Abstracts

EP001 / Abs. ID 470

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

E-POSTER DISCUSSION 01: NUTRITION/MENTAL HEALTH
11-09-2025 10:05 - 10:55

COPPER DEFICIENCY AFTER BARIATRIC SURGERY: DO WE NEED TO WORRY ABOUT IT?

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Background: Copper deficiency can produce anaemia, neutropenia and neurological symptoms, among others. The last micronutrients' update developed by The American Society for Metabolic and Bariatric Surgery Integrated Health, recommends screening copper status at least once per year after Roux-en-Y Gastric bypass (RYGB) and biliopancreatic diversion, but it is not recommended after sleeve gastrectomy (SG), because at that point, it has been reported that only one patient developed copper deficiency post-SG.

Objectives: To assess the proportion of women that developed copper deficiency during the first year after RYGB and SG.

Methods: We prospectively studied women undergoing RYGB (n= 79, mean age 36.8 ± 9.5 years, mean BMI 44.3 ± 4.6 kg/m²) or SG (n=20, mean age 33.9 ± 8.6 years, mean BMI 37.4 ± 2.9 kg/m²), every 6 months. We measured haemoglobin, leukocyte count and plasma copper. The plasma copper concentrations were measured by atomic absorption spectrophotometry. Copper deficiency was defined as a value below 70 µg/dL.

Results: Haemoglobin, leukocyte count and plasma copper decreased significantly after surgery ($p< 0.001$). Before surgery 8 patients had anaemia (3 underwent to RYGB and 5 to SG), at the 6th month, 8 patients had anaemia (all in the RYGB group) and at the 12th month post-surgery 25 patients had anaemia (SG=3, RYGB=22). Leukopenia was present in 2 (SG=1, RYGB=1), 3 (SG=1, RYGB=2) and 4 (SG=1, RYGB=3) women, at preoperative time, 6th and 12th months, respectively. Regarding copper deficiency, this was absent prior to surgery, 4 women developed copper deficiency (SG=1; RYGB=3) at the 6th month and 5 patients at the 12th month (SG=2; RYGB=3).

Conclusions: Copper deficiency was more frequent in women submitted to SG at the 6th and 12th postoperative months (5% and 10%, respectively) than in RYGB group (4% at both times). Although it is not as common as other deficiencies, its impact in anaemia, and especially in neurological impairments which are not always reversible, highlights the importance of the screening after both surgeries. Granted by Fondecyt 1080576 and 1040765.

Disclosure: No significant relationships.

EP002 / Abs. ID 325

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

E-POSTER DISCUSSION 01: NUTRITION/MENTAL HEALTH
11-09-2025 10:05 - 10:55

PREGNANCY AND CHILDBIRTH AFTER BARIATRIC AND METABOLIC SURGERY: A REPORT OF 7 CASES AND NUTRITIONAL MANAGEMENT

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Background: Weight loss and metabolic surgery (BMS) reduces the risk of pregnancy-related complications and infertility rates, but contraception is recommended for 1-2 years post-surgery. Additionally, during pregnancy following BMS, appropriate nutritional counseling is essential, taking into account both the nutritional status and the pregnancy situation.

Objectives: To analyze cases of pregnancy and delivery after BMS to assess the impact of the timing of pregnancy on the mother and the child, as well as the postoperative nutritional status. The purpose of this study is to clarify the importance of proper nutritional management in postoperative pregnancies.

Methods: We report 7 cases of pregnancy and childbirth after BMS at our hospital (mean age at initial consultation: 32.1 years, mean BMI: 42.0 kg/m²). We collected data on the timing of pregnancy post-surgery, blood tests, birth weight, and estimated nutritional intake based on interviews. Three women had a history of pregnancy (two of them had previous abortions). Contraception was explained pre-surgery, and regular nutritional counseling was conducted, including supplementation with iron, folic acid, and vitamin B12, along with dietary guidance.

Results: Among the 7 women, 3 had 2-3 pregnancies, one of which resulted in a miscarriage at approximately 10 weeks. No cases of gestational diabetes were observed, but one patient developed hypertensive disorders of pregnancy . Two women who conceived within 1 year post-surgery delivered low birth weight infants, one of whom had an extremely low birth weight (432g). Of the 5 women who became pregnant more than one year after surgery, 8 babies were delivered, with an average birth weight of 2891.3g. Estimated nutritional intake for pregnancies within 1 year post-surgery was about 650 kcal/day early in pregnancy, increasing to about 1,200 kcal/day at delivery. For pregnancies after more than one year, intake was about 1,400 kcal/day early in pregnancy, rising to 1,700 kcal/day at delivery. Nutrient deficiencies were addressed with supplements, showing overall improvement.

Conclusions: Pregnancy within 1 year post-surgery is associated with a higher risk of low birth weight, suggesting insufficient nutritional intake. Pregnancy after stable postoperative food intake and adequate nutritional supplementation was considered desirable.

Disclosure: No significant relationships.

EP003 / Abs. ID 198

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

E-POSTER DISCUSSION 01: NUTRITION/MENTAL HEALTH
11-09-2025 10:05 - 10:55

ANXIETY AS A PREDICTIVE FACTOR FOR CLINICAL OUTCOMES OF SLEEVE GASTRECTOMY

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Background: Elevated anxiety levels in obese patients scheduled for metabolic bariatric surgery correlate with poor long-term treatment outcomes, though this relationship remains insufficiently studied.

Objectives: To determine the prognostic value of anxiety levels regarding clinical outcomes of sleeve gastrectomy (SG) in the long-term postoperative period.

Methods: The long-term clinical outcomes of sleeve gastrectomy were analyzed in 93 obese patients – 69 (74.19%) women and 24 (25.81%) men. The average age was 42.20±11.09 years. Results of metabolic bariatric surgery were characterized using the SF-BARI QoL questionnaire. Anxiety disorder severity was assessed using the GAD-7 scale.

Results: Based on SG outcomes, patients were divided into 4 groups: excellent results in 29 (31.18%), very good in 38 (40.86%), good in 20 (21.51%), and satisfactory in 6 (6.45%). The average score for anxiety disorder severity was 6.29±5.43 points. In patients with excellent metabolic bariatric surgery results, the total GAD-7 score was 1.93±2.59 points; in those with very good values – 4.82±2.47 points; 11.80±2.84 points with good indicators; and 18.33±2.58 points in patients with satisfactory results, difference statistically significant ($p<0.00001$). Patients with higher anxiety levels demonstrated worse SG outcomes postoperatively ($\tau=-0.76$, $p<0.00001$). In the majority of those examined – 51 (54.84%) – minimal anxiety levels were established, in 16 (17.20%) – mild anxiety, in 18 (19.36%) – moderate anxiety, and high anxiety levels were recorded in 8 (8.60%) of those examined. Minimal anxiety levels in patients were associated with significantly higher chances of achieving excellent SG outcomes (OR=12.50, CI (3.36-46.51), $p=0.000004$) and lower risk of developing good clinical indicators (OR=0.02, CI (0.003-0.18), $p\leq0.00000001$). Higher chances of achieving very good metabolic bariatric surgery outcomes were recorded in those with mild anxiety. Moderate anxiety levels were associated with significantly lower chances of achieving excellent (OR=0.10, CI (0.01-0.85), $p=0.005$) and very good (OR=0.06, CI (0.007-0.49), $p=0.0002$) outcomes and higher risk of developing good indicators (OR=57.50, CI (12.65-261.45) $p\leq0.00000001$). Significantly higher chances of satisfactory SG outcomes were recorded in patients with high anxiety levels (OR=140.00, CI (11.85-1654.42), $p=0.000002$).

Conclusions: Moderate and high anxiety levels increase chances of worse sleeve gastrectomy outcomes. Addressing anxiety disorders in obese patients improves both psycho-emotional state and long-term metabolic bariatric surgery effectiveness.

Disclosure: No significant relationships.

EP004 / Abs. ID 483

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

E-POSTER DISCUSSION 01: NUTRITION/MENTAL HEALTH
11-09-2025 10:05 - 10:55

YALE FOOD ADDICTION SCALE FOR INDIVIDUALS WITH SEVERE OBESITY: BRAZILIAN VERSION

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Background: Obesity is related to compulsive behaviors or addiction to certain types of food. The Yale Food Addiction Scale-2.0 (YFAS 2.0) is used to assess and identify the likelihood of individuals developing a continuous need for food consumption.

Objectives: Adapting and validating a Portuguese version of Br-YFAS 2.0-Obes for Brazilian candidates for bariatric surgery.

Methods: This study included 329 individuals with body mass indexes (BMI) ≥ 30 kg/m2, candidates for bariatric surgery at a reference hospital in Brazil. They were given a questionnaire that identified sociodemographic data, and the YFAS 2.0 scale, Portuguese version (BR-YFAS2.0-Obes), was applied to assess their food dependence levels. The Food Craving Questionnaire - Trait: The FCQ-T-reduced was subsequently used for a correlation analysis.

Results: The patients' average BMI was 41.6 ± 8.8 kg/m2 and the mean age of 46.6 (between 18 and 78 years old). Br-YFAS2.0-Obes presented an average of 4.9 ± 3.1 for the FA diagnostic criteria. 47.1% of patients had a positive diagnostic score for food addiction, of these 64.5% were classified as severe. Except for two items, all diagnostic criteria had a factor loading of 0.60 or greater. The resulting values of the Comparative Fit Index, Tucker Lewis Index, and Standardized Root Mean Square Residual were 0.990, 0.986, and 0.074, respectively. The internal consistency analysis of the 11 domains presented a Kuder-Richardson α of 0.82. The convergent validity, obtained through an analysis of the Pearson correlation coefficient, was $r = 0.43$ ($p < 0.001$). It was found that an increase in the number of Br-YFAS 2.0-Obes symptoms is associated with an increase in the FCQ-T-r mean. A higher body mass index was associated with an increase in mean food addiction symptoms indicated by the Br-YFAS2.0-Obes.

Conclusions: Conclusion: Much like the YFAS 2.0 in other languages, the BR-YFAS 2.0-Obes presented adequate convergent validity, reliability, and one-factor structure results, which makes it suitable for Brazilian candidates for bariatric surgery or any individual who is within BMI > = 30 kg/m2.

Disclosure: No significant relationships.

EP005 / Abs. ID 199

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

E-POSTER DISCUSSION 01: NUTRITION/MENTAL HEALTH
11-09-2025 10:05 - 10:55

THE ROLE OF DEPRESSION IN DETERMINING LONG-TERM CLINICAL OUTCOMES OF SLEEVE GASTRECTOMY

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Background: The impact of depression on long-term metabolic bariatric surgery effectiveness remains insufficiently studied.

Objectives: To analyze the relationship between depression, its severity, and long-term clinical outcomes of sleeve gastrectomy (SG).

Methods: Long-term outcomes of SG were analyzed in 93 obese patients (69 women/74.19%, 24 men/25.81%), average age 42.20±11.09 years. Clinical outcomes were assessed using the SF-BARI QoL questionnaire. Depression was evaluated using the PHQ-9 scale.

Results: The average post-bariatric outcome corresponded to very good values (129.77±28.07 points). Based on clinical results, four groups were formed: excellent results in 29 patients (31.18%), very good in 38 (40.86%), good in 20 (21.51%), and satisfactory in 6 (6.45%). Regarding depression severity, 40 patients (43.01%) had minimal symptoms, 10 (10.75%) had mild depression, 9 (9.68%) had moderate depression, 13 (13.98%) had moderately severe depression, and 6 (6.45%) had severe depression. Fifteen patients (16.13%) showed no depression symptoms. The mean PHQ-9 score was 7.10±7.57 points. Patients with excellent (1.76±2.40) and very good (3.76±2.35) outcomes showed minimal depression signs, while those with good (15.85±3.18) and satisfactory (24.83±3.13) results indicated moderately severe and severe depression, respectively ($p<0.00001$). Increased depression severity was associated with worse SG outcomes ($\tau=-0.74$, $p<0.00001$). Significantly better clinical outcomes were demonstrated in patients without depression ($\tau=+0.43$, $p=0.0000000009$) or with minimal symptoms ($\tau=+0.21$, $p=0.002$). Moderate ($\tau=-0.18$, $p=0.01$), moderately severe ($\tau=-0.39$, $p=0.00000004$), and severe depression ($\tau=-0.34$, $p=0.000001$) were associated with significantly worse clinical outcomes.

Conclusions: Depression, particularly moderate, moderately severe, and severe, is associated with worse long-term clinical outcomes after sleeve gastrectomy. Early diagnosis and psychological treatment of depression in obese patients recommended for metabolic bariatric surgery should be considered an essential component of comprehensive preoperative preparation.

Disclosure: No significant relationships.

EP006 / Abs. ID 1240

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

E-POSTER DISCUSSION 01: NUTRITION/MENTAL HEALTH
11-09-2025 10:05 - 10:55

ALCOHOL USE DISORDER AS A LATE OUTCOME AFTER METABOLIC BARIATRIC SURGERY: A LITERATURE REVIEW

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Background: Obesity is a global health concern, and metabolic bariatric surgery (MBS) is an effective therapeutic strategy for individuals with suboptimal response to conventional treatment. Although MBS leads to improvement in obesity-related complications and quality of life, recent evidence suggests a potential association with the development of alcohol use disorder (AUD) as a long-term outcome.

Objectives: To assess the potential relationship between metabolic bariatric surgery and the occurrence of alcohol use disorder as a late postoperative complication.

Methods: A narrative review of the literature was conducted using MEDLINE and Google Scholar databases. The search terms included “Alcoholism” AND “Bariatric Surgery.” Studies were selected based on relevance and quality, focusing on the prevalence and mechanisms of AUD following MBS.

Results: Evidence shows an increased risk of developing AUD after MBS, particularly following Roux-en-Y gastric bypass (RYGB). One systematic review with 49,121 patients demonstrated an 83% increase in alcohol consumption after RYGB. Another study reported AUD incidence of 20.8% after RYGB and 11.3% after adjustable gastric banding. Regular alcohol use doubled within seven years of follow-up across surgical techniques. Mechanisms include neuroendocrine changes, enhanced alcohol sensitivity, and possible behavioral substitution. Variability in assessment methods, especially the use of the AUDIT questionnaire, and follow-up duration limit direct comparison among studies.

Conclusions: MBS, especially RYGB, may be associated with a higher risk of developing AUD in the long term. Preoperative substance use and psychiatric conditions are potential risk factors. Standardized protocols and longer follow-up are essential to better understand these outcomes and guide preventive strategies.

Disclosure: No significant relationships.

EP007 / Abs. ID 499

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

E-POSTER DISCUSSION 01: NUTRITION/MENTAL HEALTH
11-09-2025 10:05 - 10:55

THE WEIGHT OF SILENCE: SEXUAL ABUSE AND OBESITY

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Background: The relationship between sexual abuse and obesity is a critical clinical and social issue, often overlooked in public health discussions. Evidence suggests that a history of sexual abuse, particularly in childhood and adolescence, is associated with an increased risk of obesity in adulthood. Psychological and neurobiological mechanisms support this link, indicating that weight gain may serve as an unconscious self-protective response. For some individuals, obesity functions as a shield, reducing perceived vulnerability and minimizing the risk of further abuse. The emotional consequences of abuse are profound, with higher rates of anxiety, depression, and binge eating disorder observed in this population. Additionally, obesity stigma can worsen social isolation, limit healthcare access, and delay psychotherapeutic support.

Objectives: Objective: To assess the prevalence of sexual abuse in obese individuals referred for metabolic bariatric surgery.

Methods: Method: A retrospective analysis was conducted on medical records of patients undergoing metabolic bariatric surgery evaluation. A questionnaire assessing sexual abuse history was administered, approved by Ethics Committee.

Results: Among 1,359 patients, 1,044 were women (76.8%). Of these, 133 (12.7%) reported sexual abuse, with a mean age of 37.7 years and a mean BMI of 50.1 kg/m²; 756 (72.4%) denied it, and 155 (14.9%) did not respond. Among men, 18 (5.7%) reported abuse, with a mean age of 38.2 years and a BMI of 51.5 kg/m²; 251 (79.7%) denied it, and 46 (14.6%) did not respond. Many of those reporting abuse indicated that obesity developed or worsened during the trauma period, marked by insecurity, shame, and emotional distress.

Conclusions: Sexual abuse is frequent among obese patients, suggesting that weight gain may serve as a protective mechanism. Recognizing and addressing this trauma can improve emotional regulation and weight control, optimizing preoperative readiness. Multidisciplinary strategies integrating psychological support, nutritional counseling, and, when indicated, surgical treatment, are essential. Healthcare professionals must be equipped to identify signs of abuse and provide safe spaces for disclosure and intervention. Obesity should not be viewed solely as a metabolic disorder but as a complex condition influenced by trauma. A comprehensive approach is needed to prevent the emergence of new compulsions once obesity's psychological protective function is removed.

Disclosure: No significant relationships.

EP008 / Abs. ID 926

Topic: *AS17. Obesity Management Medication (OMM): indications, role and future perspectives*

E-POSTER DISCUSSION 02: DIGITAL HEALTH/OMMS/RYGB
11-09-2025 10:05 - 10:55

ASSOCIATION BETWEEN GLP-1 RA USE AND RESPIRATORY COMPLICATIONS IN UPPER ENDOSCOPY AND COLONOSCOPY PATIENTS

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Background: Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) are injectable medications used for diabetes management and weight loss, with expanding indications for patients with obesity-related heart failure and kidney disease. These medications slow gastric emptying, raising concerns about aspiration in patients undergoing sedation without a protected airway, such as during upper endoscopy and colonoscopy. While prior research has focused on intubated patients, large studies on non-intubated procedures are limited.

Objectives: This retrospective analysis evaluates the association between GLP-1 RA usage and perioperative aspiration, ICU admissions, and respiratory complications in patients undergoing upper endoscopy or colonoscopy.

Methods: Patients undergoing upper endoscopy (n=35,911) and colonoscopy (n=43,862) were identified via CPT codes. GLP-1 RA users were those with a documented prescription within 30 days pre-procedure. Patients with conditions increasing aspiration risk were excluded. Primary outcomes included aspiration events within one week post-procedure, while secondary outcomes included ICU admission, respiratory complications, and hospital length of stay. All conditions for exclusion criteria and outcomes were identified using ICD-10 codes.

Results: GLP-1 RA users comprised 6.9% of upper endoscopy and 8.1% of colonoscopy patients. Among the GLP-1 RA users, there was a greater prevalence of comorbidities, particularly obesity, diabetes, and obstructive sleep apnea, compared to non-users. Aspiration rates did not differ significantly between GLP-1 RA users and non-users in either group ($p=0.066$ for endoscopy; $p=0.385$ for colonoscopy). ICU admission and acute respiratory failure rates were also comparable. GLP-1 RA users had significantly shorter hospital stays in both cohorts ($p<0.001$). Adjusted analyses found no increased respiratory risk among GLP-1 RA users, despite increased comorbid burden.

Conclusions: GLP-1 RA use does not appear to increase aspiration or respiratory complications in patients undergoing upper endoscopy or colonoscopy. These findings suggest that withholding GLP-1 RAs before endoscopic procedures may not be necessary. Further research, particularly large multicenter studies, is needed to validate these findings and optimize GLP-1 RA periprocedural management strategies.

Table 1. Perioperative Outcomes in GLP-1 Receptor Agonist (GLP) Users vs. Non-Users Among Upper Endoscopy Patients

Variable	GLP User (n = 1029)	Non GLP user (n =13846)	p-value
Aspiration Pneumonia	.19% ± .14%	.74% ± .07%	.066
Acute Respiratory Failure - % ± se	3.4% ± .57%	4.8% ± .18%	.048
Either Aspiration Pneumonitis or Acute Respiratory Failure	3.5% ± .57%	5% ± .19%	.03
Hospital LOS - mean ± se	23.53 ± 2.56	64.56 ± 2	<.001
ICU admission (Yes) - % ± se	.1% ± .1%	.38% ± .05%	.223

* Due to the multiple statistical tests performed, the Bonferroni correction adjusted the significance threshold from 0.05 to 0.008. While the difference in LOS in hospital remained significant, the differences seen in all other outcomes are not statistically significant under this threshold.

Table 2. Perioperative Outcomes in GLP-1 Receptor Agonist (GLP) Users vs. Non-Users Among Colonoscopy Patients

Variable	GLP User (n = 2393)	Non GLP user (n =29246)	p-value
Aspiration Pneumonia	.25% ± .1%	.39% ± .04%	.385
Acute Respiratory Failure - % ± se	1.1% ± .22%	1.1% ± .06%	.959
Either Aspiration Pneumonia or Acute Respiratory Failure	1.4% ± .24%	1.4% ± .07%	.956
Hospital LOS - mean ± se	8.73 ± .87	14.35 ± .46	<.001
ICU admission (Yes) - % ± se	.04% ± .04%	.01% ± .01%	.708

Disclosure: No significant relationships.

EP009 / Abs. ID 29

Topic: *AS17. Obesity Management Medication (OMM): indications, role and future perspectives*

E-POSTER DISCUSSION 02: DIGITAL HEALTH/OMMS/RYGB
11-09-2025 10:05 - 10:55

NONSURGICAL TREATMENTS VERSUS SLEEVE GASTRECTOMY EFFECTS ON RENAL FUNCTION: A META-ANALYSIS

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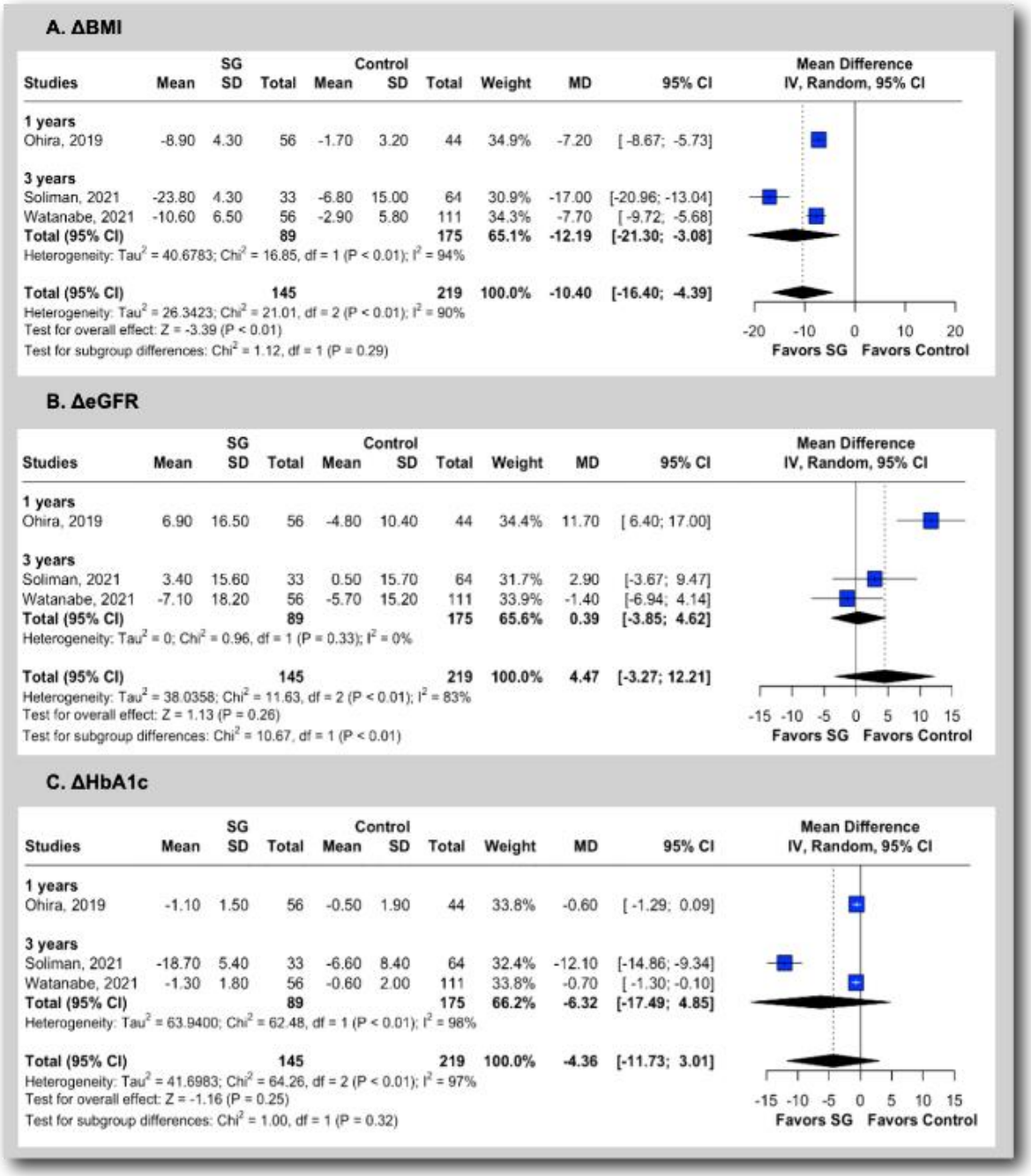
Background: Obesity has been associated with metabolic disorders. Prior studies have shown an association between anti-obesity drugs and improvements in metabolic, cardiovascular, hepatic steatosis, and renal function. However, the comparative effects of Sleeve Gastrectomy (SG) and nonsurgical treatments on kidney performance still require evaluation.

Objectives: We performed a systematic review and meta-analysis to compare the effects of SG and nonsurgical treatments on renal function through a systematic review and meta-analysis.

Methods: PubMed, EMBASE, and Cochrane Central were searched for studies that compared SG and nonsurgical treatments that included medical therapy, lifestyle modification, home glucose monitoring, or weight reduction. We pooled outcomes for variation in body mass index (ΔBMI), estimated Glomerular Filtration Rate (ΔeGFR) and Hemoglobin A1c (ΔHbA1c). Subgroup analysis was performed for each outcome regarding follow-up of 1 and 3 years. A random-effects model was used, and statistical analyses were performed using R version 4.4.0.

Results: A total of 364 patients from 3 studies were included, of whom 145 (39.8%) underwent SG and 219 (60.2%) nonsurgical treatments. The ΔBMI (MD -10.4; 95% CI -16.4 to -4.39; P < 0.01- Fig. A) was lower in the SG group, showing a greater reduction in BMI in this group. The ΔeGFR (MD 4.47; 95% CI -3.27 to 12.21; P = 0.26 – Fig. B) and ΔHbA1c (MD -4.36; 95% CI -11.73 to 3.01; P = 0.25 – Fig. C) showed no difference between the two groups. A subgroup analysis showed lower ΔBMI at 3 years follow-up for patients who underwent SG (MD -12.9; 95% CI -21.3 to -3.08, P = 0.53 – Fig. A) and no difference was noted at 3 years of follow-up in ΔeGFR (MD -10.4; 95% CI -16.4 to -4.39; P < 0.01 – Fig. B) and ΔHbA1c (MD -10.4; 95% CI -16.4 to -4.39; P = 0.56 – Fig. C).

Conclusions: Conclusion: Our meta-analysis suggests that there is no difference in ΔeGFR and ΔHbA1c between nonsurgical treatments and SG. However, ΔBMI was higher patients who underwent SG.



Disclosure: No significant relationships.

EP010 / Abs. ID 1028

Topic: *AS18. OMM discontinuation*

E-POSTER DISCUSSION 02: DIGITAL HEALTH/OMMS/RYGB
11-09-2025 10:05 - 10:55

TREATMENT PATTERNS AND PATIENT CHARACTERISTICS OF PATIENTS WITHOUT DIABETES INITIATING GLP-1 RECEPTOR AGONISTS: RETROSPECTIVE ANALYSIS OF US INSURANCE CLAIMS DATA

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Background: GLP-1 receptor agonists have swiftly gained popularity in the treatment of obesity in patients without diabetes.

Objectives: To characterize contemporary US population-level treatment patterns and patient characteristics of patients without diabetes initiating GLP-1 RAs.

Methods: Retrospective study of the Merative MarketScan Databases, which include insurance claims data on >10 million commercially- and Medicare Supplemental-insured individuals in the US. Study patients initiated either semaglutide or tirzepatide in 2023 (date of first prescription = index). Patients were required to have continuous insurance enrollment during the 6-month baseline and 12-month follow-up periods, relative to index. Patients with a diagnosis of type 1 or 2 diabetes during the baseline period or at index were excluded from the analysis. Measures of interest included patient demographics, diagnoses recorded within 14 days prior to and inclusive of index, days supplied and adherence (defined as proportion of days covered (PDC)>80%) to GLP-1 RAs during the follow-up period, and switching between semaglutide and tirzepatide.

Results: From among approximately 15.7 million patients enrolled in health insurance on 1/1/2023, 773,154 patients (5%) initiated semaglutide or tirzepatide. After applying the continuous enrollment and non-diabetes criteria, the final cohort comprised 81,286 patients (90% semaglutide, 10% tirzepatide); 65% of initial attrition attributable to enrollment, a subsequent 52% attributable to the diabetes exclusion criterion. The mean (SD) age of patients was 45 (11) years, and 79% were female. The 5 most common diagnoses, aside from obesity, during the 14-day period before and inclusive of index were essential hypertension (16%), vitamin D deficiency (7%), pre-diabetes (7%), hyperlipidemia (7%), and hypothyroidism (5%). During the 12-month follow-up, the mean (median, SD) days supplied was 218, (208, 140) for semaglutide and 256 (280, 146) for tirzepatide, with adherence (PDC>80%) of 36% and 45%, respectively. Among those initiating semaglutide, 11% switched to tirzepatide; likewise, 11% switched from tirzepatide to semaglutide.

Conclusions: In this large cohort of US-based patients without diabetes initiating GLP-1 RAs, adherence to GLP-1 RAs was sub-optimal, indicating that discontinuation was common within 12 months of initiation. In light of the chronic nature of obesity, future research on the uptake of sustainable treatment options, including metabolic/bariatric surgery after discontinuation of GLP-1 RAs is warranted.

Disclosure: All authors are employees, or consultants, of Johnson & Johnson

EP011 / Abs. ID 427

Topic: *AS30. MBS and personalized medicine*

E-POSTER DISCUSSION 02: DIGITAL HEALTH/OMMS/RYGB
11-09-2025 10:05 - 10:55

REDEFINING OBESITY: EVALUATING THE IMPACT OF REVISED OBESITY DIAGNOSTIC CRITERIA ON METABOLIC BARIATRIC SURGERY ELIGIBILITY AT A UNIVERSITY HOSPITAL

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Background: Obesity is a multifactorial disease defined by excessive fat accumulation, particularly around the viscera and abdominal region, which poses significant health risks. Its complex pathophysiology is associated with several diseases, including hyperglycemia, arterial hypertension, hepatic steatosis, abnormal cholesterol levels, and osteoarthritis, among others. Traditionally, Body Mass Index (BMI)—the ratio of weight to the square of height—has served as the primary classification method and key criterion for indicating metabolic bariatric surgery. However, a recent study published by The Lancet Diabetes & Endocrinology Commission proposes a paradigm shift by suggesting that BMI, while useful for epidemiological analysis, does not sufficiently capture an individual's health status.

Objectives: Evaluate the impact of the reclassification on the indication for metabolic bariatric surgery among the last 1,000 patients who underwent the procedure at the Hospital de Clínicas da UNICAMP in Brazil.

Methods: Data collected for this retrospective analysis included height, abdominal and hip circumferences, weight, BMI, and associated diseases, which were organized into an electronic spreadsheet. The study selectively considered related diseases that were part of the reclassification proposal. Patients using chronic psychiatric medications, various analgesics, or anticoagulants without a corresponding diagnosis, as well as those with hypothyroidism (considered a potential cause of obesity rather than a consequence), were excluded from being categorized as having obesity-related diseases.

Results: Of the 1000 patients analyzed, related diseases data were unavailable for 126 (12.6%). Among the remaining 874 patients with complete data, all were reclassified according to the criteria proposed by Rubino et al. This reclassification revealed that 490 patients (56%) presented with clinical obesity (of whom 21.6% had a body mass index [BMI] <40 kg/m²), while 384 patients (44%) exhibited preclinical obesity, rendering them ineligible for surgical intervention at the time, as per the aforementioned proposal.

Conclusions: The study highlights that despite BMI's limitations, it remains a robust indicator of cardiometabolic risk. Removing BMI as the primary diagnostic criterion may lead to underdiagnosis, delaying necessary interventions and potentially increasing morbidity and mortality. The authors suggest that a hybrid model—retaining BMI as a primary criterion, supplemented by additional clinical assessments—could better identify at-risk individuals and ensure timely interventions.

Disclosure: No significant relationships.

EP012 / Abs. ID 430

Topic: *AS10. MBS and digital health*

E-POSTER DISCUSSION 02: DIGITAL HEALTH/OMMS/RYGB
11-09-2025 10:05 - 10:55

BODY ROUNDNESS INDEX AND METABOLICALLY HEALTHY OBESITY/METABOLICALLY UNHEALTHY OBESITY AMONG US ADULTS

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Background: Obesity is classified into metabolically healthy obesity (MHO) and metabolically unhealthy obesity (MUO).Body Roundness Index (BRI) offers a new anthropometric measure to better assess the relationship between body fat distribution and health risks, particularly in obesity. However, the relationship between BRI in MHO and MUO remains unclear.

Objectives: To explore the relationship between BRI and the incidence of MHO/MUO.

Methods: This study collected 3150 obese adults aged ≥20 years and BMI ≥30 from the National Health and Nutrition Examination Survey 2013-2020. Obese adults were devided into MHO and MUO groups by BMI and metabolic syndrome components. To investigate the relationship between BRI and MHO/MUO, we conducted analyses using multivariable logistic regression and restricted triple spline. The reliability of our results was validated through subgroup analyses, the mediation effect analysis and its sensitivity.

Results: After adjusting for covariates, we observed that higher BRI levels were negatively linked with MHO [OR (95% CI): 0.49 (0.80, 0.98), p = 0.026] and positively linked with MUO [OR (95% CI): 1.33 (1.02, 1.25), p = 0.026]. We also found a wave-shaped association between BRI and the incidence of MHO/MUO. The inflection points for MHO/MUO were same as 6.62 and 9.47. When BRI was between 6.62 and 9.47, the OR for MHO significantly increased while the OR for MUO significantly decreased. Subgroup analyses revealed no significant interactions between BRI and subgroup variables, except for different age and HbA1c.Significant differences were noted between BRI levels and subgroup variables in older adults (≥65 years) and those with HbA1c ≥6.5%. Mediation effect analyses and further sensitivity analyses verified HbA1c as a negative effect on MHO and age as a positive effect on MUO.

Conclusions: Personalized health management programs can be tailored based on BRI levels, especially considering age and HbA1c levels.

Disclosure: No significant relationships.

EP013 / Abs. ID 464

Topic: *AS14. Role of methodology in MBS*

E-POSTER DISCUSSION 02: DIGITAL HEALTH/OMMS/RYGB
11-09-2025 10:05 - 10:55

CORRELATION BETWEEN GASTRIC VOLUME ON PREOPERATIVE CT FIZZOGRAM AND WEIGHT LOSS FOLLOWING CONVERSIONAL ONE ANASTOMOSIS GASTRIC BYPASS AFTER SLEEVE GASTRECTOMY

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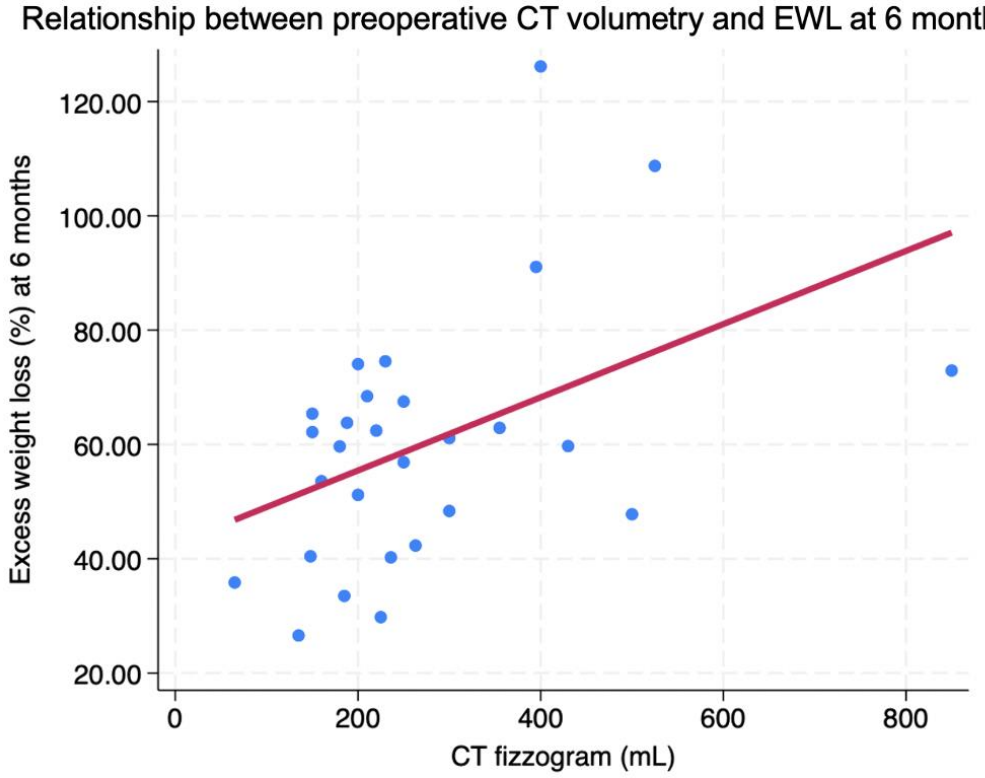
Background: CT Fizzogram is a specialized imaging technique that assesses gastric anatomy and volume. Whilst it is useful for planning prior to conversional bariatric surgery, the correlation between gastric pouch volume and weight loss outcomes remains unclear.

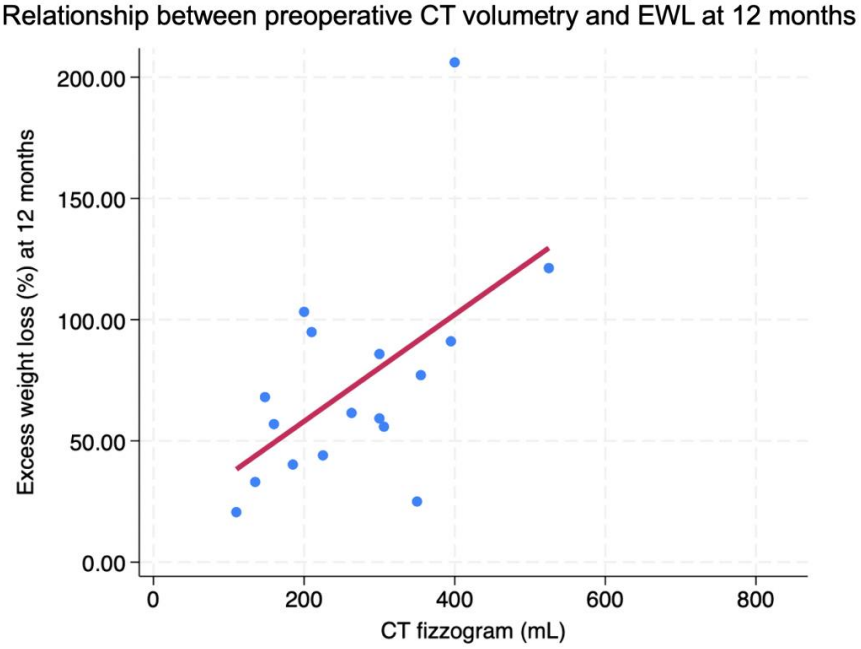
Objectives: Investigate the role of CT Fizzogram in surgical planning and in predicting longitudinal weight loss outcomes after conversional one anastomosis gastric bypass (OAGB) following sleeve gastrectomy (SG) or SG and laparoscopic gastric banding (LGB).

Methods: This prospective single-surgeon cohort study evaluated patients who underwent conversional OABG between September 2015 and September 2024. Preoperatively, an oral contrast medium containing effervescent granules distended the remnant stomach to allow 3D volumetric measurement. Data collected included CT Fizzogram volumes, longitudinal weight loss outcomes post-revision, obesity-related diseases (e.g., T2DM, HTN, OSA), bypass limb length and trimming. Statistical analysis was performed using STATA v18, with a significance threshold set at a p-value of < 0.05.

Results: 57 patients underwent a preoperative CT Fizzogram before conversional OAGB. Of these, 48 had prior SG, and 9 had both LGB and SG. 51 underwent revision for recurrent weight gain, 3 for gastro-oesophageal reflux disease (GORD) with recurrent weight gain, and 3 for GORD alone. Preoperative CT Fizzogram volumes determined shape and volume of the remnant stomach, thus guiding operative planning, particularly trimming of the gastric remnant, and whether additional hiatus hernia repair was required. Fizzogram volumes were skewed, with a median of 236 mL (IQR=115). The mean age and BMI at revision were 41.8 years and 43.5 kg/m², respectively. Univariate linear regression showed a significant positive correlation between preoperative CT Fizzogram volume and excess weight loss (EWL) at 6 months ($\beta=0.06$, $p=0.01$) and 12 months ($\beta=0.22$, $p=0.02$), and total body weight loss (TBWL) at 6 months ($\beta=0.02$, $p=0.02$) and

at 12 months (β=0.05, p=0.07). Multivariable linear regression and cox regression will additionally be conducted.





Conclusions: The utility of a CT Fizzogram in conversional OAGB surgery is two-fold. It is a quick, accessible and precise method for assessing anatomy post-SG. Additionally, it may be useful predictor of weight loss outcomes in the early postoperative period.

Disclosure: No significant relationships.

EP014 / Abs. ID 1140

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

E-POSTER DISCUSSION 02: DIGITAL HEALTH/OMMS/RYGB
11-09-2025 10:05 - 10:55

LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS VERSUS OAGB FOR THE TREATMENT OF SEVERE OBESITY AND EFFECT ON GLP-1 LEVEL: SHORT-TERM OUTCOMES

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Background: The best hypoabsorptive technique for patients who have severe obesity that promotes sustained weight loss is laparoscopic Roux-en-Y gastric bypass (LRYGB). An alternative that has gained popularity is OAGB), which has the advantages of being more technically straightforward, needing less time during surgery, and having a higher food tolerance.

Objectives: This study compares the short-term effects of OAGB and LRYGB on weight reduction and postoperative levels of glucagon-like peptide-1 (GLP-1).

Methods: This prospective study included 50 patients with severe obesity who were randomly assigned to receive either LRYGB or OAGB, with 25 patients/group in the period from March 2020 to February 2021.

Results: Group B experienced a much shorter hospital stay and operation time than group A. There was no discernible difference between the two groups in terms of intraoperative errors or postoperative problems. Throughout the follow-up period, the patients' weights and BMI dramatically fell in both groups, with the OAGB group seeing a much larger mean excess BMI reduction percent. Preoperative comorbidities were significantly resolved in both operations, and there was no discernible difference between the two groups. GLP-1: Following surgery, both groups exhibit a noteworthy rise in postprandial GLP-1 levels

Conclusions: Compared with LRYGBP, the OAGB technique produced a greater weight loss with a similar efficiency on metabolic control

Disclosure: No significant relationships.

EP015 / Abs. ID 971

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

E-POSTER DISCUSSION 03: PSYCHOLOGICAL ASSESSMENT/MENTAL HEALTH/EXERCISE THERAPIES
12-09-2025 10:05 - 10:40

OBESITY PERCEPTIONS, STIGMA, AND TREATMENT EXPERIENCES: INSIGHTS FROM HISPANIC-LATINO METABOLIC AND BARIATRIC PATIENTS

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Background: In the U.S., obesity prevalence is higher among Hispanic-Latino individuals (45.6%), yet they undergo metabolic and bariatric surgery (MBS) at lower rates than non-Hispanic White individuals.

Objectives: This study explores factors influencing MBS utilization decisions, including perceptions of obesity, stigma, treatment experiences (including obesity medication), motivators, challenges in pursuing surgery, and patient-provider communication.

Methods: Semi-structured interviews were conducted with twelve Hispanic-Latino adults in the preoperative phase of an accredited MBS program. All interviews were recorded, transcribed, and analyzed thematically to identify key themes.

Results: Participants expressed negative emotions about individuals with obesity and themselves, including sadness, depression, and stress. They associated positive traits—confidence, happiness, and health—with individuals without obesity, while describing those with obesity as less motivated, insecure, and linked with disordered eating. Concerns with obesity included physical limitations, body image dissatisfaction, and health issues. Most participants attributed obesity to emotional distress, maladaptive eating behaviors, with fewer recognizing physiological factors like hormones or metabolism. While many viewed obesity as multifactorial, most did not consider it a chronic disease, but rather a condition that could potentially be cured through personal effort, medication and or surgery. Participants had unsuccessfully attempted dieting and viewed surgery as a means to improve their health physically, emotionally, socially, and nutritionally. Concerns about obesity medication included dependence, weight recurrence, insurance barriers, side effects, and cost. Many learned about MBS through positive experiences of family and friends and felt supported by their primary care physicians. While some were unfamiliar with all the preoperative steps, most found the surgical process easy to understand.

Conclusions: This study examines obesity through the lens of emotional distress, disordered behaviors, physical limitations, social stigma, and internal and external biases within the Hispanic-Latino community. The findings highlight the need to address misconceptions about obesity. Recognizing it as a recurrent chronic disease may help reduce both general and surgery-related stigma and biases, overcoming barriers to obesity treatment and improving access to MBS. Additionally, the study highlights the positive influence of primary care physicians and social-familial networks on MBS decision-making, emphasizing the importance of comprehensive patient education and support systems facilitating informed surgical choices.

Disclosure: No significant relationships.

EP016 / Abs. ID 183

Topic: *AS35. Exercise therapy and MBS*

E-POSTER DISCUSSION 03: PSYCHOLOGICAL ASSESSMENT/MENTAL HEALTH/EXERCISE THERAPIES
12-09-2025 10:05 - 10:40

EFFECT OF 10 PREOPERATIVE SESSIONS ON MUSCLE STRENGTH IN OBESE PATIENTS INDICATED FOR METABOLIC BARIATRIC SURGERY

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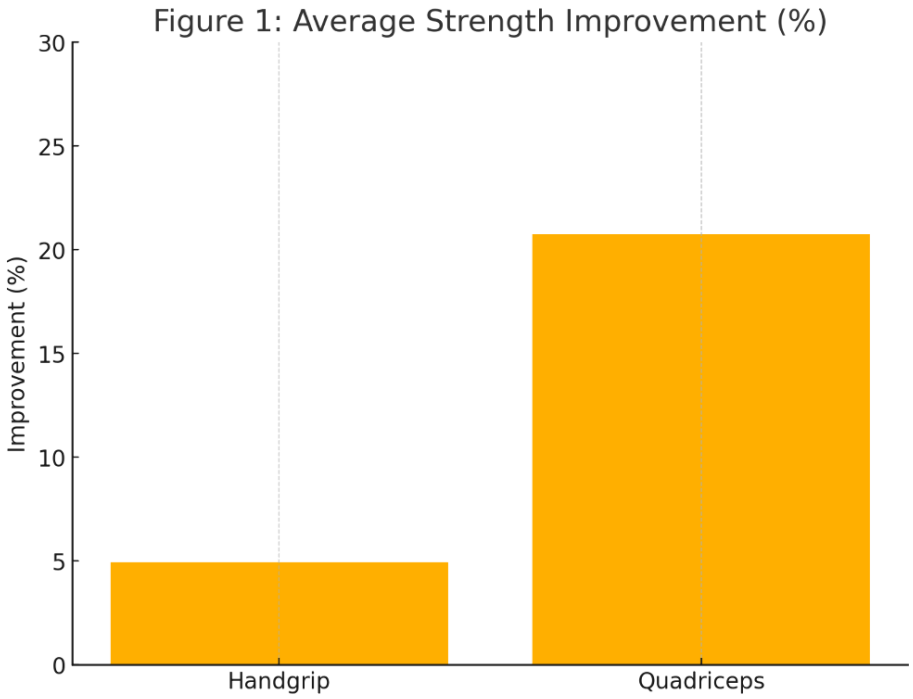
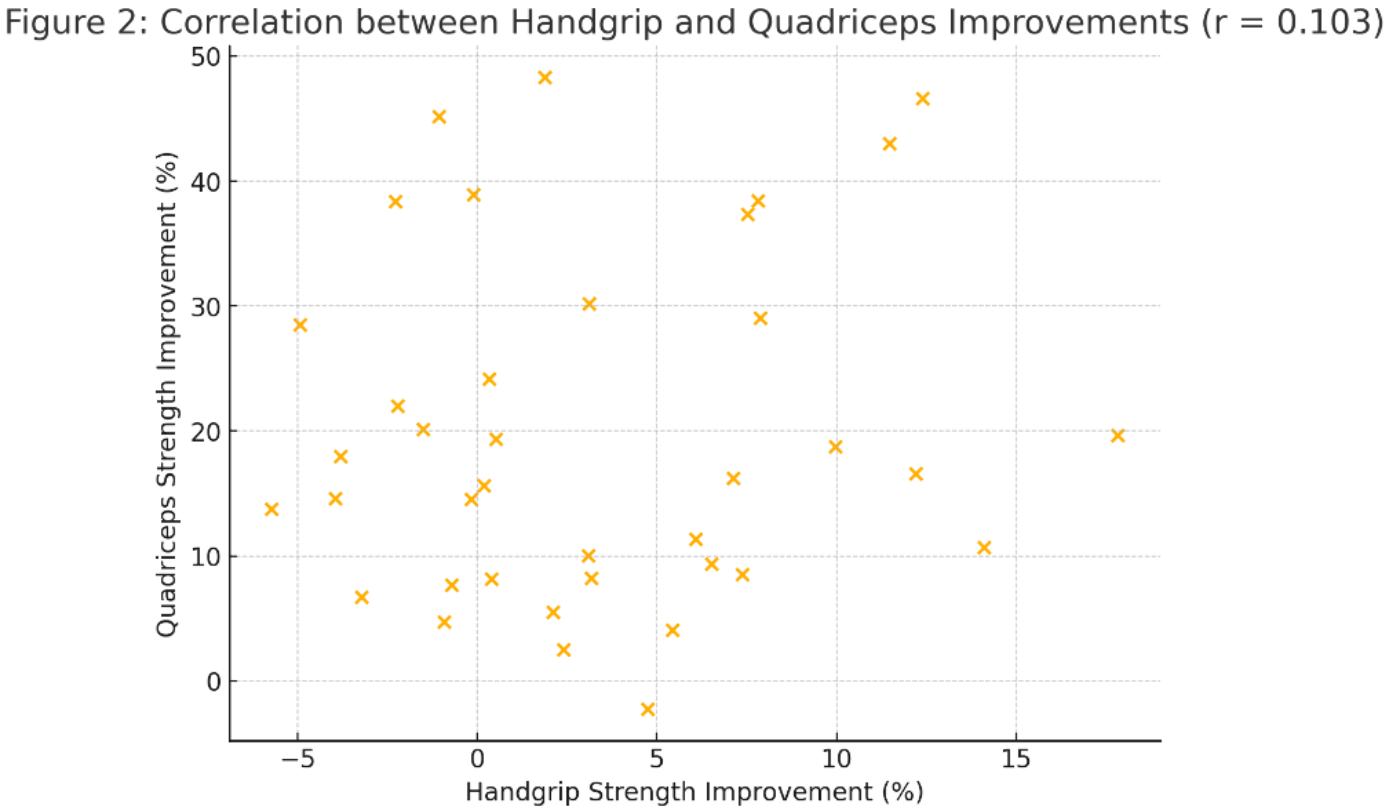
Background: Obesity is a significant public health challenge in Chile, leading to an increased need for metabolic bariatric surgery in patients unable to manage their weight through conventional methods. Metabolic bariatric surgery not only aims for weight loss but also improves associated diseases such as type 2 diabetes, hypertension, and orthopedic problems. Given the complexity of these surgeries, prehabilitation programs have emerged as a viable strategy to enhance preoperative preparation and postoperative recovery.

Objectives: The objective of this study is to evaluate the effect of a ten-session prehabilitation program on muscle strength in obese patients indicated for metabolic bariatric surgery.

Methods: A controlled clinical trial was conducted with 38 obese patients from Talca, Chile, eligible for metabolic bariatric surgery. The participants had an average Body Mass Index (BMI) of 40. The intervention included ten preoperative exercise sessions focusing on resistance training, particularly targeting lower body strength. Muscle strength was measured using a handgrip dynamometer for upper body strength and an isometric dynamometer for quadriceps strength. Pre- and post-intervention assessments were conducted to evaluate changes in muscle strength.

Results: The ten-session prehabilitation program led to significant improvements in muscle strength, with quadriceps strength increasing by 20.77% ($p < 0.0001$) and handgrip strength by 4.95% ($p < 0.05$). Repeated-measures ANOVA revealed a significant main effect of time ($F = 81.97$, $p < 0.0001$), confirming overall post-intervention strength gains. The analysis also showed a significant main effect of muscle group ($F = 28.03$, $p < 0.0001$), with quadriceps strength showing greater improvement than handgrip strength. In addition, a significant time × muscle group interaction ($F = 30.70$, $p < 0.0001$) indicated that the extent of strength improvement varied by muscle group. Finally, a weak, non-significant correlation ($r = 0.103$, $p = 0.538$) was observed between improvements in quadriceps and handgrip strength, suggesting that the two muscle groups responded independently to the training.





Conclusions: A ten-session prehabilitation program significantly improved muscle strength in obese patients who are candidates for metabolic bariatric surgery, with greater improvements observed in quadriceps compared to handgrip strength. These findings support the inclusion of lower-body resistance training in prehabilitation protocols to enhance preoperative physical capacity and potentially improve postoperative outcomes.

Disclosure: No significant relationships.

EP017 / Abs. ID 134

Topic: *AS35. Exercise therapy and MBS*

E-POSTER DISCUSSION 03: PSYCHOLOGICAL ASSESSMENT/MENTAL HEALTH/EXERCISE THERAPIES
12-09-2025 10:05 - 10:40

DESCRIPCIÓN DEL CONTROL POSTURAL DE CANDIDATOS A CIRUGIA BARIATRICA, ANALIZADO MEDIANTE PLATAFORMA DE FUERZA, DE LA CIUDAD DE COPIAPÓ, CHILE.

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Background: INTRODUCCIÓN La obesidad, considerada como la “gran pandemia” del siglo XXI, es según la OMS, una acumulación excesiva de grasa, causada principalmente por un desequilibrio energético, generando consecuencias metabólicas, psicosociales y biomecánicas, especialmente en el control postural, determinado por las variaciones del centro de presión (CoP). Por tanto,investigar y describir las características biodemográficas, ademas de analizar y comparar los componentes del control postural estático, en personas con obesidad candidatas a cirugía bariátrica se hace fundamental para los nuevos desafíos asociados a la población descrita

Objectives: Describir las características biodemográficas de personas con obesidad que se someterán a cirugía bariátrica. Analizar el control postural estático de personas con obesidad que se someterán a cirugía bariátrica. Comparar componentes del control postural estático en personas con obesidad candidatas a cirugía bariátrica.

Methods: Estudio descriptivo, transversal, asociativo con una muestra total de 40 participantes, entre 18 y 65 años, con prescripción de cirugía bariátrica. Para la cuantificación del centro de presión (CoP), se dispuso un Protocolo de equilibrio estático, mediante técnica de posturografía. La información fue digitalizada en Bertec Digital Acquire y analizada en MATLAB R2019a. Para el análisis del perfil biodemográfico, se relacionaron las variables del centro de presión (CoP), en JASP 0.16.10. y SPSS 10.0. Las variables utilizadas fueron; Edad, Sexo, Peso, Talla, Índice de masa corporal (IMC), Índice cintura cadera (ICC), Centro de presión plantar (CoP), Masa muscular (MM), Porcentaje de grasa (%GRASA).

Results: Se evidencia predominancia en el sexo femenino versus al masculino en cuanto al promedio de IMC y % de grasa. Se encontró además una diferencia significativa (p<0,05) entre las pruebas de control postural estático, con una distancia recorrida mayor en comparación al área registrada. En la mayoría de las pruebas de equilibrio, el desplazamiento, ya sea en velocidad o aceleración, fue predominante en el eje X (horizontal) o plano coronal, generando oscilación mediolateral.

Contraste T para Muestras Emparejadas ÁREA - PRUEBA SEMITANDEM.

PRUEBA BASE		PRUEBA DE COMPARACIÓN	t	gl	p
SEMITOA_ÁREA	-	SEMITOC_ÁREA	-4.348	34	**< .001**
	-	TANDOA_ÁREA	-1.990	31	.55
	-	TANDOC_ÁREA	-6.117	34	**< .001**
SEMITOC_ÁREA	-	TANDOA_ÁREA	3.390	34	.2
	-	TANDOC_ÁREA	-3.783	39	**< .001**

Contraste T para Muestras Emparejadas PRUEBA DISTANCIA - PIES JUNTOS					
PRUEBA BASE		PRUEBA DE COMPARACIÓN	t	gl	Valor-p
PJOA_DIS	-	PJOC_DIS	-5.147	39	**< .001**
	-	SEMITOA_DIS	-2.760	39	<.009
	-	SEMITOC_DIS	-11.088	39	**< .001**
	-	TANDOA_DIS	-9.034	39	**< .001**
	-	TANDOC_DIS	-11.990	39	**< .001**
PJOC_DIS	-	SEMITOA_DIS	473	39	.639
	-	SEMITOC_DIS	-7.044	39	**< .001**
	-	TANDOA_DIS	-3.617	39	**< .001**
	-	TANDOC_DIS	-9.616	39	**< .001**

Conclusions: Los resultados estabilométricos demuestran que la presencia de obesidad afecta de manera significativa el control postural estático, especialmente al aumentar el grado de dificultad del mantenimiento estable en posición bípeda, por medio de la reducción de la base de sustentación.

Disclosure: No significant relationships.

EP018 / Abs. ID 631

Topic: *AS35. Exercise therapy and MBS*

E-POSTER DISCUSSION 03: PSYCHOLOGICAL ASSESSMENT/MENTAL HEALTH/EXERCISE THERAPIES
12-09-2025 10:05 - 10:40

OBESITY, METABOLIC BARIATRIC SURGERY AND IMMUNE SYSTEM: WHAT ARE THE BENEFITS OF PHYSICAL EXERCISE?

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Background: Obesity and increased levels of inflammatory proteins can alter circulating levels of adipokines and affect immune functions. Physical exercise and diet control are strategies that contribute to reducing inflammatory cytokines in individuals with overweight or obesity.

Objectives: The aim of this study was to review the literature on the benefits of the chronic effect of physical exercise associated or not with diet, with the purpose of modifying the inflammatory biomarkers of individuals with obesity.

Methods: Searches for Randomized Controlled Trial and Clinical Trial were performed through PubMed, Cochrane and LILACS. The keywords used were: Physical Activity and Exercise and Obesity and Immune System. The inclusion criteria were studies that evaluated the chronic effect of exercise in adult individuals with obesity on inflammatory biomarkers.

Results: A total of 52 articles were found, of which 41 were excluded. In the 11 articles analyzed, the intervention time ranged from 1 to 78 weeks. These, 7 studies evaluated exercise associated with diet, 1 evaluated diet and exercise in different groups and 3 only physical exercise. In the studies that evaluated CRP, IL1, IL2, IL6, IL8, IL10, the interventions were with aerobic training with and without association with diet. The variables reduced significantly both in the groups that did only exercise or exercise associated with diet. In the only study that compared the exercise group with and without diet, the association with diet obtained better results in the variables analyzed. TNFα, IFNγ, adiponectin, Hba1c and HOMA, the interventions were with diet associated with aerobic and concurrent training and also changed significantly. Monocytes, lymphocytes, NK cells, leukocytes, neutrophils, MIPa-1, MMP9, sp-selectin, MCP-1 and SAA reduced significantly both in interventions in which physical exercise was or was not associated with diet.

Conclusions: Physical exercise appears to improve inflammatory markers and this effect may be greater if it is associated with diet. Individuals with obesity should be encouraged to change their lifestyle and adopt lifestyle habits that involve physical activity and a healthy diet.

Disclosure: No significant relationships.

EP019 / Abs. ID 709

Topic: *AS04. Novel metabolic bariatric procedures*

E-POSTER DISCUSSION 04: WOMEN'S HEALTH/NOVEL PROCEDURES/ROBOTIC MBS/MARGINAL ULCER
12-09-2025 10:05 - 10:40

FLUORESCEIN ANGIOGRAPHY EVALUATION OF FUNDOPLICATION WRAP PERFUSION IN «FUNDORING-OAGB»-MODIFIED ONE-ANASTOMOSIS GASTRIC BYPASS.

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Background: In the 'FundoRing' modification of one-anastomosis gastric bypass, creating a fundoplication wrap requires mobilization of the excluded part of the stomach from the short gastric vessels and ligaments. The use of ICG allows for real-time assessment of perfusion and identification of potential risks associated with this surgical procedure

Objectives: This study compared blood supply and perfusion in one-anastomosis gastric bypass, specifically the 'FundoRing' modification versus the standard technique, using laparoscopic indocyanine green (ICG) fluorescein angiography to assess the gastric pouch, fundoplication wrap, gastroenteroanastomosis, and excluded part of the stomach.

Methods: The study is a prospective, open-label, randomized, controlled trial conducted from April 2021 to October 2024, in which 200 patients participated. The patients were divided into two groups: 100 patients in the “FundoRingOAGB” group, who underwent laparoscopic one-anastomosis gastric bypass in the “FundoRing” modification, and 100 patients in the “OAGB” group using the standard technique. ICG was used at a dose of 12.5 mg, and visualization was performed using the KARL STORZ – IMAGE1 S™ Rubina® system.

Results: 200 patients successfully underwent laparoscopic one-anastomosis gastric bypass, without complications. The average time of fluorescence appearance of the formed gastric pouch, gastroenteroanastomosis and excluded part of the stomach was 16.76 ± 6.71 seconds for the “OAGB” group and 15.8 ± 5.95 seconds for the “FundoRingOAGB” group, P-value = 0.28. The left part of the fundoplication wrap showed luminescence simultaneously with other areas, while the right part, passing through the retroesophageal orifice, began to glow later, on average 32.7±14.23 seconds. No cases of fundoplication wrap necrosis in the postoperative period were recorded.

Conclusions: Using fluorescein angiography, it was confirmed that with one-anastomosis gastric bypass in the “FundoRing” modification, adequate blood supply to the small formed gastric pouch, gastroenteroanastomosis, excluded part of the stomach and fundoplication wrap is maintained. The gastric bypass technique in the “FundoRing” modification can be safely used in bariatric and metabolic surgery.

Disclosure: No significant relationships.

EP020 / Abs. ID 1235

Topic: *AS21. Robotic surgery: indications, pros and cons*

E-POSTER DISCUSSION 04: WOMEN'S HEALTH/NOVEL PROCEDURES/ROBOTIC MBS/MARGINAL ULCER
12-09-2025 10:05 - 10:40

COMPARATIVE OUTCOMES OF ROBOTIC VERSUS LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS: AN INTEGRATIVE REVIEW

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Background: Excess weight and severe obesity have become global pandemics, affecting an estimated 16% of the adult population worldwide. Metabolic Bariatric Surgery (MBS), specifically Roux-en-Y gastric bypass (RYGB), has proven to be effective in this context. Robotic-assisted MBS has emerged as an alternative to conventional laparoscopic approaches. However, the comparative advantages and disadvantages between robotic (R-RYGB) and laparoscopic (L-RYGB) techniques remain under evaluation in the literature.

Objectives: To compare perioperative and postoperative outcomes of robotic versus laparoscopic Roux-en-Y gastric bypass and identify potential advantages of each approach based on current evidence.

Methods: A systematic search was conducted in PubMed and Embase using the terms: “Roux-en-Y” OR “gastric bypass” AND “robotic surgery” AND “laparoscopy”. Selection was performed in two phases, under a double-blind process. Eight articles met the inclusion criteria: comparison between robotic and laparoscopic RYGB in adults or elderly individuals with severe obesity. Exclusion criteria included meta-analyses, literature reviews, inaccessible full-text articles, and studies comparing techniques other than gastric bypass.

Results: Robotic RYGB (R-RYGB) was more frequently used in individuals with higher BMI. Although R-RYGB presented longer operative times—likely due to the learning curve and specific anastomotic techniques—it demonstrated lower rates of postoperative complications compared to L-RYGB. These included fewer infections, lower rates of Clavien-Dindo grade ≥3 complications, and shorter or comparable lengths of hospital stay. The robotic approach also showed fewer readmissions and a reduced need for conversion to open surgery. However, its higher associated cost remains a consideration.

Conclusions: R-RYGB is a safe and effective technique for people with severe obesity, offering potential advantages in postoperative outcomes. Despite its longer operative time and greater cost, further studies are needed to standardize practices and increase familiarity with robotic procedures among surgeons.

Disclosure: No significant relationships.

EP021 / Abs. ID 742

Topic: *AS03. Obesity, MBS and women's health*

E-POSTER DISCUSSION 04: WOMEN'S HEALTH/NOVEL PROCEDURES/ROBOTIC MBS/MARGINAL ULCER
12-09-2025 10:05 - 10:40

EVALUATING SHORT-TERM QUALITY OF LIFE CHANGES AFTER METABOLIC BARIATRIC SURGERY: A LONGITUDINAL STUDY

Nayara Ariel Lisboa, Isabelle Pezzin, Lara Soares, Nina Bruna Mawandji, Fabiano Haraguchi, Walckiria Romero, Bruno Henrique Fiorin, Andressa Bolsoni-Lopes
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Background: Bariatric surgery is an effective approach for body weight reduction and remission of obesity-related diseases. However, it is not exempt from postoperative complications, both in the short and long term, which may lead to modifications in lifestyle habits.

Objectives: To assess short-term changes in the quality of life of patients undergoing bariatric surgery.

Methods: Observational, prospective cohort study conducted at three time points: preoperative, two months, and six months postoperative. The study was carried out in the outpatient clinic of a bariatric surgery program at a university hospital in the Southeast region of Brazil. The World Health Organization Quality of Life Bref was used as the assessment instrument. Data analysis was performed using the Kruskal-Wallis test and the t-test for unpaired samples, with a significance level of $p \leq 0.05$.

Results: The sample comprised 60 patients, predominantly female. Throughout the postoperative period, an increase was observed in the scores for the Physical Health domain, while reductions were noted in the Social Relationships and Environment domains, with the Psychological domain remaining unchanged. A decrease was identified in the average number of obesity-related diseases and the daily use of medications. However, there was an increase in the proportion of patients using psychotropic drugs postoperatively, and these patients exhibited lower weight loss.

Conclusions: Bariatric surgery had a positive impact on patients' physical health; however, it was associated with declines in the social relationships and environment domains. Comorbidity remission and a reduction in medication use were observed, although an increase in psychotropic drug prescriptions was noted in the postoperative period.

Disclosure: No significant relationships.

EP022 / Abs. ID 1211

Topic: *AS13. Gender disparities in MBS*

E-POSTER DISCUSSION 04: WOMEN'S HEALTH/NOVEL PROCEDURES/ROBOTIC MBS/MARGINAL ULCER
12-09-2025 10:05 - 10:40

IMPACT OF UNPAID DOMESTIC WORK AND EDUCATIONAL LEVEL ON OBESITY AMONG CHILEAN WOMEN

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Background: In Chile, obesity is a significant public health challenge that disproportionately affects women. Evidence shows that lower educational attainment, older age, and exclusive dedication to unpaid domestic and caregiving work increase the risk of excess body weight (EBW). These conditions, reflecting structural gender inequalities, may also limit access to treatments such as metabolic and bariatric surgery (MBS), whose clinical indications rarely account for social determinants of health.

Objectives: The aim of this study was to analyze the association between overweight and obesity—measured by body mass index (BMI)—and variables such as age, years of schooling, and occupational status among adult Chilean women. I also aimed to reflect on how these conditions may contribute to gender disparities in access to MBS.

Methods: I conducted a cross-sectional study using secondary data from the Chilean National Health Surveys (2009–2010 and 2016–2017). The sample included 3,758 women aged 20 to 65 years. I applied multiple linear regression models (Log-BMI) and binary logistic regression models, defining EBW as BMI ≥ 25 kg/m². The predictor variables were age, years of formal education, and occupational status (paid employment vs. unpaid).

Results: A total of 76.9% of the women presented EBW. BMI was significantly higher among those of older age and with fewer years of education. Women without paid employment had a higher average BMI, although this variable was not statistically significant in the logistic model. These findings demonstrate how social factors influence health and nutritional status, particularly among women with fewer resources and a higher burden of unpaid domestic work.

Conclusions: Overweight and obesity, referred to as excess body weight (EBW) among Chilean women is influenced by gender-related social factors. Older age, lower educational attainment, and unpaid work increase obesity risk and limit treatment access. Although Fonasa has expanded coverage through the PAD program, most MBS in Chile occurs in private clinics, which remain inaccessible to many vulnerable women. These structural barriers highlight the need to address not only clinical indicators but also broader inequality. We propose integrating gender equity and intersectional criteria into MBS referral and selection to ensure more equitable, socially responsive care.

Disclosure: No significant relationships.

EP023 / Abs. ID 1166

Topic: *AS13. Gender disparities in MBS*

E-POSTER DISCUSSION 04: WOMEN'S HEALTH/NOVEL PROCEDURES/ROBOTIC MBS/MARGINAL ULCER
12-09-2025 10:05 - 10:40

EXAMINING THE ROLE OF GENDER AND AGE IN POSTOPERATIVE ADAPTATION AFTER METABOLIC BARIATRIC SURGERY

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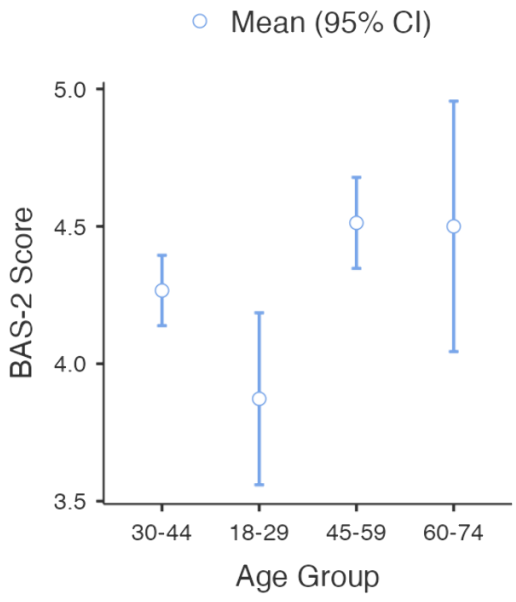
Background: Social expectations and cultural pressures often influence decisions to pursue Metabolic Bariatric Surgery (MBS), particularly among women and younger individuals. However, the influence of gender and age on postoperative quality of life (QoL) and body image perception remains underexplored in Latin American populations.

Objectives: We aimed to evaluate the relationship between gender, age, and postoperative outcomes related to QoL and body appreciation following MBS.

Methods: We conducted a cross-sectional study using the WHOQOL-BREF and Body Appreciation Scale-2 (BAS-2) questionnaires among 259 adults with obesity who underwent MBS between January 2023 and January 2025 in the Dominican Republic. Gender- and age-based comparisons were analyzed using chi-square and t-tests to assess differences across QoL domains and body image satisfaction.

Results: The study sample was predominantly composed of women (60 percent), with most participants aged 30 to 44 years. Men reported higher QoL scores in physical, social, and environmental domains ($p < 0.05$), while no significant differences were found in psychological health or body appreciation between genders. We also observed that older individuals reported significantly higher body appreciation scores compared to younger individuals ($p < 0.05$), suggesting that age may be protective against body dissatisfaction. Women exhibited greater variability in psychological and social relationship domains, highlighting a potentially broader emotional response range postoperatively.



	Gender	General QOL (1–5)	Physical Health (%)	Psychological Health (%)	Social Relationships (%)	Enviroment (%)
Sample Size (n)	**Female**	111	111	111	111	111
	Male	74	74	74	74	74
Mean	**Female**	4.51	63.6	71.7	83.7	80.5
	Male	4.68	65.2	71.6	86.5	83.4
Median	**Female**	5.00	64.3	70.8	83.3	81.3
	Male	5.00	67.9	70.8	91.7	81.3
Standard Deviation	**Female**	0.568	8.92	10.9	13.5	11.8
	Male	0.464	7.73	10.7	13.6	11.6
Minimum	**Female**	3.00	32.1	33.3	50.0	37.5
	Male	3.50	46.4	33.3	58.3	40.6
Maximum	**Female**	5.00	82.1	91.7	100	100
	Male	5.00	78.6	91.7	100	100

Note: Values for **General QOL** are on a **1–5 Likert scale**. All other domains are scored as **percentages (%)**.

Conclusions: Both gender and age influence the postoperative quality of life and body image perception among individuals who undergo MBS. Men and older adults reported more consistent QoL improvements and greater body appreciation. These findings support the integration of gender- and age-sensitive approaches in preoperative counseling and postoperative support, particularly in addressing emotional well-being and body image in younger individuals and women.

Disclosure: No significant relationships.

EP024 / Abs. ID 906

Topic: *AS52. Marginal ulcer treatment and prevention in MBS*

E-POSTER DISCUSSION 04: WOMEN'S HEALTH/NOVEL PROCEDURES/ROBOTIC MBS/MARGINAL ULCER
12-09-2025 10:05 - 10:40

INCIDENCE OF ANASTOMOTIC ULCER AFTER ROUX-EN-Y GASTRIC BYPASS: ANALYSIS OF PATIENTS BETWEEN 2021 AND 2024

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Background: Roux-en-Y gastric bypass (RYGB) is one of the most commonly performed bariatric procedures worldwide due to its effectiveness in long-term weight loss and metabolic improvements. However, postoperative complications, such as anastomotic ulcers, remain a relevant concern, potentially leading to symptoms like epigastric pain, nausea, vomiting, and even perforation or stenosis. The etiology of these ulcers is multifactorial, with potential contributions from ischemia, bile reflux, smoking, and the presence of Helicobacter pylori (H. pylori).

Objectives: This study aims to evaluate the incidence of anastomotic ulcers in patients after RYGB and analyze potential associated factors, including the presence of H. pylori, detected through biopsy during upper endoscopy.

Methods: We conducted a retrospective, observational, and longitudinal study based on the analysis of medical records of patients who underwent RYGB between 2021 and 2024 in a single private bariatric surgery group in Rio de Janeiro, Brazil. Patients included in the study underwent upper gastrointestinal endoscopy for routine follow-up or due to symptoms suggestive of ulceration. Demographic data, clinical symptoms, and histopathological findings for H. pylori were recorded. Exclusion criteria included prolonged use of corticosteroids or anticoagulants, previous digestive surgeries beyond RYGB, and postoperative complications that could interfere with the analysis.

Results: The sample included 2,524 patients who underwent RYGB between March 2021 and March 2024. The incidence of anastomotic ulcers (AU) was 1.51% (38 patients), while 98.49% (2,486 patients) did not present AU. The average age of patients with AU was 44 years, compared to 47 years for those without AU. Sex distribution showed a higher proportion of women in both groups, with 74% in the AU group and 69% in the non-AU group. Most patients underwent routine endoscopy (93%), while 7% underwent the procedure due to symptoms. The presence of H. pylori was identified in 5.26% of patients with AU, with no statistically significant association with the lesion ($p = 0.666$).

Conclusions: Anastomotic ulcers remain a significant postoperative concern in RYGB. Routine endoscopic surveillance is crucial. Further investigation into the role of H. pylori is needed to determine if its eradication can reduce ulcer incidence. Identifying high-risk patients may improve postoperative management strategies.

Disclosure: No significant relationships.

EP025 / Abs. ID 1164

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

E-POSTER DISCUSSION 05: COMPLICATIONS/CARDIOVASCULAR/ REFLUX
12-09-2025 10:05 - 10:40

NOT JUST A STOMACH ISSUE: HOW GASTROINTESTINAL SYMPTOMS INFLUENCE POSTOPERATIVE QUALITY OF LIFE AFTER METABOLIC BARIATRIC SURGERY

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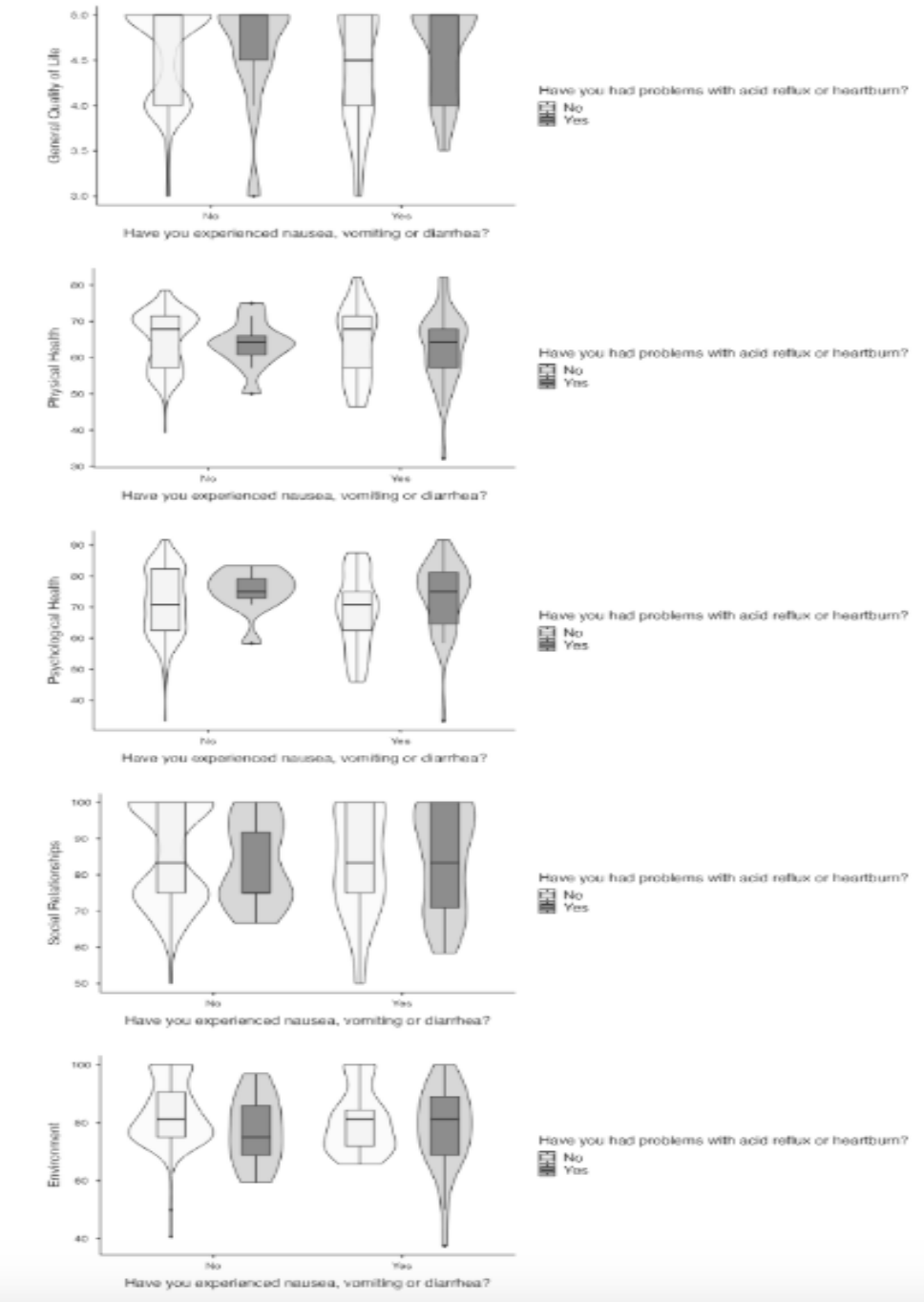
Background: Metabolic Bariatric Surgery (MBS) is an effective treatment for improving health outcomes in people with obesity. However, persistent gastrointestinal (GI) symptoms may negatively affect how individuals perceive their postoperative quality of life (QoL), particularly in psychosocial domains.

Objectives: We aimed to assess the relationship between GI symptoms and postoperative QoL in individuals who underwent MBS in the Dominican Republic.

Methods: We conducted a cross-sectional study of 259 adults with a preoperative diagnosis of obesity who underwent MBS between January 2023 and January 2025. Participants completed the WHOQOL-BREF questionnaire. GI symptoms, including reflux, nausea, vomiting, and diarrhea, were self-reported. Violin plots were used to visualize differences in QoL domains. We compared scores using chi-square and t-tests based on the presence or absence of symptoms.

Results: Participants who experienced GI symptoms reported lower scores in the physical, psychological, and social domains of the WHOQOL-BREF. Violin plots revealed visibly narrower distributions and lower medians for individuals with reflux, nausea, or vomiting. For example, the psychological health domain was notably reduced in participants with reflux compared to those without. Social relationship scores were also lower among those who reported nausea, vomiting, or diarrhea. Despite comparable weight changes, individuals with GI symptoms reported reduced environmental satisfaction and emotional well-being.



Conclusions: Our findings suggest that gastrointestinal symptoms, particularly reflux and nausea, are associated with reduced postoperative quality of life in multiple domains. We recommend that postoperative care protocols include early identification and management of GI symptoms to support holistic recovery and improve long-term outcomes for individuals undergoing Metabolic Bariatric Surgery.

Disclosure: No significant relationships.

EP026 / Abs. ID 698

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

E-POSTER DISCUSSION 05: COMPLICATIONS/CARDIOVASCULAR/ REFLUX
12-09-2025 10:05 - 10:40

CONSTRUCTING A NEURAL NETWORK MODEL BASED ON ADIPOSE TISSUE RADIOMICS DATA FROM METABOLIC SYNDROME PATIENTS TO PREDICT GLYCOLIPID METABOLIC REMISSION AFTER METABOLIC BARIATRIC SURGERY

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Background: The pathological association between obesity and metabolic syndrome is complex, and the metabolic improvement effects of bariatric surgery exhibit significant individual variability.

Objectives: This study innovatively constructs a radiomics prediction model based on a CNN-LSTM-Attention hybrid neural network, aiming to integrate spatiotemporal features of adipose tissue with dynamic metabolic changes to accurately predict postoperative trajectories of BMI and TyG index remission. The model provides temporally sensitive decision support for optimizing surgical strategies.

Methods: Patients with metabolic syndrome who underwent LSG/RYGB surgery and completed follow-up from 2012 to 2024 were retrospectively included (n=215). Clinical data and abdominal CT image data were collected, and adipose tissue imaging features were extracted. Three-stage modeling strategy was adopted: feature screening: LASSO regression and variance inflation factor analysis were carried out by R software to eliminate multicollinearity; Spatial and temporal feature learning: The CNN-LSTM-Attention model was constructed using Matlab R2024b, in which the CNN branch extracted image spatial features (convolution kernel size 3×3, ReLU activation), and the LSTM layer captured the temporal dependence of metabolic indicators (hidden unit 64, tanh gated). The Attention mechanism dynamically weights the critical time node features; Multi-task output: BMI and TyG index were predicted in parallel, adaptive loss weight was used (initial weight ratio 1:1.2), and the data set was divided into training set and test set according to 7:3, and compared with CNN neural network.

Results: Visualization of Attention weight showed that the texture heterogeneity of visceral fat region (entropy >3.5) and the fluctuation amplitude of TyG index before surgery (Δ>1.2) had the highest contribution to the prediction of postoperative metabolic remission. CNN-LSTM-Attention model performance, Output 1 (BMI) : Test set R^2=0.9651 (vs. Training set 0.9929), MAE=0.8874, RMSE=1.3102, significantly better than CNN network (test set R^2=0.902); The second output (TyG index) : test set R^2=0.9159 (vs. training set 0.9917), MAE=0.1294, RMSE=0.2457, the error is reduced by 18%-25% compared with the traditional model.

Conclusions: The CNN-LSTM-Attention dual output model constructed in this study achieved high precision prediction of BMI and TyG index after weight loss (test set R^2>0.91). Attention mechanism analysis of key imaging features of adipose tissue provides a new perspective for surgical target selection

Disclosure: No significant relationships.

EP027 / Abs. ID 1150

Topic: *AS39. MBS and reflux*

E-POSTER DISCUSSION 05: COMPLICATIONS/CARDIOVASCULAR/ REFLUX
12-09-2025 10:05 - 10:40

IMPACT OF SLEEVE GASTRECTOMY ON ESOPHAGEAL PHYSIOLOGY AND GASTRO-ESOPHAGEAL REFLUX DISEASE: A BICENTRIC PROSPECTIVE STUDY

Mostafa Refaie Abdelatty Elkeleny[1], Abd El Hamid Ghazal[2], Ahmed Mansour[2], Mario Morino[3], Mohamed Ibrahim Kassem[2], Elettra Ugliono[4]
[1]faculty of medicine Alexandria University hospital, General Surgery, Alexandria, Egypt, [2]Faculty of medicine Alexandria University hospital, Git Surgery Unite, Alexandria, Egypt, [3]University of Turin, Turin, Italy, Torino, Italy, [4]University of Turin, Turin, Italy, Torino, Egypt

Background: Introduction Obesity is associated with gastro-esophageal reflux disease (GERD) and esophageal dysmotility. Bariatric surgeries like laparoscopic sleeve gastrectomy (LSG) aid weight loss but can affect esophageal function.

Objectives: This study examines the impact of LSG on esophageal physiology, especially concerning reflux.

Methods: This prospective study, conducted between 2022 and 2023 in Egypt and Italy, involved 15 patients with severe obesity who had undergone LSG. The study used conventional esophageal manometry, 24-hour impedance-pH monitoring, upper gastrointestinal series, gastroscopy, and a validated questionnaire pre and postoperatively to assess outcomes related to esophageal and lower esophageal sphincter (LES) functions and reflux.

Results: The study group after one year experienced significant reductions in weight and body mass index, with p-values < 0.001 for both measures. GERD symptoms remained unchanged postoperatively (p = 0.687) with 26.7% using proton pump inhibitors before and after surgery, and quality of life improved significantly, with a p-value of 0.001. No significant changes were detected in the esophagogastroduodenoscopy, barium and the metrics of the multichannel intraluminal impedance-pH monitoring. Regarding the manometric parameters, significant changes were observed as the total LES length decreased from 34.0 mm to 31.33 mm (p = 0.027), LES residual pressure increased from 2.0 to 4.0 mmHg (p = 0.012), and esophageal peristaltic wave amplitude decreased from 98.20 to 52.93 mmHg (p < 0.001).

Conclusions: LSG is effective for weight loss and improving quality of life. It controls reflux, with new cases being uncommon. Advanced diagnostics are key when standard tests are insufficient.

Disclosure: No significant relationships.

EP028 / Abs. ID 504

Topic: *AS27. MBS and impact on cardiovascular disease*

E-POSTER DISCUSSION 05: COMPLICATIONS/CARDIOVASCULAR/ REFLUX
12-09-2025 10:05 - 10:40

BEYOND BMI: HEART RATE VARIABILITY AS A POSSIBLE PREDICTOR OF RISK IN METABOLIC BARIATRIC SURGERY

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Background: Heart rate variability (HRV) is a recognized marker of cardiovascular health, with established correlations to various pathologies, including cardiac and non-cardiac diseases. Obesity, in turn, is a significant risk factor for numerous related diseases. Given the increasing prevalence of obesity, particularly among patients undergoing surgical interventions, understanding HRV behavior across different BMI strata can contribute to the enhancement of clinical management.

Objectives: To evaluate the correlation between HRV and BMI in obese patients, stratified by gender and obesity class (BMI > 50 kg/m² and BMI ≤ 50 kg/m²).

Methods: A retrospective cross-sectional study was conducted, collecting HRV and BMI data from patients in the preoperative phase of metabolic bariatric surgery. Participants were divided into four groups: men with BMI ≤ 50 kg/m², women with BMI ≤ 50 kg/m², men with BMI > 50 kg/m², and women with BMI > 50 kg/m². Statistical analysis included correlation and comparison tests between the groups.

Results: 263 patients were evaluated (19.4% male). The mean BMI and abdominal circumference among men were 51.2 kg/m² and 149.8 cm, respectively, and among women, 48.6 kg/m² and 132.3 cm, respectively. In both genders, the HRV parameters RMSSD, SDNN, and pNN50 showed an inversely proportional correlation, such that the higher the patient's BMI, the lower the HRV (RMSSD R^2=0.0081 male; R^2=0.0026 female; SDNN R^2=0.0079 male; R^2=0.0043 female; pNN50 R^2=0.0029 male; R^2=0.0082 female).

Conclusions: Obesity is associated with alterations in HRV, indicating an increased cardiovascular risk. Stratification by gender and obesity severity reveals significant differences, with a greater impact in patients with BMI > 50 kg/m². HRV assessment can be a valuable tool in risk stratification and surgical planning for obese patients, assisting in the optimization of perioperative care. Further studies are warranted to elucidate the long-term effects of metabolic bariatric surgery on HRV and to refine the use of HRV as a prognostic marker in this population.

Disclosure: No significant relationships.

EP029 / Abs. ID 180

Topic: *AS27. MBS and impact on cardiovascular disease*

E-POSTER DISCUSSION 05: COMPLICATIONS/CARDIOVASCULAR/ REFLUX
12-09-2025 10:05 - 10:40

CHANGES OF SELECTED ADIPOKINES LEVELS IN PATIENTS AFTER SLEEVE-GASTRECTOMY

David Karásek[1], Roman Dohnal[1], Jan Schovanek[1], Veronika Kucerova[2], Lubica Cibickova[1]
[1]University Hospital Olomouc, 3rd Department Of Internal Medicine, Olomouc, Czech Republic, [2]Univerisity Hospital Olomouc, Department Of Clinical Biochemistry, Olomouc, Czech Republic

Background: The most commonly used bariatric-metabolic surgery is sleeve gastrectomy. Adipokines are substances produced by adipose tissue, some of which may influence cardiovascular outcomes. It is hypothesized that changes in adipokine levels after surgery may influence cardiovascular disease risk factors.

Objectives: The aim of the pilot study was to evaluate changes in adipokine levels early after sleeve gastrectomy and determine the relationship to clinical and laboratory parameters.

Methods: We evaluated 37 patients (7 men, 30 women) for changes in anthropometric, lipid parameters and selected adipokines - adiponectin, adipocyte fatty acid binding protein (AFABP), fibroblast growth factor 19 (FGF-19), fibroblast growth factor 21 (FGF-21), retinol binding protein 4 (RBP4) - before and 3 months after surgery.

Results: During follow-up, a statistically significant decrease in weight, BMI, and waist circumference was observed after surgery. In the lipid profile, there was a significant decrease in total cholesterol, HDL cholesterol, and triglycerides (TG), but no changes in LDL cholesterol concentration. There were significant increases in adiponectin, AFABP, FGF-19 and FGF-21 levels and a decrease in RBP4. Resistin levels did not change significantly. A significant negative correlation was between changes of AFBAP and HDL-cholesterol and between changes of FGF-19, RBP4 resp. and waist circumference. Changes of resistin positively correlated with changes of TG levels.

Conclusions: The results showed statistically significant changes in the levels of most adipokines early after sleeve gastrectomy. The associations between adipokines levels and changes in lipid and anthropometric parameters were mostly not statistically significant. Longer follow-up of patients will be necessary to assess this complex relationship.

Disclosure: No significant relationships.

FP001 / Abs. ID 883

Topic: *AS02. Young IFSO*

FREE PAPERS 01: YOUNG IFSO/NUTRITION/ENDOSCOPIC MBS
10-09-2025 08:00 - 09:30

ENERGY EXPENDITURE RELATED BIOMARKERS FOLLOWING METABOLIC AND BARIATRIC SURGERY: A PROSPECTIVE COHORT STUDY

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Background: Mitochondrial dysfunction is a major cause of insulin resistance and other complications associated with obesity. Two important factors in regulating energy expenditure through mitochondrial thermogenesis are PGC-1α and UCP-2. However, the effects of bariatric surgery on the levels of PGC-1α and UCP-2, as well as their relationship, are not well understood.

Objectives: This study aimed to investigate the effects of bariatric surgery on key pathways involved in energy regulation and to assess the potential predictive role of body composition and metabolic parameters in this regard.

Methods: A prospective cohort study was performed on 45 patients with severe obesity who underwent Roux-en-Y gastric bypass surgery. The patients were evaluated at three time points: baseline, three months, and six months after the surgery. Body composition components, levels of PGC-1α, UCP-2, and metabolic parameters were measured at each time point. The study was conducted at Hazrat-e Rasool General Hospital, Center of Excellence of the International Federation for Surgery of Obesity.

Results: Significant changes in total weight loss percentage (TWL%), excess body mass index loss percentage (EBMIL%), and metabolic lab tests were observed at three- and six-months post-surgery ($P < 0.001$). Levels of PGC-1α and UCP-2 showed a significant increase at three- and six-months post-operation compared to baseline ($P < 0.001$). Furthermore, multivariate linear regression analysis identified that the changing trend of PGC-1α was associated with insulin, uric acid, HOMA-IR, fat mass, and trunk fat mass. UCP-2 was associated with TSH, AST, fat mass, and fat-free mass.

Conclusions: Bariatric surgery had a beneficial effect on the levels of UCP-2 and PGC-1α, as well as body composition and metabolic parameters. These findings suggest that bariatric surgery may increase thermogenesis and energy expenditure by improving mitochondrial biogenesis and function.

Disclosure: No significant relationships.

FP002 / Abs. ID 447

Topic: *AS02. Young IFSO*

FREE PAPERS 01: YOUNG IFSO/NUTRITION/ENDOSCOPIC MBS
10-09-2025 08:00 - 09:30

ACANTHOSIS NIGRICANS IN OVERT INSULIN RESISTANCE: A NON-INVASIVE BIOMARKER FOR EARLY STRATIFICATION OF PRE-DYSGLYCEMIC RISK

Kelibinuer Mutailipu[1], Yi Zhao[2], Jiyao Cheng[3], Jialin Wen[1], Yingao Li[2], Shen Qu[4], Le Bu[4]
[1]Shanghai Tenth People's Hospital, Institute of Obesity, School of Medicine, Tongji University, Department Of Endocrinology And Metabolism, shanghai, China, [2]Shanghai Tenth People's Hospital, Institute of Obesity, School of Medicine, Tongji University, Department Of Endocrinology And Metabolism, Shanghai, China, [3]Shanghai Tenth People hospital, institute of obesity, Tongji university, Department Of Endocrinology And Metabolism, Shanghai, China, [4]Shanghai Tenth People's Hospital, School of Medicine, Tongji University, Shanghai, Department Of Endocrinology And Metabolism,, shanghai, China

Background: Acanthosis nigricans (AN), a dermatological manifestation of insulin resistance (IR), remains insufficiently characterized across the IR continuum, a progression from normal insulin and glucose homeostasis (NINB), subclinical IR (SIR), overt IR (OIR), prediabetes with IR (PreDM-IR), to diabetes with IR (DM-IR). This study aimed to delineate the association between AN and IR continuum stages, emphasizing the identification of optimal windows for early intervention.

Objectives: In this cross-sectional study, 1,158 obese patients undergoing AN screening at Shanghai Tenth People's Hospital were stratified into IR Continuum stages using standardized diagnostic criteria.

Methods: Multivariable logistic regression models were employed to assess the association between AN and IR continuum stages: Model 1 (unadjusted), Model 2 (adjusted for age, sex, BMI, family history of diabetes/obesity, systolic blood pressure), and Model 3 (further adjusted for AST, TG and HDL-C). Subgroup analyses based on age, sex, BMI, family history, and systolic blood pressure were conducted, and receiver operating characteristic (ROC) curves evaluated the predictive performance of incorporating AN into a risk model. Mediation analysis quantified indirect effects of AN on OIR via WC, uric acid, and ALT.

Results: AN prevalence peaked in the OIR stage (71.3% compared to 44.6% in DM-IR, $p<0.001$). AN individuals (n=565) exhibited distinct metabolic derangements: younger age (27.8±9.1 vs. 37.2±13.1 years), higher BMI (38.0±6.9 vs. 33.8±5.5), and severe IR (HOMA-IR: 9.9±8.7 vs. 7.9±12.1). OIR demonstrated the strongest AN association across models (Model 1: OR=5.57, 95%CI:3.06–10.16; Model 3: OR=4.69, 1.58–13.95), exceeding PreDM-IR (OR=2.40) and DM-IR (OR=1.80). Subgroup analyses identified heightened AN risk in OIR patients aged <35 years and those with BMI≥35. Moreover, the "age+sex+AN" model significantly enhanced the prediction of metabolic dysfunction (AUC=0.776 vs. 0.730 for age/sex alone). The effects of AN on OIR stage were mediated by WC (25.3%), uric acid (20.8%), and ALT (14.1%), with central obesity being the predominant pathway.

Conclusions: OIR represents the peak risk stage for AN, reflecting β-cell decompensation before overt dysglycemia. AN serves as a low-cost, visible marker that can facilitate early detection and risk stratification. Incorporating routine AN screening in high-risk populations—particularly among younger, severely obese patients—may enable timely intervention and enhance diabetes prevention strategies.

Disclosure: No significant relationships.

FP003 / Abs. ID 579

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

FREE PAPERS 01: YOUNG IFSO/NUTRITION/ENDOSCOPIC MBS
10-09-2025 08:00 - 09:30

EFFECT OF MEAL TIMING IN WEIGHT LOSS AND FOOD CONSUMPTION OUTCOMES DURING FIRST YEAR AFTER BARIATRIC SURGERY

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Background: Chrononutrition, a subfield of chronobiology, explores the effects of meal timing on metabolism and health. Evidence suggests that the temporal distribution of food intake influences weight loss, appetite regulation, and energy expenditure. Aligning food intake with circadian rhythms may enhance metabolic health and energy balance. However, there are limited studies that investigate the associations of these variables with anthropometric and food consumption outcomes among bariatric patients.

Objectives: To evaluate the impact of meal timing on weight loss and food consumption during the first year after metabolic bariatric surgery

Methods: This prospective study with122 patients during one year (79.5% underwent Roux-en-Y gastric bypass; 77% were female, median age: 33 years) after metabolic bariatric surgery. Weight loss was measured through BMI and body weight in Kg and percentual, dietary intake was assessed using two 24-hour dietary recalls (1 during weekday and another on weekend day – Totalling: 976 recalls) according multiple pass method, and chrononutritional variables included the timing of the first and last meal in each evaluation (Baseline, 3 and 6 months and 1 year). Multiple linear regression models, adjusted for confounders, examined associations between meal timing and these outcomes.

Results: A later first meal timing was significantly associated with lower weight loss in Kg ($p = 0.04$), BMI reduction ($p = 0.01$), and decreased of protein ($p = 0.03$) and fiber intake ($p = 0.01$) at one year post-surgery. Additionally, a later last meal timing was associated with higher carbohydrate intake at baseline ($p = 0.03$) and one year postoperatively ($p = 0.01$).

Conclusions: Later meal timing, particularly of the first and last meals, was associated with poorer dietary patterns, while a later first meal timing was associated to reduced weight loss. These findings highlight the importance of considering meal timing in post-bariatric nutritional counseling to optimize outcomes.

Disclosure: No significant relationships.

FP004 / Abs. ID 27

Topic: *AS09. Endoscopic bariatric procedures*

FREE PAPERS 01: YOUNG IFSO/NUTRITION/ENDOSCOPIC MBS
10-09-2025 08:00 - 09:30

ANTHROPOMETRIC PARAMETERS, BODY COMPOSITION AND PREDICTIVE ROLE OF PHASE ANGLE IN WEIGHT LOSS AFTER ENDOSCOPIC BARIATRIC PROCEDURES: RESULTS FROM TWO SINGLE-CENTER, RANDOMIZED TRIALS

Salvatore Francesco Vadala Di Prampero[1], Valentina Cosseddu[2], Jessica Formichetti[2], Paola Bazzu[2], Chiara Rocchi[2], Marco Massidda[2], Piero Giustacchini[3], Guido Costamagna[1], Milutin Bulajic[1]
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Background: In the era of pandemic with obesity endoscopic bariatric therapy (EBT) is becoming even more common to treat patients less invasively than surgery. Nowadays two procedures are mainly widespread: space-occupying procedures through intragastric balloons (IGB) and restrictive procedures through endoscopic gastroplasty (EG).

Objectives: Our study aims to assess changes in anthropometric measurements and body composition after EBT looking for any predictive factors of weight loss related to the procedures in the short-term.

Methods: Two single-center, randomized trials of patients who underwent EBT through IGB (ClinicalTrials.gov-NCT06673550) or EG (ClinicalTrials.gov-NCT04854317) were considered. Primary outcome concerned the efficacy of the EBTs at improving the body circumferences (arm, waist, hip and calf) and the body composition (FatMass (FM), FreeFatMass (FFM), BodyCellMass (BCM)). Secondary outcome was to detect any predictive factors of weight loss related to the procedures analyzed. For analysis, we considered the 6-month follow-up, when we used to remove the IGB.

