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## Presentation in a glance:

Introduction — a bit about where are

we situated

Gap of knowledge

Methods

Results

Discussion & Conclusions



Montréal General Hospital / Number of beds

479

#### People also search for





Hospital





The Mayo Clinic Hospital – Rochester, Saint Marys Campus has 1,265 licensed beds and 64 operating rooms.







Charles-Le

Moyne

















Tertiary hospital, Level-1 Trauma center

~5,300 employees 1,173 beds

Affiliated with Ben-Gurion University



Area:

Built area: 286 dunam buildings 205,000 sq.mr.

Massachusetts General Hospital / Number of beds

999

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Brigham and Women's Hospital 793



Mass. Eye and Ear, Main Campus



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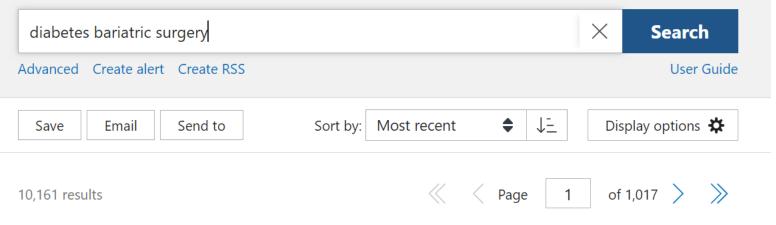


# THE ISSUE OF DIABETES AND BARIATRIC SURGERY









Diabetes Care Volume 45, July 2022

1574





MY NCBI FILTERS 🛂





Diabetes Remission in the Alliance of Randomized Trials of Medicine Versus Metabolic Surgery in Type 2 Diabetes (ARMMS-T2D)

Diabetes Care 2022;45:1574-1583 | https://doi.org/10.2337/dc21-2441



John P. Kirwan, 1,2 Anita P. Courcoulas, 3 David E. Cummings, 4,5 Allison B. Goldfine, 6,7 Sangeeta R. Kashyap,1 Donald C. Simonson, 7,8 David E. Arterburn, William F. Gourash, 3 Ashley H. Vernon, 7,8 John M. Jakicic, 10 Mary Elizabeth Patti,<sup>6,7</sup> Kathy Wolski,<sup>1</sup> and Philip R. Schauer<sup>1,2</sup>





f X in D

## Weight and Metabolic Outcomes 12 Years after Gastric Bypass

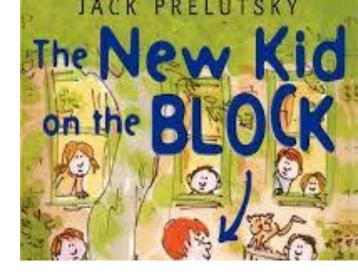
MULTIMEDIA ✓ CURRENT ISSUE ✓ LEARNING/CME ✓ AUTHOR CENTER PUBLICATIONS ✓

Authors: Ted D. Adams, Ph.D., M.P.H., Lance E. Davidson, Ph.D., Sheldon E. Litwin, M.D., Jaewhan Kim, Ph.D., Ronette L. Kolotkin, Ph.D., M. Nazeem Nanjee, Ph.D., Jonathan M. Gutierrez, B.S., +6, and Steven C. Hunt, Ph.D. Author Info & Affiliations

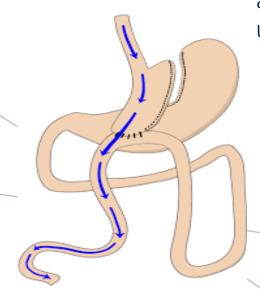
Published September 21, 2017 | N Engl J Med 2017;377:1143-1155 | DOI: 10.1056/NEJMoa1700459

# THE GAP IN KNOWLEDGE

- One Anastomosis Gastric Bypass (OAGB) is a relatively new bariatric surgical procedure; therefore, long-term outcomes are still being evaluated.
- Information regarding the issue of diabetics and OAGB is lacking. Quality of life, a crucial aspect in diabetic patients, has not been adequately addressed in the literature in patients who have undergone One Anastomosis Gastric Bypass (OAGB).











