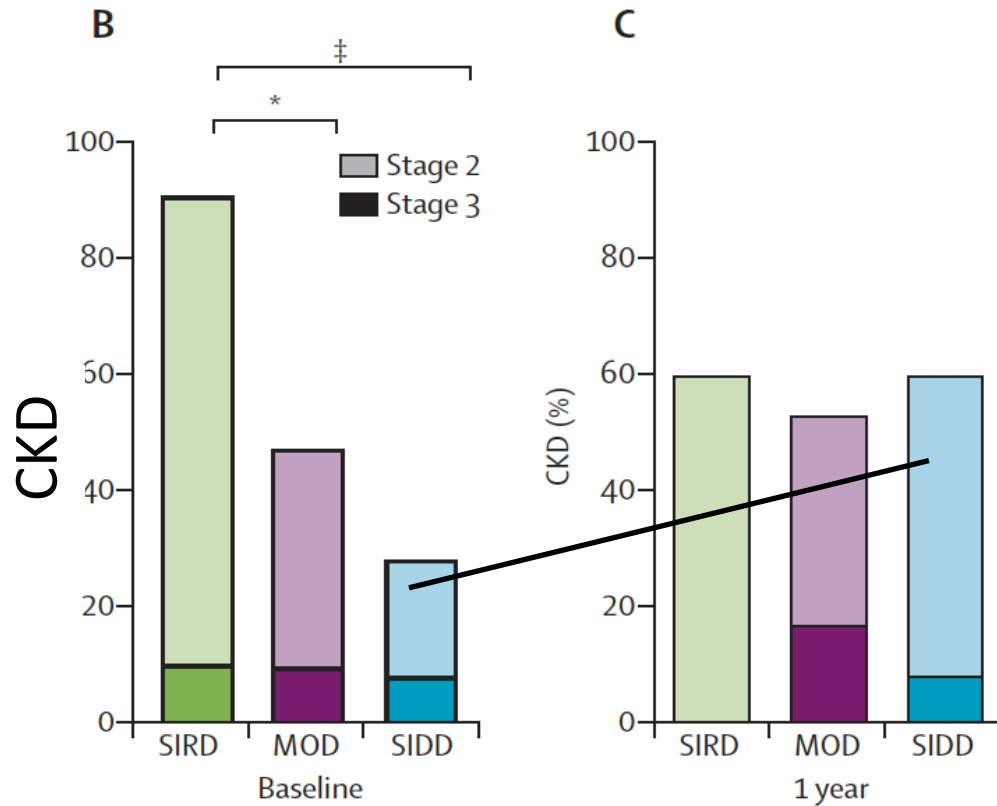


ABOS



São Paulo

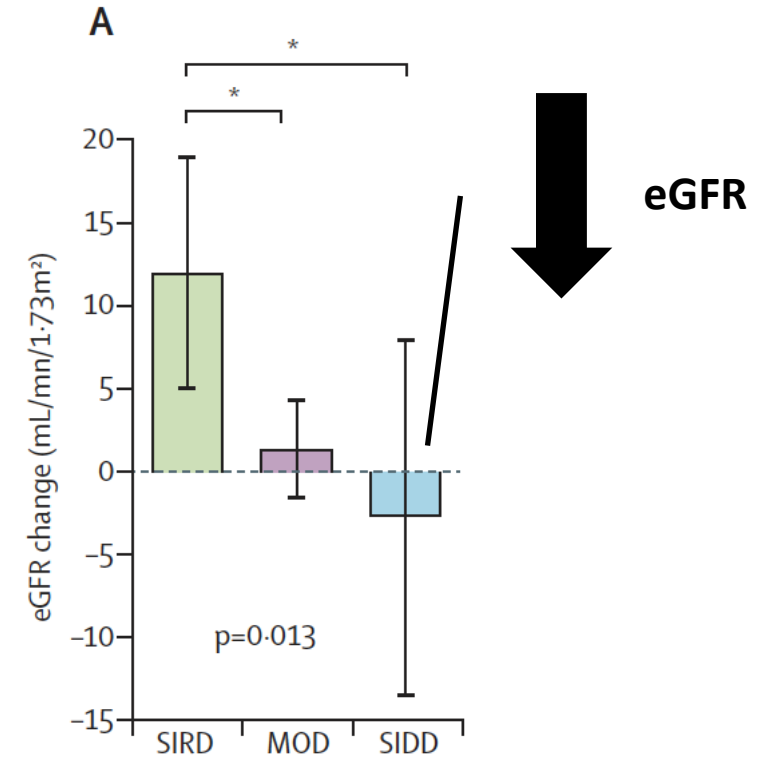
No change in CKD stage in patients with insulin deficiency



No CKD remission in SIDD



eGFR



Exception



Persons with hypoparathyroidism
/hypocalcemia

Active Chron's disease

Multiple previous abdominal operations

Abdominal hernias with loss of domain


Heavy smokers/NSAIDS users

SIDD cluster, but with other comorbidities
that need WL

Gastric familial polyposis/need for papila surveillance

Rule



An aerial photograph of a city, likely São Paulo, Brazil, showing a dense urban landscape. In the foreground, a large, modern white building complex with multiple wings and a central courtyard is visible. The building has a grid-like facade with many windows. The surrounding city is filled with various high-rise buildings and residential structures. The sky is clear and blue.

Thank you!!

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