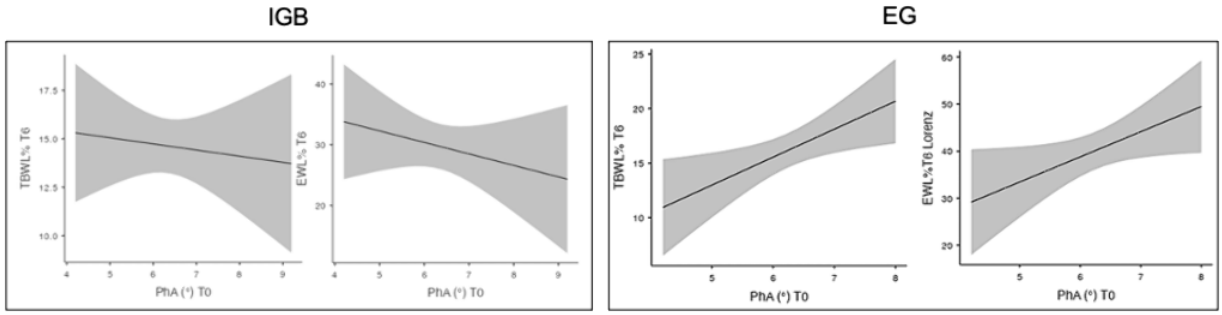
Results: Between July 2020 and January 2024, 336 patients with obesity were analyzed: 156 underwent IGB (mean age 46±14 years; females 69.2%; BMI 41.9±9.1 kg/m2) and 162 underwent EG (mean age 46±10 years; females 87.5%; BMI 36.6±3.1 kg/m2) (Table 1). The follow-up visit at 6 months was attended by 146/156 (93.5%) patients in IGB group and by 114/162 (70.4%) patients in the EG group. They experienced respectively 14.2±7.1% and 16±6% total body weight loss (TBWL), and 30.8±23.3% and 39.7±14.9% excess weight loss (EWL). In both groups all the body circumferences homogeneously decreased ($p<0.001$). Concerning the body composition, the FM and FM% significantly decreased ($p<0.001$), while the FFM% ($p<0.001$) and BCM% ($p<0.05$) increased. By a linear regression analysis, at 6 months follow-up a significant correlation between the Phase Angle and the percentage of TBWL ($r=0.327$, $p<0.05$) and EWL ($r=0.274$, $p<0.05$) was detected in EG group, while in the IGB group this correlation wasn't found (fig.1).

Table 1: Baseline characteristics

Characteristics	IGB 156 pts	EG 162 pts
Age, y	46.2 ± 14	46.0 ± 10
Sex, female	108 (69.2%)	78 (86.7%)
Preprocedural weight, kg	112.0 ± 27.4	93.9 ± 11.6
Preprocedural body mass index, kg/m2	41.9 ± 9.13	37.5 ± 3.5
Obesity class		
Overweight	12 (7.7%)	0 (0.0%)
Obesity class I	36 (23.5%)	34 (21.1%)
Obesity class II	36 (23.5%)	95 (58.6%)
Obesity class III	72 (53.0%)	33 (20.3%)
Obesity-related comorbidities		
Fatty Liver disease	85 (54.5%)	87 (53.7%)
Hypertension	54 (34.6%)	31 (19.1%)
Obstructive sleep apnea	52 (33.3%)	25 (15.4%)
Hyperlipidemia	25 (16.0%)	21 (13.0%)
GERD	8 (5.1%)	9 (5.5%)
Type 2 diabetes mellitus	8 (5.1%)	8 (4.9%)

Values are mean ± standard deviation or n (%). IGB: Intragastric Balloon. EG: Endoscopic Gastroplasty. GERD: gastroesophageal reflux disease.

Fig.1: Phase Angle as predictor of weight loss



r= - 0.041, p>0.05 r= - 0.091, p>0.05 r=0.327, p<0.05 r=0.274, p<0.05

EG: endoscopic gastroplasty. IGB: intragastric balloon

Conclusions: EBTs through IGB and EG seem to be effective for the treatment of patients with obesity inducing weight loss, improving the anthropometric measurements and the body composition. The Phase Angle could be considered a predictor of weight loss in some EBTs, getting a role in the personalized therapy for obesity.

Disclosure: No significant relationships.

FP005 / Abs. ID 28

Topic: *AS09. Endoscopic bariatric procedures*

FREE PAPERS 01: YOUNG IFSO/NUTRITION/ENDOSCOPIC MBS
10-09-2025 08:00 - 09:30

PERFORMANCE OF THREE ENDOSCOPIC GASTROPLASTY PROCEDURES IN DIFFERENT OBESITY CLASSES. RESULTS AT 18 MONTHS FOLLOW-UP FROM A SINGLE CENTER, RANDOMIZED TRIAL

Salvatore Francesco Vadala Di Prampero[1], Marco Geraci[2], Valentina Cosseddu[3], Jessica Formichetti[3], Paola Bazzu[3], Chiara Rocchi[3], Marco Massidda[3], Piero Giustacchini[4], Guido Costamagna[1], Milutin Bulajic[1]
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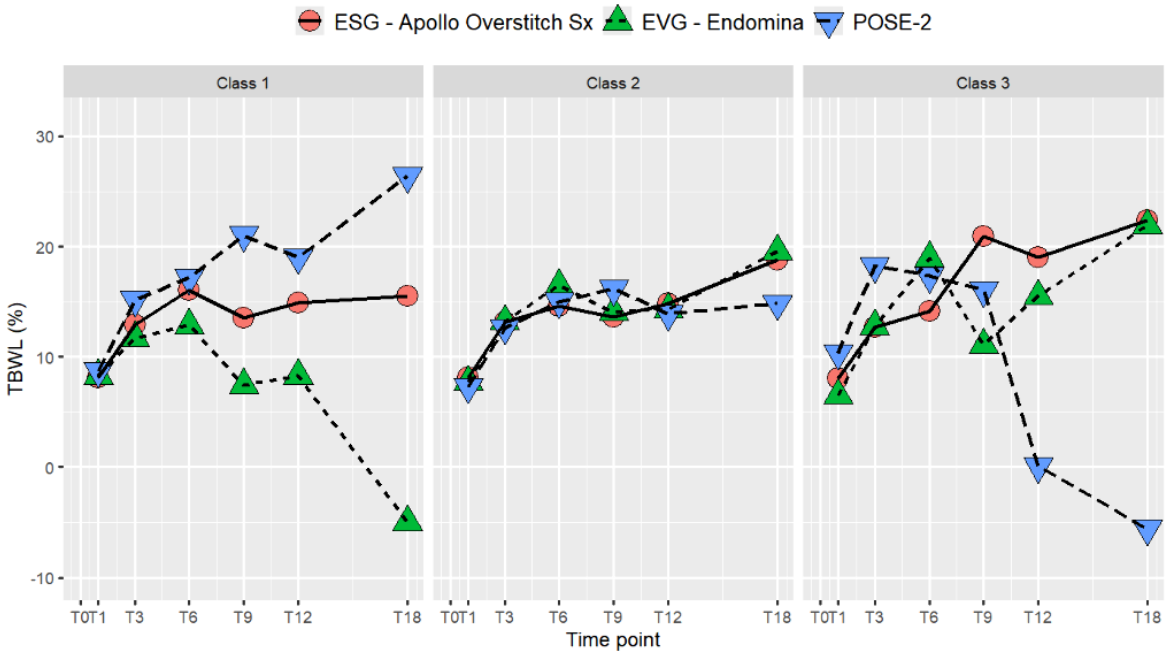
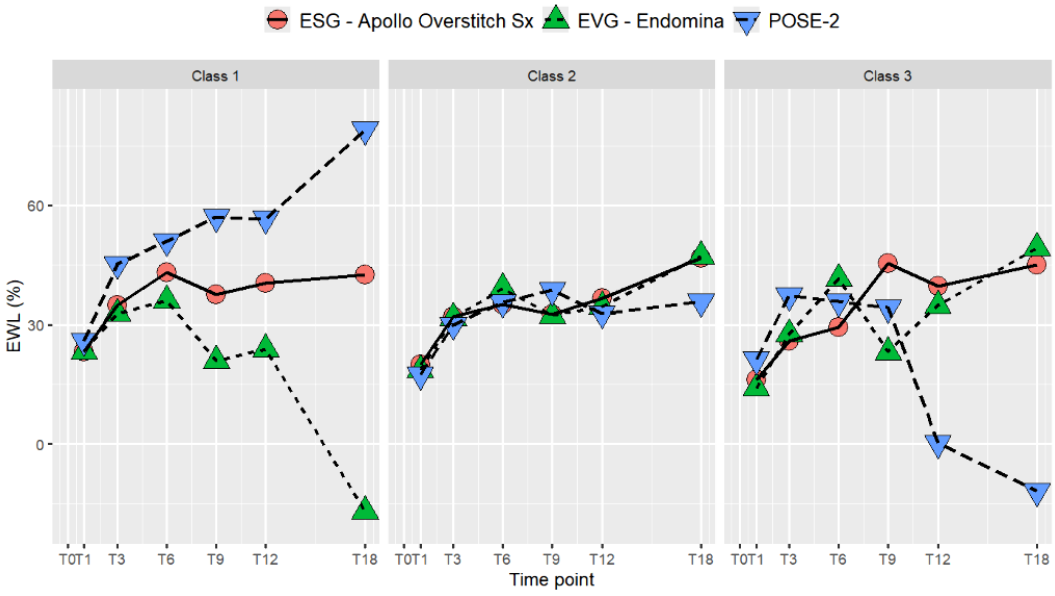
Background: Endoscopic Gastroplasty (EG) is an endoscopic therapy to treat patients with obesity focusing on gastric body remodeling. Nowadays this procedure can be applied to all grades of obesity. Up now three techniques are available in the clinical practice: Endoscopic-Sleeve-Gastroplasty (ESG), Endoluminal-Vertical-Gastroplasty (EVG), and Primary-Obesity-Surgery-Endoluminal-2 (POSE-2).

Objectives: A subgroup analysis according to different classes of obesity was conducted to assess which technique could perform better in each obesity class with the aim to tailor a specific intervention for a specific patient with obesity in the “personalized therapy” for obesity.

Methods: This was a single-center, randomized trial (ClinicalTrials.gov NCT04854317) of patients with obesity who underwent EG (through ESG, EVG or POSE-2).

Results: From July 2020 to April 2023, 183 patients (mean age 45±10 years; females 89.1%) with obesity (body mass index 36.3±2.9 kg/m^2) underwent EG (through ESG, EVG, or POSE2). The follow-up visit was attended by 56.3%, 32.8% and 15.8% patients at 6-12-18 months, respectively. They experienced 15.5±6.0%, 14.5±8.5% and 17.1±10.2% total body weight loss (TBWL) and 39.3±15.5%, 36.7±21.3% and 43.0±26.6% excess weight loss (EWL) at 6-12-18 months, respectively, with no significant difference among the three techniques in both parameters (p=0.92 in TBWL%, p=0.93 in EWL%) at 18 months follow-up. Concerning the different classes of obesity there was no difference in TBWL (LRT p=0.92) and EWL (LRT p=0.62) among treatment groups in each class; however, looking at the performance of each EG technique in each obesity class, POSE-2 seemed to perform better than the other two procedures in obesity class I (p=0.03 for TBWL; p=0.006 for EWL), while it performed poorly (p=0.003) compared to ESG and EVG in obesity class III; EVG performed better than the other two procedures in obesity class III (p=0.048 for TBWL; p=0.02 for EWL), while it performed poorly (p=0.034) compared to ESG and POSE-2 in obesity class I; no significant differences among procedures were found in obesity class II (fig.1,2).





Conclusions: EG appeared effective to treat patients with obesity. POSE-2 performed best in obesity class I, while ESG and EVG gave better results than POSE-2 in other classes of obesity at a medium-term follow-up. These findings could be helpful in informing a “personalized therapy” of obesity.

Disclosure: No significant relationships.

FP006 / Abs. ID 60

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

FREE PAPERS 01: YOUNG IFSO/NUTRITION/ENDOSCOPIC MBS
10-09-2025 08:00 - 09:30

METABOLIC BARIATRIC SURGERY INDUCES PANCREATIC CELL TRANSDIFFERENTIATION AS INDICATED BY SINGLE-CELL TRANSCRIPTOMICS IN ZUCKER DIABETIC RATS

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Background: Metabolic Bariatric surgery results in rapid recovery of glucose control in the subjects with type 2 diabetes mellitus (T2DM). However, the underlying mechanisms are still largely unknown.

Objectives: The present study aims to clarify how Metabolic bariatric surgery modifies pancreatic cell subgroup differentiation and transformation in the single-cell RNA level.

Methods: Zucker Diabetic Fatty (ZDF) rats with phenotypes affected by obesity and diabetes were randomized into sleeve gastrectomy (Sleeve, n = 9), Roux-en-Y gastric bypass (RYGB, n = 9), and Sham (n = 7) groups. Two weeks after surgery, the pancreas specimen was further analyzed using Single-cell RNA-sequencing (scRNA-seq) technique.

Results: Two weeks after surgery, compared to the Sham group, the metabolic parameters including fasting plasma glucose, plasma insulin, and oral glucose tolerance test values were dramatically improved after RYGB and Sleeve procedures ($p < 0.05$) as predicted. In addition, RYGB and Sleeve groups increased the proportion of pancreatic β cells and reduced the ratio of α cells. Two multiple hormones-expressing cells were identified, the Gcg+/Ppy+ and Ins+/Gcg+/Ppy+ cells. The pancreatic Ins+/Gcg+/Ppy+ cells were defined for the first time and further investigation indicate similarities with α and β cells, with unique gene expression patterns, which implies that pancreatic cell transdifferentiation occurs following metabolic bariatric surgery.

Conclusions: For the first time, using the single-cell transcriptome map of ZDF rats, we reported a comprehensive characterization of the heterogeneity and differentiation of pancreatic endocrinal cells after metabolic bariatric surgery, which may contribute to the underlying mechanisms. Further studies will be needed to elucidate these results.

Disclosure: No significant relationships.

FP007 / Abs. ID 124

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE VIDEOS 01: MANAGING POST-MBS COMPLICATIONS AND IMPROVING SURGICAL OUTCOME SUCCESS 10-09-2025 08:00 - 09:30

CATASTROPHIC DISASTER AFTER SLEEVE GASTRECTOMY

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Background: Laparoscopic sleeve gastrectomy is the most common bariatric procedure worldwide, with increasing the volume of the procedure that increase the experience and awareness of complication and make it less, but still the leak is the most frightening complications of sleeve gastrectomy.

Objectives: To explain the management of difficult complications

Methods: We present a case of 37-year-old female present to our facility as a case of 2 months post sleeve gastrectomy with sign of sepsis as a result of chronic sleeve leak. Patient underwent laparotomy on POD 10 post sleeve leak and trial of primary closure failed, complicated by enterocutaneous fistula as a result of iatrogenic injury. Trial of endoscopic clipping failed. Laboratories reveal high leucocyte count, high CRP, hypoalbuminemia. CT-Scan reveal gastro-bronchial fistula and entero-cutaneous fistula. Upper gastrointestinal endoscopy reveal leak at gastroesophageal angle and two double big tail drainage inserted. Patient admitted to critical care, were drainage of left pleural collection done, IV antibiotics started, with total parenteral nutrition, and preparation of the patient for surgery take about 30 days.

Results: Laparoscopic exploration started were massive adhesion identified, meticulous adhesolysis done using sharp dissections by scissors, and the colo-cutaneous fistula identified and released. Dissection directed to the upper abdomen and site of the gastro-bronchial fistula identified and separated with proper hiatal dissection up to reach the healthy tissue of esophagus. Transection of the esophagus with distal gastric transection done. Colonic fistula resected and colo-colic anastomosis done, followed by Roux-en-Y esophago-jejunal anastomosis, and drain inserted to conclude our surgery. Oral liquids started on POD 3, TPN weaned after 15 days and diet gradually advanced and tolerated.

Conclusions: Chronic leak post sleeve gastrectomy is one of the most difficult complications to treat, usually a chronic leak of more than 3 months is not responding to endoscopic management and surgery is the best choice at this stage.

Disclosure: No significant relationships.

FP008 / Abs. ID 907

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE VIDEOS 01: MANAGING POST-MBS COMPLICATIONS AND IMPROVING SURGICAL OUTCOME SUCCESS 10-09-2025 08:00 - 09:30

RECURRENT DIAPHRAGMATIC PERFORATION: A RARE COMPLICATION OF LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING

Monique Hassan
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Background: Laparoscopic adjustable gastric banding was an early mainstay in treating obesity due to its safety profile. Major long-term complications of gastric banding include pouch herniation or dilatation and gastric erosion.

Objectives: Demonstrate the technique of removal of the eroded laparoscopic adjustable gastric band using robotic-assisted surgery.

Methods: A 38-year-old female presented with a history of nausea, vomiting, and abdominal pain with a history of a laparoscopic adjustable band insertion 11 years previously. The patient had presented six months prior with an acute diaphragmatic hernia with the incarceration of the small bowel and omentum in the left chest, which was reduced and repaired; despite noting during this procedure that the band was eroded, it was left in situ. During this admission, computed tomography demonstrated a recurrent diaphragmatic hernia with acute herniation of the stomach and intragastric band erosion. Robotic-assisted diagnostic laparoscopy demonstrated gastric ischemia due to acute herniation of the majority of the stomach and gastric band tubing into the left hemithorax. The gastric band was eroded through the stomach. The stomach was reduced, the gastric band was extracted, and the diaphragm and stomach were repaired.

Results: The patient recovered uneventfully. This video demonstrates that a minimally invasive approach is safe and feasible for the management of acute diaphragmatic hernias.

Conclusions: Gastric band erosion should be considered in all patients presenting with nausea, vomiting, and abdominal pain. Prompt removal of the eroded gastric band may avoid fatal consequences.

Disclosure: No significant relationships.

FP009 / Abs. ID 194

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE VIDEOS 01: MANAGING POST-MBS COMPLICATIONS AND IMPROVING SURGICAL OUTCOME SUCCESS 10-09-2025 08:00 - 09:30

THE BAND, THE FISTULA, AND THE MECKEL'S: A CASE OF SURGICAL CURVEBALLS

Salim Abunnaja, Nova Szoka, Lawrence Tabone, Shintaro Chiba, Shailendra Singh
West Virginia University, Department Of Surgery, Morgantown, United States of America

Background: Laparoscopic adjustable gastric banding (LAGB) was once a widely performed bariatric procedure, but long-term complications such as band slippage, erosion, and tubing-related issues have led to its decline. We present a complex case where a presumed straightforward gastric band removal revealed an unexpected intraoperative finding of an enterocutaneous fistula and Meckel's diverticulum, requiring small bowel resection.

Objectives: Identify complications of long-term gastric banding, including tubing erosion and enterocutaneous fistula. Recognize the importance of evaluating port-site infections for potential band-related issues. Describe the surgical approach to tubing erosion, including small bowel resection. Highlight strategies to reduce bowel complications, such as optimizing tubing length.

Methods: A 45-year-old female, ten years post-LAGB, presented with dysphagia, gastroesophageal reflux disease (GERD), and a draining sinus at the port site. Endoscopy showed no evidence of band erosion, and a CT scan revealed band slippage and long tubing but no overt signs of bowel erosion. During laparoscopic exploration, a tangled small bowel mass was encountered, with an enterocutaneous fistula secondary to tubing erosion. Careful dissection and mobilization revealed a Meckel's diverticulum within the affected segment. Small bowel resection with primary anastomosis was performed, followed by gastric band removal.

Results: The patient recovered well. Her dysphagia and GERD resolved, and she was initiated on tirzepatide for weight management.

Conclusions: Port-site infection should raise suspicion for gastric band erosion. If band erosion is absent, tubing erosion into the bowel must be considered. To minimize the risk of bowel complications such as obstruction and erosion, careful attention should be given to tubing length during band placement. This case highlights the importance of maintaining a high index of suspicion for delayed gastric band complications and demonstrates a surgical approach to their management.

Disclosure: No significant relationships.

FP010 / Abs. ID 1198

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE VIDEOS 01: MANAGING POST-MBS COMPLICATIONS AND IMPROVING SURGICAL OUTCOME SUCCESS 10-09-2025 08:00 - 09:30

LAPAROSCOPIC TAKEDOWN OF ENTEROCUTANEOUS FISTULA IN A COMPLICATED PATIENT WITH HISTORY OF ROUX-EN-Y GASTRIC BYPASS

Konstantinos Economopoulos[1], Abdelrahman Nimeri[2]
[1]Massachusetts General Hospital, General And Gastrointestinal Surgery, Boston, United States of America, [2]Brigham and Women's Hospital, Surgery, Boston, United States of America

Background: This is a video case presentation of a 65 years old male who has several medical comorbidities and extensive past surgical history including aortic valve replacement, laparoscopic Roux-en-Y gastric bypass, and six exploratory laparotomies with three prior attempts to takedown a chronic enterocutaneous fistula complicated with colostomy and take down colostomy.

Objectives: To present the history, preoperative workup, indication for surgery, operative strategy and postoperative outcome of this complex patient who underwent a laparoscopic takedown of a complex enterocutaneous fistula to the right upper quadrant.

Methods: An upper endoscopy, a CT abdomen and pelvis and upper GI series were done preoperatively to further characterize this complex enterocutaneous fistula and assess feasibility of surgical fistula takedown. Preoperative optimization was performed by assessing patient's nutritional status and lack of any uncontrolled medical comorbidities. A thorough discussion with the patient about risks and benefits of the procedure was performed.

Results: A fistula arising from the proximal jejunum or duodenum or gastric pouch was identified at the preoperative workup. Imaging studies were not able to fully characterize the origin of the fistula preoperatively. Laparoscopic lysis of adhesions and takedown of a complex enterocutaneous fistula from distal jejunum/proximal ileum to the abdominal wall was performed making sure to not disrupt the prior Roux-en-Y gastric bypass anatomy since it was not involved in the fistula. Patient tolerated the procedure well and he was totally asymptomatic at the 2 months postoperative follow-up appointment with radiographic evidence of resolution of the fistula.

Conclusions: Laparoscopic takedown of complex enterocutaneous fistula after Roux-en-Y gastric bypass is feasible. Thorough preoperative workup, patient optimization, intraoperative flexibility and thoughtful assessment of patient's symptoms and needs are crucial to achieve a desirable postoperative outcome.

Disclosure: No significant relationships.

FP011 / Abs. ID 132

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE VIDEOS 01: MANAGING POST-MBS COMPLICATIONS AND IMPROVING SURGICAL OUTCOME SUCCESS 10-09-2025 08:00 - 09:30

CHRONIC ABDOMINAL PAIN, REFLUX, AND DYSPHAGIA AFTER ROUX-EN Y GASTRIC BYPASS SECONDARY TO ABNORMALLY LONG AFFERENT AND SHORT EFFERENT ROUX LIMBS

Brandon Schwarte, Thomas Sonnanstine Iv
OhioHealth Riverside Methodist, Columbus, United States of America

Background: Epigastric abdominal pain, gastroesophageal reflux, and dysphagia are a few of the many late complications that can occur after laparoscopic Roux-en Y gastric bypass (LRNYGB) surgery. A rare etiology of these includes an afferent Roux limb, which occurs in only 0.2 to 1.0 percent of patients undergoing gastric bypass or Billroth II reconstruction. Even more rare is a concomitant inappropriately short efferent (alimentary) Roux limb which can lead to bile reflux and resultant gastric pouch and esophageal inflammation. A good understanding of surgical anatomy and awareness of variation in surgical technique are essential for diagnosis and treatment after more common etiologies such as marginal ulceration, biliary colic, and internal hernia have been excluded.

Objectives: To bring awareness of rare anatomical variations from differences in surgical technique as a differential diagnosis for late complications after laparoscopic Roux-en Y gastric bypass.

Methods: We performed a retrospective review of one patient who initially presented to our office in 8/2023 with post-prandial abdominal pain, reflux, and dysphagia that slowly but progressively worsened over the following year. She was subsequently found to have abnormally short Roux limb as well as a long afferent Roux limb requiring revisional surgery for symptomatic management.

Results: Our patient unfortunately suffered from upper abdominal pain, gastroesophageal reflux, and dysphagia since the time of her original bypass in 2021. She was offered and elected to proceed with laparoscopic cholecystectomy where her anatomic abnormalities from her initial LRNYGB were discovered. Her symptoms failed to resolved after cholecystectomy warranting revision of her short alimentary limb to a length of 150 cm, resection of her afferent Roux limb, and hiatal hernia repair ultimately leading to resolution of all of her symptoms.

Conclusions: In conclusion, it is a surgical tenant that efferent roux limb be atleast 50cm and standard practice that it be at least 75cm in length to avoid bile and acid reflux into the gastric pouch and esophagus. Additionally, abnormally long afferent roux limb, also referred to as candy cane limb syndrome, can also cause chronic abdominal pain and should be resected if greater than 4 cm in length.

Disclosure: No significant relationships.

FP012 / Abs. ID 632

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE VIDEOS 01: MANAGING POST-MBS COMPLICATIONS AND IMPROVING SURGICAL OUTCOME SUCCESS 10-09-2025 08:00 - 09:30

SEVERE BLEEDING AFTER 21 DAYS LRYGB DUE MARGINAL ULCER: MULTILMODAL APPROUCH

Jose Sallet[1], Ana Caroline Yasuda[1], Sansiro Brito[2], Lucas Muniz[2], Antonio Neves[2], Helbert Gomes[2], Gabriel Lima[2], Mariane Campos[2], Margaretth Arruda[2], Paulo Sallet[2]
[1]Instituto de Medicina Sallet, São Paulo, Brazil, [2]INSTITUTO DE MEDICINA SALLET, São Paulo, Brazil

Background: Sangramento gastrointestinal (GI) é uma complicação catastrófica do bypass gástrico. Marginal ulcers are the most common cause. The surgeon performing laparoscopic gastric bypass should understand the need for early recognition and management of this complication, as it can be life-threatening.

Objectives: To report a case of bleeding from marginal ulcers after 21 days of Roux-en-Y gastric bypass that required surgical intervention

Methods: a case report

Results: A 25-year-old female with Roux-en-Y gastric bypass presented with hematemesis and melena on the 21st postoperative day. She looked for Emergency Room previous with hemodynamic repercution (hemorrhagic shock) was admitted in ICU and needed four red blood cell concetrate to recupered the hemodynamic conditions. After that she was submitted the endoscopic procedure. This procedure showed A large marginal ulcer with bleeding by visible vascular stump (type Ia- the forrest classification). It was treatmet by endoscopic 2 clipp and sclerotherapy injection, that it stopped the bleeding. After 1 week, he presented 2 episodes of hematemesis and melena with hematimetric repercussions (8.0 → 6.4). Two red blood cell concentrates and 3 plasma were performed. Surgery was indicated. She was submeted the Degastrectomy with new gastroenteroanastomosis. In a postoperative evolution, on the 6th PO, an abdominal CT scan with oral contrast was performed: Free passage through the anastomosis. The patient was allowed to diet and was discharged 48 hours after CT scan.

Conclusions: The incidence of marginal ulcers is between 0,3-3% after LGBY , mainly in smoking patients and non steroid anti-inflamatory drugs. It can lead marginal ulcer with severe bleeding. When we have a visible vascular stump in the endoscopic finding (Type IA or IB) it has a high incidence to the rebleeding after endoscopic therapy like this case. In that situations the surgical approach with Degastrectomy and new Gastroentero anastomosis have showed a good results and can save lives.

Disclosure: No significant relationships.

XXVIII IFSO World Congress
9-12 September 2025 | Santiago, Chile
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FP013 / Abs. ID 1007

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE VIDEOS 01: MANAGING POST-MBS COMPLICATIONS AND IMPROVING SURGICAL OUTCOME SUCCESS 10-09-2025 08:00 - 09:30

LATE COMPLICATION OF ADJUSTABLE GASTRIC BANDING: A CASE REPORT

Agustin Rodriguez Altamirano[1], Camila Bahamondes[2], Nicolas Saullo[3], Hugo Ruiz[2,4], Otto Ritondale[2]
[1]Hospital Nacional Posadas, General Surgery, El Palomar, Argentina, [2]HOSPITAL NACIONAL POSADAS, General Surgery, EL PALOMAR, Argentina, [3]Casa Hospital San Juan De Dios, Ramos Mejia, Argentina, [4]Bariatrica Argentina, Buenos Aires, Argentina

Background: Adjustable gastric banding is a restrictive bariatric metabolic surgery that consists on placing an adjustable band around the upper portion of the stomach, creating a small pouch. The first adjustable bands were developed in early 1990s. Most patients experience a 40-60% of excess weight loss in the first 1-2 years, but have a high percentage of complications such as gastroesophageal reflux, band slippage, stomach pouch dilation, infection, and need of regular adjustment of bands. A rare (<1%) and severe complication is the gastrocolic fistula We present a case of a 68 year old male with history of gastric band placement in 2007 which was removed in 2023. In 2024 started with reflux and halitosis. After upper endoscopy a gastrocolic fistula was evidenced. Videolaparoscopy was performed to treat the gastrocolic fistula. Patient evolves with good progress, continue asymptomatic after procedure

Objectives: To describe and interpret a rare long term complication of a metabolic bariatric surgery

Methods: A descriptive retrospective study, from a single case of a rare complication of gastric adjustable band surgery in a public Hospital in Argentina

Results: A gastrocolic fistula as a long term complication of a metabolic bariatric surgery was evidenced. We treated the complication with minimally invasive procedure. Patient had a optimal clinical evolution after procedure

Conclusions: The adjustable gastric band is a restrictive surgery that has recently lost ground against metabolic bariatric surgeries such as sleeve gastrectomy and Roux-en-Y Bypass. It is a procedure with high complication rate. In this case, the laparoscopic resolution was adequate with evident clinical improvement. It is a rare long term complication that generates high morbidity in the bariatric patient

Disclosure: No significant relationships.

FP014 / Abs. ID 977

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE VIDEOS 01: MANAGING POST-MBS COMPLICATIONS AND IMPROVING SURGICAL OUTCOME SUCCESS 10-09-2025 08:00 - 09:30

MANAGEMENT OF ERODED GASTRIC BAND FOLLOWING BANDED SLEEVE GASTRECTOMY

Mohamed Hany
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Background: Laparoscopic banded sleeve gastrectomy (BSG) is utilized to prevent gastric pouch dilation and support sustained weight loss. However, band-related complications such as erosion and migration remain serious concerns that can lead to nutritional deficiencies and obstruction.

Objectives: To present the surgical approach, technical steps, and clinical outcome in a patient who developed gastric band erosion and pouch dilation one year after BSG, and to demonstrate the feasibility of gastrogastrectomy as an alternative to conversional bypass procedures.

Methods: A 23-year-old female presented with persistent vomiting, poor oral intake, and rapid weight loss, with a BMI of 16.5 kg/m² one year after BSG. Imaging and endoscopy revealed band erosion and marked pouch dilation. The patient was optimized nutritionally and scheduled for laparoscopic surgery. Using the original ports, adhesiolysis was performed, and the eroded band along with the dilated pouch was excised using echelon 60 mm reloads. Gastric continuity was restored through gastrogastrectomy with linear stapling and closure using V-lock 3/0 barbed sutures. Intraoperative endoscopy was used to ensure patency and leak testing.

Results: The patient tolerated oral fluids on the first postoperative day and progressed to a soft diet. She was discharged on postoperative day two without complications. Nutritional rehabilitation included protein supplementation and micronutrient support. At two-month follow-up, she reported no vomiting, demonstrated good dietary tolerance, and had regained 3 kg of body weight.

Conclusions: Gastrogastrectomy offers a safe and effective surgical solution in selected cases of band erosion after BSG, especially when restoration of gastric anatomy is preferable over conversion to RYGB. Early detection and appropriate surgical intervention can prevent severe nutritional compromise and support recovery. This case highlights the importance of individualized surgical planning in the management of post-BSG complications.

Disclosure: No significant relationships.

FP015 / Abs. ID 960

Topic: *AS10. MBS and digital health*

MBS AND DIGITAL HEALTH
10-09-2025 10:00 - 19:30

THE EMERGING ROLE OF EMBEDDED SYSTEMS IN METABOLIC BARIATRIC SURGERY: OPPORTUNITIES, CHALLENGES, AND FUTURE DIRECTIONS

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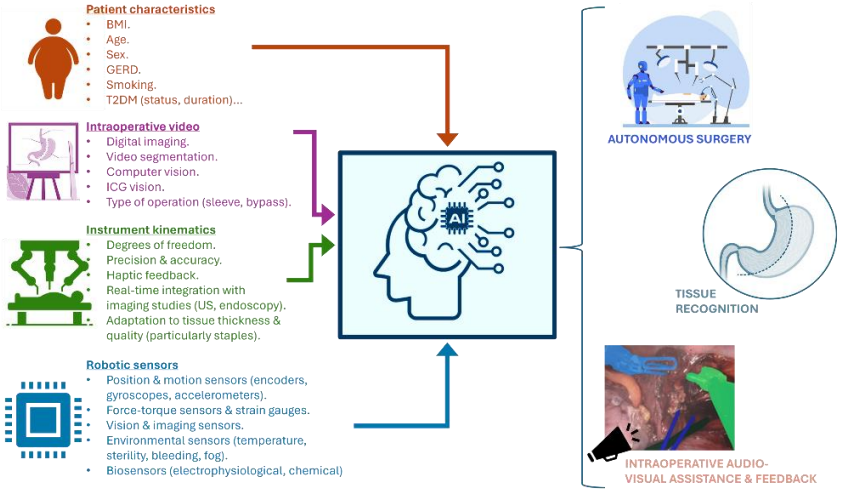
Background: The integration of embedded technologies [including sensors, wearables, and artificial intelligence (AI)] is transforming perioperative care in metabolic bariatric surgery (MBS). These tools enable real-time monitoring and support personalized treatment strategies. However, concerns about ethics, legality, and safe deployment remain.

Objectives: This literature review investigates the potential of embedded systems to enhance postoperative care, predict complications, and individualize therapy in MBS, while examining the associated ethical and legal implications.

Methods: A comprehensive literature review was performed, focusing on the clinical application of embedded systems and AI tools in MBS. We assessed technologies for monitoring hydration, physical activity, and recovery, as well as predictive models for complications, weight loss, and comorbidity remission. Legal and ethical frameworks were also reviewed.

Results: Embedded technologies, including hydration sensors, activity trackers, and AI-driven decision support platforms, have shown promise in improving postoperative adherence and predicting clinical outcomes. AI models demonstrated high predictive accuracy (AUC 0.85–0.92) for key outcomes. Nonetheless, issues around patient privacy, data transparency, algorithmic bias, and medico-legal accountability were identified.

Conclusions: Embedded systems offer a powerful avenue to enhance bariatric surgical care, particularly when coupled with AI. However, their successful integration requires robust ethical safeguards, legal clarity, and continued human oversight. Collaborative intelligence may be the key to realizing their full potential in delivering precision care.



Disclosure: No significant relationships.

FP016 / Abs. ID 173

Topic: *AS10. MBS and digital health*

FREE PAPERS 03: DIGITAL HEALTH/COMPLICATIONS/ERAS/EXTREME AGES
10-09-2025 09:30 - 11:00

DIGITAL HEALTH IN METABOLIC BARIATRIC SURGERY MBS

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Background: Metabolic bariatric surgery (MBS) is a critical intervention for obesity and its related diseases, but challenges include poor patient adherence, long-term monitoring, and operational inefficiencies. Digital health technologies are innovative solutions that can help improve patient engagement and clinical outcomes while streamlining healthcare workflows, yet their integration into MBS has not been explored.

Objectives: Aim: To evaluate the role of digital health tools, including telemedicine, artificial intelligence (AI), and remote monitoring, in enhancing patient care, surgical outcomes, and healthcare efficiency in MBS.

Methods: This mixed-method study was conducted among 250 patients and 45 healthcare professionals. Quantitative metrics of weight loss, complication rates, and operational efficiencies were compared through t-tests and ANOVA between traditionally and digitally health-augmented workflows. Qualitative data from structured surveys and interviews focused on the experiences and perceptions of health professionals.

Results: Telemedicine increased preoperative adherence from (67% to 89%, $p<0.05$) and decreased complication identification time by 55.6%. AI tools optimally selected patients, with selection time reduced by 71.4% and high-risk identification accuracy increased by 17.1%. Remote monitoring improved follow-up adherence from (68% to 94%) and reduced the length of hospital stays by 30.9%. Digital health integration increased workflow efficiency by 32.9%, patient satisfaction by 25%, and decreased scheduling conflicts by 73.3%.

Conclusions: Digital health technologies address the MBS challenges in a manner that improves patient outcomes and enhances care delivery and operational scalability. This further positions MBS as a model for modern, technology-driven healthcare systems in the effort to address the global burden of obesity.

Disclosure: No significant relationships.

FP017 / Abs. ID 306

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE PAPERS 03: DIGITAL HEALTH/COMPLICATIONS/ERAS/EXTREME AGES
10-09-2025 09:30 - 11:00

METABOLIC BARIATRIC SURGERY OUTCOMES IN PATIENTS WITH CONGESTIVE HEART FAILURE: AN ANALYSIS OF THE 2016-2022 NATIONAL INPATIENT SAMPLE DATABASE

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Background: A subset of patients presenting for metabolic and metabolic bariatric surgery (MBS) have congestive heart failure (CHF). We aim to investigate how the presence of CHF influences short-term outcomes after MBS.

Objectives: To examine the association between comorbid CHF and 30-day postoperative outcomes after MBS using a large, nationally representative database.

Methods: We analyzed data from the National Inpatient Sample spanning 2016 to 2022. The study included patients with a primary diagnosis of obesity who underwent either sleeve gastrectomy (SG) or Roux-en-Y gastric bypass (RYGB). Individuals with CHF were identified using ICD-10 codes; their demographic characteristics, related diseases, and outcomes were compared to those without CHF using t-tests and Chi-square tests. Data were weighed with sampling weights to produce national estimates.

Results: Among the 1,233,914 patients who met the inclusion criteria, 11,950 (0.97%) had CHF. Patients with CHF were older (mean age (SD): 53.5 (10.9) years vs. 43.7 (12) years, $p<0.001$), less likely to be female (60.7% vs. 81.1%, $p<0.001$), and more likely to be Black (29.2% vs. 18.9%, White: 58.8% vs. 59.3%, Hispanic: 8.6% vs. 16.7%, $p<0.001$). Furthermore, CHF patients had higher rates of hypertension, diabetes, and COPD. A greater proportion of patients with CHF were insured through Medicare (46.6% vs. 12%, $p<0.001$) and 15.6% experienced a hospital stay longer than 72 hours compared to 3.1% of those without CHF ($p<0.001$). Additionally, CHF patients were more frequently discharged with home health care (7.2% vs. 1.9%, $p<0.001$) or transferred to another facility, such as a skilled nursing facility (1.8% vs. 0.2%, $p<0.001$).

Conclusions: Patients with CHF undergoing MBS harbor higher related diseases burden and are more likely to be insured through Medicare. Importantly, these patients experience poorer 30-day outcomes, including complex discharge needs and longer length of hospital stay. Surgeons should consider counseling patients with CHF on these postoperative events.

Disclosure: No significant relationships.

FP018 / Abs. ID 996

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE PAPERS 03: DIGITAL HEALTH/COMPLICATIONS/ERAS/EXTREME AGES
10-09-2025 09:30 - 11:00

VAGUS NERVE BLOCK POST-LAPAROSCOPIC GASTRIC BYPASS: A RANDOMIZED PROSPECTIVE DOUBLE-BLINDED STUDY

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Background: Postoperative nausea and vomiting (PONV) is one of the most common complications following upper gastrointestinal surgery, significantly affecting patient recovery and satisfaction. Stimuli transmitted via the vagus nerve play a pivotal role in activating the central vomiting centre. Blocking these afferent pathways may reduce the incidence of PONV, especially in high-risk bariatric populations.

Objectives: This study aims to evaluate whether perioperative infiltration of local anaesthetic around the vagus nerve reduces postoperative nausea and vomiting in patients undergoing elective laparoscopic gastric bypass surgery.

Methods: A randomized, double-blinded, prospective trial was conducted at Mater Dei Hospital and St. Thomas Hospital. Forty-two adult patients scheduled for primary laparoscopic gastric bypass were randomized into two groups: a treatment group receiving 10ml of 0.5% bupivacaine and a control group receiving 10ml of saline around the abdominal branches of the vagus nerve at the level of the diaphragmatic crura. All procedures were performed by the same consultant surgeon. Patients were blinded to group allocation, as were the care providers and outcome assessors. PONV was assessed over three postoperative days using the Rhodes Index of Nausea, Vomiting, and Retching (RINVR). Analgesic and antiemetic usage, pain scores, and duration of hospital stay were also recorded. Data was anonymized and analysed using SPSS.

Results: Recruitment and data collection are ongoing. To date, preliminary feedback suggests the study protocol is well tolerated with no adverse events related to the nerve block procedure. Interim analysis is planned upon reaching 50% enrolment. Full results are expected to be analysed and available by June 2025.

Conclusions: If shown to be effective, vagus nerve block could become a valuable adjunct in reducing PONV in bariatric surgery patients especially in the immediate post-operative phase. This study seeks to provide evidence for incorporating this technique into routine practice.

Disclosure: No significant relationships.

FP019 / Abs. ID 166

Topic: *AS14. Role of methodology in MBS*

FREE PAPERS 03: DIGITAL HEALTH/COMPLICATIONS/ERAS/EXTREME AGES
10-09-2025 09:30 - 11:00

ONE-ANASTOMOSIS GASTRIC BYPASS VS. SINGLE ANASTOMOSIS DUODENO-ILEAL BYPASS WITH SLEEVE GASTRECTOMY: A 30-DAY COMPARATIVE ANALYSIS.

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Background: Metabolic bariatric surgery remains the most effective treatment for obesity, yet selecting the optimal surgical technique is still debated. One Anastomosis Gastric Bypass (OAGB) and Single Anastomosis Duodeno-Ileal with Sleeve Gastrectomy (SADI-S) are two procedures gaining popularity, but direct comparative data are limited.

Objectives: This study aimed to evaluate the 30-day postoperative outcomes of OAGB and SADI-S in patients with a body mass index (BMI) of 45–50 kg/m², assessing both safety and short-term efficacy.

Methods: A randomized, single-blind trial was conducted, enrolling 89 patients who were assigned to either OAGB (n=48) or SADI-S (n=41). All surgeries were performed laparoscopically. The primary endpoint was the incidence of postoperative complications within 30 days, classified according to the Clavien-Dindo scale. Secondary endpoints included operative time, length of hospital stay, and early weight loss. Statistical analyses were performed using Welch's t-test and chi-square tests, with significance set at $p < 0.005$.

Results: The SADI-S group experienced a significantly higher complication rate compared to the OAGB group (19.5% vs. 2.1%; $p = 0.018$), with 50% of complications in the SADI-S group classified as Clavien-Dindo grade ≥3. Operative time was significantly longer for SADI-S (103.8 ± 18.4 vs. 82.2 ± 23.9 minutes; $p = 0.000006$). No significant differences were found between groups regarding 30-day weight loss or resolution of related diseases.

Conclusions: OAGB was associated with a lower risk of postoperative complications and shorter operative times compared to SADI-S. While both procedures showed similar short-term efficacy, further long-term follow-up is needed to determine the overall benefits and risks of each technique.

Disclosure: No significant relationships.

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FP020 / Abs. ID 744

Topic: *AS15. Role of ERAS protocol in MBS*

FREE PAPERS 03: DIGITAL HEALTH/COMPLICATIONS/ERAS/EXTREME AGES
10-09-2025 09:30 - 11:00

IMPACT OF AN ERAS®_ PROTOCOL IMPLEMENTATION IN POST OPERATIVE RESULTS IN METABOLIC BARIATRIC SURGERY

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Background: Enhanced Recovery After Surgery (ERAS®) protocols have transformed perioperative care, including bariatric surgery. Despite advances, postoperative nausea and vomiting (PONV) remain common, affecting satisfaction and delaying discharge. Although several studies support standardized anaesthetic pathways, few report concrete outcome changes with structured follow-up.This study aims to compare PONV, pain, and hospital stay before and after ERAS® implementation in a university hospital.

Objectives: Primary objective To compare PONV incidence before and after ERAS® protocol implementation Secondary objectives: To compare pain scores and length of stay (LOS) before and after protocol.

Methods: After IRB approval, we conducted a before and after study comparing Group 1 (Pre-ERAS®: 50 patients Mar–Sep 2023) and Group 2 (ERAS®: 90 patients Apr 2024–Mar 2025). Data collection was performed by certified nurses using the ERAS® Interactive Audit System ensuring no bias. Mann-Whitney's U test was performed.

Results: We analyzed 140 patients. The average age and BMI were 39.4±11 years and 35±5 kg/m² in the Pre-ERAS group, and 41.6±13.1 years and 35.7±5.2 kg/m² in the ERAS group. We found no significant differences on demographic and clinical variables. PONV in day 0 was higher on Group 1 compared to Group 2 (32% vs. 7,8%; $p < 0.001$). General pain scores were similar in both groups at all times. LOS was lower in Group 2 vs Group 1 (0.8±0.6 days vs.1.18±0.8; p=0.009).

Variable	Pre-ERAS	ERAS
Sleeve Gastrectomy (n)	35	54
Gastric Bypass (n)	15	36
Pain VAS Scale Day 0 (SD)	3.8(2.3)	3.8(2.8)
Nausea & Retching Day 0	32%	7.8%
Lenght of Stay (mean SD)	1.2(0.8)	0.8(0.6)

Conclusions: ERAS® implementation significantly reduced early PONV incidence. Despite 100% of ERAS® patients receiving long-acting opioids, decrease on PONV frequency suggest a positive effect of structured ERAS interventions such as multimodal premedication, standarized anaesthesia protocol, opioid use and patient education.Findings support the benefit of structured perioperative care and patient-centered protocols to optimize outcomes and significantly reduce length of stay in bariatric surgery.

Disclosure: No significant relationships.

FP021 / Abs. ID 667

Topic: *AS16. MBS at the extreme of ages*

FREE PAPERS 03: DIGITAL HEALTH/COMPLICATIONS/ERAS/EXTREME AGES
10-09-2025 09:30 - 11:00

FIVE-YEAR OUTCOMES OF SLEEVE GASTRECTOMY VERSUS ROUX-EN-Y GASTRIC BYPASS FOR SEVERE OBESITY IN PATIENTS AGED ≥65 YEARS: A PROSPECTIVE, OPEN-LABEL, RANDOMIZED TRIAL

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Background: Metabolic and bariatric surgery (MBS) is considered safe and effective for patients aged 65 years and older, yet data comparing long-term outcomes between different procedures remains limited.

Objectives: This study aimed to compare 5-year outcomes of laparoscopic sleeve gastrectomy (LSG) and laparoscopic Roux-en-Y gastric bypass (LRYGB) in patients aged ≥ 65 years with severe obesity.

Methods: This is an extension study of the BASE trial, a prospective, open-label, single-center, randomized study comparing LSG and LRYGB in patients aged ≥65 years with severe obesity. Five-year outcomes were assessed, including total weight loss (TWL), remission of obesity-related complications, and micronutrient status based on laboratory data.

Results: Between September 2017 and May 2019, 36 patients were randomly assigned to LSG (n=18) or LRYGB (n=18), with no significant differences in age (67 vs. 67 years; p=0.67) or initial BMI (46.3 vs. 51.3 kg/m²; p=0.28). After 5 years, four patients died from non-MBS-related causes, and three were lost to follow-up, leaving 29 patients. In the per-protocol analysis, TWL was significantly higher after LRYGB (29.5% vs. 16.9%, p<0.001). Remission rates of type 2 diabetes and hypertension were similar between groups. No significant differences were observed in albumin (4.1 vs. 4.3 g/dL, p=0.189), hemoglobin (12.9 vs. 12.4 g/dL, p=0.205), vitamin D (29.7 vs. 31.5 ng/mL, p=0.655), or vitamin B12 (498.4 vs. 498.4 pg/mL, p=0.556) levels. However, parathyroid hormone (PTH) levels were significantly higher after LRYGB (129.9 vs. 83.2 pg/mL, p<0.001).

Conclusions: On 5-year follow-up, LRYGB resulted in superior weight loss compared to LSG, while remission rates of obesity-related complications and micronutrient levels were comparable. However, the elevated PTH levels in both groups highlight the need for continuous bone health monitoring in this population.

Disclosure: No significant relationships.

FP022 / Abs. ID 31

Topic: *AS16. MBS at the extreme of ages*

FREE PAPERS 03: DIGITAL HEALTH/COMPLICATIONS/ERAS/EXTREME AGES
10-09-2025 09:30 - 11:00

FRAILTY, AGE, AND POST-BARIATRIC SURGICAL OUTCOME STUDY

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Background: Frailty is a state of diminished resiliency, loss of ability to adapt, and increased vulnerability to stressors. It can be thought of as a pre-disability state. When frail patients are exposed to a stressor, they are at increased risk of developing a disability because their body has less reserve to adapt.

Objectives: The purpose of this research study is to understand how a patient's level of frailty changes after undergoing metabolic bariatric surgery. This will help us understand if metabolic bariatric surgery is beneficial for frail people, by helping them become stronger, more mobile, and more independent.

Methods: This is a prospective, single center study where we are currently enrolling patients with a goal of 150 participants. Patients are evaluated in the initial pre-operative visit with different tests, including time up and go (TUG), grip strength test, walking speed test, and questionaries regarding activity level and fatigue level, which are the components for the validated frailty score from John Hopkins. Patients will be then re-evaluated at in the regular post-operative visits at 3-months, 6-months, and 12-months. In addition, data regarding weight loss will be recorded.

Results: On preliminary data with the enrolled patients with an average age of 65.5 years that have follow-up at 3 months the TUG has decreased by 22.5% from an average of 12s to 9.3s; Grip strength has increased by 7.5% from an average of 33.11kg to 35.48kg; and walking speed test increased by 11.14% from 5.34s to 4.75s. In addition, patients were noted to lose an average of 14.8% of pre-operative weight from average of 306 lbs. to 260.72lbs.

Conclusions: Frailty is a important determinant of health, life expectancy, and quality of life in which severe obesity and its repercussions can have a significant impact. This study, although preliminary, it's showing that metabolic bariatric surgery and weight loss can be a meaningful tool to decrease the frail status of our patients, and thus improve their quality of life, especially in the growing geriatric population.

Disclosure: No significant relationships.

FP023 / Abs. ID 64

Topic: *AS37. Post-operative venous thromboprophylaxis in MBS*

FREE PAPERS 02: HERNIA/VTE/ARTIFICIAL INTELLIGENCE
10-09-2025 09:30 - 11:00

EFFICACY AND SAFETY OF DIRECT ORAL ANTICOAGULANTS (DOACS) FOR POSTOPERATIVE THROMBOPROPHYLAXIS IN PATIENTS AFTER METABOLIC BARIATRIC SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: Metabolic bariatric surgery elevate the risk of thromboembolic events. Traditionally, venous thromboembolism (VTE) prophylaxis in bariatric patients has relied on heparins, particularly enoxaparin. Concerns overdosing limitations in high-BMI patients have led to increased interest in direct oral anticoagulants (DOACs) as a potential alternative.

Objectives: To assess the safety and efficacy of DOACs for oral thromboprophylaxis in bariatric patients.

Methods: We systematically searched PubMed, EMBASE, and Cochrane Central for studies evaluating DOAC use for VTE prophylaxis in metabolic bariatric surgery patients up to November 2024. Primary outcomes included thrombotic and bleeding event rates (classified as major or minor), with secondary outcomes including the prevalence of allergic reactions. Randomized controlled trials and observational studies were included. Study weights were calculated using the inverse variance method, with statistical analyses performed using R version 4.4.0.

Results: Seven studies with a total of 7,706 patients were included. The incidence of thrombotic events post-surgery with DOAC use was 0.23% (95% CI: 0.14–0.39). Major bleeding events were reported at 0.33% (95% CI: 0.11–1.03), minor bleeding at 1.27% (95% CI: 0.45–3.54), and allergic reactions at 1.33 % (95% CI: 0.59–2.98). There was one reported death due to pulmonary embolism.

Study	patients	Study	thromboprophylaxis	BMI	SG %	RYGB %	Ot %
Bayat, 2022	500	Prospective	Rivaroxaban 10 mg once daily for 10 to 14 days	49.6	100	0	0
Guzman-Pruneda, 2024	1443	Retrospective	30 days apixaban 2,5 mg twice daily	44	80	18.8	1.2
Kröll, 2023[1]	134	RCT	7 days of rivaroxaban	41.7	41	51.5	7.5
Kröll, 2023[2]	135	RCT	28 days of rivaroxaban	42.6	43.7	51.1	5.2
Rodríguez, 2020	223	Retrospective	2 to 3 days enoxaparin 40 mg daily + rivaroxaban 10 mg 10 days after discharge	35.6	100	0	0
Surve, 2022	5017	Retrospective	2.5 mg of Apixaban (12/12h) for 30 days	44.6	59.7	4.4	35
Swartz, 2023	144	Retrospective	Rivaroxaban 10 mg daily 30 days	48	100	0	0

Tyselskyi, 2023	110	Prospective	3 days of enoxaparin daily + rivaroxaban 30 days after discharge	55	76.4	0	23

Figure 2. Final Prevalence of Thrombotic Events per 100 observations

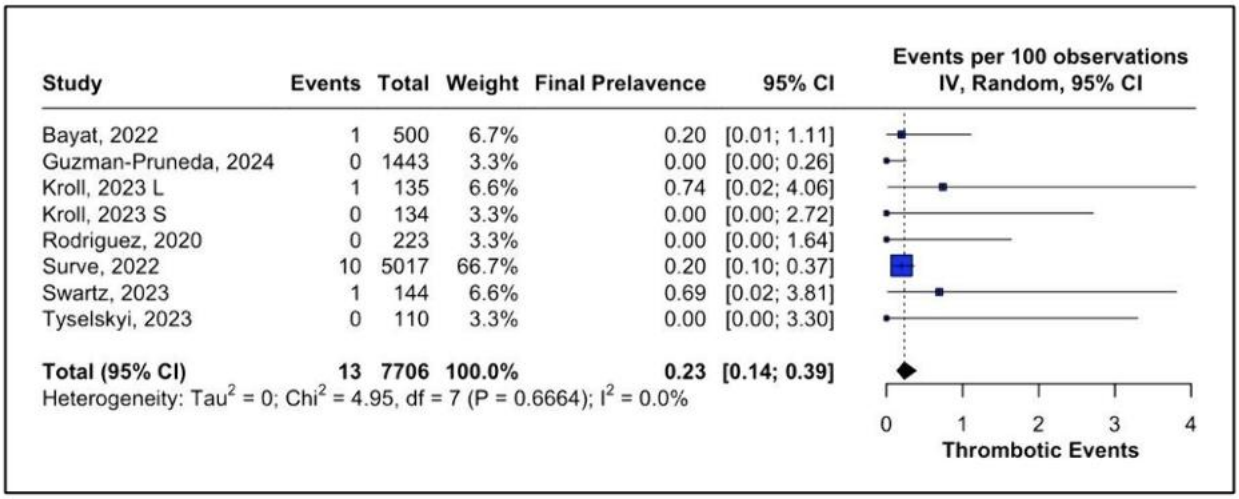
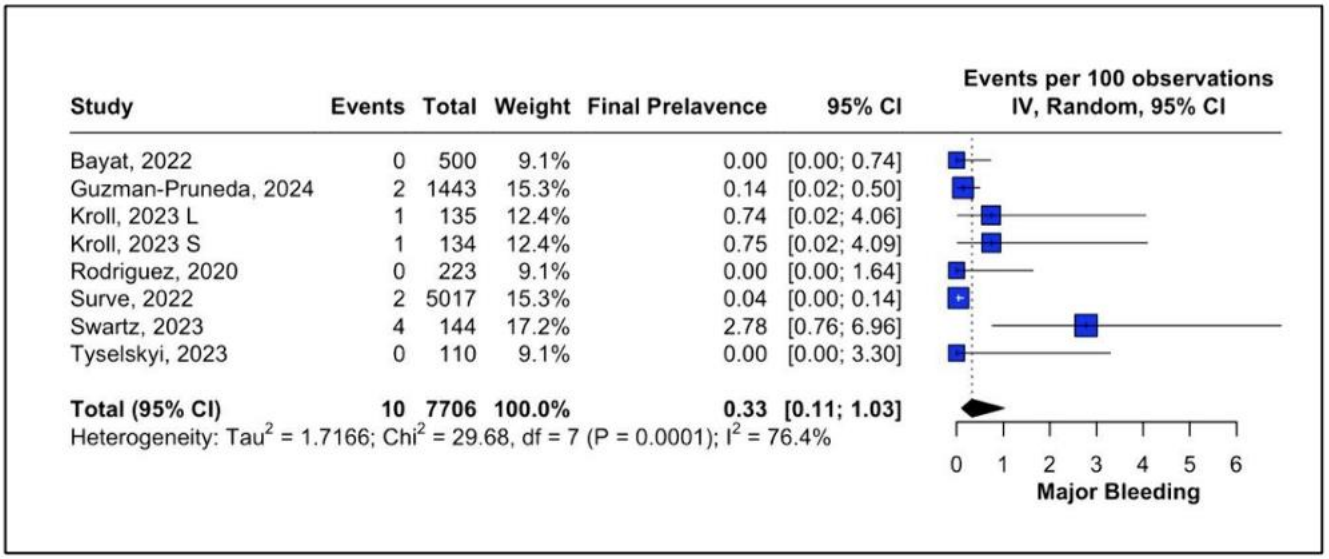


Figure 4. Final Prevalence of Major Bleeding Events per 100 observations



Conclusions: DOACs are an safe and effective option for thromboprophylaxis in bariatric patients. Further research, including direct comparisons with enoxaparin is needed.

Disclosure: No significant relationships.

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FP024 / Abs. ID 1184

Topic: *AS37. Post-operative venous thromboprophylaxis in MBS*

FREE PAPERS 02: HERNIA/VTE/ARTIFICIAL INTELLIGENCE
10-09-2025 09:30 - 11:00

SAFETY OF SLEEVE GASTRECTOMY WITH AND WITHOUT PROPHYLACTIC ANTICOAGULATION (2022–2024), COPIAPO. CHILE

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Background: Hypercoagulability is a recognized risk following bariatric surgery. However, the real impact of prophylactic anticoagulation in preventing thrombotic events, particularly in sleeve gastrectomy, remains debated—especially in regional centers with limited resources.

Objectives: To evaluate whether the use of anticoagulants in patients undergoing sleeve gastrectomy reduces the incidence of thromboembolic complications.

Methods: A retrospective cohort study was conducted at Clinifit Bariatric Center in Copiapó, Chile, including *486 patients* undergoing bariatric surgery between 2022 and 2024. Of these, *184 patients* underwent *sleeve gastrectomy*, divided into two groups: - *101 patients* received *prophylactic anticoagulation* - *83 patients* *did not* receive anticoagulation Primary outcome: occurrence of thromboembolic events (deep vein thrombosis, portomesenteric thrombosis, pulmonary embolism). A Fisher’s exact test was applied to evaluate statistical significance between groups.

Results: - *Thrombotic events occurred in 2 patients (2.4%), both from the **non-anticoagulated group*: - 1 case of deep vein thrombosis (DVT) - 1 case of portomesenteric thrombosis - *No events* occurred in the anticoagulated group. - *Fisher’s exact test* yielded a p-value of *0.202, indicating **no statistically significant difference* between groups.

Conclusions: Although all thrombotic complications occurred in patients without anticoagulation, the difference was not statistically significant. These findings highlight a possible *protective trend* of anticoagulation in sleeve gastrectomy patients but underscore the need for *larger studies* to reach conclusive evidence—especially in *regional, resource-limited settings*.

Disclosure: No significant relationships.

FP025 / Abs. ID 604

Topic: *AS37. Post-operative venous thromboprophylaxis in MBS*

FREE PAPERS 02: HERNIA/VTE/ARTIFICIAL INTELLIGENCE
10-09-2025 09:30 - 11:00

FOLLOW-UP OUTCOMES OF AN ANTITHROMBOTIC PROPHYLAXIS MANAGEMENT ALGORITHM

Carlos Felipe Palomino Peña[1], Gonzalo Dominguez[1], Luis Lopez Gomez[2], Mariana Lucia Lopez Rodriguez[3], Jose Pablo Gonzalez Rojas[4], Diomar Andres Velasquez Castellanos[3], Martha Ramirez[3], Mario Fernando Paez Pertuz[3]
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Background: Deep vein thrombosis (DVT) and pulmonary embolism (PE) represent serious complications in hospitalized patients. The implementation of evidence-based management algorithms has been shown to reduce these events without significantly increasing the bleeding risk. This study evaluates the efficacy and safety of an antithrombotic prophylaxis algorithm applied in a hospital setting.

Objectives: To assess the impact of a management algorithm for antithrombotic prophylaxis on the incidence of thromboembolic events and hemorrhagic complications in hospitalized patients.

Methods: A prospective observational study was conducted among hospitalized patients from 2021 to 2024. Patients over 18 years of age with an indication for antithrombotic prophylaxis were included. Demographic data, risk factors, type of prophylaxis, incidence of DVT/PE, and hemorrhagic events were recorded. Descriptive statistical analysis was performed

Results: A total of 350 patients were included, with a median age of 35 years. All patients received pharmacological prophylaxis (enoxaparin 40 mg for 7 days) in conjunction with mechanical prophylaxis. The incidence of thromboembolic events was 0%, and no hemorrhagic complications were observed.

Conclusions: The implementation of the antithrombotic prophylaxis algorithm proves to be a safe alternative for managing the antithrombotic needs of patients undergoing bariatric surgery. Individualized risk assessment for each patient has been pivotal in achieving these outcomes. Continued follow-up is essential to evaluate adherence to and the optimization of the protocol across diverse populations. The antithrombotic prophylaxis algorithm has demonstrated effectiveness in reducing thromboembolic events while maintaining an acceptable safety profile.

Disclosure: No significant relationships.

FP026 / Abs. ID 445

Topic: *AS44. AI and development of nomograms and algorithms for the management of obesity*

FREE PAPERS 02: HERNIA/VTE/ARTIFICIAL INTELLIGENCE
10-09-2025 09:30 - 11:00

PREDICTIVE MODELING OF PROLONGED HOSPITAL STAY AFTER BARIATRIC PROCEDURES: MACHINE LEARNING AND LOGISTIC REGRESSION APPROACHES IN A MIDDLE EASTERN COHORT

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Background: Despite the increasing prevalence of bariatric surgeries in the Middle East, predictive models for postoperative length of stay (LOS) remain scarce in this region, hindering effective resource planning and individualized patient care. Machine learning (ML) offers a promising approach to enhance predictive capabilities beyond traditional logistic regression (LR).

Objectives: This study aims to develop and compare ML models against LR for predicting prolonged LOS and identifying key risk factors in a Middle Eastern bariatric surgery cohort.

Methods: We analyzed data from primary bariatric surgery patients at a tertiary referral hospital from 2019 to 2023. Prolonged LOS was defined as having a LOS greater than two standard deviations from the mean. Feature selection was done using recursive feature elimination (RFE). We developed ML models (Random Forest, XGBoost, Adaboost, Catboost, Naïve Bayes, SVM and MLP) and LR models to predict prolonged LOS. Model performance was assessed using area under the receiver operating characteristic curve (AUC-ROC).

Results: The study included 1757 patients, 1174 sleeve gastrectomy (SG), 583 Roux-en-Y gastric bypass (RYGB). Mean age was significantly different between SG and RYGB groups (32.66 ± 11.05 vs 38.35 ± 10.62 years, $p<0.001$). Mean BMI was significantly higher in SG compared to RYGB (43.35 ± 6.80 vs 41.03 ± 5.03 kg/m², $p<0.001$). Prolonged LOS was found to be 3.60 days for SG at an incidence of 2.04% and 5.73 days for RYGB at an incidence of 4.82%. The best-performing ML model for SG was MLP which achieved an AUC of 0.71 while the best model for RYGB was SVM with an AUC of 0.64. Key factors associated with prolonged LOS in SG identified by both ML and LR models included higher BMI (OR 1.07, 95% CI 1.01-1.13, $p=0.017$), previous cardiac surgery (OR 22.86, 95% CI 4.30-121.59, $p<0.001$) and venous thrombosis (OR 17.74, 95% CI 3.46-90.96, $p<0.001$). A factor associated with prolonged LOS in RYGB is a presence of COPD (OR 23.72, 95% CI 1431-394.67, $p=0.027$).

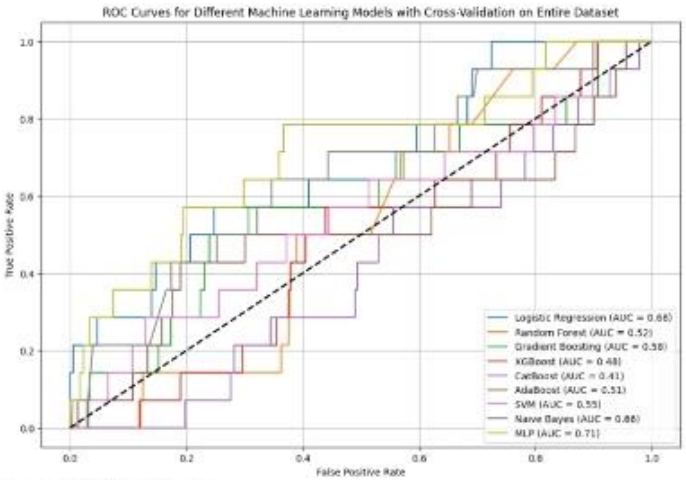
Table 1: Patient Characteristics and Length of Stay Analysis in Bariatric Surgery

Parameter	Sleeve Gastrectomy (n=1,174)	Roux-en-Y Gastric Bypass (n=583)	P-value
Demographics and Clinical Characteristics			
Age, mean years	32.66 ± 11.05	38.35 ± 10.62	<0.001
Female sex, %	46.8	55.6	0.089
BMI, mean kg/m²	43.35 + 6.80	41.03 + 5.03	<0.001
Comorbidities, %			
Diabetes	17.0	29.5	<0.001
- Insulin-dependent	3.4	5.0	<0.001
Hypertension	11.1	13.9	0.083
Sleep apnea	16.9	15.1	0.324
GERD	8.7	15.4	<0.001
Current smoker	9.0	4.1	<0.001
Length of Stay			
Mean (hours)	2,188.53 ± 1,248.17	2,570.65 ± 1,395.78	<0.001
Significant Risk Factors SG			
Therapeutic anticoagulation	OR 15.24 (CI 95%: 3.90-59.60)	-	<0.001
Previous cardiac surgery	OR 22.86 (CI 95%: 4.30-121.59)	-	<0.001
Preop venous thrombosis	OR 17.74 (CI 95%: 3.46-90.96)	-	<0.001
BMI (per unit)	OR 1.08 (CI 95%: 1.02-1.14)	-	0.012
Significant Risk Factors - RYGB			
Severe COPD	-	OR 23.72 (CI 95%: 1.43-394.67)	0.027
Model Performance - SG			
Best model	MLP	-	-
AUC-ROC	0.71	-	-
Feature selection	Best via RFE	-	-
Model Performance - RYGB			
Best model	SVM	-	-
AUC-ROC	0.64	-	-
Feature selection	Best via RFE	-	-
Development Details			
Preprocessing	SMOTE for class imbalance	-	-
Validation	Cross-validation	-	-
Calibration	Applied	-	-
Missing data	Median imputation	-	-

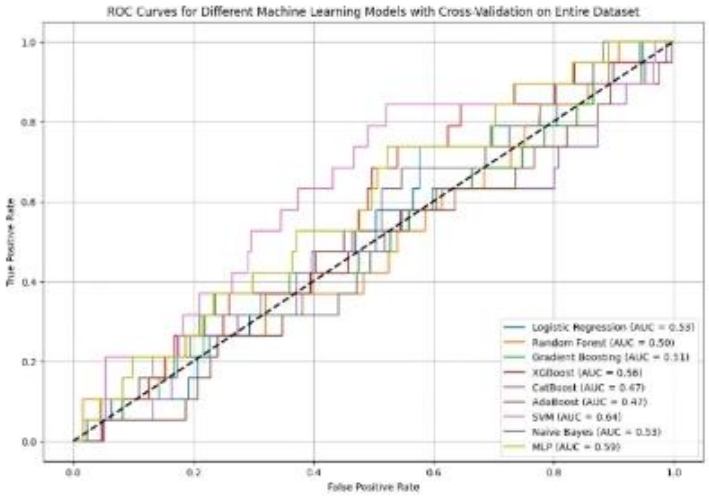
Abbreviations: SG = Sleeve Gastrectomy; RYGB = Roux-en-Y Gastric Bypass; BMI = Body Mass Index; GERD = Gastroesophageal Reflux Disease; OR = Odds Ratio; CI = Confidence Interval; AUC-ROC = Area Under the Receiver Operating Characteristic Curve; RFE = Recursive Feature Elimination; SMOTE = Synthetic Minority Oversampling Technique; COPD = Chronic Obstructive Pulmonary Disease; MLP = Multilayer Perceptron; SVM = Support Vector Machine

Figure 1: Machine learning models to predict prolonged LOS by surgical technique

A) Sleeve gastrectomy



B) Roux-en-Y Gastric Bypass



Conclusions: ML models demonstrated superior performance in predicting prolonged LOS after primary bariatric surgery. Both approaches identified common risk factors, while ML models uncovered additional predictors.

Disclosure: No significant relationships.

FP027 / Abs. ID 540

Topic: *AS44. AI and development of nomograms and algorithms for the management of obesity*

FREE PAPERS 02: HERNIA/VTE/ARTIFICIAL INTELLIGENCE
10-09-2025 09:30 - 11:00

LEVERAGING MACHINE LEARNING FOR PREDICTING LONG-TERM OUTCOMES IN FRESH AND REDO BARIATRIC SURGERIES USING 15 YEARS RETROSPECTIVE DATA

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Background: Predicting long-term patient outcomes in metabolic bariatric surgery remains challenging due to the multitude of factors involved, such as patient demographics, related diseases, & surgical techniques. Leveraging historical patient data & machine learning (ML) techniques can provide valuable insights & predictive capabilities, facilitating personalized patient care & improving long-term surgical success.

Objectives: To develop & validate a machine learning model using 15 years of retrospective metabolic bariatric surgery data in order to predict long-term patient outcomes & optimize future clinical decision-making. 1. Data Compilation: Collect & preprocess retrospective data from electronic health records, ensuring completeness and consistency. 2. Feature Selection: Identify key predictors of long-term outcomes (e.g., age, BMI, related diseases , surgery). 3. Model Development: Train & compare various ML algorithms (e.g., logistic regression, random forests, neural networks) to determine the best-performing predictive model. 4. Model Validation and Assessment: Evaluate model performance using metrics such as accuracy, precision, sensitivity,& specificity. 5. Implementation Plan: Outline steps for integrating the chosen model into routine clinical practice for prospective outcome prediction.

Methods: 1. Study Design: Retrospective cohort study analyzing data from patients who underwent metabolic bariatric surgery over a 15-year period. 2. Data Collection: Extract relevant demographic, clinical, & surgical variables, along with outcome measures such as weight loss, resolution of related diseases , & post-operative complications. 3. Data Preprocessing: to address missing values and outliers; normalize or standardize variables as appropriate. 4. Feature Selection and Engineering: Utilize clinical expertise and statistical methods (e.g., univariate analysis, principal component analysis) to refine the most influential predictors. 5. Model Training and Validation: Split the dataset into training & test sets. Train multiple ML algorithms & use cross-validation for internal validation. Compare models based on performance metrics & select the top-performing approach. 6. Statistical Analysis: Use standard statistical tools (e.g., Python, R) for model building, performance assessment, & any necessary statistical significance tests.

Results: Expected Results:A robust & clinically interpretable machine learning model capable of predicting long-term outcomes following metabolic bariatric surgery. A proposed implementation strategy for using the model, ultimately enhancing patient care by tailoring managment based on individualized risk profiles.

Conclusions: By combining comprehensive historical data & ML techniques, this study has the potential to refine bariatric surgical practices, optimize patient outcomes, & guide future research in predictive modeling for surgical interventions.

Disclosure: No significant relationships.

FP028 / Abs. ID 479

Topic: *AS43. AI (artificial intelligence), virtual reality in endoscopy, digital operating room*

FREE PAPERS 02: HERNIA/VTE/ARTIFICIAL INTELLIGENCE
10-09-2025 09:30 - 11:00

DEVELOPMENT AND VALIDATION OF A BARIATRIC SURGERY PROMPT USING LARGE LANGUAGE MODELS FOR SURGICAL EDUCATION

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Background: Large Language Models (LLMs) provide a novel tool for delivering advanced, evidence-based content in surgical education. Given the complexity of bariatric surgery and the need for precise, up-to-date clinical guidelines, there is significant potential to leverage a well-structured prompt integrated with LLMs

Objectives: This study aimed to design and validate a bariatric surgery prompt capable of generating accurate, clinically relevant, and practice-oriented information for surgeons in training, junior surgeons, and physicians.

Methods: A comprehensive questionnaire was developed in collaboration with a digestive surgeon. It covered eight key areas: rationale, evaluation, surgical approach, perioperative care, complications, testing, special considerations, and innovations, all anchored in ASMBS/IFSO guidelines and recent meta-analyses. Three procedures—Classic Bypass, Sleeve Gastrectomy, and SADIs—were assessed. Five bariatric surgery fellows and five experienced bariatric surgeons evaluated the generated content using a six-item rating scale (accuracy, relevance, comprehensibility, clarity, consistency, and practical utility), each scored from 1 to 5. Descriptive statistics were applied to the aggregate scores. Information was extracted through three distinct LLM platforms (one subscription-based, two open-access), each featuring advanced reasoning capabilities.

Results: The content generated by the LLMs was unanimously rated as accurate, clinically pertinent, and applicable to current surgical practice. Scores ranged from 4.0 to 5.0 across all parameters, indicating minimal errors and strong internal consistency. Additionally, 100% of evaluators observed alignment with established bariatric practices and guidelines, emphasizing clear recommendations for patient evaluation, operative techniques, perioperative management, and complication resolution.

Conclusions: This LLM-driven bariatric surgery prompt achieved high acceptability and reliability among both fellows and expert bariatric surgeons. The findings underscore the potential of integrating AI-based tools into surgical training to deliver consistent, context-specific guidance. Future studies should extend the sample size to further validate these results and explore the influence of such prompting on clinical outcomes and decision-making.

Disclosure: No significant relationships.

FP029 / Abs. ID 83

Topic: *AS43. AI (artificial intelligence), virtual reality in endoscopy, digital operating room*

FREE PAPERS 02: HERNIA/VTE/ARTIFICIAL INTELLIGENCE
10-09-2025 09:30 - 11:00

MULTIVARIABLE ANALYSIS AND MACHINE LEARNING APPROACH TO CLASSIFY PRE-METABOLIC BARIATRIC SURGERY PATIENTS TO ESTABLISH A POSTOPERATIVE SURVEILLANCE SYSTEM IN PRIMARY CARE

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Background: Obesity is a significant public health issue in Chile, with a prevalence of 31.4% 2017. In 2022, metabolic bariatric surgery was integrated into the public health system (Fonasa), improving accessibility to this treatment. However, its implementation has revealed gaps in postoperative monitoring within primary care, highlighting the need to identify patterns in preoperative patients to optimize clinical follow-up.

Objectives: To establish a descriptive baseline as reference for a future postoperative surveillance system, a multivariate analysis and machine learning approach will be applied to identify patterns in pre- metabolic bariatric surgery patients.

Methods: A cross-sectional observational study was conducted with 116 preoperative patients from southern Chile (98 women, 18 men, mean age 37.97 ± 9.64 years, mean BMI 40.22 ± 4.29 kg/m²). Principal Component Analysis (PCA) was applied to reduce the dimensionality of clinical, metabolic, and demographic variables. Clustering based on Euclidean distance was then used to identify homogeneous subgroups. To validate cluster stability and determine variable importance, a Random Forest model was implemented, assessing its predictive capacity through resampling tests.

Results: The clustering approach identified homogeneous subgroups with similar metabolic profiles, establishing a baseline classification. The results suggest associations between specific metabolic characteristics and preoperative classification, facilitating patient characterization for postoperative follow-up.

Conclusions: The use of multivariate and machine learning techniques in preoperative patient classification established a descriptive baseline as a reference for designing a postoperative surveillance system. The combination of clustering and Random Forest enabled the identification of distinct clinical patterns and the assessment of cluster stability, providing essential insights in order to optimize postoperative follow-up. These findings support the development of metabolic monitoring strategies in a future study phase.

Disclosure: No significant relationships.

FP030 / Abs. ID 1165

Topic: *AS43. AI (artificial intelligence), virtual reality in endoscopy, digital operating room*

FREE PAPERS 02: HERNIA/VTE/ARTIFICIAL INTELLIGENCE
10-09-2025 09:30 - 11:00

IMPACT OF AI-AUGMENTED VIDEO MANAGEMENT SYSTEMS ON SLEEVE GASTRECTOMY OPERATING TIMES

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Background: Recent advancements in video recording systems augmented with artificial intelligence (AI) are transforming surgical practice by providing valuable tools to analyze performance patterns and workflow. AI-driven video analysis systems are now being utilized to assess intraoperative performance. This study aims to evaluate the role of AI technology in enhancing surgical efficiency within the context of metabolic and bariatric surgery.

Objectives: The primary objective of this study was to evaluate the impact of AI-powered intraoperative analysis on operative efficiency. Specifically, the effect of AI technology on operative time during robotic sleeve gastrectomy procedures was assessed.

Methods: A retrospective review was conducted of robotic sleeve gastrectomy procedures performed at our institution from February 2024 to March 2025, which included 127 cases. Each case was analyzed using the Touch Surgery application, which provided detailed breakdowns of procedural steps and operative timelines. This was reviewed by the attending and trainee after the cases. Primary outcomes included total operative time and the time required to complete key operative steps. Changes in efficiency over time were also assessed.

Results: The mean operative time decreased significantly, from an initial 1 hour 5 minutes and 35 seconds to 50 minutes. Key procedural steps also showed reductions in operative times: - Gastric dissection time decreased from 20 minutes 51 seconds to 19 minutes 3 seconds. - Gastric sleeve creation time decreased from 26 minutes 7 seconds to 15 minutes 55 seconds. Implementation of the AI management system resulted in a statistically significant reduction in average operating time for robotic sleeve gastrectomies.

Conclusions: The integration of AI tools into surgical practice has proven to reduce operative time and enhance workflow efficiency. These findings highlight the growing role of AI-augmented video management systems in improving the quality and consistency of metabolic surgery. Further studies are warranted to explore the long-term impact of these technologies across various surgical specialties and institutions.

Disclosure: No significant relationships.

FP031 / Abs. ID 1233

Topic: *AS23. Obesity, MBS and abdominal wall hernias*

FREE PAPERS 02: HERNIA/VTE/ARTIFICIAL INTELLIGENCE
10-09-2025 09:30 - 11:00

SIMULTANEOUSLY LAPAROSCOPIC VENTRAL HERNIA REPAIR AND METABOLIC BARIATRIC SURGERY: CASE SERIES REPORT

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Background: Severe obesity is an important risk factor for the development of primary and recurrent ventral hernias, predominantly related to chronically elevated intra-abdominal pressures in these patients. Many patients require weight loss prior to elective ventral hernia repair. Experience is reported performing simultaneous laparoscopic bariatric and metabolic surgery and ventral hernia repair.

Objectives: To describe our experience our experience performing bariatric surgery and ventral hernia repair simultaneously, adressing safety and feasibility without increasing perioperative morbidity.

Methods: Retrospective, observational study of patients who underwent laparoscopic ventral hernia repair and simultaneous bariatric surgery in Obesity El Salvador from January 2011 to June 2020. Demographic variables, hernia defect size, comorbidities, surgical time, type of bariatric procedure, hernia repair strategy and postoperative complications were studied. At least one year of postoperative follow-up was required.

Results: Between 2011 and 2020, 14 patients underwent laparoscopic bariatric surgery with simultaneous laparoscopic ventral hernia repair: sleeve gastrectomy (SG): 5, Roux-en-Y Gastric Bypass (RYGB): 6, Single Anastomosis Duodenal Ileal with Sleeve Gastrectomy (SADIS): 1, and revisional bariatric procedures: 2. Of this cohort, 78.6% were male patients and 21.4% female. The average age was 45.4 years (31-64), and the average body mass index was 45.98 kg/m2 (36.6 – 57.9). The size of the defect varied from 2 x 2 cm to 5 x 10 cm. The average operative time was 178.57 minutes (90 - 265 minutes). Hernia repair technique in all cases was placement of intraperitoneal mesh (IPOM). No recurrences were reported at 12 postoperative months.

Conclusions: The decision to surgically repair a ventral hernia associated with bariatric surgery is controversial, considering the increased risk of surgical site infection and hernia recurrence; however, the risk of complication with incarceration of the ventral hernia may increase as the patient loses weight after bariatric surgery if the hernia has not been repaired at the same surgical time. Ventral hernia repair with synthetic mesh simultaneously with bariatric surgery is feasible and offers safety in terms of infections. Studies with a larger number of cases are necessary to validate this results.

Disclosure: No significant relationships.

FP032 / Abs. ID 57

Topic: *AS23. Obesity, MBS and abdominal wall hernias*

FREE PAPERS 02: HERNIA/VTE/ARTIFICIAL INTELLIGENCE
10-09-2025 09:30 - 11:00

ASSOCIATION BETWEEN DIFFERENT OBESITY METRICS AND RISK OF INGUINAL HERNIA

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Background: Inguinal hernias are the most common type of hernia and currently more than 200,000 people worldwide undergo inguinal hernias repair annually. At present, although observational clinical studies have reported a lower incidence of inguinal hernias in European populations with obesity, the best obesity metric for predicting the risk of inguinal hernias is unclear .

Objectives: We aimed to use MR analysis to determine the association between different obesity metrics and the risk of inguinal hernia in both European ancestry and East Asians.

Methods: In our study, we categorized obesity measurement indicators into three groups based on the difficulty of measure ment: (1) indicators easily available, such as body mass index (BMI), waist circumference (WC), hip circumference (HC), and waist-to-hip ratio (WHR); (2) indicators accessible with moderate difficulty, such as body fat percentage and body fat mass; (3) indicators difficultly accessible, such as the volume of visceral adipose tissue (VAT) and subcutaneous adipose tissue (SAT). Mendelian randomization (MR) analysis was used to investigate the causal relationship between various adiposity measures and the risk of inguinal hernia in both European ancestry and East Asians.

Results: We identified a total of 17,096 patients with inguinal hernia in the FinnGen cohort and 1664 cases in the Japan Biobank cohort. For European ancestry, MR analysis reported a significant causal association between one standard deviation increase of BMI, WC, HC, body fat percentage, and body fat mass and the lower risk of inguinal hernia, rather than WHR, VAT, and SAT. After the adjustment of BMI, increased WC is still causally associated with a lower risk of inguinal hernia (OR: 0.52; 95% CI: 0.33–0.80; $P < 0.01$). Among East Asians, only body fat mass is causally associated with a reduced risk of inguinal hernia, rather than BMI, WC, and HC.

Conclusions: This study suggested a causal relation ship between obesity and a lower risk of inguinal hernia, which is consistent with the previous observational studies. These findings help us validate previous assumptions and deepen our understanding of the intrinsic causal relationship between fat distribution and the risk of inguinal hernias at the genetic level among different ethnicities

Disclosure: No significant relationships.

FP033 / Abs. ID 875

Topic: *AS37. Post-operative venous thromboprophylaxis in MBS*

POST-OPERATIVE VENOUS THROMBOPROPHYLAXIS IN MBS
10-09-2025 10:00 - 19:30

POSTOPERATIVE ANTI-XA MONITORING TO EVALUATE THE EFFECTIVENESS OF WEIGHT-ADJUSTED TINZAPARIN IN METABOLIC BARIATRIC SURGERY PATIENTS

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Background: Pulmonary embolism remains a serious concern of morbidity and mortality after metabolic bariatric surgery (MBS). Despite routine prophylaxis, fixed-dose anticoagulation may be insufficient for patients with elevated BMI, resulting in subtherapeutic anti-factor Xa (anti-Xa) levels. The utility of weight-adjusted regimens using low-molecular-weight heparins, such as tinzaparin, remains underexplored in the MBS population.

Objectives: To assess whether weight-adjusted tinzaparin dosing achieves adequate postoperative anti-Xa levels for thromboprophylaxis in bariatric patients.

Methods: A retrospective analysis of prospectively collected data for 30 patients undergoing MBS was conducted. Tinzaparin doses were adjusted by weight category. Anti-Xa levels were measured on postoperative day 3, four hours after tinzaparin administration. Primary outcome: percentage achieving target anti-Xa levels (0.08–0.30 IU/mL). Secondary outcomes included the prevalence of sub- and supra-prophylactic levels and clinical complications.

Results: Among 30 patients (63.3% female, median BMI 45.1 kg/m²), 36.7% fell into weight categories ≤120 kg and 121–160 kg, and 26.7% exceeded 160 kg. Optimal anti-Xa levels were observed in 90.9% of patients in the 121–160 kg category. Subtherapeutic levels prompted dose escalation in two patients. No thrombotic or hemorrhagic complications occurred during the 90-day follow

Weight category (Kg)	Sub-prophylactic (%)	Prophylactic (%)	Supra-prophylactic	Total (%)
</= 120	1 (9.1)	6 (54.5)	4 (35.4)	11 (36.7)
121-160	1 (9.1)	10 (90.9)	0 (0.0)	11 (36.7)
>/= 161	1 (12.5)	6 (75.0)	1 (12.5)	8 (26.7)

Conclusions: In this study assessing the effectiveness of weight-adjusted tinzaparin dosing for thromboprophylaxis after MBS, the mid-weight category (121–160 kg) achieved the highest rate of therapeutic anti-Xa levels (90.9%), indicating optimal prophylactic response. In contrast, the low-weight group (≤120 kg) demonstrated the highest proportion of supratherapeutic levels (36.4%), suggesting a potential risk of overtreatment. Meanwhile, the high-weight group (≥161 kg) showed the highest proportion of subtherapeutic levels (12.5%), raising concerns for underdosing. While these trends align with intuitive clinical expectations—reflecting potential overestimation or underestimation of dosing needs at the weight extremes—they did not reach statistical significance, likely due to the relatively small sample size. Nonetheless,

the findings underscore the potential value of routine anti-Xa monitoring to fine-tune anticoagulation strategies in bariatric patients and support individualized prophylaxis over fixed weight-based regimens.

Disclosure: No significant relationships.

FP034 / Abs. ID 1068

Topic: *AS34. MBS and magnetic anastomoses*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

MAGNETIC DUODENO-ILEO ANASTOMOSIS (MAGDI) ALONE OR WITH SLEEVE GASTRECTOMY (MAGDI-S), EARLY EXPERIENCE IN CHILE

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Background: Recently a new type of MBS has been developed. It is the magnetic surgery with compression magnetic anastomosis that has come to clinical practice. It is in the early fase of clinical cases worldwide and we are one of the centers that begun their initial experience.

Objectives: To evaluate the early outcomes, safety, and efficacy of the MagDI and MagDi-S surgical techniques in patients with sevre obesity and metabolic syndrome, performed at CLC, Chile, between January 2025 - March 2025.

Methods: Eight patients (5 women, 3 men, 22–75 years) underwent MagDI (n=6) or MagDI-S (n=2). Comorbidities included T2 DM (n=3), insulin resistance (n=3), hypertension (n=3), OSA (n=2), and weight regain post-sleeve gastrectomy (n=1). The procedure involved swallowing a distal magnet preoperatively, confirming placement in the jejunum with x-ray, then the patient is taken to the OR, lap trocars placed same as sleeve gastrectomy, the greater omentum divided, and ileum marked at 250 cm from ileocecal valve, and endoscopic insertion of a second magnet in the duodenum. The magnets were coupled laparo-endoscopically, ensuring proper duodeno-ileal anastomosis. In the MAGDIS we added a standard sleeve gastrectomy post MAGDI. Average OR time: 50 min. X-ray confirmation of coupled magnets day after the procedure

Results: No mortality; no conversion , all procedures were well tolerated with minimal invasiveness. One intestinal injury during mobilization and one enterotomy was needed to place a distal magnet due to passage of the magnet to cecum, which were managed successfully. All patients discharged within 24 hours, except one of the MAGDIS for better care due to co-morbidities and advanced age.

Conclusions: The MagDI and MagDI-S are a new MBS, shown to be safe, minimally invasive techniques for severe obesity and metabolic syndrome. They are feasible and reproducible. Early findings are promising, but longer follow up evaluation is required to assess outcomes.

Disclosure: No significant relationships.

FP035 / Abs. ID 76

Topic: *AS34. MBS and magnetic anastomoses*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

DUODENO-ILEAL MAGNETIC COMPRESSION ANASTOMOSIS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: The rising prevalence of obesity has led to advancements in treatment, including innovative surgical techniques. Magnetic duodeno-ileal anastomosis is an emerging bariatric procedure offering potential benefits such as reduced operative time and natural anastomoses.

Objectives: To synthesize existing evidence on magnetic duodeno-ileal anastomosis in metabolic bariatric surgery, focusing on safety, efficacy, and technical aspects.

Methods: A comprehensive search of PubMed, Cochrane, and Embase databases was performed up to December 2024. Studies reporting on magnetic compression anastomosis for metabolic bariatric surgery were included. Outcomes such as weight loss, complication rates, and time to magnet expulsion were analyzed. Meta-analyses were conducted using R (version 4.4.0), with heterogeneity assessed via Cochran Q and I^2 statistics.

Results: Five studies met the inclusion criteria, with a total of 179 patients. Early serious complications occurred in 30.07% (95% CI: 9.49–63.82), while late serious complications were 32.19% (95% CI: 21.30–45.43). The mean time to magnet expulsion was 41.55 days (95% CI: 33.99–49.12). Weight loss outcomes showed a mean %TWL of 23.72% (95% CI: 8.49–38.85) and %EWL of 59.46% (95% CI: 16.85–102.06), with a postoperative BMI of 31.57 kg/m² (95% CI: 27.75–35.39). High heterogeneity was observed across most outcomes ($I^2 > 78\%$). No mortality was reported.

Figure 4. Postoperative Strictures or Ulcers

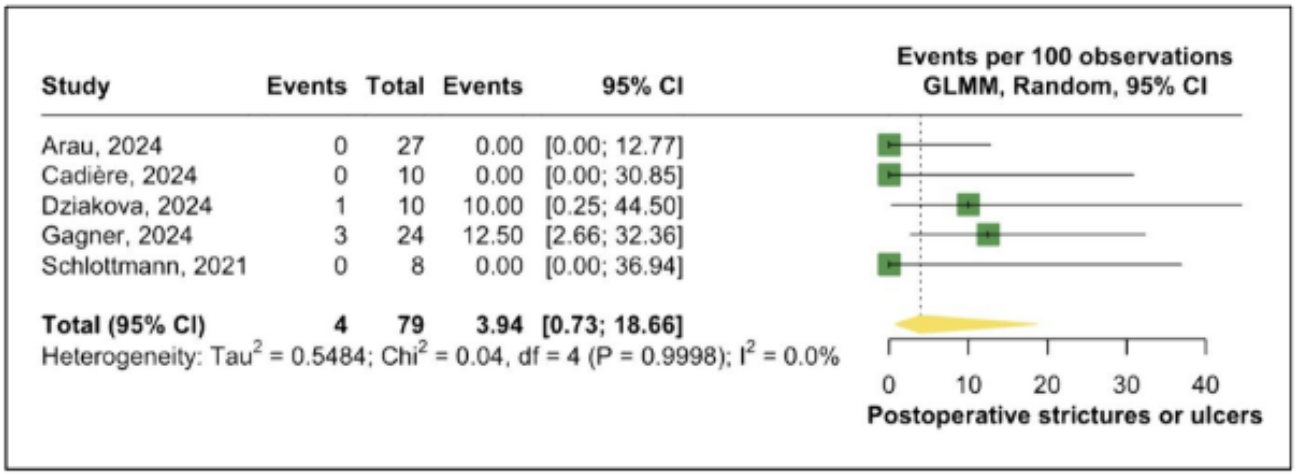
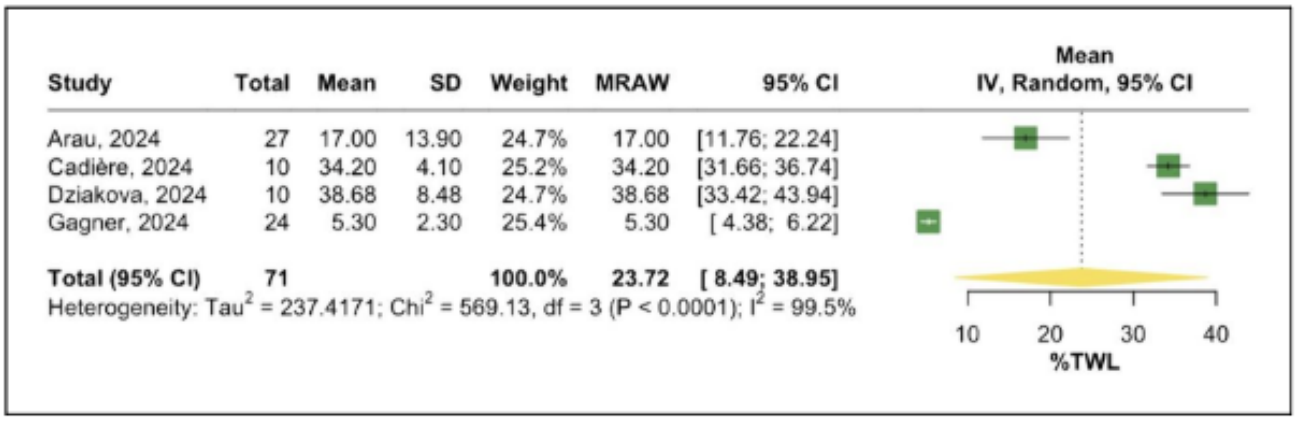


Figure 5. A. Forest plot for %TWL. B. Forest plot for %EWL.



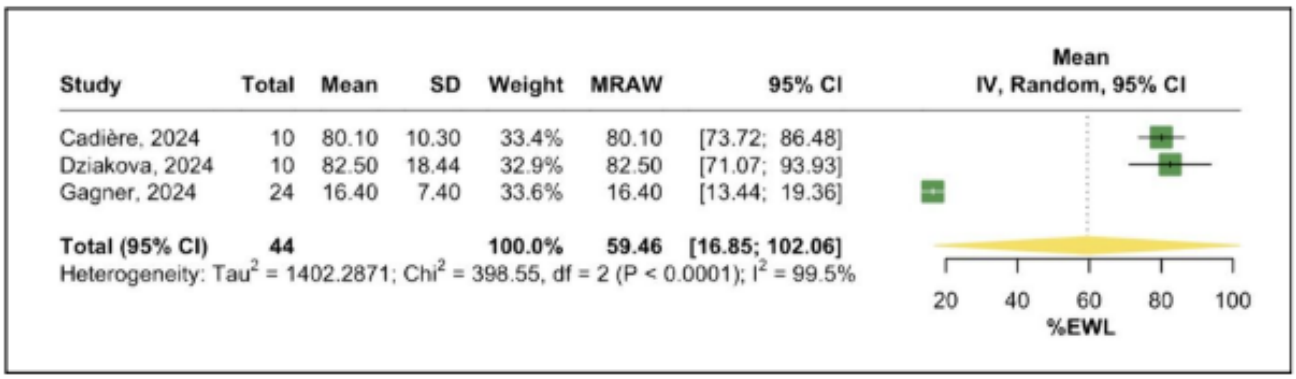
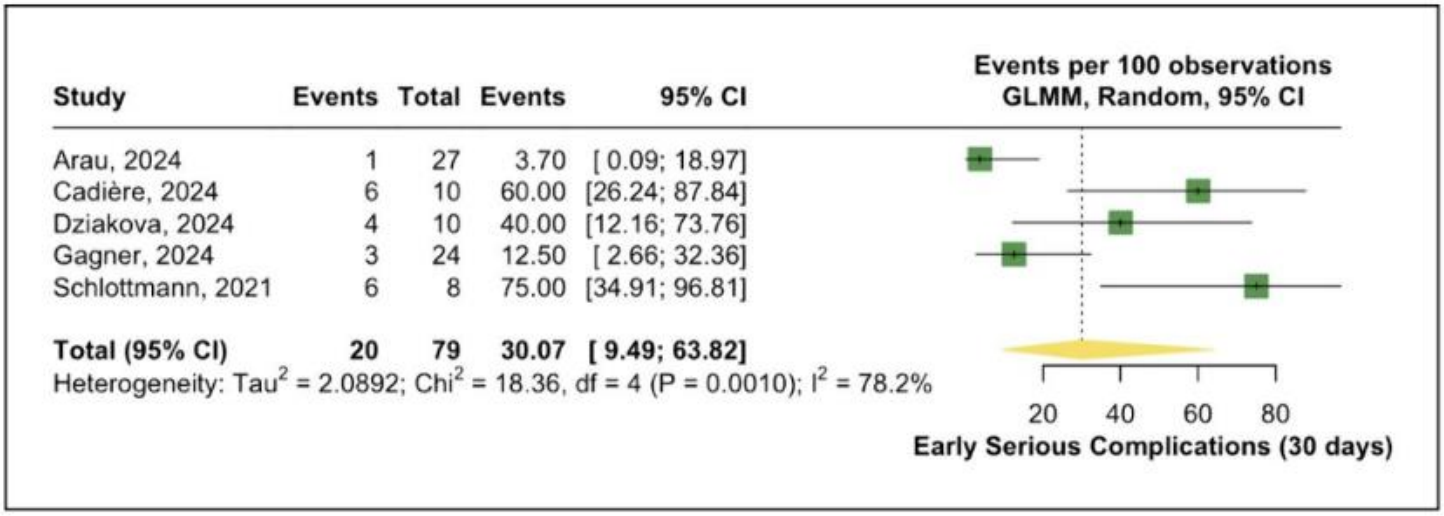
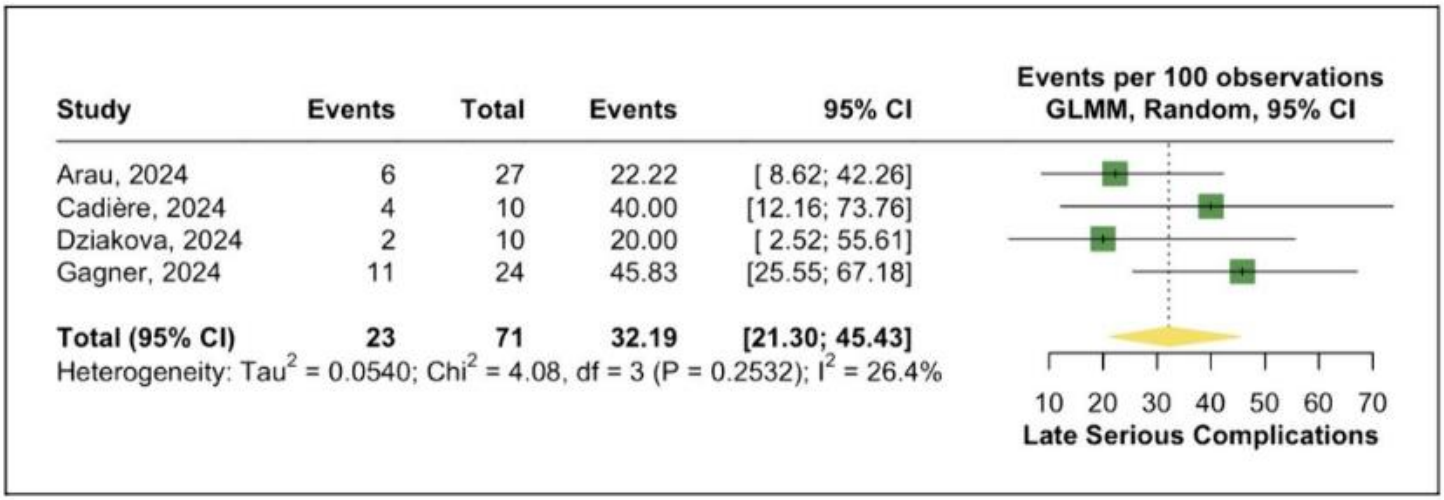


Figure 2. A. Forest plot for early serious complications. B. Forest plot for late serious complications.