3.5

Gastric Band

## הרישום הלאומי לניתוחים בריאטריים

המרכז הלאומי לבקרת מחלות והחברה הישראלית לכירורגיה מטבולית ובריאטרית סיכום שנת 2020

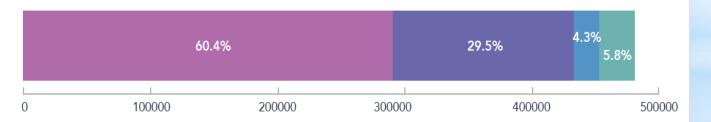
סוגי הניתוחים שבוצעו בשנת 2020, כלל הניתוחים

%	מספר מנותחים	סוג ניתוח
3.5	255	Gastric Band
3.	233	(טבעת מתכוונת)
19.2	1 202	Sleeve gastrectomy
19.2	1,383	(שרוול קיבה)
13.6	982	Roux-en-Y gastric bypass
15.6	982	(מעקף קיבה בעל שתי השקות)
63.7	4,600	One Anastomosis Gastric Bypass*
03.7	4,800	(מעקף קיבה בעל השקה אחת)
100	7,220	סה"כ מנותחים

One Anastomosis Duodenal switch כולל גם ניתוח One anastomosis gastric bypass\* (Omega loop) (Omega loop)



#### 8<sup>™</sup> GLOBAL REGISTRY REPORT



#### All procedure types (n=480,970).

\*potential for 10,437 procedures to be represented twice du possible overlaps with the datasets of USA and Michigan



doi: 10.1016/S2213-8587(24)00035-4. Epub 2024 Mar 4.

# Efficacy and safety of one anastomosis gastric bypass versus Roux-en-Y gastric bypass at 5 years (YOMEGA): a prospective, open-label, non-inferiority, randomised extension study