Study	Arau, 2024	Cardière, 2024	Dziakova, 2024	Gagner, 2024	Schlottmann, 2021
Patients	27	10	10	24	8
Study	Prospective Observational	Prospective Observational	Prospective Observational	Prospective Observational	Prospective Observational
Country	Spain	Belgium	Spain	Canada	Argentina
Follow-up (months)	9	12	12	> 12	12
Duodenal-ileal Diversion (cm)	300	250	250	250	300
Device	Self-forming magnet	MS Linear BC42 Neodymium Magnet delivered by flexible endoscopy	GT Metabolic Solutions, San Jose, CA	Two linear BC42 Neodymium Magnets	Self-assembling magnetic using endoscopy and laparoscopy
Previous or Concomitant Sleeve	Previous	90% Concomitant 10% previous	Concomitant	Previous	No
Pre-op BMI	38.1 ± 4.6	44.2 ± 1.3	44.1 ± 3.3	39.4 ± 1.3	40 ± 4.1

Conclusions: Magnetic duodeno-ileal anastomosis demonstrates promising weight loss outcomes but is associated with high rates of early and late complications. Further studies are required to refine techniques, identify optimal candidates, and ensure safety before widespread clinical implementation.

Disclosure: No significant relationships.

FP036 / Abs. ID 845

Topic: *AS34. MBS and magnetic anastomoses*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

MAGNETIC SADI-S: NEXT-GEN METABOLIC BARIATRIC SURGERY

Mohit Bhandari, Winnie Mathur, Susmit Kosta, Mahak Bhandari, Manoj Reddy, Sonika Ranganath
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Background: The Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy (SADI-S) has gained global recognition as an alternative and effective MBS, applicable to primary, revisional, or staged procedures. It has demonstrated efficacy in achieving substantial initial weight loss and maintaining weight reduction over time. A Laparoscopic SADI-S in patients with obesity and severe obesity poses inherent challenges due to limited space and the complexity of accessing anatomical structures specific to SADI-S. These limitations may prevent the surgeon from performing a full hand-sewn or stapled anastomosis, performing a different surgery, or even intraoperatively aborting the procedure.

Objectives: We report the procedure feasibility and 30-day results of a new novel surgical technique that eliminates the need to close the enterotomies via conventional methods after creating the anastomosis and facilitates an immediate lumen opening between two new coupled self-forming magnets (SFM, GI Windows Surgical) in SADI-S patients.

Methods: Prospective non-randomized single-center trial. Surgery consisted of creating an end-to-side duodenal-ileal anastomosis at approximately 300 cm from the IC valve, using an SFM octagonal anastomosis delivered intraluminally through a novel temporary enterotomy control. All devices were deployed and delivered laparoscopically.

Results: A total of 07 patients were recruited, with a mean age of 40 (19-59) years, sex-ratio (600%) of 14.28% female and initial BMI of 42.5±4.2 kg/$m^{2.}$ The mean Hemoglobin A1c was 14.9±1.5. All procedures were performed laparoscopically. Total weight loss was 28%, 40% and 31% at 2, 6 and 12 months respectively. There was no conversion or peri-operative mortality. SFMs were delivered and connected with no delivery malfunctions and completed in an anastomosis creation time of 18 minutes (enterotomy to magnet coupling). SFM passed with no retentions or patient self-reported pain. No procedure adverse events (AE) occurred and NO AD occurred during the 30-day follow up period. All patients tolerated the surgery and were discharged after 3 days.

Conclusions: Preliminary and procedure feasibility data of these new surgical techniques and devices suggest the procedures are feasible and safe in SADI-S surgery by reducing surgical steps, standardizing the technique, and significantly reducing anastomosis creation time. Further and longer studies are warranted and have potential utility in other anastomosis in bariatric surgery.

Disclosure: No significant relationships.

FP037 / Abs. ID 844

Topic: *AS34. MBS and magnetic anastomoses*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

LAPAROSCOPIC JEJUNAL-JEJUNAL MAGNETIC ANASTOMOSIS USING A NOVEL ENTEROTOMY CAPTURE DEVICE IN ROUX-EN-Y GASTRIC BYPASS PATIENTS

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Background: In previously reported duodenal-ileostomy diversion studies, a magnetic anastomosis has demonstrated the ability to reduce anastomosis complications such as leaks and bleeding, however previous delivery methods required the creation an enterotomy with the anastomosis forming over time.

Objectives: We report the procedure feasibility and 30-day results of a new novel surgical technique that eliminates the need to close the enterotomies via conventional methods (Hand-sew/Stapled) after creating the anastomosis and facilitates an immediate lumen opening between two new coupled self-forming magnets (SFM, GI Windows Surgical) in Roux-en-Y gastric bypass (RYGB) patients.

Methods: Prospective non-randomized single center trial. Surgery consisted in creating a side-to-side jejunal-jejunal anastomosis, using a SFM octagonal anastomosis delivered intraluminally through a novel temporary enterotomy control. All devices were deployed and delivered laparoscopically.

Results: A total of 09 patients were recruited, with a mean age of 48.2 (40-63) years, sex-ratio (12.6%) of 88.8% female and initial BMI of 40.5±6.09 kg/$m^{2.}$ The mean Hemoglobin A1c was 12.3±0.9. All procedures were performed laparoscopically. There was no conversion or peri-operative mortality. Total weight loss was 22%, 28% and 43% at 2, 6 and 12 months respectively. SFM's were delivered and connected with no delivery malfunctions and completed in an anastomosis creation time of 14 minutes (enterotomy to magnet coupling). SFM's passed with no retentions or patient self-reported pain. No procedure adverse events (AE) occurred and NO AD occurred during the 30-day follow up period. All patients tolerated the surgery and were discharged after 3 days.

Conclusions: Preliminary and procedure feasibility data of these new surgical techniques and devices suggest the procedures is both feasible and safe in RYGB surgery. We demonstrated the potential to improve surgical outcomes, reduction in surgical steps and associated operation time while standardizing the techniques for the creation a reproducible anastomosis. Further and longer studies are warranted and have potential utility in other anastomosis in bariatric surgery.

Disclosure: No significant relationships.

FP038 / Abs. ID 119

Topic: *AS39. MBS and reflux*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

3-YEAR RESULTS OF THE RANDOMIZED CONTROLLED TRIAL OF ACID AND BILE REFLUX ESOPHAGITIS PREVENTION BY "FUNDORING" METHOD IN ONE-ANASTOMOSIS GASTRIC BYPASS

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Background: The “FundoRingOAGB” method is a new option for antireflux modifying one anastomosis gastric bypass.

Objectives: The aim of the study was evaluation after 3 years of surgery the impact of wrapping the fundus of the excluded part of the stomach as FundoRing in OAGB for protection against acid and bile reflux esophagitis (RE).

Methods: The study design was a single-center prospective, interventional, open-label RCT (FundoRing Trial) with a 3-year follow-up. In the FundoRingOAGB (f-OAGB) group we created a 10-12 cm length of pouch vs 15-20 cm in the standard OAGB (s-OAGB) group. The width of the pouch was 2.5 cm in both groups. Endpoints were body mass index (BMI, kg/m2) and acid and bile reflux esophagitis assessed endoscopically by Los Angeles (LA) classification and using the Digitrapper™ reflux testing system.

Results: One hundred patients were divided into two groups: first (f-OAGB) group (n = 50) vs second (s-OAGB) group (n=50). There were no leaks, bleeding, or deaths in either group. At 3 years, BMI in the f-OAGB group was 22.2 ± 3.8 (20–26) vs 27.6 ± 3.1 (21–33) in the s-OAGB group ($p = 0.02$). In f-OAGB vs s-OAGB groups, respectively, acid RE was seen in 0 vs 14 patients ($p = 0.001$) and bile RE in 0 vs 7 patients ($p < 0.01$).

Conclusions: The use of an antireflux modifying one anastomosis gastric bypass (FundoRingOAGB) prevented acid and bile reflux esophagitis significantly more effectively than standard OAGB at 3-years follow-up.

Disclosure: No significant relationships.

FP039 / Abs. ID 948

Topic: *AS39. MBS and reflux*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

EFFECT OF ROUTINE ANTERIOR CRURAL REPAIR ON DE NOVO GASTROESOPHAGEAL REFLUX AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY – A RANDOMIZED CONTROLLED TRIAL

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Background: Laparoscopic sleeve gastrectomy (LSG) has established as an effective treatment for severe obesity. However, the high incidence of de novo gastroesophageal reflux disease (GERD) after LSG remains a significant challenge.

Objectives: To determine the effectiveness of routine anterior crural repair (ACR) during LSG in reducing the incidence of de novo GERD compared to LSG alone.

Methods: We conducted a randomized double-blind controlled trial involving Chinese adult patients scheduled for LSG. All patients had no evidence of acid reflux or hiatal hernia, as confirmed by endoscopy, a 24-hour esophageal pH study, and high-resolution manometry. Patients undergoing LSG were randomized assigned to receive either ACR (n=23) or no repair (n=24). Follow-up assessments were conducted to evaluate clinical, endoscopic, and functional outcomes, with the primary endpoint being the incidence of symptomatic GERD at 1 year.

Results: Among the 47 patients (mean age 39 years; 60% women; mean BMI 39.1), 42 (89%) completed the trial. The mean %TWL at one year was 22.4%, with no significant difference observed between groups (p=0.43). At one year after LSG, 8 patients (19%) developed symptomatic GERD as indicated by a GerdQ score greater than 7. Additionally, 16 patients (37%) had endoscopic reflux esophagitis (only LA grades A and B), and 13 patients (31%) were found to have a hiatal hernia. Furthermore, 21 patients (44%) showed significant reflux confirmed by esophageal pH study; however, 15 (71%) of those with significant reflux detected had no correlation between symptoms, as indicated by a negative symptom index and symptom association probability. There were no statistically significant differences in symptomatic GERD (p=0.52), endoscopic reflux (p=0.88), acid reflux on pH study (p=0.42), or quality of life impact (p=0.65) associated with routine ACR.

Baseline Demographics	LSG+ACR (n=22)	LSG Alone (n=20)	*P-value*
Age (years)	41.3	38.4	0.348
Body Weight (kg)	109.5	108.1	0.773
BMI (kg/m^2)	39.7	39.2	0.746
GerdQ Score	6.0	6.1	0.391
Gerd-QOL Score	60.8	54.6	0.176
Total Acid Exposure Time (%)	1.0	1.2	0.566
DeMeester Score	4.1	4.9	0.450

Conclusions: There was a high incidence of GERD following LSG, with many patients exhibiting endoscopic or pH study-detected GERD while remaining asymptomatic. The routine application of anterior crural repair did not reduce the risk of de novo GERD. Further studies are required to evaluate the long-term implications of excessive esophageal acid exposure.

Disclosure: No significant relationships.

FP040 / Abs. ID 213

Topic: *AS39. MBS and reflux*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

EFFECT OF HIATAL HERNIA ON REFLUX AFTER SLEEVE GASTRECTOMY - A SINGLE-CENTER STUDY

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Background: Sleeve gastrectomy (SG) is an effective and widely performed treatment for obesity. However, SG can lead to serious postoperative complications including gastroesophageal reflux disease (GERD). Hiatal hernia (HH) is common in the Western population and a known risk factor for GERD. While HH repair can be performed at the same time as SG in patients affected by both HH and obesity, there are no guidelines describing if these procedures should be done concurrently and there is limited evidence on the impact of HH on postoperative GERD symptoms.

Objectives: We aim to determine the effect of radiologically confirmed HHs on GERD outcomes after SG at a single-center where concurrent HH repair is not routinely performed.

Methods: Retrospective data including GERD status from the American College of Surgeons Metabolic Bariatric Surgery Accreditation and Quality Improvement Program were reviewed for patients who underwent laparoscopic or robotic SG at Lahey Hospital and Medical Center from 2014-2024. Preoperative upper gastrointestinal series were reread by an expert radiologist to determine presence and size of HH. Proportions of patients with HH and either preoperative or postoperative GERD were compared using standard statistical methods.

Results: A total of 1062 patients underwent SG, of which 305 had available radiology studies and at least one follow-up visit (at least 6 months postoperatively). Preoperative GERD was reported in 24% of patients, of which 65% remained symptomatic after surgery. New postoperative GERD developed in 15% of patients without previous GERD. HH was present in 31% of patients, of which 94% were designated as small. HH was more common in patients with GERD than in those without both preoperatively (43% vs 28%, P = 0.02) and postoperatively (41% vs 28%, P = 0.04). However, similar rates of patients with or without HH developed new GERD (20% vs 14%, P = 0.23) or had persistent GERD (68% vs 63%, P = 0.80) (Table 1).

Conclusions: HH is associated with overall GERD symptoms but does not appear to affect outcomes in SG patients with or without previous GERD. Thus, the etiology of postoperative GERD extends beyond HH and the utility of concomitant HH repair during SG remains unclear.

Disclosure: No significant relationships.

FP041 / Abs. ID 692

Topic: *AS39. MBS and reflux*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

INCIDENCE AND RISK FACTORS FOR DE NOVO BARRETT'S ESOPHAGUS AFTER SADI SURGERY: A RETROSPECTIVE COHORT STUDY

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Sutter Roseville Medical Center, Roseville, United States of America

Background: Single Anastomosis Duodenal-Ileal Bypass with Sleeve Gastrectomy (SADI-S) surgery is an effective procedure for treating morbid obesity, offering significant weight loss and metabolic improvements. There is concern for de novo Barrett`s esophagus (BE) development after sleeve Gastrectomy (SG); however, the incidence of BE after SADI-S is unknown.

Objectives: Our study reports the incidence of BE and identifies the risk factors following SADI-S.

Methods: A retrospective cohort study of patients who underwent SADI-S surgery performed between 2020 and 2023. Demographic data, ASA, smoking status, and reported reflux were collected, acid suppressant usage, reflux improvement, and total body weight (TBW%) loss at 24 months. We routinely obtain an esophagogastroduodenoscopy (EGD) and an upper gastrointestinal (UGI) series before surgery. We recommend a screening EGD around 12 months after surgery.

Results: A total of 311 patients underwent SADI-S during the study period. 7 patients with a history of prior foregut surgery and 9 patients (3.2%) with metaplasia on preoperative EGD were excluded. A total of 295 patients were included in the analysis with a mean age of 42.75 yrs (31.57-53.9), 229 females (77.6%), and a mean BMI of 49.13. Reflux symptoms were reported in 274/295 (92.8%) before surgery and 60 (20.3%) of them were using acid suppressants. 178 patients reported resolution of reflux after surgery (64.9%) and only 21/295 (7%) were on acid suppressants. The mean total body weight loss (TBWL%) at 2 years post-surgery was 37.03%, (17.38- 62%).Only 98 patients (33.2%) presented for Postoperative screening EGD. Among these, 79 patients (80.6%) underwent GE junction biopsy. 8 of 79 (10%) patients showed de novo metaplasia. No dysplasia was identified. We compared the metaplasia and no metaplasia groups to identify the risk factors. No difference in age, ethnicity, smoking, BMI, ASA grade, or TBW% between the groups.

	Metaplasia	No-Metaplasia	P-value
N	8	71	
Gender, N(%)			>0.99
Female	6 (75%)	54 (76.1%)	
Male	2 (25%)	17 (23.9%)	
Race, N(%)			0.16
White	2 (25%)	44 (62%)	
Black	1 (12.5%)	8 (11.3%)	
Asian	0 (0%)	1 (1.4%)	
Hispanic	5 (62.5%)	13 (18.3%)	
Mixed	0 (0%)	1 (1.4%)	
Other	0 (0%)	3 (4.2%)	
Unknown	0 (0%)	1 (1.4%)	
Age at surgery			0.36
N, Non NULL	8	71	
Mean (sd)	40.4 (13.1)	44.5 (12.4)	
Median (IQR)	36.5 (13.2)	42 (18.5)	
ASA Score at the day of EGD, N(%)			0.11
2	1 (12.5%)	3 (4.2%)	
3	6 (75%)	67 (94.4%)	
4	1 (12.5%)	1 (1.4%)	
Smoking before surgery, N(%)			>0.99
Yes	0 (0%)	2 (2.8%)	
No	8 (100%)	69 (97.2%)	
Smoking after surgery, N(%)			>0.99
Yes	0 (0%)	1 (1.4%)	
No	8 (100%)	70 (98.6%)	
GERD Symptoms before surgery, N(%)			>0.99
Yes	8 (100%)	68 (95.8%)	
No	0 (0%)	3 (4.2%)	
GERD Symptoms after surgery, N(%)			>0.99
Yes	2 (25%)	21 (29.6%)	
No	6 (75%)	50 (70.4%)	
PPI/H2 blockers after surgery, N(%)			0.43
Yes	3 (37.5%)	18 (25.4%)	
No	5 (62.5%)	53 (74.6%)	
Percentage weight loss between baseline and 1st folow-up			0.10
N	7	71	
Mean (sd)	37.3 (4)	34.3 (8.2)	
Median (IQR)	37.3 (5)	34 (10.6)	
For continuous variables, normality was checked using Shapiro test, density and qq-plot. For variables where normality was establis			
For categorical variables, when one or more cells have expected frequencies less that 5 Fisher exact test was performed using R func			

Conclusions: De novo metaplasia risk exists after SADI-S like SG. 10% incidence is seen with only 26 % undergoing screening EGD in this study. However true incidence needs to be established with a higher EGD screening rate. No definitive risk factors were identified for BE in this study.

Disclosure: No significant relationships.

FP042 / Abs. ID 271

Topic: *AS39. MBS and reflux*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

EVALUATION OF LINX DEVICE OUTCOMES IN POST-SLEEVE GASTRECTOMY PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE

Jose Paredes[1], Martin Andrada[2], Matias Sepulveda[3], Camilo Boza[3], Ricardo Funke[4], Marco Berry[5], Rodrigo Alvarez[4], Jose Estruga[5]
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Background: Sleeve gastrectomy (SG) is the most common bariatric procedure worldwide, recognized for its safety and efficacy. However, gastroesophageal reflux disease (GERD), whether persistent or de novo, is a frequent complication following SG. Due to the absence of a gastric fundus, fundoplication's are not a viable treatment option. Conversion to Roux-en-Y gastric bypass (RYGB) has become the most used procedure due to its effectiveness, particularly in patients who, in addition to GERD, experience recurrent weight gain, as it provides additional weight-loss benefits. Nonetheless, this approach involves risks inherent to revision surgeries and eliminates the unique benefits of SG compared to malabsorptive and diversionary procedures.

Objectives: To evaluate the safety and efficacy of magnetic sphincter augmentation (MSA) using the LINX® device in patients with GERD following SG, treated at Clinical MEDS and Clinical Las Condes (Santiago, Chile) between 2018 and 2022.

Methods: Observational, descriptive, and retrospective study in patients with refractory GERD after SG treated with the LINX® device.

Results: Twenty patients with adequate weight loss following SG underwent LINX® implantation. Three developed moderate-to-severe dysphagia, requiring device removal and conversion to RYGB. Among the 17 remaining patients (9 women and 8 men, mean age 47.25 ± 10 years, BMI 26 ± 2 kg/m²), the mean follow-up was 64 ± 16 months. The GERD-HRQL score improved significantly from 44 (30-62) to 4 (2-35) out of a maximum of 75 points, representing a 90% improvement ($p < 0.001$). Daily proton pump inhibitor (PPI) use decreased in 70.6% of patients ($p < 0.001$). Thirteen patients (70.6%) were satisfied with the treatment, while 3 (17.6%) were dissatisfied, and 2 (11.8%) were neutral.

Conclusions: This is the first study in Latin America to evaluate the effectiveness and safety of the LINX® device in patients with GERD after SG, positioning it as a viable therapeutic option.

Disclosure: No significant relationships.

FP043 / Abs. ID 590

Topic: *AS39. MBS and reflux*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

GASTROESOPHAGEAL REFLUX DISEASE POST-SLEEVE GASTRECTOMY: COMPREHENSIVE MANAGEMENT APPROACHES AND SURGICAL RECOMMENDATIONS

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Background: Laparoscopic sleeve gastrectomy (LSG) is one of the most common bariatric surgeries due to its effectiveness in weight loss and metabolic benefits. However, a frequent side effect is the development of gastroesophageal reflux disease (GERD), which can affect patients' quality of life and increase the risk of severe complications such as esophagitis and Barrett's esophagus. Despite advances in the management of post-LSG GERD, the optimal strategy remains a subject of debate.

Objectives: To evaluate different strategies for the management of post-LSG GERD, including medical and surgical therapies, and determine the most effective option for symptom resolution and improvement in patient quality of life.

Methods: A comprehensive review of the scientific literature published between 2010 and 2023 was conducted to assess the prevalence, diagnosis, and therapeutic options for post-LSG GERD. This review included clinical studies, meta-analyses, and randomized controlled trials. A systematic search was performed in databases such as PubMed, Embase, and Scopus, using key terms such as "sleeve gastrectomy," "GERD," "antireflux surgery," and "Roux-en-Y gastric bypass (RYGB)." Studies meeting specific inclusion criteria were analyzed, with priority given to those featuring large sample sizes and robust methodologies. The variables examined included GERD prevalence rates, treatment efficacy, and postoperative complications.

Results: Post-LSG GERD affects between 40% and 60% of patients, and 20% to 50% develop de novo GERD. Several therapeutic approaches were identified: • Medical management: Use of proton pump inhibitors (PPIs) with variable efficacy. • Conversion to RYGB: Resolves GERD in 80%-95% of cases and is considered the best surgical option in severe cases. • Hiatal hernia repair: Can improve symptoms in selected patients. • LINX device: Provides significant quality-of-life improvements but has a 15% removal rate.

Conclusions: RYGB is the most effective surgical option for treating severe post-LSG GERD, providing significant symptom reduction and additional metabolic benefits. The LINX system and hiatal hernia repair are viable options in selected cases but have limitations. A detailed preoperative evaluation is recommended to effectively prevent and manage post-LSG GERD.

Disclosure: No significant relationships.

FP044 / Abs. ID 257

Topic: *AS39. MBS and reflux*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

TRANSHIATAL GASTRIC POUCH HERNIA FOLLOWING ROUX-EN-Y GASTRIC BYPASS

Felipe Higuera[1], Tomás Comissatti Novoa[2], Maria Agustina Bequis[1], Franco Corvatta[1], Catalina Poggi[1], Agustin Duro[1], Fernando Wright[1], Axel Beskow[1]
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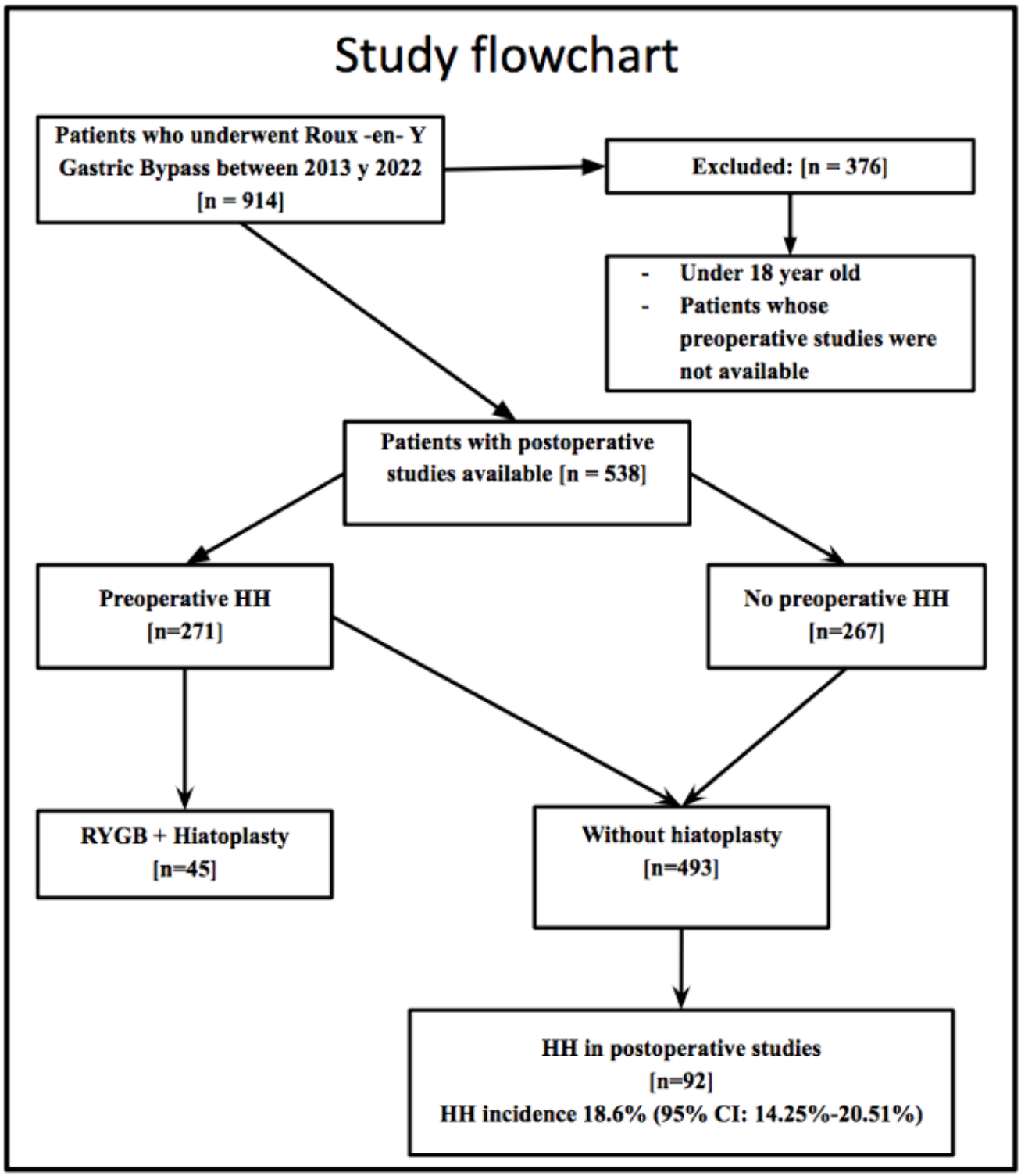
Background: Obesity is a globally increasing condition linked to several related diseases, including diabetes, hypertension, and fatty liver disease. It also raises the risk of hiatal hernia (HH) and gastroesophageal reflux disease (GERD) due to increased intra-abdominal pressure and fatty tissue infiltration of the hiatus. Laparoscopic Roux-en-Y gastric bypass (RYGB) is commonly performed for patients with obesity and GERD associated with HH. However, not all patients with obesity and HH require surgical correction during bypass. The incidence of HH following RYGB without hiatoplasty remains unclear.

Objectives: To assess the incidence of transhiatal herniation of the gastric pouch following RYGB at a high-volume center in Argentina.

Methods: Study Design: Retrospective, descriptive, single-center study. A retrospective review was conducted using electronic medical records from the General Surgery Department for all patients who underwent RYGB between 2013 and 2022. The study evaluated the prevalence and size of HH in preoperative and postoperative assessments, including Upper GI series, esophagogastroduodenoscopy (EGD), and computed tomography (CT) scans. No routine dissection was performed, but in all instances the hiatus was visually examined. When HH or a wide Hiatus was confirmed, a hiatoplasty was carried out.

Results: Of 914 patients reviewed, 376 were excluded due to missing postoperative studies, leaving 538 patients for analysis. Among these, 271 (50.4%) had preoperative HH informed in at least one study (234 [43.5%] via Upper GI series, 135 [25%] via EGD, and 23 [4.3%] via CT), while 267 (49.6%) did not. HH was confirmed intraoperatively in 45 cases and a hiatoplasty was performed. For the 493 patients who did not undergo hiatoplasty, the postoperative HH incidence was 18.6% (95% CI: 14.15% - 20.51%) (92 patients). Most cases were diagnosed using CT (75 cases, 81.5%). The median hernia size was 3.2 cm (SD 1.91). Excluding those who received a hiatoplasty, no significant difference in postoperative hernia rates was found between patients with and without preoperative hernia diagnosis ($p > 0.616$).



Conclusions: Excluding the patients who underwent hiatoplasty, the postoperative incidence of HH was 18.6%. Transhiatal gastric pouch herniation is a common but often overlooked condition, typically detected during non-targeted diagnostic tests, such as CT scans.

Disclosure: No significant relationships.

FP045 / Abs. ID 1000

Topic: *AS39. MBS and reflux*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

GASTROESOPHAGEAL REFLUX DISEASE (GERD) AFTER ONE ANASTOMOSIS GASTRIC BYPASS (OAGB): DOES CONVERSION TO ROUX-EN-Y GASTRIC BYPASS SOLVE THE PROBLEM?

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Background: One Anastomosis Gastric Bypass (OAGB) is a well-established treatment method in patients living with obesity. Its long-term impact on the development of clinical reflux is still under debate. Conversion to Roux-en-Y Gastric bypass (RYGB) can be performed to address gastroesophageal reflux (GER). Nonetheless, it remains unclear whether conversion solves the reflux problem in the long term follow up of this subpopulation of patients. This study presents our institutional data on RYGB as a second step procedure to treat GER.

Objectives: Determining the effects of conversion from OAGB to RYGB on GER.

Methods: Prospective study of all patients undergoing conversion from OAGB to RYGB at our institution starting from 1/2012 until 1/2022. Endoscopic evaluation before and after the conversion as well as clinical symptoms were assed. Furthermore, weight loss data (%total weight loss (%TWL), %excess weight loss (%EWL), complications and reoperations were assessed.

Results: In total forty-eight patients were converted from OAGB to RYGB due to GER. with 37 patients undergoing endoscopic evaluation. Mean FU time was 49.3 months (+/-26.9 months). Compared to weight at initial OABG an average %EWL and %TWL of 86.5 (+/- 46.1) and 35.4 (+/- 13.0) was found. In follow up endoscopy eighteen patients (48.6%) had no macroscopic signs of GER, yet the majority of patients (81.1%) had microscopic changes suggestive of mild to moderate GER. Four patients (10.8%) were diagnosed with Barrett's metaplasia (BM), six patients (16.2%) had no signs of BM despite being positive before conversion. 32.4 % of all patients were able to discontinue proton pump inhibitor therapy. Early postoperative complications needing intervention happened in 10.4% of all patients (bleeding, dysphagia).

Conclusions: Laparoscopic conversion to RYGB leads to a partial improvement of clinical reflux with about one third being able to cease regular PPI therapy. Despite clinical improvement, the majority of patients showed microscopic signs of GER and even BM, emphasizing the importance of regular endoscopic follow up. In specialized centers complication rates are low and therefore revisional surgery can be deemed safe.

Disclosure: No significant relationships.

FP046 / Abs. ID 600

Topic: *AS39. MBS and reflux*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

CORRELATION BETWEEN BARIUM ESOPHAGOGRAM FINDINGS AND HIGH-RESOLUTION MANOMETRY IN PATIENTS WITH OBESITY

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Background: High-resolution manometry (HRM) is crucial in the preoperative assessment of patients with obesity undergoing bariatric surgery, as it provides detailed esophageal function data influencing surgical decision-making. Esophageal fluoroscopy plays a complementary role in detecting anatomical abnormalities and motility disorders that may impact postoperative outcomes. However, the correlation between fluoroscopic findings and HRM parameters remains unclear, highlighting the need for further investigation.

Objectives: This study had the objective to evaluate the correlation between fluoroscopic findings and HRM parameters in patients with obesity, seeking to enhance the understanding of esophageal motility and function for improved bariatric surgery assessment and planning.

Methods: A retrospective analysis of a prospective cohort was conducted, including patients with obesity undergoing preoperative evaluation for bariatric or gastrointestinal surgery. Patients who underwent both barium esophagography (fluoroscopy) and HRM with 24-hour pH-impedance testing were analyzed. Fluoroscopic parameters assessed included esophageal motility, esophageal retention, tertiary waves, and reflux severity under different conditions. HRM parameters included distal contractile integral (DCI), integrated relaxation pressure (IRP), lower esophageal sphincter (LES) pressure, and acid exposure time. Statistical analyses included Pearson's and Spearman's correlation coefficients, Chi-square/Fisher's exact tests, and Kappa coefficient analysis, with a significance threshold of $p < 0.05$.

Results: Esophageal motility on fluoroscopy correlated negatively with esophageal DCI supine (rho = -0.375, p = 0.019). This suggests that reduced motility is associated with higher esophageal retention and ineffective peristalsis. Tertiary waves were negatively correlated with DCI supine (rho = -0.356, p = 0.026) and positively with peristaltic reserve DCI (rho = 0.391, p = 0.022). Reflux gastroesophageal with Trend-Valsalva correlated positively with reflux with marshmallow swallow (rho = 0.376, p = 0.031), suggesting that increased abdominal pressure exacerbates reflux in patients already prone to it. Table 1

Conclusions: There exist significant correlations between esophageal motility, retention, reflux, and LES function in fluoroscopy (Barium Esophagogram) and High Resolution Manometry. Reduced esophageal motility correlated with higher retention, while reflux was more pronounced with increased intragastric pressure and Trend-Valsalva maneuvers. It is crucial to include both tests in preoperative bariatric surgery to evaluate esophageal disorders.

Disclosure: No significant relationships.

FP047 / Abs. ID 812

Topic: *AS39. MBS and reflux*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

ANTI-REFLUX MUCOSECTOMY (ARMS) COULD BE THE OPTION FOR THE TREATMENT OF GERD AFTER SLEEVE GASTRECTOMY

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Background: Gastroesophageal reflux disease (GERD) and reflux esophagitis are common problems after sleeve gastrectomy. The sleeve gastrectomy dissects the greater curvature part of the stomach along the 38-45 French size bougie toward the angle of His. This results in the breakdown of the anti-reflux mechanism of the EG-junction. Therefore, patients having the severe GERD or hiatal hernia would be excluded from the candidate of this procedure. Several procedures in order to prevent GERD after sleeve gastrectomy, such as sleeve-Nissen, have been proposed so far and no optimal procedure is established. The most effective procedure for this problem would have been considered as a revision to Roux-en-Y gastric bypass. Recently, the anti-reflux mucosectomy (ARMS) has gained wide acceptance as an endoscopic approach to GERD. The ARMS is a procedure that attempts to prevent regurgitation by sub circumferential resection of the gastric mucosa at cardia, causing postoperative scar contraction.

Objectives: The aim of this study is to assess the feasibility and efficacy of ARMS as a treatment of GERD after sleeve gastrectomy.

Methods: We applied this procedure to the patient suffering from severe GERD after sleeve gastrectomy.

Results: The woman in her 50s underwent sleeve gastrectomy for morbid obesity (BMI=41.4kg/m^2) with T2DM 2 years previously. Refractory GERD persisted after surgery and endoscopy revealed Grade C esophagitis in the Los Angeles classification. The patient underwent ARMS with a dissection of 3/4 circumference of mucosa at cardia. At 1 month after ARMS, reflux esophagitis is significantly improved, and mucosa of cardia is well contracted. Currently, 9 months after ARMS treatment, she continues to take P-cab, but her GERD symptoms are dramatically decreased.

Conclusions: The ARMS is a new and minimally invasive therapeutic option for GERD. ARMS has now evolved into anti-reflux mucosal ablation (ARMA), which achieves the same effect by ablating the mucosa rather than excising the mucosa. Both procedures would be the best solution for the treatment of postoperative severe GERD after sleeve gastrectomy.

Disclosure: Takeshi Naitoh has a financial relationships with receiving honoraria from Olympus, Inc, Johnson & Jonson, Medtronic and Sumitomo Bakelite.

FP048 / Abs. ID 117

Topic: *AS39. MBS and reflux*

FREE PAPERS 04: MAGNETS/REFLUX
10-09-2025 09:30 - 11:00

LAPAROSCOPIC MAGNETIC SPHINCTER AUGMENTATION FOR SYMPTOMATIC GASTROESOPHAGEAL REFLUX AFTER METABOLIC BARIATRIC SURGERY: OUTCOME IN 30 PATIENTS

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Background: Gastroesophageal reflux disease (GERD) is common after metabolic bariatric surgery, especially after sleeve gastrectomy (SG) but also possibly after Roux-en-Y gastric bypass (RYGB). The use of magnetic sphincter augmentation (MSA) in patients with GERD after metabolic bariatric surgery is known since 2015 with promising results. However, long-term outcomes in these difficult-to-treat patients remain scarce in the literature.

Objectives: The aim of the study was to assess the outcomes of post-bariatric patients treated with MSA for GERD.

Methods: We performed a retrospective analysis from patients who underwent laparoscopic MSA between August 2015 and December 2024, and who had previously SG or RYGB. Outcomes were persistence/recurrence of GERD symptoms and need for redo surgery related to MSA complications or recurrent GERD.

Results: Among the 327 MSA procedures performed, we identified 30 patients who underwent laparoscopic MSA after metabolic bariatric surgery (15 SG and 15 RYGB). There were 20 female patients (67%). The mean age was 44 ± 12.4 years and mean BMI was 28.9 ± 4.2 kg/m^2. Fourteen patients (47%) had de novo GERD. All MSA procedures included hiatoplasty. Median follow-up was 57 months (range 3-106) and median time between SG/RYGB and MSA placement was 25 months (range 3-242). Three patients (10%) required endoscopic dilatation due to persistent postoperative dysphagia. In the SG group, 4 patients (27%) needed redo surgery (2 implant removal, 1 conversion to RYGB and 1 redo mesh-augmented hiatoplasty) compared to 2 patients (13%) in the RYGB group (1 redo hiatoplasty with adhaesiolysis, 1 conversion to esophagojejunostomy with implant removal). There was no erosion or migration of the MSA implant. Overall, satisfactory control of reflux with discontinuation or reduction of medication was seen in 21 patients (70%).

Conclusions: While MSA seems to be a salvage procedure for GERD after sleeve gastrectomy, it was associated with a higher revision rate for recurrent symptoms than when used to treat GERD after Roux-en-Y gastric bypass. Overall, MSA is a safe option as we had no implant related complications (erosion, migration), and should be considered in all post-bariatric GERD patients with normal esophageal motility.

Disclosure: No significant relationships.

FP049 / Abs. ID 859

Topic: *AS02. Young IFSO*

FREE PAPERS 06: YOUNG IFSO/TRANSPLANT/ADOLESCENTS/MESH
10-09-2025 11:30 - 13:00

AMBULATORY METABOLIC BARIATRIC SURGERY: FEASIBILITY AND COST-EFFECTIVENESS ASSESSING 400 CASES

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Background: Ambulatory Bariatric Surgery (ABS), in spite of its preliminary results, was initially associated by surgeons to high potential risk of perioperative complications. Covid19 pandemic, cost effectiveness and current evolution of enhanced recovery protocols, have lead the path to hospital stay enshortening.

Objectives: To demonstrate the Non-Inferiority of ABS in selected patients, according to conventional hospital stay (CHS) (>24h)

Methods: The first 400 patients who met enrollment criteria were submitted to Bariatric and Metabolic Surgery (BMS) from Specialized Bariatric Centers from the cities of Paraná and Santa Fe (Argentina) and Santiago (Chile), from march 2020 to December 2024. These requirements were: first postop overnight stay in same city of procedure, BMI <45, PreOp Weight Loss >10%, Surgical Time <90 minutes, Procedure initiation before 10am, Early Deambulation and Liquid Tolerance within 4hr postop. For Group 1 (G1), the first 200 consecutives patients were recruited for ABS, and the second group of 200 consecutives patiens were for Group 2 (G2), for CHS. Hospital Stay (in hours), Readmission Rate, 30-day Complication Rate, Mortality Rate, Analgesia Requirement (in opioid equivalent), and Pain Management at discharge (in Visual Analog Scale) were assessed.

Results: Mean Hospital Stay in G1 was 11.5±1.6hr vs 24.2±2.6hr in G2. In 1 patient of G1 (0.5%) readmission was needed due to GI Bleeding, and in other 5 patients (2.5%) hospital stay was extended to 24hr due to pain management requirement. As for G2, 2 patient was readmitted (1%) because of Hemoperitoneum and its correspondent reoperation, and in another 4 cases (1.6%) hospital discharge must been delayed due to nausea in 2 cases, and other 2 patients because of abdominal pain. No 30-day complications were reported in the 3 Bariatric Centers participating of the study. Initial BMI was 38.8±3.1 vs 45.1±4.9, in Sleeve and Roux-en-Y Gastric Bypass, respectively.

Conclusions: ABS is safe and feasible in selected patients, reducing cost of unnecessary hospitalization and demonstrates its non-inferiority regarding perioperative complication rates when it is compared to conventional hospital stay (>24hr).

Disclosure: No significant relationships.

FP050 / Abs. ID 1242

Topic: *AS02. Young IFSO*

FREE PAPERS 06: YOUNG IFSO/TRANSPLANT/ADOLESCENTS/MESH
10-09-2025 11:30 - 13:00

WHO GETS LEFT BEHIND? THE NEW CLASSIFICATION OF CLINICAL OBESITY AND ITS IMPACT ON SURGICAL ELIGIBILITY

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Background: Current eligibility for bariatric surgery is primarily based on Body Mass Index (BMI) and the presence of comorbidities. However, relying solely on the current guideline may lead to misclassification issues. Additionally, the existence of country-specific guidelines contributes to a heterogeneous therapeutic approach to clinical obesity. Thus, recent efforts have been made to propose objective diagnostic criteria for Obesity, which may influence the selection of adequate treatment.

Objectives: This study aims to evaluate how the New Classification of Clinical Obesity (NCCO) differs from current eligibility guidelines for bariatric surgery.

Methods: We analyzed data from 1,038 patients treated between 2014 and 2022 at two hospitals with consistent surgical teams at each center. Records from both hospitals include patients' characteristics prior to the surgery, such as BMI and comorbidities, the type of surgery performed, and follow-up weight measurements. Patients were classified using both traditional eligibility criteria and the NCCO. We then compared the two classifications to assess their overlap and divergence.

Results: Our findings reveal notable differences in surgical indication for obesity between the two hospitals. In the first, 80% of patients met NCCO criteria for Clinical Obesity and 73% had at least one NICE-listed comorbidity. In the second, these figures were 60% and 56%, respectively. However, the two classification systems often identified different patients. Over half of those with Clinical Obesity had no NICE-defined comorbidity, suggesting that using only BMI and comorbidities may miss eligible patients. Variations in comorbidity prevalence also suggest differing clinical practices, underscoring the need for a standardized global guideline.

Conclusions: This study provides empirical support for the adoption of an objective and unified guideline for the diagnosis and treatment of clinical obesity. Our findings support the need for a standardized, objective global framework for diagnosing and treating clinical obesity.

Disclosure: No significant relationships.

FP051 / Abs. ID 315

Topic: *AS02. Young IFSO*

FREE PAPERS 06: YOUNG IFSO/TRANSPLANT/ADOLESCENTS/MESH
10-09-2025 11:30 - 13:00

THE POTENTIAL BENEFITS OF TIRZEPATIDE FOR PROTECTING RENAL FUNCTION; 1-YEAR FOLLOW-UP, A PROSPECTIVE, TWO-ARM, OBSERVATIONAL STUDY

Yuki Oe[1,2,3], Kyu Yong Cho[3,4], Takashi Omori[2,3], Yuka Takahashi[2], Shin Furukawa[2], Taro Nishio[2], Kiyoshi Sakai[2]
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Background: We previously reported the efficacy and safety of tirzepatide for patients with type 2 diabetes (T2D) and chronic kidney disease (CKD). However, the study period was relatively short and more longitudinal follow-up was desired. Additionally, there was no report to investigate the efficacy of tirzepatide on patients with T2D and CKD for 1-year follow-up in real-world clinical setting.

Objectives: The objectives of this study were to examine the effect of tirzepatide for renal function when switching from conventional glucagon-like peptide-1 receptor agonists (GLP-1RAs) on subjects with T2D and CKD.

Methods: We conducted a prospective observational study of Japanese subjects with T2D and CKD for 1-year (registry No. UMIN000051442). Eligible subjects were those who had treated by dulaglutide for at least 3 months with glycated hemoglobin (HbA1c)≧7.0% and estimated glomerular filtration rate (eGFR)≦60 mL/min/1.73m^2. Subjects who switched to tirzepatide (TZP group) and those who continued dulaglutide (Dula group) were observed over 1-year. The dosing regimen of tirzepatide was started at 2.5 mg and increased to 5.0 mg after 1 month and maintained for 1-year. We evaluated the change of various metabolic parameters at the beginning of and 1-year after the observation between the two groups. The primary outcome was the difference of the change in creatinine-based eGFR (eGFRcr) between the two groups for 1-year. HbA1c, cystatin C-based eGFR (eGFRsys), serum creatinine level (Cr) and urine albumin-creatinine ratio (UACR) were also investigated.

Results: 46 subjects (TZP 22 subjects, Dula 24 subjects) have completed the study. After 1-year, eGFRcr significantly increased in TZP group (TZP 3.2 ± 5.2 mL/min/1.73m^2, Dula -1.2 ± 6.2 mL/min/1.73m^2, P<0.05). HbA1c significantly decreased in TZP group (TZP -1.3 [-1.7, -0.8] %, Dula 0.2 [-0.4, 0.5] %, P<0.01). Although eGFRsys and UACR didn't show significantly changes between the two groups, the changes of Cr significantly decreased in TZP group (TZP -0.05 [-0.12, 0.03] mg/dL, Dula 0.04 [-0.08, 0.14] mg/dL, P<0.05).

Conclusions: Tirzepatide might be effective for maintaining renal function and improving glycemic control even in patients already using GLP-1RAs with CKD. However, the evaluation for eGFRcr should take the change of muscle mass into account.

Disclosure: Submitter (Yuki Oe) has received honoraria for lectures from Novo Nordisk Pharma Ltd..

FP052 / Abs. ID 429

Topic: *AS02. Young IFSO*

FREE PAPERS 06: YOUNG IFSO/TRANSPLANT/ADOLESCENTS/MESH
10-09-2025 11:30 - 13:00

HIATAL HERNIA, ENDOSCOPIC AND SURGICAL CORRELATION IN METABOLIC BARIATRIC SURGERY IN A HIGH-VOLUME INSTITUTION

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Background: Obesity is directly related to hiatal hernia. The discovery of hiatal hernia is common during bariatric and metabolic surgery. Upper gastrointestinal endoscopy is an essential preoperative study for diagnosis and surgical planning.

Objectives: The main objective is to evaluate the correlation between upper gastrointestinal endoscopy and the intraoperative finding of hiatal hernia in patients undergoing metabolic bariatric surgery

Methods: This is a cross-sectional study. Data were collected from patients who underwent bariatric and metabolic surgery, including gastric bypass and sleeve gastrectomy, where endoscopy was performed as a preoperative requirement. The findings of hiatal hernia in this study were compared to those reported intraoperatively. Proportions and concordance measures were calculated.

Results: A total of 52 patients who underwent bariatric/metabolic surgery (gastric bypass and sleeve gastrectomy) between October and December 2024 were included. In the observed population, the diagnosis of hiatal hernia through endoscopy was made in 32.6% of participants. Regarding the findings of cardial incompetence (Hill II, III, and IV), it was reported in 42.3%, 30.7%, and 13.4%, respectively. However, the presence of this condition was not consistent intraoperatively in 89% of the cases. Two cases of intraoperative hiatal hernia were reported in participants where it was not detected during preoperative endoscopy. A moderate correlation was found at the lower limit of the category, with a kappa index of 0.4. This indicates a discrepancy between the findings of hiatal hernia identified through endoscopy and those observed during metabolic bariatric surgery.

Conclusions: Although there is a moderate correlation between the diagnosis of hiatal hernia through endoscopy and intraoperative findings, significant discrepancies still exist between the two methods. Given the importance of upper gastrointestinal endoscopy as a preoperative study in metabolic bariatric surgery, while the Hill classification remains the most used and validated, the results of this study suggest the need to define a more precise classification that ensures a basic and standardized nomenclature, in order to objectify anatomical evaluation and reduce observer variability.

Disclosure: No significant relationships.

FP053 / Abs. ID 466

Topic: *AS02. Young IFSO*

FREE PAPERS 06: YOUNG IFSO/TRANSPLANT/ADOLESCENTS/MESH
10-09-2025 11:30 - 13:00

SECONDARY ACHALASIA FOLLOWING BARIATRIC SURGERY: A REPORT OF THREE CASES AND CLINICAL INSIGHTS

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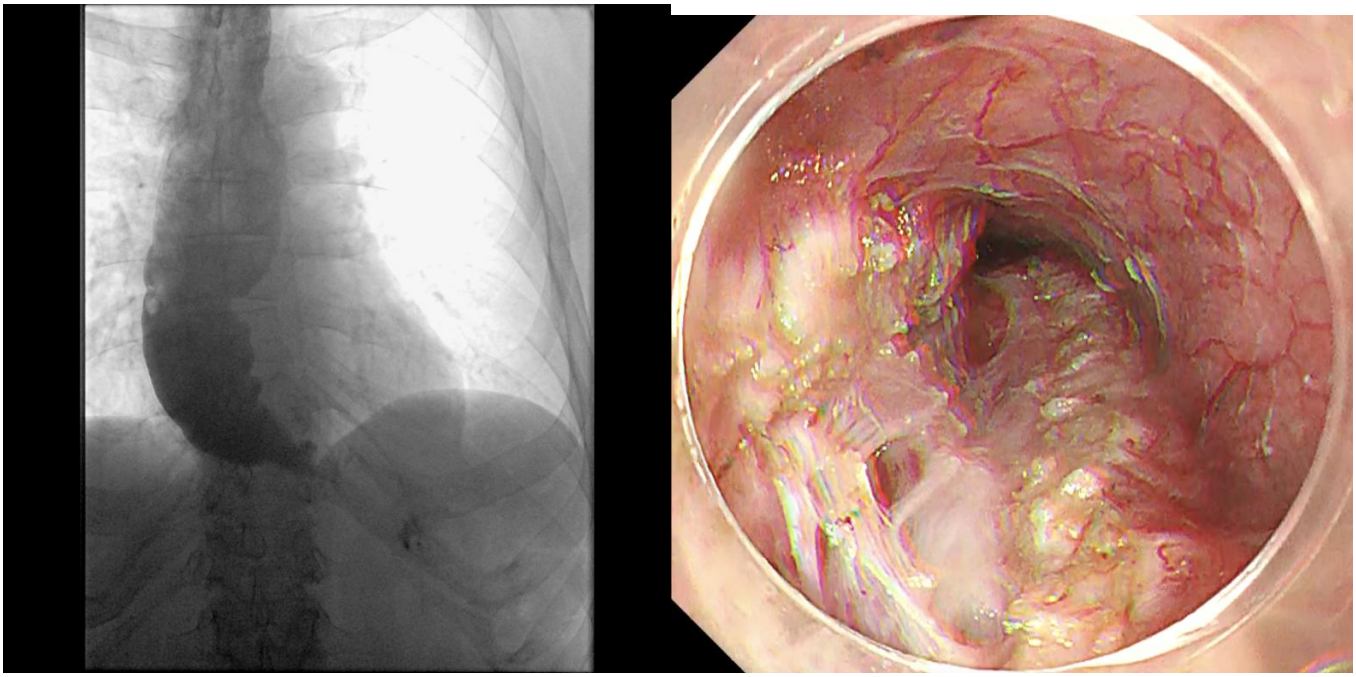
Background: Achalasia, a disorder characterized by impaired esophageal motility and esophagogastric junction obstruction, can occur as a secondary condition following bariatric surgery. This association is often underrecognized, leading to delayed diagnosis and management.

Objectives: To highlight the clinical characteristics, diagnostic processes, treatment strategies, and outcomes of secondary achalasia following bariatric surgery.

Methods: We report three patients diagnosed with achalasia after bariatric surgery. Each case includes an overview of presenting symptoms, diagnostic findings, and treatment interventions.

Results: Patient 1: A 53-year-old male underwent laparoscopic sleeve gastrectomy (LSG) 7 years ago, presenting with recurrent regurgitation for 1 year. OGD revealed a dilated esophagus with food residues and a tight esophagogastric junction (EGJ). Barium swallow demonstrated a bird-beak appearance (Fig.1). High resolution manometry (HRM) confirmed type I achalasia. He underwent two pneumatic dilatations; however, symptoms recurred 1 month after each procedure. Consequently, he underwent per-oral endoscopic myotomy (POEM), from which he recovered well with no postoperative complications and is now able to eat a full diet. Patient 2: A 50-year-old female who had LSG 16 years prior presented with similar symptoms for 2 years. OGD findings were consistent with Patient 1. HRM confirmed type I achalasia. Despite two pneumatic dilatations, her symptoms recurred. She successfully underwent POEM (Fig.2) and reported resolution of regurgitation. Patient 3: A 68-year-old female with a history of laparoscopic greater curve plication and adjustable gastric banding 11 years ago experienced band migration and subsequent removal 2 years later. She complained of dysphagia and repeated regurgitation for 6 months. OGD showed retained food and tightness at the EGJ, with HRM confirming type II achalasia. The patient is pending POEM.



Conclusions: Secondary achalasia following bariatric surgery often presents years later and may be misdiagnosed due to assumptions about dietary habits. Clinicians should maintain a high index of suspicion and utilize HRM for accurate diagnosis. This condition appears less responsive to pneumatic dilatation, making POEM a safe and effective treatment option. Enhanced awareness of this association is essential, and further studies are needed to elucidate its prevalence and underlying mechanisms.

Disclosure: No significant relationships.

FP054 / Abs. ID 735

Topic: *AS02. Young IFSO*

FREE PAPERS 06: YOUNG IFSO/TRANSPLANT/ADOLESCENTS/MESH
10-09-2025 11:30 - 13:00

IMPACT OF ROUX-EN-Y GASTRIC BYPASS ON VONOPRAZAN PHARMACOKINETICS AND PHARMACODYNAMICS IN MORBIDLY PATIENTS WITH OBESITY

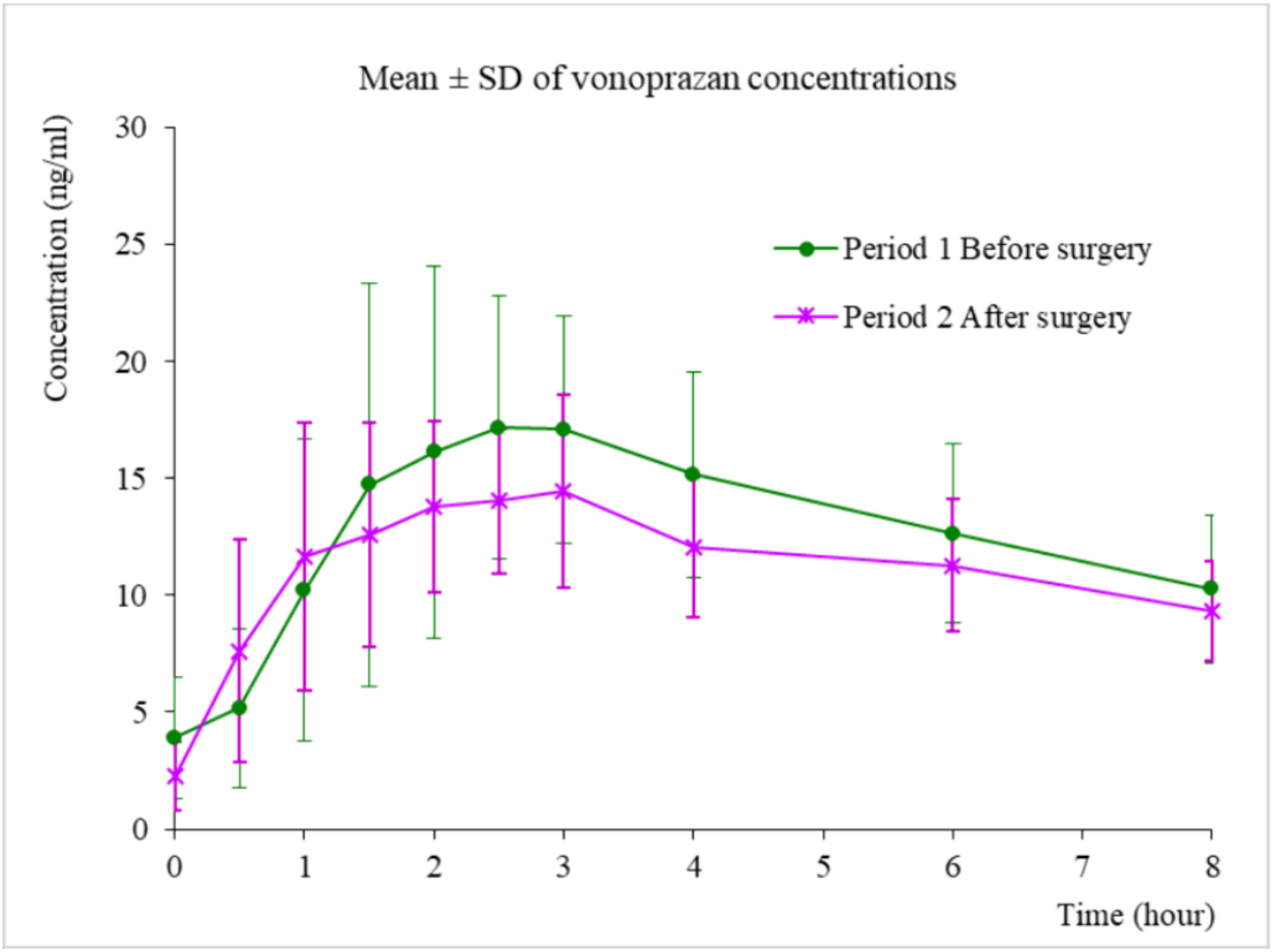
Pattharasai Kachornvitaya, Pakkapon Ratanachaisit, Pajaree Chariyavilaskul, Suthep Udomsawaengsup
King Chulalongkorn Memorial Hospital, Bangkok, Thailand

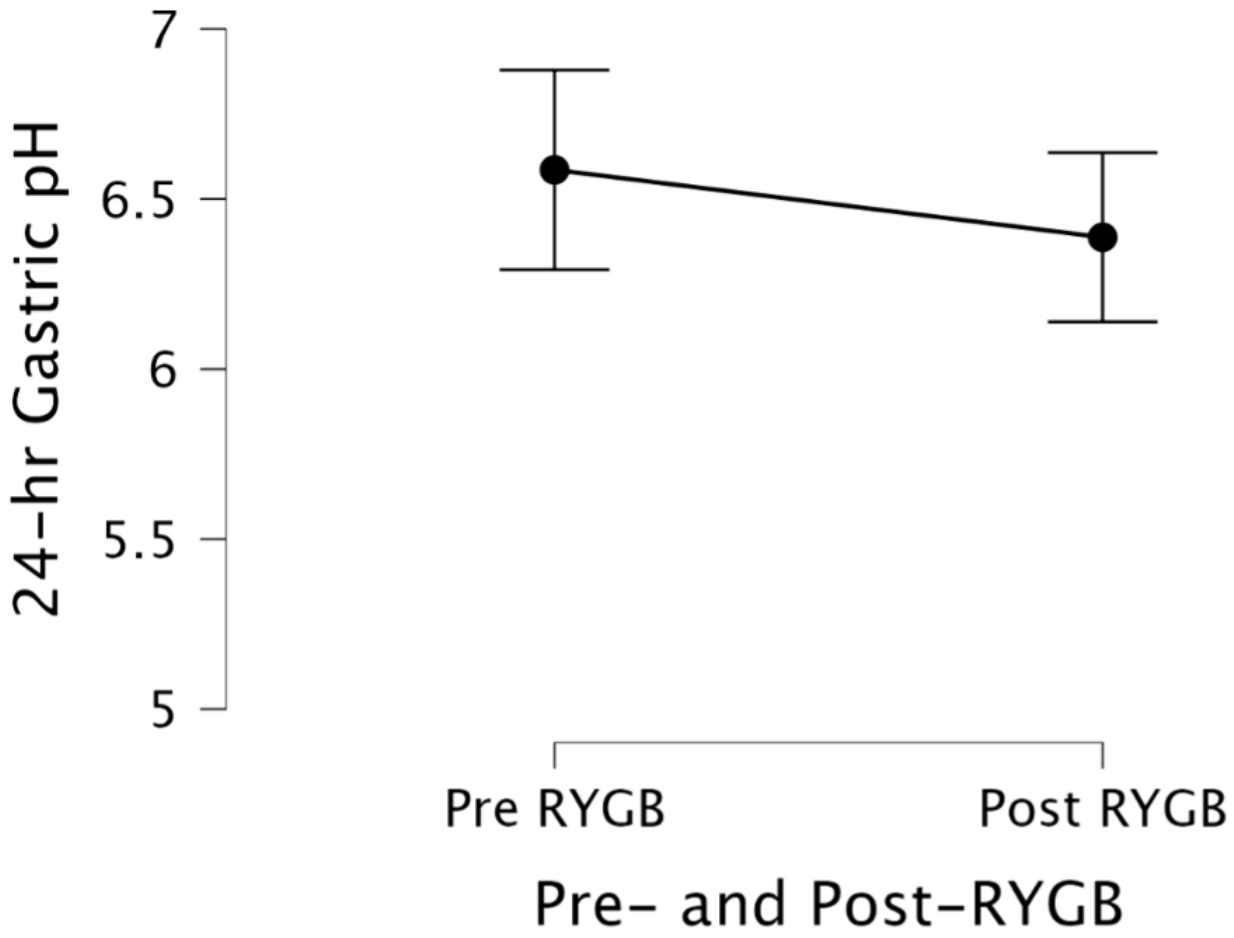
Background: Limited data are available on the effects of Roux-en-Y gastric bypass (RYGB) surgery on the pharmacokinetics and pharmacodynamics of vonoprazan in patients severe obesity.

Objectives: This study aimed to systematically assess the impact of RYGB on the pharmacokinetic and pharmacodynamic profiles of vonoprazan in Thai patients with severe obesity.

Methods: The patients with morbid obesity were administered 20 mg of vonoprazan daily for 7 days before and continued for 6 weeks after RYGB surgery. Plasma vonoprazan levels were measured at predose (0), 0.5, 1, 1,5, 2, 2.5, 3, 4, 6, 8 hrs after dosing, both pre- and post-surgery, using high-performance liquid chromatography. Pharmacokinetic parameters (C_{max}, T_{max}, $AUC_{0\text{-}8hr}$) and pharmacodynamic effects were assessed using 24-hour intragastric pH monitoring and compared before and 6 weeks after surgery.

Results: A total of nine patients were enrolled in the study, of whom five (55%) were female. The mean age was 42.33 ± 11.02 years, and the mean body mass index (BMI) was 44.18 ± 4.98 kg/m². Following RYGB surgery, the mean Tmax of vonoprazan increased from 2.39 ± 0.82 hours to 2.89 ± 1.34 hours, representing a 20.93% increase (p = 0.264). The mean Cmax decreased from 19.39 ± 6.21 ng/mL to 15.91 ± 4.46 ng/mL, a reduction of 17.92% (p = 0.030). Additionally, the mean AUC_{0-8}hr declined from 103.5 ± 33.11 ng·h/mL to 90.98 ± 22.78 ng·h/mL, reflecting a 12.1% reduction (p = 0.047). The mean preoperative and postoperative 24-hour gastric pH were 6.41 ± 0.57 and 5.94 ± 0.59, respectively (p = 0.181). After six weeks of follow-up, no symptoms of marginal ulcers were observed.


Mean ± SD of vonoprazan concentrations
Concentration (ng/ml)
30
25
20
15
10
5
0
0
1
2
3
4
5
6
7
8
Time (hour)
Period 1 Before surgery
Period 2 After surgery



Conclusions: This study indicates that Roux-en-Y gastric bypass (RYGB) significantly alters vonoprazan systemic exposure but does not significantly affect 24-hour gastric pouch pH. Further studies with larger sample sizes are needed to explore the clinical implications of these changes and to develop optimized treatments for post-RYGB patients.

Disclosure: No significant relationships.

FP055 / Abs. ID 958

Topic: *AS02. Young IFSO*

FREE PAPERS 06: YOUNG IFSO/TRANSPLANT/ADOLESCENTS/MESH
10-09-2025 11:30 - 13:00

OUTCOMES OF METABOLIC BARIATRIC SURGERY IN THE GERIATRIC POPULATION (>65 YEARS) IN THE LACTO-VEGETARIAN SUBSET OF INDIA PATIENTS.

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[1]KD Hospital, Bariatric Surgery, Ahmedabad, India, [2]KD Hospital, Ahmedabad, India

Background: Advanced age was previously considered a relative contraindication for many surgical procedures. Still, with the advancements in minimally invasive techniques and perioperative care protocols, the perception of healthcare providers has changed. Obesity and related comorbidities are one such health hazard that is a concern for the geriatric population as it more often than not leads to the patient being dependent on some help even to carry out their daily activities. While many studies have confirmed the effectiveness of bariatric surgery in the treatment of severe obesity, its effectiveness in the geriatric population is still questioned by many.

Objectives: To evaluate the safety and outcome of bariatric surgery in patients >65 years of age.

Methods: Patients of age >65 years who underwent laparoscopic bariatric surgery from January 2019 to December 2021 were identified from a prospectively maintained database of bariatric metabolic procedures. An equal number of adult patients (age 45 to 64 years) matched for surgery type, who also underwent bariatric surgery in the same period at the same institution, were also randomly selected for comparative outcome in terms of weight loss, comorbidity resolution, and nutritional parameters analysis.

Results: In the analysis of 1544 patients, 124 (8.03%) patients 65 years and older were identified and were compared with 124 patients matched for type of surgery. 51 (41.1 %) had undergone Roux-en-Y gastric bypass, 15 (12.09%) one anastomosis gastric bypass, and 58 (46.77 %) sleeve gastrectomy. The operative outcomes were similar for the 2 groups as determined by the operative time, length of stay, and 30-day readmission rate. The postoperative complication rates were low in the adult patients compared to the geriatric group (bleeding 1.0%, pulmonary 1.5 %, cardiac 1%, wound 0.5%, and 30-day mortality rate 0%). The percentage of excess body weight loss was greater in the adult group at the first-year follow-up, and recurrent weight gain was also higher in the geriatric group on short-term follow-up. Patient satisfaction scores in the geriatric population improved post-surgery.

Conclusions: Bariatric surgery could be an effective and safe treatment modality for patients in the Geriatric age group to enhance their quality of life and reduce dependency on others.

Disclosure: No significant relationships.

FP056 / Abs. ID 1022

Topic: *AS11. MBS and transplant surgery*

FREE PAPERS 06: YOUNG IFSO/TRANSPLANT/ADOLESCENTS/MESH
10-09-2025 11:30 - 13:00

EFFECTS OF GENDER AND RACE/ETHNICITY ON POST-LIVER TRANSPLANT STEATOTIC LIVER DISEASE

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Background: The development of steatotic liver disease (SLD) after liver transplantation (LT) is increasingly common. Studies have demonstrated a link between metabolic factors and the incidence of post-LT SLD, but the effects of recipient demographics on post-LT steatosis are less well-known. Patients of Hispanic descent are at an increased risk of developing SLD, which is linked to multiple factors, including environmental and genetic (eg, PNPLA3 gene variants) risks. Female sex is also linked to a higher risk of developing metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH).

Objectives: The goal of this study was to better understand how demographics may affect post-transplant SLD risk may help improve screening and intervention protocols during transplant follow-up.

Methods: Medical records of prospective patient database undergoing LT between 1/2013 and 6/2016 at a single center were reviewed. Patients were considered to have post-LT SLD if fatty infiltration or steatosis were noted on imaging, or if steatosis was identified via liver biopsy. Differences between groups were compared using Fisher's exact or Chi-square tests, as appropriate. Factors affecting steatosis-free survival (SFS) were analyzed using Cox proportional hazards analysis. $P<0.05$ was considered statistically significant.

Results: Of the 307 patients included in the study, 121 (39.4%) had evidence of post-LT SLD. Neither recipient sex (HR, 0.80; 95% CI, 0.59-1.15; p=0.22) or donor sex (HR, 0.96; 95% CI, 0.69-1.39; p=0.84) affected post-LT SFS. However, patients of Hispanic ethnicity had significantly reduced SFS (HR, 1.66; 95% CI, 1.11-2.49; p=0.02) compared to non-Hispanic patients. Receiving a graft from a Hispanic donor was not associated with SFS (HR, 1.05; 95% CI, 0.71-1.56; p=0.81). Of the 55 patients of Hispanic ethnicity, 16 (29.1%) had a pre-LT diagnosis of metabolic dysfunction-associated steatohepatitis (MASH), similar to non-Hispanic patients (n=48/252, 19.0%; p=0.10).

Conclusions: The results of this analysis show that Hispanic LT recipients may be uniquely predisposed to developing post-LT SLD. Interestingly, donor ethnicity did not influence SLD rates. More studies are needed to determine whether Hispanic LT recipients should undergo increased surveillance for SLD after transplant.

Disclosure: No significant relationships.

FP057 / Abs. ID 603

Topic: *AS20. OMM in children and adolescents*

FREE PAPERS 06: YOUNG IFSO/TRANSPLANT/ADOLESCENTS/MESH
10-09-2025 11:30 - 13:00

PERIOPERATIVE OUTCOMES IN YOUNG BARIATRIC PATIENTS: A COMPARATIVE SYSTEMATIC REVIEW AND META-ANALYSIS

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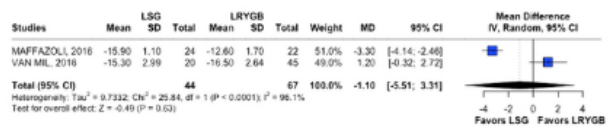
Background: With adolescent obesity on the rise, bariatric surgery is increasingly considered for severe cases. This systematic review compares perioperative outcomes of laparoscopic sleeve gastrectomy (LSG) and Roux-en-Y gastric bypass (LRYGB) in young patients to assess their safety and efficacy. Given the limited data on these procedures in adolescents, the study aims to enlighten clinical decision-making and improve patient outcomes.

Objectives: To compare the perioperative outcomes of laparoscopic sleeve gastrectomy and laparoscopic roux-y gastrectomy in young patients, specifically evaluating BMI, EWL(Estimated weight loss), reoperation, and postoperative complications.

Methods: A thorough literature search in the MEDLINE, Scopus, and Cochrane databases including observational studies that directly compared laparoscopic sleeve gastrectomy and laparoscopic roux-y gastrectomy in young patients was conducted. Pooled relative risks (RRs) with 95% confidence intervals (CIs) were calculated using the random-effects model.

Results: The analysis comprised a total of 1665 patients across four studies, all of which were observational studies. No statistically significant differences were observed in terms of BMI and EWL, considering that each study favored a different technique. Although both LSG and RYGB present with post-operative complications and need for reoperation, the demonstration of numerically higher postoperative complications in LSG [RR 1.60, 95% CI 0.70 to 3.66 , P=0.264] and reoperation in LRYGB [RR 0.67, 95% CI 0.41 to 1.10 , P=0.113], these differences did not reach statistical significance.

BMI



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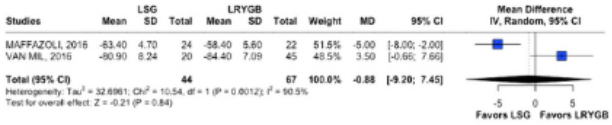
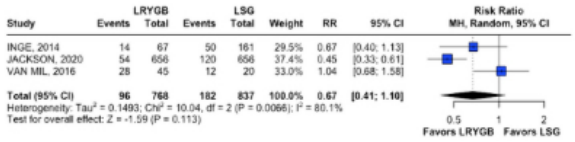


Postoperative complications



Reoperation

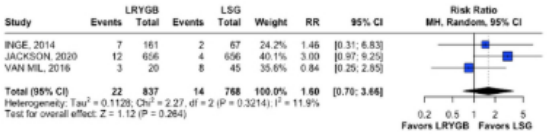


Table 1. Baseline characteristics of all included studies

Study	Type of surgery	No. of patients	BMI	EWL	Reoperation	Postoperative complications
Jackson, 2020	LSG	656	NA	NA	4	54
	LRYGB	656	NA	NA	12	120
Van Mil, 2016	LSG	45	-16.5(2.64)[§]	-84.4(7.09)[§]	8	28
	LRYGB	20	-15.3(2.99)[§]	-80.9(8.24)[§]	3	12
Maffazoli, 2016	LSG	22	-12.6(1.7)[§]	-58.4(5.6)[§]	NA	NA
	LRYGB	24	-15.9(1.1)[§]	-63.4(4.7)[§]	NA	NA
Inge, 2014	LSG	67	NA	NA	2	14
	LRYGB	161	NA	NA	7	50

[§]mean ± standard deviation;

Conclusions: Our findings suggest that LSG and LRYGB appear to be safe and effective bariatric procedures for adolescents with severe obesity, demonstrating favorable perioperative outcomes. However, given the limited data available, further large-scale studies are needed to better understand long-term safety, weight loss sustainability, and potential complications. Continued research will help refine surgical recommendations and optimize outcomes for young bariatric patients.

Disclosure: No significant relationships.

FP058 / Abs. ID 1091

Topic: *AS20. OMM in children and adolescents*

FREE PAPERS 06: YOUNG IFSO/TRANSPLANT/ADOLESCENTS/MESH
10-09-2025 11:30 - 13:00

METABOLIC BARIATRIC SURGERY IN ADOLESCENTS, RESULTS OF MONITORING TO 5 YEARS

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Background: Introduction. Obesity is a chronic disease of multifactorial origin, manifested in earlier ages every time. Public health policies should focus aimed at prevention and early treatment. The results offered by these therapeutic strategies are also scarce. Therapies based on changing habits and lifestyles such as eating and exercise plans get in adolescents, BMI reductions 0,21. ± 0.08 kg / m2

Objectives: Objective. Determine the results followed patients undergoing Adolescent Metabolic and Bariatric Surgery at the Programa Cirubar

Methods: Materials and methods. Observational, cross-sectional type retrospective in which patients were included Adolescent bariatric surgery in 2018 at the Programa Cirubar by Caiña & Aguilar

Results: Results. information obtained from monitoring 34 patients undergoing bariatric surgery teenagers, aged between 15 and you 21 years with a mean age of 20.52 ±1.04 years. A 64.71% of the patients underwent a OAGB, to 29.41% of patients underwent a Gastric Sleeve, and 5.88% of patients underwent a RYGB. The 73.52% made before surgery two years or more of medical treatment, either assist to drop weight groups, visit a nutritionist or both, obtaining a suboptimal clinical response in such treatment. Preoperative average weight of 113,83 ± 18,98 was kg, with a medium BMI 43,37 ± 7,08kg/m2 and excess presurgical weight average 62.05% to the average weight ideal. EBMW% on average for the year was 83.19 ± 21.13 kg with a mean BMI of 29,28 ± 4 kg / m2. The average was the LBMI% 31,98 ± 5,07, the EWL was 64,7 ± 13,65%. The most frequent comorbidities were Hypothyroidism (23.52%), type 2 diabetes (14.7%) and hypertension (11.76%).

Conclusions: Conclusions. this work show that adolescent patients with severe obesity led to a Bariatric Surgery had an excellent result at 5 years follow-up, since the EBMW% exceeds 65% was reduced Pathological weight and keep improving comorbidities reduced quality of life, increasing life expectancy of adolescent patients, resulting in changes to physical, psychological, cultural and social level. It is a safe surgery, with no change in the risks to adults. Sleeve Gastrectomy is an excellent alternative after failure to medical treatments.

Disclosure: No significant relationships.

FP059 / Abs. ID 976

Topic: *AS38. MBS and the hiatus: to mesh or not to mesh?*

FREE PAPERS 06: YOUNG IFSO/TRANSPLANT/ADOLESCENTS/MESH
10-09-2025 11:30 - 13:00

BARIATRIC RELATED HIATAL HERNIA SURGERY: A RETROSPECTIVE COHORT STUDY ON VALUES OF HIATAL MEASUREMENTS AND TECHNIQUES

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Background: Hiatal hernia repair is known to have a high recurrence rate, making it a significant complicating factor both for primary metabolic and bariatric surgery (MBS) and for managing its complications.

Objectives: In this single-center cohort study, we wanted to test a potential hypothesis that hiatal measurements were associated with the effectiveness (i.e., low recurrence rate) of surgical techniques including operations for gastric pouch hernias (GPH), gastric sleeve hernias (GSH), and MBS with concurrent repair (MBS-R).

Methods: During a period of 2021-2024, 44 patients (ages 23y-67y, males/females 9/35, BMI 23.9 – 47.9) were operated in which 15 patients had GPH, 21 patients had GSH, and 7 patients received MBS-R. Hiatal measurements on preoperative CT scans included axial length of hernia (AL) and hiatal surface area (HAS) in 39 out of 44 patients. Surgical approaches included fixation of gastric pouch or sleeve, fundoplications, cruroplasty and mesh implantation.

Results: Recurrence rates were 40% (6/15) in GPH, 9.6% (2/21) in GSH and 14% (1/7) in PSCR, respectively. In GPH, HAS and AL were 5.77 ± 2.15 cm^2, and 2.93 ± 1.52 cm, respectively. In GSH, HAS and AL were 5.33 ± 2.24 cm^2 and 3.06 ± 1.32 cm, respectively. In MBS-R, HAS and AL were 15.74 ± 10.11 cm^2 and 5.11 ± 2.31 cm, respectively. The differences between the three groups of patients in terms of HAS and AL were not statistically significant ($p>0.05$). It was also noticed that reducing the hiatal opening via cruroplasty or using absorbable mesh implantation was less effective than focusing on pouch or sleeve fixation.

Conclusions: Our measurements of HAS for GPH and GSH were within the normal range (i.e., from 4.89 cm^2 to 5.84 cm^2). Based on our results, we suggested that herniation in gastric pouch and sleeve hernias was not related to the hiatal anatomy but rather to the disruption of gastroesophageal junction at the angle of His during primary MBS, and that surgical techniques focusing on the fixation of the gastric pouch or sleeve below the hiatus were more important than techniques addressing the hiatal anatomy, such as cruroplasty and mesh implantation.

Disclosure: No significant relationships.

FP060 / Abs. ID 96

Topic: *AS21. Robotic surgery: indications, pros and cons*

FREE PAPERS 05: ROBOTIC MBS/BILIARY BLUNDERS
10-09-2025 11:30 - 13:00

IMPACT OF INCREASING ROBOTIC BARIATRIC UTILIZATION ON DUODENAL SWITCH PROCEDURE OUTCOMES

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Background: The growth rate of robotic metabolic bariatric surgery has rapidly increased in recent years. The impact of this new growth pattern on robotic Duodenal Switch Procedures (DSPs) patient-reported outcomes remains unclear.

Objectives: To determine how the changing utilization of the robotic platform has impacted outcomes for robotic duodenal switch procedures compared to the laparoscopic approach.

Methods: DSPs performed using robotic assistance (RDSPs) or conventional laparoscopy (LDSPs) were identified from the 2015 to 2021 Metabolic Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) databases. 1:1 caliper-matched analysis compared outcomes between all RDSPs and LDSPs and those performed during different operative periods (2015-2018 and 2019-2021). Cohorts were analyzed using Kruskal-Wallis and Pearson Chi-Squared tests. Conditional fixed-effects and logistic regression models were used to determine independent associations. All statistical analyses were conducted with Stata/MP 17.0

Results: 14,679 DSPs (73.6% LDSPs, 26.4% RDSPs) were analyzed. Matched analyses compared 2,081 RDSPs to 2,081 LDSPs. Mean operation length ($p<0.001$) and hospital length of stay (LOS) ($p<0.001$) were longer for RDSPs. Risk of surgical site infection (SSI) OR 1.37), readmission (OR 1.34), reintervention (OR 1.39), and overall morbidity (OR 1.34) were significantly higher for RDSPs. RDSPs performed between 2015 and 2018 also had longer operative duration and hospital length of stay but comparable outcomes to LDSPS. In contrast, RDSPs performed from 2019 to 2021 had higher SSI (OR 1.81), readmission (OR 2.02), reintervention (OR 2.08), and overall morbidity (OR 1.8) risk. Operation duration remains longer for RDSPs, but similar hospital length of stay.

Conclusions: In this matched analysis, both RDSPs and LDSPs were safe. With bariatric growth, more recently performed RDSPs appear to be associated with an increase in some adverse outcomes

Disclosure: Dr. Michael Edwards received an Intuitive Foundation Research Grant to support another research project unrelated to this submission. All other co-authors have no relevant disclosures or conflicts of interest.

FP061 / Abs. ID 92

Topic: *AS21. Robotic surgery: indications, pros and cons*

FREE PAPERS 05: ROBOTIC MBS/BILIARY BLUNDERS
10-09-2025 11:30 - 13:00

A COMPARISON OF SURGICAL OUTCOMES BETWEEN ROBOTIC AND LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS IN SEVERE OBESITY: THE FIRST SOUTHEAST ASIAN STUDY

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Background: Roux-en-Y Gastric Bypass (RYGB) is one of the most common bariatric-metabolic procedures for treating severe obesity. Robotic RYGB (RRYGB) has been introduced to enhance surgical precision and overcome technical challenges associated with conventional laparoscopic RYGB (LRYGB), particularly in patients with Obesity IV (BMI ≥50 kg/m²). However, most studies have failed to demonstrate superior surgical outcomes for RRYGB over LRYGB. This study, the first in Southeast Asia, evaluates the surgical outcomes of RRYGB compared to LRYGB.

Objectives: To evaluate and compare the surgical outcomes and safety of RRYGB versus LRYGB in patients with severe obesity.

Methods: A retrospective analysis was conducted on patients with severe obesity who underwent either RRYGB or LRYGB. Demographic and perioperative variables were compared between the two groups. Additionally, a subgroup analysis was performed based on BMI: group A (BMI <50 kg/m²) and group B (BMI ≥50 kg/m²).

Results: A total of 113 patients were included (LRYGB: 50, RRYGB: 63). Overall, RRYGB was associated with significantly lower blood loss (median: 15 mL [5-100] vs. 20 mL [10-150], p = 0.012), shorter length of hospital stay (LOS) (mean ± SD: 3.92 ± 0.75 days vs. 4.96 ± 2.15 days, p = 0.003), and fewer intraoperative complications (0% vs. 16%, p = 0.001) compared to LRYGB, without increasing operative time (mean ± SD: 214.21 ± 39.93 min vs. 213.14 ± 67.96 min, p = 0.917). In the subgroup analysis, RRYGB significantly reduced intraoperative complications (0% vs. 19.4%, p = 0.004) and blood loss (median: 10 mL [5-100] vs. 20 mL [10-100], p = 0.016) in group A. In group B, RRYGB was associated with a significantly shorter LOS (mean ± SD: 4.75 ± 0.74 days vs. 6.29 ± 2.20 days, p = 0.010), but no significant differences were observed in blood loss, operative time, or complications.

Conclusions: In this study, RRYGB was associated with reduced blood loss, shorter hospital stays (particularly in patients with Obesity IV), and fewer intraoperative complications compared to LRYGB, without increasing operative time. However, well-designed randomized controlled trials are necessary to further validate the benefits of RRYGB over LRYGB.

Disclosure: No significant relationships.

FP062 / Abs. ID 39

Topic: *AS21. Robotic surgery: indications, pros and cons*

FREE PAPERS 05: ROBOTIC MBS/BILIARY BLUNDERS
10-09-2025 11:30 - 13:00

OUTCOMES IN LAPAROSCOPIC AND ROBOTIC GASTRIC BYPASS PERFORMED DURING DIFFERENT TIME PERIODS.

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Background: Robotics Roux-en-Y gastric bypass (RYGB) continues to increase. There remains conflicting data on its impact on patient reported outcomes.

Objectives: To compare outcomes of robotic and laparoscopic RYGB over different time periods.

Methods: RYGB cases performed with either laparoscopy (LGB) or robotic (RGB) between 2015-2021 were extracted from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Project (MBSAQIP) databases. Propensity score matched analysis and regression models compared outcomes between LGB and RGB at different time intervals (2015-2018 vs. 2091-2021).

Results:

Table 1. Conditional and logistic regression analysis

	2015-208				2019-2021			
	95% Confidence Interval				95% Confidence Interval			
Outcome Measures	OR	LCL	UCL	p-value	OR	LCL	UCL	p-value
Death	0.63	0.20	1.91	0.41	0.81	0.39	1.69	0.57
VTE	0.71	0.46	1.08	0.11	0.83	0.58	1.17	0.28
Leak	0.91	0.59	1.39	0.66	0.83	0.57	1.21	0.34
SSI	0.62	0.46	0.83	0.002	0.75	0.61	0.92	0.006
Bleeding	0.68	0.48	0.98	0.039	0.61	0.38	0.99	0.046
Readmission	1.09	0.96	1.24	0.17	1.23	1.12	1.36	<0.001
Reoperation	1.23	1.00	1.50	0.047	1.11	0.95	1.29	0.18
Overall morbidity	1.10	0.99	1.23	0.083	1.13	1.04	1.23	0.005

A total of 286,531 RYGB cases (87% LGB, 13% RGB) were analyzed, yielding 25,594 matched LGB and RGB cases. Mortality was low (0.1%) and comparable between cohorts. RGB was associated with lower rates of surgical site infection (SSI) (0.9% vs. 1.3%, p<0.001) and bleeding (0.3% vs. 0.4%, p=0.04) but higher rates of readmission (5.8% vs. 4.9%,

p<0.001), reoperation (2.2% vs. 1.85%, p=0.005), and morbidity (7.6% vs. 6.8%, p<0.001). Operative length (OL) was significantly longer for RGB (p<0.001). In the 2015–2018 cohort, RGB had lower SSI and bleeding rates (p=0.002 and p=0.039) but longer OL and LOS (p<0.001). In the 2019–2021 cohort, SSI (p=0.006) and bleeding (p=0.046) remained lower with RGB, while morbidity was higher (p=0.005). Mean OL narrowed but remained longer for RGB (p<0.001), while LOS was comparable (Table 1).

Conclusions: Both RGB and LGB are safe with low mortality and morbidity. RGB is associated with a persistent reduced incidence of SSI and bleeding compared to LGB over time and increased adoption. Despite these benefits, RGB is linked to a longer OL and a higher overall morbidity rate.

Disclosure: No significant relationships.

FP063 / Abs. ID 469

Topic: *AS21. Robotic surgery: indications, pros and cons*

FREE PAPERS 05: ROBOTIC MBS/BILIARY BLUNDERS
10-09-2025 11:30 - 13:00

TOTALLY ROBOTIC SURGERY AMELIORATES THE SURGICAL RISKS OF DIABETES OVER CONVENTIONAL LAPAROSCOPY

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Background: Patients with diabetes have increased surgical risks, including greater number and severity of complications and a longer period of recovery. The robotic platform reduces postoperative complications and enhances recovery. Currently, there is little knowledge pertaining to the effects of totally robotic (ROB) versus laparoscopic (LAP) metabolic bariatric surgery (MBS) on surgical outcomes of patients with Type 2 diabetes (T2D).

Objectives: The objectives of this investigation were: 1) to examine the effects of totally robotic vs laparoscopic primary MBS on early surgical outcomes of patients with type 2 diabetes (T2D) and 2) to compare these outcomes to patients without T2D (No-T2D).

Methods: The study design was retrospective and included 922 MBS patients, 255 (28%) of whom had T2D and 667 who did not. Among the surgeries, 44% were Roux-en-Y gastric bypass and 56% sleeve gastrectomy. Outcome measures included: 1) patient characteristics, 2) operative (op) times, 3) length of hospital stay (LOS), and 4) 30-d surgical outcomes, i.e. readmissions, reops, complications. All surgeries, LAP and ROB, were performed by a single surgeon 1/9/2020 to 12/30/24.

Results: Patients with T2D, as compared to those without, were older (49.2 vs 43.0 y, $p<0.0001$), more likely to be male (33% vs. 22%, $p=0.0005$), and to have significantly ($p<0.0001$) more co-existing health issues. When surgeries were performed LAP, op times were significantly ($p<0.01$) greater for patients with T2D versus No-T2D (90.5 min vs 75.2, respectively), as was LOS (1.48 d vs. 1.28). The ROB platform significantly ($p<0.01$) reduced op times and LOS for patients with or without T2D and to comparable values (op times T2D=68.8 min ROB vs. 90.5 LAP; op times No-T2D=67.9 min ROB vs. 75.2 LAP; LOS T2D=1.21 d ROB vs. 1.48 LAP; LOS No-T2D=1.20 d ROB vs. 1.28 LAP). Following LAP surgeries, 30-d readmissions, reoperations and major complication rates were somewhat higher for patients with T2D vs. No-T2D. With the ROB approach, 30-d outcomes of patients with T2D improved significantly ($p<0.05$) to rates that did not significantly differ from patients without T2D.

Conclusions: For patients with T2D, surgical outcomes are improved with the totally ROB approach over conventional laparoscopy to rival outcomes of patients without T2D.

Disclosure: Dr. Dennis Smith is a Preceptor for Intuitive

FP064 / Abs. ID 888

Topic: *AS22. Robotic surgery: round up of newer devices*

FREE PAPERS 05: ROBOTIC MBS/BILIARY BLUNDERS
10-09-2025 11:30 - 13:00

COMPARATIVE PERFORMANCE OF TWO ADVANCED STAPLING SYSTEMS IN PRECLINICAL ROBOTIC SURGERY TESTING

Frank Bisceglie[1], Jaime Ponce[2], Matthew Kroh[3], Margaret Inman[4], Emily Shea[1], Andrew Briere[1], Ricard Corcelles[3]
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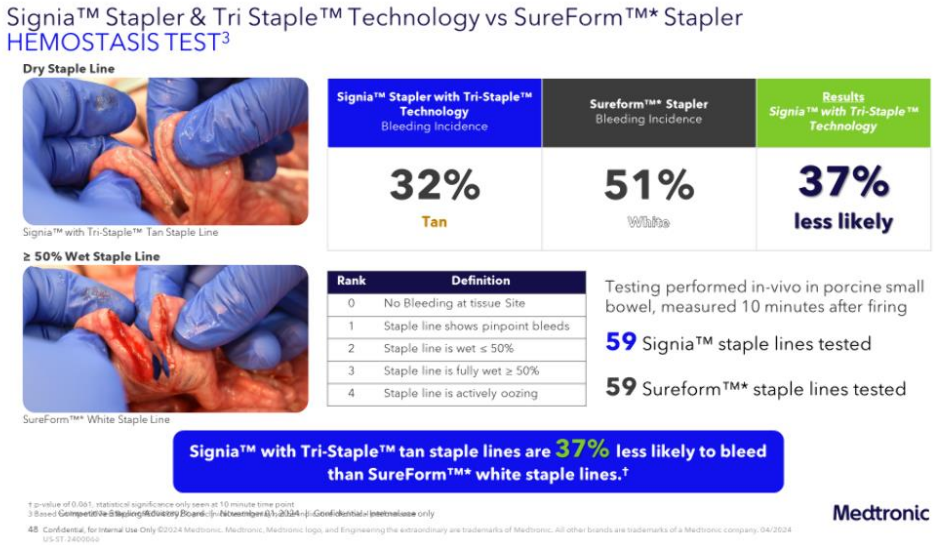
Background: Robotic surgery has revolutionized minimally invasive interventions, offering enhanced precision, dexterity, and visualization. In metabolic and bariatric surgery (MBS), robotic platforms are increasingly adopted, now accounting for approximately 30% of procedures. Surgical staplers are critical to secure tissue approximation and hemostasis during robotic-assisted operations.

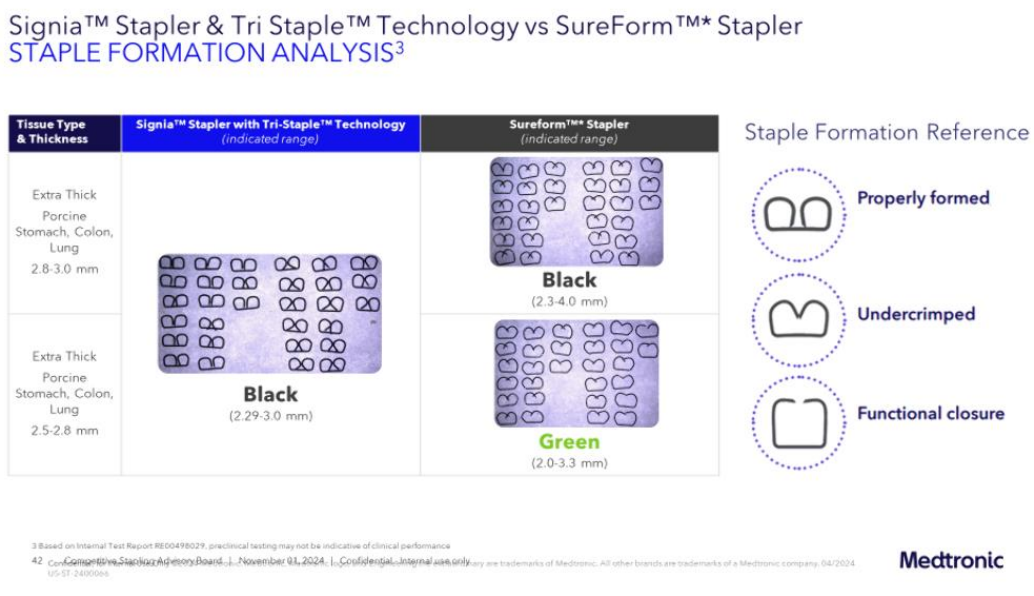
Objectives: This study compared the preclinical performance of Signia™ with Tri-Staple™ technology and the SureForm™ stapler, focusing on staple formation, acute hemostasis, and leak pressure resistance.

Methods: Standardized methodologies were used to evaluate device performance across 3,539 staple firings in both in-vivo and ex-vivo porcine tissues, including stomach, small bowel, colon, and lung. Acute hemostasis was assessed in 118 staple lines deployed in small bowel. Leak pressure testing was conducted on staple lines in ex-vivo porcine stomach using a pressure-controlled inflation system. Staple formation was assessed by carefully removing individual staples post-deployment and evaluating their shape and closure under microscopy. A properly formed staple resembles a consistent "B" shape, indicative of reliable tissue approximation. Formation quality was compared across equivalent reload types in indicated tissue thickness ranges. Statistical analyses were applied to identify significant differences between the two devices.

Results: Staple formation analysis showed superior closure performance by Signia™ with Tri-Staple™ across all staple sizes compared to SureForm™ ($p < 0.001$). Acute hemostasis testing revealed a 37% reduction in bleeding within 10 minutes post-deployment for the Tri-Staple™ Tan reload compared to the SureForm™ White reload ($p = 0.061$). Leak pressure results demonstrated a 20% increase in resistance to leakage with the Tri-Staple™ Black reload compared to the SureForm™ Black reload ($p = 0.036$), suggesting improved staple staple line integrity. Other staple reload comparisons, such as Tri-Staple™ Tan vs. SureForm™ White and Tri-Staple™ Purple vs. SureForm™ Blue/Green, did

not yield statistically significant differences.





Conclusions: Signia™ with Tri-Staple™ technology demonstrated superior performance in preclinical staple formation, acute hemostasis, and leak pressure testing when compared to the SureForm™* stapler. These findings offer valuable insights for clinicians considering advanced stapling technologies in robotic-assisted metabolic and bariatric surgery. Further clinical studies are warranted to correlate these results with patient outcomes.

Disclosure: All co-authors are either employees of Medtronic or consultants for Medtronic.

FP065 / Abs. ID 348

Topic: *AS22. Robotic surgery: round up of newer devices*

FREE PAPERS 05: ROBOTIC MBS/BILIARY BLUNDERS
10-09-2025 11:30 - 13:00

SAFETY AND FEASIBILITY OF LIVER RETRACTION WITH THE LEVITA MAGNETIC SURGICAL SYSTEM IN METABOLIC BARIATRIC SURGERY: EXTENDED MAGNETIC GRASPER DEVICE

Natasha Paravic Rios[1], Julio Antonio Jimenez Lillo[2], Marcelo Yañez Lillo[3], Ignacio Robles Guic[4], Pablo Marin Perez[5]
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Background: Since the introduction of minimally invasive surgery, laparoscopy has become the preferred approach for intra-abdominal procedures. One of the key components of laparoscopic surgery, is the ability to achieve and maintain adequate visualization of the surgical target. Most of the laparoscopic instruments require an additional abdominal wall incision to use them, leading to potentially increased risk of incision-related complications. The interest in less invasiveness in surgery is aimed at reducing the number of abdominal incisions, providing less postoperative pain, reducing the risk of incision-related complications, improving the cosmetic results, and increasing patient satisfaction.

Objectives: Evaluate the safety and effectiveness of the Extended Magnetic Grasper Device in patients undergoing bariatric and/or hiatal hernia procedures, as a liver retractor.

Methods: This was a prospective, multicenter, single-arm, open label study designed to assess the safety and feasibility of the Levita Magnetic Surgical System: Extended Magnetic Grasper in bariatric and/or hiatal hernia procedures. The study was conducted at three study sites with 30 subjects enrolled. The Levita Magnetic Surgical System was used for liver, the crus of the diaphragm and/or surrounding tissue mobilization.

Results: In 100% of the cases, the target tissue was successfully grasped in order to retract the liver. Additionally, in 87% of cases, the target tissue was easily grasped on the first attempt. The device enabled adequate mobilization of the liver in 100% of cases There were no device malfunctions. There were no conversions to open procedures. There were none severe or serious advents events. The study found that the average total surgery time for procedures using the Extended Grasper was 1 hour and 39 minutes.

Conclusions: These results demonstrate the Extended Magnetic Grasper Device met predefined safety and feasibility endpoints for this study, supporting its potential as a valuable tool for laparoscopic bariatric and hiatal hernia procedures. In all 30 cases, the device was able to adequately mobilize the liver, crus of the diaphram, or surrounding tissue to achieve an effective exposure, with no device malfunctions. No serious or severe adverse events were reported. These results suggest that the Extended Magnetic Grasper Device is safe and effective for use in bariatric and hiatal hernia procedures.

Disclosure: No significant relationships.

FP066 / Abs. ID 599

Topic: *AS22. Robotic surgery: round up of newer devices*

FREE PAPERS 05: ROBOTIC MBS/BILIARY BLUNDERS
10-09-2025 11:30 - 13:00

EVALUATION OF A NOVEL MARS TECHNIQUE IN SINGLE-SURGEON REDUCED-PORT LAPAROSCOPIC METABOLIC BARIATRIC SURGERY

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Background: Minimally invasive surgery has evolved with the integration of robotic systems. Magnetic-assisted Robotic Surgery (MARS) is an innovative platform designed to enhance surgeon control and visualization. Using magnetism for tissue retraction reduces the need for an assistant by allowing the surgeon to control instruments via robotic arms and a foot pedal. Previous studies on laparoscopic bariatric surgery have shown promising results.

Objectives: To evaluate the feasibility and efficacy of a novel MARS-assisted technique for single-surgeon reduced-port laparoscopic bariatric surgery.

Methods: A retrospective chart review, single-center study was conducted on patients who underwent laparoscopic bariatric surgery assisted by MARS from November 2024 to February 2025. All procedures were performed by a single surgeon using a novel technique. The outcomes were surgery time, 30-day postoperative device-associated complications, hospital readmission rates, and mortality rates. Continuous variables were reported as mean ± standard deviation or median (range), depending on their distribution. Categorical variables were presented as frequencies and percentages. Analyses were conducted using Python 3.11.5.

Results: A total of 50 patients were included, of which 36 underwent sleeve gastrectomy, and 14 underwent gastric bypass. The cohort included 47 females and 3 males, with a median age of 36.8 years (range = 22-59) and a mean BMI of 40 (SD=5.9). The median operative time was 82.5 minutes (range = 60-100) for bypass and 30 minutes for sleeve (range= 19-45). A three-port technique was consistently used across surgeries. No device-related complications or mortality were observed within 30 days. Just one hospital remission due to hematoma and hemoperitoneum was reported.

Conclusions: This study shows that this novel technique using the MARS system is feasible, safe, and effective when used by a single surgeon in reduced-port robotic laparoscopic bariatric surgeries. This new technique shows promising outcomes in patient safety and efficacy, with no significant complications or adverse events observed during the study. Future studies are needed to confirm these findings.

Disclosure: No significant relationships.

FP067 / Abs. ID 191

Topic: *AS22. Robotic surgery: round up of newer devices*

FREE PAPERS 05: ROBOTIC MBS/BILIARY BLUNDERS
10-09-2025 11:30 - 13:00

LAPAROSCOPIC VS HUGO RAS SLEEVE GASTRECTOMY: A RETROSPECTIVE COMPARISON OF PERIOPERATIVE DATA, EARLY OUTCOMES, AND COMPLIANCE WITH TEXTBOOK STANDARDS

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Background: Current evidence does not support robotic sleeve gastrectomy over the laparoscopic approach, primarily due to increased postoperative morbidity. The HUGO Robotic Assisted Surgery (RAS) is a new platform, with limited data available for comparison to laparoscopy.

Objectives: To evaluate differences in perioperative outcomes, morbidity profile, early weight loss, and compliance with textbook outcomes between HUGO RAS sleeve (HRS) and laparoscopic sleeve (LS)

Methods: A retrospective comparison between HRS with LS was conducted. Robotic cases were matched with the same number of previous laparoscopic procedures. Study period spanning from February 2024 to February 2025. Cases involving simultaneous procedures were excluded. The Student's t-test and Z-test were used to assess statistical differences

Results: A total of 34 cases were included, with 17 per group. No significant differences were found between LS and HRS in terms of age 48.7 years (24-67) vs 44 years (29-60), p=0.27, preoperative weight 124 kg (89-170) vs 122.4 kg (73-163), p=0.28, BMI 43.9 kg/m² (35-54.1) vs 44 kg/m² (30-57.1), p=0.97, and the number of related diseases 3.9 (2-8) vs 3.7 (1-6), p=0.676. Female patients were more common in the HRS group 13 (76.4%) vs 9 (52.9%), p=0.163. One intraoperative bleeding occurred in the HRS group, but there were no conversions in either group. The LS cohort had one reoperation and required ICU admission. One re-admission was recorded for each group. Postoperative stay 2.6 days (2-5) vs 2.4 days (1-7), p=0.673 and complication rates 3 (17.6%) vs 2 (11.76%), p=0.629 were similar. No mortality was documented. At 6 months, weight loss parameters were comparable: BMI 32.8 kg/m² (27.7 – 39.7) vs 33.5 kg/m² (24.4 – 41.7), p=0.565 and %TBWL 26.7% (17.7 – 35.9) vs 24.6% (13.7 – 41.3), p=0.79. Compliance with textbook outcomes was similar for both groups (15, 88.2%)

Conclusions: In our early experience, HRS seemed to show similar outcomes to LS, with comparable postoperative morbidity, length of stay, weight loss, and compliance with textbook outcomes

Disclosure: Pablo Collera is consultant for Medtronic, however this is not relevant for this abstract

FP068 / Abs. ID 366

Topic: *AS22. Robotic surgery: round up of newer devices*

FREE PAPERS 05: ROBOTIC MBS/BILIARY BLUNDERS
10-09-2025 11:30 - 13:00

AUGMENTED REALITY AND 3D VISUALIZATION INTEGRATED WITH MARS ROBOTIC PROCEDURES IN METABOLIC BARIATRIC SURGERY: FIRST CLINICAL CASES

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Background: Visualization in surgical procedures is a critical factor in ensuring safety and effectiveness. The Magnetic-Assisted Robotic Surgery (MARS), enhances the benefits of minimally invasive surgery by reducing patient invasiveness while improving visualization. To further enhance surgical visualization, a three-dimensional (3D) camera and augmented reality (AR). AR delivers an advanced digital and dynamic screen while enabling accurate spatial awareness for the surgeon in the surgical field. The combination of an AR headset and a 3D camera eliminates the need for polarized glasses and external monitors, improving the user experience during surgery.

Objectives: This study evaluates the feasibility of this pioneering approach by combining these three technologies in clinical cases

Methods: Levita Magnetics developed an AR application that integrates the MARS system, the Meta Quest 3 headset, and the B. Braun/Aesculap EinsteinVision 3D camera. Three cases were conducted using this innovative approach. Retrospective review was conducted using electronic medical records from patients who underwent reduced-port laparoscopic surgery assisted by the MARS system combined with 3D visualization and AR in October 2024. Outcomes included operative time, 30-day postoperative complications, hospital readmissions, deviations from hospital protocols, and surgeons' evaluation of the visualization.

Results: Three patients were included in this experience, two gastric bypass and one laparoscopic cholecystectomy combined with a laparoscopic sleeve gastrectomy. The cohort included three women, with a mean age of 45.3 years (SD = 9.74). The median operative time was 157 minutes (range: 95–218 minutes). In all surgeries, at least one less incision was used. There were no device malfunctions, and all surgeons described the visualization as "greatly improved." None of the surgeries resulted in 30-day postoperative complications, hospital readmissions, or deviations from hospital protocols.

Conclusions: This study demonstrates the successful first use of the MARS system combined with 3D visualization delivered via an augmented reality platform for reduced-port laparoscopic procedures. It represents the first real-world application combining surgical robotics, magnetic retraction, 3D visualization, and augmented reality. This successful initial clinical experience paves the way for expanding the use of AR in combination with surgical robotics, offering the potential to provide real-time information to surgeons and enabling telesurgery and telepresence capabilities.

Disclosure: No significant relationships.

FP069 / Abs. ID 273

Topic: *AS24. Biliary blunders in MBS*

FREE PAPERS 05: ROBOTIC MBS/BILIARY BLUNDERS
10-09-2025 11:30 - 13:00

IS IT SAFE TO PERFORM CONCOMITANT CHOLECYSTECTOMY IN PATIENTS WITH CONFIRMED GALLBLADDER DISEASE UNDERGOING METABOLIC ND BARIATRIC SURGERY? AN UPDATED META-ANALYSIS

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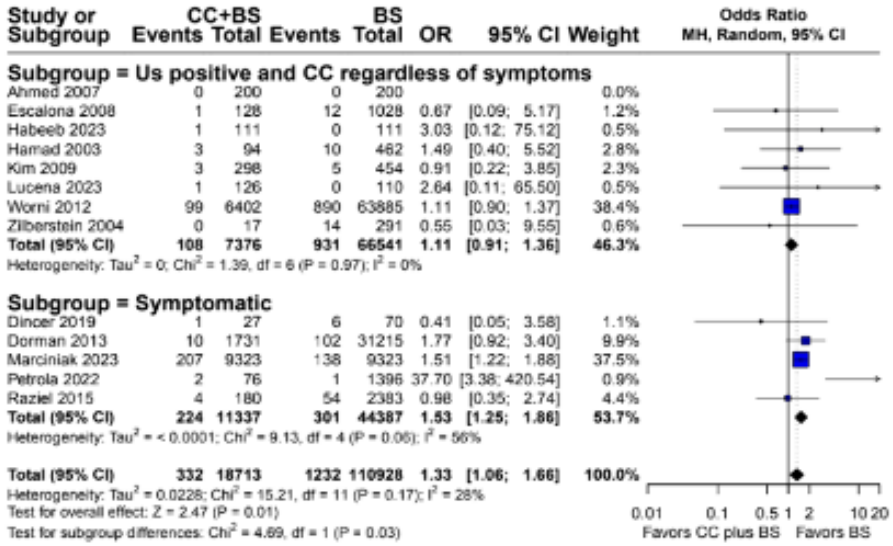
Background: Obesity is a global public health issue, and metabolic bariatric surgery (MBS) remains most effective intervention for achieving and maintaining long-term weight loss. However, rapid weight loss following MBS increases the risk of gallstone formation. Concomitant cholecystectomy (CC) during MBS has been proposed to mitigate this risk, but recent studies present conflicting evidence regarding its safety and efficacy, leaving no clear consensus.

Objectives: we aimed to perform a systematic review and updated meta-analysis to assess the benefits and risks of performing CC + MBS

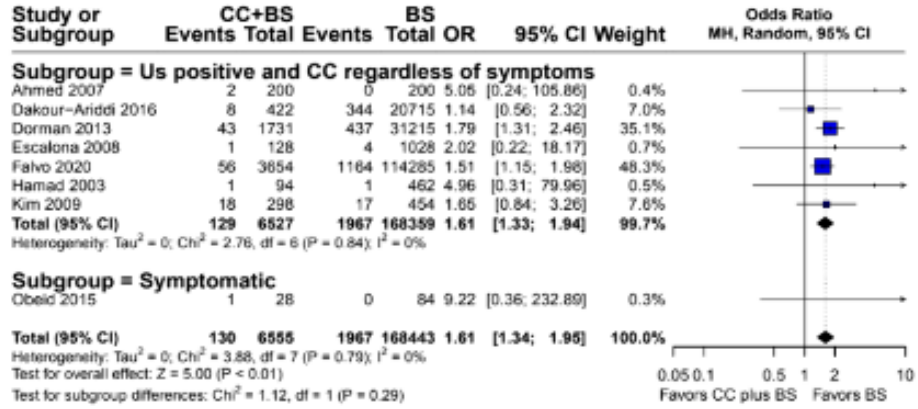
Methods: We conducted a meta-analysis by systematically searching MEDLINE, Cochrane Central, Embase, and ClinicalTrials.gov for studies comparing CC plus BS versus BS alone. Odds ratios (ORs) and mean differences (MDs) with 95% confidence intervals (CIs) were pooled using a random-effects model. Statistical analyses were performed with Review Manager v5.4 and RStudio v4.3.3. PROSPERO ID: CRD42023480360

Results: We included 26 studies encompassing 656,830 patients with confirmed gallstones, among whom 34,409 (5.2%) underwent CC.The mean age was 41.5 years, and 79.2% were female. Patients undergoing CC+MBS had increased operative bleeding (OR 1.31; 95% CI 1.06–1.62; p=0.01), wound complications (OR 1.61; 95% CI 1.34–1.95; p<0.01), respiratory complications (OR 1.49; 95% CI 1.13–1.95; p<0.01), and (OR 1.86; 95% CI 1.28–2.70; p<0.01). No significant differences in operation time, rates of postoperative mortality, length of hospital stay, and vein thrombosis were found between groups.

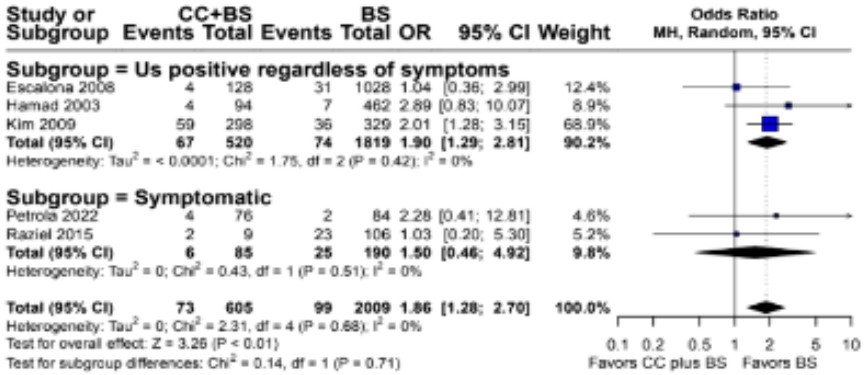
Intraoperative bleeding

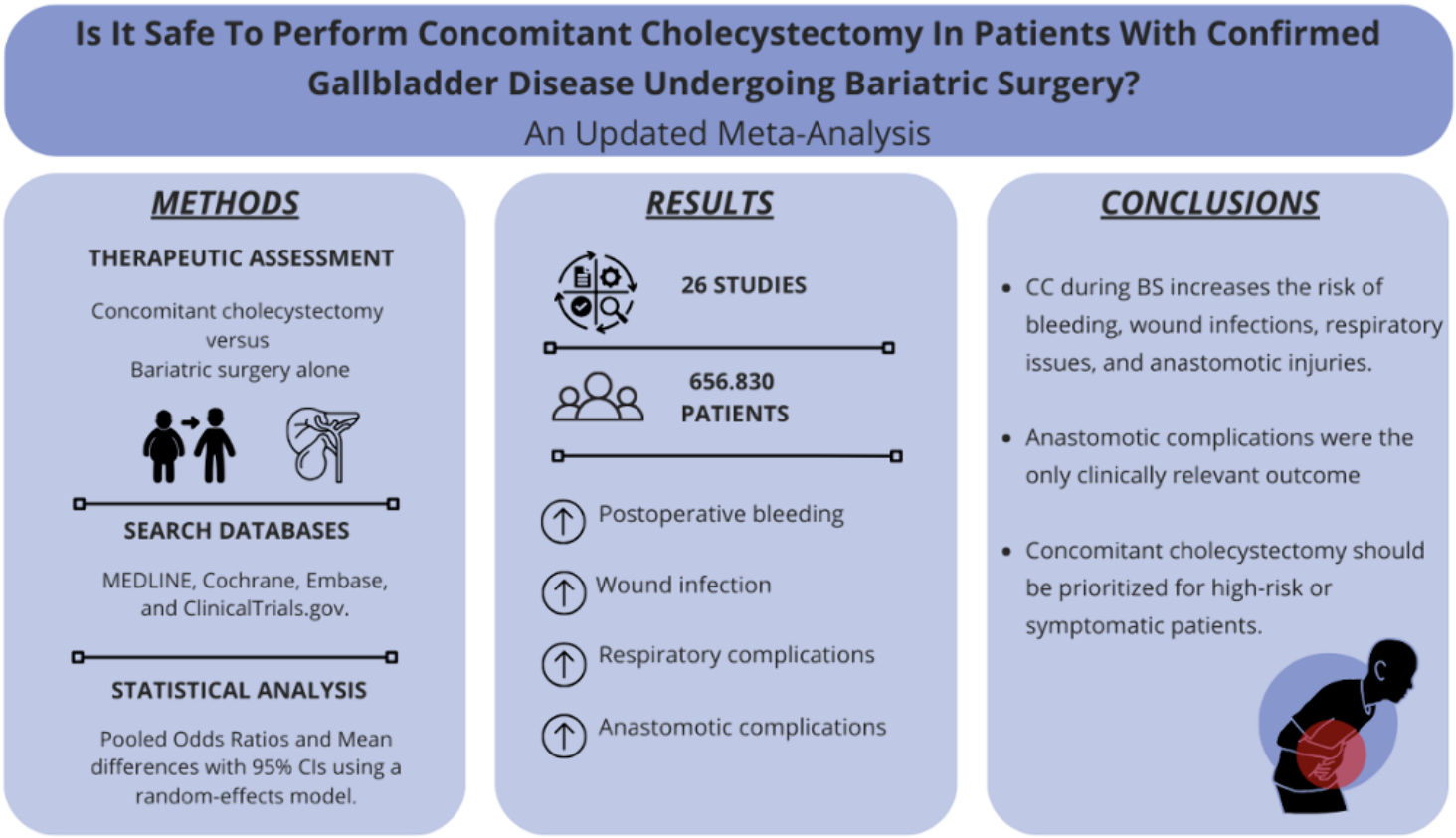


Wound complications



anastomotic complications





Conclusions: CC during MBS increases postoperative complications, though only anastomotic complications are clinically significant. Therefore, CC should be reserved for high-risk or symptomatic patients and avoided in bariatric procedures involving an anastomosis due to the elevated risk of complications.

Disclosure: No significant relationships.

FP070 / Abs. ID 1234

Topic: *AS24. Biliary blunders in MBS*

FREE PAPERS 05: ROBOTIC MBS/BILIARY BLUNDERS
10-09-2025 11:30 - 13:00

COMPARATIVE ANALYSIS OF THE INCIDENCE OF POST-BARIATRIC CHOLELITHIASIS IN SLEEVE GASTRECTOMY AND ROUX-EN-Y GASTRIC BYPASS

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Background: Bariatric surgery is an effective treatment for severe obesity, yet it may increase the risk of developing cholelithiasis. Understanding risk factors for gallstone formation is crucial to optimize postoperative care.

Objectives: To compare the incidence and associated factors of post-bariatric cholelithiasis between patients undergoing sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB).

Methods: A retrospective cohort study was conducted on 565 patients who underwent SG or RYGB by a single surgeon between 2021 and 2025. Patients were followed for two years with biannual ultrasound assessments. Those with preoperative cholelithiasis or incomplete follow-up were excluded. Data on demographics, comorbidities, weight loss, and surgical details were analyzed using chi-square and unpaired Student's t-test.

Results: The overall incidence of cholelithiasis was 13.8%, with a higher frequency in females (85.9%, $p<0.0001$) and in those who underwent RYGB (59% of cases, $p<0.0001$). Mean time to diagnosis was significantly shorter in RYGB compared to SG (7.7 ± 5.8 vs. 11.5 ± 9.1 months, $p=0.0211$), despite no significant differences in total weight loss or EWL%. The presence of MASLD was significantly associated with gallstone formation ($p=0.0265$).

Conclusions: Post-bariatric cholelithiasis is more frequent and develops earlier after RYGB than SG. Female sex and MASLD are significant risk factors. These findings emphasize the need for targeted surveillance and consideration of prophylactic strategies in high-risk patients.

Disclosure: No significant relationships.

FP071 / Abs. ID 1013

Topic: *AS24. Biliary blunders in MBS*

FREE PAPERS 05: ROBOTIC MBS/BILIARY BLUNDERS
10-09-2025 11:30 - 13:00

ANTEGRADE BALLOON PAPILLARY DILATION: AN EFFECTIVE ALTERNATIVE FOR TREATING CHOLEDOCHOLITHIASIS IN PATIENTS WITH GASTRIC BYPASS

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Background: Patients undergoing bariatric surgery are at increased risk of developing gallstones due to metabolic changes associated with rapid weight loss. In gastric bypass, anatomical modifications make endoscopic access to the papilla difficult, complicating the treatment of common bile duct stones. Antegrade balloon papillary dilation (ABPD) is an effective, low-morbidity alternative that allows for comprehensive treatment of gallstones using a laparoscopic approach in the same surgical procedure as cholecystectomy.

Objectives: To compare the effectiveness of ABPD versus endoscopic retrograde cholangiopancreatography (ERCP) in the treatment of common bile duct stones and assess its applicability in post-gastric bypass patients.

Methods: This was an observational, retrospective, single-center, descriptive-comparative study conducted in Paysandú, Uruguay, over a 5-year period. Patients with common bile duct stones confirmed by intraoperative cholangiography and/or ERCP were included. Patients with septic cholangitis, severe acute pancreatitis, cobblestone choledochal gallstones, intrahepatic stones, and stones larger than 10 mm were excluded. Patients were divided into two groups according to treatment type (ABPD vs ERCP), and the optimal clinical response rate, morbidity, and mortality were analyzed. All patients who underwent ABPD had not undergone cholecystectomies.

Results: 166 cases of common bile duct stones were treated, with 55% (n=79) being resolved with ABPD and 45% (n=87) with ERCP. The success rate was 92.4% (n=73) for ABPD and 88.5% (n=77) for ERCP (p=0.221). Postoperative morbidity in the ABPD group was 7.6% (n=6) and 11.5% (n=10) in the ERCP group (p=0.396). Mortality was zero in ABPD and 3.45% (n=3) in ERCP (p=0.096). Neither of these differences reached statistical significance.

Conclusions: ABPD did not show statistically significant differences in morbidity, mortality, or success rate compared to ERCP. However, in non-cholecystectomized patients it offers certain advantages such as complete resolution of the pathology in a single procedure, easy learning, reproducibility in low-volume centers, and preservation of the sphincter of Oddi, which reduces long-term complications. Although the study does not focus exclusively on post-bypass patients, the results could have implications for this group.

Disclosure: No significant relationships.

FP072 / Abs. ID 1243

Topic: *AS21. Robotic surgery: indications, pros and cons*

FREE VIDEOS 02: ROBOTICS/ ENDOSCOPY/ICG/MAGNETS/MARGINAL ULCER/REVISIONAL MBS
10-09-2025 11:30 - 13:00

ROBOTIC CONVERSION TO ROUX EN Y GASTRIC BYPASS AFTER SIMULTANEOUS LIVER TRANSPLANT AND SLEEVE GASTRECTOMY

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Background: Robotic platforms have demonstrated to be safe and effective to use in procedures that require conversion from Vertical Gastrectomy to Gastric Bypass.

Objectives: To present the use of a robotic platforms in a conversion from vertical gastrectomy to a gastric bypass in a patient who underwent Simultaneous Liver Transplant and Vertical Gastrectomy.

Methods: A clinical case of a 57 years old male who underwent simultaneous Liver Transplant and Vertical Gastrectomy due to Advanced Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) with prior biliary limb reconstruction in an Roux en Y Hepaticojejunostomy fashion and began with reflux symptoms two years after the surgery underwent conversion from a Vertical Gastrectomy to a Gastric Bypass.

Results: The surgery begins with a laparoscopic platform first to assess if the conversion can be done and to evaluate adhesions and intestinal lenght prior to perform the robitic time. The evaluation of the the total length of the small intestine is done. Conversion to Gastric Bypass is feasible. Once that the gastric curvature of the gastric sleeve is identified, a Safeway is set to achieve full gastric mobilization. The site of the gastric pouch is selected. Gastric pouch is configurated using a linear stapler. Vascularity evaluation is done with transoperatory use of ICG. Twenty centimeters distal from the previous Roux en Y anastomosis the new site of diversion is chosen. With a 45 mm linear stapler the gastro enteral anastomosis is configurated. Enterostomy closure is performed with running suture. Conversion is performed succesfully.

Conclusions: Robotic platforms can be used in procedures that require conversion from Vertical Gastrectomy to a Gastric Bypass.

Disclosure: No significant relationships.

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Topic: *AS22. Robotic surgery: round up of newer devices*

FREE VIDEOS 02: ROBOTICS/ ENDOSCOPY/ICG/MAGNETS/MARGINAL ULCER/REVISIONAL MBS
10-09-2025 11:30 - 13:00

REVERSING GASTRIC BYPASS WITH ROBOTIC PRECISION: CASE STUDY AND OPERATIVE CONSIDERATIONS

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Background: La cirugía de bypass gástrico se ha realizado desde finales de la década de 1960, demostrando ser un procedimiento seguro con excelentes resultados en la pérdida de exceso de peso y la remisión de comorbilidades. Sin embargo, entre el 10 % y el 20 % de los pacientes pueden experimentar complicaciones como estenosis, hernias internas, síndrome de dumping, pérdida de peso excesiva asociada a la desnutrición y úlceras marginales. La primera reversión de bypass gástrico se describió en 2006 y, desde entonces, se han propuesto varias modificaciones técnicas. Las indicaciones actuales más comunes para la reversión incluyen dolor abdominal crónico, síndrome de dumping refractario, desnutrición grave y úlcera marginal

Objectives: En este artículo se presenta un caso de reversión de bypass gástrico asistido por robot debido a desnutrición que no respondió al tratamiento médico.

Methods: Un hombre de 41 años, con antecedentes de cirugía de bypass gástrico realizada siete años antes, presentó desnutrición proteica que no mejoró tras tres meses de soporte nutricional. Se indicó una reversión del bypass asistida por robot. El procedimiento se realizó con el sistema DaVinci Xi con dos trócares de 8 mm, dos de 12 mm y uno de 5 mm para la asistencia de la succión laparoscópica.

Results: Los hallazgos intraoperatorios incluyen una fuga posterior contenida de la gastroyeyunostomía cubierta por epiplón, una hernia paraesofágica de 4 cm con migración del reservorio gástrico al tórax y una rama digestiva de 50 cm. Los pasos quirúrgicos incluyen adhesiólisis, reducción de herniaria con reparación crural diafragmática, desmantelamiento de la gastroyeyunostomía, evaluación de la perfusión mediante fluorescencia con verde de indocianina, gastro-gastroanastomosis mecánica y resección de la rama digestiva. El procedimiento se fabricó sin complicaciones intraoperatorias ni postoperatorias inmediatas. La duración total de la cirugía fue de 185 minutos, con una pérdida sanguínea estimada de 150 ml.

Conclusions: Presentamos un caso exitoso de reversión de bypass gástrico robótico sin complicaciones quirúrgicas. El tiempo operatorio y la pérdida sanguínea fueron similares a los descritos con técnicas laparoscópicas, lo que demuestra la viabilidad y seguridad del abordaje robótico en casos seleccionados de desnutrición grave tras un bypass gástrico.

Disclosure: No significant relationships.

FP074 / Abs. ID 228

Topic: *AS52. Marginal ulcer treatment and prevention in MBS*

FREE VIDEOS 02: ROBOTICS/ ENDOSCOPY/ICG/MAGNETS/MARGINAL ULCER/REVISIONAL MBS
10-09-2025 11:30 - 13:00

A HIDDEN PATHWAY: ENTEROGASTRIC FISTULA POST RNY GASTRIC BYPASS

Salim Abunnaja[1], Lawrence Tabone[1], Shintaro Chiba[1], Shailendra Singh[2], Nova Szoka[1]
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Background: Roux-en-Y gastric bypass (RYGB) is an effective bariatric procedure; however, long-term complications such as gastro-gastric (GG) fistulas and marginal ulcers can present significant surgical challenges. While GG fistulas are uncommon, enterogastric fistulas are even rarer and require careful diagnosis and surgical expertise for definitive management

Objectives: Recognize post RYGB Fistulas emphasizing the diagnostic challenges in post-bypass patients Demonstrate Advanced Surgical Techniques & Outline the operative approach for such cases Emphasize the Need for Surgical Expertise: Discuss the complexities of revisional metabolic bariatric surgery and the importance of experience in managing rare post-bypass complications

Methods: Surgical correction involved resection of the gastrojejunal (GJ) anastomosis, optimization of the gastric pouch, and creation of a new GJ anastomosis. Additionally, a partial gastrectomy of the gastric remnant was performed to definitively address the enterogastric fistula

Results: The patient recovered well postoperatively without complications

Conclusions: GG fistulas are a rare complication of RYGB, typically associated with marginal ulcers. Enterogastric fistulas are even less common and may not be accurately diagnosed preoperatively. This case highlights the importance of surgical exploration in patients with persistent symptoms and altered post-bypass anatomy. Effective management requires a high level of surgical expertise, as complex revisions often necessitate tailored operative strategies to restore gastrointestinal continuity

Disclosure: No significant relationships.

FP075 / Abs. ID 212

Topic: *AS52. Marginal ulcer treatment and prevention in MBS*

FREE VIDEOS 02: ROBOTICS/ ENDOSCOPY/ICG/MAGNETS/MARGINAL ULCER/REVISIONAL MBS
10-09-2025 11:30 - 13:00

DEAD BOWEL, NO STOMACH, NOW WHAT? REVERSING A GASTRIC BYPASS IN THE FACE OF PERFORATION, ISCHEMIA, AND SUBTOTAL GASTRECTOMY

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Background: Laparoscopic Roux-en-Y gastric bypass (RNYGB) is a widely performed bariatric and metabolic procedure, but long-term complications such as marginal ulcers can present significant surgical challenges. While perforated marginal ulcers are typically managed with revision or repair, complex patient histories and altered anatomy may necessitate alternative approaches.

Objectives: Recognize the varied presentations and diagnostic challenges of perforated marginal ulcers post-RNYGB. Analyze the impact of prior surgeries and vascular compromise on surgical decision-making. Demonstrate advanced surgical strategies for managing complex post-bariatric complications. Emphasize the importance of tertiary centers and experienced surgeons in handling high-risk cases requiring innovative solutions.

Methods: We present a 52-year-old female, 15 years post-RNYGB, transferred from an outside hospital with severe abdominal pain and free air on CT scan. Her history included chronic smoking, failure to thrive (BMI 17) requiring intermittent total parenteral nutrition (TPN), subtotal gastrectomy for revision of a gastro-gastric fistula, prior small bowel resection for Meckel's diverticulum, and stenting of the superior mesenteric and celiac arteries for chronic bowel ischemia. Intraoperatively, she was found to have a large perforated marginal ulcer with ischemia of the Roux limb and extensive adhesions. Her prior subtotal gastrectomy had left only the gastric pouch and antrum, with absent gastric body and fundus. Given the diseased anatomy, standard revision was not feasible. The Roux limb and anastomosis were resected, and the gastric pouch and antrum were mobilized to restore gastrointestinal continuity in a complex reconstructive approach.

Results: Postoperatively, she recovered well, was discharged on postoperative day 6, and tolerated a regular diet at one-month follow-up. However, she resumed smoking.

Conclusions: Marginal ulcers post-RNYGB can present variably, with diagnosis guided by clinical and imaging findings. Complex cases with altered anatomy require advanced surgical expertise and intraoperative adaptability. Successful management depends on treatment at tertiary centers with experienced surgeons capable of devising innovative solutions when standard approaches are not feasible.

Disclosure: No significant relationships.

FP076 / Abs. ID 1079

Topic: *AS31. ICG and its role in revisional MBS*

FREE VIDEOS 02: ROBOTICS/ ENDOSCOPY/ICG/MAGNETS/MARGINAL ULCER/REVISIONAL MBS
10-09-2025 11:30 - 13:00

USAGE OF ICG DURING A GASTROJEJUNOSTOMY REVISION OF A GASTRIC BYPASS

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Background: Revisional bariatric surgeries, such as gastrojejunostomy revision following gastric bypass, present challenges due to altered anatomy, scarring, and compromised tissue perfusion. Indocyanine green (ICG) fluorescence imaging is increasingly utilized to enhance intraoperative decision-making and reduce complications, particularly anastomotic leaks.

Objectives: This case examined the role of ICG in a robotic gastrojejunostomy revision, assessing its impact on surgical outcomes and post-operative recovery.

Methods: A 59-year-old female with a history of multiple bariatric procedures, including gastric band placement, sleeve gastrectomy, and subsequent gastric bypass, developed a gastrojejunal anastomotic leak, later complicated by a marginal ulcer. She underwent a robotic gastrojejunostomy revision with hiatal hernia repair, partial gastrectomy, and small bowel resection. ICG fluorescence was utilized intraoperatively to assess tissue perfusion and guide surgical decisions.

Results: Post-operative upper gastrointestinal series (UGIS) confirmed no leaks. The patient tolerated a progressive diet and experienced resolution of epigastric pain. These findings suggest that ICG use may contribute to improved patient outcomes by aiding intraoperative visualization and reducing post-operative complications.

Conclusions: ICG is a valuable tool in revisional bariatric surgery, offering enhanced intraoperative assessment of tissue viability. While current evidence supports its potential benefits, further research is needed to standardize protocols and confirm its efficacy in improving surgical outcomes.

Disclosure: No significant relationships.

FP077 / Abs. ID 217

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

FREE VIDEOS 02: ROBOTICS/ ENDOSCOPY/ICG/MAGNETS/MARGINAL ULCER/REVISIONAL MBS
10-09-2025 11:30 - 13:00

ONE-ANASTOMOSIS GASTRIC BYPASS AS A CONVERSION OF ROUX-EN-Y GASTRIC BYPASS

Maria Agustina Bequis[1], Felipe Higuera[2], Agustin Duro[2], Fernando Wright[2], Axel Beskow[1]
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Background: Globally, Roux-en-Y gastric bypass (RYGB) is the most common conversion procedure. We present a patient who underwent RYGB as primary Metabolic Bariatric Surgery (MBS) and experienced recurrent weight gain. We propose a conversion to One-Anastomosis Gastric Bypass (OAGB).

Objectives: To present the case of a patient with recurrent weight gain after RYGB who underwent a conversion to OAGB following a multimodal preoperative approach, including pharmacological treatment, to optimize weight loss before surgery

Methods: A 52-year-old male with a history of RYGB in 2010 presented with significant recurrent weight gain. Despite initial weight loss, his BMI increased from a post-RYGB minimum of 36 kg/m² to 57 kg/m², corresponding to a total recurrent weight gain of 123%. A multidisciplinary approach was implemented, including pharmacological therapy with liraglutide, which was discontinued due to suboptimal response (3.7% weight loss), followed by naltrexone/bupropion, achieving a total weight loss of 5%. Then, the patient underwent conversion to OAGB in April 2024.

Results: The patient underwent a successful conversion to OAGB. Discharge occurred 24 hours postoperatively, with no complications and appropriate tolerance to the progressive diet. At the latest follow-up in January 2025 (9 months post-op), the patient weighed 129 kg, representing a 20.8% weight loss.

Conclusions: Conversion surgery should be understood as part of a multimodal approach, especially in patients who had recurrent weight gain. A conversion to OAG is a simple, safe, and effective technique for patients with a primary RYGB.

Disclosure: No significant relationships.

FP078 / Abs. ID 1032

Topic: *AS34. MBS and magnetic anastomoses*

FREE VIDEOS 02: ROBOTICS/ ENDOSCOPY/ICG/MAGNETS/MARGINAL ULCER/REVISIONAL MBS
10-09-2025 11:30 - 13:00

SELF FORMING MAGNETIC DUODENAL ILEAL ANASTOMOSIS IN PATIENTS WITH RECURRENT WEIGHT GAIN AFTER SLEEVE GASTRECTOMY: FEASIBILITY AND 12 MONTH OUTCOMES.

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Background: Weight regain after sleeve gastrectomy remains a significant challenge, often necessitating revisional procedures to enhance long-term outcomes. Traditional revisional bariatric surgeries can be complex and carry risks such as leaks, bleeding, and prolonged operative time. Magnetic compression anastomosis has emerged as an innovative approach to facilitating safer and more efficient anastomotic procedures.

Objectives: To evaluate the feasibility and clinical outcomes of self-forming magnetic duodeno-ileal anastomosis in post-sleeve gastrectomy patients.

Methods: A single post-sleeve gastrectomy patient with significant weight regain and metabolic comorbidities underwent revisional surgery using a self-forming nitinol magnetic anastomosis procedure (SNAP-PS). The technique involved endoscopic placement of an octagonal magnet into the duodenal wall, followed by laparoscopic positioning of a corresponding magnet in the ileum at 300 cm from the ileocecal valve. A combined endoscopic-laparoscopic approach ensured optimal magnet alignment, allowing for a controlled and atraumatic anastomosis formation. Postoperative evaluations included radiographic and endoscopic assessments, as well as clinical follow-up to measure weight loss, BMI reduction, and comorbidity resolution at 12 months.

Results: At the 12-month follow-up, the patient achieved a TBWL of 23% and an EWL of 36.5%. The patient's BMI decreased from 40.2 to 31.6, with no signs of nutritional compromise. Radiographic imaging confirmed proper anastomosis formation, and endoscopic evaluation demonstrated patent lumens in both the duodenum and ileum. By the tenth postoperative day, the magnets had been naturally expelled, confirming the successful completion of the magnetic compression process. Additionally, the patient experienced a complete resolution of pre-existing comorbidities, including fatty liver, dyslipidemia, and insulin resistance.

Conclusions: Self-forming magnetic duodeno-ileal anastomosis is a promising technique for revisional bariatric surgery, offering a minimally invasive alternative with reduced procedural complexity and improved safety. The SNAP-PS method demonstrated feasibility, achieving significant weight loss, metabolic improvements, and the resolution of comorbidities without nutritional deficiencies. Further studies with larger cohorts are necessary to validate these findings and assess long-term efficacy.

Disclosure: The authors serve as consultants of GIW Company located in Boston, United States

FP079 / Abs. ID 1072

Topic: *AS34. MBS and magnetic anastomoses*

FREE VIDEOS 02: ROBOTICS/ ENDOSCOPY/ICG/MAGNETS/MARGINAL ULCER/REVISIONAL MBS
10-09-2025 11:30 - 13:00

MAGNETIC DUODENO-ILEO ANASTOMOSIS + SLEEVE GASTRECTOMY (MAGDIS), EXPERIENCE IN CHILE

Marcos Berry[1], Lionel Urrutia Manriquez[1], Jose Estruga[2], Carlos Sandoval Sanchez[1], Nizar Richani Hilal[1]
[1]CLC, Cirugía, Santiago de Chile, Chile, [2]Clinica las Condes, Santiago, Chile

Background: Metabolic syndrome and obesity usually require weight loss interventions for better results. A 41-year-old male with type 2 obesity, insulin dependent type 2 diabetes, hypertension, and fatty liver, with no GERD, underwent magnetic duodeno-ileal anastomosis (MAGDI) plus sleeve gastrectomy (SG) : MAGDIS. Pre-operative assessment revealed metabolic syndrome, T2DM with insulin requirement and a mild diastolic dysfunction, neither contraindicating surgery. He had difficult glycemic metabolic control, despite preserved pancreatic reserve.

Objectives: Present MAGDIS as a novel, feasible and safe procedure.

Methods: Two hours pre-operatively, he swallowed the distal MagDi magnet, followed by metoclopramide and mineral oil. X-ray confirmed magnet placement before laparoscopic access. Adhesions were addressed, the greater omentum divided, and the ileum measured and marked at 250 cm from the ileocecal valve. Endoscopically, the second magnet was placed in the duodenum first portion. Magnets coupled, graspers released, and the mesenteric defect closed. Then we proceed with a standard sleeve gastrectomy with buttressing material for the stapling. OR time: 80 min , procedure was uneventful. Post-operative x-ray next day confirmed proper magnet placement, and the patient was discharged.

Results: The procedure was completed with no intraoperative complications nor adverse events. Post-operative abdominal x-ray next day confirmed appropriate coupled magnet placement in D1, and patient was discharged uneventfully.

Conclusions: This case demonstrates MAGDI's feasibility. It has the potential to be a less invasive approach for metabolic syndrome and obesity with no standard anastomosis and its risks, though further long term studies are needed to assess outcomes in the future

Disclosure: No significant relationships.

FP080 / Abs. ID 360

Topic: *AS09. Endoscopic bariatric procedures*

FREE VIDEOS 02: ROBOTICS/ ENDOSCOPY/ICG/MAGNETS/MARGINAL ULCER/REVISIONAL MBS
10-09-2025 11:30 - 13:00

STUCKED SPATZ INTRAGASTRIC BALLOON

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Background: This is the case of a 38-year-old female patient with a body mass index of 29. No relevant pathological history. Surgical history includes cholecystectomy, c section, abdominoplasty, and abdominal liposuction. In August 2023, a Spatz intragastric balloon was placed with an initial inflation of 400 cc of saline solution. In December 2023, an adjustment was performed with an additional 150 cc, and its removal was scheduled for July 2024, with a total volume of 550 cc.

Objectives: To raise awareness of possible complications of intragastric balloons

Methods: real-time video recording collection

Results: On the day of the removal procedure, the patient reported poor dietary habits, including uncontrolled intake of carbohydrates, fats, and carbonated beverages, despite prior nutritional recommendations. The procedure was initiated routinely. Endoscopic examination revealed a balloon with significant bacterial colonization. The surface was lubricated with oil, the valve was removed, and 550 cc of fluid was aspirated. The mobile end of the balloon was anchored with a snare; however, resistance was encountered during extraction, which remained that way even after the introduction of an overtube under general anesthesia. After multiple attempts, including the rupture of the flexible tip and migration of the balloon to the gastroesophageal junction, an exploratory laparoscopy was deemed necessary for removal. Gastric contents were aspirated, and a gastrostomy was performed near the greater curvature. A transgastric endoscopy was introduced through the left-sided trocar, confirming the balloon's location in the esophageal region. A second endoscopy via the oral route revealed that the previously created gastrostomy was too distant from the gastroesophageal junction; therefore, it was closed, and a new gastrostomy was performed closer to the junction. Using a bronchoscope, which provided better maneuverability due to its smaller diameter, along with the Rendezvous technique, the balloon was successfully mobilized into the stomach. The gastrostomy was closed with a running suture using a non-absorbable material, and the balloon was retrieved from the intra-abdominal cavity. A Blake drain was placed at the operative site

Conclusions: the patient was discharged the following day with good postoperative recovery. The drain was removed on postoperative day 7

Disclosure: No significant relationships.

FP081 / Abs. ID 528

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

DISTALIZATION OF ROUX-EN-Y-GASTRIC BYPASS AS REVISIONAL METBOLIC BARIATRIC SURGERY WITH SHORT-TERM AND LONG-TERM OUTCOMES: A META-ANALYSIS OF PUBLISHED STUDIES

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Background: Roux-en-Y gastric bypass (RYGB) is one of the most common and frequently performed metabolic and metabolic bariatric surgery providing substantial weight loss in majority of the patients as well as resolution of obesity-related diseases. However, upto 35% patients can experience recurrent weight gain or often, inadequate weight loss, during their follow-up years, which then results in recurrence of related diseases and psychosocial impact on the patients. One of the modalities of revisional surgery is distalization of RYGB (DRYGB), which is done by shortening of common channel (SCC).

Objectives: Our aim from this meta-analysis is to evaluate the effectiveness as well as complications with DRYGB as a revisional metabolic bariatric surgery.

Methods: We searched PubMed, Medline and Embase database for eligible studies. We utilized mean differences (MD) and 95% confidence intervals (CIs) between revisional surgery and follow-up duration to analyze data for comparison in effect size as percentage of total weight loss (%TWL). Random-effects model was used, with I^2 statistic for heterogeneity, and Egger's test for publication bias. Primary outcomes were effects on Body Mass Index (BMI), %TWL at 1 and 5 years, along with rates of complications, readmissions and reoperations.

Results: 10 studies (n=434) involving patients with DRYGB were included. Nine (n=334) and four (n=100) studies showed 1- and 5-years BMI outcomes, respectively. At revision, pooled BMI was 41.4 kg/m2 (95%CI: 39.5–43.4). One- and five-year outcomes showed %TWL as 19.68 (95%CI, 14.1–24.6) and 24.90 (95%CI, 8.40–34.5) respectively. 51.8% patients (n=225) reported complications, with 21% patients (n=91) reporting reoperations, 18% (n=79) reporting nutritional deficiencies, 15%(n=65) as undo operations and 6% (n=27) reporting readmissions. No mortalities were observed during five years follow-up period. Most studies showed SCC of 100 cm or less. 3 studies showed subsequent CC lengthening in 10-20% patients.

Conclusions: This meta-analysis shows that although there is sustainable TWL of around 20% at one-year and five-years, there are higher nutritional deficiencies seen in DRYGB patients as compared to other revisional surgeries. Taking down roux-limb or biliopancreatic-limb (either technique) for distalization leads to higher complication and malabsorption rates. To prevent severe malnutrition, adequate nutritional supplementation and long-term follow-up are essential. Failure of these necessitates subsequent re-lengthening as well.

Disclosure: No significant relationships.

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FP082 / Abs. ID 537

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

POUCH REVISION IN COMBINATION WITH PLACEMENT OF A MINIMIZER RING AS A REVISIONAL PROCEDURE IN PATIENTS WITH RECURRENT WEIGHT GAIN AFTER RYGB

Sophie Van Helmond[1], Marijn Jense[2], Geert Verkoulen[2], Evelien De Witte[1], Pieter Broos[1], Jan Willem Greve[1], Evert-Jan Boerma[1]
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Background: Bariatric metabolic surgery (BMS) and specifically Roux-en-Y gastric bypass (RYGB) has been proven to be a very effective long-term treatment for severe obesity. However, about 10-35% of patients still have a suboptimal clinical response and might require a revisional procedure.

Objectives: This study investigates the short-term effects of surgical pouch revision in combination with the placement of a MiniMizer ring in patients with recurrent weight gain after RYGB.

Methods: All patients who underwent pouch revision in combination with the placement of a Minimizer ring in the Zuyderland Medical Center between January 2016 and December 2021 were included. Weight, obesity related complication resolution, and complications were monitored and reported during the follow-up at the Dutch Obesity Clinic South up to 2 years post-revisional surgery.

Results: Thirty-six patients were included. These patients had a mean %TWL of 12.3% and 13.5% at 12 and 24 months post-revisional surgery. This resulted in a cumulative %TWL of 28.7% at 24 months after the revisional procedure. Patients with a superior response after the primary RYGB procedure (TWL³35%) responded better in %TWL post revisional surgery compared to patients with a suboptimal response after the primary RYGB with a cumulative %TWL of 33.9 and 17.5, respectively. No ring-related complications occurred.

Conclusions: Pouch revision in combination with the placement of a MiniMizer ring resulted in significant additional weight loss up to 2 years post-revisional surgery. Patients with a superior response at the primary RYGB procedure perform superiorly after revisional surgery. Given the single-center approach and small population in relation to the loss-to-follow-up percentage, we are currently expanding this study into a multicenter design. This will allow us to collect more data and further investigate the long-term outcomes of pouch revision combined with placement of a MiniMizer ring.

Disclosure: No significant relationships.

FP083 / Abs. ID 558

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

SAFETY AND EFFECTIVENESS OF CONVERSION FROM ADJUSTABLE GASTRIC BAND TO RING AUGMENTED ROUX-EN-Y GASTRIC BYPASS

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Background: The Laparoscopic Adjustable Gastric Band (LAGB) has shown suboptimal long-term results with a failure rate of 20 – 56% with an accompanying removal rate of 10 – 50% due to suboptimal clinical response or complications. The LAGB can be converted to Sleeve Gastrectomy (SG), Roux-en-Y Gastric Bypass (RYGB) or Biliopancreatic diversion with duodenal switch (BPD/DS). The conversion to RYGB is especially proven to be a safe and effective option. However, current literature contains no studies which use additional placement of a silicone ring (MiniMIZER) around the pouch.

Objectives: Therefore, this study aims to evaluate the safety and effectiveness of conversion from LAGB to ring augmented RYGB (raRYGB).

Methods: All conversions LAGB to raRYGB performed between January 2016 and October 2023 were included. The primary outcome was % total weight loss (%TWL) after 1-year follow-up. Secondary outcomes consisted of %TWL after 3 and 5 years, cumulative %TWL, and early and late complications according to the Clavien-Dindo classification.

Results: We included 240 patients who underwent a conversion to raRYGB, of whom 195 were female (81.3%). Mean pre-conversion BMI was 40.2 kg/m^2. We found an average %TWL of 24.4% 1 year after conversion from LAGB to raRYGB. Cumulative %TWL, calculated from before the LAGB, was 32.7% 1 year after conversion. Secondary outcomes are still under analysis.

Conclusions: The ring augmented RYGB is a valid conversion method after Laparoscopic Adjustable Gastric Band with significant additional weight loss after 1-year. Comparison of the present data with our previous data on conversion from LAGB to adjustable banded RYGB would be of interest to give a definitive advice for the best conversion procedure after LAGB.

Disclosure: No significant relationships.

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FP084 / Abs. ID 413

Topic: *AS42. MBS in the long-term: outcomes and results*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

COMPARING BARIATRIC-METABOLIC SURGERY TARIFFS VERSUS COSTS IN CHILE: A COMPREHENSIVE, EVIDENCE-BASED, HIGH-QUALITY CARE PROGRAM FOR PAD BUNDLED PAYMENT.

Daniela Paredes Fernandez[1], Rony Lenz[2], Rodrigo Muñoz Claro[3], Juan Valencia Zapata[4]
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Background: The implementation of the bariatric-metabolic surgery PAD program in Chile expanded the annual surgical capacity from 620 to over 24k procedures. The program covers intra-operative and post-operative care, including follow-up and management of related surgical complications; however, it excludes pre-operative care. FONASA sets an average tariff for each technique (bariatric sleeve and bypass), but does not provide specifications on which items are included (length of stay, medications for pain, devices, lab work, etc.) and does not align providers around a specific model of care.

Objectives: To estimate the direct costs of bariatric sleeve and bypass surgeries in PAD program, from the public insurer's perspective, focusing on a comprehensive, evidence-based, high-quality program based on local consensus from Chilean Society of Bariatric and Metabolic Surgery; and to compare costs versus standard/average tariffs.

Methods: Direct cost study, which combines statistical and expert elicitation methods, with a targeted review and consensus on best practices for surgical care. Key cost drivers were identified, quantified (frequency and risk assessment), and valued in CLP 2024, covering length-of-stay, medical consultations, devices and supplies, operating room utilization, and lab work. Costs were categorized into pre-operative, intra-operative, and post-operative phases, as well as follow-up during the first year and management of serious and non-serious complications. A board of the Chilean Society of Bariatric and Metabolic Surgery validated all cost parameters.

Results: FONASA´s tariff for the sleeve program is set at CLP$4,893,740, versus a comprehensive cost of CLP$5,504,666 (gap -12.48% including pre-operative costs, and 3.45% for PAD-costs only). Costs are sorted by pre-operative (CLP$442,258; 8.0%), intra-operative (CLP$4,054,493; 73.7%), post-operative care (CLP$296,246; 5.4%), serious complication (CLP$92,056; 1.7%), non-serious complication (CLP$7,721; 0.1%), and follow-up (CLP$611,894; 11.1%). FONASA´s tariff for bypass program is set at CLP$5,464,620, compared against a bypass program costs of CLP$5,770,336 (surplus +5.59% including pre-operative costs, and 2.50% for PAD-costs only), sorted by pre-operative (CLP$442,258; 7.7%), intra-operative ($CLP4,246,133; 73.6%), post-operative (CLP$296,246; 5.1%), serious complication (CLP$237,575; 4.1%), non-serious complications (CLP$7,721; 0.1%), and follow-up (CLP$540,404; 9.4%).

Conclusions: At these costs, current tariffs for both techniques result in a delicate balance adequate to guarantee a comprehensive, evidence-based, and high-quality program. Reductions in tariffs might lead to quality issues.

Disclosure: Daniela Paredes and Juan Valencia are Medtronic employees; however, they work in technical roles within health economics and have no involvement in commercial or marketing activities.

FP085 / Abs. ID 229

Topic: *AS42. MBS in the long-term: outcomes and results*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

GRAZING BEHAVIOUR AT FIVE YEARS POST-METABOLIC BARIATRIC SURGERY: ASSOCIATIONS WITH WEIGHT LOSS AND RECURRENT WEIGHT GAIN

Patricia Acosta[1], Tamara Cohen[1], Simon L Bacon[2,3], Kim Lavoie[3,4], Marilou Côté[5], Maximilien Dialufuma[3], Tair Ben-Porat[6]
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Background: Changes in eating behaviours post-metabolic bariatric surgery (MBS) result from both anatomical alterations and psychological factors. Grazing behaviour is widely reported post-MBS and has been associated with suboptimal weight outcomes; however, long-term data remain limited.

Objectives: The study aimed to describe grazing eating behaviour status at five years (5Y) post-MBS and examine its association with percentage of excess weight loss (%EWL), percentage of total body weight loss (%TBWL), and recurrent weight gain.

Methods: A secondary analysis of the REsearch on Bariatric care for Obesity tReatmeNt (REBORN) study designed to collect clinical, psychological, behavioural, data from patients undergoing MBS at Hôpital du Sacré-Coeur de Montréal (Montreal, Canada), was conducted. Measures included sociodemographics, medical history, and anthropometrics at baseline and at 5Y post-MBS. The Grazing Questionnaire, administered at 5Y follow-up consisted of two subscales: grazing behaviour (Items 1-4); and uncontrollability (Items 5-8). Higher scores indicated greater severity of grazing. Multiple linear regression models were used to examine the associations between grazing behaviour and weight outcomes at 5Y. These models were adjusted for baseline BMI, sociodemographics, surgery type, and having another MBS.

Results: A total of 110 participants completed the 5Y follow-up (Mage= 43.9±11.4; Mbaseline BMI= 48.1±7.7; 88.2% female; M5Y-BMI= 34.8±7.5; % EWL= 59.5±26.2). At 5Y, the median (IQ range) scores for total grazing, grazing behaviour and uncontrollability were 11.0 (6, 16), 8(5,11), and 3 (1,6), respectively. Lower % EWL was significantly associated with increased scores of total grazing (B= -1.01, p= 0.01) and uncontrollability (-2.91, p= 0.001) while lower %TBWL was significantly associated with increased scores of total grazing (B= -0.44, p=0.02) and uncontrollability (B= -1.29, p=0.0013). Higher scores of total grazing (B= 0.47, p= 0.003) and uncontrollability (B= 1.28, p= 0.0002) were significantly associated with increased recurrent weight gain at 5Y.

Conclusions: Grazing behaviour is significantly associated with suboptimal weight outcomes at 5Y post-MBS. These findings highlight the need for ongoing psychological assessment and monitoring of grazing behaviour to support long-term weight management post-MBS.

Disclosure: No significant relationships.

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Topic: *AS42. MBS in the long-term: outcomes and results*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

EXCLUDED BUT ELIGIBLE: THE UNMET NEED FOR BARIATRIC-METABOLIC SURGERY AMONG NO-INCOME BENEFICIARIES IN CHILE'S BUNDLED PAYMENT (PAD) PROGRAM

Daniela Paredes Fernandez[1], Rony Lenz[2], Rodrigo Muñoz Claro[3], Juan Valencia Zapata[4]
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Background: In 2022, the public payer, FONASA, implemented a Bundled Payment program (PAD) to partially fund bariatric-metabolic surgeries performed by private providers for publicly insured patients. The program establishes both clinical and income-base eligibility criteria, excluding a subgroup of clinically eligible patients who lack co-payment capacity.

Objectives: We aim to estimate the demand for patients who are clinically eligible according to the national PAD protocol but financially ineligible due to a lack of co-payment capacity.

Methods: We applied a funnel-down technique, integrating sociodemographic (gender, age, insurance, income group, region) and clinical data (BMI, major and mild related diseases) with biostatistical expansion of National Health Registries at regional and national levels, according to PAD protocol (Group 1. BMI >40 with/out associated morbidity; Group 2. BMI 35-40 with associated morbidity such as one major criterion plus one minor, or three minor criteria; and Group 3. BMI 30-35 with T2D of complex medical management or two major criteria plus one minor).

Results: Total national demand for bariatric-metabolic surgery in FONASA beneficiaries was estimated at n=923,188 patients, sorted in n=646.559 women (70.04%) and n=276,629 men (29.96%). Group 1. Patients were estimated in n=348,864 (37.79%); Group 2. in =264,999 (28.70%); and Group 3. n= 309,325 (33.51%). Out of these three groups, the demand for metabolic bariatric surgery in no-income patients includes 133,553 women and 46,330 men, amounting to a total of 179,884 (19,49%) clinically eligible patients who do not qualify for PAD coverage due to their lack of co-payment capacity and no-income status. These patients remain unprioritized under any existing coverage framework. Table 1. Distribution of FONASA beneficiares by income and region, who are clinically eligible.

Variable/Region	XV. Arica y Parinacota	I. Tarapacá	II. Antofagasta	III. Atacama	IV. Coquimbo	V. Valparaíso	XIII. Metropolitan	VI. L. Bdo. OHiggins	VII. Maule	VIII. Biobío	IX. La Araucanía	XIV. Los Ríos	X. Los Lagos	XI. Aysén	XII. Magallanes y Antártica	National	%
Women																	
No income beneficiaries	2579	3804	4166	3258	9040	15741	38290	6209	6964	17517	13845	5620	9203	743	484	133653	20,68%
Section B	3442	4487	7727	5634	11548	43259	82829	18471	14610	38002	23658	12100	18096	1519	1726	287206	44,43%
Section C	1067	1625	3680	2242	3903	13691	31235	5569	4314	11604	6851	3578	5784	520	608	96669	14,94%
Section D	1403	2312	5449	3403	5303	17629	43502	7172	5155	14802	8394	4518	8060	756	1008	129065	19,97%
Total FONASA Population Eligible for Bariatric Surgery	**8491**	**12227**	**21031**	**14536**	**25794**	**90320**	**196956**	**37461**	**31033**	**82015**	**52779**	**25816**	**41343**	**3539**	**3826**	**646444**	**100%**
Total FONASA Population Eligible for Bariatric Surgery Section B+C+D	**5901**	**8723**	**16868**	**11279**	**20753**	**74579**	**157866**	**31241**	**24078**	**64498**	**38833**	**20196**	**32140**	**2795**	**3342**	**512890**	**79,34%**
Men																	
No income beneficiaries	2117	1193	1127	943	2430	3408	17501	2360	2335	5294	1847	2333	2910	337	246	46330	16,75%
Section B	3120	1606	2162	1504	3671	9154	38099	7260	6334	11677	3259	4909	5093	663	790	100891	36,47%
Section C	1312	846	1419	853	2709	4376	20401	2996	2262	5406	1412	2144	2564	315	385	49402	17,86%
Section D	2225	1405	3146	1913	4726	6666	32633	4792	3133	8837	1821	3182	4194	524	846	80002	28,92%
Total FONASA Population Eligible for Bariatric Surgery	**8775**	**4950**	**7854**	**5112**	**15536**	**23654**	**108633**	**17368**	**13263**	**31214**	**8339**	**12567**	**15261**	**1839**	**2267**	**276625**	**100%**
Total FONASA Population Eligible for Bariatric Surgery Section B+C+D	**6657**	**3757**	**6727**	**4270**	**13106**	**20196**	**91133**	**15008**	**10929**	**25000**	**6493**	**10235**	**12380**	**1502**	**2022**	**230295**	**83,25%**
TOTAL																	
No income beneficiaries	4697	4997	5293	4100	7470	19200	55791	8570	9299	22810	15692	7953	12113	1080	729	179984	19,49%
Section B	6562	6093	9889	7138	17219	52413	121028	25731	20144	49679	26908	17008	23189	2182	2517	388097	42,04%
Section C	2379	2771	5100	3095	6612	18067	51637	8565	6575	17010	8263	5722	8348	836	993	146001	15,82%
Section D	3628	3717	8594	5316	10029	24295	76136	11924	8288	23729	10145	7700	12454	1279	1854	209067	22,65%
Total FONASA Population Eligible for Bariatric Surgery	**17255**	**17477**	**28885**	**19649**	**41330**	**113975**	**304590**	**54819**	**44296**	**113229**	**61108**	**38383**	**56603**	**5378**	**6093**	**923060**	**100%**
Total FONASA Population Eligible for Bariatric Surgery Section B+C+D	**12559**	**12480**	**23502**	**15549**	**33860**	**94775**	**248799**	**46249**	**35007**	**90418**	**45316**	**30430**	**44490**	**4297**	**5364**	**743185**	**80,51%**

Conclusions: Patients facing financial barriers (no-income) continue to be an underprioritized segment under PAD implementation, emphasizing the need for targeted strategies to bridge this gap, underscoring the necessity for tailored policies to improve access for this group of patients.

Disclosure: Daniela Paredes and Juan Valencia are Medtronic employees; however, they work in technical roles within health economics and have no involvement in commercial or marketing activities.

FP087 / Abs. ID 1060

Topic: *AS42. MBS in the long-term: outcomes and results*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

LONG-TERM WEIGHT LOSS AND COMORBIDITY OUTCOMES OF D-RYGB AND OAGB IN PATIENTS WITH BMI > 49 KG/M²: A MATCHED COHORT STUDY

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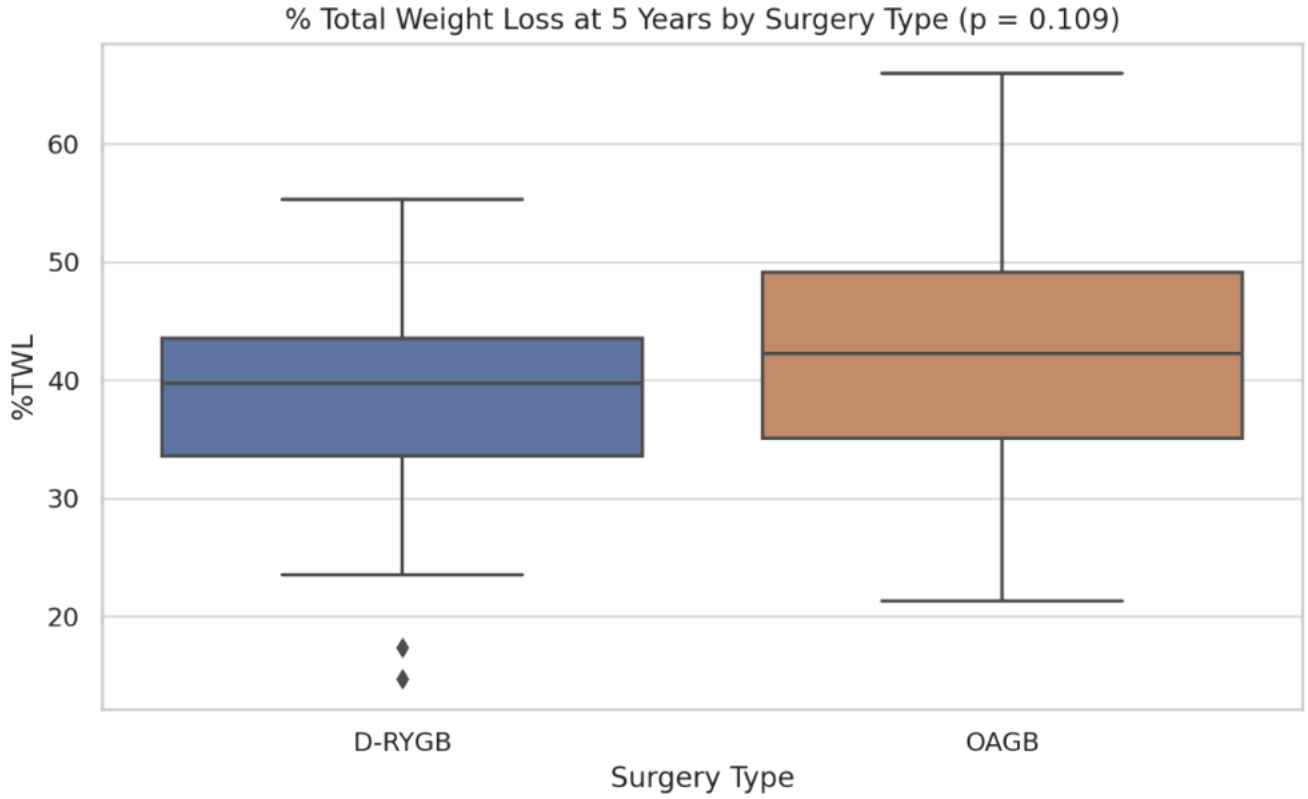
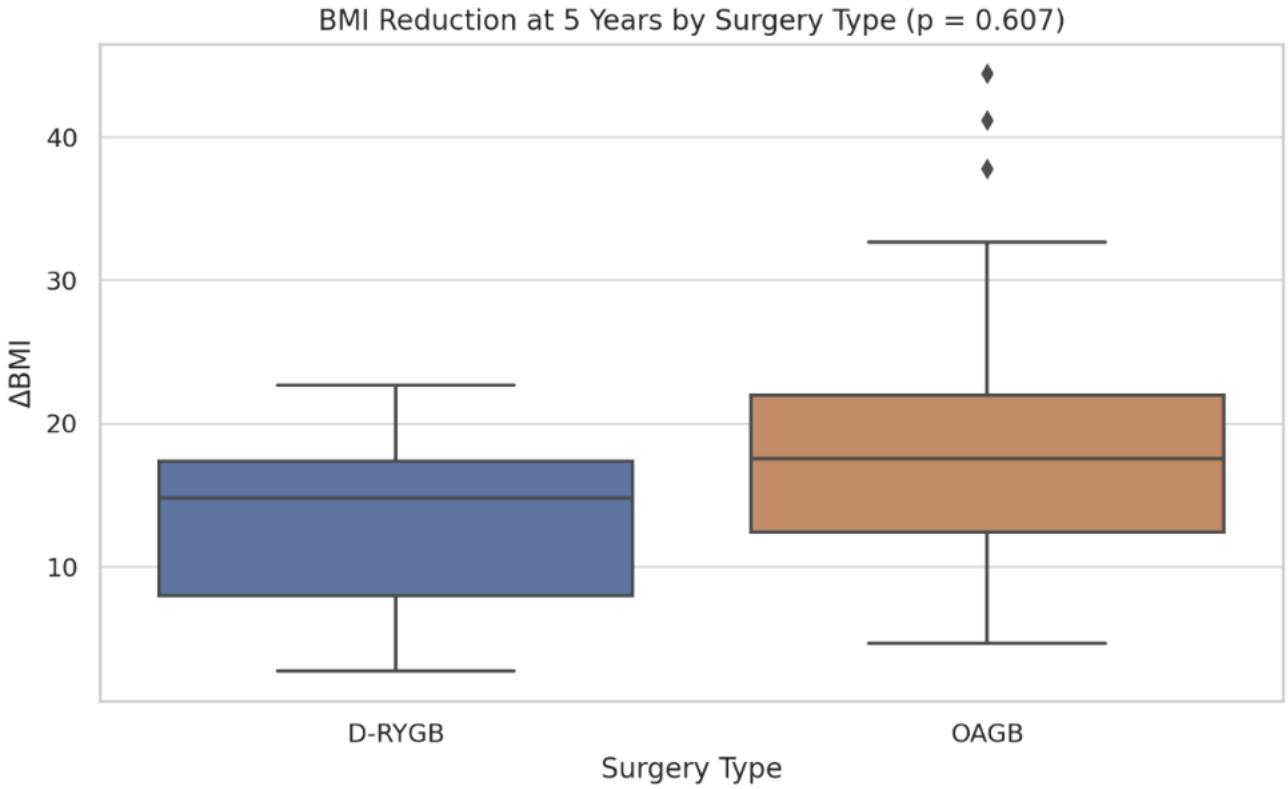
Background: RYGB is a well-established bariatric surgical technique with proven efficacy in patients with a BMI below 50 kg/m². However, outcomes remain uncertain in patients with a BMI above 50 kg/m², with some studies suggesting reduced efficacy in weight loss and comorbidity resolution compared to lower BMI groups. This study aimed to compare the long-term efficacy and safety of distal Roux-en-Y gastric bypass (D-RYGB) and one-anastomosis gastric bypass (OAGB) in patients with BMI > 49 kg/m², using matched cohorts.

Objectives: To evaluate and compare long-term outcomes—specifically total weight loss, BMI reduction, excess weight loss, comorbidity resolution, and postoperative complications—5 years after surgery.

Methods: A retrospective matched cohort study was conducted, including patients with BMI > 49 kg/m² undergoing either D-RYGB or OAGB. Groups were matched 1:1 (30 patients each) by age, gender, and preoperative BMI. Outcomes at 5 years included change in BMI, percent total weight loss (%TWL), and percent excess weight loss (%EWL), following IFSO reporting standards. Resolution of type 2 diabetes and hypertension was assessed based on pre- and postoperative diagnosis. Postoperative complications were classified as nutritional (e.g., hypoglycemia, malnutrition, esophagitis) or mechanical (e.g., stenosis, fistula, hemorrhage). Statistical comparisons were performed using t-tests and Chi-square tests.

Results:


% Total Weight Loss at 5 Years by Surgery Type (p = 0.109)
%TWL
60
50
40
30
20
D-RYGB
OAGB
Surgery Type


BMI Reduction at 5 Years by Surgery Type (p = 0.607)
ΔBMI
40
30
20
10
D-RYGB
OAGB
Surgery Type

Both surgical techniques achieved clinically meaningful and sustained weight loss. Although not statistically significant, OAGB showed a trend toward higher median %TWL and %EWL. The p-values were as follows: %TWL ($p = 0.109$), ΔBMI ($p = 0.607$), and %EWL ($p = 0.674$). Resolution of type 2 diabetes and hypertension was similarly high with no statistical difference between groups. There were no significant differences in complication rates. Nutritional complications occurred slightly more often in OAGB, while mechanical complications were more frequent in D-RYGB, though without statistical significance.

Conclusions: In this matched cohort of patients with severe obesity, D-RYGB and OAGB demonstrated comparable long-term outcomes in weight loss, comorbidity resolution, and complication profiles. While OAGB showed a trend toward greater total and excess weight loss, the differences were insignificant. Nutritional follow-up remains crucial in OAGB, and mechanical complication vigilance is essential in D-RYGB. Surgical technique selection should be tailored to the patient's risk profile and metabolic needs.

Disclosure: No significant relationships.

FP088 / Abs. ID 346

Topic: *AS42. MBS in the long-term: outcomes and results*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

COMPARISON OF LONG-TERM OUTCOME OF BILIOPANCREATIC DIVERSION AND ROUX-EN-Y GASTRIC BYPASS AS REVISION PROCEDURES FOR FAILED VERTICAL BANDED GASTROPLASTY.

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Background: Vertical gastroplasty bariatric surgeries with various rings (Vertical banded gastroplasty- VBG or Silastic ring vertical gastroplasty- SRVG) linked to a significant failure rate. About 50% of patients who underwent these surgeries ultimately required corrective surgery as a result of weight gain or obstruction brought on by the gastric band stenosis. There is debate regarding the best surgical corrective treatment for failed VBG/SRVG. Accepted corrective survives include Biliopancreatic bypass (BPD) and Gastric bypass (GB).

Objectives: This study aimed to investigate the long-term differences between BPD and GB.

Methods: A retrospective comparative study was conducted, including all patients who underwent BPD or GB after failed VBG/SRVG between 2004 and 2018. Data were collected from medical records and analyzed, including surgical approach, preoperative BMI, related diseases, and clinical follow-up. Median follow-up was 10 years. Long-term complications assessed included postoperative ventral hernia (POVH), internal hernia, anal complications, re-hospitalizations, nutritional deficiencies, BAROS score, diarrhea, marginal ulcers, gallstones, and intestinal obstruction.

Results: A total of 60 patients who had undergone failed vertical gastroplasty were analyzed, with 29 patients receiving BPD and 31 undergoing GB. Diarrhea incidence was significantly higher (P <0.001) among BPD patients (75.9%, n=22) compared to GB patients (21.4%, n=6). Gallstones occurred significantly more often (P =0.029) in the BPD group (37.9%, n=11) compared to the GB group (10.7%, n=3). Anal complications were also significantly more frequent (P=0.002) in BPD patients (44.8%, n=13) compared to GB patients (7.1%, n=2).

Conclusions: In comparison to patients who underwent GB, those who received BPD as a revision for failed VBG/SRVG experienced significantly higher rates of long-term complications, particularly diarrhea, gallstones, and anal complications. These findings emphasize the importance of considering long-term morbidity when selecting a revisional bariatric procedure.

Disclosure: No significant relationships.

FP089 / Abs. ID 1159

Topic: *AS42. MBS in the long-term: outcomes and results*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

LONG-TERM WEIGHT LOSS OUTCOMES OF ONE ANASTOMOSIS GASTRIC BYPASS: ASSESSMENT OF 1971 PATIENTS WITH 5–9-YEAR FOLLOW-UP

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Background: While OAGB shows promise in the short to medium term, its long-term durability, weight trends, blood levels of metabolic factors and nutrients, and potential complications require further exploration through larger, longer-term studies.

Objectives: This study contributes to the growing body of evidence by reporting on the long-term outcomes of patients with severe obesity who underwent OAGB.

Methods: A retrospective study on prospectively collected data was conducted on a sample of 1917 patients who underwent OAGB between 2010 and 2019 and had a BMI ≥ 35 kg/m^2. The data required for the study were obtained from our national registry database of obesity surgery (INOSD).

Results: In total, 1971 patients were included, with 1474 (74.8%) female predominance. The mean age and BMI before surgery were 40.31 ± 11.21 years (range 18 to 75 years) and 46.68 ± 6.7 kg/m^2 (range 35–86.57 kg/m^2), respectively. The mean biliopancreatic limb length was 185.02 ± 15.61 cm. Our follow-up rate was 96.19% and 75.85% in 24 and 60 months after OAGB, respectively. %TWL and %EWL reached the maximum 18 months after the operation (36.49 ± 7.77, 81.54 ± 19.18, respectively). Suboptimal initial weight loss (SIWL) 2 years after surgery was 2.9%, and TWL less than 20% and EWL less than 50% were calculated at 5-year follow-up, which was 10.2% and 14.8%, respectively.

Conclusions: The results of this study indicate that OAGB has acceptable long-term effects on weight loss and the remission or improvement of obesity-related medical conditions.

Disclosure: No significant relationships.

FP090 / Abs. ID 363

Topic: *AS42. MBS in the long-term: outcomes and results*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

LONG-TERM RESULTS AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY. WEIGHT LOSS, DBT REMISSION AND QUALITY OF LIFE AT 10-YEARS.

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Background: Obesity is a leading cause of global morbidity and mortality, associated with insulin resistance, type 2 diabetes mellitus, arterial hypertension and dyslipidemias. Metabolic bariatric surgery has proven to be the most effective and durable treatment for severe obesity. Among the available techniques, the Laparoscopic Gastric Sleeve has gained popularity due to its efficacy and lower complexity. However, its long-term impact in terms of metabolic, quality of life and complications is still under study.

Objectives: This study evaluates the 10-year results of Laparoscopic Gastric Sleeve Gastrectomy in a high volume center.

Methods: A prospective cohort of patients who underwent Laparoscopic Gastric Sleeve at the Hospital Italiano de Buenos Aires between 2010 and 2014, with a minimum follow-up of 10 years, was analyzed. The remission of related diseases, percentage of total weight lost, quality of life by BAROS questionnaire, incidence of gastroesophageal reflux and conversion to Roux-en-Y gastric bypass were evaluated. Statistical analyses with Cox regression and Kaplan-Meier curves were used.

Results: 254 patients were included (81.1% women, median age 42 years). The median preoperative BMI was 42.8 kg/m². The median %TWL at 10 years was 23.1% (SD ±10.5). Total DM2 remission at 10 years was 62.2%, with 80% of insulin-dependent patients achieving discontinuation of insulin use. In the BAROS questionnaire, 12% of patients had excellent, 43% very good and 32% good results. The incidence of GERD was documented in 43.1% of patients, with 39.4% requiring chronic PPIs. The conversion rate to Laparoscopic Gastric Bypass was 10.3%.

Conclusions: After 10 years of surgery Laparoscopic Gastric Sleeve achieves sustained weight loss over time, high DM2 remission rate and positive results in quality of life questionnaires.

Disclosure: No significant relationships.

FP091 / Abs. ID 891

Topic: *AS42. MBS in the long-term: outcomes and results*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

THE CLINICAL SIGNIFICANCE OF SURVEILLANCE ENDOSCOPY AFTER METABOLIC BARIATRIC SURGERY

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Background: The effects of bariatric surgery are typically evaluated through weight loss or improvement in metabolic disease. Since endoscopy is not a modality that directly measures these outcomes, the necessity of regular surveillance endoscopy after bariatric surgery remains controversial.

Objectives: In this study, we aim to analyze the current status of endoscopic findings after bariatric surgery to determine its clinical significance.

Methods: The data of patients who underwent bariatric surgery at a single center from 2014 to 2023 were retrospectively analyzed. Patients who had undergone preoperative endoscopy and at least one postoperative endoscopy were included. Reflux esophagitis (RE) was classified according to the LA classification.

Results: A total of 74 patients were included in the analysis. The average age at the time of surgery was 41.1±11.0 years. There were 55 cases of sleeve gastrectomy (SG, 74.3%) and 19 cases of Roux-en-Y gastric bypass (RYGB, 21.6%). A total of 200 endoscopic results from these patients were analyzed. The median duration from surgery to endoscopy was 14 months (range 2-102), and the average number of endoscopies performed postoperatively was 3.2±1.9. In the endoscopy following SG, newly developed RE was detected in 27.3% (15/55) of cases (with LA classification grades of A in 46.7%, B in 46.7%, and C in 6.6%). In the endoscopy following RYGB, newly developed RE was observed in 15.8% (3/19) of cases, all of which were grade A. Additionally, one case of marginal ulcer was detected, and follow-up endoscopy performed 10 months later confirmed that it had healed. (We are currently collecting data from approximately 500 patients across multiple centers, so the results may differ by the time of the IFSO conference.)

Conclusions: Postoperative endoscopy after bariatric surgery has the advantage of not only detecting RE and marginal ulcers but also assessing the healing status. Therefore, surveillance endoscopy is necessary for the management of postoperative complications.

Disclosure: No significant relationships.

FP092 / Abs. ID 264

Topic: *AS42. MBS in the long-term: outcomes and results*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

SURGICAL ALTERNATIVES TO INSULIN: HOW MODIFIED OAGB RESHAPES THE TREATMENT IN LOW BMI TYPE 2 DIABETES

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Background: The efficacy of metabolic surgery for type 2 diabetes mellitus (T2DM) is well-established in obese patients, yet its role in non-obese individuals (BMI <30 kg/m²) remains controversial, particularly regarding long-term durability of metabolic benefits.

Objectives: To evaluate the long-term safety and efficacy of Modified One Anastomosis Gastric Bypass (OAGB) in non-obese patients with poorly controlled T2DM, focusing on glycemic control, weight changes, and complications over an 8-year period.

Methods: In this retrospective single-center study, we analyzed 54 consecutive patients with BMI 24-30 kg/m² and poorly controlled T2DM (HbA1c ≥10%) who underwent Modified OAGB between 2016-2017. Primary outcomes included changes in glycemic control (HbA1c), weight loss (%TWL), diabetes medication requirements, and procedure-related complications at 8 years post-surgery.

Results: Mean preoperative BMI was 26.76±1.82 kg/m² and HbA1c was 12.63±1.67%. Follow-up completion rates were excellent: Year 1 (100%), Year 3 (96.3%), Year 5 (88.9%), and Year 8 (93% of eligible patients). At 8 year follow-up, mean HbA1c significantly decreased to 6.25±0.62% ($p<0.001$), with moderate weight loss (%TWL 13.2±2.2%). Complete diabetes medication elimination was achieved in 83.3% of patients (45/54) while maintaining HbA1c <6.5%. No mortality or major complications were observed throughout the follow-up period.

Conclusions: Modified OAGB demonstrates sustained long-term efficacy in achieving glycemic control among non-obese patients with severe T2DM, with an excellent safety profile through 8 years. These findings support considering early surgical intervention in this patient population, particularly when conventional treatments fail to achieve adequate glycemic control.

Disclosure: No significant relationships.

FP093 / Abs. ID 408

Topic: *AS42. MBS in the long-term: outcomes and results*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

GEOGRAPHIC DISPARITIES IN BARIATRIC-METABOLIC SURGERY ACCESS IN CHILEAN REGIONS: GAP BETWEEN ELIGIBILITY AND EFFECTIVE ACCESS TO BUNDLED PAYMENT (PAD) PROGRAM.

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[1]Medtronic, Health Economics & Reimbursement, Santiago, Chile, [2]Instituto de Salud Pública Universidad Andrés Bello, Santiago, Chile, [3]Sociedad Chilena de Cirugía Bariátrica y Metabólica, Santiago, Chile, [4]Health Economics & Reimbursement, Miami, United States of America

Background: In 2022, FONASA (national public insurance) introduced a Bundled Payment (PAD) program to facilitate a co-payment model for bariatric-metabolic surgery for eligible patients. The program is available to seek care in authorized private providers according to a protocol to guarantee clinical eligibility. Although the PAD program is available nationwide, Chile´s centralized healthcare system results in a mismatch between eligible patients in each region and the execution of surgeries.

Objectives: To evaluate geographic disparities of the bariatric-metabolic surgery PAD Program based on a regional approach and exploration of execution upon clinically eligible demand-side.

Methods: Utilizing open, anonymized, georeferenced secondary data, a descriptive, retrospective, transversal analysis of individualized bariatric-metabolic surgery discharges from 2022 to 2023 was conducted. The present study utilized the universe of procedures reported to the payer (FONASA) for the totality of adscripted private providers. Surgical execution rates were compared to the estimated proportion of eligible patients estimated per region according to PAD protocols.

Results: Metropolitan Region, which constitutes 32.99% of the eligible population, dominates with 53.3% of the surgical activity. Northern regions accounted for 18.6% of surgeries: Arica (1.6%), Tarapacá (2.5%), Antofagasta (3.1%), Atacama (1.9%), Coquimbo (1.9%), and Valparaíso (7.6%). Southern regions accounted for 27.4% of procedures, distributed as follows: O´Higgins (4.5%), Maule (2.0%), Bío-Bío (10.2%), La Araucanía (2.7%), Los Ríos (0.2%), Los Lagos (6.6%), Aysén (0.1%), Magallanes (1.1%) (Table 1). Eleven out of n=15 regions exhibit gaps between eligible cases and execution of surgeries (p 0.009). In Northern areas such as Arica the gap was estimated in -0.27, Tarapacá (0.59), Antofagasta (-0.03), Atacama (-0.23), Coquimbo (-2.58), and Valparaíso (-4.74). Southern regions also exhibit disparities: O´Higgins (-1.44), Maule (-2.80), Bío-Bío (-2.06), La Araucanía (-3.92), Los Ríos (-3.96), Los Lagos (0.47), Aysén (-0.48), Magallanes (0.44) (Table 2).

Table 1. PAD Execution per region from 2022-2023 period.

North to South	Region	2022	2023	Total	% of Total	% Accumulated	Variation 2022-2023
1	Arica y Parinacota	200	358	**558**	1.6%	1.6%	79.0%
2	Tarapacá	399	458	**857**	2.5%	4.1%	14.8%
3	Antofagasta	426	648	**1.074**	3.1%	7.3%	52.1%
4	Atacama	243	396	**639**	1.9%	9.1%	63.0%
5	Coquimbo	193	471	**664**	1.9%	11.1%	144.0%
6	Valparaíso	964	1,650	**2.614**	7.6%	18.7%	71.2%
7	Metropolitan	7,373	10,902	**18.275**	53.3%	72.0%	47.9%
8	O'Higgins	560	966	**1.526**	4.5%	76.5%	72.5%
9	Maule	180	489	**669**	2.0%	78.4%	171.7%
10	Ñuble	67	135	**202**	0.6%	79.0%	101.5%
11	Biobío	1,217	2,261	**3.478**	10.2%	89.2%	85.8%
12	La Araucanía	271	648	**919**	2.7%	91.9%	139.1%
13	Los Ríos	23	61	**84**	0.2%	92.1%	165.2%
14	Los Lagos	823	1,435	**2.258**	6.6%	98.7%	74.4%
15	Aysén	8	33	**41**	0.1%	98.8%	312.5%
16	Magallanes	142	229	**371**	1.1%	99.9%	61.3%
17	Unknown	31	0	**31**	0.1%	100.0%	-100.0%
	Total	**13,120**	**21,140**	**34,260**	**100.0%**	**100.0%**	**61.1%**

Table 2. National distribution of demand for Bariatric-Metabolic surgery and gaps of expected executions.

Variable/Region	XV. Arica y Parinacota	I. Tarapacá	II. Antofagasta	III. Atacama	IV. Coquimbo	V. Valparaiso	XIII. Metropolitan	VI. L. Bdo. OHiggins	VII. Maule	VIII. Biobio	IX. La Araucania	XIV. Los Rios	X. Los Lagos	XI. Aysén	XII. Magallanes y Antártica	National
Women																
BMI over 40 with or without associated morbidity.	2566	2882	16055	5331	3881	47276	41205	20573	15310	29256	34483	15649	18101	886	2351	**255838**
BMI between 35 and 40 with associated morbidity (1 major criterion + 1 minor or 3 minor criteria).	2961	3435	3127	7927	14244	23299	72301	6198	3987	40034	10810	3360	9808	1452	1138	**203979**
BMI between 30 and 35 in cases of poorly controlled type 2 diabetes mellitus (or 2 major criteria + 1 minor).	2923	6336	1849	1279	7668	19735	83452	10680	11836	12717	7491	6806	13433	1198	338	**186741**
Total FONASA Population Eligible for Bariatric Surgery	8482	12653	21031	14536	25794	90311	196956	37451	31133	82006	52784	25816	41343	3536	3826	**646559**
Men																
BMI over 40 with or without associated morbidity	5226	2636	1644	1905	7057	2721	22786	10338	8721	11938	1173	8863	6183	805	910	**93026**
BMI between 35 and 40 with associated morbidity (1 major criterion + 1 minor or 3 minor criteria).	2506	202	722	2831	5479	6784	19138	1690	566	11292	4552	672	3065	835	674	**61019**
BMI between 30 and 35 in cases of poorly controlled type 2 diabetes mellitus (or 2 major criteria + 1 minor).	1343	2112	5289	376	3001	14169	66709	5340	3946	7585	2605	2913	8013	599	484	**122583**
Total FONASA Population Eligible for Bariatric Surgery	8775	4950	7655	5112	15536	23674	108633	17368	13265	31214	8330	12589	15261	1839	2067	**276629**
Total																
BMI over 40 with or without associated morbidity.	7824	5518	17900	7236	10938	49997	63990	30911	24031	41194	35655	24632	24284	1691	3261	**348864**
BMI between 35 and 40 with associated morbidity (1 major criterion + 1 minor or 3 minor criteria).	5467	3637	3849	10758	19723	30084	91438	7889	4465	51325	15362	4032	12873	2287	2010	**264999**
BMI between 30 and 35 in cases of poorly controlled type 2 diabetes mellitus (or 2 major criteria + 1 minor).	3966	8448	7138	1655	10668	33904	149161	16019	15782	20702	10098	9720	19448	1797	822	**309325**
Total FONASA Population Eligible for Bariatric Surgery	17256	17804	28886	19649	41330	113985	304589	54819	44297	113221	61114	38384	56603	5377	6093	**923188**
Expected distribution of eligible cases per region	**1.87%**	**1.91%**	**3.13%**	**2.13%**	**4.48%**	**12.34%**	**32.99%**	**5.94%**	**4.80%**	**12.26%**	**6.62%**	**4.16%**	**6.13%**	**0.58%**	**0.66%**	**100%**
Gap of execution of PAD surgeries per region (p 0.009)	**(-) 8.27**	**8.59**	**(-) 0.03**	**(-) 0.23**	**(-) 2.58**	**(-) 4.74**	**28.31**	**(-) 1.44**	**(-) 2.80**	**(-) 2.06**	**(-) 3.92**	**(-) 3.96**	**0.47**	**(-) 0.48**	**0.44**	

Conclusions: The study concludes a significant disparity between eligibility and the distribution of surgeries performed in northern and southern regions. These results underscore the necessity for strategic interventions to enhance better regional accessibility to PAD program and promote resource de-centralization.

Disclosure: Daniela Paredes and Juan Valencia are Medtronic employees; however, they work in technical roles within health economics and have no involvement in commercial or marketing activities.

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FP094 / Abs. ID 588

Topic: *AS42. MBS in the long-term: outcomes and results*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

HOW DOES BARIATRIC-METABOLIC SURGERY IMPACT MEDICATION COSTS? A RETROSPECTIVE STUDY EXAMINING THE IMPACT OF SURGERY AND SUBSEQUENT BMI CHANGES ON MEDICATION COSTS.

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Background: While the overall impact of metabolic bariatric surgery on healthcare costs remains debated, its effect on medication expenses warrants closer examination. This 5-year retrospective study assesses the impact of metabolic bariatric surgery on monthly medication costs within the Gibraltar Health Authority (GHA).

Objectives: Our primary aim is to quantify changes in medication costs following metabolic bariatric surgery compared to a non-surgical control group. Secondarily we correlated medication costs with BMI and identified related diseases with the greatest medication cost reductions.

Methods: We conducted a 5-year retrospective study reviewing the effect of metabolic bariatric surgery on monthly repeat prescription costs for patients compared to a control non operated group. Our selection criteria was any patient enrolled in our bariatric programme whose intervention was dated between 01/01/2018 and 31/12/22. Of 308 patients enrolled, 125 were operated on in that time frame. We extracted prescription data from patient electronic records for each patient at the following intervals: the date they entered the programme, intervention date, then at 6, 12 and 24 months following intervention. The hospital pharmacy provided reference prices. The costs were broken down by related diseases (e.g. insulin resistance, GORD, hypertension, cardiovascular disease), and a total cost for each patient at each interval was calculated. We conducted a pilot study on all patients who underwent metabolic bariatric surgery in 2019, comparing their medication costs at the time of surgery with those recorded five years post-intervention.

Results: The results of the pilot were encouraging: patients' mean monthly medication costs in 2018 were £95.25, and in 2024 it was £32.30, indicating a drop of 65.0% (to 3 s.f.). Additionally, by 5 years after intervention, 21.7% of these patients were on no regular medications at all. Within this, the greatest decrease in medication costs was seen in cardiovascular system medications including anti-platelets, antiarrhythmics and anticoagulants, and in 'other'.

Conclusions: Our pilot study identified a significant reduction in medication costs (p=0.000011) following bariatric-metabolic surgery, with a mean reduction of 65.0% to overall cost. Literature reviews also supported significant reductions in medication costs, particularly in medications related to treating insulin resistance.

Disclosure: No significant relationships.

FP095 / Abs. ID 156

Topic: *AS42. MBS in the long-term: outcomes and results*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

PATIENTS OF LOWER SOCIOECONOMIC STATUS BASED ON COUNTY HEALTH RANK HAVE WORSE WEIGHT LOSS AFTER METABOLIC/BARIATRIC SURGERY

Michael Edwards[1], Abdelrahman Nimeri[2], Faiz Shariff[3], Selwan Barbat[4], Nova Szoka[5], Charles Thompson Iii[6], Mobola Oyefule[7], Farah Husain[8], Crystal Johnson-Mann[9], Fernando Giraud[10], Pearl Ma[11], Aaron Spaulding[12], Launia White[12]
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Background: See objective below.

Objectives: We aim to determine if there are associations between county health ranking (CHR) and total body weight loss percent (TBWL%) after metabolic/bariatric (MBS).

Methods: Primary MBS were obtained from 15 accredited MBSAQIP registries. Zip codes determined CHR. Health factors CHR were divided into best, middle, and worst terciles and TBWL% was compared.

Results: Of 33,180 MBS cases, 62.7%, 25.2%, and 12.1% represented the best, middle, and worst CHR, respectively. One-year follow-up was 65.3% and differed between CHR terciles (p=0.0009). At 1-year, 24.9% achieved TBWL<20%: more commonly with the worst (32.8%) compared to the best (22.6%) CHR (p<0.001). 36.8% achieved 1-year TBWL 20%-30% and was similar across CHR (p=0.1267). 38.3% achieved 1-year TBWL>30% and was less common with the worst (32.2%), compared to the middle (36.8%) and best (40%) CHR (p<0.0001). Middle (OR 1.23, CI:1.07-1.41; OR 0.82, CI:0.71-0.94) and worst (OR 1.29, CI:1.05-1.59; OR 0.77 CI:0.63-0.95) CHR were independently associated with 1-year TBWL<20% and TBWL 20%-30%. TBWL>30% (OR 0.79, CI:0.65-0.96) was least likely for the worst CHR. Three-year follow-up was 34.5% and varied across CHR (p<0.0001). At 3-years 36.6% achieved TBWL<20%, and it was more common in the worst (42.6%) and middle (40.8%) compared to the best (34.8%) CHR (p=0.0004). TBWL 20%-30% (31.8%) was similar across CHR terciles. 31.6% achieved TBWL>30%, least achieved by the worst (29.3%) and middle (28%) compared to the best (32.7%) CHR cohort (p=0.0428). Middle CHR independently correlated with 3-year TBWL<20% (OR 1.48, CI:1.06-2.05) and TBWL 20-30% (OR 0.68, CI:0.49-0.94). Five-year follow-up was 12.9% and was lowest in the worst (7.6%) CHR tercile (p=0.0299). 38.9%, 33.1%, and 28% achieved TBWL <20%, 20-30%, and >30%, respectively, and were similar across CHR terciles. Regression models showed no significant association between 5-year TBWL% at CHR terciles.

Conclusions: Worst CHR independently correlates with less TBWL% after MBS.

Disclosure: This work was supported by a research grant from Intuitive Foundation.

FP096 / Abs. ID 158

Topic: *AS42. MBS in the long-term: outcomes and results*

FREE PAPERS 07: RECURRENT WEIGHT GAIN/LONG TERM OUTCOMES
11-09-2025 08:00 - 10:00

EXPLORING THE ASSOCIATION BETWEEN COUNTY HEALTH RANKING AND DISEASE REMISSION AFTER METABOLIC AND METABOLIC BARIATRIC SURGERY.

Michael Edwards[1], Abdelrahman Nimeri[2], Faiz Shariff[3], Selwan Barbat[4], Nova Szoka[5], Charles Thompson Iii[6], Mobola Oyefule[7], Farah Husain[8], Crystal Johnson-Mann[9], Fernando Giraud[10], Pearl Ma[11], Aaron Spaulding[12], Launia White[12]
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Background: Metabolic/bariatric surgery (MBS) remains an effective treatment for severe obesity, resulting in significant disease remission. While baseline disease, procedures, and other variables may impact disease remission, the role of social determinants of health or community health remains unclear.

Objectives: This study explored associations between county health ranking (CHR) and disease remission after MBS.

Methods: Fifteen accredited Metabolic Bariatric Surgery Accreditation and Quality Improvement Programs participated in this multi-center cohort study of primary MBS cases. Zip codes determined CHR, which was divided into the best, middle, and worst terciles. Disease remission relative to CHR tercile was assessed using descriptive statistics and regression models.

Results: 33,180 MBS cases were analyzed, of which 62.7%, 25.2%, and 12.1% represented the best, middle, and worst CHR terciles. Most cases were Roux-en-Y gastric bypass (RYGB) (37.6%) and sleeve gastrectomy (SG) (58.3%). Robotic approach was more common in the middle (17.2%) and worst (13%) CHR terciles ($p<0.0001$). One-year, 3-year, and 5-year follow-ups were 65.3%, 34.5%, and 12.9%, respectively, and all varied across CHR terciles ($p=0.0009$;$p<0.0001$;$p<0.0001$). One-year diabetes mellitus (DM), hyperlipidemia (HLD), and obstructive sleep apnea (OSA) remission were 65.3%, 47.9%, and 44.6%, respectively. Diabetes remission was highest in the worst CHR (71% vs. 62.1% and 65.2%) ($p=0.0299$). Hyperlipidemia remission was similar ($p=0.8911$), and OSA remission was lowest in the best CHR cohort (42.3% vs.49.1% and 45.9%) ($p=0.0052$). One-year DM, HLD, and OSA remission were not independently associated with CHR, while Black race was (OR 0.66, CI:0.45-0.98). Three-year DM, HLD, and OSA remission were 61.1%, 48.8%, and 47.8%, respectively, and were similar across CHR terciles. Three-year DM remission was independently associated with the worst CHR (OR 3.65, CI:1.13-11.78). Five-year DM, HLD, and OSA remission were 46.9%, 40.3%, and 50.6%, respectively, and were similar across CHR terciles.

Conclusions: CHR is independently associated with disease remission after MBS.

Disclosure: This work is supported by research funding from Intuitive Foundation.

FP098 / Abs. ID 1011

Topic: *AS28. MBS and MAFLD*

TOP PAPERS SESSION
11-09-2025 08:00 - 10:00

UDFF AND AUTO-PSWE ACCURATELY ASSESS LIVER STEATOSIS AND FIBROSIS RISK IN PATIENTS AFFECTED BY OBESITY WITH MASLD – A PROSPECTIVE, HEAD-TO-HEAD, BIOPSY-CONTROLLED STUDY

Larissa Nixdorf[1], Nina Dominik[2], Daniel Felsenreich[1], Paula Richwien[1], Julia Jedamzik[1], Magdalena Mairinger[1], Lisa Gensthaler[1], Thomas Reiberger[2], Gerhard Prager[1]
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Background: Obesity- and metabolic dysfunction-associated steatotic liver disease (MASLD) can lead to fibrosis and cirrhosis. Assessment of fibrosis and steatosis via vibration-controlled transient elastography (VCTE) and controlled attenuation parameter (CAP) requires a dedicated device and time to obtain ≥10 reliable measurements. Auto-point shear wave elastography (Auto-pSWE) allows for the collection of 15 ARFI-based liver stiffness measurements (LSM) together with ultrasound-derived fat fraction (UDFF) steatosis assessment in a single acquisition.

Objectives: Our prospective, liver biposy-controlled study aimed to evaluate (i) the diagnostic accuracy of UDFF, CAP and cCAP for risk assessment of steatosis using liver biopsy as the reference standard and (ii) the diagnostic accuracy of Auto-pSWE and VCTE for risk assessment of liver fibrosis using liver biopsy as the reference standard.

Methods: This prospective study included patients who underwent liver biopsy – mostly during bariatric surgery - at the Vienna General Hospital between 11/2021 and 12/2023. Paired LSM by Auto-pSWE and VCTE (median exam duration: 2.47 [IQR 1.44-5.38] minutes) as well as steatosis assessment by paired UDFF and CAP were performed within ±90 days of liver biopsy.

Results: Among 134 patients (65% women, mean age: 42.6±13.3 years) with a high prevalence of obesity (mean BMI: 42.7±10.4), MASLD in 88%). Overall, 36 (27%) and 68 (51%) patients, respectively, showed significant fibrosis (≥F2) and moderate steatosis (≥S2) on liver biopsy. With Auto-pSWE, 1x15 composite acquisitions (in 8s) were as accurate as using 5x15 composite acquisitions. Similarly, one UDFF measurement was as accurate as 5 UDFF measurements. Auto-pSWE (≥F2, AUC=0.58; ≥F3, AUC=0.96; F4, AUC=0.97) and VCTE (≥F2, AUC=0.60; F3, AUC=0.92; F4, AUC=0.93) showed moderate diagnostic accuracy for lower fibrosis stages and high diagnostic accuracy for higher fibrosis stages. The diagnostic accuracy of UDFF (≥S1, AUC=0.79; ≥S2, AUC=0.78; S3, AUC=0.67) was similar to CAP (≥S1, AUC=0.80; ≥S2, AUC=0.78; S3, AUC=0.66).

Conclusions: Auto-pSWE and UDFF represent accurate non-invasive tests for fibrosis and steatosis assessment in MASLD, including in patients with severe obesity. Importantly, Auto-pSWE and UDFF perform equally to VCTE/CAP and save valuable time resources by recording 15 individual LSM in a single acquisition run without the need for a dedicated device or probe.

Disclosure: No significant relationships.

FP099 / Abs. ID 120

Topic: *AS16. MBS at the extreme of ages*

TOP PAPERS SESSION
11-09-2025 08:00 - 10:00

INDICATIONS AND COVERAGE OF PEDIATRIC METABOLIC BARIATRIC SURGERY: A WORLDWIDE IFSO SURVEY COMPARING DIFFERENT NATIONAL GUIDELINES.

Juan Pujol-Rafols[1], Julia Carmona-Maurici[1], Daniel Felsenreich[1], Gerhard Prager[1], Ricardo Cohen[1], Natan Zundel[1], Chetan Parmar[1], A. Alqahtani[1], Catalin Copaescu[1], P. Omelanczuk[1], Jacques Himpens[1], Torsten Olbers[1], Sjaak Pouwels[1], Scott Shikora[1], Nicola Di Lorenzo[1], M. De Luca[1], M. Mazzarella[1], Stefanie D'Arco[2], Luigi Angrisani[1], E. Pardina[1], Jm Balibrea[1]
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Background: Childhood obesity is a serious global health issue. The International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) published its latest recommendations on pediatric MBS in 2022. However, adherence to these guidelines may vary across countries due to differences in healthcare systems and cultural attitudes.

Objectives: To explore the local indications for pediatric MBS worldwide.

Methods: A survey was distributed to all national societies that are members of IFSO to gather information on their national guidelines for pediatric MBS and the type of financial coverage available in each country.

Results: A total of 66 out of 76 IFSO national societies (87%) completed the survey, of which 50 (76%) reported having local guidelines for pediatric MBS. A minimum BMI threshold for children or adolescents to undergo MBS was mentioned by 82% of the respondents. Among them, 14% recommended pediatric MBS for individuals with a BMI ≥35 Kg/m2, with or without associated diseases , while 46% recommended surgery only if BMI was ≥35 but with associated diseases and 14% supported MBS only for those with a BMI ≥40. Finally, 8% did not recommend MBS for children or adolescents outside clinical trials. In addition, 56% of responding countries set a minimum level of physical development for eligibility for surgical treatment, recommended on the basis of age, pubertal stage or bone growth. The most frequent referrers for pediatric MBS were the pediatricians (in 38 countries) and the parents directly (in 36 countries). In 84% countries bariatric surgeons exclusively perform the surgery, while in the remaining 16%, the procedure could be carried out by either bariatric or pediatric surgeons. Thirteen of the local guidelines specified the preferred surgical technique, with the majority (69%) recommending sleeve gastrectomy. In 73% of countries, some form of coverage for pediatric MBS was available, either through public healthcare services or private health insurance companies.

Conclusions: Despite IFSO's efforts to standardize recommendations for pediatric MBS worldwide, significant variability persists across countries, with national criteria often diverging from or even contradicting the international guidelines.

Disclosure: No significant relationships.

FP100 / Abs. ID 258

Topic: *AS35. Exercise therapy and MBS*

TOP PAPERS SESSION
11-09-2025 08:00 - 10:00

DOES BECOMING PHYSICALLY ACTIVE AFTER METABOLIC BARIATRIC SURGERY FACILITATE POSITIVE METABOLIC PHENOTYPIC TRANSITION?

Amir Ebadinejad[1], Pavlos Papasavas[1], Yin Wu[1], Lucas Carr[2], Raymond Mckay[3], Connie Santana[1], Jeff Mather[4], Darren Tishler[1], Dale Bond[1]
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Background: Obesity is a heterogenous disease with different metabolic phenotypes. There is increasing interest in the metabolically unhealthy (MUO) and healthy (MHO) obesity phenotypes in the context of metabolic bariatric surgery (MBS), particularly the rate of positive transition from MUO to MHO after surgery. However, no study has examined whether physical activity, a key modulator of metabolic health, facilitates this transition.

Objectives: We evaluated the associations between (1) being insufficiently active and MUO before surgery, and (2) becoming sufficiently active and transitioning to MHO after surgery.

Methods: Participants were classified according to two criteria: (1) being MUO or MHO according to the modified National Cholesterol Education Program Adult Treatment Panel-III metabolic syndrome criteria, and (2) being insufficiently active (<150 moderate-to-vigorous intensity PA [MVPA] minutes/week) or sufficiently active (≥150 MVPA minutes/week) using the validated Exercise Vital Sign screener. Logistic regression was used to evaluate (1) the association between insufficient activity and MUO before surgery (N=386), and (2) whether becoming sufficiently active was associated with transitioning from MUO to MHO after surgery in participants who reached the 6-month postoperative timepoint (N=232).