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Maud Robert <sup>1</sup>, Tigran Poghosyan <sup>2</sup>, Delphine Maucort-Boulch <sup>3</sup>, Alexandre Filippello <sup>4</sup>, Robert Caiazzo <sup>5</sup>, Adrien Sterkers <sup>6</sup>, Lita Khamphommala <sup>6</sup>, Fabian Reche <sup>7</sup>, Vincent Malherbe <sup>8</sup>, Adriana Torcivia <sup>9</sup>, Toufic Saber <sup>10</sup>, Dominique Delaunay <sup>11</sup>, Carole Langlois-Jacques <sup>3</sup>, Augustin Suffisseau <sup>2</sup>, Sylvie Bin <sup>12</sup>, Emmanuel Disse <sup>13</sup>, François Pattou <sup>5</sup>
```

Multicenter Study > Obes Surg. 2024 Jun;34(6):2111-2115. doi: 10.1007/s11695-024-07213-5. Epub 2024 Apr 12.

### Medium-Term Outcomes from a Series of 1000 One Anastomosis Gastric Bypass in Australia: A Case Series

Laura Hailstone <sup>1</sup>, David Tovmassian <sup>2</sup> <sup>3</sup>, Chu Luan Nguyen <sup>1</sup> <sup>4</sup>, Pearl Wong <sup>1</sup>, Philip Alexander Le Page <sup>1</sup>, David Martin <sup>1</sup>, Craig Taylor <sup>1</sup>

# SO, WHAT IS MISSING?

> Obes Surg. 2024 Mar;34(3):940-946. doi: 10.1007/s11695-024-07067-x. Epub 2024 Feb 6.

Variation in HbA1c in Patients with Obesity and type 2 Diabetes Mellitus 12 months after Laparoscopic One-Anastomosis Gastric Bypass and Laparoscopic Roux-en-Y Gastric Bypass: a Retrospective Matched Cohort Study

Anne-Sophie van Rijswijk <sup>1</sup>, Abraham S Meijnikman <sup>2</sup> <sup>3</sup>, Sarah Mikdad <sup>4</sup>, Barbara A Hutten <sup>5</sup>, Donald L van der Peet <sup>6</sup>, Arnold W van de Laar <sup>7</sup>, Victor E A Gerdes <sup>2</sup> <sup>3</sup>, Maurits de Brauw <sup>7</sup>



### AIM

• The aim was to examine the mid-term diabetesassociated outcome of OAGB, including the effect on QOL.

• Second, the subjective evaluation of patients within subgroups was analyzed.

## **METHODS**

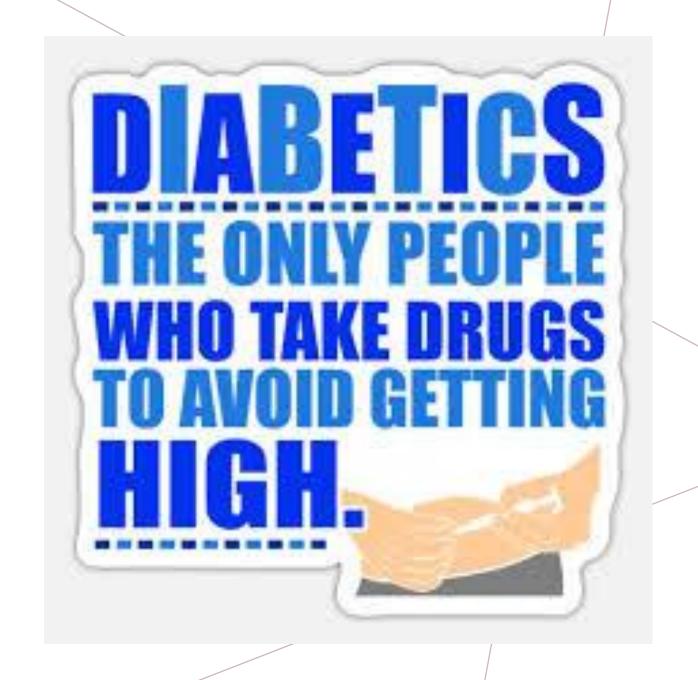
- All patients underwent OAGB surgery in our department from 2015 to 2023.
- They had known Diabetes prior to the operation, with a valid HbA1c score.
- The study encompassed patients between 18 and 65.
- All patients fulfilled the criteria for bariatric surgery (BMI\ge 40 kg/m², or
- a BMI≥35 kg/m² with obesity-related comorbidities) prior to their operation.
- Outcomes, including BMI reduction, the evolution of comorbidities, complications, reoperations, and QOL, were compared according to the Bariatric Analysis and Reporting Outcome System (BAROS).
- Quality of life (QOL) and weight data were received via telephone questionnaires using BAROS in a random sample of our patients.

- <u>Statistical analysis</u>: Univariate analysis was performed using independent T-test, Mann-Whitney, and Chi-Square.
- Multivariate analysis was performed, using binary regression analysis to study risk factors over time while considering independent variables, including age groups, co-morbidities, quality of life, etc.

### research methods

n: If I use enough math and big words, people will just assume I know what I'm talking about.