Results: Of 386 participants (85% female, 44.3% White race, age=41.9±11.3 years old, BMI=43.7±6.9 kg/m2), 282 (73%) were insufficiently active and 305 (80%) had MUO before surgery. Being insufficiently active was associated with a 137% increased likelihood of having MUO before surgery (OR=2.37, 95%CI: 1.35-4.17, p=.003). In participants with postoperative data (n=232), 131 (56%) were insufficiently active and had MUO before surgery. Of these 131, 51 (39%) became sufficiently active after surgery and had a 112% higher likelihood of transitioning from MUO to MHO (OR=2.12, 95%CI: 1.03-4.37, p=.043), compared with those who remained insufficiently active.

Conclusions: Being insufficiently active was associated with a higher risk of having the MUO phenotype before surgery. Patients who reported adopting sufficient physical activity levels after surgery were more likely to experience a favorable phenotypic transition from MUO to MHO than those who remained insufficiently active. Adjunctive interventions to assist individuals undergoing MBS in achieving higher PA levels and improved metabolic risk profiles are warranted.

Disclosure: No significant relationships.

FP101 / Abs. ID 372

Topic: *AS28. MBS and MAFLD*

TOP PAPERS SESSION
11-09-2025 08:00 - 10:00

PREDICTION OF HEPATIC FIBROSIS IN PATIENTS WITH OBESITY UNDERGOING METABOLIC BARIATRIC SURGERY WITH SIMPLE PRE-OPERATORY VARIABLES

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Background: Metabolic dysfunction-associated steatotic liver disease (MASLD) is a leading cause of fibrosis, cirrhosis, and hepatocellular carcinoma, particularly in individuals with obesity. Early identification of fibrosis in metabolic bariatric surgery candidates may guide clinical decision-making and improve outcomes.

Objectives: This study aimed to identify independent clinical and laboratory predictors of hepatic fibrosis in obese patients undergoing bariatric and metabolic surgery.

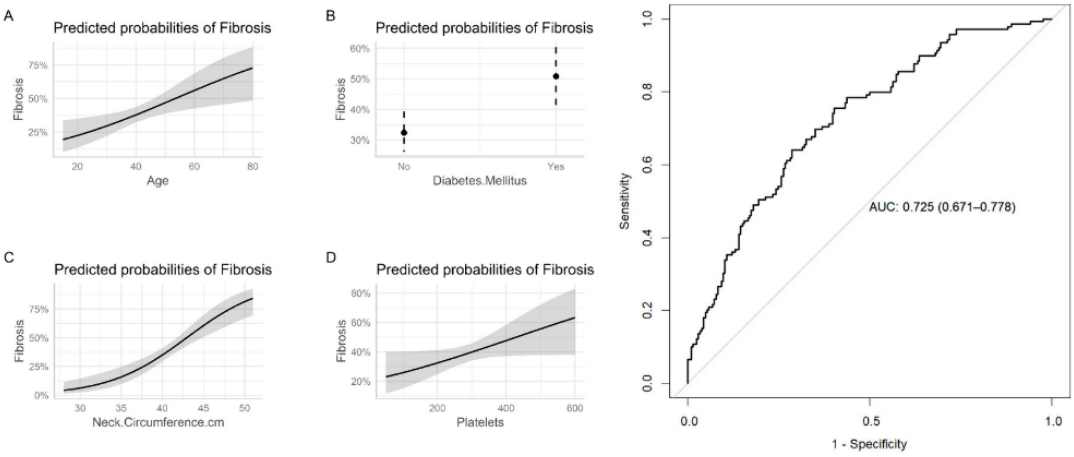
Methods: A cross-sectional study was conducted including 346 patients with obesity (BMI > 35 kg/m²) in the preoperative phase of metabolic bariatric surgery. Patients with prior hepatic surgery or excessive alcohol consumption (>20g/week) were excluded. Liver biopsies from the left lobe were obtained intraoperatively and analyzed using the Kleiner classification. Binary logistic regression was used to determine independent predictors of fibrosis, with patients classified as 0 (no fibrosis) or 1 (any fibrosis, stages 1–4). Variables assessed included age, sex, BMI, waist and neck circumference, diabetes mellitus (DM) status, liver enzymes (AST, ALT), platelet count, albumin, creatinine, hemoglobin A1c, and INR.

Results: Among 346 patients, 312 (90.42%) were women, with a mean age of 40.56 ± 1.03 years and BMI of 45.9 ± 0.58 kg/m². Hepatic fibrosis was significantly associated with platelet count (β = -0.00588, P = 0.00369), age (β = 0.03686, P = 0.0254), neck circumference (β = 0.2064, P < 0.001), and diabetes mellitus (β = 0.9310, P = 0.0055). Each additional year of age increased the probability of fibrosis by 4% (OR = 1.04), while patients without diabetes had a 57% lower risk (OR = 0.43). Each 1 cm increase in neck circumference was associated with a 23% higher probability of fibrosis (OR = 1.23). Using these variables, the model achieved an AUC of 0.725 (95% CI: 0.671–0.778), with a sensitivity of 70.04% and specificity of 62.96%. The model demonstrated moderate discriminative ability and a significant association with histological fibrosis (McNemar's test, P = 0.0044).

Characteristic	OR[1,2]	95% CI[2]	p-value
Age	1.04*	1.01, 1.08	**0.012**
Sex			
Female / Male	0.94	0.35, 2.52	0.895
Weight.Kg	0.99	0.97, 1.01	0.393
Height.cm	1.00	1.00, 1.01	0.417
BMI	1.03	0.96, 1.10	0.382
Abdominal.Circumference.cm	1.00	0.98, 1.03	0.822
Duration.of.Obesity.months	1.00	1.00, 1.00	0.749
Time.on.Waiting.List.months	1.00	0.98, 1.01	0.564
Systolic.Blood.Pressure.mmHg	1.00	0.98, 1.03	0.807
Diastolic.Blood.Pressure.mmHg	1.00	0.95, 1.04	0.891
Diabetes.Mellitus			
No / Yes	0.43*	0.23, 0.82	**0.010**
Smoker			
No / Yes	0.71	0.26, 1.89	0.488
Neck.Circumference.cm	1.23***	1.12, 1.36	**<0.001**
Family.History.of.Liver.Disease			
No / Yes	0.58	0.29, 1.14	0.112
TGO.AST	1.01	0.98, 1.05	0.511
TGP.ALT	1.02	1.00, 1.04	0.113
Platelets	1.00*	1.00, 1.01	**0.021**
PT.INR	0.77	0.06, 1.46	0.741
Cortisol	0.97	0.91, 1.02	0.219
Creatinine	1.05	0.98, NA	0.427
Glycated.Hemoglobin.HbA1c	0.89	0.69, 1.15	0.382
Albumin	0.96	0.51, 1.79	0.891
Urea	1.00	0.96, 1.03	0.789
Hemoglobin.Hb	0.97	0.86, 1.01	0.265

[1]*p<0.05; **p<0.01; ***p<0.001

[2]OR = Odds Ratio, CI = Confidence Interval



Conclusions: Age, platelet count, and neck circumference were independent predictors of biopsy-confirmed fibrosis. The model demonstrated moderate accuracy and may assist in preoperative risk stratification. These findings support the use of simple clinical markers for early identification of at-risk patients.

Disclosure: No significant relationships.

FP102 / Abs. ID 576

Topic: *AS16. MBS at the extreme of ages*

TOP PAPERS SESSION
11-09-2025 08:00 - 10:00

METABOLIC BARIATRIC SURGERY BE SAFELY PERFORMED IN PATIENTS OVER 75? INSIGHTS FROM THE MBSAQIP DATABASE

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Background: Metabolic bariatric surgery is increasingly utilized in elderly populations as a treatment for severe obesity, with demonstrated benefits in weight loss and resolution of related diseases. However, data on the safety and efficacy of these procedures in super-elderly patients remain limited, particularly regarding different types of surgical procedures.

Objectives: This study aimed to evaluate the incidence and nature of postoperative complications in patients aged 75 and older undergoing primary metabolic bariatric surgery as well as comparing the outcomes between SG and RYGB procedures.

Methods: This retrospective cohort study analyzed super-elderly patients who underwent primary metabolic bariatric surgery between 2015 and 2023. Demographic, clinical, and surgical data were extracted from the MBSAQIP database. Patients were categorized into SG and RYGB groups, and outcomes, including morbidity, mortality, and specific complications, were assessed and compared.

Results: A total of 2,539 patients (median age: 76 years, 64.8% women) were included. SG was the most commonly performed procedure (75%), followed by RYGB (21.2%). Postoperative complications occurred in 10.4% of patients, with severe complications in 6.0%. Mortality was low (0.3%). SG demonstrated significantly lower rates of overall (8.7% vs. 15.8%) and severe complications (4.7% vs. 10.2%) compared to RYGB. Specific complications, including deep surgical site infections, bowel obstruction, and septic shock, were more prevalent in the RYGB group. Both groups had a median hospital stay of one day.

Conclusions: Metabolic bariatric surgery in super-elderly patients is associated with low morbidity and mortality rates when appropriately optimized. SG, due to its lower complication rates, may be the preferred option for patients with higher surgical risk. These findings underscore the importance of individualized risk assessment and postoperative care in this high-risk population. Further research is needed to evaluate long-term outcomes and refine surgical protocols.

Disclosure: No significant relationships.

FP103 / Abs. ID 973

Topic: *AS41. MBS in class IV, Class V, Class VI patients*

TOP PAPERS SESSION
11-09-2025 08:00 - 10:00

RANDOMIZED CONTROLLED TRIAL OF RING-AUGMENTED VERSUS STANDARD SLEEVE GASTRECTOMY IN CLASS IV OBESITY (BMI > 50KG/M2): THREE-YEAR OUTCOMES

Mohamed Hany
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Background: Class IV obesity (BMI ≥ 50 kg/m²) represents the most severe category of obesity and is associated with substantial reductions in life expectancy and a high burden of medically-associated problems such as type 2 diabetes, hypertension, dyslipidemia, and sleep apnea. Laparoscopic Sleeve Gastrectomy (LSG) is a common metabolic bariatric surgery (MBS) procedure. However, its long-term effectiveness may be limited by recurrent weight gain (RWG). Ring-augmented Laparoscopic Sleeve Gastrectomy (RaLSG) incorporates a fixed ring to reduce pouch dilation and mitigate RWG, yet evidence in Class IV patients with obesity remains sparse.

Objectives: To compare the mid-term outcomes of RaLSG versus LSG in Class IV patients with obesity, specifically examining weight loss trajectories, recurrence of medically-associated problems, complications, food tolerance, and quality of life.

Methods: This prospective, randomized controlled trial (Institute Registration Number: IORG0008812; E/C.S/N.R4/2020) enrolled patients during the recruitment period from 2021 to 2022. A total of 219 patients with BMI ≥ 50 kg/m² were randomized to RaLSG (n=111) or LSG (n=108). Follow-ups were conducted at 6, 12, 24, and 36 months. The primary outcome was total weight loss (%TWL). Secondary outcomes included BMI change, recurrence of medically-associated problems, complication rates (Clavien-Dindo classification), food tolerance (Suter questionnaire), and quality of life assessed by SF-36 and BODY-Q instruments. Longitudinal analyses were performed using Generalized Estimating Equations (GEE).

Results: Both surgical techniques resulted in significant weight reduction and improved quality of life. However, RaLSG showed superior weight maintenance at 3 years, with significantly lower BMI (mean difference 1.77 kg/m²; p=0.006) and greater %TWL (mean difference 3.25%; p=0.008). RWG and recurrence of medically-associated problems, particularly hypertension and dyslipidemia, were significantly lower in the RaLSG group (p=0.003). RaLSG also resulted in smaller pouch volumes. While LSG demonstrated better food tolerance scores, quality of life improvements were equivalent between the two groups. Overall complication rates were low and similar; 1.8% of RaLSG patients required ring removal due to intolerance.

Conclusions: RaLSG offers enhanced long-term outcomes over LSG in Class IV patients with obesity undergoing MBS, particularly in reducing RWG and recurrence of medically-associated problems, with a comparable safety profile.

Disclosure: No significant relationships.

FP104 / Abs. ID 630

Topic: *AS28. MBS and MAFLD*

TOP PAPERS SESSION
11-09-2025 08:00 - 10:00

PERFORMANCE OF FIB4, NFS AND APRI IN DETECTING ADVANCED FIBROSIS IN ADULTS WITH OBESITY AND METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE

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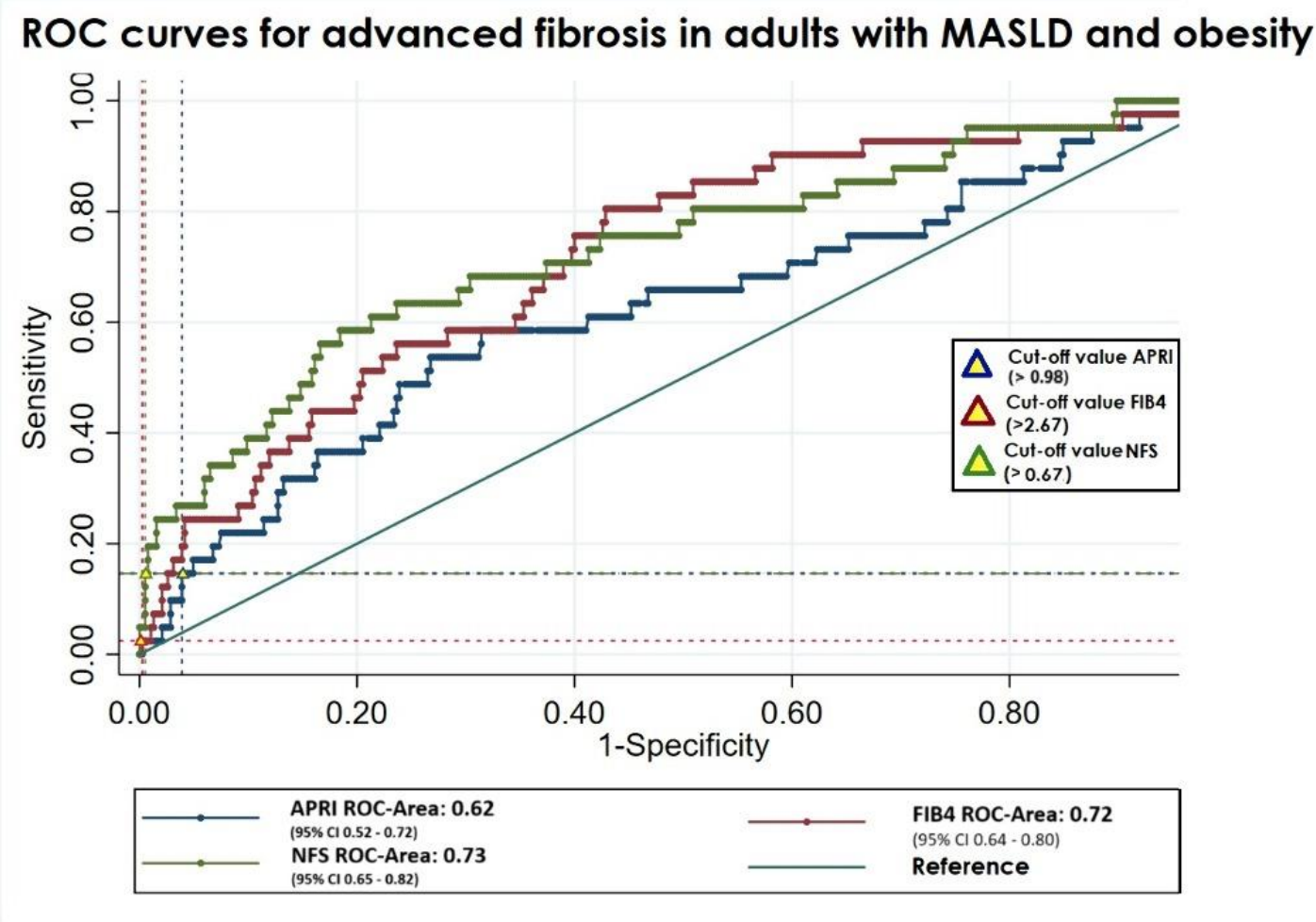
[1]Clinica Avendaño, Lima, Peru, [2]OBEMET Center for Obesity and Metabolic Health, Lima, Peru

Background: Metabolic dysfunction-associated steatotic liver disease (MASLD) affects 75.3% of adults with obesity. This group is at higher risk of developing advanced stages of the disease, such as advanced fibrosis (stages F3–4).

Objectives: This study aims to evaluate the performance of FIB4, NALFD fibrosis score (NFS) and APRI in detecting advanced fibrosis in adults with obesity and MASLD.

Methods: Analytical cross-sectional study using data from a surveillance system at a bariatric center in Lima, Peru. We included adults aged 18-65 years with hepatic steatosis >5% on liver biopsy and a body mass index ≥30 kg/m2. Participants with self-reported harmful alcohol consumption, prior bariatric surgery, liver biopsies with <11 periportal spaces, or other causes of MASLD/fibrosis (e.g. hepatotoxic drugs, viral hepatitis, autoimmune diseases) were excluded. Advanced fibrosis was defined as stages F3–F4, confirmed via liver biopsy performed intraoperatively. Serum samples for calculating NAFLD score, FIB-4 and APRI were collected within 30 days prior to liver biopsy. ROC curve analysis was performed in STATA v16

Results: Among 426 adults with obesity and MASLD, the prevalence of advanced fibrosis was 9.6% detected by biopsy, 4.7% by APRI, 1.6% by NFS, and 0.2% by FIB-4. The diagnostic performance of APRI was significantly lower than NFS (p=0.020) and FIB-4 (p=0.008) (Figure1). Subgroup analyses revealed better performance of FIB-4 and NFS in woman and those with severe obesity (Table1). For the detection of advanced fibrosis, the NFS cutoff of 0.67 achieved a sensitivity of 14.6% and specificity of 99.5%, with an overall correct classification of 91.3%. The FIB-4 cutoff of 2.67 in FIB-4 showed a sensitivity of 2.44% and specificity of 99.74%, with a correct classification of 90.38%. However, cutoff points achieving sensitivity values ≥75% resulted in specificity <60% and overall correct classification <60% for all 3 scores.



Conclusions: In adults with obesity and MASLD, the overall performance of non-invasive diagnostic scores for detecting advanced fibrosis was limited, with AUROC values ranging from poor to acceptable, limiting their use for effective screening in broader clinical settings. Established cutoffs from guidelines provide high specificity, but their sensitivity remains very low.

Disclosure: No significant relationships.

FP105 / Abs. ID 556

Topic: *AS28. MBS and MAFLD*

TOP PAPERS SESSION
11-09-2025 08:00 - 10:00

CAN METABOLIC DISFUNCTION ASSOCIATED STEATOTIC LIVER DISEASE (MASLD) BE WELL CLASSIFIED BY A VISUAL ASSESSMENT DURING BARIATRIC AND METABOLIC SURGERY?

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Background: Metabolic dysfunction-associated steatotic liver disease (MASLD) is a major contributor to liver cirrhosis, emphasizing the need for accurate assessment tools. Although intraoperative visual evaluation of the liver remains widely used, its reliability is questionable.

Objectives: This study assessed the accuracy of intraoperative visual evaluation of MASLD against histopathology and its correlation with Controlled Attenuation Parameter (CAP), Fibrosis-4 index (FIB-4), and Vibration-Controlled Transient Elastography (VCTE).

Methods: A cross-sectional study was conducted including 310 patients with obesity (BMI ≥ 35 kg/m²) undergoing metabolic bariatric surgery between May and November 2024. Patients with other chronic liver diseases or prior hepatic surgery were excluded. A single experienced surgeon visually assessed the left liver lobe intraoperatively without prior knowledge of preoperative non-invasive test results. Preoperative assessment included CAP, VCTE, and FIB-4 to evaluate steatosis and fibrosis. Liver biopsies were obtained laparoscopically and analyzed using the Kleiner classification.

Results: Among 310 patients, 285 (91.2%) were women, with a mean age of 41.1 ± 9.2 years and a BMI of 45.55 ± 5.1 kg/m². Intraoperative visual assessment identified steatosis in 37.4% and fibrosis in 45.8% of cases. Fibrosis was underestimated in 22.1% of cases classified as absent, while advanced fibrosis (F3/F4) was overestimated in 25.8%, with only 4.2% confirmed histologically. The visual fibrosis scale correlated poorly with FIB-4 ($r = 0.141$, $p = 0.013$), VCTE ($r = 0.215$, $p < 0.0001$), and histopathology ($r = 0.374$, $p < 0.0001$), as did the visual steatosis scale with CAP ($r = 0.342$, $p < 0.0001$) and histopathology ($r = 0.4$, $p < 0.0001$). However, visual assessment distinguished mild (F1/F2) from advanced fibrosis (F3/F4) ($p < 0.001$ for VCTE, $p = 0.004$ for FIB-4). CAP correlated significantly with steatosis severity ($p < 0.001$), while VCTE ($p < 0.001$) and FIB-4 ($p = 0.030$) showed strong associations with liver biopsy findings.

		Biopsy			
		Healthy	Mild	Moderate	Severe
Steatosis	Visual Scale: Healthy	8	50	3	0
	Visual Scale: Mild	3	77	8	3
	Visual Scale: Moderate	5	69	20	6
	Visual Scale: Severe	1	23	23	11

		Biopsy			
		Healthy	Mild	Moderate	Severe
Fibrosis	Visual Scale: Healthy	113	28	3	1
	Visual Scale: Mild	54	26	0	2
	Visual Scale: Moderate	30	28	3	2
	Visual Scale: Severe	5	10	2	0

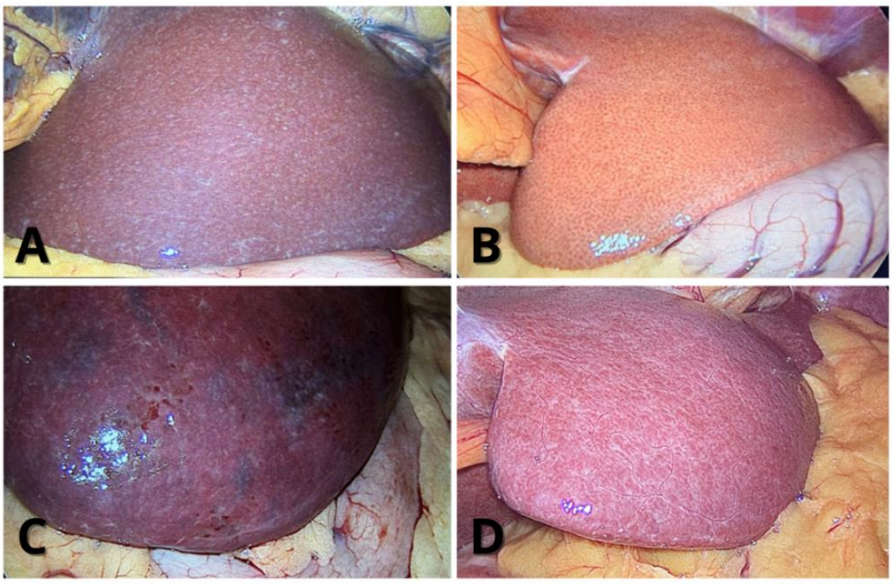

Figure 1 – A – VS: F0S0. LB: F0S1. B – VS: F0S3. LB: F1S1. C – VS: F3S2. LB: F0S1. D – VS: F3S2. LB: F4S1. VS – Visual scale. LB – liver biopsy.

Conclusions: Intraoperative visual assessment detected steatosis but lacked accuracy in grading its severity. Similarly, fibrosis evaluation was imprecise, leading to misclassification of mild and advanced fibrosis. Given these limitations, preoperative non-invasive methods (VCTE and FIB-4) should guide biopsy decisions, rather than reliance on intraoperative visual evaluation alone.

Disclosure: No significant relationships.

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FP106 / Abs. ID 773

Topic: *AS33. MBS and bleeding: prevention, role of energy devices,*

TOP PAPERS SESSION
11-09-2025 08:00 - 10:00

EFFICACY AND SAFETY OF TRANEXAMIC ACID USE IN METABOLIC BARIATRIC SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS

Lily Park[1], Hannah Polley[2], Meredith Poole[1], Karanbir Brar[1], Tyler Mckechnie[1], Yung Lee[1], Rahima Nenshi[1], Flavia Borges[1], Sandra Ofori[1], Maura Marcucci[1], David Conen[1], Cagla Eskicioglu[1], Dennis Hong[1], Pj Devereaux[1]
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Background: Current evidence supports prophylactic tranexamic acid (TXA) use in various surgical contexts; however, evidence for TXA in the bariatric surgery setting is limited. Since the previous systematic review (n=753), three additional studies have been published that double the previous sample size.

Objectives: Objective: To conduct an updated review on the safety and efficacy of prophylactic intravenous TXA in bariatric surgery.

Methods: Medline, Embase, and Central databases were searched from inception to August 2024. We included all comparative studies involving bariatric surgery patients (laparoscopic gastric bypass and sleeve surgeries), that studied the effect of TXA on perioperative bleeding and safety parameters. Bleeding events were defined as bleeding associated with hemodynamic changes or requiring an intervention (i.e., re-operation or transfusion). Meta-analyses were performed using random effects models. The Mantel-Haenszel method was used to report relative risk (RR) values for dichotomous variables, and inverse variance weighting was used to calculate difference in means for continuous variables.

Results: Four randomized controlled trials (RCT), 3 retrospective cohort, and 2 prospective cohort studies involving 1504 patients were included. Meta-analyses demonstrated that TXA use, compared to no TXA, led to reduced risk of transfusion (RR 0.28, 95% CI 0.08-0.95, p=0.04, i2=0%, n=1371), bleeding events (RR 0.47, 95% CI 0.32-0.69, p<0.001, i2=0%, n=1523), post-operative hemoglobin reduction (0.20 g/dL, 95% CI 0.02 to 0.38, p=0.03, i2=38%, n=797), and length of hospital stay (LOS) (-2.72 hours, 95% CI -4.95 to -0.49, p=0.02, i2=44%, n=678). There were no differences in intraoperative blood loss (-20.0 ml, 95% CI -47.7 to 7.8, p=0.16, i2=85%, n=431). Subgroup analyses restricted to RCTs demonstrated reduced risk of bleeding events (RR 0.46 [0.24 to 0.87]), hemoglobin reduction (0.4 [0.1 to 0.7] g/dL), and LOS (-1.67 [-2.87 to -0.47] hours) with TXA use. There were no deep venous thromboembolic (DVT) events across all studies.

Conclusions: Conclusion: Updated evidence demonstrates that TXA use in bariatric surgery is associated with reduced perioperative transfusion rates, bleeding events, hemoglobin reduction, and LOS with no differences in intraoperative blood loss. There were no DVTs across all included studies, suggesting TXA likely does not increase DVT risk. Larger RCTs are needed to corroborate these findings.

Disclosure: Based on study questions PJD has originated and grants he has written, he has received grants from Abbott Diagnostics, AOP Pharma, AstraZeneca, Bayer, Boehringer Ingelheim, Bristol-Myers-Squibb, CloudDX, Coviden, Octapharma, Philips Healthcare, Roche Diag

FP107 / Abs. ID 568

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

TOP PAPERS SESSION
11-09-2025 08:00 - 10:00

ORAL ANTI-OBESITY MANAGEMENT MEDICATION AFTER BARIATRIC SURGERY: A RCT ON NALTREXONE/BUPROPION AFTER METABOLIC BARIATRIC SURGERY

Geert Verkoulen[1], Marijn Jense[1], Vera Hoebregts[2], Inge Palm-Meinders[3], Mark Reinders[2], Dennis Wong[2], Jan Willem Greve[4,5,6], Evert-Jan Boerma[3]
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Background: Although metabolic bariatric surgery is currently the most effective treatment for severe obesity, recurrent weight gain (RWG) occurs in 16-37% of the patients. Obesity Management Medication (OMM) has become an option to treat RWG after bariatric metabolic surgery (BMS). In patients with obesity, usage of Naltrexone/Bupropion (NB) has proven to result in weight loss, however information about patients undergoing BMS with RWG treated with NB is still scarce.

Objectives: To study the effect on total weight loss (TWL) of NB in combination with lifestyle coaching (LC) compared to LC alone in patients with RWG after BMS. In addition, side effects, eating behaviour and the absorption of (hydroxy)bupropion are evaluated.

Methods: In this multicenter randomized trial 108 patients were randomized between LC + NB and LC alone. To compare blood plasma levels BMS patients receiving NB were compared with a control group of patients receiving NB but who have not undergone BMS. Patients who have >5% RWG and requested additional LC could be included. Patients with contraindications for NB, taking medication interfering with NB or requiring revisional surgery were excluded. LC consisted of 4 consultations with either a dietician, psychologist, physiotherapist and/or doctor. Blood was analyzed to determine NB levels and compared with the control group.

Results: 51 patients were enrolled of which 18 patients in the LC group, 19 in the NB + LC, and 14 in the control group. During the up-titration of the NB, participants frequently reported side effects, which resulted in study dropouts, with a total of 16 participants discontinuing study participation. Preliminary data shows that 80% of the NB group achieved clinically significant weight loss (≥5% TWL), compared to 10% in the LC group. Blood plasma analyses showed lower levels in BMS patients compared to control patients.

Conclusions: To our knowledge, this is the first randomized multicenter study investigating the effect of NB in patients who have undergone BMS. Preliminary results indicate a tendency toward more sufficient weight loss in the NB +LC group compared to the LC group. Blood plasma levels of NB appear to be lower after BMS.

Disclosure: The medication naltrexone/bupropion used in this study, as well as the costs for study procedures (laboratory analysis), were funded by GoodLife Pharma

FP108 / Abs. ID 1058

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

TOP PAPERS SESSION
11-09-2025 08:00 - 10:00

FIELD-TESTING A BARIATRIC-SPECIFIC PATIENT-REPORTED OUTCOME MEASURE FOR THE AUSTRALIA AND NEW ZEALAND METABOLIC BARIATRIC SURGERY REGISTRY

Alyssa Budin
Monash University, Surgery, Melbourne, Australia

Background: The Australian and New Zealand Bariatric Surgery Registry is currently working to implement a bariatric-specific registry-based Patient-Reported Outcome Measure (PROM). Previous work developed a questionnaire to assess the outcomes deemed most important by pre- and post-surgical patients and a range of healthcare practitioners involved in the management of bariatric patients.

Objectives: This study aimed to field test the new Registry PROM amongst a sample of post-surgical bariatric patients from 1 to 10 years post-operatively.

Methods: A stratified sample of post-surgical patients from the Registry were invited to complete the PROM via an online platform (REDCap). The PROM includes 34 items scored on a 5-point Likert scale across 8 domains: General Health, Sleep, Perception of Surgery, Quality of Life, Social Well-Being, Mental Health & Emotional Well-Being, Eating Behaviour & Relationship to Food, and Self-Esteem & Body Image. The Registry PROM was launched in December 2024 via the Registry's new online patient-reported data collection system for field testing alongside a series of recognised PROMs for comparative psychometric analysis.

Results: To date, 1,082 participants have consented to participate, and 1,015 (93.8%) have completed the field test. Preliminary results indicate the domains in which participants experienced the best outcomes were Quality of Life (mean: 4.13, SD: 1.09) and Perception of Surgery (mean: 4.35, SD: 1.05), while the domains of Sleep (mean: 3.30, SD: 1.03) and Mental Health & Emotional Well-being (mean: 3.30, SD: 1.17) were the lowest. Individual outcomes where participants indicated they experienced the worst outcomes were anxiety, feeling self-conscious or ashamed, grazing/snacking behaviour, and preoccupation with body shape/size. Additional field-test data will be collected until a representative sample of participants at each time point has been collected to allow for analysis of changes over time.

Conclusions: Preliminary results have identified the domains of Sleep, Mental Health & Emotional Well-Being and Self-Esteem & Body Image as the areas in which patients most commonly report poor outcomes. Additional analyses will identify any differences in these outcomes over time, by patient demographics, or by surgical variables, and advanced psychometric analyses will be performed to facilitate final adjustments to the Registry PROM before it is permanently implemented.

Disclosure: No significant relationships.

FP109 / Abs. ID 538

Topic: *AS25. Measurement of quality outcomes after MBS*

TOP PAPERS SESSION
11-09-2025 08:00 - 10:00

QUALITY OF LIFE TWO YEARS AFTER LAPAROSCOPIC GASTRIC BYPASS: A COMPARISON OF LONG VS. SHORT BILIOPANCREATIC LIMB CONFIGURATIONS IN THE BPG-1 MULTICENTER STUDY.

Débora Acín-Gándara[1], Ester Mans[2], Juan Jose Arroyo[3], Manuel Medina[1], Elena Ruiz-Úcar[1], Fernando Pereira[1]
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Background: Laparoscopic Roux-Y-gastric bypass (RYGB) is one of the most frequently performed operations in metabolic bariatric surgery. Still, some patients respond better than others, and to optimize outcomes, different modifications have been assessed, especially regarding limb lengths. Emerging evidence indicates that extending the biliopancreatic limb (BPL) may improve weight loss and quality of life compared to standard configurations.

Objectives: This multicenter, randomized study evaluates whether extending the biliopancreatic limb (BPL) in RYGB improves weight loss and quality of life over two years.

Methods: Ninety-eight adults (BMI 35–50 kg/m²) undergoing RYGB were randomly assigned to two groups: one receiving a 150 cm BPL with a 70 cm alimentary limb (AL) and the other receiving a 70 cm BPL with a 150 cm AL. The primary outcome measure was weight loss, which determined the sample size. The secondary outcome was quality of life, measured by the Bariatric Analysis and Reporting Outcome System (BAROS) scale.

Results: Participants had a mean age of 47 years and an average BMI of 45 kg/m². A 93% follow-up rate was achieved at two years. Both groups were comparable in gender distribution, age, related diseases, and baseline BMI. No significant differences were observed in operative time, hospital stay, or intraoperative and postoperative complications (early and beyond 30 days post-surgery). However, patients in the long BPL group demonstrated significantly better outcomes: More significant weight loss was observed at two years in the long BPL group: % Excess Weight Loss (%EWL): 89% vs. 77% (p=0.002) % Total Weight Loss (%TWL): 39% vs. 32% (p=0.001) Quality of life scores (BAROS) were higher at both 12 months (p = 0.032) and 24 months (p = 0.029). Variations in common channel length did not explain differences in weight loss and quality of life, as both groups had similar measurements (>250 cm).

Conclusions: These findings suggest that a longer biliopancreatic limb in RYGB may contribute to improved weight loss and quality of life, warranting further investigation to assess if this is maintained in the long term.

Disclosure: This study has received funding from the Spanish Association of Surgeons, as it received a research grant

FP110 / Abs. ID 995

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

TOP PAPERS SESSION
11-09-2025 08:00 - 10:00

METABOLIC BARIATRIC SURGERY: EATING BEHAVIOUR PHENOTYPES IN PRE AND POST OPERATIVE STAGES.

Pablo Omelanczuk[1], J. Formoso[2], Palma Romina[1], Monica Katz[3], Andres Fontaine Nicola[4], V. Anger[5]
[1]Batric Clinica Quirurgica de la Obesidad, Mendoza, Argentina, [2]Centro Interdisciplinario de Investigaciones en Psicología Matemática Y Experimental “Dr.Horacio J.A. Rimoldi”-CONICET, Capital Federal, Argentina, [3]Facultad de Ciencias Médicas Universidad Favaloro, Ciudad de Buenos Aires, Argentina, [4]University of California San Diego, Surgery, San Diego, United States of America, [5]Hospital de Clínicas José de San Martín, CABA, Argentina

Background: Weight recurrence after bariatric surgery is common and may be linked to eating behavior traits and psychological factors. Evaluating these aspects before surgery is essential to design therapeutic strategies.

Objectives: To describe eating behavior phenotypes in candidates for bariatric surgery, analyze their relationship with comorbidities, indicators of anxiety and depression, and compare pre- and post-surgical eating behavior.

Methods: Prospective study of 211 adults carried out between December 2022 and August 2023. The Eating Behavior Phenotype Scale (EFCA) was used to evaluate eating dysregulation and characterize subphenotypes (disorganized, hedonic, compulsive, hyperphagic and pecking/emotional), Beck for depression and Hamilton for anxiety. A postoperative assessment of eating behavior was performed in 31 participants.

Results: Predominant eating behavior sub-phenotypes were disorganized and hyperphagic. There were significant associations between BMI and the hedonic and hyperphagic subphenotypes, between plasma triglycerides and compulsive subphenotype, and between the depression scale and emotional and hedonic subphenotype. Participants with hypertension and diabetes scored higher on compulsive subphenotype, with higher scores on total EFCA in patients with diabetes. After surgery, EFCA values and metabolic parameters such as glycemia and triglyceridemia decreased significantly.

Conclusions: There is a relationship between eating dysregulation and metabolic and psychological parameters, with significant improvement in eating behavior after surgery. Understanding the psycho behavioral mechanisms behind obesity can facilitate the creation of personalized treatment strategies.

Disclosure: No significant relationships.

FP111 / Abs. ID 1121

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

OPTIMIZING TOTAL SMALL BOWEL LENGTH-BASED BILIOPANCREATIC LIMB MEASUREMENT FOR IMPROVED OUTCOMES AFTER PROXIMAL BYPASS SURGERIES.

Muffazal Lakdawala, Harsh Sheth, Samir Bagasrawala, Samir Deshpande, Pooja Unadkat, Rais Ansari, Kavita Bhatia, Nidhi Kaur Gandhi
Sir HN Reliance Foundation Hospital, Minimal Access Surgical Sciences, Mumbai, India

Background: Roux-en-Y gastric bypass (RYGB) is one of the most widely performed bariatric surgeries, yet surgeons have struggled to determine the ideal bowel length of biliopancreatic limb (BPL) that ensures both effective weight loss and minimal side effects. To address this issue in proximal bypass surgeries, a patient specific approach was adopted by measuring the total small bowel length (TSBL) and dividing the bowel.

Objectives: To evaluate the effectiveness of a longer BPL approach for proximal bypass surgeries in ensuring optimal clinical response and long-term remission of metabolic syndrome while reducing side-effects such as diarrhea and protein energy malnutrition.

Methods: 100 patients undergoing proximal bypass procedures were recruited and their TSBL was measured. The TSBL was then divided such that AL + BPL = one-third where in AL was standard at 75cm for patients undergoing RYGB while BPL was one-third in patients undergoing OAGB and Sleeve-DJB, with the remaining two-thirds of TSBL designated as common channel. Patient outcomes in terms of % total body weight loss (%TBWL), serum total protein and albumin along with steatorrhea were assessed at 6 months and 1 year postoperatively.

Results: The mean %TBWL was 24.56 ± 5.11% at 6 months and 32.13 ± 7.47% at 1 year. The mean BMI decreased from 45.34 ± 7.45 kg/m^2 pre-operatively to 34.27 ± 6.24 kg/m^2 at 6 months and 31.04 ± 6.62 kg/m^2 at 1 year. Significant improvements were observed in metabolic parameters. The total protein levels decreased marginally from 7.16 ± 0.53 g/dL preoperatively to 6.64 ± 0.57 g/dL at 6 months and 6.72 ± 0.54 g/dL at 1 year. A similar trend was observed for serum albumin values. At 6 months and 1 year 3% of patients reported diarrhea in RYGB group.

Conclusions: A longer BPL in relation to the TSBL, resulted in significant weight loss and metabolic improvements while minimizing steatorrhea and protein energy malnutrition.

Disclosure: No significant relationships.

FP112 / Abs. ID 1224

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

10--14 YEAR RESULTS OF ILEAL INTERPOSITION SURGERY IN PATIENTS WITH DIABETES WITH BMI LESS THAN 30KG/M2

Surendra Ugale
Kirloskar Hospital, Bariatric & Metabolic Surgery, Hyderabad, India

Background: Many patients with diabetes in the non-obese segment, suffering with uncontrolled diabetes had no recourse to surgery, until the recent IFSO-ASMBS guidelines, which recognized metabolic severity at lower weight ranges. Duodenal or diverted Ileal Interposition with a BMI-adjusted sleeve and pancreatic & hepatic sympathectomy, was very effective in getting diabetes resolved even in patients with severe diabetes.

Objectives: To assess the efficacy of T2DM control, safety, weight maintenance and nutritional safety with Duodenal Ileal Interposition with BMI-Adjusted Sleeve and selective intra-abdominal sympathectomy, over the long term upto 14 years, in a single surgical unit.

Methods:

Table 1: Demographics	
Preoperative data	**Mean**
Age	45.59
Total Patients	119
Gender (male/female)	86 males; 33 females
Weight	76.84 kg
BMI	26.68 kg/m^2
HbA1c	9.35% (5.8%–13.5%)
Fasting C-Peptide	2.56
Stimulated C-Peptide	4.45
Fasting Se. Insulin	24.82
HbA1c: Glycated hemoglobin, BMI: Body mass index	

119 patients; mean HbA1c 9.35%; mean BMI 26.68kg/m2; high insulin resistance.

Results: Follow-up of 96%, 76%, 68%, 67% and 53% at 1, 3, 5, 10 and 12 years post-surgery. Mean HbA1c was successfully reduced from 9.15% to 6.22%, 6.29%, 6.5%, 6.6%, 6.7% and 5.7% at 1, 3, 5, 10 , 12 and 14 years respectively. The mean BMI decreased from 26kg/m2 to 21.3, 22.2, 22.8, 21.8, 22.3 and 21.7 at 1,, 3, 5, 10, 12 and 14 years respectivly. This resulted in a Total percentage weight loss (%TWL) of 21.6%, 12.4%, 16.4%, 18.4%, 16.2% and 9.2%, at 1, 3, 5, 10, 12 and 14 years respectively. Nutritional stability is very good even at 10--14years. Besides food intolerance in 10-15% , which was temporary and resolved within 3 months, the major complications were –

Band adhesions causing internal herniation-3 patients; Re-exploration for successfully controlling bleeding- 3 pts; duodenal ulceration in 1; pneumonia with diabetic coma 10 days post-surgery in 1; re-exploration for abdominal pain with excessive drainage in 1; duodenal stump blow-outs - 3; mortality not related to procedure - 2 developed renal failure 2-4 yrs later, needing dialysis, but finally expired. 1 had metabolic acidosis after diarrhoea, 9 mths post-surgery, and died.

Nutritional stability								
Nutritional factors	Preoperative	1-year	3-year	5-year	7-years	10-Years	12-years	14-years
Hemoglobin	13.26	12.69	11.42	11.54	13.27	11.70	13.43	13.00
Total protein	7.09	6.83	6.81	6.72	6.91	6.90	6.95	7.09
Serum albumin	4.13	3.90	3.86	3.89	4.98	3.89	3.90	3.80
Calcium	9.40	8.72	8.37	8.28	8.76	8.35	8.63	7.97
Vitamin D3	25.91	25.30	22.03	22.01	21.29	20.75	23.88	27.00
Vitamin B-12	407.05	484.78	426.19	480.43	458.00	462.50	372.22	412.00
Iron	79.54	47.35	50.78	51.21	52.52	47.52	65.56	51.00
Triglycerides	188.11	94.63	95.71	96.56	95.58	91.58	95.10	87.00
Total Cholesterol	160.98	134.39	113.69	87.63	100.19	145.88	98.87	112.00

Conclusions: It is evident from the results evaluated upto 14 years that besides this procedure being very effective for resolution of T2D, having a controlled weight loss, without any untoward major problems, with mean BMI maintained even at 14 years post-surgery. Such data should help pave the way for removing any restrictive conditions of BMI, when treating patients with uncontrolled diabetes.

Disclosure: No significant relationships.

FP113 / Abs. ID 268

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

CREATION OF A SIDE-TO-SIDE DUODENO-ILEAL COMPRESSION ANASTOMOSIS USING THE GT METABOLIC SOLUTIONS MAGNET SYSTEM, DI BIOFRAGMENTABLE (MAGDI SYSTEM): FIRST ITALIAN MULTI-CENTER RESULTS

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Background: Linear magnetic compression is a novel technique to perform gastrointestinal anastomosis and might substitute classical sutures and metal staples in the future.

Objectives: This Italian multi-center clinical investigation aimed to evaluate the feasibility, safety and efficacy of the creation of a side-to-side compression anastomosis using the GT Metabolic Solutions Magnet System, DI Biofragmentable (MagDI System) to achieve duodeno-ileal diversion in patients with obesity.

Methods: Patients with a body mass index (BMI) of ≥ 30 to 50kg/m^2 and recurrent weight gain and/or type 2 diabetes mellitus (T2DM) after sleeve gastrectomy (SG) and patients with a BMI of ≥ 30 to 35 kg/m^2 underwent a side-to-side duodeno-ileal diversion using the GT Metabolic DI Magnet (linear, 39mm). The first magnet was swallowed by the patient prior to surgery. It was then placed laparoscopically 250 cm proximal the ileocecal valve and the second magnet was delivered endoscopically to the duodenum to get aligned the two magnets and to create a magnet compression duodeno-ileal anastomosis.

Results: 28 patients (19F) underwent surgery in 4 centers. Mean age, weight and BMI were 44 years, 101.3 ± 16.8kg and 36.7 ± 4.4kg/m^2. Mean operative time was 72.3 minutes. There was no device-related serious adverse event. There were 6 procedure-related serious adverse events. Mean hospital stay was 1.6 days. Paired magnets were expelled in 19 from 27 patients at a median of 33 days. Mean BMI, %EWL and %TWL at 30 days (n=18) and 60 days (n=13) and 90 days (n=6) were 34.2 ± 3.9 kg/m^2, 33.3 ± 3.5 kg/m^2 and 31.2 ± 3.2 kg/m^2 and 20.4 ± 11.7%, 25.3 ± 17.7% and 47 ± 2%. Mean HbA1c decreased from 6% at baseline to 5.4% at 30 days and to 5.3% at 60 days and to 5.4 at 90 days.

Conclusions: Preliminary data shows that side-to-side magnet compression duodeno-ileal anastomosis bipartition in recurrent weight gain after SG in adults with class I to III obesity and in T2DM in adults with class I obesity was feasible and safe. Future Follow-Up data and future studies are necessary to understand the role of magnetic side-to-side duodeno-ileal diversion as a primary and revisional bariatric procedure in the future.

Disclosure: Michel Gagner is co-founder of GT Metabolics.

FP114 / Abs. ID 994

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

MULTICENTER 5 YEAR RESULTS OF SINGLE ANASTOMOSIS SLEEVE-JEJUNAL BYPASS {SASJ} FROM 6 SURGICAL UNITS IN INDIA

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Background: Sleeve Gastrectomy with Sleeve-Jejunal bypass(Single Anastomosis Sleeve-Jejunal Bypass {SASJ}) is a single anastomosis, Sleeve Plus procedure introduced as a loop modification of transit bipartition and Single Anastomosis Sleeve-Ileal bypass (SASI), maintaining biliary access by avoiding duodenal transection, while creating a functional bypass to achieve weight loss and diabetic resolution.

Objectives: To evaluate efficacy of weight reduction, control of T2DM, longevity of results upto 5 years, nutritional stability and documentation of any complications.

Methods: 416 patients operated in 6 centers, having 1-8yrs follow-up, underwent sleeve gastrectomy followed by jejunal loop anastomosis, at 200cm from DJ flexure (or 150/100cm depending on total small bowel length), with the antrum. Mean values of age, BMI, incidence of diabetes and HbA1c are 42.1years, 43.77kg/m2 (range 30 to 74kg/m2), 40.98% and 6.66% (range 4.9–16%) respectively. The primary outcome of this study was weight loss and remission of T2DM, and secondary outcome was safety and nutritional stability.

Results: Of these 416 patients, 216 out of 307(70.4%), 74 out of 121(61.2%) and 22 out of 63(34.9%), followed up at 1, 3 and 5yrs respectively. Operative duration was 120-180min, hospital stay 2-4 days without postoperative problems. Mean total small bowel length(TSBL) was 709cm(range 450–890cm); mean common channel (CC) was 517cm(range 330–570). BMI reduced from 43.77 to 28.3kg/m^2, 26.5kg/m^2 and 27kg/m^2 at 1, 3 and 5yrs. Mean TBWL was 34.3%, 39% and 39.3% at 1, 3 and 5yrs. Remission of diabetes was seen in 88.7, 92 and 100% at 1, 3 and 5yrs, whereas HbA1c decreased from 7.53% amongst patients with diabetes to 5.76%, 5.89% and 6% at 1, 3 and 5yrs, without any mortality in these 416 patients. 10 patients had nausea, vomiting or diarrhoea, or dumping syndrome. 4 patients required a partial reversal of the procedure [disconnection of the jejunal bypass while retaining the sleeve], while the rest were managed conservatively.

Conclusions: Procedure was safe and effective in achieving and maintaining weight loss and diabetes remission, along with nutritional stability, at 1, 3 and 5 years follow up. It has the advantage of maintaining biliary access and if necessary a partial reversal can be done in a simpler manner compared to other bypass procedures.

Disclosure: No significant relationships.

FP115 / Abs. ID 1037

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

PROSPECTIVE SINGLE-CENTRE STUDY COMPARING NISSEN SLEEVE AND SLEEVE GASTRECTOMY AT ONE YEAR POST-OPERATIVELY IN TERMS OF DIABETES REMISSION.

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Background: As Nissen sleeve gastrectomy (NSG) is a relatively new technique, there is less worldwide data on its use than on the other well-established bariatric operations. Consequently, there are no studies in the literature addressing its results on diabetes remission.

Objectives: To compare the efficacy of NSG and sleeve gastrectomy (SG) in terms of diabetes remission at one year postoperatively.

Methods: This was a prospective, comparative, single-centre study (Montpellier University Hospital) of patients with diabetes and obesity (BMI > 35 kg/m²) who underwent SG or NSG between 1 January 2017 and 31 December 2019.

Results: Our cohort included 111 patients with a mean age of 53.9 years, 50.5% of whom were women. Sixty-three patients (56.7%) underwent SG, and forty-eight patients (43.2%) underwent NSG. At one year, the loss to follow-up rate was 19.7%. Patients undergoing SG had a mean BMI of 44.34 kg/m² (± 6.8), and a glycated haemoglobin (HbA1c) level of 7.64 g/dl (± 1.3). Seventeen of these patients (26.9%) had gastroesophageal reflux disease (GERD) prior to surgery. One year after surgery, the mean percentage loss of excess BMI (EBMIL %) was 58% (±18%). The GERD remission rate was 57% and the de novo GERD rate was 43.7%. Regarding diabetes, 41.27% of patients still had diabetes and 22.20% had complete remission. Patients who underwent NSG had a mean BMI of 40.99 kg/m² (± 4.57), an HBA1c of 7.28 g/dl (± 1.3) and 47.9% of them had GERD prior to surgery. One year after surgery, the EBMIL% was 65% (±21%). Remission of GERD occurred in 89.5% and de novo GERD developed in 0.06%.Regarding diabetes, 56.25% of patients still had diabetes and 16.67% had complete remission. The x^2 test was used to compare the two groups in terms of diabetes remission ($p = 0.197 > 0.05$) ,indicating no statistically significant difference between the two groups in terms of diabetes remission.

Conclusions: Nissen sleeve gastrectomy is as effective as conventional sleeve gastrectomy in achieving diabetes remission and can therefore be offered to patients with diabetes. This technique also has the advantage of improving GERD symptoms, which are often exacerbated by gastroparesis in patients with diabetes.

Disclosure: No significant relationships.

FP116 / Abs. ID 395

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

COMPARISON OF POST-OPERATIVE MORBIDITY BETWEEN NISSEN-SLEEVE GASTRECTOMY AND SLEEVE GASTRECTOMY: RESULTS OF A NATIONAL MULTICENTER STUDY

Samuel Frey[1,2], Andréa Lazzati[3], Marie De Montrichard[1], Adel Abou-Mrad[4], Laurent Arnalsteen[5], Jacques Bousquet[6], Alexandre Cortes[7], Thibaut Coste[8], Thomas Gautier[9], Litavan Khamphommala[10], Christophe Maucour[11], Sebastien Murcia[12], Ludwig Pasquier[13], Fabien Stenard[14], Géraud Tuyeras[15], Jean-Charles Vignal[16], Matthieu Wargny[17], Claire Blanchard[1,2]
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Background: Sleeve gastrectomy (SG) is the most frequent bariatric procedure worldwide. However, it is often associated with de novo or worsening gastroesophageal reflux disease (GERD) (30–57% at 5 years). The Nissen-SG, combining an anti-reflux fundoplication with SG, has been proposed to reduce post-operative GERD risk. This technique and its post-operative morbidity have not been evaluated in comparison with SG in a large multicenter study.

Objectives: The objective was to evaluate the rate of early (<30 days) severe post-operative complications of Nissen-SG compared to SG.

Methods: This multicenter study retrospectively included all patients who underwent Nissen-SG between 2020 and 2024 in 14 French centers. These patients were identified within the French national healthcare database, along with SG patients from the same period and centers. Nissen-SG and SG patients were matched in a 1:3 ratio. Severe complications (Clavien-Dindo ≥3b) were recorded, and a sensitivity analysis was performed using multivariate logistic regression.

Results: A total of 374 patients who underwent Nissen-SG were screened. Of them, 358 (95.7%) were paired with the French national healthcare database and matched with 1074 patients who underwent SG. Early severe post-operative complications occurred in 32 patients (8.9%) in the Nissen-SG group compared to 46 (4.3%) in patients with SG (p=0.001, Table). Especially, patients who underwent Nissen-SG exhibited significantly more peritonitis (3.9 vs. 1.8%, p=0.033) and more stenosis (2.0 vs. 0.1%, p<0.001). No death occurred. Age, diabetes, and Nissen-SG intervention were significantly associated with severe postoperative complications in univariate analysis. In multivariate analysis after stepwise selection, only the Nissen-SG intervention was significantly associated with severe post-operative complications (OR 2.26, 95%CI 1.51; 3.28).

Conclusions: This large multicenter study suggests that the benefits regarding GERD after Nissen-SG should be balanced with post-operative complication rates. These findings suggest that this technique should be approached with caution. The question of the learning curve deserves to be studied.

Disclosure: No significant relationships.

FP117 / Abs. ID 1030

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

NISSEN SLEEVE GASTRECTOMY: 5-YEAR FOLLOW-UP RESULTS.

Natalia Savvala, Mailis Amico, Saad Joumaa, Audrey Jaussent, Marta Silvestri, Patrick Lefebvre, Arvin Khamajeet, Marie Christine Picot, Florence Galtier, David Nocca
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Background: Nissen sleeve gastrectomy is a new bariatric procedurebased on the combination of two well-known surgical techniques (vertical sleeve gastrectomy and Nissen fundoplication). It was conceived as a means of preventing the major drawback of the sleeve gastrectomy (SG), the gastroesophageal reflux disease (GERD), while preserving the advantages of SG in terms of weight loss and remission of obesity-related comorbidities.

Objectives: The objectives of this study are to present the long-term (5 years) follow-up results on weight loss, evolution of GERD and other comorbidities and the complication rate of the Nissen sleeve gastrectomy

Methods: This is a prospective analysis of patients who underwent Nissen sleeve gastrectomy as a first-line bariatric procedure between January 2018 and February 2019 at Montpellier University Hospital, France . A subgroup analysis of patients with no further surgery during follow-up was also performed.

Results: A total of 144 patients underwent a Nissen sleeve gastrectomy: After adjusting for exclusion criteria, 133 patients comprised the initial study population, 81.9% of whom had complete follow-up for weight and GERD clinical symptom outcomes at 5 years. The mean total weight loss (TWL%) was 22 (± 12.3)% and the mean excess weight loss percentage (EWL%) was 59.4% (± 34.2)%. Of the 63 patients with preoperative clinical symptoms of GERD, we observed an 85.5% 5-year clinical remission rate; however only 25 patients had a gastroscopy at 5 years. The cumulative short- and long-term reoperation rate was 8.1% and the mortality rate was zero.

Conclusions: The Nissen sleeve gastrectomy achieves a satisfactory long-term TWL% and a significant improvement in comorbidities, particularly regarding the incidence of GERD. The rate of complications requiring surgical reoperation is low.

Disclosure: No significant relationships.

FP118 / Abs. ID 391

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

ONE-YEAR OUTCOMES OF NISSES-SLEEVE GASTRECTOMY ON GASTROESOPHAGAL REFLUX AND PROTON PUMP INHIBITORS USE: RESULTS OF A NATIONAL MULTICENTER STUDY

Samuel Frey[1,2], Andréa Lazzati[3], Marie De Montrichard[2], Adel Abou-Mrad[4], Laurent Arnlasteen[5], Jacques Bousquet[6], Alexandre Cortes[7], Thibaut Coste[8], Thomas Gautier[9], Litavan Khamphommala[10], Christophe Maucour[11], Sebastien Murcia[12], Ludwig Pasquier[13], Fabien Stenard[14], Géraud Tuyeras[15], Jean-Charles Vignal[16], Matthieu Wargny[17], Claire Blanchard[1,2]
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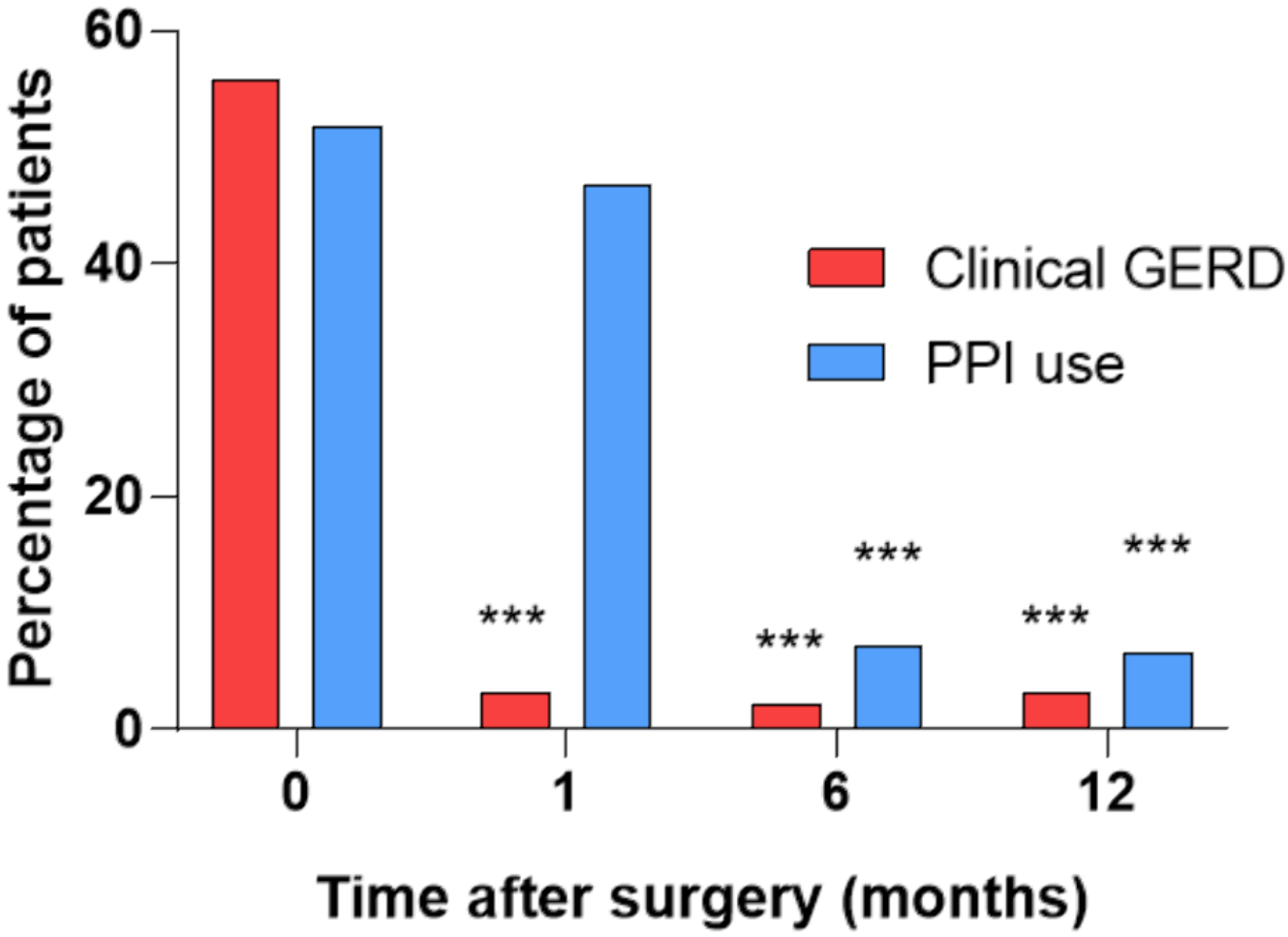
Background: While sleeve gastrectomy (SG) is the most frequent bariatric procedure worldwide, it has been associated with de novo or worsening gastroesophageal reflux disease (GERD) with 5-year numbers as high as 30 to 57%. A novel procedure, the Nissen-SG that combines an anti-reflux fundoplication with SG, has been proposed to reduce the post-operative GERD risk. However, this technique and its post-operative impact on GERD have not been evaluated in a large multicenter study.

Objectives: The objective was to evaluate the rate of patients with clinical GERD and proton-pump inhibitors (PPI) use up to one year after Nissen-SG.

Methods: This multicenter study retrospectively included patients with planned Nissen-SG between 2020 and 2024 in 14 French centers. Demographic and perioperative data, body weight changes, clinical gastroesophageal reflux and PPI use were retrieved from medical records. Exclusion criteria included age <18, Nissen-SG planned but not performed, follow-up <30 days.

Results: A total of 408 patients who underwent Nissen-SG were screened. Of them, 12 finally underwent SG alone, and 16 were followed less than 30 days. The mean age of the 380 analysed patients was 40.1±12.8 years and 86.5% were females. Before surgery, the mean BMI was 41.5±4.7 Kg/m², 56.1% had clinical GERD, and 52.1% were treated with PPI. The mean operative time was 87.6±32.8 min, and the mean length of stay was 2.3±3.0 days. Nissen-SG resulted in a significant decrease body weight that was maintained at 12 months (mean body weight 82.0±14.7 Kg at 12 months vs. 114.9±19.0 Kg before surgery, p<0.001). The rate of patients who displayed clinical GERD decreased significantly from 1, 6 and 12 months (3.3, 2.1 and 3.2%, respectively, all p<0.001 vs. pre-op, Figure). While PPI continued to be prescribed at one month, the rate of patients taking PPI drugs decreased significantly at 6 months and 12 months (7.2 and 6.5%, respectively, all p<0.001 vs. pre-op).



Conclusions: Nissen-SG resulted in a significant decrease in the rate of patients with clinical GERD and taking PPI medications, that was maintained 12 months after surgery. Therefore, Nissen-SG appears as an alternative to gastric bypass in patients with pre-operative GERD.

Disclosure: No significant relationships.

FP119 / Abs. ID 1222

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

5-YEAR RESULTS OF SURGERY IN PATIENTS WITH DIABETES WITH BMI LESS THAN 30KG/M2

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Background: Many patients with diabetes in the non-obese segment and suffering with uncontrolled diabetes had no recourse to surgery, until the recent IFSO-ASMBS guidelines, which recognized metabolic severity at lower weight ranges

Objectives: To assess the efficacy of T2DM control, safety, weight maintenance and nutritional safety with various procedures

Methods: Retrospective data was collected from 39 centers across India of 4933 patients with diabetes who underwent bariatric/metabolic surgery; out of these 175 patients with BMI less than 30kg/m2, were evaluated having mean BMI of 27.6kg/m2. This cohort had 98 males; 77 female patients, with a mean age of 45.8 years, mean HbA1c was 8.7%, mean fasting C-peptide of 3.14; they were followed upto 5 years or more, with data recordings at 1, 3 and 5 years post-surgery. Procedures performed in these patients were Duodenal Ileal Interposition with BMI-adjusted Sleeve {DII-SG} - 78; Jejunal Ileal Interposition with Sleeve {JII-SG} - 25; OAGB-25; RYGB-24; Sleeve-14; Sleeve+DJB-7; Banded RYGB-1; SADI-S- 1

Results: All 175 patients followed up at 1 year(100%); 88 out of 128 (68.75%) at 3 years and 26 out of 59(44%) at 5 years. The mean HbA1c reduced from 8.7% to 6.22%, 6.39% and 6.49% at 1, 3 and 5 years; BMI was 22.55, 22.58 and 23.23kg/m2 at those time points, with a % total body weight loss(TBWL) of 20.8, 18.4 and 14.4%.

Conclusions: It is evident from the results evaluated upto 5 years that besides these various procedures being very effective for resolution of T2D, they also had a controlled weight loss, without any untoward major problems, with BMI maintained even at 5 years post-surgery. Such data should help pave the way for removing any restrictive conditions of BMI, when treating patients with uncontrolled diabetes.

Disclosure: No significant relationships.

FP120 / Abs. ID 208

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

EFFECTIVENESS OF SLEEVE-PLUS PROCEDURES (SGDJB AND SGPJB) ON T2DM IN OBESE INDIVIDUALS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: Sleeve gastrectomy combined with intestinal bypa“s procedure” ("Sleeve-plus") such as sleeve gastrectomy with duodenojejunal bypass (SGDJB) and proximal jejunal bypass (SGPJB) have emerged as promising surgical approaches to address obesity and associated type 2 diabetes mellitus (T2DM). This systematic review and meta-analysis aims to evaluate the efficacy of these procedures in weight loss and glycemic control.

Objectives: Primary Objective: • To evaluate and compare the effectiveness of Sleeve Gastrectomy with Duodenojejunal Bypass (SGDJB) and Sleeve Gastrectomy with Proximal Jejunal Bypass (SGPJB) in achieving glycemic control and diabetes remission in obese individuals with Type 2 Diabetes Mellitus (T2DM). Secondary Objectives: • To assess the impact of these procedures on weight loss outcomes including Body Mass Index (BMI), percentage of total weight loss (%TWL), and percentage of excess weight loss (%EWL). • To evaluate metabolic changes, specifically changes in fasting blood glucose (FBS), glycated hemoglobin (HbA1c), and C-peptide levels after 12 months post-surgery.

Methods: Databases (PubMed, Cochrane, Google Scholar) were searched without date restrictions for studies assessing the outcomes of SGDJB and SGPJB in obese T2DM patients. Out of 6,720 identified studies, 23 met inclusion criteria. Meta-analysis using random-effects models was performed in Jamovi software, analyzing outcomes including BMI, fasting blood sugar (FBS), HbA1c, % total weight loss (%TWL), and % excess weight loss (%EWL).

Results: Fourteen studies were eligible for meta-analysis. Sleeve-plus procedures resulted in significant BMI reduction from 35.3 kg/m² to 25.7 kg/m² (mean difference: 10.72; $p<0.001$). Significant improvements were observed in glycemic parameters: FBS reduced from 180 to 115 mg/dL (mean difference: 64.36; $p<0.001$), and HbA1c decreased from 8.71% to 6.26% (mean difference: 2.48%; $p<0.001$). High %TWL (29.2%) and %EWL (91.3%) at 12 months were recorded ($p<0.001$).

Conclusions: Sleeve-plus procedures (SGDJB and SGPJB) demonstrate significant short-term efficacy in achieving substantial weight loss and improving glycemic control in obese T2DM patients. However, high heterogeneity and potential biases highlight the need for larger, standardized randomized controlled trials with longer follow-up periods to confirm the durability and generalizability of these promising metabolic surgeries.

Disclosure: No significant relationships.

FP121 / Abs. ID 480

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

FIVE-YEAR OUTCOMES OF A RANDOMIZED CLINICAL TRIAL - COMPARISON OF SINGLE ANASTOMOSIS DUODENAL ILEAL BYPASS AND BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH

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Background: Single anastomosis duodenal ileal bypass with sleeve gastrectomy (SADI-S) was introduced as a simplified alternative to biliopancreatic diversion with duodenal switch (BPD-DS), aiming to achieve comparable weight loss outcomes while reducing the risk of postoperative complications, including nutritional deficiencies.

Objectives: This study evaluates and compares the long-term clinical outcomes of SADI-S and BPD-DS over a five-year follow-up period, focusing on weight loss, remission of associated medical diseases, nutritional status, and re-operation frequency.

Methods: 56 patients were randomly assigned to undergo either SADI-S or BPD-DS. Key outcome measures included percentage of excess weight loss (%EWL), percentage of total weight loss (%TWL), remission rates of metabolic diseases, nutritional deficiencies, and re-operations.

Results: Both groups exhibited comparable baseline characteristics. At the five-year follow-up, 82.8% (24 of 29) of patients in the SADI-S group and 85.2% (23 of 27) in the BPD-DS group remained available for assessment. No significant differences were observed in terms of weight loss. Patients in the SADI-S group achieved a mean TWL of 34.2%, compared to 36.7% in the BPD-DS group. EWL was 74.6% in SADI-S and 78.1% in BPD-DS. Remission rates for associated medical diseases were similar between the groups. Improvements in HbA1c levels, fasting glucose, and lipid profiles showed no significant differences. However, vitamin A, D, and E deficiencies were notably lower in the SADI-S group. Re-intervention was required in 10.2% (3 of 29) of SADI-S patients and 22.2% (6 of 27) of BPD-DS patients. In the BPD-DS group, two patients underwent corrective surgery due to severe malnutrition. Additionally, four BPD-DS patients required surgical intervention for internal herniation within the first five years, whereas no cases were observed in the SADI-S group.

Conclusions: This randomized clinical trial demonstrates that both SADI-S and BPD-DS result in similar long-term weight loss, improvements in cardiometabolic parameters, and remission of associated medical diseases. However, BPD-DS is associated with a higher risk of nutritional deficiencies, requiring surgical revision in some cases to manage malnutrition. Additionally, internal herniation was more frequently observed in the BPD-DS group. Overall, re-operation rates were higher following BPD-DS, indicating that SADI-S may provide a favorable profile in terms of long-term safety and surgical durability.

Disclosure: No significant relationships.

FP122 / Abs. ID 1197

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

COMPARATIVE ANALYSIS OF OUTCOMES BETWEEN SLEEVE GASTRECTOMY AND SLEEVE GASTRECTOMY WITH PROXIMAL JEJUNAL BYPASS IN SEVERE OBESITY: A SINGLE-CENTER RETROSPECTIVE STUDY

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Background: Metabolic Bariatric Surgery (MBS) remains the most effective treatment for severe obesity and its associated comorbidities. Sleeve Gastrectomy (SG) is widely performed due to its simplicity and safety; however, it may be limited by suboptimal weight loss and a higher risk of weight regain. To address these limitations, the “Sleeve-plus” procedures such as Sleeve Gastrectomy with Proximal Jejunal Bypass (SG-PJB) have been introduced. SG-PJB aims to enhance metabolic and weight outcomes while maintaining a favorable safety profile. This procedure has been practiced in Thailand since 2006 and is gaining interest as an alternative to Roux-en-Y gastric bypass (RYGB).

Objectives: To compare the outcomes of SG-PJB and SG, with a focus on weight loss and postoperative complications

Methods: This single-center, retrospective cohort study analyzed 99 patients with a BMI > 30 kg/m² who underwent SG or SG-PJB between January 2020 and April 2024. Outcomes included weight loss, complication rates, and mortality at one year postoperatively.

Results: Of the 99 patients, 52 underwent SG and 47 underwent SG-PJB. The majority were female (69.7%), and 39.4% had type 2 diabetes. Baseline characteristics were similar, with mean BMIs of 42.7 kg/m² in the SG group and 42.8 kg/m² in the SG-PJB group ($p = 0.35$). One-year follow-up was completed in 98% of patients. SG-PJB resulted in significantly greater mean percent total weight loss (%TWL) (32.0% vs. 28.1%, $p = 0.008$) and a higher proportion of patients achieving optimal clinical response (%TWL > 20%) (95.7% vs. 82.4%, $p = 0.04$). Complication rates were comparable between groups, with no reported mortality. Two SG patients required revisional surgery due to suboptimal weight loss and recurrent weight gain.

Conclusions: Sleeve Gastrectomy with Proximal Jejunal Bypass (SG-PJB) demonstrated superior weight loss outcomes compared to Sleeve Gastrectomy (SG) at one year, with a comparable safety profile. It appears to be a feasible and well-tolerated alternative in Metabolic Bariatric Surgery (MBS).

Disclosure: No significant relationships.

FP123 / Abs. ID 876

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

ONE-YEAR ESOPHAGOGASTRIC PHYSIOLOGY AFTER SASI: INSIGHTS FROM HIGH-RESOLUTION MANOMETRY AND PH-IMPEDANCE TESTING

Athanasios Pantelis[1], Tania Triantafyllou[2], Dimitris Lapatsanis[1], Dimitrios Theodorou[2]
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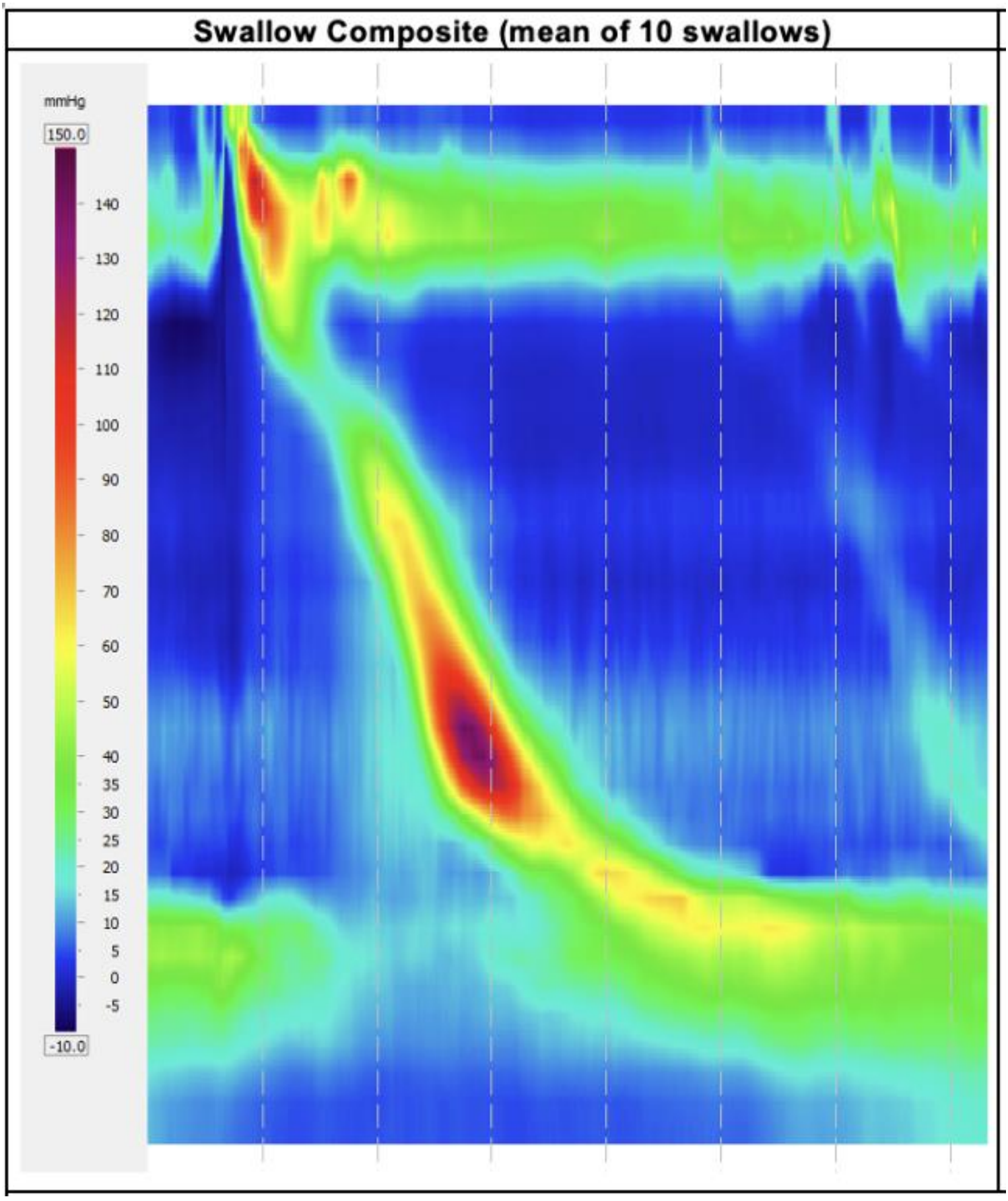
Background: The Single Anastomosis Sleeve Ileal (SASI) bypass combines restrictive and hypoabsorptive mechanisms and is gaining recognition in metabolic surgery. While its weight-loss outcomes are being studied, its impact on esophagogastric physiology remains largely unexplored.

Objectives: This study aimed to evaluate esophageal motility and gastroesophageal reflux one year post-SASI using high-resolution manometry (HRM) and 24-hour pH-impedance monitoring.

Methods: Five patients underwent HRM (ManoScan™ ESO) and impedance-pH testing (Digitrapper™) one year after SASI. Symptom scores and DeMeester values were recorded, alongside LES (lower esophageal sphincter) pressure, peristaltic integrity, and acid exposure.

Results: One patient reported postprandial regurgitation; the rest were asymptomatic. Mean LES pressure was 47.3 mmHg; resting pressure averaged 14.5 mmHg with a mean length of 2.6 cm. Two patients had normal peristalsis, while up to 30% ineffective motility was seen in the others. All pH metrics were within normal limits. Most reflux episodes were weakly acidic and did not reach the proximal esophagus. Symptom-reflux association metrics (SI and SAP) were negative in symptomatic cases.


Swallow Composite (mean of 10 swallows)
mmHg
150.0
140
130
120
110
100
90
80
70
60
50
40
35
30
25
20
15
10
5
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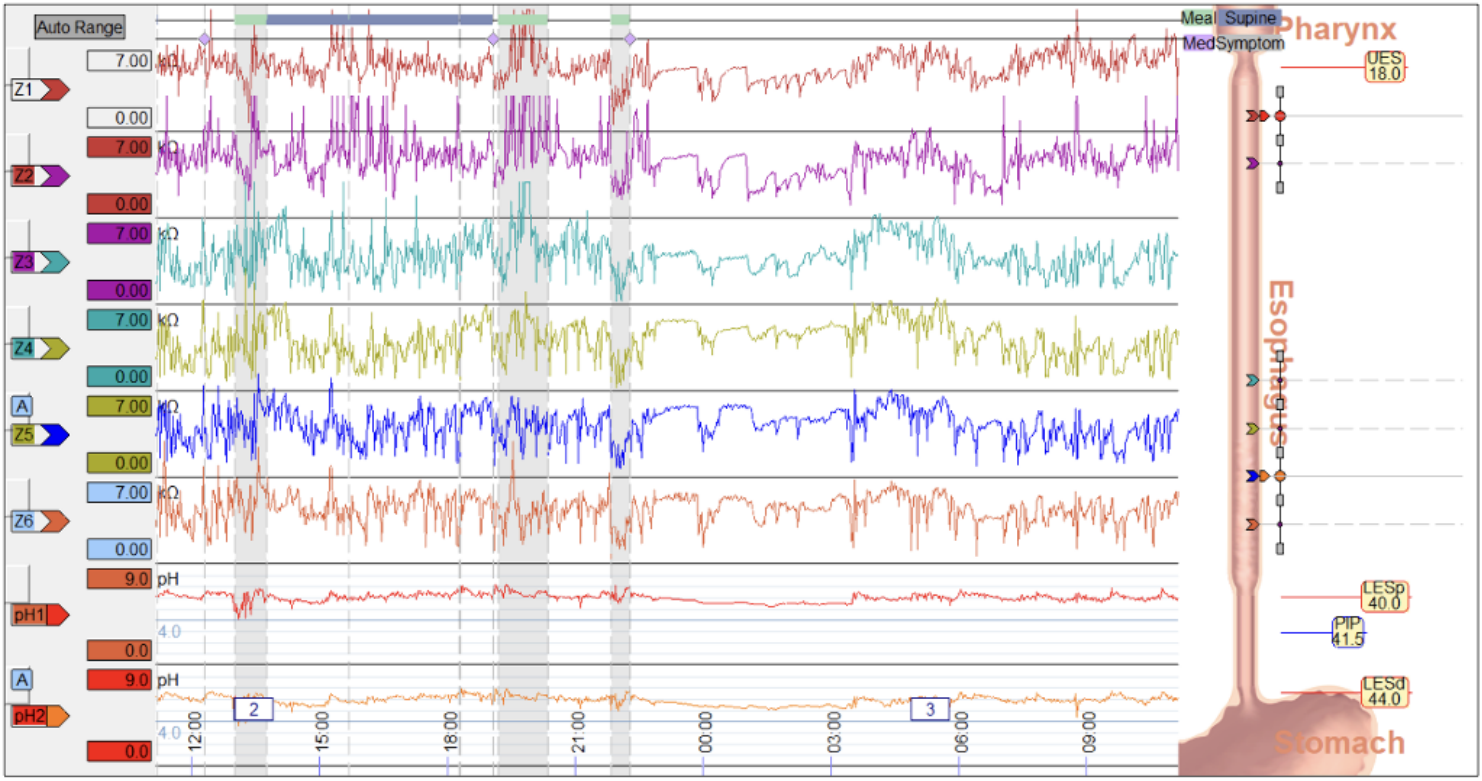
-5
-10.0



Conclusions: Preliminary data suggest that SASI does not compromise esophageal motility or induce clinically significant reflux at one year. The elevated LES pressures were not associated with symptoms. Larger cohorts and longer follow-up periods will clarify these findings and support safety evaluations of SASI in relation to reflux disease.

Disclosure: No significant relationships.

FP124 / Abs. ID 425

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

SLEEVE GASTRECTOMY WITH JEJUNAL BYPASS. 10-YEAR FOLLOW-UP

Andres San Martin[1], Matias Sepulveda[2,3], Munir Alamo[1]
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Background: Vertical gastrectomy with laparoscopic jejunal bypass (SGJB) is one of the alternatives of the so-called "Sleeve Plus" that consist of a vertical gastrectomy (GV) plus an intestinal component. The goal of the jejunal bypass component is to facilitate enhanced nutrient malabsorption and hormonal changes.

Objectives: The primary objective of this study is to evaluate the efficacy of SGJB in weight loss at ten years. Additionally, investigate the remission of chronic diseases associated with obesity, as well as evaluate the presence of gastroesophageal reflux symptoms.

Methods: Retrospective study of all patients operated on SGJB from January 2013 to January 2014. Inclusion criteria: Patients undergoing SGJB in the period covered. Exclusion criteria: Patients who died due to causes not related to the technique, patients undergoing subsequent revisional surgeries, patients undergoing oncological treatments are also excluded. Variables to be analyzed: anthropometric, age, height, weight, BMI, associated diseases of diabetes mellitus (DM), arterial hypertension (HTN), dyslipidemia (PLD) and gastroesophageal reflux. In the 10-year analysis, the variables %EWL and TBWL are added. For the success of surgery in the weight variable, a decrease of at least 50% of the EWL (≥50% EWL) is recorded. The differences were analyzed with Pearson's chi-square and Shapiro–Wilk test. Statistical significance was considered <0.05. The program used was Stata 14.0 (StataCorp, College Station, Texas, USA).

Results: From 190 patients, data were obtained from 141 patients (74.2%), of which 11 patients (7.8%) were excluded by revisional surgeries. One patient (0.7%) was excluded due to death from causes unrelated to surgery. Average age 40.2 years, 73% women. Average preoperative BMI 37.5 kg/m2 versus 10 years 28.2 kg/m2 (p=0.001). The success parameter (%EWL) was achieved by 102 patients (79%). 91 (70.5%) had TBWL greater than 20% at 10 years. Medication for DM remitted in 58.7% (p=0.001), HTN in 45% (p=0.001), and PLD in 75.5% (p=0.001). Symptoms attributable to gastroesophageal reflux increased fourfold in prevalence (p=0.001).

Conclusions: The majority of patients met their long-term weight goal, achieving 80% success at 10 years. Likewise, the remission rates of diseases were relevant.nPatients after surgery have high rates of gastroesophageal reflux

Disclosure: No significant relationships.

FP125 / Abs. ID 860

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

ENDRIVE 4+2 STAPLING DEVICE: PUSHING FORWARD EFFICIENCY AND SAFETY IN STAPLING TECHNOLOGY

Matias Sosa[1], Cristobal Davanzo[2], Alberto Sirabo Vieyra[2], Marcos Berry[3], Pablo Castellaro[1], Amalia Zapata[2], Mariano Palermo[4]
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Background: Since their first appearance in 1908, Surgical Staplers (SS) have gained massive popularity due to their surprising results, improving surgical safety, complication rates and operative time optimization. Along evolution, SS have been modified according to needs and surgical approaches. From open surgeries, to laparoscopy. From manual firing, to electric devices, always divided by the final blade section. To parallel lines, to alternate ones. However, there was no such evolution in the staples rows disposition. It has always been a symmetric stapling, equal amount in each side of the section, even in resective techniques, such as Oncological Surgeries, and among Bariatric Surgery, Sleeve Gastrectomy (SG) particularly.

Objectives: To assess and to demonstrate the non-inferiority of the new surgical stapling device Endrive ZERO, which provides a 4-row stapling in the remaining tissue, and a 2-row stapling in the resected one.

Methods: From February 2024 to December 2024, 256 patients undergoing SG were recruited with a minimum follow-up of 30 days. 210 were women. There were 5 surgeons participating in this study. Revisional Surgery cases were excluded. All of the procedures were performed with the new Endrive ZERO 60mm, which provides a 4-row stapling in the remaining tissue, and a 2-row stapling in the resected one. All stapler loads were fired through a 15mm supra-umbilical trocar, closed posteriorly with EndoClose system. Variables evaluated were Operative Time (OT) (in minutes), 30-day Complication Rate, Hospital Stay (in hours), Total Bleeding Loss (in ml), Analgesia Requirement (in Opioid-Equivalent Consumption) and Pain Management (Visual-Analogical Scale).

Results: Mean OT was 41.7min. Hospital Stay was 24.5. The average of hemostatic clips needed was 1.3. No postoperative complications were reported within 30 days. No hemostatic reinforcement or buttressing material was needed. Average Opioid Consumption (morphine equivalent) was 3.75mg. Mean total blood loss was less than 50cc in all cases. No incisional, re-admission nor mortality was registered.

Conclusions: The EnDrive 4+2 stapler is safe and effective. Despite the low volume of patients recruited, this stapler seems promising in term of complication and mortality rates enhancement. Further studies with longer follow-up and higher volume are needed to confirm this preliminary report.

Disclosure: No significant relationships.

FP126 / Abs. ID 1247

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

SADIS AS A BARIATRIC PROCEDURE FOR PATIENTS WITH SEVERE OBESITY: RESULTS IN WEIGHT LOSS AND REDUCTION OF COMORBIDITIES: A CASE SERIES REPORT

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Background: Obesity is a serious global health problem. For patients with severe obesity, conservative treatment fails in most cases, and metabolic bariatric surgery (MBS) has shown long term good results and improvement or even remission of comorbidities associated with excess weight and metabolic dysfunction. In patients with higher BMI, hypoabsortive procedures as Single Anastomosis Duodenal Ileal with Sleeve (SADIS) has presented similar or better results as other well-known bariatric procedures.

Objectives: To address the efficacy of SADIS for the treatment of severe obesity in relation to comorbidities reduction and excess weight loss.

Methods: Retrospective, observational study of patients with severe obesity who underwent SADIS as a primary procedure from January 2017 to December 2021. Preoperative and postoperative variables were studied: BMI, percentage of excess weight lost, comorbidities, and postoperative complications.

Results: Thirty-nine patients underwent SADI-S at Obesity El Salvador within the established time period; of these, 23 patients met the inclusion criteria and had at least one year of follow-up; Average age 39.7 +/- 7.9 years, average pre-surgical BMI 55.9 +/- 10 kg/m2, annual control BMI 33.1 +/- 5.2 kg/m2, at one year the percentage of excess weight loss on average was 75 +/- 11.3%, type 2 diabetes mellitus (T2DM) remitted in 100%, arterial hypertension (HT) remitted in 83.3% and dyslipidemia remitted in 35.7% completely and 64.3% partially. Patients with obstructive sleep apnea (OSA), classified as high risk according to the STOP BANG questionnaire, 100% of them showed a reduction in their score to low risk in the postoperative period.

Conclusions: SADIS is a safe, feasible, and reproducible technique, with significant results in terms of excess weight loss and comorbidities control.

Disclosure: No significant relationships.

FP127 / Abs. ID 1045

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

5-YEAR RESULTS OF SURGERY IN PATIENTS WITH DIABETES WITH BMI

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Kirloskar Hospital, Bariatric & Metabolic Surgery, Hyderabad, India

Background: Many patients with diabetes in the non-obese segment and suffering with uncontrolled diabetes had no recourse to surgery, until the recent IFSO-ASMBS guidelines, which recognized metabolic severity at lower weight ranges

Objectives: To assess the efficacy of T2DM control, safety, weight maintenance and nutritional safety with various procedures

Methods: Retrospective data was collected from 39 centers across India of 4933 patients with diabetes who underwent bariatric/metabolic surgery; out of these 175 patients with BMI less than 30kg/m2, were evaluated having mean BMI of 27.6kg/m2. This cohort had 98 males; 77 female patients, with a mean age of 45.8 years, mean HbA1c was 8.7%, mean fasting C-peptide of 3.14; they were followed upto 5 years or more, with data recordings at 1, 3 and 5 years post-surgery. Procedures performed in these patients were Duodenal Ileal Interposition with BMI-adjusted Sleeve {DII-SG} - 78; Jejunal Ileal Interposition with Sleeve {JII-SG} - 25; OAGB-25; RYGB-24; Sleeve-14; Sleeve+DJB-7; Banded RYGB-1; SADI-S- 1

Results: All 175 patients followed up at 1 year(100%); 88 out of 128 (68.75%) at 3 years and 26 out of 59(44%) at 5 years. The mean HbA1c reduced from 8.7% to 6.22%, 6.39% and 6.49% at 1, 3 and 5 years; BMI was 22.55, 22.58 and 23.23kg/m2 at those time points, with a % total body weight loss(TBWL) of 20.8, 18.4 and 14.4%.

Conclusions: It is evident from the results evaluated upto 5 years that besides these various procedures being very effective for resolution of T2D, they also had a controlled weight loss, without any untoward major problems, with BMI maintained even at 5 years post-surgery. Such data should help pave the way for removing any restrictive conditions of BMI, when treating patients with uncontrolled diabetes.

Disclosure: No significant relationships.

FP128 / Abs. ID 1279

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

ASSESSMENT OF GASTRIC STUMP PERFUSION USING INDOCYANINE GREEN (ICG) ANGIOGRAPHY: A COMPARATIVE STUDY BETWEEN PRIMARY AND REVISIONAL BARIATRIC PROCEDURES

Alexander Khitaryan[1,2], Denis Melnikov[1,3], Arut Mezhunts[1,3], Kamil Veliev[1], Oleg Pen[3]
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Background: N/A

Objectives: Objective. To evaluate and contrast tissue perfusion using ICG angiography in bariatric patients undergoing both primary and revisional surgical procedures.

Methods: Materials and Methods. This retrospective cohort study involved a comprehensive review of medical records and video recordings of surgical interventions performed on 112 patients. For the purpose of analysis, the cohort was divided into two groups. Group 1 (69 patients, 61.6%) included individuals who had undergone a primary one-anastomosis gastric bypass (OAGB) or a primary Roux-en-Y gastric bypass (RYGB). Group 2 (43 patients, 38.4%) comprised individuals who underwent revisional surgeries, either OAGB or RYGB. All patients underwent intraoperative assessment of tissue perfusion using indocyanine green (ICG) angiography.

Results: . Perfusion was assessed at two critical anatomical sites: the region of the angle of His and the distal segment of the gastric stump near the gastrotomy opening. In addition to qualitative observation, a quantitative evaluation was performed in areas identified as being at higher risk. Chronometric techniques were employed to accurately measure perfusion dynamics and determine the need for any intraoperative modifications to enhance procedural safety. In two cases within Group 2—specifically during revisional OAGB—a noticeable reduction in blood flow, characterized as "reduced" perfusion, was detected. This finding led to the resection of the gastric stump approximately 2 cm proximally in order to secure a safer surgical outcome.

Conclusions: Conclusion. Postoperative complications resulting from stapler line failure or compromised gastroenteroanastomosis can pose significant risks to patient health. Among the most reliable and extensively studied techniques for intraoperative evaluation of gastric stump perfusion is ICG angiography. In patients undergoing revisional procedures, reduced perfusion at the angle of His is rarely observed, likely due to the development of collateral circulation over time following the initial surgery. Based on these findings, RYGB is recommended over OAGB for patients with comorbid conditions such as steatohepatosis, type 2 diabetes mellitus, or atherosclerosis. This strategy offers improved perfusion in the gastric stump and anastomotic region, thereby reducing the likelihood of ischemic complications.

Disclosure: No significant relationships.

FP129 / Abs. ID 529

Topic: *AS04. Novel metabolic bariatric procedures*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

THE IMPACT OF JEJUNAL BYPASS ADDITION ON LONG-TERM WEIGHT LOSS IN SLEEVE GASTRECTOMY. A MATCHED CONTROL STUDY.

Matias Sepulveda[1], Munir Alamo[2], Andres San Martin[2], Martin Andrada[3], Jose Paredes[4], Ricardo Funke[4], Camilo Boza[5]
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Background: Sleeve gastrectomy with jejunal bypass (SGJB) has been an alternative procedure to treat obesity and its related diseases since 2004.

Objectives: This study aims to compare weight loss in patients who underwent sleeve gastrectomy (SG) or SGJB, in the long term.

Methods: This retrospective study included patients who underwent SG or SGJB between 2008 and 2010. Patients were matched by gender and preoperative body mass index (BMI). Demographics, operative time, yearly postoperative BMI, yearly percentage of excess BMI loss (%EBMIL), and yearly percentage of total weight loss (%TWL) were analyzed.

Results: A total of 295 consecutive patients were matched by gender and preoperative BMI: 144 SG and 151 SGJB. Patients in the SG group were younger (37 ± 10.8 vs. 42 ± 12.3 years; P=0.007). Operative time was significantly longer in SGJB (126.7±28.2 vs. 86.9±33.9 minutes; p<0.001). The mean %EBMIL was significantly higher in SGJB from the first to the seventh postoperative year (p<0.05). At five, six, and seven years, SGJB showed %EBMIL of 85.3±31.3%, 80±29.1%, and 76.7±23.5%, compared to 68.8±35.5%, 61.7±36.6%, and 54.8±34.4% in SG (p<0.001). Similarly, the mean BMI was significantly lower in SGJB (27.2±3.5, 28.1±3.7, 28.5±3.3 kg/m^2) compared to SG (29.1±4.6, 29.8±4.9, 30.5±5 kg/m^2) at five, six, and seven years, respectively (p<0.05). The %TWL was also higher in SGJB—27.6±8.2%, 26.5±9%, and 26.4±7.7% at five, six, and seven years—versus 19.5±8.9%, 17.5±9.6%, and 15.6±9.7% in SG (p<0.001). Long-term failure (%EBMIL <50%) was significantly lower in SGJB at five, six, and seven years (9.7%, 13.9%, and 12.7% vs. 31.2%, 35.6%, and 40% in SG; p<0.01). Complications included one staple line leak in SG and two hemoperitoneum, one staple line leak, one sleeve stenosis, and one trocar infection in SGJB, with no mortality reported.

Conclusions: In this study, adding a jejunal bypass to a sleeve gastrectomy improved weight loss compared to SG alone, and this difference was maintained in the long term.

Disclosure: No significant relationships.

FP130 / Abs. ID 641

Topic: *AS10. MBS and digital health*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

TELEHEALTH MULTIDISCIPLINARY BARIATRIC CARE: A 3-YEAR STUDY

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Background: The obesity epidemic in Australia disproportionately affects socioeconomically disadvantaged and geographically isolated populations. Expanding access to multidisciplinary bariatric care is essential in addressing this crisis. In response to the COVID-19 pandemic, telehealth-based metabolic bariatric surgery services were introduced to bridge this gap.

Objectives: To evaluate surgical outcomes, weight loss, and patient compliance three years post-metabolic bariatric surgery in patients managed via a telehealth multidisciplinary service.

Methods: Anthropometric and comorbidity data were prospectively collected. Perioperative complications were recorded in the Upper GI audit database. Preoperative and postoperative consultations with the bariatric surgeon, dietitian, and physician were conducted via telehealth. Weight loss and adherence to micronutrient supplementation were monitored, and a three-year follow-up questionnaire was conducted via telephone.

Results: Between 1st December 2020 and 30th of June 2022 (inclusive), 250 patients underwent metabolic bariatric surgery. The median age was 43 years (range 18–72), with a 90% female predominance. The median weight was 111 kg (range 89–165 kg), and the median BMI was 40 (range 33–61). Among these, 214 underwent laparoscopic sleeve gastrectomy, 8 had a laparoscopic OAGB, and 28 underwent a laparoscopic Roux-en-Y gastric bypass. In the perioperative period, four patients experienced Clavien-Dindo Grade ≥3a complications. All patients completed a quality-of-life questionnaire, and satisfaction with telehealth-based care was assessed using the GERDQ questionnaire.

Conclusions: This study highlights the feasibility of telehealth-driven multidisciplinary bariatric care. While early surgical outcomes and weight loss were satisfactory, adherence to micronutrient supplementation was questionable. Further long-term studies are needed to comprehensively assess the effectiveness and sustainability of this model, particularly in addressing obesity in geographically isolated populations worldwide.

Disclosure: No significant relationships.

FP131 / Abs. ID 190

Topic: *AS10. MBS and digital health*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

REAL-WORLD PHYSICAL ACTIVITY AND METABOLIC TRENDS IN PATIENTS UNDERGOING SLEEVE GASTRECTOMY

Samuel Butensky[1], Safraz Hamid[1], Elena Graetz[2], Eric Schneider[1], Karen Gibbs[1]
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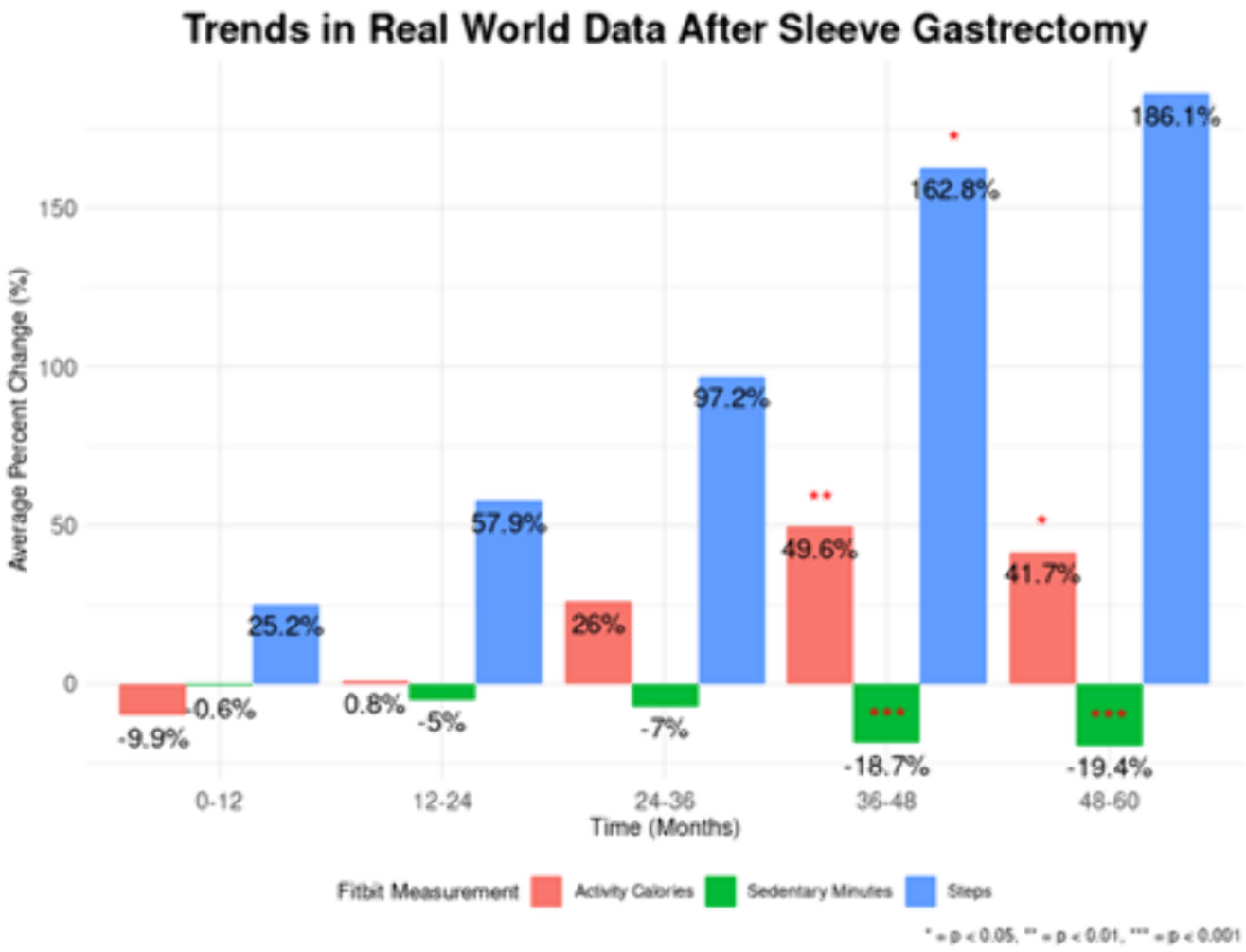
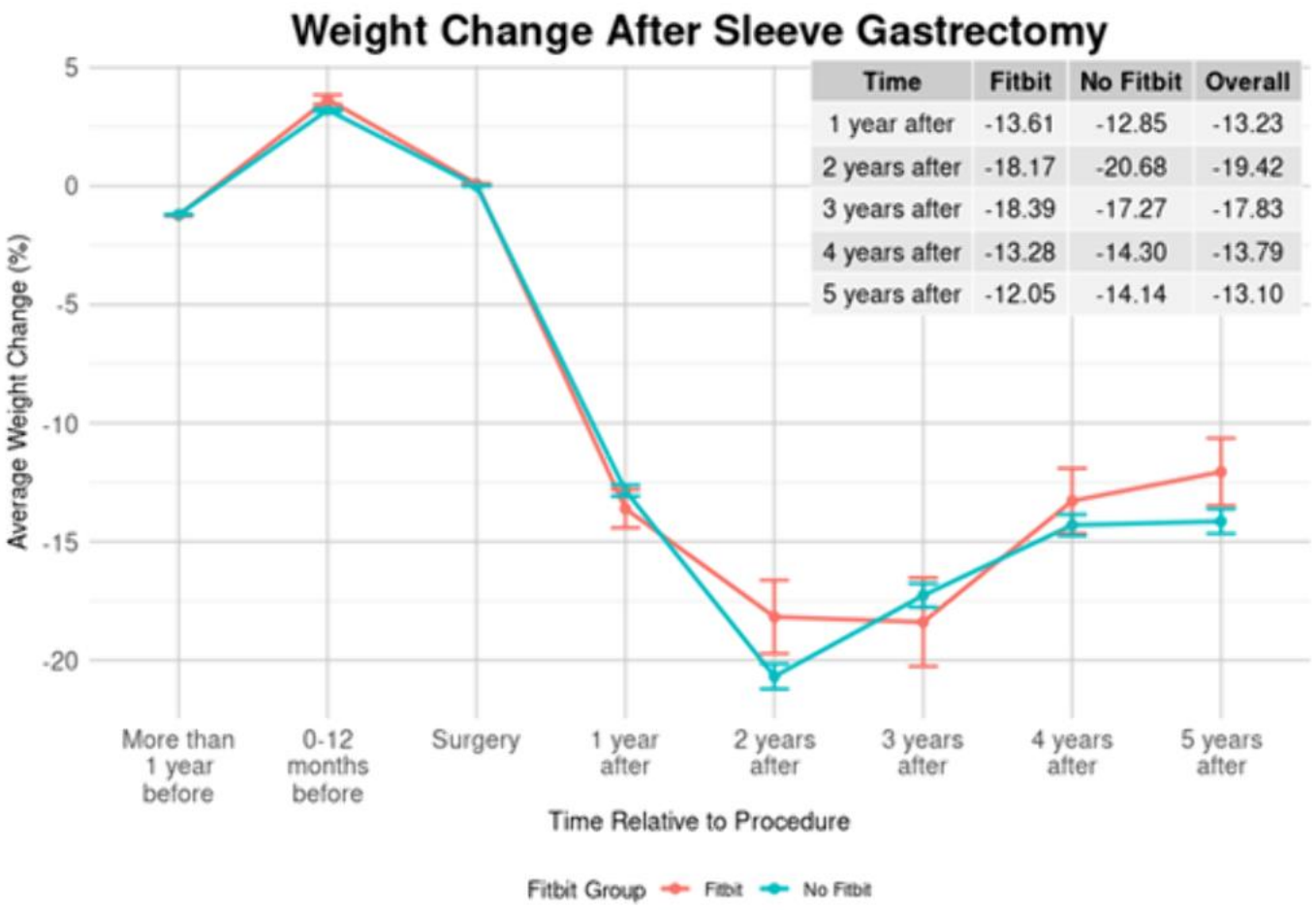
Background: Sleeve gastrectomy (SG) is a well-established obesity treatment, but long-term real-world data (RWD) on behavioral and physiological changes remain limited. Large-scale databases provide insights into patient outcomes beyond clinical trials.

Objectives: To evaluate real-world changes in physical activity and metabolism among SG patients using the All of Us research database.

Methods: This retrospective cohort study analyzed wearable device data from SG patients. Metrics included weight loss, activity calories, floors climbed, max heart rate, steps, sedentary minutes, and basal metabolic calories. Average percent changes from baseline (pre-surgery) were assessed at 12-month intervals for up to five years. Mixed-effects linear modeling accounted for repeated measures, and significance between demographic variables was determined using Student's T-Test and Chi-square tests.

Results: Among 1,638 SG patients, 174 (11%) had Fitbit data. Most were female (82.4%) and white (48.4%). Fitbit and non-Fitbit users differed significantly by race, income, education, and insurance status. Average weight loss at 1-, 3-, and 5-years was 13.2%, 17.8%, and 13.1%, respectively ($p < 0.001$). Fitbit use did not significantly affect weight loss ($p = 0.295$). 70 patients had wearable data before and after surgery. All post-SG data was calculated as a percentage of baseline pre-SG. Post-SG, steps, floors climbed, activity calories, and maximum heart rate increased, while basal metabolic rate and sedentary minutes decreased. Step count significantly increased at 36-48 months (162.8%, $p = 0.023$). Floors climbed peaked at 12-24 months (143.9%, $p = 0.035$) and remained elevated at 48-60 months. Activity calories were significantly higher at 36-48 months (49.6%, $p = 0.003$) and 48-60 months (41.7%, $p = 0.023$). Maximum heart rate increased at all time points, peaking at 36-48 months (+5.2%). Basal metabolic rate consistently declined (~14%) from 12 months onward. Sedentary minutes decreased significantly at 36-48 months (-18.7%, $p < 0.001$) and 48-60 months (-19.4%, $p < 0.001$).


Trends in Real World Data After Sleeve Gastrectomy
Average Percent Change (%)
150
100
50
0
-9.9%
-0.6%
25.2%
0.8%
-5%
57.9%
26%
-7%
97.2%
49.6%
**
***
-18.7%
162.8%
*
41.7%
*
***
-19.4%
186.1%
0-12
12-24
24-36
36-48
48-60
Time (Months)
Fitbit Measurement
Activity Calories
Sedentary Minutes
Steps
* = p < 0.05, ** = p < 0.01, *** = p < 0.001



Time	Fitbit	No Fitbit	Overall
1 year after	-13.61	-12.85	-13.23
2 years after	-18.17	-20.68	-19.42
3 years after	-18.39	-17.27	-17.83
4 years after	-13.28	-14.30	-13.79
5 years after	-12.05	-14.14	-13.10

Conclusions: RWD from wearables provides insights into long-term behavioral adaptations post-SG. Patients maintain increased physical activity and metabolic improvements for up to five years. These findings highlight the value of integrating RWD into bariatric research to enhance patient care and long-term success.

Disclosure: No significant relationships.

FP132 / Abs. ID 1948

Topic: *AS54. Training and education in MBS, role and implications of UEMS MBS examination*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

THE ASCEND GLOBAL OBESITY TRAINING CENTRE PROGRAMME

Francisca Contreras[1], Werd Al-Najim[1], Ruth Wills[2], Elena Pinceti[2], Carel Le Roux[1,3]
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Background: Obesity is a complex disease linked to numerous health complications, requiring multidisciplinary treatment to achieve significant weight loss, manage comorbidities, and improve quality of life. International obesity organizations recognize multidisciplinary team (MDT)-led weight management programs as essential. However, many barriers hinder their implementation. To address these challenges, the ASCEND Global Obesity Training Centre Programme was launched as an international initiative to help bridge this gap.

Objectives: The programme, aimed to provide health care professionals (HCPs) with foundational training in multidisciplinary obesity care, enabling them to establish specialist treatment centres.

Methods: The programme used a ‘Train-the-Trainer’ model, in which experienced Obesity Centres of Excellence (OCoEs) trained HCPs who aimed to develop their obesity services. The programme was delivered in two phases: (1) Train-the-Trainer and (2) National Rollouts. Educational content was localised and delivered in the respective languages with translated materials provided. The programme was assessed using Moore’s Levels 1–5, tracking attendance, satisfaction, self-reported knowledge, confidence, and intent to modify clinical practice. A pre- and post-training survey measured changes in baseline knowledge and confidence. A 35-question assessment three months post-training evaluated knowledge retention.

Results: The programme significantly improved participants’ confidence, knowledge retention, and clinical practice implementation, with 100% of participants rating the programme as "excellent" or "very good", and ≥96% intending to apply learnings in practice. Confidence increased across key obesity management areas, including explaining biological weight control mechanisms (+58%), tailoring treatment plans (+42%), discussing pharmacological treatments (+48%), and overcoming barriers to clinic implementation (+46%). Post-training, 57% of learners committed to practice changes, including expanding multidisciplinary teams (77%), improving clinic facilities (67%), and enhancing patient education (30%). At a three-month post-training assessment showed an 86% pass rate, indicating strong knowledge retention. Additionally, 6–9 months follow-up, 6.4% of participants reported tangible progress, with 11 expanding MDT collaboration, 6 improving clinical facilities, and 7 enhancing patient follow-up services.

Conclusions: The programme effectively enhanced HCPs’ confidence and preparedness to establish MDT obesity treatment centres, with participants demonstrating strong motivation and early clinical practice changes. However, persistent funding limitations and systemic challenges highlight the necessity of broader educational efforts targeting hospital administrators and policymakers to prioritise obesity services.

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FP133 / Abs. ID 1951

Topic: *AS54. Training and education in MBS, role and implications of UEMS MBS examination*

FREE PAPERS 08: NEW PROCEDURES/DIGITAL HEALTH/TRAINING & CERTIFICATION
11-09-2025 08:00 - 10:00

QUALITATIVE ANALYSIS OF OBESITY MANAGEMENT TRAINING AMONG HEALTHCARE PROFESSIONALS

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Background: Obesity is a major global health issue, affecting over half of Irish adults and straining healthcare systems. Despite the acknowledged complexity of obesity as a chronic, multifactorial disease, healthcare professionals (HCPs) often report inadequate training. This mismatch between the reality of clinical obesity management and educational preparation is exacerbated by persistent weight stigma in healthcare settings.

Objectives: This study aimed to explore the current state of obesity management training among healthcare professionals working in obesity management services by identifying perceived training gaps, evaluating confidence levels and impact on clinical practice

Methods: A qualitative, descriptive design was employed using semi-structured interviews. 20 HCP involved in obesity care, were invited to participate in online interviews. Interviews were conducted via Zoom, audio-recorded, transcribed, anonymised, and analysed thematically by two researchers independently to reduce bias, using Braun and Clarke's reflexive framework

Results: The sample included 9 dietitians, 7 nurses, 3 doctors, and 1 health coach, working across obesity services, chronic disease hubs, GP practices, among others. Participant perceptions of obesity training were organised in 5 domains encompassing between 3 to 5 different themes and 7 recommendations for further training. 1. Current State of Training: Lack of standardised obesity curricula and a reliance on self-motivated, informal learning. Access to structured training was inconsistent and frequently self-funded. 2. Confidence Levels: Strongly linked to experience and formal training. Participants expressed comfort with biomedical aspects but hesitated with sensitive conversations, behavioural support, and MDT role. 3. Training Gaps: Deficits in understanding obesity as a disease, limited behavioural and psychological content, minimal exposure to pharmacological and surgical treatments. 4. Impact on Clinical Practice: Training enhanced empathy and patient-centred care, supported structured intervention planning, and improved MDT coordination. 5. Curriculum Recommendations: Seven priority areas were identified: (1) pathophysiology; (2) behavioural strategies; (3) weight stigma and communication; (4) pharmacological and surgical treatment; (5) MDT coordination; (6) social determinants; and (7) health economics.

Conclusions: Irish healthcare professionals working in obesity care experience significant gaps in formal training, particularly in psychosocial domains and stigma awareness. Their insights reinforce the need for comprehensive, structured, and standardised curricula aligned with global frameworks. Addressing these gaps is essential to fostering confidence, reducing stigma, and improving outcomes.

Disclosure: No significant relationships.

FP134 / Abs. ID 471

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

COMPARATIVE ANALYSIS OF SLEEVE GASTRECTOMY CONVERSION TO ROUX-EN-Y GASTRIC BYPASS VERSUS BILIOPANCREATIC DIVERSION: A SINGLE MIDDLE EASTERN CENTER EXPERIENCE

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Background: Sleeve gastrectomy (SG) has become the most common bariatric procedure worldwide, but a proportion of patients require conversion to other procedures due to recurrent weight gain, gastroesophageal reflux disease (GERD), or other complications. The optimal conversion procedure remains debated, with limited data comparing outcomes between different conversion options, particularly in Middle Eastern populations.

Objectives: To compare preoperative characteristics, indications, operative details, and postoperative outcomes between patients undergoing conversion from sleeve gastrectomy to Roux-en-Y gastric bypass (SG2RYGB) versus biliopancreatic diversion (SG2BPD) at a tertiary healthcare center in the Middle East.

Methods: This retrospective analysis evaluated 318 patients who underwent sleeve gastrectomy conversion, including 256 SG2RYGB and 62 SG2BPD procedures. Preoperative data included demographics, anthropometrics, related diseases, and indications for conversion. Intraoperative variables encompassed procedure duration, approach, and concurrent procedures. Postoperative outcomes included length of stay, complications, and 30-day readmissions. Statistical analysis utilized Mann-Whitney U and Fisher's Exact tests to evaluate differences between groups.

Results: Primary indications for conversion differed between groups ($p<0.001$), with GERD predominating in SG2RYGB patients (41.8% vs 4.8%) and recurrent weight gain more common in SG2BPD patients (82.3% vs 26.6%). SG2BPD patients had higher BMI (43.4±6.8 vs 37.3±6.9 kg/m², $p<0.001$) but were younger (36.0±8.3 vs 40.1±9.6 years, $p<0.001$) than SG2RYGB patients. GERD prevalence was significantly higher in the SG2RYGB group (54.7% vs 11.3%, $p<0.001$, OR 9.48). SG2RYGB procedures required longer operative time (198.9±62.8 vs 152.6±42.9 minutes, $p<0.001$) and had more frequent concurrent procedures (52.7% vs 16.1%, $p<0.001$), particularly enterolysis and hiatal hernia repairs. Hospital length of stay was significantly longer for SG2RYGB (2.4±1.0 vs 1.9±0.5 days, $p<0.001$). While readmission rates were higher in the SG2RYGB group (5.5% vs 0%, $p=0.08$), both groups had similar rates of postoperative complications.

Table 1. Preoperative Characteristics of 318 Patients Undergoing SG Conversion

Parameter	SG2RYGB (n=256)	SG2BPD (n=62)	Odds Ratio (95% CI)	P value
Demographics & Anthropometrics				
Age (years), mean ± SD	40.08 ± 9.55	36.01 ± 8.30	-	<0.001
BMI (Closest to Surgery), mean ± SD	37.33 ± 6.91	43.36 ± 6.85	-	<0.001
BMI (Highest), mean ± SD	37.95 ± 7.18	43.96 ± 7.20	-	<0.001
Weight (Closest to Surgery) (kg), mean ± SD	99.54 ± 21.03	117.57 ± 22.62	-	<0.001
Highest Recorded Weight (kg), mean ± SD	101.16 ± 21.44	119.21 ± 23.56	-	<0.001
Height (cm), mean ± SD	163.15 ± 8.89	164.46 ± 8.58	-	0.33
ASA Classification, mean ± SD	0.99 ± 0.23	1.00 ± 0.00	-	0.48
Albumin (g/L), mean + SD	41.88 + 2.87	42.52 + 2.43	-	0.15
Hematocrit (%), mean + SD	39.18 + 4.18	40.03 + 4.79	-	0.05
Primary Indications for Conversion			-	<0.001
- GERD, N (%)	107 (41.8)	3 (4.8)	-	-
- Weight gain, N (%)	68 (26.6)	51 (82.3)	-	-
- Nausea and/or vomiting, N (%)	44 (17.2)	1 (1.6)	-	-
- Mechanical malfunction, N (%)	28 (10.9)	1 (1.6)	-	-
- Inadequate weight loss, N (%)	4 (1.6)	5 (8.1)	-	-
- Other (GI stricture, adhesions), N (%)	5 (2.0)	1 (1.6)	-	-
Comorbidities				
GERD Requiring Medication, N (%)	140 (54.7)	7 (11.3)	9.48 (4.12-21.83)	<0.001
Hyperlipidemia, N (%)	34 (13.3)	2 (3.2)	4.59 (1.07-19.76)	0.02
Hypertension Requiring Medication, N (%)	31 (12.1)	8 (12.9)	0.93 (0.40-2.14)	0.83
Obstructive Sleep Apnea, N (%)	18 (7.0)	5 (8.1)	0.86 (0.31-2.42)	0.79
Current Smoker within 1 Year, N (%)	16 (6.3)	6 (9.7)	0.62 (0.23-1.66)	0.40
Diabetes Mellitus, N (%)			-	0.47
- None	231 (90.2)	57 (91.9)	-	-
- Non-insulin dependent	19 (7.4)	5 (8.1)	-	-
- Insulin dependent	6 (2.3)	0 (0.0)	-	-

Abbreviations: SG2RYGB – Sleeve Gastrectomy conversion to Roux-en-Y Gastric Bypass; SG2BPD – Sleeve Gastrectomy conversion to Biliopancreatic Diversion; SD = Standard Deviation; BMI = Body Mass Index; ASA = American Society of Anesthesiologists; GERD – Gastroesophageal Reflux Disease; GI – Gastrointestinal; N – Number; CI – Confidence Interval; kg – kilograms; cm – centimeters; g/L – grams per liter

Table 2. Operative Details and Postoperative Outcomes of 318 Sleeve Gastrectomy Conversion Procedures

Parameter	SG2RYGB (n=256)	SG2BPD (n=62)	P value
Operative Details			
Duration of Surgery (min), mean ± SD	198.91 ± 62.79	152.58 ± 42.91	<0.001
Concurrent Procedures, N (%)	135 (52.7)	10 (16.1)	<0.001
Most Common Concurrent Procedures	Enterolysis (n=34), Hiatal hernia repair (n=53)	Enterolysis (n=2), Hiatal hernia repair (n=1)	-
Converted to Another Approach, N (%)	3 (1.2)	3 (4.8)	0.09
Drain Placed at Initial Operation, N (%)	7 (2.7)	1 (1.6)	1.00
Blood Transfusion Required, N (%)	6 (2.3)	0 (0.0)	0.60
Postoperative Outcomes			
Hospital Length of Stay (days), mean ± SD	2.43 ± 0.98	1.89 ± 0.52	<0.001
BMI at 30 Days, mean ± SD	35.31 ± 6.59	40.81 ± 6.63	<0.001
Weight at 30 Days (kg), mean ± SD	93.98 ± 19.68	110.79 ± 21.56	<0.001
Readmissions within 30 Days, N (%)	14 (5.5)	0 (0.0)	0.08
Complications			
Gastrointestinal Tract Bleeding, N (%)	7 (2.7)	0 (0.0)	0.35
Interventions within 30 Days, N (%)	7 (2.7)	0 (0.0)	0.35
Bowel Obstruction, N (%)	4 (1.6)	0 (0.0)	1.00
Superficial Incisional SSI, N (%)	3 (1.2)	1 (1.6)	0.58
Unplanned ICU Admission, N (%)	2 (0.8)	1 (1.6)	0.48
Organ/Space SSI, N (%)	1 (0.4)	0 (0.0)	1.00
Emergency Department Visits, mean ± SD	1.17 ± 0.38	1.17 ± 0.41	1.00
Reoperations within 30 Days, N (%)	9 (3.5)	0 (0.0)	-

Abbreviations: SG2RYGB = Sleeve Gastrectomy conversion to Roux-en-Y Gastric Bypass; SG2BPD = Sleeve Gastrectomy conversion to Biliopancreatic Diversion; SD – Standard Deviation; BMI – Body Mass Index; ASA = American Society of Anesthesiologists; GERD = Gastroesophageal Reflux Disease; GI = Gastrointestinal; SSI = Surgical Site Infection; ICU = Intensive Care Unit; min = minutes; kg = kilograms; cm – centimeters

Conclusions: This study demonstrates distinct differences in indications and outcomes between SG2RYGB and SG2BPD conversions. SG2RYGB is preferentially utilized for GERD-predominant presentations, while SG2BPD is selected for significant recurrent weightgain in younger patients with higher BMI. Despite the technical complexity of SG2RYGB, reflected in longer operative times and hospital stays, both procedures demonstrate satisfactory safety profiles. These findings can guide procedure selection for sleeve conversions based on specific patient characteristics and indications.

Disclosure: No significant relationships.

FP135 / Abs. ID 467

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

CLINICAL OUTCOMES AND COMPLICATIONS IN 2,415 BARIATRIC PROCEDURES: A COMPARATIVE ANALYSIS OF PRIMARY VS. REVISIONAL CASES

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Background: Revisional bariatric surgery is becoming increasingly common as long-term outcomes of primary procedures become evident. Limited comparative data exists between revisional/conversional (R/C) and primary bariatric surgeries in Middle Eastern populations, where obesity rates are among the highest worldwide. Understanding these differences is crucial for optimizing patient management and counseling.

Objectives: To compare preoperative characteristics, intraoperative factors, and postoperative outcomes between patients undergoing R/C procedures and primary bariatric surgeries at a tertiary healthcare center in the Middle East.

Methods: This retrospective analysis compared 613 R/C cases with 1,802 primary bariatric procedures (1,174 sleeve gastrectomies and 583 Roux-en-Y gastric bypasses). Conversion from sleeve gastrectomy to RYGB (n=256) and to biliopancreatic diversion (n=62) were the most common R/C procedures. Data collected included demographics, anthropometrics, related diseases , procedural details, and 30-day outcomes. Statistical analysis utilized Mann-Whitney U, Fisher's Exact tests, and multivariate logistic regression.

Results: Recurrent weight gain (40.8%) and gastroesophageal reflux disease (20.9%) were the most common indications for revision. R/C patients had lower BMI (38.9±7.3 vs 42.6±6.5 kg/m², p<0.001) but were older (39.5±9.5 vs 34.7±11.3 years, p<0.001) than primary cases. GERD prevalence was higher in the R/C group (42.7% vs 14.4%, p<0.001, OR 4.45), while hypertension (11.1% vs 17.0%, p<0.001) and obstructive sleep apnea (9.0% vs 21.6%, p<0.001) were less common. R/C procedures required longer surgical time (175.9±72.1 vs 106.6±49.4 minutes, p<0.001) and more frequent concurrent procedures, primarily enterolysis and hernia repair. Hospital length of stay was longer for R/C cases (2.5±2.5 vs 2.1±1.5 days, p<0.001). While 30-day readmission rates were similar (4.1% vs 3.4%, p=0.45), R/C patients had higher rates of bowel obstruction (1.0% vs 0.2%, p=0.03) and superficial surgical site infections (1.5% vs 0.6%, p=0.03).

Table 1. Comparison of Preoperative Characteristics Between Primary and Revisional/Conversional Bariatric Surgery Patients

Parameter	Primary (n=1802)	Revisional/Conversional (n=613)	Odds Ratio (95% CI)	P-value
Demographics & Anthropometrics				
Age (years), mean ± SD	34.67 ± 11.27	39.46 ± 9.46	1.04 (1.03-1.05)	<0.001
Female, N (%)	1125 (62.4)	423 (69.0)	1.34 (1.10-1.63)	0.003
BMI (kg/m²), mean ± SD	42.57 ± 6.45	38.89 ± 7.32	0.91 (0.89-0.92)	<0.001
ASA Classification, mean ± SD	1.11 ± 0.35	1.05 ± 0.33	0.61 (0.46-0.83)	<0.001
Albumin (g/L), mean + SD	42.55 + 2.72	41.97 + 3.06	0.93 (0.90-0.97)	<0.001
Primary Comorbidities				
GERD Requiring Medication, N (%)	259 (14.4)	262 (42.7)	4.45 (3.61-5.47)	<0.001
Obstructive Sleep Apnea, N (%)	390 (21.6)	55 (9.0)	0.36 (0.26-0.48)	<0.001
Hypertension Requiring Medication, N (%)	306 (17.0)	68 (11.1)	0.61 (0.46-0.81)	<0.001
Diabetes Mellitus - None	1418 (78.7)	534 (87.1)	1.83 (1.41-2.38)	<0.001
Diabetes Mellitus - Non-insulin	314 (17.4)	58 (9.5)	0.53 (0.38-0.72)	<0.001
Diabetes Mellitus - Insulin	70 (3.9)	21 (3.4)	0.93 (0.54-1.59)	0.58
Hyperlipidemia Requiring Medication, N (%)	293 (16.3)	80 (13.1)	0.77 (0.59-1.01)	0.06
Current Smoker within 1 Year, N (%)	182 (10.1)	47 (7.7)	0.74 (0.53-1.03)	0.08
History of Pulmonary Embolism, N (%)	5 (0.3)	7 (1.1)	4.15 (1.31-13.13)	0.02

Abbreviations: SD = Standard Deviation; BMI = Body Mass Index; ASA = American Society of Anesthesiologists; GERD = Gastroesophageal Reflux Disease; N = Number; CI = Confidence Interval

Table 2. Comparison of Perioperative Outcomes Between Primary and Revisional/Conversional Bariatric Surgery Patients

Parameter	Primary (n=1802)	Revisional/Conversional (n=613)	P-value
Operative Details			
Duration of Surgery (min), mean ± SD	106.58 ± 49.45	175.93 ± 72.10	<0.001
Drain Placed at Initial Operation, N (%)	5 (0.3)	20 (3.3)	<0.001
Stapler Used/Anastomosis Completed, N (%)	1510 (83.8)	492 (80.3)	0.002
Concurrent Procedures, N (%)	406 (22.5)	300 (49.0)	<0.001
Most Common Concurrent Procedures	Liver biopsy (n=36), Hernia repair (n=29)	Enterolysis (n=61), Hernia repair (n=57)	-
Postoperative Outcomes (30 day)			
Hospital Length of Stay (days), mean ± SD	2.14 ± 1.47	2.47 ± 2.51	<0.001
Readmissions, N (%)	61 (3.4)	25 (4.1)	0.45
Emergency Department Visits, N (%)	44 (16.3)	23 (22.8)	0.17
Interventions within 30 Days, N (%)	23 (1.3)	12 (2.0)	0.24
Unplanned ICU Admission, N (%)	16 (0.9)	8 (1.3)	0.35
Complications			
Bowel Obstruction, N (%)	3 (0.2)	5 (1.0)	0.03
Superficial Incisional SSI, N (%)	10 (0.6)	9 (1.5)	0.03
Gastrointestinal Tract Bleeding, N (%)	26 (1.7)	9 (1.8)	1.00
Organ/Space SSI, N (%)	7 (0.4)	2 (0.3)	1.00
Anastomotic/Staple Line Leak, N (%)	3 (0.2)	0 (0.0)	0.58
Pneumonia, N (%)	3 (0.2)	0 (0.0)	0.58
Reoperations within 30 Days, N (%)	18 (6.4)	17 (15.0)	<0.01

Abbreviations: SD = Standard Deviation; BMI = Body Mass Index; ASA = American Society of Anesthesiologists; GERD = Gastroesophageal Reflux Disease; SSI = Surgical Site Infection; ICU = Intensive Care Unit; min = minutes

Conclusions: Revisional bariatric surgery exhibits distinct characteristics compared to primary procedures in our Middle Eastern population. Despite lower BMI, revisional cases experience longer operative times, extended hospital stays, and higher complication rates. These findings emphasize the importance of specialized approaches for revisional procedures to optimize outcomes in this challenging patient population.

Disclosure: No significant relationships.

FP136 / Abs. ID 444

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

IMPACT OF BILIOPANCREATIC LIMB LENGTH ON WEIGHT LOSS OUTCOMES IN REVISIONAL SURGERY FOR RECURRENT WEIGHT GAIN AFTER SLEEVE GASTRECTOMY AND ROUX-EN-Y GASTRIC BYPASS

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Background: Recurrent weight gain (RWG) after primary bariatric surgery is a common challenge. To date, there is no consensus on the ideal biliopancreatic limb (BPL) length for revisional bariatric surgery (RBS), either for conversion from sleeve to bypass (SG-RYGB) or RYGB revision (RYGB-R).

Objectives: To analyze the impact of BPL length on weight loss outcomes in RBS.

Methods: Retrospective cohort study including all patients who underwent RBS for RWG after SG and RYGB (2018-2023). In SG-RYGB, the BPL length was divided into four groups (50 cm, 60 cm, 75 cm, and 100 cm). In RYGB-R, the jejuno-jejunostomy distalization created a new BPL divided into two groups (100-199 cm and >200 cm). Weight loss outcomes were evaluated at 1 year.

Results: A total of 420 patients were included. Of these, 57.1% (n=240) underwent SG-RYGB, and 42.9% (n=180) underwent RYGB-R. The mean preoperative body mass index (BMI) was 45.1 Kg/m2 for SG-RYGB and 43.6 Kg/m2 for RYGB-R. At one year, %TWL, %EWL, and %EBMIL were 20.1%, 38.6%, and 48% for SG-RYGB and were 17.5%, 34.5%, and 43.3% for RYGB-R (p=0.006, p=0.029, and p=0.048, respectively). In SG-RYGB, the BPL was 50 cm in 15.4% (n=37), 60 cm in 9.6% (n=23), 75 cm in 32% (n=27), and 100 cm in 42.9% (n=103). A BPL of 60 cm resulted in the highest %TWL of 23%, compared to 50 cm (17%), 75 cm (20%), and 100 cm (20%). A statistically significant difference was found in %EWL (p=0.025) and %EBMIL (p=0.026) when comparing a BPL of 50 cm to 60 cm, with no additional weight loss achieved with longer BPL lengths of 75 cm or 100 cm. In RYGB-R, the new BPL was 100-199 cm in 59.6% (n=65) and >200 cm in 40.3% (n=44), with %TWL of 18.6% and 16.6%, respectively, showing no significant difference based on BPL length.

Conclusions: Both revisional techniques showed improved weight loss outcomes at one year. In SG-RYGB, a BPL of 60 cm resulted in the highest weight loss, with longer lengths not providing additional benefits. In RYGB revision, the BPL length had no significant impact on weight loss outcomes.

Disclosure: No significant relationships.

FP137 / Abs. ID 851

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

COMPARATIVE OUTCOMES OF SURGICAL REVISION AFTER ENDOSCOPIC SLEEVE GASTROPLASTY: A RETROSPECTIVE ANALYSIS

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Background: Endoscopic Sleeve Gastroplasty (ESG) offers a minimally invasive option for weight loss; however, suboptimal clinical response may necessitate surgical revision. Common revision options include Sleeve Gastrectomy (SG), Roux-en-Y Gastric Bypass (RYGB), One Anastomosis Gastric Bypass (OAGB), and Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy (SADI).

Objectives: To compare weight loss outcomes at 6 and 12 months after conversion of ESG to SG, RYGB, OAGB, or SADI.

Methods: A retrospective analysis of 84 patients who underwent surgical revision following ESG failure. Patients were divided into SG (n=25), RYGB (n=23), OAGB (n=27), and SADI (n=9) groups. Demographic data and % total weight loss (%TWL) at 6 and 12 months were evaluated.

Results: Mean age was 38.1 ± 6.3 years; 55% were female. Average baseline BMI was 38.4 ± 4.0 kg/m². At 6 months, mean %TWL was: SG –17.2%, RYGB – 19.5%, OAGB – 21.1%, and SADI – 22.8%. At 12 months, %TWL improved to: SG – 28.4%, RYGB – 31.6%, OAGB – 34.2%, and SADI – 36.1%. All revisions showed significant improvement from baseline ($p<0.001$). SADI demonstrated the highest weight loss but was not statistically significant compared to OAGB due to small sample size.

Conclusions: Surgical revision post-ESG is effective across all procedures. SADI shows promising results with the highest %TWL at 6 and 12 months, followed closely by OAGB, highlighting their potential as preferred revision options in selected patients.

Disclosure: No significant relationships.

FP138 / Abs. ID 982

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

COMPARATIVE ANALYSIS USING THE MBSAQIP OF REVISIONAL BARIATRIC SURGERIES TAKING PLACE AT SAME-SITE VERSUS DIFFERENT-SITE FROM INITIAL BARIATRIC PROCEDURE

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Background: Bariatric surgery is a proven treatment for obesity, but some patients require revision surgery due to complications, recurrent weight gain, or suboptimal outcomes. As the utilization of bariatric surgery increases, so does the incidence of revisions. Revisional procedures, classified as taking place at the same-site or different-site from the index operation, are more complex than primary surgeries and carry higher risks.

Objectives: To understand differences between same-site and different-site revision bariatric surgeries to optimize care and improve patient outcomes.

Methods: This study analyzed 5,317 revision bariatric surgeries reported to the MBSAQIP database in 2023, categorized as taking place at the same-site (38.5%, n=2,047) or different-site (61.5%, n=3,270) from the index case. This represents a new variable within the MBSAQIP database. Descriptive analyses were conducted using SPSS.

Results: The most common revision procedures were Roux-en-Y gastric bypass revision (51.7%), sleeve gastrectomy revision (15.3%), and gastric pouch or stoma plication/revision (13.9%). Overall, emergent cases were rare (1.2%). Revisions more commonly occur at a different-site compared to the same-site (52.5% vs. 45.7%, $p<0.001$). Patients undergoing different-site revisions were older (52% >50 years vs. 46.7%, $p<0.001$) and more likely to be Black (28% vs. 25.4%) or other/mixed-race (7.1% vs. 4.6%, $p<0.001$). Patients with BMI >40 were more common in different-site revisions (49.9% vs. 38.6%, $p<0.001$), while preoperative GERD was more prevalent in same-site revisions (51% vs. 44%, $p<0.001$). Different-site revisions were associated with longer operation times (>89 minutes), and robotic assistance was used more frequently in different-site revisions (25.7% vs. 19.5%, $p<0.001$). Postoperatively, different-site revisions had higher rates of bowel obstruction (1% vs. 0.4%, $p=0.022$), septic shock (0.5% vs. 0.1%, $p=0.023$), and readmissions within 30 days (6.2% vs. 4.8%, $p=0.040$).

Conclusions: Revision bariatric surgery shows significant differences between same-site and different-site surgeries in patient characteristics, operative factors, and outcomes, underscoring the importance of individualized surgical planning to optimize results and minimize complications.

Disclosure: No significant relationships.

FP139 / Abs. ID 1041

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

LONG-TERM OUTCOMES OF ONE-ANASTOMOSIS GASTRIC BYPASS (OAGB) AND ROUX-EN-Y GASTRIC BYPASS (RYGB) AS CONVERSION PROCEDURES AFTER SLEEVE GASTRECTOMY

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Background: Sleeve Gastrectomy (SG) is the most performed bariatric surgery worldwide, with a significant conversion rate.

Objectives: To determine the indications for conversion surgery after SG and to evaluate the efficacy of conversion to one anastomosis gastric bypass (OAGB) and Roux-en-Y gastric bypass (RYGB), assessing postoperative outcomes.

Methods: Prospective analysis of patients undergoing SG from 2006 to 2013: evaluation of outcomes in patients indicated for conversion surgery. The study included a cohort with complete follow-up, including physical examination and upper gastrointestinal endoscopy (UGE) at 1 and 5 years postoperatively.

Results:

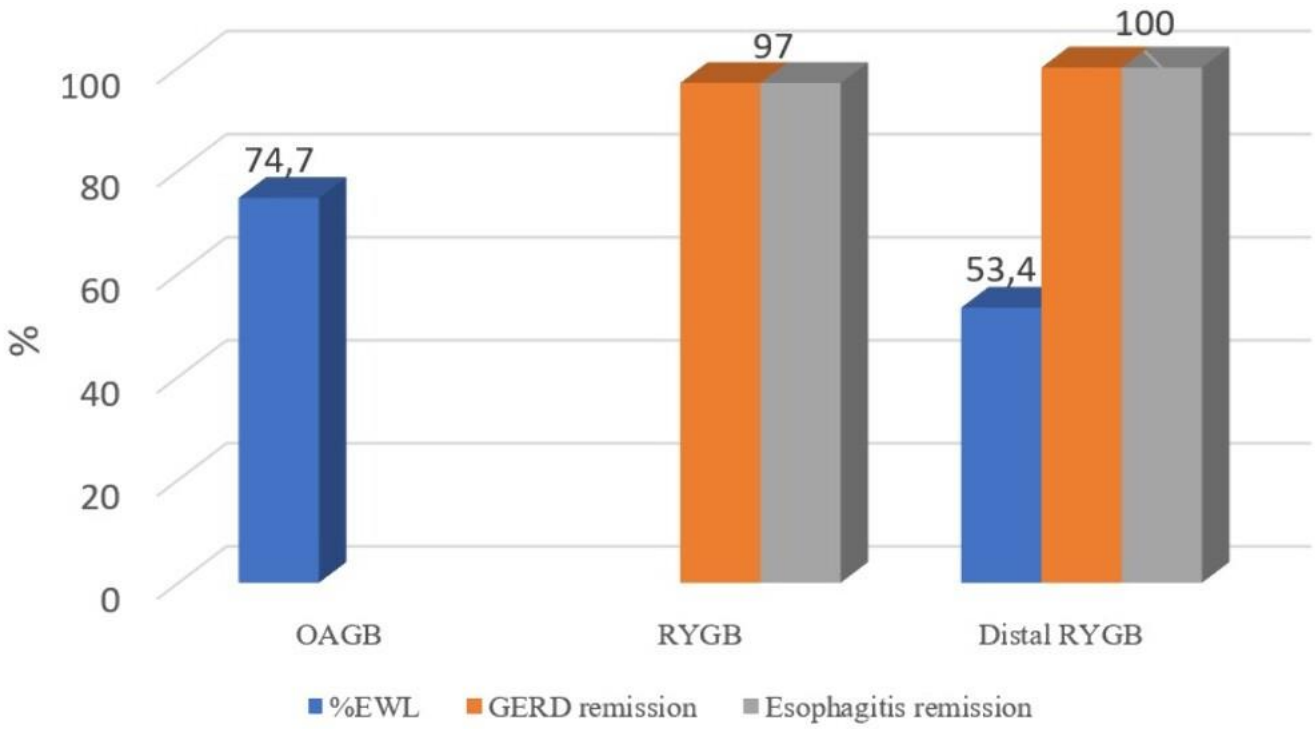

Fig. 4. 5-year postoperative outcomes of patients who underwent conversion surgery.

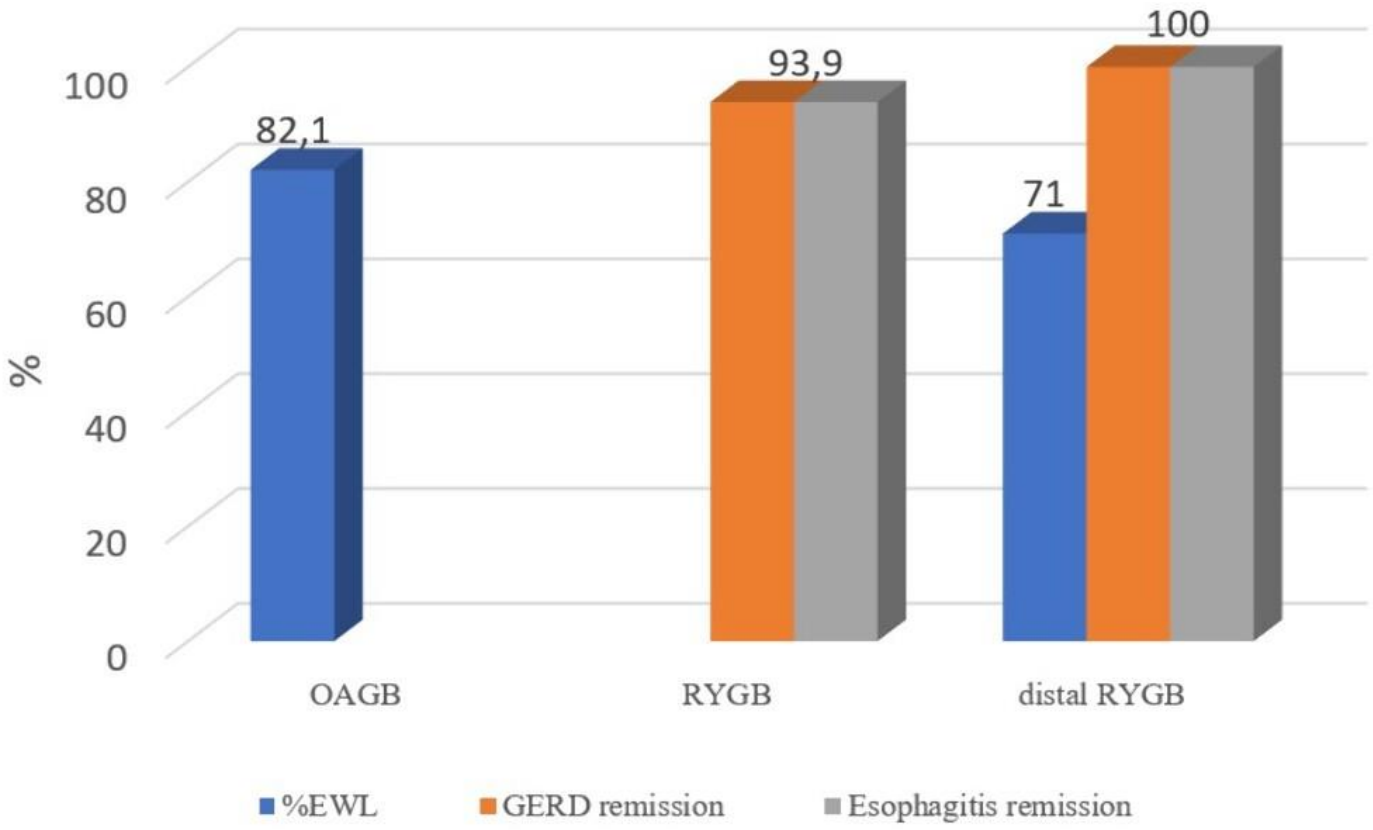

Fig. 3. 1-year postoperative outcomes of patients who underwent conversion surgery.

A cohort of 283 SG patients was evaluated. At 5 years, loss to follow-up rate was 50.9%, and the total conversion rate was 29.3% (distal RYGB: 2.8%; RYGB: 11.7%; OAGB: 14.8%). At 1-year postoperative, excess weight loss (EWL) was 71% (95% CI, 60-82%) (distal RYGB) and 82.1% (95% CI, 72.9-91.4%) (OAGB), decreasing to 53.4% (95% CI, 42.2-64.5%) and 74.7% (95% CI, 62.2-87.3%) at 5 years, respectively. At 1-year, Gastroesophageal reflux disease (GERD) and esophagitis remission reached 100% (distal RYGB) and 93.9% (RYGB), increasing to 100% and 97% at 5 years, respectively. No de novo esophagitis or Clavien-Dindo ≥grade 3 complications were reported.

Conclusions: Conversion surgery following SG should be performed in cases of weight recurrence (WR) or GERD refractory to medical therapy. WR is the primary indication for conversion, and the OAGB demonstrates effective and safe outcomes at 5 years, without developing de novo esophagitis. GERD is the second most frequent indication for conversion, and RYGB is a safe and effective option, though with a lower EWL compared to OAGB.

Disclosure: No significant relationships.

FP140 / Abs. ID 422

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

OUTCOMES OF REVISIONAL SURGERY FROM SLEEVE TO BYPASS FOR GASTROESOPHAGEAL REFLUX IN A BRAZILIAN SRC CENTER

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Background: Sleeve gastrectomy (SG) is the most performed bariatric procedure now. Some patients would necessitate a revision to Roux-en-Y gastric bypass (RYGB) as a salvage procedure for intractable gastroesophageal reflux disease (GERD).

Objectives: The objective of the work is report our 7-year experience regarding symptoms, weight, and related diseases before and 6 months after revision sleeve surgery for bypass due to GERD.

Methods: Observational study, from january 2018 to september 2024, 24 patients were submited a revisional metabolic bariatric surgery in a SRC center in São Paulo, Brazil. They were analised after revisional surgery: symptoms, weight and related diseases after 6 months revision sleeve surgery for bypass devido ao GERD.

Results: 24 patients required revisional surgery for GERD. The average weight before revision surgery was 102.2 kg with a mean BMI of 38.5 kg/m2. The time from the first surgery to conversion was on average 75.7 months and the patients had a Demeester pH of 80.7. All patients had symptoms of GERD without improvement with continuous medication. All underwent conversion surgery from Sleeve to Roux-en-Y bypass. We had no intraoperative complications. After 6 months of surgery, the patients were analyzed and the mean weight was 78.3 kg, BMI of 30.4. A reduction of 23.9 kg and 8.1 kg/m2 in BMI. 91.6% of the patients no longer had symptoms of GERD. All patients had remission of related diseases.

Conclusions: The Sleeve can cause GERD that is difficult to control clinically, requiring revision surgery, and the bypass is one of the best choices due to the lower rate of complications, good response to symptoms, weight loss and improvement in related diseases.

Disclosure: No significant relationships.

FP141 / Abs. ID 330

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

MIDTERM OUTCOMES OF GASTRIC POUCH RESIZING FOR RECURRENT WEIGHT REGAIN AFTER ROUX-EN-Y GASTRIC BYPASS

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Background: Resizing of the gastric pouch, with eventually resizing of the gastrojejunal anastomosis, has been proposed as revisional procedure to treat recurrent weight gain after Roux-en-Y gastric bypass (RYGB), in patients with large gastric pouch and/or large gastrojejunal (GJ) anastomosis.

Objectives: The aim of this study is to determine the midterm results and the safety of laparoscopic resizing of the gastric pouch after RYGB in cases where gastric pouch is > 200 ml and/or GJ anastomosis > 20 mm.

Methods: All patients who underwent gastric pouch resizing between January 2009 and December 2016 were retrospectively reviewed from a prospective database. The gastric pouch was resized to a volume of 30-40 ml.

Results: A total of 48 patients had gastric pouch resizing after RYGB. The mean initial BMI was 42.9 ± 4.8 kg/m^2. Perioperative morbidity was 8.3% in this series. Mean follow-up was 5.4 years. The mean BMI was 30.0 ± 7.3 kg/m^2 at 1 year, 30.0 ± 6.0 kg/m^2 at 3 years, and 30.9 ± 5.7 kg/m^2 at 5 years. Mean %EBMIL at 1-, 3-, and 5-year follow-up was 51.9%, 55.1%, and 39%, respectively, in 48% follow-up rate. The obesity-related diseases disappeared in 67.3% of cases at maximum follow-up.

Conclusions: In carefully selected patients with gastric pouch size > 200 ml and/or GJ anastomosis > 20 mm, and after extensive preoperative evaluation, gastric pouch resizing is a potentially effective option to treat recurrent weight gain due to anatomical factors after RYGB, with complication rate of 8%.

Disclosure: No significant relationships.

FP142 / Abs. ID 436

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

EARLY AND INTRAOPERATIVE OUTCOMES OF REDO ENDOSCOPIC SLEEVE GASTROPLASTY: IS IT FEASIBLE?

Cesar Quiroz Guadarrama[1], Felipe Giron[2], Martin Rojano Rodriguez[3], Gontrand Lopez Nava[3], Natan Zundel[4]
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Background: Obesity and suboptimal clinical results following initial weight-loss interventions remain significant challenges in bariatric care. Endoscopic Sleeve Gastroplasty (ESG) has emerged as a minimally invasive alternative for primary and revision bariatric procedures, offering favorable safety and efficacy profiles. However, limited data exist on the feasibility and outcomes of Redo ESG procedures. This study aims to evaluate the safety, procedural details, and early outcomes of Redo ESG in patients seeking revision endoscopic weight-loss options.

Objectives: To describe safety, clinical experience, and early intraoperative outcomes of Redo Endoscopic Sleeve Gastroplasty (ESG) in a high-volume bariatric center in 2024.

Methods: A retrospective observational study was conducted using a prospectively obtained database. The study included all patients who underwent Redo ESG between January and December 2024. Data collected included baseline demographics, intraoperative findings, and postoperative outcomes. Variables analyzed comprised operative time, procedural details, complications, and endoscopic findings. Statistical analyses were performed as appropriate to variable Nature.

Results: 48 patients underwent Redo ESG. Mean age was 39.5 ± 8.06 years. 32 were females and 16 males, with a mean preoperative body mass index (BMI) of 34.66 ± 6.72 kg/m². All patients desired a revision endoscopic procedure. Mean operative time was 30.88 ± 7,78 minutes. Only 1 intraoperative complications was presented (bleeding requiring adrenaline injection 2.08%). 11 patients presented postoperative pain with a mean value in the analogue scale of 3, 4,2 % presented nausea and vomiting. No reinterventions were required, and the mean hospital stay was 5.54 hours. No other early complications were observed.

Conclusions: Redo Endoscopic Sleeve Gastroplasty appears to be a feasible and safe revision procedure in a high-volume bariatric center, demonstrating favorable intraoperative and early postoperative outcomes. With minimal complications, low pain scores, and short hospital stays, this procedure offers a promising alternative for patients with suboptimal clinical response from previous interventions. Further studies with long-term follow-up are needed to assess sustained efficacy and overall patient satisfaction.

Disclosure: No significant relationships.

FP143 / Abs. ID 972

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

INTUSSUSCEPTION AFTER ROUX-EN-Y GASTRIC BYPASS: A CASE SERIES AND LITERATURE REVIEW OF AN UNCOMMON COMPLICATION

Enrique Biel[1,2], Marc Beisani[2], Camila Sepulveda[1], Aleksandar Radosevic[3], Carme Serra[2], Montse Villatoro[2], Hector Molina[1], David Benaiges[2], Albert Goday[2], Anna Casajoana[2]
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Background: After Roux-en-Y gastric bypass (RYGB), internal herniation and adhesions are well-known causes of pain and small bowel obstruction or ischemia. Far less common is the intussusception of the jejunojejunostomy (JJ), with an estimated rate of 0.6%. It is thought to be secondary to motility disorders caused by ectopic pacemakers, thinning of the mesentery, or a long JJ. A recent systematic review by Oor et al. found that reduction alone (10%), reduction with plication or fixation (50%), and reconstruction of the JJ (34%) were the most common techniques. Orthopoulos et al. retrospectively observed a recurrence rate of 25% following reduction alone, 50% following plication, and 12.5% following resection, suggesting that reconstructing the JJ has the best outcomes.

Objectives: To present a case series of patients admitted for intussusception after RYGB in two university hospitals, its management, and medium-term outcomes.

Methods: Literature review and case-series description.

Results: We report 6 cases operated between 2019 and 2024. Clinical characteristics are summarized in Table 1. Surgery was completed by laparoscopy in 4 out of 6 patients. One out of 6 patients presented postoperative complication (urinary tract infection). Two out of 6 patients required reoperation and JJ reconstruction for recurrence (1 among who underwent fixation and the only patient who underwent only a reduction, 10-day and 5-years after the first revision, respectively). With a median follow-up of 24 months, all patients are founded well. Among possible causes of intussusception, we founded often a large JJ staple line and significant weight loss.

Table 1. Clinical characteristics	
Variable	n= 6
Sex Male, n (%) Female, n (%)	1 (17) 5 (83)
Age, years, mean (SD)	41.6 (9.8)
Time to intussusception, months, median (range)	60 (12—144)
BMI, kg/m^2, mean (SD) RYGB Revision	44.2 (3.0) 25.8 (6.5)
Technique performed, n (%) Only reduction Reduction and fixation Reconstruction	1 (16.7) 3 (50) 2 (33.3)
Length of stay, days, mean (SD)	9.2 (7.1)
SD, standard deviation; BMI, body mass index	

Conclusions: In our experience, reconstruction of the JJ as treatment of an intussusception after RYGB has obtained good results, with no mid-term recurrence, low morbidity, and no mortality.

Disclosure: No significant relationships.

FP144 / Abs. ID 438

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

TRANSORAL OUTLET REDUCTION (TORE) EARLY AND INTRAOPERATIVE OUTCOMES: AN ENDOSCOPIC BARIATRIC REVISION APPROACH

Cesar Quiroz Guadarrama[1], Felipe Giron[2], Gontrand Lopez Nava[3], Martin Rojano Rodriguez[3], Natan Zundel[4]
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Background: Suboptimal clinical response following Roux-en-Y gastric bypass (RYGB) is a common challenge in metabolic bariatric surgery, often linked to anatomical changes such as dilation of the gastrojejunal anastomosis. Transoral Outlet Reduction (TORE) has emerged as a minimally invasive endoscopic revision procedure to address this issue. This study evaluates the safety, clinical experience, and early intraoperative outcomes of TORE performed in a high-volume bariatric center.

Objectives: To describe safety, clinical experience, and early intraoperative outcomes of Transoral Outlet Reduction (TORE) in a high-volume bariatric center in 2024.

Methods: A retrospective observational study was conducted using a prospectively obtained database. The study included all patients who underwent Transoral Outlet Reduction (TORE) between January and December 2024. All patients desired a revision endoscopic procedure. Data collected included baseline demographics, intraoperative findings, and postoperative outcomes. Variables analyzed comprised operative time, procedural details, complications, and endoscopic findings. Statistical analyses were performed as appropriate to variable nature.

Results: 15 patients underwent TORE. 40 % were males and 60 % females, with a mean age of 42.2 ± 10.4 years. The mean preoperative body mass index (BMI) was 38.7 ± 7.4 kg/m². Mean operative time was 32.7 ± 15.6 minutes. No intraoperative complications were presented. 13.3% of patients presented postoperative pain with a mean value in the analogue scale of 1, 0% presented nausea and vomiting. No reinterventions were required, and the mean hospital stay was 4.9 hours. No other early complications were observed.

Conclusions: Transoral Outlet Reduction (TORE) is a safe and effective revision endoscopic procedure with favorable early outcomes. In this series, TORE demonstrated no intraoperative complications, minimal postoperative pain, and a short hospital stay. These findings support the role of TORE as a viable option for patients experiencing suboptimal clinical response after metaboliic bariatric surgery. Long-term follow-up studies are necessary to evaluate sustained efficacy and weight-loss outcomes.

Disclosure: No significant relationships.

FP145 / Abs. ID 113

Topic: *AS01. Combined therapies of MBS with OMM*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

OBESITY MANAGEMENT MEDICATIONS AFTER SLEEVE GASTRECTOMY IN YOUTH: A RETROSPECTIVE COHORT STUDY

Alaina Vidmar[1], My Vu[1], Matthew Martin[2], Aimee Kim[1], Stuart Abel[2], Harry Wong[2], Kamran Samakar[2]
[1]Children's Hospital Los Angeles, Los Angeles, United States of America, [2]Keck School of Medicine & CHLA, Los Angeles, United States of America

Background: Early re-initiation of obesity management medications (OOMs) after sleeve gastrectomy (SG) may enhance metabolic and patient-centered outcomes, yet their safety and efficacy in pediatric patients remain understudied.

Objectives: This study evaluates the safety and efficacy of reintroducing OOMs within six weeks post-SG in youth by assessing weight trajectory, readmission and reoperation rates, gastrointestinal side effects, and eating behaviors. It also examines whether early OOM re-initiation improves metabolic and patient-centered outcomes while accounting for self-selection bias.

Methods: This retrospective cohort study at a tertiary children's hospital included 79 youth who underwent SG. Patients were offered OOM re-initiation at their 2-week postoperative visit. The study compared 45 early reinitiators (30 semaglutide, 5 tirzepatide, 5 phentermine, 5 phentermine/topiramate) with 34 receiving standard care (SC) without medication restart. Primary outcomes included weight trajectory, readmissions, reoperations, gastrointestinal side effects, and eating behaviors.

Results: Early reinitiators were more likely to have type 2 diabetes (n=17 vs. 4, p=0.02), use insulin preoperatively (n=6 vs. 0, p=0.04), and have prior OOM use (n=44 vs. 20, p<0.001), particularly GLP-1 agonists (n=35 vs. 17, p=0.02) and phentermine (n=25 vs. 6, p=0.04). Adjusted multivariate regression showed significantly greater BMI reduction at 3, 6, 9, and 12 months for early reinitiators (all p<0.05). At 12 months, early reinitiators (n=19) had a -29% BMI reduction (95% CI: -31, -28) vs. -26% (95% CI: -28, -23) in SC (n=16, p=0.02). No significant differences were found in 30-, 60-, or 90-day readmissions, reoperations, or gastrointestinal side effects (all p>0.05). Early reinitiators reported greater reductions in emotional overeating, food responsiveness, and hunger, with increased satiety and slower eating (all p<0.05).

Conclusions: Early OOM re-initiation post-SG was safe, well-tolerated, and associated with improved weight loss and eating behaviors. However, self-selection bias may contribute to observed benefits, as early reinitiators likely restarted due to a noticeable decline after discontinuation, leading to modest absolute weight loss differences.

Disclosure: No significant relationships.

FP146 / Abs. ID 856

Topic: *AS01. Combined therapies of MBS with OMM*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

DOES PREOPERATIVE GLP-1 RECEPTOR AGONIST TREATMENT AFFECT SUBSEQUENT WEIGHT LOSS FOLLOWING METABOLIC BARIATRIC SURGERY?

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Background: GLP-1 receptor agonist (GLP1-RA) treatment in patients with diabetes and obesity is increasingly popular. There is a lack of evidence regarding if preoperative GLP1-RA treatment affects weight loss outcomes following metabolic/bariatric surgery (MBS).

Objectives: To evaluate the possible impact of preoperative GLP1-RA medication on final weight outcome following MBS in patients with diabetes.

Methods: Retrospective cohort study analyzing patients with diabetes who underwent MBS with or without preoperative GLP1-RA medication. Primary outcome was percentage total weight loss (%TWL) 12 and 24 months after MBS. Treatment initiation was defined as start of GLP1-RA therapy or MBS.

Results: A total of 128 consecutively operated patients were included. 50.8% were operated with Roux-en-Y gastric bypass, 49.2% with sleeve gastrectomy (SG). 46 patients (35.9%) received preoperative GLP1-RA, with a median treatment duration of 1.4 years (range: 0.2–5.7 years) before MBS. The mean %TWL at the time of MBS was 27.7% ± 25.6% resulting in a BMI of 37.7 ± 7.3. At treatment initiation, the non-GLP1-RA group had significantly lower BMI compared to the GLP1-RA group: 36.8 ± 4.8 vs. 41.5 ± 7.5 ($p < 0.001$). However, no significant differences in BMI were observed between the groups on the day of MBS. Follow-up rate at one-year and two-years were 94.5% and 81.1% respectively. Patients in the non-GLP1-RA group achieved significantly greater %TWL compared to the GLP1-RA group after 1 and 2 years respectively: 21.5% ± 9.2 vs. 15.7% ± 10.1; $p = 0.002$ and 22.1% ± 9.3 vs. 13.1% ± 10.1; $p < 0.001$. When %TWL was calculated from treatment initiation, no significant difference was found between the group groups (22.1% ± 9.3 vs. 20.9% ± 12.2, $p = 0.65$).

Conclusions: Irrespective of previous GLP1-RA treatment, the final TBWL was similar after MBS in this study, suggesting complementary mechanism of action in GLP1-RA and MBS. These results support the concept of body weight set point.

Disclosure: SA: No conflict of interest TO: No conflict of interest AM: Received research funding from the National Institute for Health and care Research, Medical Research Council, Jon Moulton Charity Trust, Fractyl, Novo Nordisk, Fractyl and Randox. ADM has receive

FP147 / Abs. ID 94

Topic: *AS01. Combined therapies of MBS with OMM*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

SEMAGLUTIDE VS REVISIONAL METABOLIC BARIATRIC SURGERY: WHAT IS THE BEST OPTION FOR SUBOPTIMAL CLINICAL RESPONSE OR RECURRENT WEIGHT GAIN AFTER MBS?

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Background: Despite metabolic and metabolic bariatric surgery (MBS) being the most effective option for weight loss and reducing obesity-related diseases, semaglutide presents a valuable noninvasive alternative, offering substantial weight loss with a lower risk of adverse effects.

Objectives: This study aimed to compare weight loss outcomes between patients receiving semaglutide and those undergoing revisional bariatric surgery (RBS) due to suboptimal clinical response (SCR) or recurrent weight gain (RWG).

Methods: A retrospective cohort study was conducted in patients who underwent bariatric surgery between 2015 and 2020 and had SCR or RWG postoperatively. These patients were managed with semaglutide (Group A) or RBS (Group B), either sleeve to RYGB or RYGB revision. The primary outcomes were excess BMI loss (%EBMIL), excess weight loss (%EWL), and total weight loss (%TWL) at 2 years following the new intervention. A retrospective cohort study was conducted in patients who underwent metabolic bariatric surgery between 2015 and 2020 and had SCR or RWG postoperatively. These patients were managed with semaglutide (Group A) or RBS (Group B), either sleeve to RYGB or RYGB revision. The primary outcomes were excess BMI loss (%EBMIL), excess weight loss (%EWL), and total weight loss (%TWL) at 2 years following the new intervention.

Results: A total of 250 patients were included, 120 patients in Group A and 130 in Group B. Ninety percent (n = 225) of patients were female, with an average age of 41.3 ±12 years. The mean BMI pre-intervention, at one year and two years follow-up, was 39.13, 37.45, and 40.36 Kg/m2 for Group A and 41.14, 34.01, and 34.94 Kg/m2 for Group B. Statistically significant differences in BMI were noted between the groups at one year (p=0.001) and two years (p=0.011). At two years, %EBMIL, %EWL, and %TWL were 8.32%, 6.1%, and 2.8% for Group A, and 36%, 45.76%, and 17.47% for Group B (p=0.045, p=0.006, and, p=<0.001 respectively).

Conclusions: In patients with obesity who underwent an index bariatric procedure and experienced SCR or RWG, revisional metabolic bariatric surgery achieved greater weight loss outcomes compared to Semaglutide at 2-years follow-up.

Disclosure: No significant relationships.

FP148 / Abs. ID 855

Topic: *AS01. Combined therapies of MBS with OMM*

FREE PAPERS 09: COMBINED THERAPIES WITH OMMS/REVISIONAL MBS/ENDOSCOPY
11-09-2025 14:15 - 15:45

METABOLICALLY HEALTHY WEIGHT LOSS: SYNERGISTIC EFFECTS OF THE SWALLOWABLE BALLOON AND LOW-DOSE GLP-1 THERAPY ON MUSCLE MASS AND GLP-1 ADHERENCE

Luigi Flagiello[1], Alessandro Romano[1], Rita Romano[2], Angela Maisto[3], Vincenza Montanaro[3], Sara Borrelli[4], Mario Francesco Maria Piemonte[3], Gianmattia Del Genio[1]
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Background: The Allurion Gastric Balloon Program (AGBP) (Allurion Technologies, Natick, MA) integrates a 4-month swallowablegastric balloon with a behavior change program to facilitate weight reduction and optimize weight maintenance. While GLP-1 receptor agonists, such as semaglutide, have shown promising results in obesity treatment, their use has been associated with lean body mass (LBM) loss and high discontinuation rates. This study investigates the synergistic effects of combining the AGBP with low-dose semaglutide therapy to mitigate these challenges.

Objectives: To evaluate the feasibility and effectiveness of integrating the AGBP with low-dose semaglutide therapy in achieving meaningful weight loss, improving LBM, and enhancing medication adherence.

Methods: This study retrospectively analyzed data on patients who underwent placement of the Allurion Balloon and then initiated semaglutide therapy at 0.25mg, one month after balloon placement. Semaglutide was titrated to 1.0mg over three monthsand continued for a total of seven months. Patients were monitored for changes in weight, LBM, fat mass (FM), adverse events, and adherence to semaglutide.

Results: Data were collected from 52 patients (46.2% female), age 39.6±11.0 years, weight 120.6±24.9kg, and BMI 40.2±6.7kg/m2.After eight months, patients achieved an average TBWL of 20.3%, increase in LBM from 60.2% to 68.2% (13.3% improvement), and decrease in FM from 36.4% to 30.2%(17.3% improvement) ($p<0.0001$ for all results compared to baseline). One patient had the balloon endoscopically removed due to gastric outlet obstruction. 100% of patients adhered to the prescribed semaglutide regimen.

Conclusions: The integration of the AGBP with low-dose semaglutide therapy is a promising strategy for weight management, achieving 20.3% TBWL in 8 months. Compared to standalone semaglutidetherapy at standard doses up to 2.4mg, which often leads to a reduction in LBM and high discontinuation rates (30% in the first month, 58% before achieving meaningful health benefits), the combination approach demonstrated superior outcomes in LBM preservation, FM reduction, and medication adherence, addressing the limitations of standalone standard semaglutidetherapy. The use of lower doses of semaglutide may have contributed to 100% medication adherence due to fewer side effects and improved tolerability. Future studies should explore long-term effects and broader applicability in larger, diverse patient populations.

Disclosure: No significant relationships.

FP149 / Abs. ID 842

Topic: *AS17. Obesity Management Medication (OMM): indications, role and future perspectives*

FREE PAPERS 10: OMMS: INDICATIONS, ROLE, FAILURE/QUALITY OUTCOMES
11-09-2025 14:15 - 15:45

A PROSPECTIVE STUDY ON OUTCOMES, SAFETY, AND WEIGHT TRAJECTORIES USING DRUG-BALLOON SYNERGY

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Background: Obesity is a chronic disease with limited effective non-surgical interventions. Swallowable gastric balloons and glucagon-like peptide-1 receptor agonists (GLP-1RAs) such as semaglutide offer innovative strategies for weight loss.

Objectives: To evaluate the safety, weight-loss outcomes, and metabolic improvements of a novel combination of swallow balloon therapy with oral semaglutide compared to balloon therapy alone.

Methods: This prospective, randomized single-centre study enrolled 115 patients (BMI 27–40 kg/m²), allocating them to Group I (swallow balloon + oral semaglutide) or Group II (swallow balloon). Semaglutide was administered in escalating doses over 4 months. Primary outcomes included % total weight loss (%TWL), comorbidity resolution, and quality of life (QoL). Data were analyzed using appropriate statistical tests ($p<0.05$ considered significant).

Results: 108 patients completed 4-month follow-up (Group I: 53; Group II: 55). Group I achieved significantly greater %TWL (17.6% vs 13.7%, $p<0.001$) and higher rates of ≥5% weight loss. Resolution of type 2 diabetes (64.7% vs 55.5%), hypertension (64.3% vs 58.8%), and dyslipidemia (72.0% vs 57.8%) was higher in Group I. Adverse events, mainly nausea and cramps, were mild and self-limiting. QoL scores improved significantly in both groups, with Group I showing greater improvement in physical functioning ($p=0.03$).

Conclusions: Combining swallow balloon therapy with oral semaglutide leads to superior weight loss, greater resolution of metabolic comorbidities, and enhanced physical functioning without compromising safety. This drug-device synergy offers a promising, minimally invasive approach for obesity management.

Disclosure: No significant relationships.

FP150 / Abs. ID 49

Topic: *AS17. Obesity Management Medication (OMM): indications, role and future perspectives*

FREE PAPERS 10: OMMS: INDICATIONS, ROLE, FAILURE/QUALITY OUTCOMES
11-09-2025 14:15 - 15:45

IMPACT OF SLEEVE GASTRECTOMY VERSUS INTENSIVE LIFESTYLE MODIFICATIONS WITH OBESITY MANAGEMENT MEDICATIONS ON BMI TRAJECTORY AND TARGET ATTAINMENT: A MATCHED RANDOMIZED CONTROLLED TRIAL

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Background: Obesity affects over 1 billion individuals worldwide, increasing risks of type 2 diabetes (T2D) and cardiovascular disease (CVD). SG is the most effective intervention for sustained weight loss, but its invasiveness limits eligibility. Liraglutide, a GLP-1 receptor agonist, offers a non-surgical alternative when combined with lifestyle modifications, though comparative data with SG are limited.

Objectives: To compare the efficacy of sleeve gastrectomy (SG) and intensive lifestyle modifications (ILM) with liraglutide for weight loss and improving obesity-related diseases over 1 year.

Methods: This randomized trial included 190 patients (BMI ≥35 kg/m² with related diseases or BMI ≥40 kg/m²) treated at two hospitals in Rome. Patients were assigned to SG or ILM with liraglutide (3 mg/day). ILM involved a very low-calorie diet for 1 month, followed by a low-calorie diet and intensive exercise. Outcomes were measured at baseline and at 1, 3, 6, 9, and 12 months. The primary endpoint was BMI reduction at 1 year; secondary endpoints included weight loss, % total weight loss (%TWL), and changes in hypertension, dyslipidemia, CVD, and T2D prevalence.

Results: At 1 year, BMI decreased from 45.6 ± 8.1 kg/m² to 28.3 ± 5.3 kg/m² in the SG group and from 45.3 ± 8.0 kg/m² to 31.6 ± 4.2 kg/m² in the ILM group ($P < 0.01$). SG achieved greater %TWL (37.6 ± 6.8% vs. 18 ± 8.2%; $P < 0.001$). Both groups showed improvements in related diseases, but differences were not statistically significant.

Conclusions: SG is more effective than ILM with liraglutide for weight loss. Individualized treatment decisions should consider patient preferences and clinical needs.

Disclosure: No significant relationships.

FP151 / Abs. ID 821

Topic: *AS19. Surgical options in case of OMM failure*

FREE PAPERS 10: OMMS: INDICATIONS, ROLE, FAILURE/QUALITY OUTCOMES
11-09-2025 14:15 - 15:45

LONG-TERM EFFECTS OF CALIBRATING TUBE AND PYLORUS DISTANCE ON SLEEVE GASTRECTOMY OUTCOMES: A SINGLE-CENTER RANDOMIZED CONTROLLED TRIAL

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Background: Whether the boogie diameter and the distance between the resection and the pylorus are important for achieving long-term,permanent results during laparoscopic sleeve gastrectomy (LSG),as well as preventing obesity recurrence within 5 years,is still being debated,and the final consensus on this issue is ongoing.

Objectives: The purpose of this randomized study was to investigate the effect of reducing the boogie diameter and the distance from the pylorus to the resection on the long-term outcomes of LSG.

Methods: 173 patients with a body mass index of 40–85 kg/m² were included in the study.The age of patients varied from 18 to 65.According to the technique of laparoscopic surgery the patients were randomized to 2 groups:85 patients,diameter of boogie 36Fr and over, distance between the point of resection and pylorus 4-6cm;88 patients, diameter of boogie 32Fr, distance between the point of resection and pylorus 2 cm.The main comparison criterion was the rate (%) of excessive weight loss at 6th and 12th months after surgery.The additional comparison criteria were the changes in progression of concomitant diseases and complications after surgery.All patients were followed up for 1-5 years.

Results: Patients of the 1st group have lost 73,4±4% of excessive weight 12 months after surgery.According to the results, patients in of 2ndgroup were 78,7±3%. The difference between the groups was statistically significant both 6 and 12 months postoperatively($p<0.05$).Also, in the long-term period,64% of patients in group 1 were able to maintain normal weight loss after 5 years, while this figure was 82% in group 2.Although the difference in weight loss between the groups at 1 year was not significant, the 5-year result was satisfactory in terms of maintaining the weight lost in group 2.There was no difference in complications between the groups, and there was no mortality.

Conclusions: This randomized study has shown that32Fr boogie and 2cm for point of resection in LSG is more effective for rapid weight loss than36Fr and over boogie and 4-6cm for point of resection.It also made a significant difference in preventing recurrent weight gain over a 5-year period and does not increase the complication rate.

Disclosure: No significant relationships.

FP152 / Abs. ID 181

Topic: *AS28. MBS and MAFLD*

FREE PAPERS 10: OMMS: INDICATIONS, ROLE, FAILURE/QUALITY OUTCOMES
11-09-2025 14:15 - 15:45

ASSOCIATIONS BETWEEN PULMONARY FUNCTION AND MAFLD IN METABOLIC BARIATRIC SURGERY CANDIDATES: A CROSS-SECTIONAL STUDY

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Background: Previous studies have demonstrated that pulmonary ventilation function is diminished in patients with NAFLD. Nevertheless, research on pulmonary ventilation function in individuals with obesity (BMI ≥ 30 kg/m²) and metabolic dysfunction-associated fatty liver disease (MAFLD) remains limited. Obesity, a pivotal risk factor for MAFLD, can precipitate liver injury through fat accumulation and subsequent metabolic derangements. Additionally, obesity and metabolic syndrome (MetS) are associated with impaired pulmonary function, which may exacerbate the risk of MAFLD.

Objectives: To investigate the association between pulmonary ventilation function parameters and MAFLD in individuals with obesity, focusing on identifying critical thresholds of lung function linked to MAFLD risk.

Methods: In this cross-sectional retrospective study, 823 obese participants (BMI ≥30 kg/m², aged 18–65 years) were enrolled between 2019 and 2024. Pulmonary function tests (PFT) measured FVC,FEV1, and FEV1/FVC ratio. MAFLD was diagnosed via ultrasound. Threshold analysis using restricted cubic splines (RCS) modeled nonlinear relationships, while forest plots assessed heterogeneity across subgroups stratified by demographic/clinical factors.

Results: Impaired pulmonary function (reduced %VCmax, %FVC and %FEV1) was significantly associated with higher MAFLD prevalence. RCS identified critical thresholds at 95% for %FVC and 92% for %FEV1, with distinct odds ratios (OR) for MAFLD risk below versus above these points, indicating nonlinear dose-response relationships. Subgroup analysis revealed stronger associations between poor pulmonary function and MAFLD in individuals with MetS.

Table 1 Comparison of baseline characteristics of MAFLD and non-MAFLD groups

Basic Characteristic	Overall	non- MAFLD (n=317)	MAFLD(n=706)	Statistical value	P
Gender (Male/Female)	331/692	37/80	294/612	χ^2=1.159	0.091
Age	31.00(25.00,38.00)	32.00(24.00,38.00)	31.00(25.00,38.00)	Z= -0.219	0.827
Height (cm)	165.00(160.00,172.00)	163.50(159.00,167.50)	166.50(160.00,172.50)	Z= -3.774	< 0.001
Weight (kg)	102.80(91.40,129.60)	95.70(87.80,111.40)	110.05(95.10,131.88)	Z= -5.513	< 0.001
BMI (kg/m²)	38.87(33.76,45.00)	35.40(31.60,41.70)	39.55(34.50,45.85)	Z= -4.889	< 0.001
Neck Circumference (cm)	42.00(38.50,45.50)	39.50(37.00,44.00)	43.00(39.00,47.00)	Z= -4.628	< 0.001
Chest Circumference (cm)	120.00(113.50,131.00)	113.00(105.88,124.00)	121.00(113.00,132.00)	Z= -5.092	< 0.001
Waist Circumference (cm)	120.50(109.00,135.00)	110.00(102.50,123.00)	122.00(111.00,136.45)	Z= -5.329	< 0.001
Hip Circumference (cm)	125.00(114.00,135.00)	114.00(109.00,128.50)	124.50(114.50,136.50)	Z= -4.230	< 0.001
Waist-to-Hip Ratio	0.98(0.95,1.05)	0.96(0.91,1.01)	0.98(0.93,1.03)	Z= -4.159	0.002
SBP (mmHg)	129.00(120.00,139.00)	125.00(114.00,137.00)	129.00(120.00,140.00)	Z= -3.771	0.000
DBP(mmHg)	79.00(71.00,88.00)	75.00(68.00,85.00)	80.00(71.00,89.00)	Z= -3.703	0.005
Hb (g/L)	141.00(131.40,154.00)	138.00(126.00,146.00)	143.00(132.00,155.00)	Z= -4.126	0.001
HbA1c (%)	5.80(5.40,6.60)	5.60(5.30,6.30)	5.90(5.50,6.80)	Z= -4.366	< 0.001
FPG (mmol/L)	5.10(4.91,5.77)	5.03(4.79,6.42)	5.10(4.95,6.01)	Z= -2.892	0.039
FIN (mIU/L)	19.70(12.34,27.59)	14.90(9.85,20.98)	20.81(13.14,28.47)	Z= -5.025	< 0.001
HOMA-IR	5.35(3.19,8.20)	3.67(2.35,5.29)	5.58(3.39,8.48)	Z= -4.400	< 0.001
C-peptide (ng/mL)	5.48(3.65,8.45)	3.86(2.34,5.49)	5.81(3.92,8.93)	Z= -5.748	< 0.001
TyG	9.02(8.21,10.08)	8.58(8.04,10.03)	9.04(8.26,10.10)	Z= -2.557	0.011
TC (mmol/L)	4.98(4.37,5.61)	4.87(4.38,5.47)	4.99(4.38,5.63)	Z= -1.224	0.221
TG (mmol/L)	1.60(1.16,2.34)	1.36(1.04,2.19)	1.69(1.18,2.35)	Z= -2.577	0.01
HDL-c (mmol/L)	1.00(0.86,1.16)	1.06(0.94,1.30)	0.98(0.86,1.13)	Z= -4.159	0.002
LDL-c (mmol/L)	3.08(2.60,3.56)	2.91(2.51,3.42)	3.09(2.63,3.61)	Z= -1.522	0.128
ALT (U/L)	42.00(24.00,70.50)	27.00(17.70,42.00)	45.00(25.00,74.00)	Z= -5.859	< 0.001
AST (U/L)	26.00(18.15,41.00)	20.00(16.00,28.00)	28.00(19.00,42.75)	Z= -5.522	< 0.001
γ-GT (U/L)	35.00(22.10,58.00)	27.00(17.00,39.00)	38.00(24.00,60.00)	Z= -5.118	< 0.001
Creatinine (umol/L)	57.70(53.00,68.00)	56.00(49.50,62.00)	58.00(50.32,69.00)	Z= -3.452	0.146
Albumin (g/L)	42.20(39.80,44.50)	42.00(40.40,43.20)	42.10(39.73,44.42)	Z= -2.965	0.885
Serum Iron (umol/L)	15.50(11.70,20.20)	15.00(10.90,20.90)	15.85(11.86,20.20)	Z= -2.964	0.885
Uric Acid (umol/L)	430.60(369.85,539.75)	400.00(336.00,485.00)	445.00(369.30,561.70)	Z= -5.216	0.001
Urea (mmol/L)	4.51(3.86,5.13)	4.33(3.76,5.37)	4.56(3.88,5.13)	Z= -1.236	0.217
Platelet PLT (X10⁹/L)	260.10(213.05,301.30)	262.00(225.07,299.75)	259.75(218.00,301.30)	Z= -0.235	0.814
WBC (10⁹/L)	7.19(5.59,9.46)	7.77(5.81,9.10)	7.00(5.56,9.48)	Z= -1.059	0.29
CRP (mg/L)	5.77(2.29,10.87)	3.30(1.67,10.12)	5.92(2.61,10.53)	Z= -2.056	0.042
Comorbidities, n (%)					
Metabolic Syndrome				χ^2= 8.257	0.004
No	413(59.06)	73(67.59)	340(58.02)		
Yes	411(69.94)	44(32.61)	367(51.98)		
Diabetes				χ^2=4.164	0.045
No	552(67.07)	88(75.21)	464(66.72)		
Yes	271(33.93)	29(24.79)	242(33.28)		
Hypertension				χ^2=1.003	0.964
No	667(81.04)	95(81.20)	572(81.07)		
Yes	156(18.96)	22(18.80)	134(18.98)		
Lipid Metabolism Disorder				χ^2= 6.474	0.011
No	161(19.56)	11(9.40)	150(21.25)		
Yes	662(80.44)	106(90.60)	556(78.75)		
Hyperuricemia				χ^2=12.980	< 0.001
No	523(63.5)	92(78.63)	431(61.05)		
Yes	300(36.5)	25(21.37)	275(38.95)		
Sleep Apnea				χ^2=10.033	0.002
No	484(59.66)	86(73.50)	398(56.37)		
Yes	327(40.34)	31(26.50)	296(41.93)		
Insulin Resistance				χ^2=17.089	< 0.001
No	76(9.36)	23(19.66)	53(7.51)		
Yes	736(90.64)	94(80.34)	642(92.57)		
Smoking History				χ^2= 2.815	0.09
No	613(74.92)	95(81.20)	520(73.86)		
Yes	206(25.20)	22(18.80)	184(26.14)		

Data comparisons between groups for non-normally distributed continuous variables were described using the Mann-Whitney test, using (Median(P25,P75)). Comparison between groups of data for type-specific variables were performed using the chi-square test or Fisher's exact probability method. P<0.05 indicates statistically significant.

Table 2 Comparison of lung ventilation function between the two groups

Basic Characteristics	non- MAFLD (n=117)	MAFLD(n=706)	P
Abnormal pulmonary ventilation (yes/no)	23/94	132 /574	0.805
Vcmax	3.62 (3.20, 4.08)	3.66 (3.16, 4.24)	0.655
%VCmax	95.20 (87.63, 106.75)	92.40 (83.90, 101.30)	0.019
FEV1	3.04 (2.66, 3.30)	3.02 (2.62, 3.49)	0.465
%FEV1	95.20 (84.40, 102.45)	90.90 (82.50, 100.05)	0.026
%FEV1/FVC	83.13 (77.90, 85.86)	82.98 (79.57, 86.02)	0.56
FVC	3.61 (3.18, 4.08)	3.66 (3.17, 4.26)	0.609
%FVC	98.00 (89.90, 107.10)	94.50 (85.40, 103.65)	0.009

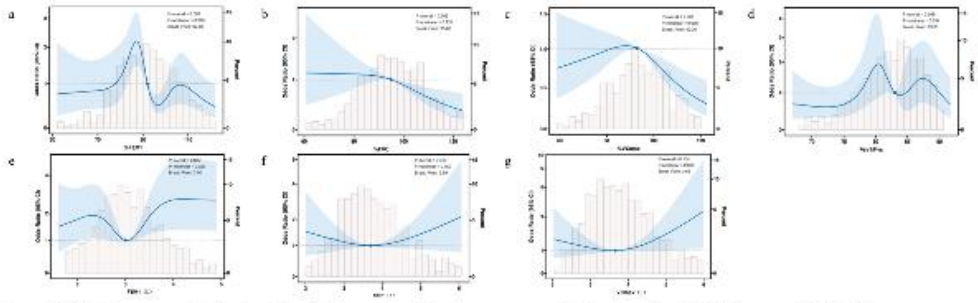

Figure1: RCS curves and threshold analysis results of pulmonary ventilation function indicators and MAFLD.

The bar charts in the figure represent the distribution percentage of each indicator value; the blue curve shows the unadjusted Odds Ratio relationship between the indicator and the likelihood of MAFLD occurrence, with the shaded area representing the 95% confidence interval. The P-overall labeled in the figure indicates the significance of the overall relationship between the indicator and MAFLD, P-nonlinear indicates the significance of the nonlinear characteristics of the relationship, and Break-Point is the threshold point, i.e., the indicator value at which the relationship undergoes a significant change.

Variables	n (%)	0	1	OR (95%CI)	P	P for interaction
		No. of events/ No. of total				
All patients	823 (100.00)	23/117	132/706	0.94 (0.57 ~ 1.54)	0.805	
Gender						0.109
1	331 (40.22)	15/37	80/294	0.55 (0.27 ~ 1.11)	0.095	
2	492 (59.78)	8/80	52/412	1.30 (0.59 ~ 2.85)	0.513	
Mets						0.025
0	412 (50.06)	5/73	40/339	1.82 (0.69 ~ 4.78)	0.225	
1	411 (49.94)	18/44	92/367	0.48 (0.25 ~ 0.92)	0.027	
DM						0.079
0	552 (67.07)	11/88	70/464	1.24 (0.63 ~ 2.46)	0.530	
1	271 (32.93)	12/29	62/242	0.49 (0.22 ~ 1.08)	0.076	
HTN						0.467
0	667 (81.04)	15/95	94/572	1.05 (0.58 ~ 1.90)	0.875	
1	156 (18.96)	8/22	38/134	0.69 (0.27 ~ 1.78)	0.447	
Dyslipidemia						0.777
0	161 (19.56)	4/33	16/128	1.04 (0.32 ~ 3.33)	0.953	
1	662 (80.44)	19/84	116/578	0.86 (0.50 ~ 1.49)	0.588	
Hyperuricemia						0.970
0	533 (64.76)	19/93	89/440	0.99 (0.57 ~ 1.72)	0.965	
1	290 (35.24)	4/24	43/266	0.96 (0.31 ~ 2.96)	0.949	
OSA						0.506
0	491 (59.66)	16/84	82/407	1.07 (0.59 ~ 1.95)	0.818	
1	332 (40.34)	7/33	50/299	0.75 (0.31 ~ 1.81)	0.518	
SmokeHabit						0.367
0	617 (74.97)	18/95	80/522	0.77 (0.44 ~ 1.36)	0.375	
1	206 (25.03)	5/22	52/184	1.34 (0.47 ~ 3.82)	0.585	
IR						0.595
0	76 (9.23)	2/23	6/53	1.34 (0.25 ~ 7.20)	0.733	
1	747 (90.77)	21/94	126/653	0.83 (0.49 ~ 1.40)	0.488	

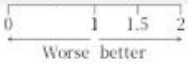

Figure 2 Association between MAFLD and Impaired Pulmonary Ventilation Function: A Subgroup Analysis

"0" and "1" respectively represent "No" "Yes" The odds ratio (OR) with 95% confidence interval (CI) is provided to quantify the strength

Conclusions: In individual with obesity, pulmonary function impairment below specific thresholds (%FVC <95%, %FEV1 <92%) is closely linked to MAFLD, particularly in those with MetS. These findings underscore the importance of evaluating pulmonary function in bariatric surgery candidates at risk for MAFLD and suggest shared pathophysiological mechanisms.

Disclosure: No significant relationships.

FP153 / Abs. ID 347

Topic: *AS28. MBS and MAFLD*

FREE PAPERS 10: OMMS: INDICATIONS, ROLE, FAILURE/QUALITY OUTCOMES
11-09-2025 14:15 - 15:45

EFFICACY OF BARIATRIC AND METABOLIC SURGERY ON HEPATIC STEATOSIS AND FIBROSIS MARKERS: A META-ANALYSIS OF RANDOMIZED CLINICAL TRIALS

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Background: Metabolic dysfunction-associated steatotic liver disease (MASLD) is a major contributor to liver cirrhosis, underscoring the need for effective treatments. Metabolic bariatric surgery has been increasingly recognized for improving liver-related outcomes in patients with obesity, however the comparative impact of Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy (SG) on hepatic fibrosis remains uncertain.

Objectives: This meta-analysis aimed to assess the relative efficacy of RYGB and SG in reducing hepatic fibrosis and its markers.

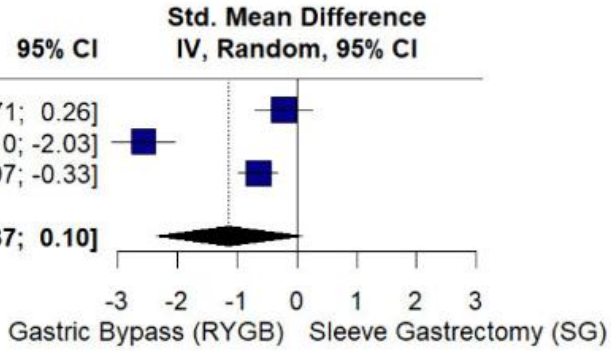
Methods: A systematic review and meta-analysis were conducted following PRISMA guidelines, with searches in PubMed, Embase, and Cochrane databases through February 2025. Only randomized controlled trials comparing RYGB and SG in patients with obesity were included. Risk of bias was assessed using the RoB2 tool, and statistical analyses were performed in RStudio using a random-effects model.

Results: Three randomized controlled trials (322 patients: 160 RYGB, 162 SG) met the inclusion criteria. Both procedures significantly reduced hepatic fibrosis, though RYGB demonstrated a greater effect. The odds of reducing advanced fibrosis were higher with RYGB (OR: 12.78; 95% CI: 5.21–31.37; P < 0.000001) than with SG (OR: 4.10; 95% CI: 2.18–7.69; P = 0.000011). While fibrosis resolution trended in favor of RYGB (OR: 1.63; 95% CI: 0.94–2.81; P = 0.0816), the difference was not statistically significant. No significant differences in ALT and AST levels were observed, suggesting that fibrosis regression may not be solely reflected by these biomarkers.

Change From Baseline BMI

Study	Total RYGB	Total SG	Weight	SMD	95% CI
Kalinowski P, 2017	33	33	33.1%	-0.23	[-0.71; 0.26]
Seeberg KA, 2021	50	50	32.8%	-2.57	[-3.10; -2.03]
Verrasto O, 2023	77	79	34.1%	-0.65	[-0.97; -0.33]
Total (95% CI)	**160**	**162**	**100.0%**	**-1.14**	**[-2.37; 0.10]**

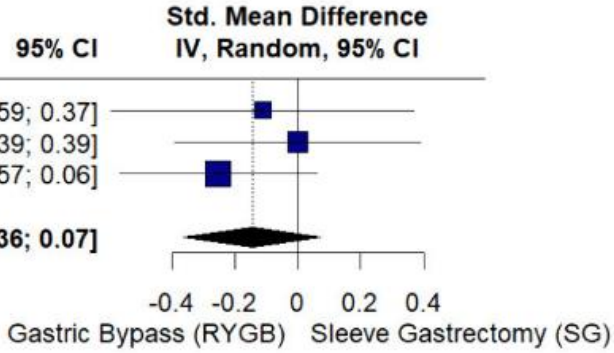
Heterogeneity: $Tau^2 = 1.1376$; $Chi^2 = 47.10$, df = 2 ($P < 0.01$); $I^2 = 96\%$
Test for overall effect: Z = -1.81 (P = 0.071)



Change From Baseline AST/TGO

Study	Total RYGB	Total SG	Weight	SMD	95% CI
Kalinowski P, 2017	33	33	20.6%	-0.11	[-0.59; 0.37]
Seeberg KA, 2021	50	50	31.2%	0.00	[-0.39; 0.39]
Verrasto O, 2023	77	79	48.3%	-0.25	[-0.57; 0.06]
Total (95% CI)	**160**	**162**	**100.0%**	**-0.14**	**[-0.36; 0.07]**

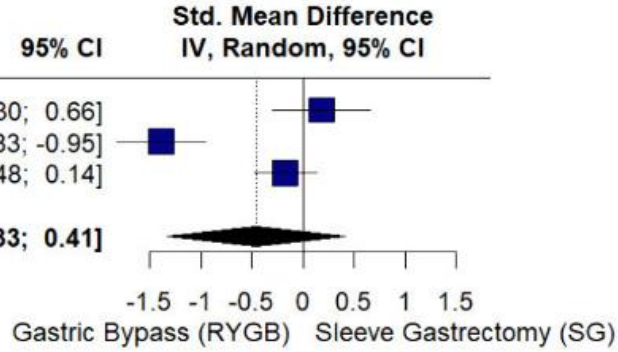
Heterogeneity: $Tau^2 = 0$; $Chi^2 = 0.99$, df = 2 ($P = 0.61$); $I^2 = 0\%$
Test for overall effect: Z = -1.30 (P = 0.194)



Change From Baseline ALT/TGP

Study	Total RYGB	Total SG	Weight	SMD	95% CI
Kalinowski P, 2017	33	33	32.5%	0.18	[-0.30; 0.66]
Seeberg KA, 2021	50	50	33.1%	-1.39	[-1.83; -0.95]
Verrasto O, 2023	77	79	34.5%	-0.17	[-0.48; 0.14]
Total (95% CI)	**160**	**162**	**100.0%**	**-0.46**	**[-1.33; 0.41]**

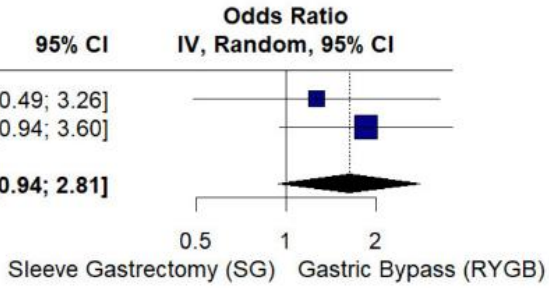
Heterogeneity: $Tau^2 = 0.5456$; $Chi^2 = 27.26$, df = 2 ($P < 0.01$); $I^2 = 93\%$
Test for overall effect: Z = -1.04 (P = 0.299)



Advanced Fibrosis Improvement by Techniques

Study	RYGB Events	RYGB Total	SG Events	SG Total	Weight	OR	95% CI
Seeberg KA, 2021	12	50	10	50	33.2%	1.26	[0.49; 3.26]
Verrasto O, 2023	32	77	22	79	66.8%	1.84	[0.94; 3.60]
Total (95% CI)	**44**	**127**	**32**	**129**	**100.0%**	**1.63**	**[0.94; 2.81]**

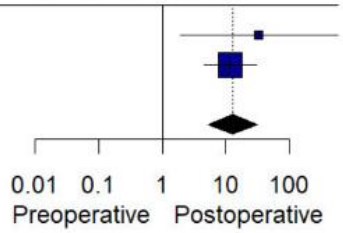
Heterogeneity: $Tau^2 = 0$; $Chi^2 = 0.41$, df = 1 (P = 0.52); $I^2 = 0\%$
Test for overall effect: Z = 1.74 (P = 0.081590)



Advanced Fibrosis Improvement in RYGB

Study	Preoperative Events	Preoperative Total	Postoperative Events	Postoperative Total	Weight	OR	95% CI
Seeberg KA, 2021	12	50	0	50	9.9%	32.79	[1.88; 571.25]
Verrasto O, 2023	38	77	6	77	90.1%	11.53	[4.48; 29.68]
Total (95% CI)	**50**	**127**	**6**	**127**	**100.0%**	**12.78**	**[5.21; 31.37]**

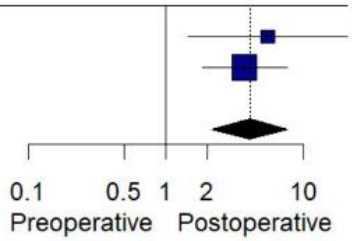
Heterogeneity: $Tau^2 = 0$; $Chi^2 = 0.50$, df = 1 (P = 0.48); $I^2 = 0\%$
Test for overall effect: Z = 5.56 (P < 0.000001)



Advanced Fibrosis Improvement in SG

Study	Preoperative Events	Preoperative Total	Postoperative Events	Postoperative Total	Weight	OR	95% CI
Seeberg KA, 2021	13	50	3	50	22.5%	5.50	[1.46; 20.76]
Verrasto O, 2023	37	79	15	79	77.5%	3.76	[1.84; 7.68]
Total (95% CI)	**50**	**129**	**18**	**129**	**100.0%**	**4.10**	**[2.18; 7.69]**

Heterogeneity: $Tau^2 = 0$; $Chi^2 = 0.25$, df = 1 (P = 0.62); $I^2 = 0\%$
Test for overall effect: Z = 4.39 (P = 0.000011)



Conclusions: These findings support metabolic bariatric surgery as an effective therapeutic option for MASLD, with RYGB potentially offering greater benefits for fibrosis regression. Despite some methodological limitations, the observed trend favoring RYGB underscores the importance of surgical selection in liver disease management. Given MASLD's increasing prevalence and progression risks, metabolic bariatric surgery represents a promising intervention. Future large-scale, long-term trials are needed to confirm these findings and further guide clinical decision-making.

Disclosure: No significant relationships.

FP154 / Abs. ID 138

Topic: *AS28. MBS and MAFLD*

FREE PAPERS 10: OMMS: INDICATIONS, ROLE, FAILURE/QUALITY OUTCOMES
11-09-2025 14:15 - 15:45

FABP1: A NOVEL PERSPECTIVE IN MITIGATING MASH THROUGH THE REGULATION OF FERROPTOSIS

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Background: Metabolic dysfunction-associated steatotic liver disease (MASLD) encompasses a broad spectrum of liver conditions, ranging from hepatic steatosis to metabolic dysfunction-associated steatohepatitis (MASH), and so on. Liver fatty acid-binding protein (FABP1) is predominantly expressed in the liver, kidneys, and small intestine, where it regulates fatty acid metabolism, cholesterol metabolism, and the expression of genes associated with lipid metabolism. FABP1 exerts cytoprotective effects against oxidative stress, thereby reducing cellular susceptibility to ROS-induced apoptosis. Ferroptosis is an iron-dependent form of cell death triggered by the lethal accumulation of lipid peroxides. Intracellular iron overload and the accumulation of reactive oxygen species (ROS) catalyze the peroxidation of highly expressed unsaturated fatty acids on cell membranes, leading to cell death. Based on these findings, we hypothesize that FABP1 may mitigate MASH by mediating ferroptosis. Therefore, in-depth investigation into the mechanisms linking FABP1 and ferroptosis holds significant clinical value for the early diagnosis and effective treatment of MASH.

Objectives: Recent studies have revealed that ferroptosis is directly involved in the progression from simple hepatic steatosis to metabolic dysfunction-associated steatohepatitis (MASH). Therefore, inhibiting ferroptosis may potentially suppress the development of MASH. We aim to investigate whether FABP1 can influence ferroptosis and thereby modulate the disease progression in MASH.

Methods: 1、Correlation analysis of FABP1 and related indicators in normal individuals and MASH patients 2、Evaluation of FABP1 expression and its impact on ferroptosis in a MASH animal model 3、Detection of GPX4 expression following FABP1 overexpression or knockdown in cellular experiments

Results: Our experimental results demonstrate that FABP1 expression is lower in the liver tissues of MASH patients compared to healthy individuals, accompanied by a reduction in GPX4 expression. Both cellular and animal experiments revealed that overexpression of FABP1 increases GPX4 expression.

Conclusions: In liver tissues of MASH patients, the expression of FABP1 and GPX4 is downregulated. In liver tissues of MASH mouse models, the expression of FABP1 and GPX4 is downregulated. In liver tissues of mice with hepatic overexpression of FABP1, GPX4 expression is upregulated, antioxidant capacity is enhanced, and glucose metabolism is improved. In HepG2 cells, overexpression of FABP1 leads to increased GPX4 expression, and FABP1 can directly interact with GPX4.

Disclosure: No significant relationships.

FP155 / Abs. ID 460

Topic: *AS25. Measurement of quality outcomes after MBS*

FREE PAPERS 10: OMMS: INDICATIONS, ROLE, FAILURE/QUALITY OUTCOMES
11-09-2025 14:15 - 15:45

ENHANCED RECOVERY AFTER SURGERY REDUCES COMPLICATIONS AND LENGTH OF STAY IN BARIATRIC SURGERY: A MIDDLE EASTERN STUDY

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Background: Enhanced Recovery After Surgery (ERAS) protocols have demonstrated benefits across various surgical specialties in Western countries. However, their impact on bariatric surgery outcomes in the Middle East remains understudied despite the region's high obesity rates and increasing bariatric procedures. Most available regional studies have utilized older fast-track protocols or local adaptations rather than standardized ERAS Society guidelines.

Objectives: To evaluate the effects of implementing an ERAS protocol on postoperative complications and length of stay (LOS) in patients undergoing primary bariatric surgery in a Middle Eastern population.

Methods: This retrospective study analyzed patients undergoing sleeve gastrectomy (LSG) or Roux-en-Y gastric bypass (RYGB) between January 2019 and December 2023 at a tertiary healthcare center in the United Arab Emirates. Patients were divided into pre-ERAS (January 2019-September 2021) and post-ERAS (October 2021-December 2023) groups, with 913 and 889 patients respectively. The ERAS protocol followed updated Society guidelines. Mann-Whitney U and Fisher's Exact tests were used to evaluate differences in LOS and rates of serious complications.

Results: Baseline characteristics showed minor differences between groups in BMI (pre-ERAS: 42.38±6.6 kg/m² vs post-ERAS: 42.75±6.2 kg/m², p=0.02) and gender distribution (59.1% vs 65.9% female, p<0.01). After ERAS implementation, mean operative time decreased from 116.5 to 96.4 minutes (p<0.001). Overall mean LOS decreased significantly from 42.7 to 33.4 hours (p<0.001), representing a 21.9% reduction, consistent across both LSG (24.9% decrease) and RYGB (15.7% decrease) procedures. The rate of serious complications within 30 days decreased from 5.3% to 2.5% (OR 0.46, 95% CI 0.28-0.75, p<0.001), with greater reduction in RYGB patients (8.4% to 3.8%, p=0.02) compared to LSG patients (3.8% to 1.9%, p=0.33). Specific reductions were observed in superficial incisional surgical site infections (1.0% vs 0.1%, p=0.02) and emergency department visits (4.8% vs 0%, p<0.001).