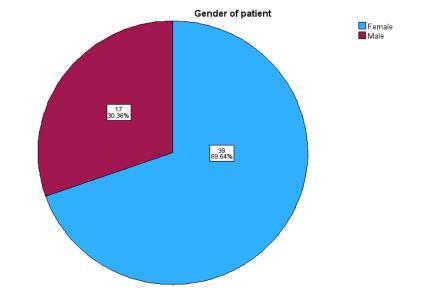
# RESULTS

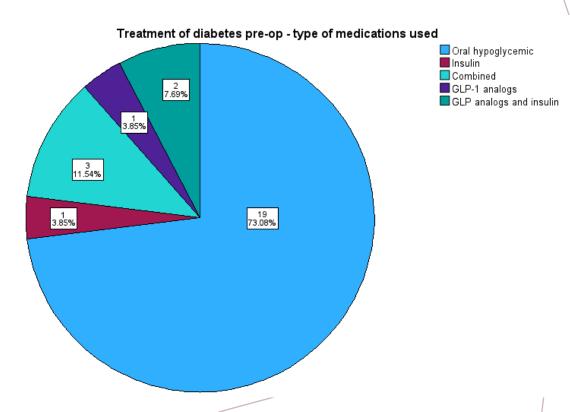




## RESULTS

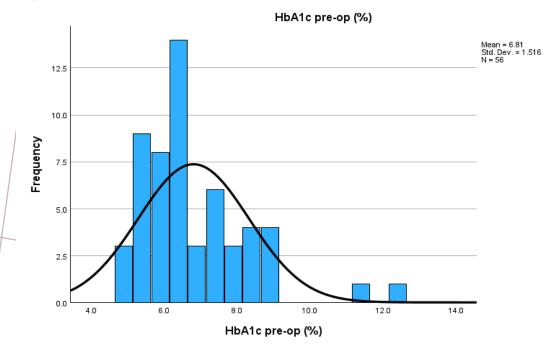
- Of 581 patients operated on during that period, 79 patients were diabetics.
- Of those, 56 were included in the final data analysis with both BAROS and ED-Q 5 questionnaires answered thoroughly.
- Of these, 17 (30.4%) were males.
- The mean age of our patients was 46.5 (±13.1) at surgery.
- The mean pre-op BMI was 42.2 (±7.2), and the mea post-op BMI was 28.5 (±5.2), with a significant difference between these two (p<0.001).

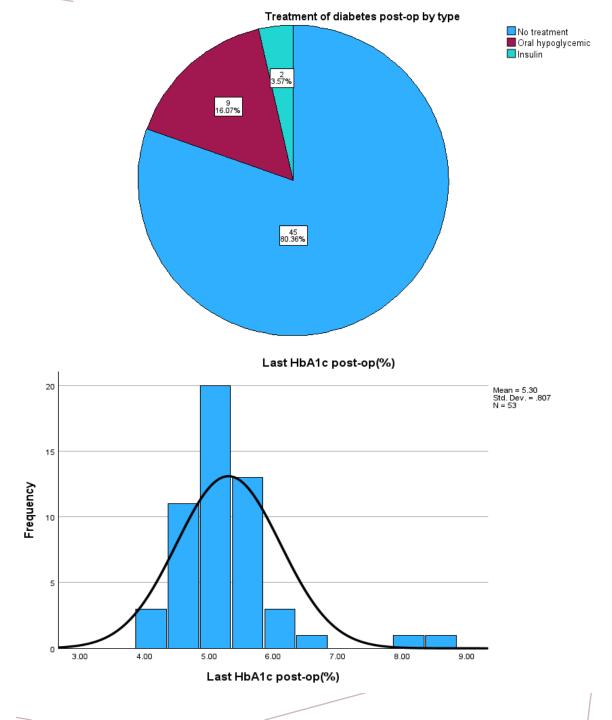




## RESULTS - CON.

- The mean pre-op HbA1c was 6.81% (±1.52), while the post-op HbA1c was now 5.3 (±0.8), a difference that was also significant (p<0.001).</li>
- Basic demographics showed no significant post-surgery differences between males and females and no difference for basic demographics variables.





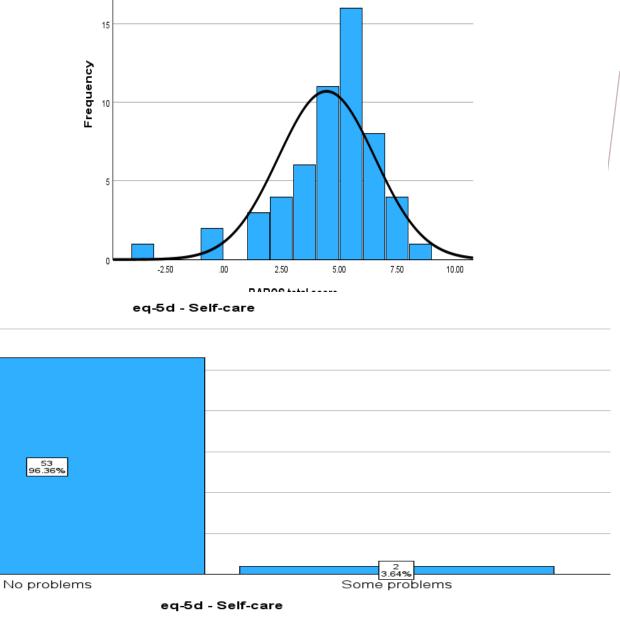
# AND SUBJECTIVE MEASURES

- When considering subjective measures, a summary of the quality of life (BAROS) is 1.6 (±1.3).
- The sum of complications in BAROS: -0.1 (±0.3).
- The total BAROS score (including the above and medical improvement and excess weight loss metrics): 4.45 (±2.1).

60

50

Frequency



Histogram

Mean = 4.45 Std. Dev. = 2.087

# STUDY LIMITATIONS AND STRENGTH

#### LIMITATIONS

- An essential part of this research was based on questionnaires, which are inherently prone to bias.
- Another limitation is the sample size, which could be larger (even though power calculations have shown this sample to be large enough),
- A single-center study.
- Thus, we urge researchers to delve into this realm and aid us in a bigger sample size, with a multi-institutional study, with similar follow-up periods.

#### STRENGTH

- A use of a validated and reliable questionnaire to evaluate the subjective part of post-bariatric standing (BAROS & EQ-5d).
- Targeting only a single procedure (OAGB), which is still considered new and needs to be evaluated thoroughly.
- A retrospective cohort design less prone to biases than a case-control or a cross-sectional design.

## DISCUSSION AND CONCLUSIONS

- ✓ OAGB surgery results in good outcomes for diabetic patients as measured by the BAROS, reduction in BMI, and change in HbA1c.
- ✓ We found no gender differences in these results.
- ✓ We believe OAGB could be a good solution for patients suffering from obesity and its' severe comorbidity diabetes.
- ✓ These outcomes should be considered in optimizing patient selection and preoperative diabetic patient counseling.

## con•clu•sion [kuh n-kloo-zhuh n], n

1. the place where you got tired of thinking.

#### **Conclusions:**

➤ OAGB is a safe and feasible procedure with good mid-term weight loss that can alleviate DM in selected patients

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"I would have done a bibliography, but my sources prefer to remain anonymous."

# ANY QUESTIONS?