Table 1. Patient Demographics and Perioperative Outcomes

Parameter	Post ERAS (N=889)	Pre ERAS (N=913)	P value
Demographics			
Age (years), mean + SD	34.31 + 11.32	35.02 + 11.20	0.165
Female, N (%)	585 (65.80)	540 (59.15)	0.004
BMI (kg/m²), mean ± SD	42.38 ± 6.65	42.75 ± 6.25	0.029
ASA Classification, mean ± SD	0.99 ± 0.20	1.21 ± 0.43	<0.001
Albumin (g/L)	42.48 ± 2.73	30.16 ± 18.10	<0.001
Comorbidities			
Hypertension Requiring Medication, N (%)	127 (14.29)	179 (19.61)	0.003
Diabetes Mellitus, N (%)			
- None or diet-controlled	706 (79.41)	712 (77.98)	<0.001
- Non-insulin dependent	142 (15.97)	172 (18.84)	<0.001
- Insulin-dependent	41 (4.61)	29 (3.18)	<0.001
Hyperlipidemia Requiring Medication, N (%)	126 (14.17)	167 (18.29)	0.018
Current Smoker within 1 Year, N (%)	74 (8.32)	108 (11.83)	0.015
Obstructive Sleep Apnea, N (%)	179 (20.13)	211 (23.11)	0.137
Operative Details			
Duration of Surgery (min), mean ± SD	96.36 ± 45.56	116.54 ± 51.05	<0.001
Primary Procedure Type, N (%)			
- Sleeve Gastrectomy	633 (71.20)	541 (59.26)	<0.001
- Gastric Bypass	230 (25.87)	296 (32.42)	<0.001
- Other	26 (2.93)	76 (8.32)	<0.001
Length of Stay (days), mean ± SD	1.93 ± 1.50	2.35 ± 1.41	<0.001
Converted to Another Approach, N (%)	13 (1.46)	21 (2.30)	0.226
Stapler Used/Anastomosis Completed	881 (99.10)	629 (68.89)	<0.001
Transfusion Intraop/< 72 hours Postop	10 (1.12)	18 (1.97)	0.183

Abbreviations: ERAS = Enhanced Recovery After Surgery; SD = Standard Deviation; BMI = Body Mass Index; ASA = American Society of Anesthesiologists; N = Number; min = Minutes; Intraop = Intraoperative; Postop = Postoperative

Table 2. Postoperative Complications and Readmissions

Complication	Post ERAS (N=889)	Pre ERAS (N=913)	P value
Surgical Complications			
Superficial Incisional SSI, N (%)	1 (0.11)	9 (0.99)	0.021
Organ/Space SSI, N (%)	3 (0.34)	4 (0.44)	1.000
Anastomotic/Staple Line Leak, N (%)	1 (0.11)	2 (0.22)	0.576
Gastrointestinal Tract Bleeding, N (%)	13 (1.46)	13 (1.42)	0.428
Bowel Obstruction, N (%)	3 (0.34)	0	0.269
Medical Complications			
Pneumonia, N (%)	2 (0.22)	1 (0.11)	1.000
Unplanned ICU Admission, N (%)	4 (0.45)	12 (1.31)	0.076
Postop Ventilator use >48 hours, N (%)	1 (0.11)	0	0.493
Postop Pulmonary Embolism, N (%)	0	2 (0.22)	0.500
Urinary Tract Infection, N (%)	1 (0.11)	2 (0.22)	1.000
Unplanned Intubation, N (%)	1 (0.11)	0	1.000
Acute Renal Failure, N (%)	0	1 (0.11)	<0.001
Postop Sepsis, N (%)	0	2 (0.22)	0.491
Postop Venous Thrombosis requiring Therapy, N (%)	1 (0.11)	1 (0.11)	1.000
Interventions and Readmissions			
Therapeutic Endoscopy (any type), N (%)	0	3 (0.33)	<0.001
30-Day Readmission, N (%)	26 (2.92)	35 (3.83)	0.300
Interventions within 30 Days, N (%)	5 (0.56)	18 (1.97)	0.010
Emergency Department Visits, N (%)	0	44 (4.82)	<0.001
IV treatment as Outpatient, N (%)	7 (0.79)	2 (0.22)	0.318
Treatment for Dehydration as Outpatient, N (%)	0	6 (0.65)	0.053
Reoperations (all types), N (%)	0	16 (1.75)	<0.001

Abbreviations: ERAS = Enhanced Recovery After Surgery; N = Number; SSI = Surgical Site Infection; ICU = Intensive Care Unit; Postop = Postoperative; IV = Intravenous

Conclusions: Implementation of ERAS protocol significantly reduced serious postoperative complications and length of stay in a Middle Eastern bariatric surgery population. These findings support the adoption of standardized ERAS protocols in bariatric centers to enhance patient outcomes across the region.

Disclosure: No significant relationships.

FP156 / Abs. ID 515

Topic: *AS09. Endoscopic bariatric procedures*

FREE PAPERS 11: ENDOSCOPIC MBS/BLEEDING
11-09-2025 16:15 - 17:45

PROXIMAL INTESTINAL MUCOSAL ABLATION (PIMA) IS A NOVEL ENDOSCOPIC PROCEDURE FOR THE TREATMENT OF TYPE 2 DIABETES

Benjamin Norton[1], Andrea Telese[1], Pablo Marin Perez[2], Pablo Becerra Hoebel[2], Paulina Vignolo[2], Leonardo Rodriguez Grunert[2], Roberto Simons-Linares[3], Nicolas Shaheen[4], Rehan Haidry[1]
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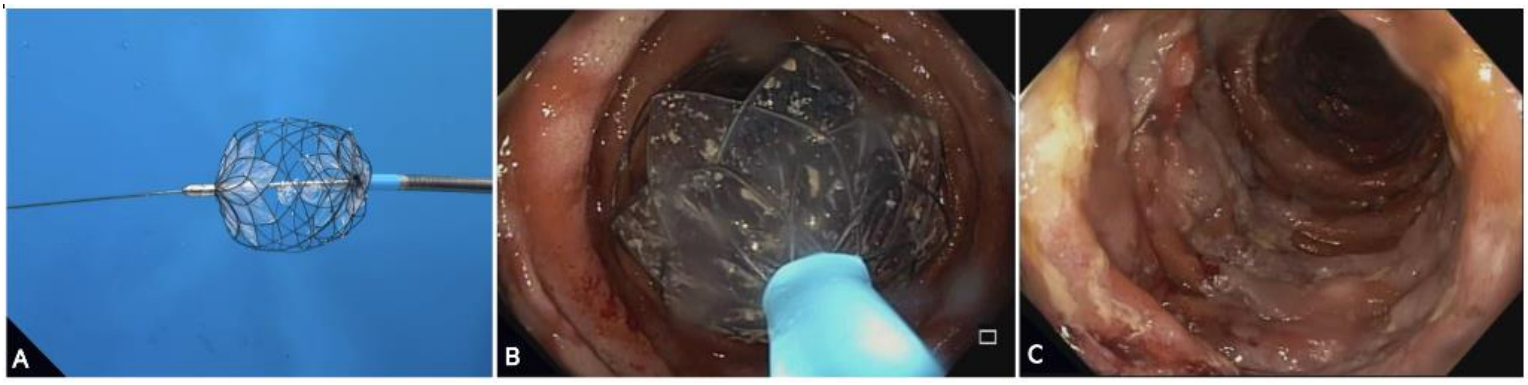
Background: Proximal Intestinal Mucosal Ablation (PIMA) is a novel endoscopic procedure for type 2 diabetes (T2D) that utilises Radiofrequency Vapor Ablation (RFVA) to ablate up to 70 cm of the post-ampullary intestines. PIMA aims to replicate the metabolic benefits of gastric bypass surgery.

Objectives: This study evaluated the feasibility, safety, tolerability, and efficacy of PIMA as a treatment for T2D.

Methods: A series of prospective, first-in-human, single-centre studies enrolled patients with: 1. Inadequately controlled T2D (HbA1c: 7.5-10.0%) despite ≥1 glucose-lowering agent (NCT05887635). 2. Insulin-requiring T2D (IR-T2D) on stable long-acting insulin for ≥3 months (HbA1c ≤8%) (NCT06655740). 3. An inadequate response to previous duodenal ablation after 6-months (NCT06724822). PIMA was performed using a second-generation mesh-tip RFVA catheter via an adult colonoscope (Olympus HQ190L) at 250-275J with a double application (2X; figure 1). Patients followed a modified diet for 14 days, then resumed a standard T2D diet. Primary outcomes included safety (serious adverse events [SAEs]), tolerability (visual analogue score [VAS] for pain), feasibility (catheter time/ablation length), and efficacy (HbA1c reduction and/or insulin elimination).



Results: To date, 25 patients (median age 52 [IQR 13], 52% female) have undergone PIMA with 100% technical success. The mean catheter time was 54 minutes (SD 17), with an average ablation length of 53.9 cm (SD 12.1) and 43.2 ablations per procedure (SD 9.4). All patients were discharged the following day with no SAEs. The highest reported mean VAS score was 2.8/10 (SD 3.4) on day 1. In treatment naïve patients (NCT05887635), HbA1c change at 1- and 3-months was -0.98% (SD 0.7, n=8) and -1.6% (SD 0.93, n=7). In patients undergoing retreatment (NCT06724822), HbA1c change at 1-

and 3-months was -1% (SD 0.63, n=4) and -1.25% (SD 0.2, n=2). In insulin-requiring T2D (NCT06655740), at a median follow-up of 77 days (IQR 7-77), all patients remained off insulin, with an average glucose level of 125 mg/dL (SD 20.8), and without need for concomitant glucagon-like peptide-1 receptor agonist (GLP-1RA).

Conclusions: PIMA is a safe, feasible, and well-tolerated endoscopic treatment for T2D, demonstrating excellent early efficacy. It enables the complete elimination of exogenous insulin without GLP-1RA use, and retreatment is feasible for inadequate responders.

Disclosure: BN, PM, PBH, PV, LRG, RSL, NS, RH all disclosure receipt of research funding from Aqua Medical Inc. to support research activities. AT has no conflicts of interest to declare.

FP157 / Abs. ID 587

Topic: *AS09. Endoscopic bariatric procedures*

FREE PAPERS 11: ENDOSCOPIC MBS/BLEEDING
11-09-2025 16:15 - 17:45

ENDOSCOPIC SLEEVE GASTROPLASTY VERSUS SEMAGLUTIDE FOR OBESITY MANAGEMENT: WEIGHT LOSS OUTCOMES, SAFETY, AND COST-EFFECTIVENESS COMPARISON

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Background: Obesity remains a global health challenge, associated with increased morbidity and healthcare costs. Minimally invasive treatments, such as Endoscopic Sleeve Gastroplasty (ESG) and pharmacological therapy with Semaglutide, offer significant weight reduction benefits without requiring conventional bariatric-metabolic surgery. Comparing their long-term efficacy, safety, and cost-effectiveness is essential for clinical decision-making.

Objectives: Systematically compare ESG and Semaglutide regarding weight reduction efficacy, safety profiles, sustainability of outcomes, metabolic improvements, and cost-effectiveness over 1-year and 5-year treatment horizons.

Methods: It was conducted a structured review of randomized controlled trials (RCTs), observational cohort studies, and cost-effectiveness analyses published up to December 2024. It was searched PubMed/MEDLINE, Embase, and Cochrane Library using terms related to “Semaglutide,” “Endoscopic Sleeve Gastroplasty,” and “obesity.” Key outcomes assessed included total body weight loss (%TBWL), excess weight loss (%EWL), metabolic improvements, adverse events, and direct healthcare costs at 1 and 5 years.

Results: Semaglutide (2.4 mg weekly) and ESG demonstrated comparable weight reduction at 1 year, achieving approximately 14.9% and 13.6% total body weight loss, respectively. Both approaches significantly improved metabolic parameters, particularly glycemic control, blood pressure, and lipid profiles. ESG maintained stable long-term effects, with approximately 16-18% total weight loss sustained at 2-5 years. In contrast, Semaglutide required continuous use to maintain results, with substantial recurrent weight gain upon discontinuation. Safety profiles differed: Semaglutide was associated with mild to moderate gastrointestinal adverse events (nausea ~40%), with low treatment discontinuation rates (4.5%). ESG had a 2% rate of serious adverse events, including rare cases of gastrointestinal bleeding and perforation, but no mortality was reported. Cost-effectiveness analysis indicated that ESG becomes economically dominant after 2 years, offering cost savings of approximately $33,583 per patient at 5 years compared to continuous Semaglutide treatment.

Conclusions: Both ESG and Semaglutide provide clinically relevant weight reduction and metabolic improvements for obesity management. ESG demonstrated superior long-term weight maintenance, better cost-effectiveness, and a favorable safety profile, whereas Semaglutide offers a non-invasive alternative that requires ongoing use. Personalized treatment decisions should consider patient preferences, clinical criteria, and economic factors.

Disclosure: No significant relationships.

FP158 / Abs. ID 458

Topic: *AS09. Endoscopic bariatric procedures*

FREE PAPERS 11: ENDOSCOPIC MBS/BLEEDING
11-09-2025 16:15 - 17:45

SUSTAINABLE WEIGHT LOSS IN PATIENTS FROM LATIN AMERICA: LEAN BODY MASS PRESERVATION WITH THE SWALLOWABLE GASTRIC BALLOON

Bill Nadeau, Ram Chuttani
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Background: Maintaining lean body mass while losing weight is essential for optimal health and to minimize the chances of regaining weight. Numerous weight loss therapies, including intragastric balloons and GLP-1 medications, have shown efficacy in inducing weight loss, but there is a growing interest in understanding their impact on body composition.

Objectives: This research analyzed changes in weight and body composition in patients from Latin America during the Swallowable Gastric Balloon Program (SGBP) (Allurion Technologies, Natick, MA), evaluating its unique benefits in achieving sustainable and healthy weight loss.

Methods: An analysis was conducted on quantitative data from the SGBP digital platform, covering patients treated in Latin America between 2020 and 2024. The mobile app offered remote monitoring support and guidance for maintaining lean body mass. An at-home scale using bioelectrical impedance analysis measured weight and various body composition parameters, including weight loss (WL), total body weight loss (TBWL), fat mass (FM), visceral fat index (VFI), muscle mass (MM), and lean body mass (LBM).

Results: The analysis included 5649 patients who followed the SGBP for at least 4 months. Mean age was 40.3±10.1 years, 72.0% were female, and mean starting BMI was 33.6±5.2kg/m^2. After 4 months, average WL was 11.7±6.0kg and TBWL was 12.6±5.7%. Initial FM, VFI, MM, and LBM were 31.9±10.3kg, 13.5±3.4, 54.1±9.9kg, and 60.3±11.1kg, respectively. Participants reduced FM, VFI, MM, and LBM by 12.2%, 12.1%, 6.8%, and 7.3%, respectively ($p<0.0001$) at each time point compared to baseline. By month four, 31.3% of patients with excess VFI achieved a healthy level (≤12).

Conclusions: This extensive study demonstrates that the Swallowable Gastric Balloon Program achieves a notable TBWL of 12.6% within four months, while effectively preserving lean body mass and predominantly reducing fat mass. These results underscore the contribution of this approach to sustainable weight reduction and improved overall health. The findings emphasize the importance of prioritizing lean body mass preservation in weight management strategies to achieve a more beneficial and enduring impact.

Disclosure: Both authors are employees of Allurion Technologies

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FP159 / Abs. ID 838

Topic: *AS09. Endoscopic bariatric procedures*

FREE PAPERS 11: ENDOSCOPIC MBS/BLEEDING
11-09-2025 16:15 - 17:45

DEVELOPMENT OF AN OPTIMAL PATHWAY FOR ENDOSCOPIC SLEEVE GASTROPLASTY IMPLEMENTATION IN THE NHS: A MODIFIED NOMINAL GROUP TECHNIQUE STUDY

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Background: The United Kingdom faces a significant obesity crisis, but multiple management options are now available. Endoscopic Sleeve Gastroplasty (ESG) has emerged as a NICE-approved, minimally invasive bariatric procedure and a realistic option for selected patients. Standardised guidance for the UK's National Healthcare System (NHS) has been identified as a key facilitator of implementation.

Objectives: This initiative aimed to design a comprehensive pathway for ESG implementation within the NHS using a diverse stakeholder approach.

Methods: A modified nominal group technique (NGT) was employed, bringing together a diverse group of HCPs involved in obesity management from both primary and secondary care, commissioner representatives and patient groups in an iterative consensus-building process. The NGT methodology allowed for structured discussion, prioritisation of key elements, and sequential refinement of the pathway through multiple rounds of expert input and feedback. The implementation framework was structured into three distinct phases: Referral, Procedure, and Follow-up.

Results: The panel reached alignment on healthcare professional requirements, resource allocation, and identified key considerations for successful ESG implementation. Critical elements included primary care engagement, dietetic support, psychological assessment, and anaesthetic involvement alongside the procedural aspects of training and mentoring, patient selection and technical factors. Notably, no areas of significant disagreement were identified throughout the collaborative process, enabling the development of a comprehensive framework for ESG delivery.

Conclusions: This framework provides practical proposals to facilitate ESG implementation across NHS centres, supporting multidisciplinary care delivery while acknowledging operational feasibility within existing NHS resource constraints.

Disclosure: Boston Scientific have provided funding for this initative.

FP160 / Abs. ID 79

Topic: *AS09. Endoscopic bariatric procedures*

FREE PAPERS 11: ENDOSCOPIC MBS/BLEEDING
11-09-2025 16:15 - 17:45

AN INNOVATIVE APPROACH TO IMPROVING SAFETY VS EFFICACY OF ENDOSCOPIC DUODENAL JEJUNAL BYPASS LINER (DJBL) TREATMENT FOR TYPE 2 DIABETES AND OBESITY

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Background: Duodenal jejunal bypass liner (DJBL) is a 60cm impermeable sleeve endoscopically implanted into the first part of the small intestine such that food passes through it and is kept separate from the small intestinal mucosa. It is removed endoscopically after about 1-year. This form of reversible endo-bariatric procedure has been shown to reduce weight and improve glycaemic control in patients with type 2 diabetes and obesity.

Objectives: As many of the serious adverse events (SAE) associated with DJBL occur during the last 3-months of treatment, we aimed to assess whether reducing the period of implantation to 9-months would reduce SAE.

Methods: During 2017, an independent, secure, online, worldwide registry was established under the auspices of the Association of British Clinical Diabetologists (ABCD) for the collection of DJBL safety and efficacy data. We compared HbA1c and weight at 9- vs 12-month implantation.

Results: As of March 2025, 1298 patients from 37 centres in 12 countries (Australia, Austria, Brazil, Chile, Czech Republic, England, Germany, Israel, Netherlands, Scotland, Slovenia and Spain) had data in the registry. Of these 258 had both 9- and 12-month data. They were living with obesity (BMI 39.6±6.9 kg/m^2), age 49.5±13.3 years and 46.5% male. DJBL had significant impact on weight and HbA1c (Table 1). However, during DJBL treatment, there was no difference between the mean±SD reduction in HbA1c at 9-months (1.5±1.7%) vs 12-months (1.5±1.7%) (p=0.571). There was little difference between the mean±SD weight loss at 9-months (12.2±8.1kg) vs 12-months (13.1±8.6kg) (p=0.005).

Table 1. Impact of DJBL (also known as EndoBarrier or RESET®) on weight and HbA1c. The higher the initial HbA1c, the greater the reduction. There was little difference between the reduction in weight or HbA1c at 9-months compared to 12-months. Data from 258 patients from 19 centres in 9 countries (Australia, Brazil, England, Germany, Israel, Netherlands, Scotland, Slovenia and Spain). Data from the International DJBL Registry.

Parameter	n	Baseline	9-months	12-months	Difference 9-months vs baseline	Difference 12-months vs baseline	P-value baseline vs 9-months	P-value baseline vs 12-months	P-value difference 9- vs 12-months
Weight (kg)	228	113.8±22.5	101.6±22.0	100.7±23.0	-12.2±8.1	-13.1±8.6	<0.001	<0.001	0.005
All HbA1c (%)	197	8.8±2.0	7.3±1.4	7.3±1.3	-1.5±1.7	-1.5±1.7	<0.001	<0.001	0.571
HbA1c ≥ 7%	170	9.3±1.8	7.5±1.3	7.5±1.2	-1.7±1.7	-1.7±1.8	<0.001	<0.001	0.639
HbA1c ≥ 8%	132	9.8±1.7	7.7±1.4	7.7±1.3	-2.0±1.8	-2.1±1.8	<0.001	<0.001	0.447
HbA1c ≥ 9%	82	10.6±1.7	7.9±1.6	7.8±1.5	-2.6±2.0	-2.8±1.9	<0.001	<0.001	0.203
HbA1c ≥ 10%	48	11.4±1.7	8.4±1.8	8.1±1.5	-3.1±2.3	-3.3±2.0	<0.001	<0.001	0.091
HbA1c ≥ 11%	26	12.4±1.9	8.6±2.0	8.5±1.8	-3.8±2.7	-3.8±2.5	<0.001	<0.001	0.857

Association of British Clinical Diabetologists

The higher the baseline HbA1c, the greater reduction, but no significant difference between 9- and 12-months (Table 1). In the full registry, 60/1298 (4.6%) experienced serious adverse events (SAE)(Table 2). 22/60 (36.7%) SAE would have been avoided by removal at 9-months (12 liver abscess, 8 GI bleed, one cholecystitis). It was particularly noteworthy that 12/18 (66.6%) liver abscess SAE would have been avoided by removal of DJBL at 9-months.

Table 2. In the full registry, 60/1298 (4.6%) experienced serious adverse events (SAE). All patients with SAE made a full recovery, and most experienced benefits despite the SAE. 22/60 (36.7%) SAE would have been avoided by removal at 9-months (12 liver abscess, 8 GI bleed, one cholecystitis). It was particularly noteworthy that 12/18 (66.6%) liver abscess SAEs would have been avoided by removal of the DJBL at 9-months and the overall SAE would have been reduced to 2.9%. (GI = gastrointestinal)

Serious Adverse Event	All	Before 9-months	After 9-months
Early removal because of GI bleed (removal: by endoscopy = 30/31; by laparoscopy = 1/31)	31	26	5
Liver abscess (early removal = 12/15; found at time of routine explant = 3/15)	15	6	9
Early removal because of pancreatitis or cholecystitis	4	3	1
GI bleed after prolonged implant (1/3 = 18 months; 2/3 = 13 months)	3	0	3
Liver abscess after prolonged implant (1/2 = nearly 2 years; 1/2 = 16 months)	3	0	3
Early removal because of liner obstruction - surgical removal required*	1	1	0
Abdominal abscess due to small perforation of bowel in relation to DJBL	1	1	0
Early removal - gastric perforation – surgical removal as part of successful Roux-en-Y procedure	1	1	0
Surgical removal required as liner was displaced	1	0	1
Total	60	38	22

*Extraction hood came off during removal and EndoBarrier became stuck in the oesophagus requiring removal through a small incision in the side of the neck

Association of British Clinical Diabetologists

Conclusions: This data from the international DJBL registry suggests that most of the considerable benefits of DJBL on HbA1c and weight are achieved in 9-months and reducing the recommended treatment period from 12- to 9-months would reduce SAE, especially liver abscess SAE.

Disclosure: I have received speaker fees, consultancy fees and educational sponsorships from Morphic Medical

FP161 / Abs. ID 252

Topic: *AS09. Endoscopic bariatric procedures*

FREE PAPERS 11: ENDOSCOPIC MBS/BLEEDING
11-09-2025 16:15 - 17:45

EFFICACY AND SAFETY OF METABOLIC BARIATRIC SURGERY IN CIRRHOTIC PATIENTS VERSUS NON-CIRRHOTIC PATIENTS: A SYSTEMATIC REVIEW AND A META-ANALYSIS

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Background: The global incidence of obesity has been steadily rising, leading to a surge in obesity-related complications. Among these, metabolic dysfunction-associated steatotic liver disease (MASLD) has emerged as the leading cause of liver cirrhosis, surpassing viral and alcohol-related etiologies in developed countries. Consequently, an increasing number of cirrhotic patients require effective weight loss interventions, including metabolic bariatric surgery (MBS). However, previous studies have suggested a higher mortality risk in cirrhotic patients undergoing BS, raising concerns about the safety and outcomes of this procedure in this specific population.

Objectives: Evaluate the efficacy and safety of BS in cirrhotic patients compared to BS without cirrhosis.

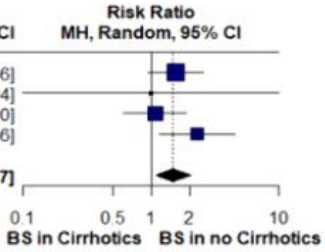
Methods: We systematically searched PubMed, Embase, and Cochrane without temporal restrictions, in January 2025 for randomized controlled trials and observational studies that compared BS with liver cirrhosis compared to patients without cirrhosis. We analyzed the following outcomes: (1) mortality; (2) early postoperative complications; (3) % total weight loss (TWL%); (4) length of stay in days. Statistical analyses were performed using R software.

Results: We included 8 observational studies, encompassing 2.915.304 patients, of whom 0.6% were cirrhotic patients who had undergone BS. Overall mortality (RR 2.77; 95% CI 0.26 -29·86; p = 0.402; I2=99.4%) and early postoperative complications (RR 1.50; 95% CI 1.08 -2.07; p = 0.014; I2=0%) were higher in cirrhotic patients. Length of stay was also 0.5 days higher in cirrhotic patients (MD 0.5; 95% CI 0.07 - 0.94; p = 0.02; I2=83.6%) and TWL% was similar (MD -1.81%; 95% CI -3.82-0.19; p = 0.08; I2=0%) between groups. The absolute mortality risk reduction (RAR) and absolute complication risk reduction (RAR) were 1.18% and 0.0268%. Although statistically significant, the absolute effect size is small and not clinically relevant for cirrhotic patients with a mean MELD score of 7.18.

Early postoperative complications

Study	BS in Cirrhotics Events	Total	BS in no Cirrhotics Events	Total	Weight	RR	95% CI
Lee et al 2021	39	957	25	957	43.0%	1.56	[0.95; 2.56]
Rebibo et al 2014	1	13	2	26	2.0%	1.00	[0.10; 10.04]
Vuppalanchi et al 2022	14	106	39	318	32.4%	1.08	[0.61; 1.90]
Younnus et al 2019	10	26	14	84	22.6%	2.31	[1.17; 4.56]
Total (95% CI)	**64**	**1102**	**80**	**1385**	**100.0%**	**1.50**	**[1.08; 2.07]**

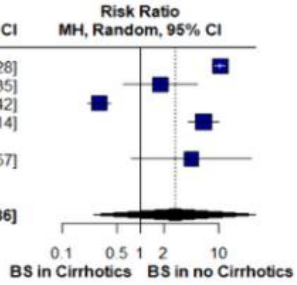
Heterogeneity: $Tau^2 = 0$; $Chi^2 = 3.00$, df = 3 (P = 0.3917); $I^2 = 0.0\%$
Test for overall effect: Z = 2.44 (P = 0.014)



Mortality

Study	BS in Cirrhotics Events	Total	BS in no Cirrhotics Events	Total	Weight	RR	95% CI
Are et al 2021	176	9802	2839	1670025	20.6%	10.56	[9.08; 12.28]
Lee et al 2021	9	957	5	957	19.8%	1.80	[0.61; 5.35]
Mosko et al 2011	35	3888	2013	67095	20.6%	0.30	[0.22; 0.42]
Mumtaz et al 2020	20	3086	553	554828	20.5%	6.50	[4.17; 10.14]
Rebibo et al 2014	0	13	0	26	0.0%		
Vuppalanchi et al 2022	3	106	2	318	18.5%	4.50	[0.76; 26.57]
Younnus et al 2019	0	26	0	84	0.0%		
Total (95% CI)	**243**	**17878**	**5412**	**2293333**	**100.0%**	**2.77**	**[0.26; 29.86]**

Heterogeneity: $Tau^2 = 7.1361$; $Chi^2 = 682.45$, df = 4 (P < 0.0001); $I^2 = 99.4\%$
Test for overall effect: Z = 0.84 (P = 0.402)



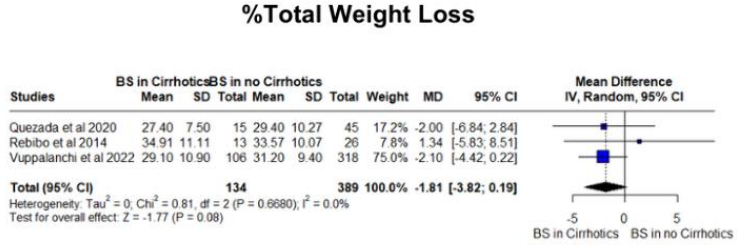


Table 1-Baseline carachteristics of included studies

Author, Year	Number of patients(Cirrohtics (C)/Non Cirrhotics(NC))	BMI kg/m2		Child Pug A/B/C	MELD score at last F/U	
		C	NC	C	C	NC
Are,2021	9802/1670025	-	-	-	-	-
Lee, 2021	957/957	-	-	-	-	-
Mosko,2011	3950/670959	-	-	-	-	-
Mumtaz, 2020	3189/554828	-	-	-	-	-
Quezada, 2020	16/48	39.3	39.1	16/0/0	7.38	-
Rebibo, 2014	13/26	46.7	46.60	13/0/0	7.18	-
Vuppalanchi,2022	106/318	47.8	47.7	102/4/0	-	-
Younnus, 2019	26/84	47.16	52.88	26/0/0	7	6

Conclusions: Cirrhotic patients with a MELD score of X have a statistically significant higher risk of complications and mortality compared to non-cirrhotic patients; however, the clinical relevance remains minimal. Length of stay was higher in cirrhotic patients with similar TWL%. The analyzed studies are retrospective, which may introduce confounders, and their findings cannot be generalized to all stages of cirrhosis, particularly more advanced cases.

Disclosure: No significant relationships.

FP162 / Abs. ID 627

Topic: *AS09. Endoscopic bariatric procedures*

FREE PAPERS 11: ENDOSCOPIC MBS/BLEEDING
11-09-2025 16:15 - 17:45

IMPACT OF ENDOSCOPIC SLEEVE GASTROPLASTY ON WEIGHT LOSS AT SIX MONTHS AND ONE YEAR

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Background: Obesity has become an epidemic and is associated with significant morbidity. Lifestyle modifications and pharmacological therapy have several limitations, the use of bariatric surgery is hampered by its invasive nature and patient perceptions. These limitations create treatment gaps that endoscopic bariatric therapies might address. Endoscopic sleeve gastroplasty (ESG) gained popularity and is growing around the world due to its safety and effectiveness as a treatment option for patients who do not fulfill eligibility criteria for established bariatric procedures.

Objectives: Demonstrate the effectiveness and safeness of ESG on weight loss, analyze technical data and the immediate postoperative complications.

Methods: Descriptive observational analytical study of a prospective database in a single center.

Results: From January 2023 to December 2024, 133 ESG were performed, of which 18 were revisional procedures and therefore excluded. We analyzed data from 52 patients with 6-month follow-up and 38 patients with 1-year follow-up. The mean age was 38.8 years and 86.2% were female. The mean initial weight was 81.8 ± 10.3 kg, and the BMI was 30.7 ± 3.01 kg/m². At 6 months, the mean weight loss was 11.52 ± 5.92 kg, the BMI was 26.47 ± 3.09 kg/m², and the %TWL was 13.8 ± 6.5%. At 1-year post-procedure, the mean weight loss was 11.9 ± 6.94 kg, the BMI was 25.9 ± 3.45 kg/m², and the %TWL was 14.6 ± 8%. The mean operative time was 46.2 ± 11 minutes, in 65% of cases, 3 suture lines were performed, with more than 10 bites in each. In the remaining 35%, a fourth suture line was added, with a mean of 7.8 bites. The hospital stay was 21.4 ± 5.8 hours. Regarding immediate postoperative complications, pain was mild in 18 patients (35.2%), moderate in 1 (1.9%), and severe in 1 (1.9%). Nausea was reported in 7.8% (4) and 2 patients (3.9%) experienced vomiting. Additionally, 3.9% presented gastroesophageal reflux symptoms. 100% were discharged without postoperative symptoms and no complications at month.

Conclusions: ESG is a safe procedure with a low rate of immediate complications and favorable weight loss outcomes.

Disclosure: No significant relationships.

FP163 / Abs. ID 846

Topic: *AS09. Endoscopic bariatric procedures*

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COMPARATIVE ANALYSIS OF WEIGHT LOSS OUTCOMES IN ESG COMBINED WITH GLP-1 AGONISTS VERSUS SLEEVE TO OAGB WITH 180–200 CM LIMB LENGTH

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Background: Endoscopic Sleeve Gastroplasty (ESG) with GLP-1 receptor agonists has emerged as a minimally invasive option for weight loss, while conversion from Sleeve Gastrectomy to OAGB provides enhanced weight reduction through hypoabsorption. Comparative real-world evidence remains scarce.

Objectives: To compare weight loss outcomes and safety between ESG + GLP-1 therapy and Sleeve to OAGB with a 180–200 cm biliopancreatic limb.

Methods: A prospective comparative study was conducted involving 12 patients undergoing ESG + GLP-1 (Group A) and 15 patients undergoing conversion from Sleeve to OAGB (Group B). The mean age was 38.2 ± 6.4 years (Group A) and 40.7 ± 7.2 years (Group B). Mean baseline BMI was 38.6 ± 2.8 kg/m² (Group A) and 42.1 ± 3.1 kg/m² (Group B). % Total Weight Loss (%TWL) and % Excess Weight Loss (%EWL) were recorded at 6 and 12 months.

Results: At 6 months, Group A achieved a mean %TWL of 13.2 ± 2.4% and %EWL of 36.8 ± 5.5%, while Group B showed %TWL of 24.6 ± 3.7% and %EWL of 61.5 ± 6.2%. At 12 months, Group A reached %TWL of 19.4 ± 3.2% and %EWL of 51.6 ± 6.8%, compared to Group B's %TWL of 32.8 ± 4.1% and %EWL of 78.2 ± 7.3% ($p < 0.001$). Nutritional deficiencies were minimal in Group A, while 60% of Group B required supplementation.

Conclusions: Sleeve to OAGB offers superior weight loss but carries a higher nutritional burden. ESG with GLP-1 is a safer alternative for non-surgical candidates.

Disclosure: No significant relationships.

FP164 / Abs. ID 147

Topic: *AS09. Endoscopic bariatric procedures*

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EFFICACY AND SAFETY OF METABOLIC BARIATRIC SURGERY IN LIVER CIRRHOSIS: A SYSTEMATIC REVIEW AND A SINGLE ARM META-ANALYSIS OF OBSERVATIONAL STUDIES

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Background: Mtabolic bariatric surgery (MBS) recognized as the most effective treatment for severe obesity, which also improves liver function. However, Cirrhosis is often considered a relative contraindication to elective extrahepatic surgery, and information concerning the risk-benefit profile of BS in subjects with liver cirrhosis is scarce.

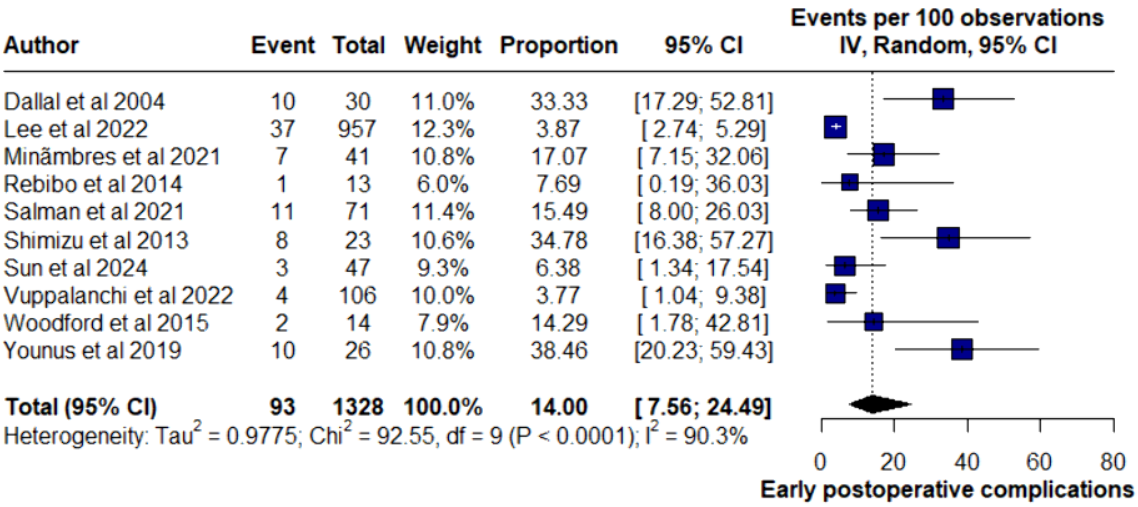
Objectives: Evaluate the efficacy and safety of BS in liver cirrhosis.

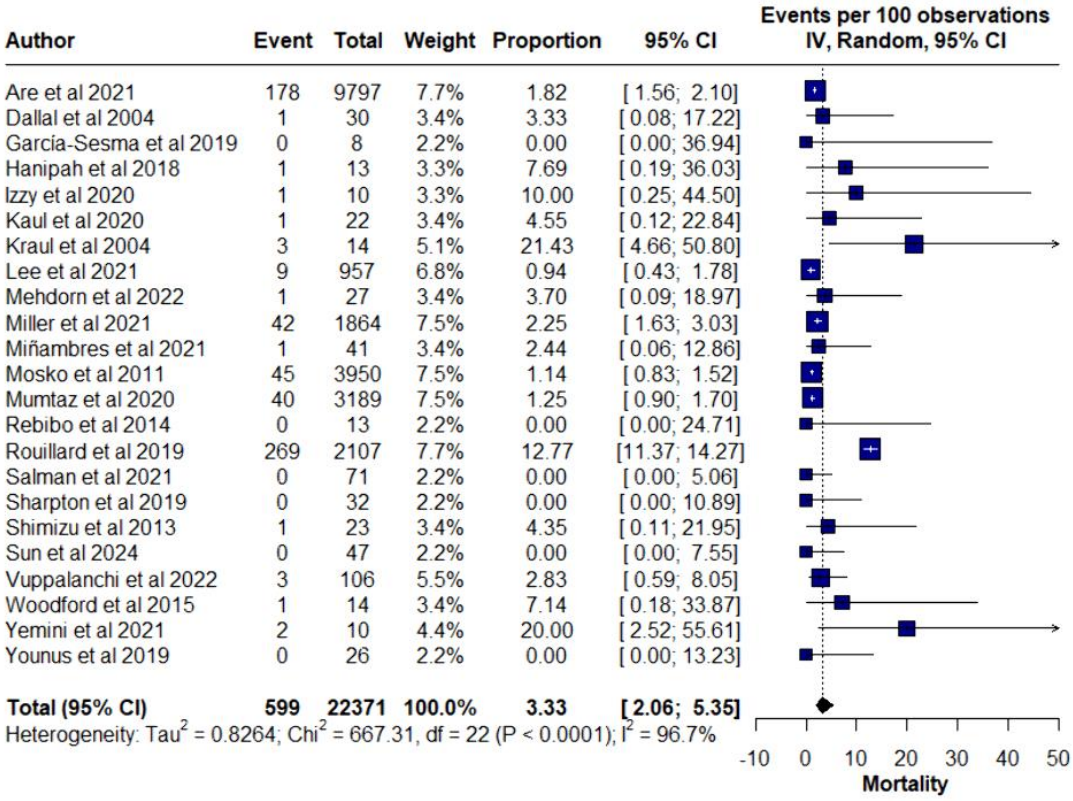
Methods: We systematically searched PubMed, Embase, and Cochrane without temporal restrictions, in January 2025 for studies with BS in patients with liver cirrhosis, and that reported the following outcomes: mortality; early postoperative complications; weight loss; BMI reduction after 1 year, excess of weight loss, Length of Stay. Statistical analyses were performed using R software.

Results: We included 26 observational studies, encompassing 22486 cirrhotic patients who had undergone BS. Mortality rate was 3.33% (95% CI [2.06; 5.35]; I^2 = 96.7%). Early postoperative complications were 14.0% (95% CI [7.56; 24.49]; I^2 = 90.3%). Cirrhotic patients had a significant weight loss after 1 year (MD -43.06 kg; 95% CI [-70.93; -15.19]; P < 0.0001; I^2 = 94.0%), BMI (MD -10.79 kg/m²; 95% CI [-14.45,-7.12]; P < 0.01; I^2 = 66.2%), excess weight loss in percentage - EWL% 62.81% (95% CI [52.56; 73.96]; I^2 = 78%) and total weight loss in percentage TWL% (26.43% 95% CI [23.89; 28.96]; I^2 = 69.3%). The length of stay was 3.77 days (95% CI [3.13; 4.42]; I^2 = 99.1%).

Author	Number of patients	Child-Pugh A/B/C	BMI
Dallal	30	30/0/0	52.6
Gárcia-Sesma	8	6/2/0	46.3
Hanipah	13	-	48.73
Izzy	10	10/0/0	40.37
Kaul	22	22/0/0	48.8
Kral	13	-	52.64
Lee	957	-	-
Mehdorn	27	27/0/0	52

Miller	1864	-	-
Miñambres	41	40/1/0	45
Mosko	3950	-	-
Mumtaz	3189	-	-
Rouillard	2017	-	-
Pestana	14	14/0/0	-
Quezada	16	16/0/0	39
Rebibo	13	13/0/0	46.72
Salman	71	71/0/0	44.1
Sharpton	32	15/17/0	45.39
Shimizu	23	22/1/0	48.2
Sun	47	46/1/0	41.12
Takata	6	4/2/0	49.33
Are	9802	-	-
Vuppalanchi	106	102/4/0	47.8
Woodford	14	-	38.9
Yemini	10	10/0/0	40.81
Younus	26	26/0/0	47.16





Conclusions: Mortality and complication rates are relatively low in cirrhotic patients who have undergone BS surgery.

Disclosure: No significant relationships.

FP165 / Abs. ID 419

Topic: *AS09. Endoscopic bariatric procedures*

FREE PAPERS 11: ENDOSCOPIC MBS/BLEEDING
11-09-2025 16:15 - 17:45

IMPORTANCE OF THE SYDNEY PROTOCOL IN BARIATRIC PATIENTS: ENDOSCOPIC AND HISTOLOGICAL FINDINGS IN A CHILEAN CENTER

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Background: Chile has a high prevalence of gastric cancer, making early detection of preneoplastic lesions essential. In patients undergoing gastric bypass, the excluded stomach is not accessible for future endoscopic evaluations, highlighting the importance of a thorough preoperative assessment. This study evaluates the usefulness of the Sydney protocol in preoperative upper endoscopy in bariatric patients.

Objectives: To describe endoscopic and histological findings in bariatric patients undergoing the Sydney protocol and analyze the concordance between both assessments.

Methods: A retrospective observational study was conducted at the Endoscopy Unit of Clínica Isamédica, Rancagua, over one year. A total of 212 bariatric patients undergoing preoperative upper endoscopy were included. Clinical and anthropometric data were recorded. Esophageal, gastric, and duodenal findings were documented, including esophagitis (Los Angeles classification), cardial incompetence (Hill classification), intestinal metaplasia, gastric atrophy, and neoplasia. Urease testing and systematic biopsies following the Sydney protocol were performed, assessing atrophy (OLGA), metaplasia (OLGIM), dysplasia, and neoplasia (Vienna classification). The concordance between endoscopic and histological findings was evaluated.

Results: Erosive esophagitis was observed in 30.2% of patients, cardial incompetence in 23.6%, and suspected Barrett's esophagus in 5.7%. Congestive gastric mucosa was identified in 50.5%, erosive mucosa in 33.5%, and polyps in 0.5%. The urease test was positive in 45.3% of patients, with histology confirming Helicobacter pylori in the same percentage. Atrophy was detected in 13.7% and intestinal metaplasia in 3.3% of cases. Concordance between endoscopic and histological findings was low for atrophy (Cohen's kappa index 0.04 [95% CI: -0.04 to 0.12]) and for metaplasia (Cohen's kappa index 0.16 [95% CI: -0.35 to 0.66]).

Conclusions: Endoscopic and histological findings in bariatric patients highlight the need for a standardized protocol. The prevalence of preneoplastic lesions and the inability to assess the excluded stomach post-bypass reinforce the importance of preoperative upper endoscopy following the Sydney protocol in this patient population.

Disclosure: No significant relationships.

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FP166 / Abs. ID 437

Topic: *AS09. Endoscopic bariatric procedures*

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11-09-2025 16:15 - 17:45

COST-EFFECTIVENESS OF ENDOSCOPIC SLEEVE GASTROPLASTY FOR WEIGHT-LOSS AMONG INDIVIDUALS WITH AND WITHOUT DIABETES

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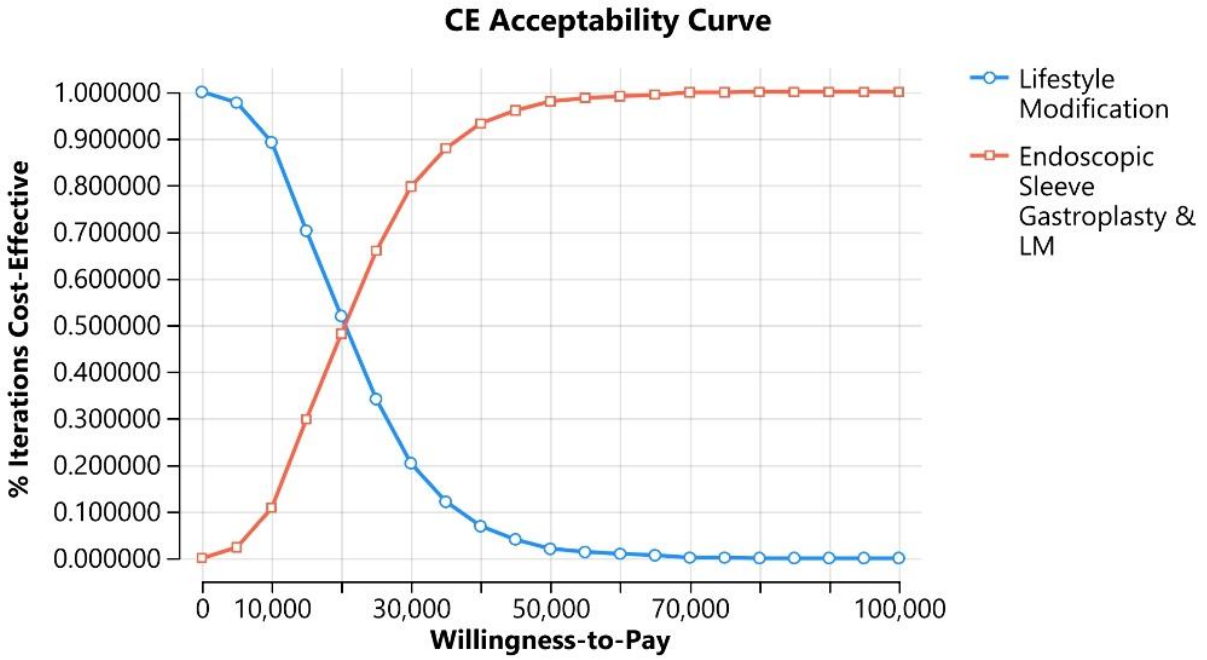
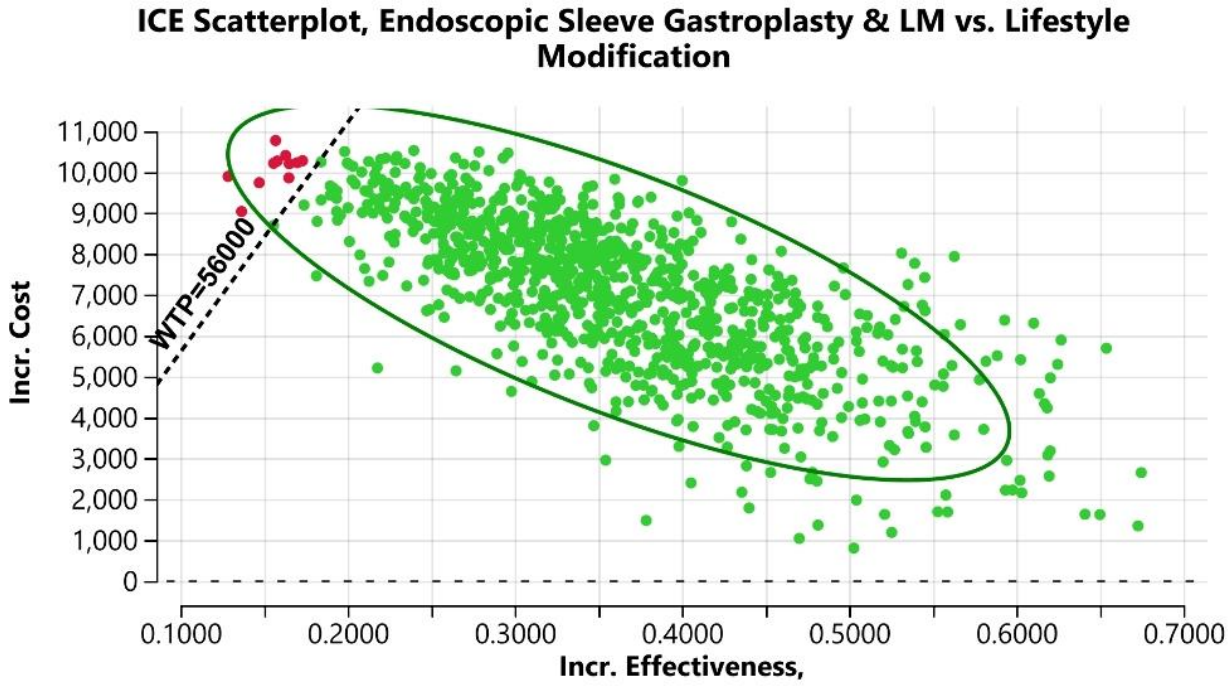
Background: Endoscopic sleeve gastroplasty (ESG) is a minimally invasive incisionless procedure for weight loss in patients with obesity. Although previous studies have demonstrated ESG's short- and medium-term metabolic and economic impacts, this study considers its sustained benefits on patients with different risks of obesity-related diseases.

Objectives: To assess the cost-effectiveness of ESG+ Lifestyle Management (LM) versus LM alone from the perspective of Singapore's healthcare system taking a lifetime perspective. We take a novel approach using a disease progression model to better understand the impact of weight loss on obesity-related diseases, quality of life, and healthcare costs.

Methods: We developed a Markov model to simulate the incidence of diabetes, myocardial infarction, and stroke for a representative cohort of patients with Body Mass Index (BMI) ≥ 27.5 kg/m^2. Disease risks were modeled as a function of age, gender, and key clinical risk factors, including BMI, glycated hemoglobin, blood pressure, and cholesterol levels. For each intervention arm, we simulated annual transitions between disease states and tracked associated lifetime healthcare costs and quality-adjusted life-years (QALYs). Costs and QALYs were discounted at an annual rate of 3%.

Results: In the base-case scenario, patients undergoing ESG + LM had a 50% lower lifetime hazard of diabetes and a 21% and 29% lower hazard of cardiovascular events and cardiovascular deaths, respectively, compared to those with LM alone. Considering procedure costs and cost offsets from improved health, the incremental cost of ESG was USD 6,810. Incremental effectiveness was 0.37 QALYs, resulting in a lifetime incremental cost-effectiveness ratio (ICER) of USD 18,270/QALY. The ICER for individuals with diabetes at the start of the simulation was USD 27,740/QALY and for individuals without diabetes was 14,360/QALY. Based on the willingness-to-pay threshold of USD 56,000/QALY, ESG is highly cost-effective over a lifetime, regardless of baseline diabetes status.





Conclusions: ESG + LM improves long-term health outcomes and is highly cost-effective, with an ICER well below the USD 56,000/QALY threshold. By focusing on long-term disease risk modelling, our study provides a complementary view to existing literature on the value of ESG across healthcare systems, and merits consideration for its subsidy in Singapore.

Disclosure: This study is funded by Boston Scientific Corporation.

FP167 / Abs. ID 225

Topic: *AS09. Endoscopic bariatric procedures*

FREE PAPERS 11: ENDOSCOPIC MBS/BLEEDING
11-09-2025 16:15 - 17:45

OUTPATIENT MANAGEMENT OF ENDOSCOPIC SLEEVE GASTROPLASTY

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Background: One of the most important advantages of the endoscopic sleeve gastroplasty (ESG) is the ability to have a shorter hospital stay, with a recovery of less than 6 hours after performing the procedure, giving the possibility of being able to send the patient home on an outpatient basis with a low risk of complications.

Objectives: The present study aims to explore the descriptive results of a cohort of patients who were discharged from the outpatient clinic ESG.

Methods: A retrospectively designed study was conducted on 306 patients who underwent ESG for the management of obesity at the Centro Medico del Noreste from July 2020 to November 2024. All patients underwent endoscopic suturing with OverStitch ™ system using the U technique with total stitches from the gastric antrum to 5 cm before the greater curvature, using 3 to 5 sutures per patient. A descriptive analysis was performed to evaluate the surgical time used by each patient and the length of hospital stay, as well as the number of stitches used per patient and postoperative symptoms.

Results: A total of 306 patients were included in whom an ESG was performed as a treatment for obesity. The average age was 36 years (±8.9), with an average weight of 101 kg (±21.3). Regarding nutritional status, 10.4% of the patients had been diagnosed with overweight, 31.3% with grade I obesity, 36.9% with grade II obesity, 18.9% with grade III obesity and 2.2% with severe obesity. Among the preoperative findings in the initial endoscopy, the following endoscopic findings were found: Esophagitis A des Angeles in 2 patients (0.6%) and gastric polyps in 4 patients (1.3%). The total time of surgery was 36 minutes (17-311), and the average hospital stay was 4.5 hours (4-10 hours). The number of stitches placed per patient was 30 stitches (20-40). In relation to the transoperative complications, 6 patients required adrenaline injection secondary to bleeding (1.9%), and there was one patient who presented mucosal hematoma.

Conclusions: Conclusion ESG can be managed on an outpatient basis as it is a minimally invasive procedure, where patients can be discharged in less than 6 hours, with few transoperative complications.

Disclosure: No significant relationships.

FP168 / Abs. ID 507

Topic: *AS09. Endoscopic bariatric procedures*

FREE PAPERS 11: ENDOSCOPIC MBS/BLEEDING
11-09-2025 16:15 - 17:45

ENDOSCOPIC MANAGEMENT OF LEAKS AFTER METABOLIC BARIATRIC SURGERY. THE ROLE OF SELF EXPANDING METAL STENTS

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Background: Leaks after metabolic bariatric surgery is one of the most feared complications. Its management is often complex and oftentimes requires multiple interventions with a high cost for the patients and the medical system. We present a double self-expanding metal stent technique for the management of leaks after gastric sleeve resection. This technique has been successfully used in over 20 patients with early home discharge and decreased hospital costs.

Objectives: To show the efficacy of self expanding metallic metal stents in the management of leaks after sleeve gastrectomy

Methods: A retrospective review from July 2014 to February 2025 was performed on all bariatric patients in our institution that required the placement of self-expanding metal stents for the management of gastric leaks after gastric sleeve resection for the management of severe obesity.

Results: A total of 21 patients were referred to our institution from outside facilities. All patients had a diagnostic laparoscopy with washout and drain placement at their institution of origin, NPO management with Total Parenteral Nutrition. Once they arrived, under general anesthesia, a diagnostic upper endoscopy was performed, and under fluoroscopic guidance, two self-expanding metal stents were placed, in order to create an esophago-duodenal bridge. One patient (4.7%), managed early on our series, failed endoscopic management and required conversion to esophago-jejunal bypass. 11 patients (52.38%) underwent a second endoscopy for stent replacement with successfully managed their leaks. 9 patients (42.8) required just one intervention. All stents were removed at 6 weeks with a healed leak, with the advantage of early hospital discharge and early oral intake, decreasing hospital costs.

Conclusions: The use of self-expanding metal stents for the management of a leak after sleeve gastrectomy is a good alternative using the two-stent technique, bridging the esophagus to the duodenum to decrease the distal pressure created by the pylorus. Its correct use allows an early use oral intake, decreases hospital stay, hence, decreasing total costs in the management of these complications.

Disclosure: No significant relationships.

FP169 / Abs. ID 945

Topic: *AS33. MBS and bleeding: prevention, role of energy devices,*

FREE PAPERS 11: ENDOSCOPIC MBS/BLEEDING
11-09-2025 16:15 - 17:45

COMPARISON OF THREE STAPLE- LINE REINFORCEMENT OF LAPAROSCOPIC SLEEVE GASTRECTOMY

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Background: Laparoscopic Sleeve Gastrectomy (LSG) is currently the most widely used procedure in bariatric surgery. LSG Staple-line complications such as leak, bleeding and hematomas remains at a high occurrence rate. Conflicting evidence has been observed with the use and the utility of staple-line reinforcement in LSG in order to avoid this complications

Objectives: The aim of this study is to compare the efficacy of three different stapler line reinforcement (SLR) to prevent intra and postoperative bleeding of stapler line suture in patients undergoing laparoscopic sleeve gastrectomy.

Methods: Retrospective cohort study with short-term follow-up (30 days). To determine the incidence of bleeding. 1987 consecutives LSG, age of 36.3 (25–42) years, a sex ratio (63.9 % F) , and a baseline BMI of 37 ± 1.4 kg/m2. Three categories of reinforcement . Group A (725 cases) titanium clips, Group B (485 cases) oversewing absorbable, Barbed V-Loc™ V-Loc™ PBT (Medtronic) ,and Group C (777) GORE® Seamguard® Bioabsorbable polymer membrane (APM).

Results: 47 Early complications, 16 cases of bleeding with a rate of 0.80 % .Group A 11 bleeding (1.5 %) Group B 5 bleedings (1.03%). Group C no bleeding. Reoperation in 7 cases (5 in clips group and 2 sutured group). 6 cases required blood transfusion (4 clips group and 2 in those with suture)

Conclusions: This study of stapler line reinforcement in LSG demonstrated an important lower rate of bleeding in APM compared to Titanium clips and oversewing .

Disclosure: No significant relationships.

FP170 / Abs. ID 122

Topic: *AS33. MBS and bleeding: prevention, role of energy devices,*

FREE PAPERS 11: ENDOSCOPIC MBS/BLEEDING
11-09-2025 16:15 - 17:45

RESULTS OF PROSPECTIVE CLINICAL TRIAL: EVALUATION OF THE AEON ENDOSCOPIC POWERED STAPLER HANDLE AND RELOAD IN PRIMARY SLEEVE GASTRECTOMY

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Background: Metabolic bariatric surgery is a leading intervention for obesity, with sleeve gastrectomy being the most common due to its low morbidity and mortality. However, staple line bleeding remains a concern. Advanced stapling technologies that enhance safety, ease of use, and hemostasis are crucial for improving outcomes. The AEON endoscopic stapler (Lexington Medical, MA, USA), introduced in 2018, has demonstrated safety and efficacy. In 2024, the manufacturer released the AEON Powered Stapling System (APSS). It is hypothesized that its intelligent firing speed adjustments could enhance consistency, reduce tissue trauma, improve hemostasis, and lower postoperative complications.

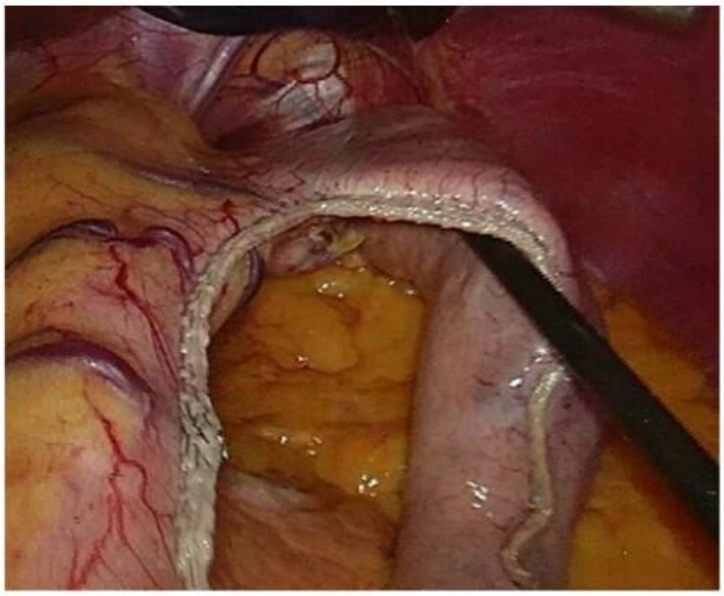
Objectives: To evaluate the clinical outcomes of primary sleeve gastrectomy using the AEON Powered Stapling System (APSS) and quantify intraoperative staple line bleeding.

Methods: A prospective, single-arm, single-center clinical trial (ClinicalTrials.gov ID NCT06474637) assessed postoperative staple line complications, including bleeding or leaks requiring transfusion or revision surgery. Hemostasis was evaluated using a visual analogue score (VAS, 1–5), grading bleeding at the staple line 10 seconds after resection. Safety endpoints included device-related adverse events and revision surgeries.

Results: The study began in 2024, with 45 consecutive patients completing a 3-week follow-up. No intraoperative complications occurred. One patient developed splenic infarction on postoperative day 2, resolving with conservative treatment. The mean VAS was 1.04 ± 0.208, indicating effective hemostasis. No postoperative leaks or transfusions were reported. Compared to the AEON manual handle, where VAS scores in sleeve gastrectomy were 2.1 and 1.5 in published studies, the lower scores observed in the APSS cohort support the hypothesis that its adaptive firing speed enhances staple formation and hemostasis. Larger, controlled studies are needed for further validation. Surgery Details Mean+/-SD Age (years) 38,24+/-7,69 Preoperative BMI(kg/m2) 35,93+/-3,8 Procedure time(min) 59,8+/-9,8 Reload qty/per procedure 5,91+/-0,63 (median 6, range 5-7) Outcomes Mean+/-SD Pain score post-op day1 (0-10 scale) 2,38+/-1,28 Postoperative leak 0 Blood transfusion 0 Hb (g/l) delta, post-op day1 12,84+/-6,44 Weight loss at 3week(kg) 8,49+/-2,15 VAS Bleeding Severity Results 1,04+/-0,21

Conclusions: The First-in-Man study of the AEON Powered Stapling System demonstrated its safety and effectiveness in sleeve gastrectomy. The stapler’s intelligent tissue thickness detection and automatic firing speed adjustment minimized tissue trauma, contributing to superior hemostasis and improved surgical outcomes.

Bleeding severity scale. 1: No bleeding at staple line; 2: Minimal bleeding at staple line; 3: Moderate bleeding at staple line; 4: Excessive bleeding at staple line; 5: Profuse bleeding at staple line.



Disclosure: I am principal investigator of the clinical trial sponsored by Lexington Medical.

FP171 / Abs. ID 1189

Topic: *AS39. MBS and reflux*

FREE VIDEOS 04: NOVEL TECHNIQUES/CANCER/REFLUX/ILEAL SURGERIES/LSG
11-09-2025 16:15 - 17:45

THE VERTICAL CHALLENGE: SURGICAL MANAGEMENT OF REFLUX AFTER VERTICAL BANDED GASTROPLASTY

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Background: The vertical banded gastroplasty (VBG), once a popular bariatric procedure, is now rarely performed due to poor long-term weight loss outcomes and high complication rates. Notably, postoperative gastroesophageal reflux disease (GERD) presents a complex surgical challenge in these patients due to altered anatomy, adhesions and variable weight outcomes.

Objectives: To illustrate surgical strategies for managing severe reflux in post-VBG patients and to contrast the results of two distinct operative approaches – VBG reversal and conversion to Roux-en-Y gastric bypass (RYGB).

Methods: This video presents two patients with history of VBG and debilitating GERD. The first underwent complete reversal of VBG, restoring native gastric continuity. The second was converted to RYGB. Surgical techniques, intra-operative decision-making and key anatomical considerations are highlighted in the video.

Results: Both patients experience GERD symptom resolution postoperatively, confirming the effectiveness of revisional strategies in symptom control. However, both individuals continue to struggle with obesity and may require additional metabolic and bariatric intervention to achieve durable obesity management outcomes.

Conclusions: Revisional surgery after VBG can successfully address reflux symptoms, but long-term weight management remains a separate challenge. A tailored surgical strategy, addressing the patient's anatomy, symptoms and goals, is critical. These cases underscore the importance of individualized approaches in complex revisional bariatric surgery.

Disclosure: travel funds from Intuitive, Medtronic and Gore

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FP172 / Abs. ID 333

Topic: *AS04. Novel metabolic bariatric procedures*

FREE VIDEOS 04: NOVEL TECHNIQUES/CANCER/REFLUX/ILEAL SURGERIES/LSG
11-09-2025 16:15 - 17:45

LAPAROSCOPIC GASTRIC BYPASS WITH FUNDECTOMY AND EXPLORABLE GASTRIC REMNANT SINE BEND

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Background: Functional laparoscopic Roux-en-Y gastric bypass with fundectomy and explorable gastric remnant according to Lesti-Zappa (LRYGBfse) is a variant of classic Roux-en-Y gastric bypass (RYGB) that allows the study of the excluded stomach and the bile duct in cases of digestive hemorrhages, cancer, common bile duct stones. The procedure involves the positioning of a e-PTFE band at the gastro-gastric outlet 7 cm below the cardia, to reduce the gastro-gastric outlet and facilitate the passage of the bolus through the gastro-entero-anastomosis. It has been demonstrated that, physiologically, normal gastric transit requires that the food bolus, once it reaches the esophago-cardial passage, progresses along the small curve to then distribute itself to the rest of the stomach: so, an anastomosis created on this "discharge point" becomes the preferential route of progression, without the need to create a reduction of the gastro-gastric outlet with the band. Furthermore the band is not free from risk of complications (bleeding, iatrogenic injury to abdominal organs, erosion and migration of the band).

Objectives: We are presenting the video of a 51 year old male with several related diseases (sleep apnea, heart failure, previous pulmonary embolism, choleltiasis) with a BMI of 58. He underwent the positioning of an intragastric ballon and after 6 months he underwent balloon removal and metabolic bariatric surgery with gallbladder removal when the BMI was 47.

Methods: By a 5 trocars technique (three 10 mm trocars and two 5 mm trocars) we perform a fundectomy, 7 cm from the His angle. Then we put a drain through the gastro-gastric outlet in order to perform in an easier way the gastro-jejunal anastomosis. A roux-en-y double loop 50 cm and 150 cm gastric bypass is performed. We don't leave any band on the gastro-gastric outlet as we performed in the original Lesti-Zappa procedure.

Results: Recovery was uneventful, postoperative x ray demonstrated that the transit is through the gastro-jejunal anastomosis. Patient has been discharged on 2nd post-operative day.

Conclusions: Preliminary weight loss is comparable to standard Lesti-Zappa procedure.

Disclosure: No significant relationships.

FP173 / Abs. ID 1123

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

FREE VIDEOS 04: NOVEL TECHNIQUES/CANCER/REFLUX/ILEAL SURGERIES/LSG
11-09-2025 16:15 - 17:45

STAPLING THE BOUGIE (SLEEVE GASTRECTOMY)

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Background: We present the case of a 45-year-old female patient with a BMI of 36.2 and associated comorbidities of high blood pressure and dyslipidemia, with a suboptimal clinical response to medical treatment (and poor tolerance to semaglutide). After preparation by an interdisciplinary bariatric and metabolic surgery team, it was decided to perform vertical sleeve gastrectomy. During the procedure, difficult gastric calibration with a 40fr tube was revealed due to an intragastric loop, which "apparently" resolved before performing suture shots. During gastric tube preparation, and after using three refills in the same site with apparent stapling failure, a calibration tube loop was discovered in the gastric fundus, with entrapment. The stomach must be opened and the tube cut to remove, recalibrate the stomach, and complete the gastric sleeve preparation. Two leak sites were manually sutured during a methylene blue test. Postoperative follow-up revealed signs of a chronic perisplenic gastric fistula. Upper gastrointestinal videoendoscopy was performed, with closure of the fistulous orifice with an endoclip. The patient's progress is good to date.

Objectives: The main objective of this video is to show the importance of experience when performing vertical sleeve gastrectomy and to keep in mind that stapling the calibration bougie is always possible. It is also to demonstrate the resolution in a situation like this.

Methods: VIDEO PRESENTATION

Results: VIDEO PRESENTATION

Conclusions: Vertical sleeve gastrectomy is one of the most widely used techniques in bariatric surgery worldwide. Although it may seem easy in skilled hands, it has some characteristics that deserve special attention to avoid complications. An important part of this technique is proper calibration with a bougie to avoid complications. This video shows the complication of bougie stapling and its resolution.

Disclosure: No significant relationships.

FP174 / Abs. ID 1219

Topic: *AS48. Ileal surgeries*

FREE VIDEOS 04: NOVEL TECHNIQUES/CANCER/REFLUX/ILEAL SURGERIES/LSG
11-09-2025 16:15 - 17:45

TIPS AND TRICKS FOR BARIATRIC BYPASS PROCEDURES

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Background:

Bypass procedures in Bariatric and Metabolic surgery are more complex than the globally popular Sleeve, requiring a higher degree of skill to ensure good quality and high safety of the various procedures, based either in gastric or duodenal area. Certain simple tricks can make this a very satisfying and safe procedure

Objectives: To share important tips and tricks to perform bypass surgery in a very scientific manner, especially for surgeons in the early phase of this journey

Methods: Simple steps shown for safe measurement of bowel lengths, marking the bowel after selection of the site of anastomosis, doing a safe and secure anastomosis confirmed by leak test, closure of mesenteric gaps and Petersen's space; basically replicating everything that would have been done in an open surgery

Results:

Measurements of the total small bowel prevents any unknown factors like a short common channel in bypass surgery, causing nutritional complications with poor quality of life; leak tests ensuring secure anastomosis allows very early oral intake after surgery; closure of all gaps prevents internal herniation; the right techniques avoid problems of twisting and obstruction in bypass surgery.

Conclusions: Training all new entrants in bypass procedures is an integral aspect in the progression of this field; good results and least complications enable such procedures to become more popular in society, dispelling people's fears, linked with MBS

Disclosure: No significant relationships.

FP175 / Abs. ID 155

Topic: *AS39. MBS and reflux*

FREE VIDEOS 04: NOVEL TECHNIQUES/CANCER/REFLUX/ILEAL SURGERIES/LSG
11-09-2025 16:15 - 17:45

DOUBLE BUBBLE IN THE CHEST: MORGAGNI HERNIA REPAIR AND SLEEVE HERNIATION CONVERTED TO RYGB

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Background: Sleeve conversion to Roux-en-Y Gastric Bypass is indicated for suboptimal clinical response or for reflux. Anatomical abnormalities of the sleeve can predispose to development of reflux, including sleeve herniation, angulation or stenosis.

Objectives: The aim of this video is to demonstrate a case of a patient, status post Sleeve gastrectomy, who presented with worsening GERD refractory to antacids who underwent a Robotic-assisted Sleeve herniation repair and conversion to Roux-en-Y Gastric Bypass and Morgagni hernia repair.

Methods: The preoperative CT scan of the chest and abdomen showed sleeve herniation in the chest and a right Morgagni hernia containing colon and omentum. So the patient was planned for a Robotic-assisted Sleeve conversion to Roux-en-Y Gastric Bypass and Morgagni Hernia repair.

Results: Diagnostic laparoscopy demonstrated the diaphragmatic defect and the hernia was reduced. The robot was docked, the hernia sac was excised, and the defect was repaired with a primary closure using non-absorbable sutures and secured with a dual sided mesh. The hiatus was exposed, and esophagus was dissected circumferentially into the mediastinum. The sleeve was herniated into the chest, so after careful dissection it was taken back into the abdomen. Closure of the hiatus was performed with interrupted non-absorbable sutures and conversion to Roux-en-Y Gastric Bypass was completed.

Conclusions: By postoperative day one, the patient was able to ambulate, tolerated liquid diet and progressed appropriately, so the patient was discharged on postoperative day one.

Disclosure: No significant relationships.

FP176 / Abs. ID 195

Topic: *AS04. Novel metabolic bariatric procedures*

FREE VIDEOS 04: NOVEL TECHNIQUES/CANCER/REFLUX/ILEAL SURGERIES/LSG
11-09-2025 16:15 - 17:45

"FUNDORINGOAGB" - MODIFIED OAGB WITH FUNDOPLICATION OF REMNANT PART OF THE STOMACH

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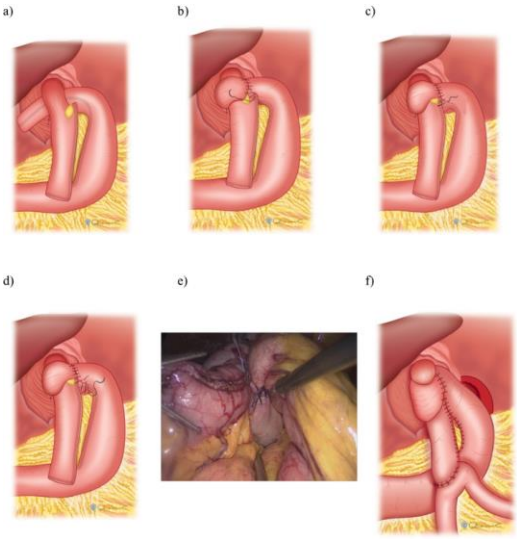
Background: FundoRingOAGB is a novel combined procedure in metabolic bariatric surgery that was published first time in 2017. This method include standart steps of one anastomosis gastric bypass (OAGB) and primary modified fundoplication using remnant part of the stomach.

Objectives: The objective of this procedure is to prevent and treat acid and biliary reflux esophagitis, a common complication following one-anastomosis gastric bypass, and to augment the restrictive aspect of this procedure to improve the bariatric effect.

Methods: This video demonstrate the execution of this surgical procedure, accompanied by a comprehensive explanation of its critical aspects.



Results: To date, over 600 FundoRing procedures have been carried out, with 2 randomized controlled trials demonstrating the superiority of FundoRing technique over standard OAGB in terms of bariatric outcomes and the prevention of reflux esophagitis.

Conclusions: FundoRingOAGB is a novel combined procedure that may be feasible and routinely used in bariatric surgery.

Disclosure: No significant relationships.

FP177 / Abs. ID 1153

Topic: *AS07. MBS and cancer*

FREE VIDEOS 04: NOVEL TECHNIQUES/CANCER/REFLUX/ILEAL SURGERIES/LSG
11-09-2025 16:15 - 17:45

SLEEVE GASTRECTOMY COMBINED WITH GASTRIC WEDGE RESECTION OF ANTRAL SUBMUCOSAL TUMOR LOCALIZED BY INTRAOPERATIVE ENDOSCOPIC INDOCYANINE GREEN (ICG) INJECTION

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Background: Surgical treatment of submucosal tumors located in the antrum becomes challenging when sleeve gastrectomy is planned.

Objectives: In this case study, we aim to introduce a combined surgical approach involving sleeve gastrectomy and gastric wedge resection for managing antral submucosal tumors.

Methods: A 51-year-old female visited the outpatient department due to uncontrolled weight gain despite exercise and medication (Saxenda®). She was 162cm tall and weighted 86kg (BMI = 32.8 kg/m^2). In preoperative endoscopy, 1.5cm sized submucosal tumor was found on prepyloric antrum, greater curvature (GC) side of posterior wall.

Results: Under general anesthesia, intraoperative endoscopic indocyanin green (ICG) injection was performed, followed by gastrostomy on the GC side and intragastric wedge resection. After closing the gastrostomy, a laparoscopic sleeve gastrectomy was performed. The tumor was pathologically confirmed as an inflammatory fibroid polyp (IFP). Upper gastrointestinal series (UGI) was performed on postoperative day 1 (POD1) and there was no evidence of leakage or stenosis in both surgical sites.

Conclusions: Gastric wedge resection of antral submucosal tumor can be safely performed with localization using intraoperative endoscopic indocyanine green (ICG) injection before sleeve gastrectomy in bariatric patients.

Disclosure: No significant relationships.

FP178 / Abs. ID 259

Topic: *AS39. MBS and reflux*

FREE VIDEOS 04: NOVEL TECHNIQUES/CANCER/REFLUX/ILEAL SURGERIES/LSG
11-09-2025 16:15 - 17:45

HIATAL HERNIOPLASTY WITH MESH AND TERES LIGAMENT CARDIOPEXY FOR REFLUX AND HIATAL HERNIA IN A POST-SLEEVE GASTRECTOMY PATIENT.

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Background: Severe gastroesophageal reflux disease (GERD) after laparoscopic sleeve gastrectomy (LSG) is a common complication, despite preoperative endoscopic evaluation. In normal-weight patients, cardiopexy using the Teres ligament combined with crural closure appears to be an effective technique for GERD control. This approach is particularly useful in LSG patients where conversion to Roux-en-Y gastric bypass (RYGB) poses a higher risk of malnutrition.

Objectives: To present a case of severe GERD post-LSG managed successfully with hiatal hernioplasty, mesh placement, and cardiopexy using the Teres ligament.

Methods: A 41-year-old female patient with a history of insulin resistance, metabolic-associated fatty liver disease (MASLD), a 3 cm hiatal hernia, and LA grade B esophagitis underwent LSG in April 2023. Her initial weight was 90 kg (198 lbs), BMI 35 kg/m², with 47% body fat and 21 kg (41 lbs) of visceral fat. At 1 year and 6 months postoperatively (October 2024), she developed severe GERD symptoms, classified as astroesophageal Reflux-Disease-Health-Related-Quality-of-Life score (GERD-HRQL) 18. Endoscopy revealed LA grade B erosive esophagitis, chronic gastritis, acute erosive antral gastritis, and a hiatal hernia (type I vs III) with a Hill grade III classification. In February 2025, the patient underwent hiatal hernioplasty with mesh placement and cardiopexy using the Teres ligament.

Results: Postoperatively, the patient experienced complete resolution of GERD symptoms. She remained asymptomatic at follow-up.

Conclusions: Cardiopexy using the Teres ligament, combined with hiatal hernioplasty and mesh placement, demonstrated an optimal clinical response in a normal-weight patient with severe GERD post-LSG. This technique provides a viable alternative for GERD management in patients where RYGB conversion may not be ideal due to nutritional concerns.

Disclosure: No significant relationships.

FP179 / Abs. ID 642

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

VITAMIN A DEFICIENCY IN PATIENTS UNDERGOING METABOLIC BARIATRIC SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS

Omar Fontes[1], Nicole Alessandra Estrada Zamora[1], Abrajam Serrano[2], Daniela González Sánchez[1], Efrain Armenta Rojas[1], Jesús Ortíz Gómez[3], Manuel Guerrero Gutiérrez[1]
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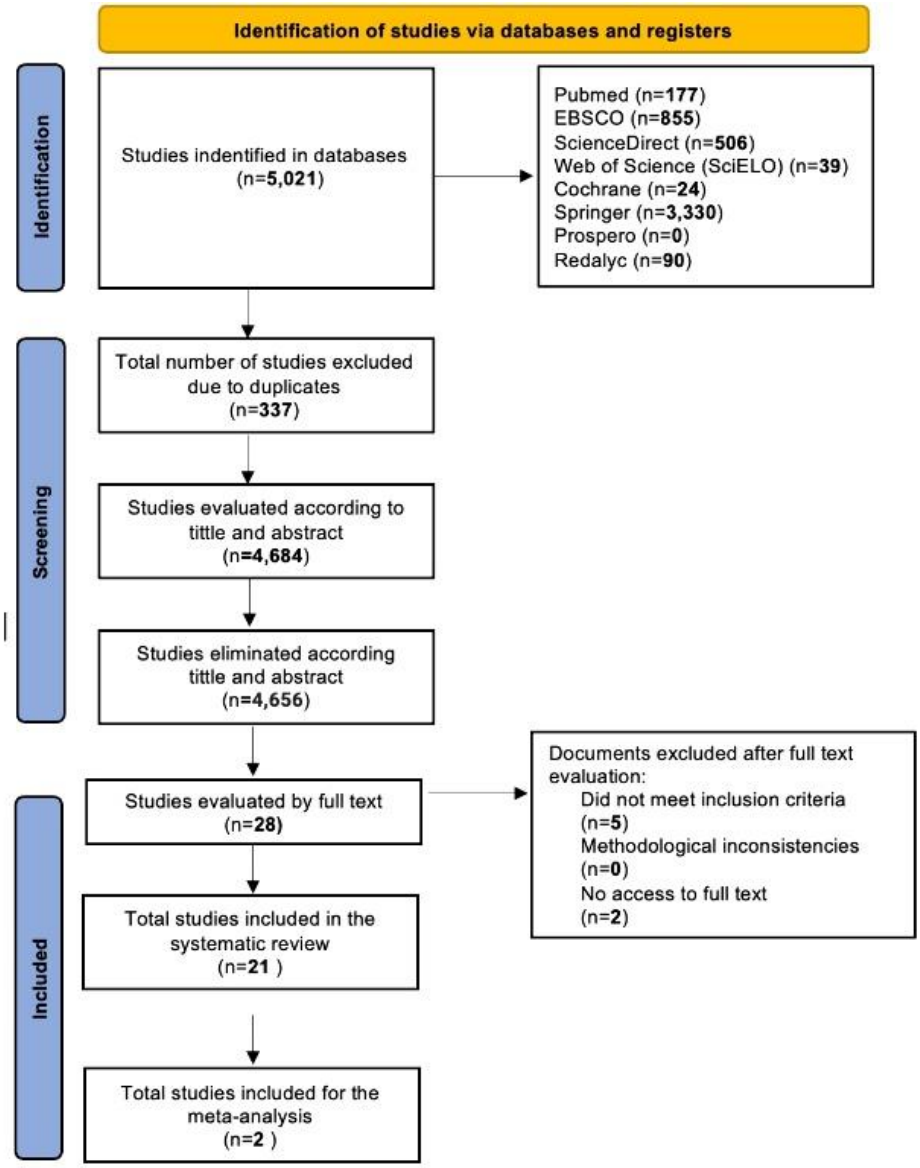
Background: Obesity is a global chronic disease, and metabolic bariatric surgery (MBS) is an effective treatment for severe obesity and its comorbidities. However, MBS can lead to micronutrient deficiencies, particularly vitamin A deficiency, due to anatomical changes, altered gut microbiota, liver function, and poor supplementation adherence. Vitamin A is crucial for vision, immunity, and cell differentiation, making its deficiency clinically significant.

Objectives: This systematic review aimed to determine the prevalence of vitamin A deficiency and its complications in adolescents and adults undergoing MBS globally, while reporting clinical manifestations, follow-up, and supplementation practices. The goal was to inform strategies for early detection and timely treatment.

Methods: The review followed PRISMA guidelines, searching Eight databases like PubMed, Cochrane, and SCOPUS up to October 2023. Studies with pre- and/or post-surgical vitamin A quantification in MBS patients were included. Methodological quality was assessed using JBI, ROBINS-I, and RoB-2 tools. This review was registered in PROSPERO ID: CRD42024501335.



Results: Twenty-one articles were analyzed qualitatively, with two included in a meta-analysis. Vitamin A deficiency was reported in 85.7% of studies, with prevalence ranging from 1-24% at 1 month to 26.7-62% at 10 years post-surgery. RYGB showed higher deficiency rates (15.9% at 1 year) compared to SG (9.4% at 1 year). Only 14.3% of studies specified the quantification method (HPLC). Multivitamin adherence varied widely (26.5%-100%).

Conclusions: Vitamin A deficiency is prevalent post-MBS and increases over time. Variability in reporting and reference ranges complicates comparisons and clinical application. Early detection, timely treatment, and standardized quantification methods are essential. Future research should compare surgical techniques and unify criteria for vitamin A assessment to improve patient outcomes.

Disclosure: No significant relationships.

FP180 / Abs. ID 849

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

THE POTENTIAL ROLE OF DIETARY INTAKE AFTER METABOLIC BARIATRIC SURGERY IN REGULATING ANTIOXIDANT AND INFLAMMATORY STATUS: A PROSPECTIVE COHORT STUDY

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Background: Adipose tissue can elevate inflammation and oxidative stress levels, explaining the link between obesity and various chronic diseases. Weight loss, changes in adipose tissue metabolism, and dietary nutrient intake after bariatric surgery may influence oxidative and inflammatory factors.

Objectives: This study aimed to evaluate the relationship between dietary intake and inflammatory/antioxidant markers in the six months following metabolic and bariatric surgery.

Methods: This prospective cohort study included 45 patients with severe obesity who underwent Roux-en-Y gastric bypass surgery. Patients were assessed at three time points: baseline, three months, and six months post-surgery. Dietary intake data, total antioxidant capacity (TAC), NF-κB levels, and serum levels of specific nutrients were measured three times. Dietary nutrient intake was assessed using the 24-hour food recall questionnaire at each time point.

Results: The study found that, three and six months after surgery, serum levels of TAC, ferritin, vitamin D3, vitamin B12, and folate increased, while NF-κB, zinc, and copper levels decreased. Indicators of dietary intake were predictive of TAC levels at six months post-surgery. Analysis revealed a significant positive correlation between serum TAC levels and the intake of zinc, copper, and MUFA. Additionally, there was a significant inverse correlation between serum NF-κB levels and vitamin E and PUFA intake.

Conclusions: Weight loss and nutritional status may influence oxidative stress and inflammation levels within six months following RYGB surgery. Further studies are needed to better understand this association and clarify the underlying mechanisms.

Disclosure: No significant relationships.

FP181 / Abs. ID 988

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

INTRAMUSCULAR B12 DEPOT INJECTION VS ORAL B12 SUPPLEMENTATION IN PATIENTS POST LAPAROSCOPIC GASTRIC BYPASS: A PROSPECTIVE OBSERVATIONAL STUDY

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Background: Vitamin B12 deficiency is a well-documented consequence following laparoscopic gastric bypass surgery due to impaired intrinsic factor production and reduced absorption in the small intestine. While intramuscular (IM) B12 injections remain a standard post-operative treatment, oral supplementation could offer a more patient-friendly alternative. However, there is limited evidence directly comparing the two methods in this specific patient population.

Objectives: The study aimed to evaluate and compare the effectiveness of oral B12 supplementation using Ferroglobin versus quarterly intramuscular B12 depot injections in maintaining adequate B12 levels post laparoscopic gastric bypass. Secondary aims included assessing patient compliance and identifying any side effects or complications associated with either regimen.

Methods: A total of 60 adult patients who had undergone laparoscopic gastric bypass were prospectively recruited from the Bariatric Outpatients clinic at Mater Dei Hospital. Participants were allocated to one of two groups: one receiving oral Ferroglobin supplementation and the other receiving a 4-monthly IM B12 injection. Blood samples to assess serum B12 levels were collected at 1, 4, 8, and 12 months post-operatively. Data were anonymised, stored securely on the hospital network, and analysed using SPSS software. Intention-to-treat analysis was used to account for loss to follow-up and crossover. The study was conducted over a 12-month period, and all ethical and data protection protocols were strictly followed.

Results: Preliminary observations suggest that both oral and IM B12 supplementation regimens can be effective post gastric bypass, though further statistical analysis is ongoing to confirm trends in compliance, efficacy, and patient satisfaction.

Conclusions: This study aims to formalise clinical observations and guide future supplementation protocols, potentially improving long-term patient outcomes, patient compliance and reducing dependency on injectable therapies.

Disclosure: No significant relationships.

FP182 / Abs. ID 303

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

HELLER MYOTOMY AND ROUX-EN-Y GASTRIC BYPASS: CLINICAL AND WEIGHT EVOLUTION OF THE RARE ASSOCIATION OF ACHALASIA AND SEVERE OBESITY

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Background: Esophageal achalasia is a rare motor disorder of the esophagus. Obesity is an epidemic. The coexistence of both diseases is rarely reported. In surgically eligible patients, laparoscopic Heller myotomy with fundoplication is considered the most effective and recommended therapeutic option for treating achalasia. However, the best therapeutic options for these individuals with severe obesity have not yet been established. We present the association of Heller Myotomy and Roux-en-Y Gastric Bypass as a concomitant treatment for patients presenting the rare combination of achalasia and severe obesity.

Objectives: To evaluate the outcomes of the simultaneous treatment of Heller myotomy combined with a laparoscopic Roux-en-Y gastric bypass in patients with achalasia and severe obesity.

Methods: We analyzed the evolution of patients diagnosed with achalasia and severe obesity who underwent Heller myotomy and Roux-en-Y gastric bypass. Pre- and postoperative symptoms and procedure satisfaction were assessed using a visual analog scale. BMI was recorded before the onset of achalasia symptoms, at the time of surgery, and postoperatively. Postoperative assessments included excess weight loss percentage (%EWL) and a follow-up esophagogram. The Wilcoxon test was used to compare differences between non-normally distributed data. A p-value <0.05 was considered significant. The statistical analysis was performed using Rstudio software, version 4.3.3.

Results: Nine patients underwent Heller myotomy and Roux-en-Y gastric bypass. All presented with dysphagia and weight loss. The median BMI before symptom onset was 43 (IQR 6.7). The median follow-up was 101 months (IQR 23). All patients reported a marked improvement in dysphagia (10 vs. 0, p-value: 0.0087). The mean %EWL was 76.84. The median postoperative BMI decreased to 28.7 (IQR 5.5) (p-value: 0.039). The median overall satisfaction was 10 (IQR 1), and none presented symptoms of GERD.

Conclusions: Heller myotomy and Roux-en-Y gastric bypass is an excellent treatment for patients with severe obesity and achalasia. In our series, dysphagia resolution and a statistically significant BMI reduction were observed. Gastric bypass successfully mitigated reflux-related sequelae.

Disclosure: No significant relationships.

FP183 / Abs. ID 1136

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

ALTERATIONS IN TASTE PREFERENCES ONE YEAR FOLLOWING SLEEVE GASTRECTOMY, ROUX-EN-Y GASTRIC BYPASS, AND ONE ANASTOMOSIS GASTRIC BYPASS: A CROSS-SECTIONAL STUDY

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Background: The influence of metabolic and bariatric surgery (MBS) on taste preferences and the pleasurable aspects of appetite may be mediated through its effects on gut hormones, potentially affecting weight loss results. Research indicates that the nature of the MBS performed significantly impacts food cravings in the year following the procedure, with no clear relationship to psychological factors or pre-surgery eating behaviors.

Objectives: The purpose of this research was to evaluate taste preferences and to compare the alterations identified beforeand one year after SG, RYGB, and OAGB.

Methods: Between August 2021 and August 2022, the consecutive adult patients (18–65 years) with BMI ≥ 40 kg/m2or ≥ 35 kg/m2 with obesity-associated medical problems underwent RYGB, OAGB, or SG at our IFSO-EC endorsed academic and tertiary center for MBS.This study included 294 patients who completedthe Taste Desire and Enjoyment Change Questionnaire (TDECQ) one year after their surgical interventions,which consisted of RYGB, OAGB, or SG as the primary MBS. The MBS methods were selected according to thepatients' criteria such as eating behavior, upper gastrointestinal endoscopic findings, the presence and severityof gastroesophageal reflux disease , and obesity-associated medical problems.

Results: The mean BMI before and after surgery was 42.39 kg/m2 and 28.30 kg/m2, respectively. The mean TWL% after surgery was33.09%. In terms of TWL%, the OAGB group exhibited a higher mean (34.03 ± 5.99) than the SG group(32.76 ± 5.89) and the RYGB group (32.46± 5.88). Nonetheless, the differences observed among the three groupsdid not reach statistical significance.The most decreased desire for sweet flavor was seen in RYGB (48.1%), OAGB (48%), and SG (28.9%),respectively. Whereas, the most decreased enjoyment of sweet foods was seen in OAGB (48.1%), RYGB (47.1%), and SG (32.2%). The most decreased desire and enjoyment of fatty flavor were reported in RYGB (77.9%, 73.1%),OAGB (72%, 73%), and SG (55.6%, 58.9%) groups.

Conclusions: Most participants noted changes in their taste perception, cravings, and enjoyment of flavors after undergoing SG, RYGB, and OAGB. The study's findings suggest that the type of MBS significantly affects taste preferences. Additionally, RYGB and OAGB were associated with a more substantial decrease in the craving for sweet and fatty flavors relative to SG.

Disclosure: No significant relationships.

FP184 / Abs. ID 476

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

WEIGHT AND NUTRITIONAL PROFILE OUTCOMES FOLLOWING SINGLE-ANASTOMOSIS DUODENAL ILEOSTOMIES

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Background: Single-anastomosis duodenal ileostomies (SADI) and duodenal switches (DS) have been favoured for high body mass index (BMI) and heavily comorbid patients as they have shown significant weight loss outcomes, obesity related disease resolution and long-term durability. SADI, in particular, has gained popularity due to studies demonstrating fewer nutrient deficiencies and complications – however, there remains a lack of long-term studies among this patient population.

Objectives: The objective of this study was to explore long-term weight outcomes and nutritional profiles among patients that undergo SADI.

Methods: Data was collected from the Ontario Bariatric Registry and by chart review for patients who underwent SADI as a planned 2nd stage post-sleeve gastrectomy (SG) between 2010 and 2024 at St. Joseph's Healthcare Hamilton (SJHH). The primary outcome was % total weight loss (%TWL) at 6 months, 1, 2 and 3 years.

Results: A total of 87 patients were included in the study, with 69 females and 18 males. Mean age and pre-SG BMI were 39.18 (± 9.13) and 50.70 (± 7.31) kg/m^2, respectively. At 1 year, patients experienced a peak mean %TWL of 36.1%. At 3-year follow-up, patients maintained a mean %TWL of 34.7%. Albumin deficiencies were the lowest over 3 years, demonstrating highly prioritized protein intake in SADI patients. There was an upward trend in Vitamin D, Ferritin, Calcium and Zinc deficiencies. Notably, at 3 years, 66.7% of patients had a vitamin D deficiency and 44.4% of patients had a ferritin deficiency. Eleven patients required a SADI to DS conversion due to inadequate weight-loss.

Conclusions: SADI ensures durability of weight loss outcomes up to 3 years. Although notable nutrient deficiencies need to be better understood, our future research will focus on comparing nutrient deficiencies to other bariatric procedures to contextualize outcomes.

Disclosure: No significant relationships.

FP185 / Abs. ID 506

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

ROLE OF BARIATRIC DIETICAN: ASSESSING NUTRIENT INTAKE, DIETARY COMPLIANCE, AND HEALTH OUTCOMES IN INDIAN BARIATRIC PATIENTS: A ONE-YEAR STUDY

Beena Arora[1], Atul Peters[1,2], Anupa Siddhu[1,3], Yogesh Gautam[4], Mohammed Nooruddin[2]
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Background: Dietitians play a vital role in metabolic bariatric surgery team by assessing preoperative dietary intake, patient readiness, and ensuring long-term adherence to postoperative guidelines. Successful outcomes depend on sustained patient motivation and dietary compliance.

Objectives: To assess pre- and post-surgery nutrient intake, dietary compliance, and its impact on body composition, blood parameters, and weight loss over one year.

Methods: A prospective, longitudinal study was conducted on 76 metabolic bariatric surgery patients (Feb 2018–Aug 2019). Dietary intake was recorded at baseline and 12 months using 24-hour diet recall, analyzed via "Diet Cal" software. Dietary advice compliance was assessed at 3, 6, and 12 months using a checklist. Anthropometric, body composition (Tanita MC-780) and blood parameters were recorded at all follow-ups. Statistical analysis was performed using SPSSv24.

Results: At baseline, mean energy, protein, fat, and micronutrient intake exceeded ICMR-NIN EAR 2020 recommendations, except for carbohydrates. At 12 months post-surgery, 50% decline in mean energy, fat and carbohydrate intake was observed, except for protein and calcium, all probably due to adherence towards nutrition education. Protein intake (dietary and supplemental) however improved (6.98g, $p>0.05$), averaging 85.8g, with 30 to 60g from whey protein isolate. Total mean energy, protein, and fat intake met AACE-TOS-ASMBS CPG 2019 guidelines, though, carbohydrate intake remained above recommendations (130g/day). Most patients complied well with the dietary guidelines initially but adherence to protein and micronutrient supplementation declined later on. At 12 months only 60% patients remained compliant to micronutrient and protein supplementation advice. Serum iron and vitamin D levels improved ($p<0.001$), while vitamin B12, folic acid, and calcium levels remained stable. Serum albumin levels remained normal with some minor changes ($p<0.001$). Baseline body weight, BMI, fat%, and muscle mass% were 122.8Kg ± 25.1, 44.2Kg/m² ± 8.1, 51.1% ± 9.4, and 46% ± 8.5, respectively. Significant reductions in body weight, BMI, and fat% and increase in muscle mass% were observed across all follow-ups.

Conclusions: Good dietary compliance led to significant weight loss, improved body composition, and better blood parameters. However, declining adherence over time highlights the need for regular follow-up, nutritional education and support groups to ensure long-term success.

Disclosure: No significant relationships.

FP186 / Abs. ID 127

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

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12-09-2025 08:00 - 10:00

DIETARY CLUSTERS AND THEIR IMPLICATIONS FOR THE METABOLIC PROFILES OF INDIVIDUALS UNDERGOING METABOLIC BARIATRIC SURGERY: FINDINGS FROM THE EMBRACE STUDY

Jessica Burdick[1,2], Tair Ben-Porat[3], Maximilien Dialufuma Vakambi[2], Patricia Acosta[2,4], Tamara Cohen[4], Kim Lavoie[5], Simon L Bacon[2]
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Background: Individuals undergoing metabolic bariatric surgery (MBS) exhibit distinct nutritional and metabolic profiles. Clustering their macronutrient and micronutrient intakes and how they relate to their metabolic status may reveal inter-individual differences.

Objectives: This study aimed to: (1) identify the macro- and micro- nutrient intake patterns among candidates for MBS; (2) assess the associations between these patterns and cardiometabolic health biochemical measures; and (3) assess the associations between these patterns and anthropometric measures of participants who were enrolled in EMBRACE, a prospective longitudinal study conducted in Quebec, Canada.

Methods: Anthropometric (i.e., body mass index, %body fat, and waist circumference to height ratio) and cardiometabolic health biochemical markers (i.e., levels of HbA1c, granulocytes (GR), international normalised ratio, C- Reactive Protein, and lipid profile) were assessed 3-months pre-surgery. Dietary intakes were assessed for macronutrient, micronutrient, simple sugars, fatty acids, total dietary fiber, cholesterol, and energy intake using a smartphone app called Keenoa for 3-days pre-intervention. Dietary clusters were identified using the FASTCLUS procedure (SAS).

Results: A total of 30 participants (M_{age}=45.50 ± 9.8 years; M_{BMI} =46.03 ± 7.61 kg/m^2) were included. Three dietary clusters were identified: high sugar/high caloric diet (Cluster 1, n=6); high protein/high cholesterol diet (Cluster 2, n=13); and low fibre/low saturated fat diet (Cluster 3, n=11). Analyses demonstrated significantly greater low-density lipoproteins (LDL) (5.28 ± 0.71 mmol/L) and GR (5.64 ± 0.21 109/L) in Cluster 1 relative to Cluster 2 (LDL: 2.38 ± 0.28 mmol/L; p=0.013), (GR: 4.71 ± 0.09 109/L; p=0.003) and Cluster 3 (LDL: 1.76 ± 0.44 mmol/L; p=0.010), (GR: 5.01 ± 0.15 109/L; p=0.015).

Conclusions: These findings highlight the variability in nutrient intake patterns and metabolic status among MBS candidates, suggesting potential for individualised metabolic and nutritional profiling to inform future tailored individualised interventions, advancing precision obesity care. Future research should further compare these clusters to controls or post-surgery profiles.

Disclosure: No significant relationships.

FP187 / Abs. ID 1104

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

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12-09-2025 08:00 - 10:00

VISCERAL FAT AND SARCOPENIC OBESITY RISK IN PATIENTS WITH OBESITY: DESCRIPTIVE ANALYSIS OF BODY COMPOSITION CHANGES AFTER METABOLIC BARIATRIC SURGERY

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Background: In the context of metabolic surgery (MS), sarcopenic obesity (SO) has been associated with less favorable outcomes. Patients with SO undergoing MS tend to have a higher prevalence of slow recovery compared to those without SO.[2]

Objectives: To describe the changes between visceral fat and sarcopenic obesity risk in patients with obesity, and to evaluate changes in these parameters after undergoing metabolic surgery.

Methods: For this prospective study of 28 patients with obesity, a descriptive statistical analysis was conducted. Means and standard deviations (SD) were calculated for each variable, including weight, BMI, musculoskeletal mass, fat mass, visceral mass, and strength, both preoperatively and at 6 months postoperatively. Paired t-tests were used to compare pre- and postoperative values, with p-values reported to determine statistical significance.

Results: Table 1. Patient Demographics

Characteristic	Value
Number of Patients	28
Age (years, Mean ± SD)	38.75 ± 10.8
Type of Surgery	Sleeve Gastrectomy: 20 (71.4%) Gastric Bypass: 8 (28.6%)

At 6 months postoperatively, there were significant reductions in all measured body composition variables. Weight decreased from 108.5 kg to 87.3 kg, and BMI from 39.9 to 32.1, both with p <0.0001, indicating substantial early weight loss after MS. Similarly, fat mass was reduced by approximately 13 kg, while visceral mass dropped from 16.6% to 12.9%. Table 2 Despite the overall weight reduction, musculoskeletal mass also significantly decreased from 35.1 kg to 29.1 kg (p <0.0001), highlighting the importance of postoperative strategies to preserve lean mass. Table 2 Table 2. Changes in Body Composition Variables at 6 Months Postoperative

Variable	Preoperative (Mean ± SD)	Postoperative (Mean ± SD)	p-value
Weight (kg)	108.5 ± 19.3	87.3 ± 14.4	<0.05
BMI	39.9 ± 6.5	32.1 ± 5.1	<0.05
Musculoskeletal Mass (kg)	35.1 ± 6.6	29.1 ± 5.9	<0.05

Fat Mass (kg)	53.8 ± 12.7	40.9 ± 10.9	<0.05
Visceral Mass (%)	16.6 ± 3.3	12.9 ± 2.6	<0.05

Conclusions: MS led to a significant reduction in visceral fat and overall body weight, accompanied by a decrease in musculoskeletal mass, highlighting the risk of SO. These findings emphasize the need for postoperative strategies to preserve lean mass while achieving metabolic benefits.

Disclosure: No significant relationships.

FP188 / Abs. ID 1157

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

EVALUATING THE USE OF AN AI-BASED LANGUAGE MODEL IN POSTOPERATIVE DIETARY GUIDANCE AFTER SLEEVE GASTRECTOMY: A SURVEY OF EXPERT OPINIONS

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Background: Sleeve gastrectomy is a common bariatric procedure that requires careful post-operative dietary guidance to ensure optimal recovery and long-term weight management. In many regions, access to specialized healthcare professionals—such as bariatric surgeons and nutritionists—may be limited, creating a need for alternative support tools.

Objectives: This study evaluates the feasibility and quality of using an AI-based language model (ChatGPT) to provide post-operative dietary guidance to patients following sleeve gastrectomy.

Methods: We prompted ChatGPT to generate comprehensive post-operative dietary guidelines. A panel of 30 bariatric surgeons and nutritionists assessed the AI-generated responses for accuracy, completeness, and cultural sensitivity via a structured survey instrument. Statistical analysis was performed to evaluate consensus among experts and identify areas of strength or discrepancy in ChatGPT's guidance.

Results: Expert reviewers generally found ChatGPT's diet recommendations to be accurate and reasonably comprehensive. Cultural sensitivity received positive feedback, although certain nuances related to local food habits and patient-specific needs were sometimes overlooked. Variations in expert consensus underscored the model's occasional lack of individualized context or detailed clinical considerations. Nonetheless, overall survey findings indicated that ChatGPT could serve as an accessible adjunct for patients who lack regular access to professional healthcare support.

Conclusions: AI-driven dietary guidance, as provided by ChatGPT, demonstrates promise in supporting patients following sleeve gastrectomy, especially in settings with limited specialist availability. While it cannot replace personalized medical advice, AI tools may serve as a valuable supplement, aiding in basic education and bridging gaps in healthcare access. Further refinement of these models and larger-scale validation are recommended to optimize patient outcomes.

Disclosure: No significant relationships.

FP189 / Abs. ID 439

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

EVALUATING THE SUITABILITY OF A NUTRITION EDUCATION TOOL DESIGNED TO ENHANCE ADHRERENCE TO PROTEIN INTAKE RECOMMENDATIONS POST-METABOLIC BARIATRIC SURGERY: PRELIMINARY FINDINGS IN ADOLESCENT PATIENTS

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Background: Adherence to dietary guidelines following metabolic bariatric surgery (MBS) is critical for optimizing recovery and preserving fat-free mass, with adequate protein intake playing a key role. Nutrition education can enhance dietary-related knowledge, attitudes and behaviour. However, there is a lack of tailored nutrition education tools for adolescents.

Objectives: This study evaluated the suitability of Protein Cards, a nutrition education tool that includes 40 protein-rich recipes, in supporting enhanced adherence to protein intake recommendations across the post-MBS diet stages. Secondary outcome included comparing participant's protein intake to their recommend amount.

Methods: Adolescents aged 14-19 who underwent MBS at the Centre of Excellence in Adolescent Severe Obesity (Montreal Children's Hospital, Montréal, Canada) were recruited. Participants used the Protein Cards for 1-2 months. During follow-up clinic visits in February 2024, semi-structured interviews, adapted from the Suitability Assessment of Materials questionnaire, were conducted to gather feedback on the tool's content, literacy demand, graphic illustrations, layout, learning stimulation, cultural appropriateness, and the utility of yogurt icon to denote protein content in recipes. Protein intake was assessed using a 24-h recall.

Results: A total of six adolescents (16-19 years; 4 male) who underwent laparoscopic sleeve gastrectomy were included in the study. Participants reported having used the tool and found the reading level of the Protein Cards to be appropriate for their age. They noted that the cards used simple, familiar language, and the recipes were clear, aligned with their respective dietary stages and culturally relevant. Additionally, the recipes were adaptable to their individual preferences. However, participants noted they would have benefited from receiving the tool before surgery. Feedback on the yogurt icon was mixed, with some finding it helpful and others uncertain about its utility. Among four participants who completed the 24-h recall, half showed no changes or an increase in protein intake.

Conclusions: Preliminary findings suggest that the tool is suitable to assist adolescents meet protein requirements post-MBS. Further research with a larger sample size is needed to validate these findings and refine the tool for clinical implementation.

Disclosure: No significant relationships.

FP190 / Abs. ID 950

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

DEVELOPMENT AND PILOT EVALUATION OF THE BARIATRIC CHANGE PERCEPTION SCALE (BC-PC): PRELIMINAR RESULTS

Matias Rios-Erazo, Valeria Francesetti
Red de Salud UC-Christus, Centro De Tratamiento De La Obesidad, Santiago, Chile

Background: Bariatric surgery is an effective intervention for the treatment of obesity, generating significant physical, psychological, and social changes in patients. However, the perception of these changes varies among patients undergoing bariatric surgery, which could influence their adherence to postoperative treatment, satisfaction level, and long-term outcomes. In Chile, there are no validated instruments that specifically measure the perception of changes experienced after bariatric surgery.

Objectives: To develop the Bariatric Change Perception Scale (BC-PC) and evaluate its content validity

Methods: The items of the BC-PC were developed based on the literature and the opinions of specialists in mental health and bariatric surgery, focusing on dimensions such as physical, emotional, social, and behavioral changes. Content validation was carried out through the assessment of a panel of experts, who evaluated the sufficiency, clarity, coherence, and relevance of the items. The Content Validity Index (CVI) was calculated to determine the adequacy of each item. A CVI value equal to or greater than 0,78 is considered acceptable for validating an item.

Results: A total of 13 items were constructed, including two items for the physical dimension, six for the emotional dimension, two for the social dimension, and three for the behavioral changes dimension. Six expert judges, that works at centers of excellence in bariatric surgery participated in this content validation (two kinesiologists, a psychologist and a psychiatrist, and two nutritionists). In terms of content validity, and when evaluating the sufficiency criterion, the physical (0,83), emotional (1.0), and social dimensions (1.0) had good indicators, while the behavioral changes dimension (0,67) did not. The clarity criterion of the thirteen items, all have an adequate content validity index, obtaining a CVI between 0,83 and 1. In the coherence criterion all the items had an adequate content validity index, obtaining a CVI between 0,83 and 1. Finally, in the relevance criterion, all items had a CVI of 1.

Conclusions: The BC-PC questionnaire has adequate content validity. It is recommended that the behavioral change dimension be reviewed.

Disclosure: No significant relationships.

FP191 / Abs. ID 954

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

ANXIETY DISORDER AS A PREDICTOR OF CLINICAL OUTCOMES OF GASTRIC BYPASS

Iryna Pliuta
Bogomolets National Medical University, Surgery, Kyiv, Ukraine

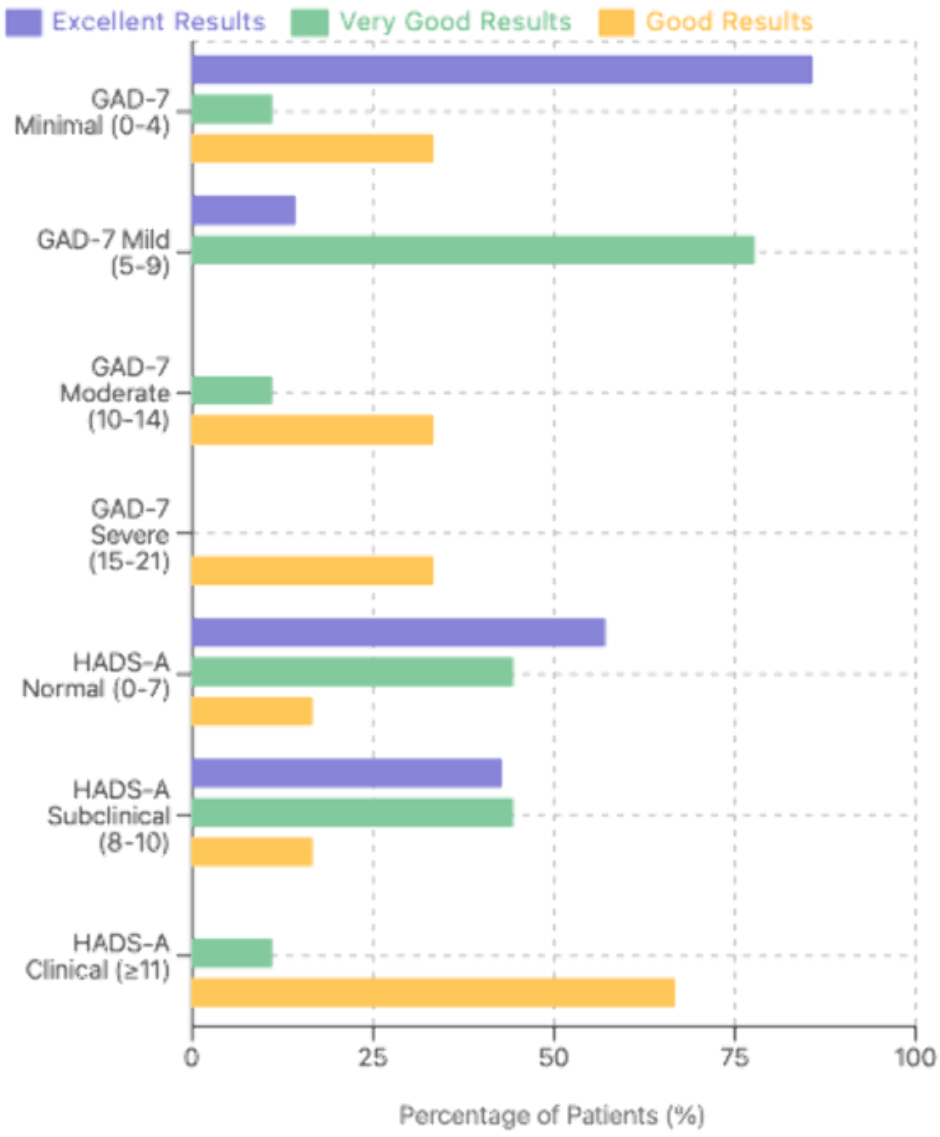
Background: Anxiety influences bariatric outcomes, yet relationship remains insufficiently studied.

Objectives: To evaluate the impact of anxiety disorder on clinical outcomes of gastric bypass in the long-term postoperative period.

Methods: 22 patients after gastric bypass were examined. Clinical outcomes were assessed using the SF-BARI QoL questionnaire. Anxiety levels were determined using the GAD-7 and HADS-A questionnaires. Statistical analysis included Kendall's correlation analysis and calculation of odds ratios (OR).

Results:

Distribution of Anxiety Levels (%) by Clinical Results



The mean GAD-7 score was 6.45±4.58 points, corresponding to mild anxiety. In patients with excellent gastric bypass results (31.82%), the mean score was 3.00±1.63 points, with very good results (40.91%) – 6.11±2.20 points, with good results (27.27%) – 11.00±5.97 points (p=0.01). A significant inverse correlation was found between anxiety level and quality of clinical outcomes (τ=-0.61, p=0.00007). Minimal anxiety level (GAD-7 0-4 points) was observed in 40.91% of patients, predominantly with excellent results (85.71% of this group), τ=+0.38, p=0.01. Mild anxiety level (GAD-7 5-9 points) was found in 36.36% of patients, mainly with very good results (77.78% of this group), p=0.004. High anxiety level (GAD-7 15-21 points) was detected in 9.09% of patients, all with good results, τ=-0.38, p=0.01. According to the HADS-A questionnaire, the mean score was 7.91±3.08 points. In patients with excellent results, it was 5.71±2.50 points, with very good results – 7.56±2.13 points, with good results – 11.00±2.61 points (p=0.01). A significant inverse correlation was established between these indicators (τ=-0.56, p=0.0003). Clinically significant anxiety (HADS-A ≥11 points) was found in 22.73% of patients, predominantly with good surgical outcomes (66.67% of this group), τ=-0.49, p=0.001.

Conclusions: Anxiety level is an important predictor of clinical outcomes of gastric bypass. Minimal anxiety level is associated with higher chances of obtaining excellent results (OR=24.0, CI (1.74-331.31), p=0.003). Mild anxiety level increases the probability of very good results (OR=42.00, CI (2.71-651.06), p=0.0005). Clinically significant anxiety significantly increases the risk of less favorable outcomes (OR=0.03, CI (0.002-0.55), p=0.004). Mandatory screening for anxiety disorders in patients before bariatric surgery and appropriate psychological correction when necessary are recommended.

Disclosure: No significant relationships.

FP192 / Abs. ID 725

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

IMPACT OF DEPRESSIVE DISORDER ON CLINICAL OUTCOMES OF GASTRIC BYPASS IN THE LONG-TERM POSTOPERATIVE PERIOD

Iryna Pliuta
Bogomolets National Medical University, Surgery, Kyiv, Ukraine

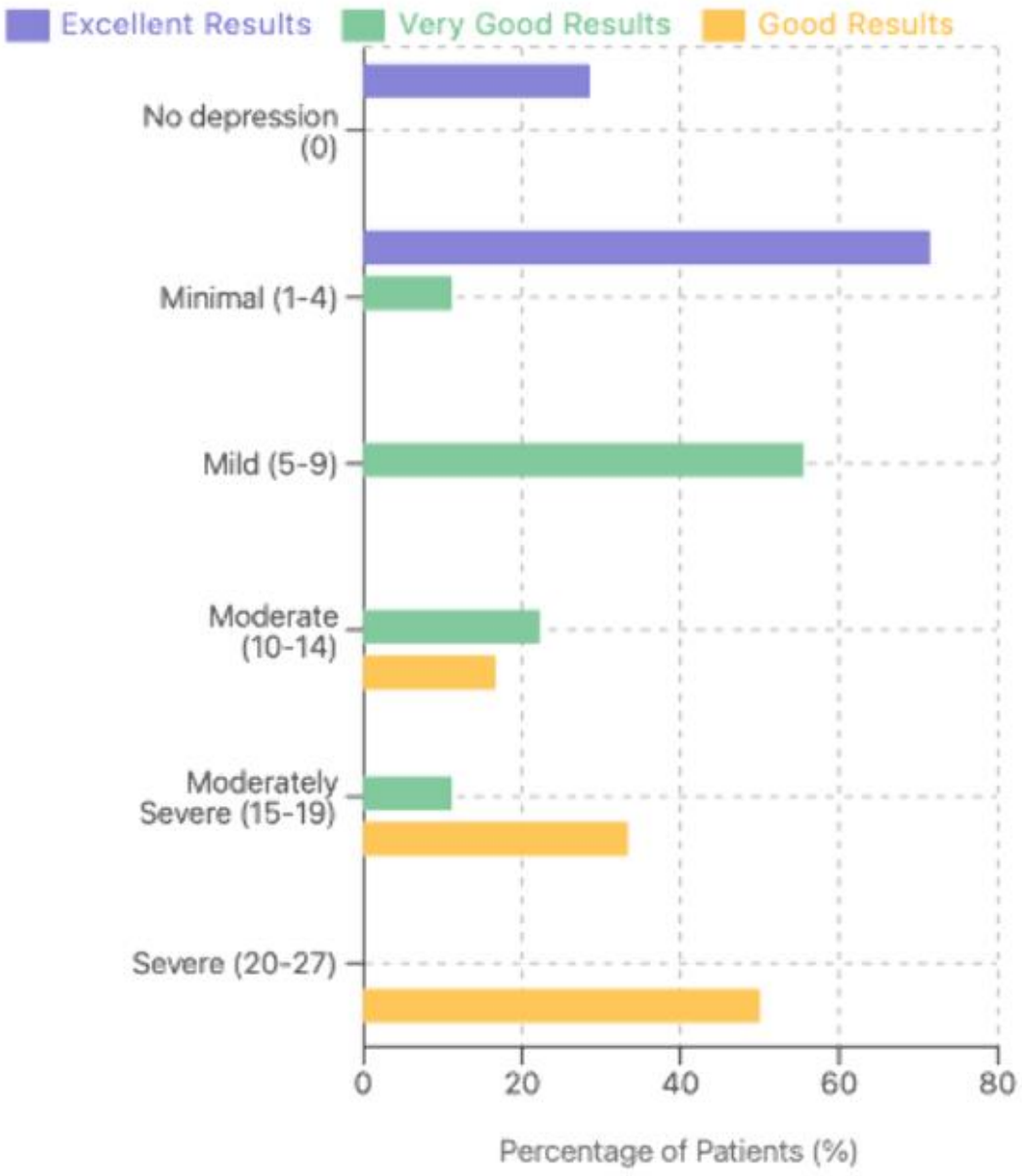
Background: Depression prevalence in bariatric patients may impact gastric bypass outcomes.

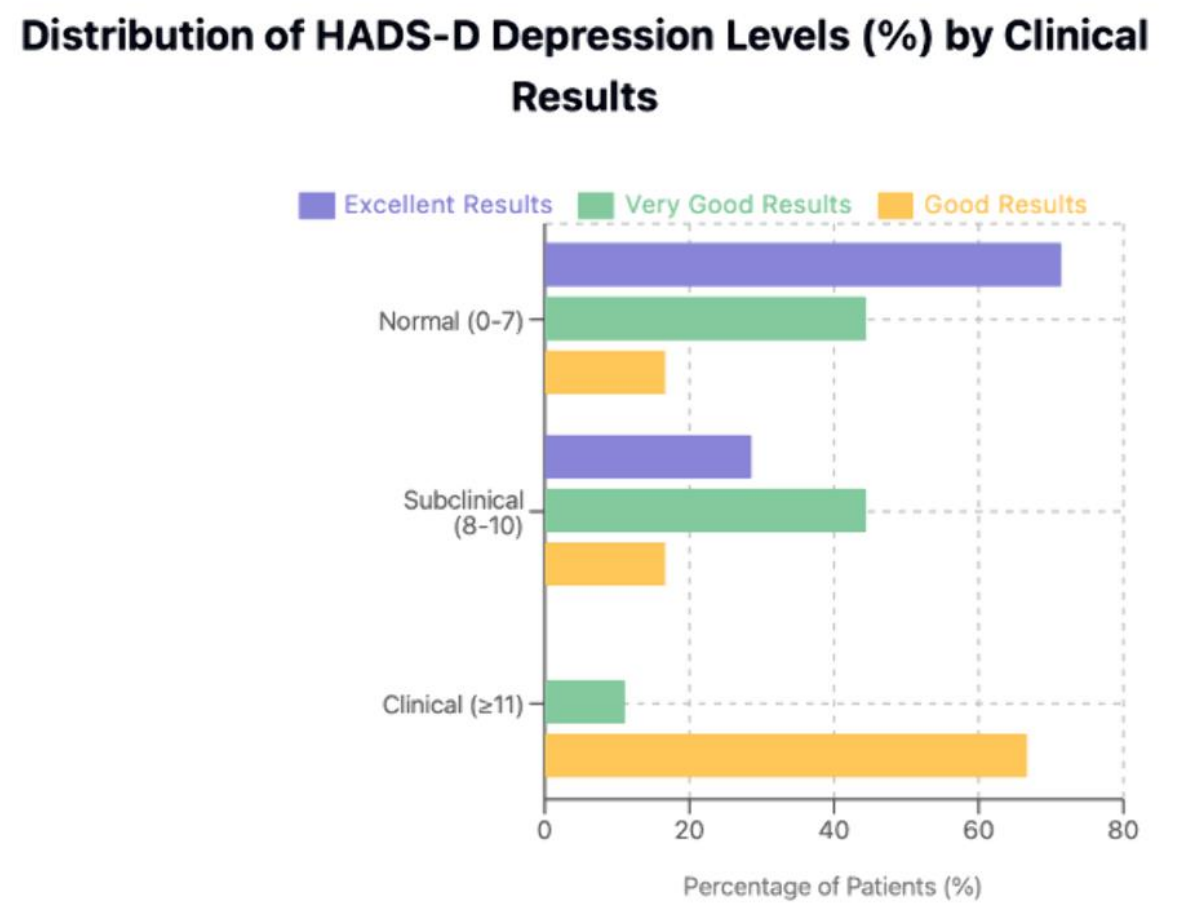
Objectives: To determine the relationship between the severity of depressive disorder and clinical outcomes of gastric bypass in the long-term postoperative period.

Methods: 22 patients after gastric bypass were examined. Clinical outcomes were assessed using the SF-BARI QoL questionnaire. Depression levels were determined using the PHQ-9 and HADS-D questionnaires. Kendall's correlation analysis and odds ratio (OR) calculation were used for statistical analysis.

Results: The mean clinical outcome score of gastric bypass was 132.46±18.05 points. Excellent results were established in 7 (31.82%) patients, very good in 9 (40.91%), and good in 6 (27.27%). The mean PHQ-9 score was 9.36±7.72 points. In patients with excellent gastric bypass results, this indicator was 1.86±1.57 points, with very good results – 8.33±4.15 points, with good results – 20.33±2.25 points (p=0.0002). A strong inverse correlation was found between depression severity and surgical outcomes (τ=-0.80, p=0.0000002). Patients without depression symptoms (9.09%) and with minimal manifestations (27.27%) showed significantly better results of bariatric intervention (τ=+0.34, p=0.03 and τ=+0.52, p=0.0007 respectively). Severe forms of depressive disorder (13.64%) were associated with worse clinical outcomes (τ=-0.43, p=0.005). According to HADS-D results, the mean score was 7.14±3.52 points. In patients with excellent results – 3.86±2.91 points, with very good – 7.33±2.24 points, with good – 10.67±1.97 points (p=0.004). A significant inverse correlation was found between these indicators (τ=-0.61, p=0.00007). Absence of depressive disorder according to HADS-D (45.45% of patients) was associated with better gastric bypass results (τ=+0.41, p=0.008), while clinically significant depression (22.73%) was associated with worse outcomes (τ=-0.45, p=0.003).

Distribution of PHQ-9 Depression Levels (%) by Clinical Results





Conclusions: The severity of depressive disorder has a significant impact on clinical outcomes of gastric bypass. Absence of depression signs or minimal manifestations increase the chances of obtaining excellent clinical results (OR=3.00, CI (1.02-8.81), p=0.02 and OR=35.00, CI (2.18-562.24), p=0.002 respectively). Severe forms of depression increase the risk of less favorable outcomes (OR=5.33, CI (1.44-19.81), p=0.002). It is recommended to screen for depressive disorders in patients before bariatric intervention and apply appropriate psychotherapeutic correction if disorders are present.

Disclosure: No significant relationships.

FP193 / Abs. ID 415

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

RESIDUAL WEIGHT STIGMA AND INTERNALIZED WEIGHT BIAS FOLLOWING METABOLIC BARIATRIC SURGERY

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Background: Residual stigma refers to lingering experiences of stereotypes and stigma that persist for an individual even after they have experienced significant weight loss. However, no study has examined residual weight stigma among individuals following metabolic bariatric surgery (MBS) and whether self-stigma (internalized weight bias; IWB) influences their weight loss outcomes.

Objectives: Assess residual weight stigma and IWB in postoperative MBS patients.

Methods: Participants with a history of MBS completed a one-time questionnaire at a follow up clinical visit that included several self-report measures: the Weight Bias Internalization Scale (WBIS-M), history of experienced weight stigma, and survey questions developed for this study to assess residual weight stigma following MBS. Chi-square tests compared demographic differences on item responses. Multiple linear regression modeled IWB as a predictor of %TWL.

Results: Of 104 participants, (85.9% female; 48.5 ±12.4 years old; 38.6% non-white race; 43.6 ±7.0; 35.7 ±8.0 BMI; 19.0%±11% TBWL on date of survey) 33.8 % (n=41) reported being negatively judged by others as taking the easy way out for weight loss by having MBS and 26.0% (n=30) concealed from others that they lost weight with MBS. While 23% of patients reported that people in their lives treated them better following MBS than before their surgery, 39% reported being more self-critical of their weight following surgery. Additionally, patients with higher levels of IWB had significantly less %TWL following surgery (beta=-0.26, p=0.005). No covariates (age, sex, race, BMI at surgery, and days between surgery and survey) in the model were significant.

Conclusions: This study is the first to suggest that a significant minority of patients experience residual weight stigma following MBS, and that higher IWB in these patients is associated with less %TWL. Further research in this area is warranted to determine how to identify high risk patients for residual stigma and IWB prior to MBS and develop clinical strategies to help optimize post- operative weight loss outcomes.

Disclosure: No significant relationships.

FP194 / Abs. ID 724

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

QUALITY OF LIFE INDICATORS AS A PROGNOSTIC CRITERION FOR EVALUATING CLINICAL OUTCOMES OF SLEEVE GASTRECTOMY

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Background: Clinical outcomes of bariatric surgeries depend on multiple factors. Improving quality of life after sleeve gastrectomy (SG) requires further investigation.

Objectives: To characterize quality of life indicators and determine their prognostic value in assessing long-term clinical outcomes after sleeve gastrectomy.

Methods: We analyzed outcomes of 93 patients with obesity after SG (69 women, 24 men; mean age 42.20±11.09 years). Results were evaluated using SF-BARI QoL questionnaire and Quality of Life Scale by Chaban O.S.© by Chaban O.S.

Results: Based on SG outcomes, patients were divided into 4 groups: excellent results were observed in 29 (31.18%) patients, very good in 38 (40.86%), good in 20 (21.51%), and satisfactory in 6 (6.45%) patients (5 (5.38%) poor + 1 (1.07%) suboptimal). The majority of patients - 37 (39.78%) - demonstrated very high quality of life, 28 (30.11%) had high quality of life, 19 (20.43%) had medium quality of life, while low quality of life was observed in 4 (4.30%) individuals, and 5 (5.38%) patients had very low quality of life. Low or medium quality of life was significantly associated with poorer SG outcomes in the long-term postoperative period ((τ=-0.14, p=0.045) and (τ=-0.37, p=0.0000001) respectively). Conversely, very high quality of life was associated with significantly better bariatric surgery outcomes (τ=+0.49, p=0.000000000005). Prognostically, very low/low quality of life predicted satisfactory outcomes (OR=42.50, p=0.0007; OR=21.25, p=0.01). Medium quality of life decreased chances for excellent results (OR=0.10, p=0.003) while increasing risk for merely good outcomes (OR=17.88, p=0.0000006). High quality of life improved chances for very good outcomes (OR=2.61, p=0.04), while very high quality of life strongly predicted excellent results (OR=4.36, p=0.002).

Conclusions: The study demonstrated that very high and high quality of life in examined patients was associated with significantly better clinical outcomes after sleeve gastrectomy. Therefore, improving patients' quality of life, particularly through correction of psycho-emotional disorders, can enhance the effectiveness of bariatric surgeries in the long term.

Disclosure: No significant relationships.

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FP195 / Abs. ID 552

Topic: *AS35. Exercise therapy and MBS*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

PHYSICAL ACTIVITY AND BMI CHANGES IN INDIAN PATIENTS FOLLOWING METABOLIC BARIATRIC SURGERY: SLEEVE GASTRECTOMY VS. GASTRIC BYPASS OUTCOMES UPTIL 1 YEAR

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Background: Obesity impairs mobility and reduces energy expenditure, creating a cycle that exacerbates weight gain and metabolic dysfunction. Metabolic bariatric surgery is an effective intervention for weight loss, but its impact on physical activity remains underexplored, particularly in Indian patients.

Objectives: To assess and compare weight loss outcomes and changes in physical activity among Indian patients undergoing laparoscopic sleeve gastrectomy (LSG) and laparoscopic gastric bypass (LGBP) uptil 1 year post surgery.

Methods: A prospective longitudinal study was conducted on 76 Indian metabolic bariatric surgery patients from February 2018 to August 2019, further divided into LSG (n=38) and LGBP (n=38) groups. Anthropometric parameters were measured using the Tanita MC-780 at baseline and 3, 6 and 12 months follow-ups. Physical activity levels were assessed at baseline and 12 months post-surgery using the WHO Global Physical Activity Questionnaire (GPAQ v2). Statistical analyses were performed using SPSS v24.0.

Results: At baseline, BMI was comparable between groups (LSG: 44.4 ± 6.9 kg/m², LGBP: 44.1 ± 9.2 kg/m²; p=0.895). Both LSG and LGBP led to significant BMI reductions ($p<0.001$, ANOVA). At 12 months, BMI dropped to 30.9 ± 4.5 kg/m² (LSG) and 29.8 ± 5.4 kg/m² (LGBP), with LGBP showing a greater %EBMIL at 3 and 12 months ($p<0.05$). Physical activity, assessed via GPAQ, improved significantly post-surgery. At baseline, LSG patients had higher metabolic equivalent (MET) expenditure (p=0.011) and greater engagement in high/moderate activity (p=0.008). At 12 months, MET expenditure surged in both groups ($p<0.001$), with LSG maintaining higher levels (p=0.046). High physical activity increased to 38.2% (LSG) and 25% (LGBP), while reclining time declined ($p<0.001$).

Conclusions: Metabolic bariatric surgery promotes significant weight loss and increased physical activity in Indian patients. While LGBP resulted in greater %EBMIL, LSG patients demonstrated a more substantial improvement in activity levels. Future research should establish standardized physical activity guidelines post-surgery to maximize metabolic health, weight maintenance, and long-term surgical success.

Disclosure: No significant relationships.

FP196 / Abs. ID 185

Topic: *AS35. Exercise therapy and MBS*

FREE PAPERS 12: NUTRITION/PSYCHOLOGICAL ASSESSMENT/EXERCISE THERAPY
12-09-2025 08:00 - 10:00

FAT-FREE MASS AND SKELETAL MUSCLE MASS WEIGHT LOSS: A BIOIMPEDANCE ANALYSIS IN ECUADORIAN PATIENTS AFTER SLEEVE GASTRECTOMY AND ROUX-EN-Y GASTRIC BYPASS

María Ayora[1], Juan Vasquez[2], Camila Pérez[3], Anna Sacoto[2], Camila Oñate[2], Gabriel Villavicencio[1], Bernarda Patiño[1], María Salgado[4], Gabriela Zapata[1], Napoleon Salgado[1]
[1]Clínica Bariátrica Dr. Napoleón Salgado, Quito, Ecuador, [2]Independent practitioner, Quito, Ecuador, [3]Universidad Internacional del Ecuador, Quito, Ecuador, [4]Clínica Bariátrica Dr. Napoleón Salgado, Research, Quito, Ecuador

Background: Bioelectrical impedance analysis (BIA) uses alternating electrical current to estimate tissue composition based on water content. It is highly correlated with mass reduction and has shown strong concordance for fat-free mass (FFM) compared to dual-energy X-ray absorptiometry (DXA), although the correlation is lower in individuals with higher BMI and results can vary across different models.

Objectives: This study aims to compare FFM and skeletal muscle mass (SMM) weight loss as measured by BIA (InBody 270) to published data, assessing its validity in an ambulatory Ecuadorian setting.

Methods: This single-center retrospective cohort study included patients who underwent laparoscopic sleeve gastrectomy (SG) or laparoscopic Roux-en-Y gastric bypass (RYGB) in Quito, Ecuador, from April 2019 to October 2024. exercise, protein supplementation adherence, and FFM and SMM loss. Statistical significance was set at $p<0.05$. Body composition was assessed using Inbody270 (InBody Pvt. Ltd, Cerritos, CA, USA) device at 0, 3, 6, 9, and 12 months. All patients were prescribed 27 grams of whey protein and progressive exercise routine. Adherence to treatment was recorded. Data were analyzed using IBM SPSS Statistics v.27, with t-tests to compare groups and Pearson correlations to examine the relationship between exercise and protein supplementation adherence and FFM and SMM loss at 6, and 12 months. Statistical significance was defined at $p<0.05$.

Results: The study included 930 patients, 80.5% of whom underwent SG (76.8% female, mean age 37.9±10.2) and 19.5% RYGB (61.3% female, mean age 39.3±9.9).

Mean (SD) FFM and SMM weight loss in kg

	FFM		**SMM**	
Month	SG	RYGB	SG	RYGB
3	4.8(2.9)*	5.5(3.4)*	3.2(1.8)*	3.7(2.1)*
6	2.4(0.7)*	5.6(3.7)*	6.9(1.6)*	3.8(2.3)*
9	4.7(3.0)	5.4(4.3)	3.1(1.9)	3.7(2.9)
12	4.2(4.0)	5.2(4.1)	3.2(3.0)	3.6(2.6)

*Statistically significant None of the correlations showed statistical significance.

Conclusions: Our population had lower initial values and lower FFM and SMM weight loss compared to published trends. Further prospective studies are necessary to compare imaging results to BIA in Latin American populations.

Disclosure: No significant relationships.

FP197 / Abs. ID 78

Topic: *AS33. MBS and bleeding: prevention, role of energy devices,*

FREE PAPERS 13: BLEEDING/RECURRENT WEIGHT GAIN/REFLUX/TRAINING & CERTIFICATION
12-09-2025 14:30 - 16:00

EFFECTIVENESS OF PROPHYLACTIC DOSES OF TRANEXAMIC ACID IN REDUCING HEMORRHAGIC EVENTS IN METABOLIC BARIATRIC SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS

Victor Ivano[1], Pedro Bregion[2], Josélio Oliveira Filho[3], João Caetano Marchesini[4], Everton Cazzo[2]
[1]State University of Campinas, Sao Paulo, Brazil, [2]State University of Campinas, Graduation Department, Campinas, Brazil, [3]Complexo de Doenças Infectocontagiosas Dr Clementino Fraga, João Pessoa, Brazil, [4]Clinica Marchesini, Department Of Bariatric Surgery, Curitiba, Brazil

Background: Postoperative bleeding is a major complication in metabolic bariatric surgery, contributing to increased morbidity, longer hospital stays, and healthcare costs. Tranexamic acid (TXA), an antifibrinolytic agent, has shown promise in reducing surgical blood loss in various specialties. However, there is still no consensus regarding its effectiveness and safety in metabolic bariatric surgery.

Objectives: to evaluate the impact of prophylactic TXA on hemoglobin levels, procedural duration and hospital length of stay in bariatric surgery patients.

Methods: PubMed, Embase, and Cochrane Central were searched for randomized controlled trials (RCTs) and observational studies comparing TXA and non-TXA groups in metabolic bariatric surgery up to November 2024. Data were independently extracted by two reviewers, and risk of bias was assessed using the Newcastle-Ottawa Scale and RoB-2

Results: Nine studies (2 RCTs and 7 observational studies) involving 1,956 patients were included. TXA significantly improved hemoglobin levels (MD 0.46 g/dL; 95% CI 0.08–0.84; P = 0.02), reduced procedure duration (MD -9.70 minutes; 95% CI -14.79 to -4.61; P < 0.01), and shortened hospital length of stay (MD -0.19 days; 95% CI -0.31 to -0.07; P < 0.01). No significant increase in thrombotic events was observed.

Figure 1. PRISMA flow diagram of study screening and selection

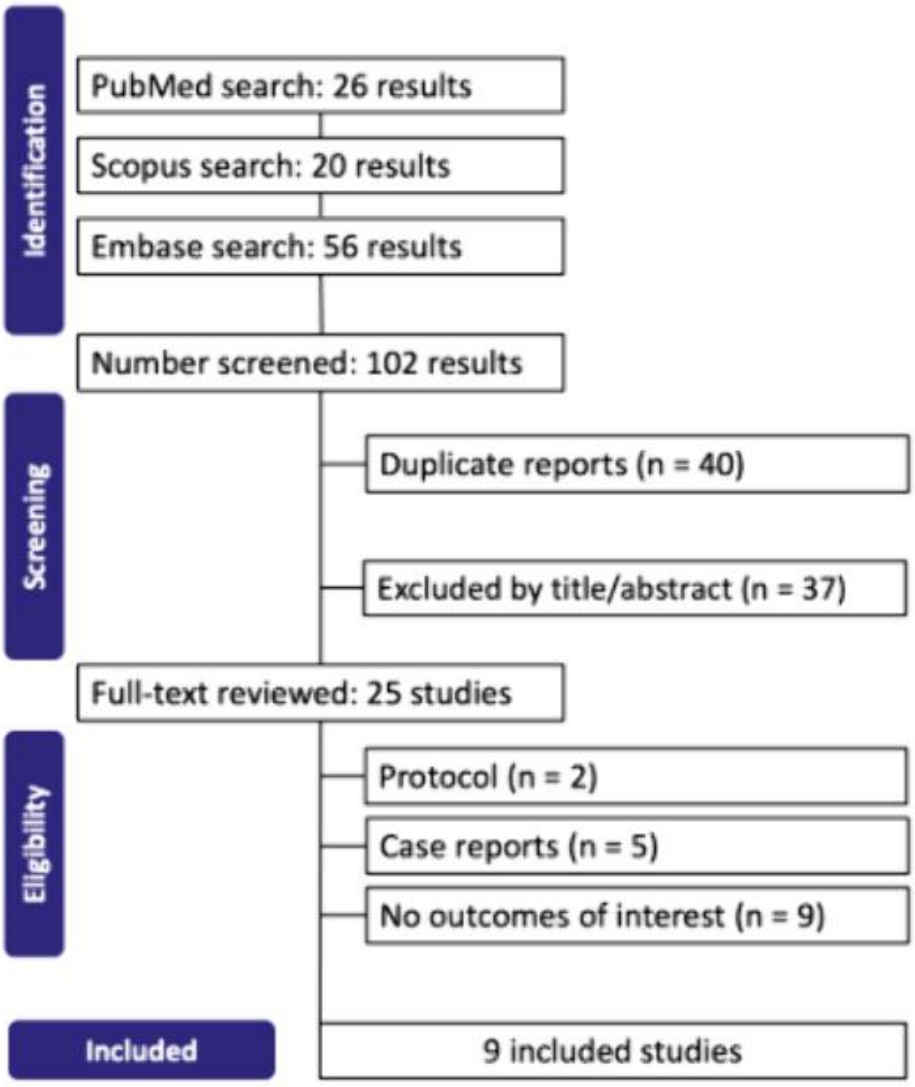


Figure 1. PRISMA flow diagram of study screening and selection

Figure 2. Forest plot for change in Hb levels. CI: confidence interval, MD: mean difference, Non-TXA: non- tranexamic acid, SD: standard deviation, TXA: tranexamic acid.

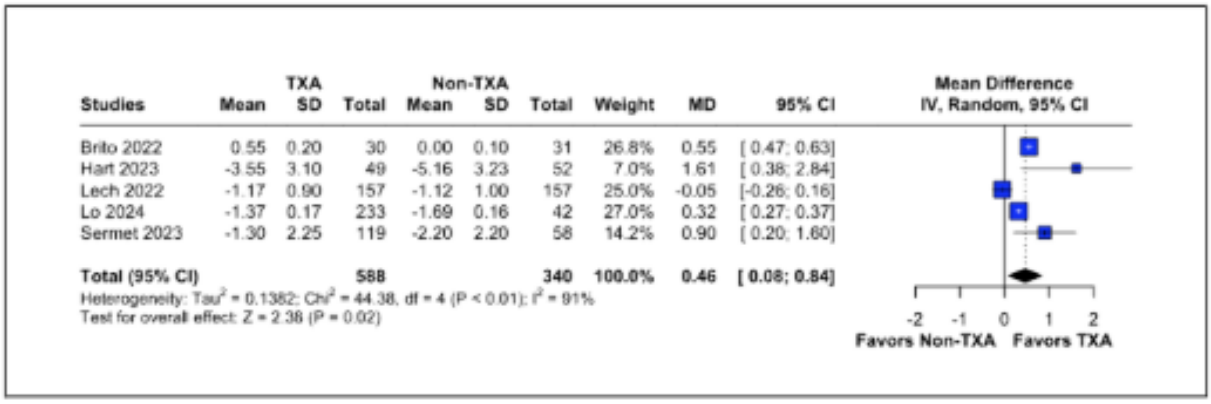


Figure 3. Forest plot for procedure duration. CI: confidence interval, MD: mean difference, Non-TXA: non- tranexamic acid, SD: standard deviation, TXA: tranexamic acid.

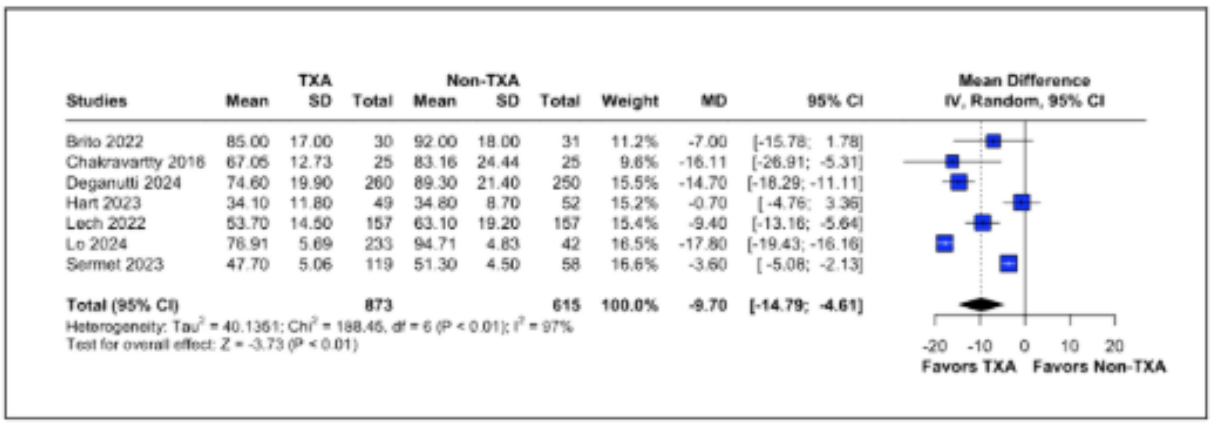
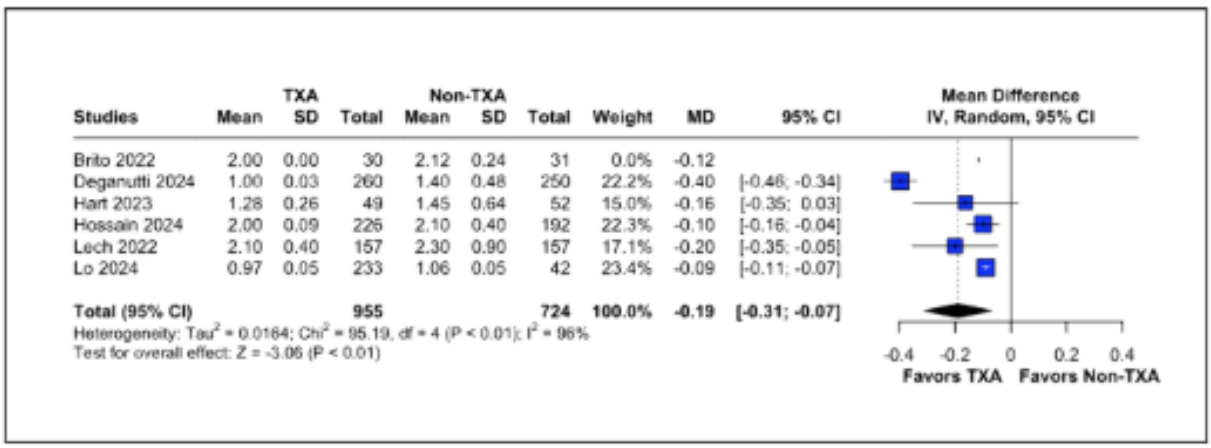


Figure 4. Forest plot for length of stay. CI: confidence interval, MD: mean difference, Non-TXA: non- tranexamic acid, SD: standard deviation, TXA: tranexamic acid.



Study	Patients (TXA/non-TXA)	Study	BMI kg/m²(TXA/non-TXA)	Hypertension% (TXA/non-TXA)	Time of TXA	TXA dosage
Alhomoud, 2016	25/25	Prospective	NR	NR	NR	NR
Brito, 2022	30/31	Prospective	38.9/37.4	33.3/32.3	Induction	1g
Chakravartty, 2016	25/25	Prospective	53.6/55.7	32/16	Induction	1g
Deganutti, 2024	260/250	Retrospective	39.5/41	45/42	Induction	1g
Hart, 2023	49/52	RCT	42.3/41.5	16.3/23.1	Induction	1.5g
Hossain, 2024	226/192	Retrospective	42.1/42.9	NR	Before extubation	1g
Lech, 2022	157/157	Retrospective	46/44.6	46.5/42.7	Before and after surgery	1g
Lo, 2024	233/42	Retrospective	38.9/37.6	52.8/57.1	Before and after surgery	250 mg
Sermet, 2023	119/58	RCT	42.2/43	13.4/15.5	Induction (TXAI) or at the end of surgery (TXAP) + both after surgery	1g

Conclusions: Prophylactic TXA may significantly reduce perioperative bleeding, operative time, and length of hospital stay in metabolic bariatric surgery, without increasing thrombotic risks.

Disclosure: No significant relationships.

FP198 / Abs. ID 456

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

FREE PAPERS 13: BLEEDING/RECURRENT WEIGHT GAIN/REFLUX/TRAINING & CERTIFICATION
12-09-2025 14:30 - 16:00

FIVE-YEAR OUTCOMES OF CONVERSIONAL ONE ANASTOMOSIS GASTRIC BYPASS AFTER SUBOPTIMAL CLINICAL RESPONSE TO SLEEVE GASTRECTOMY OR LAPAROSCOPIC GASTRIC BANDING

Charlotte Cornwell, Isha Singh, David Martin
Royal Prince Alfred Hospital, Upper Gastrointestinal Surgery, Camperdown, Australia

Background: Conversional bariatric surgeries are commonly performed following suboptimal clinical response to sleeve gastrectomy (SG) and/or laparoscopic gastric banding (LGB). However, longitudinal data evaluating the suitability of one-anastomosis gastric bypass (OAGB) as conversional surgery remains limited.

Objectives: Determine the safety and efficacy of OAGB as conversional surgery following suboptimal clinical response with SG and/ or LGB.

Methods: This prospective single-surgeon cohort study evaluated patients who underwent conversion to OABG between September 2015 and September 2024 following suboptimal outcomes from prior SG and/or LGB. Data collected included obesity-related diseases, operative factors (e.g., preoperative CT fizz volume, bypass limb length, and trimming), and longitudinal weight loss outcomes up to 6 years post-conversion. Statistical analysis was performed using STATA v18, with a significance threshold set at a p-value of < 0.05.

Results: A total of 127 patients who underwent conversion to OAGB were identified, including 61 with prior SG, 55 with prior LGB, and 11 with both procedures. Mean BMI at time of revision was 44.6 kg/m². The mean bypass limb length was 190.9 cm, and the median preoperative CT fizzogram volume was 240mL. Preoperative metabolic related diseases included non-insulin dependent type 2 diabetes (15.0%), obstructive sleep apnea (19.7%), hypertension (27.6%), glucose intolerance (14.2%), and insulin resistance (58.3%). Postoperative complications were minimal, with no anastomotic leaks or bleeding, and one small bowel obstruction due to an incisional hernia. Four patients developed reflux and subsequently underwent interval Roux-en-Y gastric bypass. Excess weight loss (EWL) and total body weight loss (TBWL) peaked at 1-year post-conversion. Median EWL was 68.1%, 63.6%, and 44.0% at 1, 2, and 5 years, respectively. Median TBWL was 28.8%, 27.8%, and 20.0% at 1, 2, and 5 years, respectively. Additionally, Cox regression will be conducted to evaluate the relationship between patient and surgical factors, and time to achieve adequate weight loss following conversional OAGB.

Conclusions: OAGB is a safe surgical option with sustainable weight loss outcomes for patients with suboptimal clinical response to initial SG or LGB.

Disclosure: No significant relationships.

FP199 / Abs. ID 1137

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

FREE PAPERS 13: BLEEDING/RECURRENT WEIGHT GAIN/REFLUX/TRAINING & CERTIFICATION
12-09-2025 14:30 - 16:00

LONG-TERM EFFECTS OF CALIBRATING TUBE AND PYLORUS DISTANCE ON SLEEVE GASTRECTOMY OUTCOMES: A SINGLE-CENTER RANDOMIZED CONTROLLED TRIAL

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Background: Whether the boogie diameter and the distance between the resection and the pylorus are important for achieving long-term, permanent results during laparoscopic sleeve gastrectomy (LSG) and preventing obesity recurrence within 5 years is still being debated, and the final consensus on this issue is ongoing.

Objectives: This randomized study was to investigate the effect of reducing the boogie diameter and the distance from the pylorus to the resection on the long-term outcomes of LSG.

Methods: 173 patients with body mass index 40–85 kg/m² were included in the study. The age of patients varied from 15 to 65. According to the technique of laparoscopic surgery the patients were randomized to 2 groups: 85 patients,diameter of boogie 36Fr and over,distance between the point of resection and pylorus 4-6cm; 88 patients, diameter of boogie 32Fr, distance between the point of resection and pylorus 2 cm.The main criterion of comparison was the rate (%) of excessive weight loss at 6th and 12th months after surgery.The additional criteria of comparison were the changes in progression of concomitant diseases and complications after surgery.All patients were followed up for 5 years.

Results: Patients of 1st group have lost of excessive weight 73,4±4%12months after surgery.According results patients in of 2ndgroup were 78,7±3% The difference between the groups was statistically significant both 12months postoperatively($p<0.05$). Also, in the long-term period, 64% of patients in group 1 were able to maintain normal weight loss after 5 years, while this figure was 82% in group 2. Although the difference in weight loss between the groups at 1 year was not significant, the 5-year result was satisfactory in terms of maintaining the weight lost in group 2.There was no difference in complications between the groups, and there was no mortality.

Conclusions: This randomized study has shown that32Fr boogie and 2cm for point of resection in LSG is more effective for rapid weight loss than36Fr and over boogie and 4-6cm for point of resection. It also made a significant difference in preventing weight regain over a 5-year period and does not increase the complication rate.

Disclosure: No significant relationships.

FP200 / Abs. ID 1126

Topic: *AS39. MBS and reflux*

FREE PAPERS 13: BLEEDING/RECURRENT WEIGHT GAIN/REFLUX/TRAINING & CERTIFICATION
12-09-2025 14:30 - 16:00

IMPACT OF SLEEVE GASTRECTOMY AND ROUX-EN-Y GASTRIC BYPASS ON ESOPHAGEAL PHYSIOLOGY AND GASTROESOPHAGEAL REFLUX DISEASE: A PROSPECTIVE STUDY

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Background: Laparoscopic sleeve gastrectomy (LSG) and laparoscopic Roux-en-Y gastric bypass (LRYGB) are the most commonly performed bariatric surgical procedures. The effectiveness of these operations on weight control is well established; however, their impact on esophageal physiology is still under evaluation.

Objectives: The aim of this study is to evaluate the consequences of LSG and LRYGB on esophageal physiology, especially concerning reflux.

Methods: This prospective study involved 30 patients with severe obesity; 15 underwent LSG, and 15 had LRYGB. Conducted between 2021 and 2023 in Turin, Italy, the study employed preoperative and 1-year postoperative assessments of esophageal function using conventional esophageal manometry, 24-h multichannel intraluminal impedance-pH (MII-pH), upper gastrointestinal series, upper endoscopy, and a validated questionnaire to assess outcomes related to esophageal and lower esophageal sphincter (LES) functions and reflux.

Results: Both groups experienced significant reductions in weight and body mass index. The GERD symptoms remained unchanged postoperatively ($p = 0.687$), with 26.7% using proton pump inhibitors (PPIs) before and after surgery, while in the LRYGB group, GERD symptoms and PPIs use significantly decreased from 53.3 to 6.7% ($p = 0.016$).In the LRYGB group only, esophagitis significantly decreased from 53.3 to 6.7% ($p = 0.007$), and barium studies showed a significant reduction in reflux signs from 66.7% preoperatively to none postoperatively ($p = 0.002$). Multichannel intraluminal impedance-pH monitoring revealed significant reductions in reflux metrics for the LRYGB group only. Regarding the manometric parameters, significant changes were observed in the LSG group, while in the LRYGB group, only the LES residual pressure significantly increased from 2.0 to 4.0 mmHg ($p = 0.006$).

Conclusions: LSG and LRYGB are effective for weight loss and improving quality of life. Sleeve gastrectomy controls reflux, with new cases being rare. Advanced diagnostics are key when standard tests are insufficient.

Disclosure: No significant relationships.

FP201 / Abs. ID 144

Topic: *AS54. Training and education in MBS, role and implications of UEMS MBS examination*

FREE PAPERS 13: BLEEDING/RECURRENT WEIGHT GAIN/REFLUX/TRAINING & CERTIFICATION
12-09-2025 14:30 - 16:00

ASYNCHRONOUS AND REMOTE TEACHING FOR THE ACQUISITION OF METABOLIC BARIATRIC SURGERY SKILLS THROUGH A STRUCTURED SIMULATION PROGRAM: A RANDOMIZED CONTROLLED TRIAL.

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Background: •Surgeon requires between 50 and 150 procedures to achieve a stable level of competence (RYGB). •Simulation has proven to be an effective teaching method to accelerate the learning curve. •Traditional simulation teaching methodologies present logistical and accessibility limitations. •Teaching of complex laparoscopic skills through asynchronous and remote modalities is as effective as the in-person method through the use of a validated online platform.

Objectives: Determine whether a metabolic bariatric surgery training program using surgical simulation with asynchronous and remote feedback is as effective as in-person training in developing surgical skills among trainee surgeons.

Methods: -Randomized controlled trial, equivalence design. -Inclusion criteria: Surgeons in training with completed basic and advanced simulation courses of simulatión department of "Pontificia Universidad Católica de Chile". -Exclusion criteria: prior experience in esophagogastric surgery. -Participants (N 25), randomly assigned two groups: In-person group and asynchronous and remote group. -Measurements wil be taken across 6 sessions: General and specific OSATS scale scores (objective structures assessment of technical skills), execution times, leakage and permeability tests.

Results: The study is currently in progress, but preliminary results from a pilot study are available, in which two students completed the structured simulation course in esophagogastric and metabolic bariatric surgery. They achieved equivalent scores on both general and adapted specific OSATS scales, as well as in the other measurements conducted.

Conclusions: This study aims to offer a flexible and effective alternative for surgical training in metabolic bariatric surgery, benefiting both trainee surgeons and expert instructors, achieving also global reach in surgical education.

Disclosure: Dr. Julián Varas is the founder and CEO of TrainingCompetence, a spinoff of Universidad Católica that created, maintains, and manages the Lapp and C1Do1 platforms. However, the use of these platforms for the purposes of this research will be provided as a

FP202 / Abs. ID 412

Topic: *AS03. Obesity, MBS and women's health*

FREE PAPERS 14: WOMEN'S HEALTH/ERAS
12-09-2025 14:30 - 16:00

MEASUREMENT OF PREOPERATIVE FRAILTY IN WOMEN UNDERGOING METABOLIC BARIATRIC SURGERY. A BRIEF COMMUNICATION.

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Background: Frailty is an age-related state of vulnerability, which causes increased susceptibility to stressful events. Frail people are at increased risk of falls, longer hospital stays, disability and death. Its measurement in women undergoing metabolic bariatric surgery (MBS) would allow planning and implementation of preventive and care measures in the preoperative, intraoperative and postoperative stages, in addition to considerations in recovery and impact on total weight loss.

Objectives: To describe the key elements of frailty assessment in women undergoing metabolic bariatric surgery (MBS).

Methods: Literature review conducted in February 2025.

Results: Frailty measured in women undergoing metabolic bariatric surgery was associated with a higher rate of postoperative complications and lower total weight loss.

Conclusions: Women are the largest population undergoing metabolic bariatric surgery (80% of the total population). The existence of preoperative frailty is associated with a higher probability of suboptimal response to total post-surgical weight loss, in addition to being a predictor of non-home discharge, prolonged hospital stay, mortality and unplanned admission to the intensive care units. The importance of measuring frailty in the preoperative stage will allow the implementation of interventions to improve/reverse this condition and improve MBS outcomes.

Disclosure: No significant relationships.

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FP203 / Abs. ID 1034

Topic: *AS03. Obesity, MBS and women's health*

FREE PAPERS 14: WOMEN'S HEALTH/ERAS
12-09-2025 14:30 - 16:00

OUTCOMES FOLLOWING CONTEMPORARY DEFINITIONS OF CLINICAL OBESITY IN THE MBSAQIP DATABASE

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Background: Recently, a panel of experts introduced new classifications of clinical obesity, which have gained significant attention for their potential to transform obesity management strategies.

Objectives: To incorporate the contemporary definitions of obesity to analyze and enhance our understanding of patient outcomes within the MBSAQIP 2023 patinet use file

Methods: We categorized adult patients with BMI ≥40 kg/m² as having "clinical obesity" if they presented with at least one of the following conditions related to dysfunction in respiratory system (COPD, smoking history), upper airway (sleep apnea), metabolism (diabetes mellitus, hyperlipidemia), liver (liver disease), cardiovascular system(myocardial infarction, hypertension, previous cardiac surgery, anticoagulant therapy, deep vein thrombosis, pulmonary thromboembolism, heart failure, IVC filter placement), renal (renal failure, dialysis), or functional dependence (partially or totally dependent status in daily activities). Patients without any of these conditions were classified as having "preclinical obesity." Logistic regression models assessed odds of major complications (defined as comprehensive complication index ≥26.2), 30-day re-operation, re-admission and further intervention between patients with preclinical and clinical obesity.

Results: 159,705 patients met the inclusion criteria, with 45,500 (28.5%) classified as preclinical and 114,205 (71.5%) as clinical obesity. Roux-en-Y gastric bypass was more commonly performed in the clinical obesity (32.1% vs. 26%), whereas sleeve gastrectomy was more frequent in the preclinical obesity group (67.7% vs. 60.4%). Patients with clinical obesity had higher rates (%) and higher odds ratio (OD) of major complications (2.6% vs. 1.6%; OR= 1.32, CI: 1.20-1.45, p = 0.001), re-operation (1.1% vs. 0.7%; OR= 1.21, CI: 1.05-1.39, p = 0.004), readmission (3.5% vs. 2.5%; OR=1.21, CI: 1.13-1.31, p = 0.001), and 30-day intervention (0.8% vs. 0.6%; OR= 1.41, CI: 1.22-1.64; p = 0.001) compared to patients with preclinical obesity after adjusting for sex, age, BMI, and procedure type. Furthermore, mortality was significantly higher in the clinical obesity compared to preclinical obesity (0.1% vs. 0.01%, OR: 2.52, CI: 1.20-5.28, p=0.014).

Conclusions: This study is the first to examine the newly defined obesity classifications using MBSAQIP data, providing insights into their impact on postoperative outcomes. The findings highlight the importance of incorporating functional and metabolic factors into obesity risk assessments to improve surgical decision-making and patient selection.

Disclosure: No significant relationships.

FP204 / Abs. ID 141

Topic: *AS03. Obesity, MBS and women's health*

FREE PAPERS 14: WOMEN'S HEALTH/ERAS
12-09-2025 14:30 - 16:00

PREDICTING TIME TO PREGNANCY FOLLOWING METABOLIC-BARIATRIC SURGERY IN WOMEN WITH PREOPERATIVE INFERTILITY: A SURVIVAL ANALYSIS MODEL

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Background: Obesity may impair reproduction in both women and men, leading to infertility in couples trying to conceive. Time to pregnancy, denoting the duration for a woman to successfully conceive, is associated with preconception obesity. Metabolic-bariatric surgery (MBS) is more effective than medical care to treat obesity-related infertility.

Objectives: We aimed this study to predict time to pregnancy following MBS in women with preoperative infertility.

Methods: This retrospective cohort of Iranian National Obesity Surgery Database (INOSD), was conducted on 100 women with a history of preoperative infertility who underwent MBS between 2009 and 2021. First, 24-month curve of pregnancy was estimated using the Kaplan-Meier method and then, multivariable cox proportional hazard regression was used to determine the chance of pregnancy up to 24 months following MBS. Finally, time to pregnancy was estimated by the nearest neighbor algorithm and area under the receiver operating characteristic (AUROC) curve. Statistical analyses were performed with the statistics and data software (STATA, Version 17, College Station, Texas, USA).

Results: The incidence of pregnancy was 79.12% for a 24-month follow-up and median time to pregnancy was 12 (95%CI: 10, 14) months (Figure 1). Nine factors were respectively considered important in the 24-month chance of pregnancy following MBS despite preoperative infertility, including of job (HR=1.98), type 2 diabetes mellitus (T2DM) (HR=1.76), polycystic ovary syndrome (PCOS) (HR=1.45), body mass index (BMI) (HR=0.99), age (HR=0.95), hypothyroidism (HR=0.92), surgical procedure (HR=0.81), education (HR=0.77), and hypertension (HR=0.74). The performance of model was considered good with AUROC, sensitivity, and specificity of 0.77, 0.69, and 0.73, respectively (Figure 2).

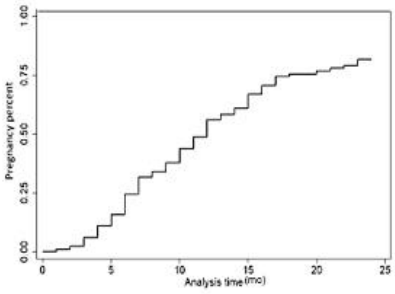

Figure 1. Kaplan-Meier pregnancy estimator

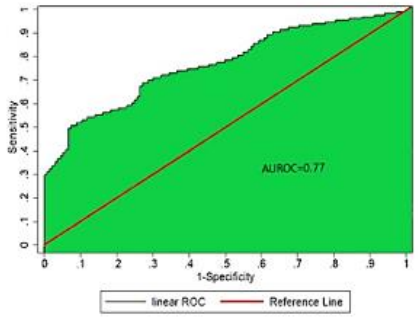

Figure 2. ROC curve of pregnancy prediction model

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Conclusions: Although there is a higher chance of pregnancy among women with T2DM or PCOS and infertility, hypothyroidism and hypertension were associated with decreased pregnancy up to 24 months following MBS. While sleeve gastrectomy (SG) was associated with increased pregnancy in women with a preoperative infertility compared to gastric bypass (GBP), more evidence is needed to evaluate the different types of MBS in women of reproductive age.

Disclosure: No significant relationships.

FP205 / Abs. ID 1019

Topic: *AS03. Obesity, MBS and women's health*

FREE PAPERS 14: WOMEN'S HEALTH/ERAS
12-09-2025 14:30 - 16:00

MATERNAL AND NEONATAL OUTCOMES FOLLOWING PREGNANCY AFTER METABOLIC BARIATRIC SURGERY: A RETROSPECTIVE COHORT STUDY

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Background: Obesity is a growing global health concern with well-documented impacts on reproductive health. In women of reproductive age, obesity is associated with subfertility, anovulation, and increased risks during pregnancy and delivery. While bariatric surgery improves many obesity-related comorbidities, its effects on fertility, pregnancy, delivery outcomes, and subsequent child development remain areas of ongoing investigation.

Objectives: This study aims to evaluate the impact of bariatric surgery on female fertility, pregnancy outcomes, delivery complications, and early child development and nutrition.

Methods: This retrospective cohort study evaluated women who underwent bariatric surgery between 2015 and 2024 and subsequently became pregnant. Data were extracted from electronic hospital records and included demographic details, type and date of surgery, weight at surgery, fertility history, pregnancy weight, and delivery outcomes. Maternal and neonatal outcomes including mode of delivery, blood loss, postpartum complications, birth weight, and perinatal issues were recorded. Other hospitals are being liased to identify patients who delivered outside our facility, to ensure all eligible cases are included.

Results: Nine patients were included in the analysis, the average weight at the time of bariatric surgery was 135.9 kg, which decreased to an average of 92.6 kg at the start of pregnancy. The average time from surgery to conception was 23.9 months, with a range from 5.2 to 54 months. Two patients reported difficulty conceiving prior to surgery, with durations of infertility lasting 6 and 8 years and conceived 12.6 and 21.6 months after their bariatric procedures. The average gestational age at delivery was 38.8 weeks, ranging from 37 to 40 weeks. The mean birth weight was 3,246 grams, with a range from 2,520 to 3,920 grams. No congenital anomalies were reported, and seven out of nine infants had no perinatal complications. Minor neonatal issues included jaundice and abdominal distension in two cases. Further analysis will be performed with data from other hospitals including one tertiary hospital.

Conclusions: Pregnancy following bariatric surgery was associated generally favorable maternal and neonatal outcomes with the involvement of specialist nursing team in perinatal management. Most pregnancies reached full term, with no congenital anomalies and minimal complications, supporting the safety and reproductive benefits of bariatric surgery.

Disclosure: No significant relationships.

FP206 / Abs. ID 269

Topic: *AS15. Role of ERAS protocol in MBS*

FREE PAPERS 14: WOMEN'S HEALTH/ERAS
12-09-2025 14:30 - 16:00

FEASIBILITY AND SAFETY OF OUTPATIENT METABOLIC BARIATRIC SURGERY VERSUS INPATIENT BARIATRIC SURGERY. A COMPARATIVE STUDY

Luciano Deluca[1], Patricio Cal[1], Ana Mansilla[1], Camila Luxen[1], Ezequiel Fernandez[2]
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Background: Quick Recovery Protocols (QRPs) after major surgery reduce hospital stays, accelerate recovery, and reduce healthcare costs. Consequently, outpatient procedures have emerged as a viable alternative for well-selected patients, easing the demand on hospital resources

Objectives: To evaluate the feasibility and safety of outpatient metabolic bariatric surgery compared to non-outpatient procedures at a high-volume specialized center in Argentina.

Methods: A consecutive sample of 2505 patients who underwent metabolic bariatric surgery was analyzed. Patients were divided into two groups: those with 24-hour postoperative hospital stay (non-ambulatory) and those discharged on the same day (ambulatory) after meeting strict inclusion criteria with a QRP implementation. Variables assessed included immediate complications, readmissions, reoperations, as well as demographic and clinical factors such as age, sex, body mass index, percentage of preoperative weight loss, and related diseases.

Results: Among the 2505 patients, 2106 (84.1%) were women, with a mean age of 40.73 years and an average BMI of 45.02 kg/m². A total of 1713 procedures (68.4%) involved a 24-hour hospitalization, while 792 procedures (31.6%) were performed on an outpatient basis. Within the subgroup of 978 patients operated after implementing outpatient protocols, 792 (81%) were discharged the same day. The remaining 186 patients included 137 (14%) who did not fulfill the preoperative inclusion criteria, 33 (3.37%) excluded due to intraoperative events, and 16 (1.63%) who could not be discharged because of inadequate pain management or digestive intolerance. (Figure 1). Considering only those eligible for outpatient surgery, the success rate reached 98.02%. In a 1:1 matched comparison of 626 patients (313 per group), taking into account sex, age, BMI, initial weight, preoperative weight reduction, related diseases, preoperative glycated hemoglobin level, and type of planned procedure, the outpatient group experienced a 1.9% rate of major complications compared to 4.2% in the non-ambulatory group (P=0.161), readmission rates were 1.9% versus 2.6% (P=0.788), and reoperation rates were 0.6% versus 1.6% (P=0.450) (Figure 2).

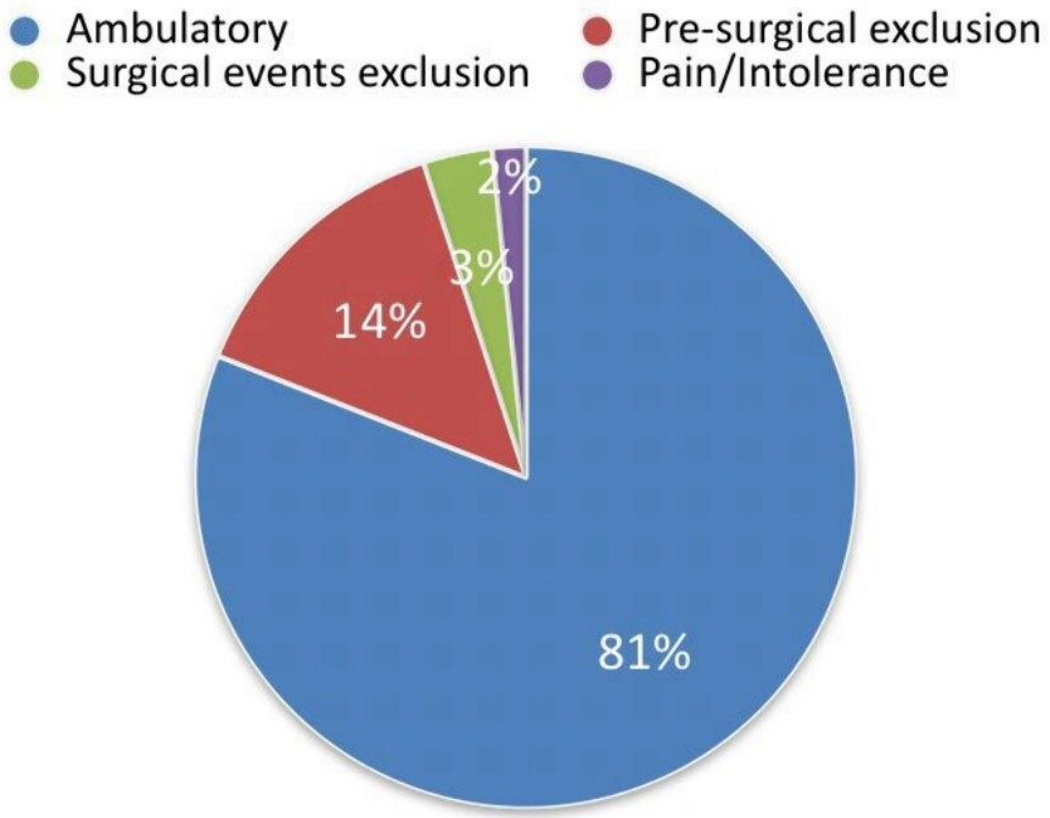

Figure 1. Patient distribution after ambulatory surgery QRP implementation

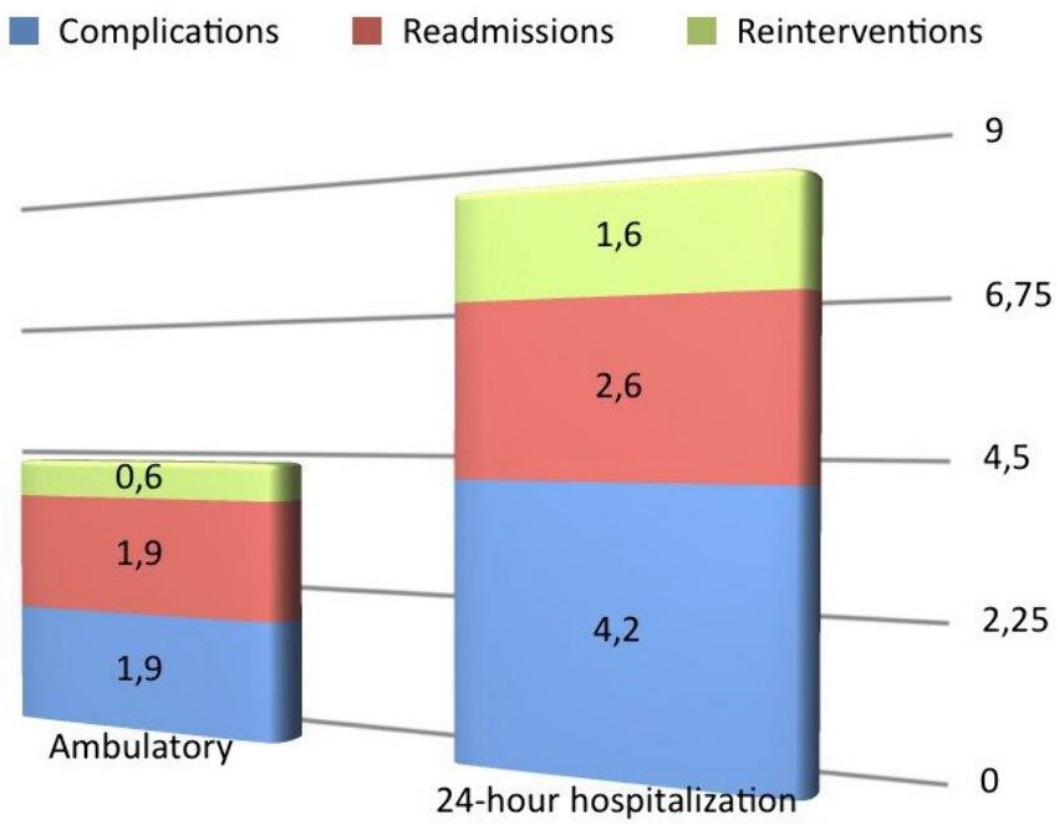

Figure 2. Comparative Analysis of Complications, Readmissions, and Reinterventions

Conclusions: Outpatient metabolic bariatric surgery, when implemented with QRPs and strict patient selection, is a feasible and safe option that optimizes hospital resource utilization.

Disclosure: No significant relationships.

FP207 / Abs. ID 394

Topic: *AS15. Role of ERAS protocol in MBS*

FREE PAPERS 14: WOMEN'S HEALTH/ERAS
12-09-2025 14:30 - 16:00

EFFECT OF ERAS® PROTOCOL ADHERENCE ON 19.014 PATIENTS UNDERGOING SURGERY IN BRAZILIAN SRC CENTER

Jose Sallet[1], Ana Caroline Yasuda[2], Sansiro Brito[2], Lucas Muniz[2], Mariane Campos[2], Antonio Neves[2], Helbert Gomes[2], Gabriel Lima[2], Margaretth Arruda[2], Paulo Sallet[2]
[1]Instituto de Medicina Sallet, São Paulo, Brazil, [2]INSTITUTO DE MEDICINA SALLET, São Paulo, Brazil

Background: The ERAS protocol in Bariatric and Metabolic sugery allow importante benefits to the patients as well as can reduce the rates of morbidity after surgery, as length-of-stay (LOS) in metabolic bariatric surgery and rate hospital re-admission.

Objectives: The objective of this study was to evaluate the impact of patients' adherence to the recommendations of an ERAS protocol for Bariatric Surgery (ERABS)

Methods: Observational study of 19.014 consecutive patients submitted to bariatric surgery in a SRC center in São Paulo, Brazil, in the past 12 years. The patients were divided into 2 groups. Group 1 (from 2013 to 2015) presenting the criteria: (1) absence of indication to ICU, (2) patients living in the same city of surgery, (3) absence of intra-operatory complications, and (4) less than three related diseases. Group 2 (from 2016 to 2025) all the ICU indication in post-op time, poor diet acceptance or surgery complications.

Results: We operated 3566 patients between January 2013 and December 2015; 13.654 patients between January 2016 and January 2025. In 2013 the patients were discharged on the 3rd postoperative day. In the following years the mean discharge day was the first post-op. In group 1, 2638,84 patients (74%) were included in our criteria and 2426 patients of of those (92%) received early discharge. 68% of all patients were discharged on the first day using these strict criteria. In group 2, 15.448 patients (95%) received early discharge in the first 24 hours after surgery. 30-day readmissions decreased from 3,8% in Group 1 to 1,9% in Group 2. It demonstrate better results in the last 10 years.

Conclusions: Compliance with the ERAS® protocol l in the last 11 years reduced the duration of hospitalization stay (less than 24hs) as well as maintaining or reducing low readmission rates without compromising morbidity.

Disclosure: No significant relationships.

FP208 / Abs. ID 782

Topic: *AS15. Role of ERAS protocol in MBS*

FREE PAPERS 14: WOMEN'S HEALTH/ERAS
12-09-2025 14:30 - 16:00

SAFETY AND FEASIBILITY OF OUTPATIENT REVISIONAL METABOLIC BARIATRIC SURGERY VS. OUTPATIENT PRIMARY METABOLIC BARIATRIC SURGERY: A COMPARATIVE STUDY

Luciano Deluca[1], Patricio Cal[1], Liliana Parasporo[2], Florencia Marchetti[2], Ezequiel Fernandez[3]
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Background: Enhanced recovery protocols brought faster recovery, fewer complications and a reduction in hospitalization time which results in less infections, greater comfort for the patient and lower cost. However, published evidence on safety of ambulatory revisional surgery is scarce.

Objectives: To compare the feasibility and safety of outpatient revisional surgery (RS) versus outpatient primary bariatric surgery (PBS) in a high-volume bariatric center.

Methods: Retrospective review of a prospective database of all patients undergoing primary and revisional bariatric surgery after implementing enhanced recovery protocols. Inclusion criteria was age between 18 and 65, BMI lower than 65, no use of anti coagulants and no severe medical conditions. Anthropometric data, comorbidities, length of stay, need for readmission or reoperation and 30-day morbidity were recorded

Results: A total of 1,525 patients fulfilled preoperative criteria for ambulatory bariatric surgery (PBS: 1,420, RS: 104) between 2021 and 2024. Patients undergoing RS were older (48.3 vs. 40.5 years), had lower excess weight (39.6 vs. 44.6 kg/m²), similar female proportions (89.3% vs. 83.3%) and diabetes prevalence (6.8% vs. 12.8%), but lower hypertension rate (16.5% vs. 25.5%) compared to PBS patients. Among all candidates for RS, same-day discharge rate were 78.6% vs. 93.1% for primary surgery. Main ambulatory protocol exclusion reasons included surgical complexity (55.5%), anesthetic or hemodynamic events (16.6%), and significant intraoperative bleeding (11.1%). When considering only patients who fulfilled all inclusion criteria to remain in the outpatient group after surgery, same-day discharge rates were 97.2% (RS) vs. 96.77% (PBS). For revisional and primary surgery groups, major morbidity was 4.2% vs. 2.8% (P=NS), readmission 3.2% vs. 1.4% (P=NS) and reoperation 1.1% vs. 0.75% (P=NS) respectively. No mortality was recorded in the series. After adjusting for age, hypertension, and BMI, no significant differences were found in complications or reoperations.

Conclusions: Outpatient revisional bariatric surgery is as safe as outpatient primary bariatric surgery when performed by an experienced surgical team and with careful patient selection. Enhanced recovery protocols may play a crucial role in ensuring the safety of the procedure.

Disclosure: Speaker for Ezisurg medical

FP209 / Abs. ID 220

Topic: *AS15. Role of ERAS protocol in MBS*

FREE PAPERS 14: WOMEN'S HEALTH/ERAS
12-09-2025 14:30 - 16:00

NEURAXIAL VS TRANSVERSUS ABDOMINIS PLANE BLOCKS ON PERIOPERATIVE PAIN MANAGEMENT IN METABOLIC BARIATRIC SURGERY: A RETROSPECTIVE REVIEW

María Ayora[1], Juan Vasquez[2], Camila Pérez[3], Anna Sacoto[2], Lorena Taipe[2], Bernarda Patiño[1], Gabriel Villavicencio[1], María Salgado[4], Gabriela Zapata[1], Napoleon Salgado[1]
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Background: Recent ERAS guidelines suggest the use of total intravenous anesthesia (TIVA), avoidance of volatile anesthetics, and reduction of opioids for prevention of postoperative nausea and vomiting (PONV). However, economical limitations are an important consideration for middle income countries. TIVA is 1.8 times more expensive than anesthesia with sevoflurane. Epidural and transversus abdominal plane (TAP) block can decrease pain and opioid usage.

Objectives: This study aims to compare pain, opioid use, opioid-related side effects, and postoperative care unit (PACU) and hospital stay duration in patients who underwent metabolic bariatric surgery with neuraxial or TAP block.

Methods: This is a retrospective cohort study of metabolic bariatric surgery patients at Clinica Bariatrica Dr. Napoleon Salgado, Quito, Ecuador, from April 2023 to January 2025. Patients received neuraxial block or bilateral TAP block. Intrathecal medication included morphine 100 mcg, fentanyl 20–25 mcg, and bupivacaine 0.1%. TAP medication consisted of bupivacaine 0.1%. Data on pain, nausea, vomiting, urinary retention, ileus, pruritus, medication use, and duration of PACU and hospital stays were collected. Analgesics were categorized as non-opioid, weak opioid, or potent opioid. Data analysis was conducted with SPSS v.27, with T-tests and Chi-squared tests for statistical significance ($p<0.05$).

Results: The study included 152 patients: 142 with neuraxial block and 10 with TAP block. PACU stay was similar for both groups (neuraxial 132 min vs. TAP 130 min, p=0.929). Neuraxial block had a shorter hospital stay (1.4 days vs. TAP 1.8 days, p=0.04).

	TAP %(n)	Neuraxial %(n)
Pain in PACU	70(7)	57.7(82)
Nausea in PACU	20(2)	7.7(11)
Vomiting in PACU	10(1)	2.1(3)
Pain	80(8)*	34.5(49)*
Nausea	40(4)	21.8(31)
Vomiting	30(3)	10.6(15)
Anuria	0(0)	2.8(4)
Pruritus	20(2)	8.4(12)

	TAP %(n)	Neuraxial %(n)
Ileus	10(1)	2.1(3)

	TAP %(n)	Neuraxial %(n)
Non-opioid in PACU	20(2)*	4.2(6)*
Potent opioid in PACU	70(7)	41.5(59)
Non opioid	70(7)*	34.5(49)*
Weak opioid	10(1)	3.5(5)
Potent opioid	0	1.4(2)

*Statistically significant

Conclusions: We observed no significant difference in opioid use. However, TAP was associated with higher pain, non-opioid analgesic usage, and longer hospital stays.

Disclosure: No significant relationships.

FP210 / Abs. ID 784

Topic: *AS15. Role of ERAS protocol in MBS*

FREE PAPERS 14: WOMEN'S HEALTH/ERAS
12-09-2025 14:30 - 16:00

APLICACIÓN DE PROTOCOLO ERAS EN CIRUGÍA BARIÁTRICA . CREACIÓN DE UN REGISTRO CLINICO DE INVESTIGACIÓN ANESTESIOLÓGICO EN CLINICA MEDS. PRIMER REPORTE.

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Background: Instauración de Prorocolo ERAS para cirugía Bariatrica en Clínica Meds De Santiago de Chile; Junto a la creación del primer registro Anestesiologico de estos pacientes con un seguimiento de las primeras 24 horas de su post operatorio enfocados en evaluar algunos outcomes que consideramos relevantes en nuestra práctica clínica como dolor y náuseas entre otros.

Objectives: Poder medir a través de un registro fidedigno las primeras 24 horas del post operatorio reciente de pacientes sometidos a Cirugía Bariatrica en Clínica Meds. Utilizando como organizador de datos la plataforma RedCap, lo que nos permite ir evaluando nuestra práctica clínica a través de una herramienta estadística y poder discutir a futuro la necesidad de realizar algunos cambios si fuese necesario para ajustar el protocolo a ERAS a nuestra realidad local.

Methods: Seguimiento prospectivo de la evolución de las primeras 24 horas del post operatorio de todos los paciente sometidos a cirugía Bariatrica desde Enero de año 2025 en clínica Meds De Santiago

Results: En esta primera revisión de datos, hemos podido encontrar que tenemos muy bueno resultados en outcomes medidos, sobre todo enfocándonos en náuseas, vomitos y dolor el periodo registrado; incluso algunas cifras mejores que las publicada en la literatura mundial. Esto nos refleja que protocolo ERAS para cirugía Bariatrica es una excelente herramienta de trabajo donde las recomendaciones que se entregan de el periodo preoperatorio, intraoperatorio y postoperatorio dan como resultados paciente que evolucionan favorablemente a este tipo de intervenciones quirúrgicas.

Conclusions: La finalidad es poder lograr una base de datos en donde estamos incluyendo aproximadamente 50 a 60 pacientes mensualmente que son sometidos a cirugía Bariatrica en Clínica Meds De Santiago. Evaluando y analizando las estadísticas el objetivo final es ver si podemos mejorar aún más en algo nuestra intervención como anestesiólogos y tomar medidas para poder adecuar de la mejor manera posible el protocolo ERAS combinado a nuestra realidad local buscando el mejor resultado para nuestros pacientes.

Disclosure: No significant relationships.

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FP211 / Abs. ID 923

Topic: *AS15. Role of ERAS protocol in MBS*

FREE PAPERS 14: WOMEN'S HEALTH/ERAS
12-09-2025 14:30 - 16:00

CLINICAL IMPACT OF ERAS PROTOCOL IMPLEMENTATION IN METABOLIC BARIATRIC SURGERY: SHORTER HOSPITAL STAY WITHOUT INCREASED RISK

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Background: Enhanced Recovery After Surgery (ERAS) protocols aim to standardize perioperative care, reduce surgical stress, and promote faster postoperative recovery. While improvements in protocol compliance have been well documented, evaluating clinical outcomes such as length of stay (LOS) and major complications remains critical. This study compared LOS and 30-day major complications before and after ERAS protocol implementation in a university-affiliated teaching clinic.

Objectives: We conducted a retrospective analysis of two cohorts of patients who underwent bariatric surgery: a pre-ERAS group (n=51) and an ERAS group (n=86). Demographic data, surgical characteristics, LOS, and 30-day major complications—defined as Clavien-Dindo grade III or higher—were collected. Continuous variables were compared using Student's t-test or Mann-Whitney U test, and categorical variables using the chi-square test or Fisher's exact test, as appropriate. A p-value < 0.05 was considered statistically significant.

Methods: We conducted a retrospective analysis of two cohorts of patients who underwent bariatric surgery: a pre-ERAS group (n=51) and an ERAS group (n=86). Demographic data, surgical characteristics, LOS, and 30-day major complications—defined as Clavien-Dindo grade III or higher—were collected. Continuous variables were compared using Student's t-test or Mann-Whitney U test, and categorical variables using the chi-square test or Fisher's exact test, as appropriate. A p-value < 0.05 was considered statistically significant.

Results: The average age and BMI were 39.8 ± 11 years and 35 ± 5 kg/m² in the Pre-ERAS group, and 41.7 ± 13.4 years and 35.7 ± 5.2 kg/m² in the ERAS group. Female patients comprised 76% and 70%, respectively. Sleeve gastrectomy was performed in 69% of Pre-ERAS and 60% of ERAS patients. Median LOS was 1.18 days vs. 0.85 days in the Pre-ERAS and ERAS groups, respectively (p=0.0134). Major complication rates were 2.0% vs. 2.35% Pre-ERAS and ERAS groups, respectively (p=1.0).

Conclusions: ERAS protocol implementation significantly reduced hospital LOS without increasing major postoperative complications, supporting its safety and clinical efficiency in bariatric surgery.

Disclosure: No significant relationships.

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Topic: *AS15. Role of ERAS protocol in MBS*

FREE PAPERS 14: WOMEN'S HEALTH/ERAS
12-09-2025 14:30 - 16:00

ENHANCED RECOVERY AFTER SURGERY IN BARIATRIC PATIENTS: A PRELIMINARY COMPARATIVE ANALYSIS OF COMPLIANCE BEFORE AND AFTER PROGRAM IMPLEMENTATION

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Background: Enhanced Recovery After Surgery (ERAS) protocols are designed to improve surgical outcomes by standardizing and optimizing perioperative care. In bariatric surgery, ERAS involves a multimodal approach that includes preadmission counseling, nutritional optimization, minimally invasive techniques, opioid-sparing analgesia, early mobilization, and early oral intake. These interventions are structured and measured as compliance across four perioperative stages: preadmission, preoperative, intraoperative, and postoperative. Compliance is defined as the proportion of ERAS-recommended elements effectively applied and documented during patient care within each stage.

Objectives: This study aimed to compare adherence to ERAS protocol components before and after the formal implementation of a bariatric ERAS program in a university-affiliated teaching clinic.

Methods: We conducted a retrospective comparative analysis of two cohorts of patients undergoing bariatric surgery: one prior to ERAS implementation, including the last consecutive cases (Pre-ERAS, n=51), and another managed under the ERAS protocol (ERAS group, n=86). Data were entered into the ERAS Interactive Audit System. Compliance with protocol elements in the four perioperative stages was evaluated and compared between groups. Continuous variables were analyzed using Student's t-test, and categorical variables using the chi-square test or Fisher's exact test, as appropriate. A p-value < 0.05 was considered statistically significant.

Results: The average age and BMI were 39.8 ± 11 years and 35 ± 5 kg/m² in the Pre-ERAS group, and 41.7 ± 13.4 years and 35.7 ± 5.2 kg/m² in the ERAS group. Female patients comprised 76% and 70% of each group, respectively (p=0.23). Sleeve gastrectomy was performed in 69% of Pre-ERAS and 60% of ERAS patients (p=0.51). Compliance rates were: preadmission 23.5% vs 52.9%, preoperative 72.5% vs 81.3%, intraoperative 71.1% vs 84.3%, and postoperative 59.4% vs 88.8% (all p<0.001).

Conclusions: Implementation of a formal ERAS protocol significantly improved compliance across all perioperative stages. These findings support the structured adoption of ERAS as an effective strategy to standardize perioperative care and enhance recovery in bariatric surgery

Disclosure: No significant relationships.

FP213 / Abs. ID 648

Topic: *AS15. Role of ERAS protocol in MBS*

FREE PAPERS 18: METHODOLOGY IN MBS/EXTREME AGES/RYGB
12-09-2025 16:30 - 18:00

DAY-CASE METABOLIC BARIATRIC SURGERY AND ERAS PROTOCOLS ARE THE FUTURE: A SINGLE INSTITUTION'S 7 YEAR EXPERIENCE AT MULTIPLE AMBULATORY SURGICAL CENTERS

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Background: Over the past 17 years, our center has performed metabolic bariatric surgery (MBS) as a day- case procedure in a free-standing ambulatory surgery centers (ASC). Previously we reported: 2,534 patients underwent MBS in a single ASC. Now we report outcomes at several ambulatory surgical centers. Currently, less than 5% of MBS is performed as a day-case procedure, with most performed in hospitals under inpatient or 23-hour outpatient status. We created the first Enhanced Recovery After Metabolic Bariatric Surgery (ERAMBS) protocols in 2008 for gastrointestinal stapling performed in an ASC, specifically SG and roux-en-y gastric bypass (RYGB). These have been widely implemented across hosptial outpatient centers and ASCs worldwide.

Objectives: To report the safety of replicating day-case MBS programs at multiple ASCs.

Methods: This is retrospective study from June 2019 to March 2025 for all MBS cases done at three different ASCs. There were 151 cases performed. Exclusion criteria included: Patients >180 kg, Anticipated surgery >2 hours, Impaired mobility, pulmonary disease, moderate cardiac risk, or organ transplant recipients. All patients were discharged the same day. Complications were tracked for 30 days, including dehydration, hospital readmissions/transfers, and Emergency Department visits OR and recovery times recorded.

Results: •Mean age: 43.6 years (18-72) •Mean preoperative BMI: 43.2 (29-67.6) •Mean operative time: 85 minutes (31-210) •Average post-op recovery time: 260 minutes (51-526) •Discharge: Most patients left within 2 hours •Complications:

Complication Types	Number of Cases	Percentages
No Issues	143	94.70%
Hospital Transfers	2	1.30%
Readmissions	4	2.60%
Reoperation	1	0.70%
Fatal Case	1	0.70%

Conclusions: •Day-case MBS programs can be safely implemented in ASCs with an experienced bariatric surgeon and ERAMBS protocols. •These principles can also be applied in hospitals through outpatient departments or or free standing ASCs •Value-based care (VBC) will be a key driver in expanding ambulatory bariatric surgery globally by creating access to quality care for lower cost. These ERAMBS have applicabilty worldwide due to the economic drivers forcing decreased hospital length of stays and ultimately migration to ASCs.

Disclosure: Dr. Peter Billing is an owner in Transform Weight Loss and is a consultant for Medtronic.

FP214 / Abs. ID 1135

Topic: *AS25. Measurement of quality outcomes after MBS*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

EFFECT OF HELICOBACTER PYLORI INFECTION ON METABOLIC AND BARIATRIC SURGICAL COMPLICATIONS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: More papers have discussed the importance of preoperative detection and eradication of Helicobacter pylori (HP) in patients before and after Metabolic and Bariatric Surgery (MBS). This systematic review and meta-analysis aimed to evaluate the role of preoperative H. pylori eradication vs non-treatment in the development of post-op complications in the setting of bariatric and metabolic surgery.

Objectives: This study aimed to evaluate the effect of Helicobacter pylori (HP) on metabolic and bariatric surgical complications through a systematic review and meta-analysis. A systematic search on the influence of HP infection on postoperative complications in bariatric surgery was conducted.

Methods: The methodological quality of the included studies was rated using the Newcastle–Ottawa Rating scale. In case of consistent reporting of the data, a meta-analysis was performed. A total of 19 studies containing 261,186 patients were included.

Results: The mean age of the patients was 41.88 ± 7.40 years with a mean BMI of 45.53 ± 3.16 kg/m2. The mean follow-up was 21.72 months (range: 1–96 months). Testing for HP infections was often done using an esophagogastroduodenoscopy in combination with biopsy (42%). A urea breath test (59%) was the most common tool to confirm eradication. To eradicate HP, 2 weeks of PPI with antibiotics, 1 week of PPI with antibiotics, and PPI alone without antibiotics were used in 18 (67%), 3 (11%), and 6 (22%) studies, respectively. The prevalence of complications among patients with positive/negative HP was not significantly different (P > 0.05). In HP patients without preoperative eradication, odds ratio of bleeding was 1.48 (95% CI 0.80–2.73), ulcer was 6.88 (95% CI 5.60–8.45), leakage was 1.73 (95% CI 0.81–3.68), stricture was 1.13 (95% CI 0.30–4.21), and abscesses was 3.01 (95% CI 0.85–10.65).

Conclusions: Helicobacter pylori infection is associated with potential postoperative complications, and therefore, it needs adequate treatment.

Disclosure: No significant relationships.

FP215 / Abs. ID 1257

Topic: *AS25. Measurement of quality outcomes after MBS*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

PERSPECTIVES ON THE ARCO PROGRAM: ACCREDITATION AND CLINICAL REGISTRY FOR BARIATRIC CENTERS IN CHILE

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Background: The ARCO Program, developed by the Chilean Society for Bariatric and Metabolic Surgery (SCCBM), aims to establish a national framework for accreditation and clinical registry in bariatric surgery. Its goal is to ensure quality care, patient safety, and continuous improvement in the treatment of obesity and associated metabolic conditions. Following a successful pilot last year, this study explores the perceptions of multidisciplinary team members regarding the ARCO Program ahead of its nationwide rollout.

Objectives: To assess the level of awareness, perceived benefits, and potential barriers and facilitators related to the implementation of the ARCO Program among healthcare professionals involved in bariatric care.

Methods: An anonymous online survey was distributed to members and regular attendees of SCCBM meetings. The questionnaire explored participants' knowledge of the ARCO Program, their opinions on its expected impact, and perceived challenges and enablers for successful implementation across bariatric centers in Chile.

Results: A total of 124 professionals responded to the survey. Of these, 36% were bariatric surgeons and 64% were other members of multidisciplinary teams, including psychologists, nutritionists, clinical nutrition physicians, physiotherapists, and nurses. 69% of respondents were familiar with the ARCO Program, and 85% expressed interest in participating. The most frequently cited benefits included national standardization of bariatric care (80%), improved quality and safety (76%), and enhancing Chile's international standing in bariatric surgery (67%). Main perceived disadvantages were increased resource demands (48%), concerns over data sensitivity (31%), and added bureaucracy (23%). Key facilitators included SCCBM participation (54%), presence of multidisciplinary teams (50%), and designated staff for data entry (38%). Notable barriers were lack of institutional support (42%), absence of trained personnel for registry tasks (40%), and restrictive ethics committees (20%). While 96% of participants reported having a multidisciplinary team, only 38% had a designated person for data entry.

Conclusions: The results show strong interest and support for the ARCO Program among bariatric professionals in Chile. Although multidisciplinary teams are common, challenges persist—especially the lack of trained staff for data entry. While standardization and improved care are major perceived benefits, concerns about resources, data use, and institutional barriers remain. These insights are key to guiding effective and sustainable nationwide implementation.

Disclosure: No significant relationships.

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Topic: *AS25. Measurement of quality outcomes after MBS*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

RELATIONSHIP BETWEEN BODY FAT PERCENTAGE AND ANTHROPOMETRIC VARIABLES AND BODY COMPOSITION IN CANDIDATES FOR BARIATRIC METABOLIC SURGERY

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Background: Obesity is a progressive neurobehavioral disease that results in excess body adiposity and adipose tissue dysfunction. Measuring obesity using the traditional BMI formula does not provide adequate information about fat accumulation, leading to both overestimation and underestimation of its adverse impacts. Therefore, it is important to characterize obesity based on body composition, not just height and weight.

Objectives: To evaluate the relationship between body fat percentage (BF%) versus fat mass index (FMI), lean mass (LM), fat mass (FM), skeletal muscle mass (SMM), waist-to-height ratio (WHR) and waist circumference (WC), BMI suggested by Nick Trefethen (BMI - Oxford) and by Quetelet (BMI - WHO) in candidates for bariatric and metabolic surgery.

Methods: Anthropometric and bioimpedance measurements were collected in adults using the SECA Medical Body Composition Analyzer in adult patients undergoing surgery between 2022 and 2024. Spearman's correlation test was used, and sub analysis by sex was performed.

Results: 142 patients (62% women) were studied, mean age 40.9 years (SD 13.8), mean weight 100.12 kg (SD 20. 60), mean BMI - WHO 37.23 kg/m2 (SD 6.12), BMI - Oxford 37.87 kg/m2.5 (SD), mean WC 113.86 cm (SD 16.09), %BF 0.46 (SD 0.06), FCI 0.69 (SD 0.09). Correlation of %GC with BMI-WHO according to obesity severity was 0.39, 0.12, 0.04, 0.44 and 0.02 for BMI <30, 30-34, 35-39, 40-49 and >50 respectively

Correlation between BF% and study variables

	BF %	
	Men	Women
BMI - WHO	0.61	0.74
BMI - Oxford	0.63	0.74
WHR	0.68	0.65
WC	0.61	0.64
FMI	0.77	0.87
LM	-0.06	0.35

Correlation between BF% and study variables		
	BF %	
SMM	-0.35	0.28

Conclusions: In both men and women, the only strong correlation with %BF was FMI. The variables BMI-WHO, BMI-Oxford, WHR and WC had a moderate or regular correlation. The behavior of both BMI formulas was similar. The WHR has a slightly better correlation with %BF than PC. The correlation of BMI with %BF had high variability according to the severity of obesity measured by BMI-WHO.

Disclosure: No significant relationships.

FP217 / Abs. ID 274

Topic: *AS25. Measurement of quality outcomes after MBS*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

ERECTOR SPINAE BLOCK IN METABOLIC BARIATRIC SURGERY: A SISTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Background: Patients undergoing metabolic bariatric surgery often experience pain and nausea immediately after surgery and in the first 24 hours postoperatively. The investigation of novel anesthetic techniques is essential not only to enhance postoperative pain control but also to minimize opioid consumption, which is associated with adverse effects and may hinder postoperative recovery.

Objectives: This study aimed to evaluate the postoperative outcomes of patients undergoing metabolic bariatric surgery, sleeve gastrectomy or Roux-en-Y gastric bypass, who received erector spinae plane block (ESPB). We assess postoperative analgesic consumption, effective postoperative pain control and opioid consumption.

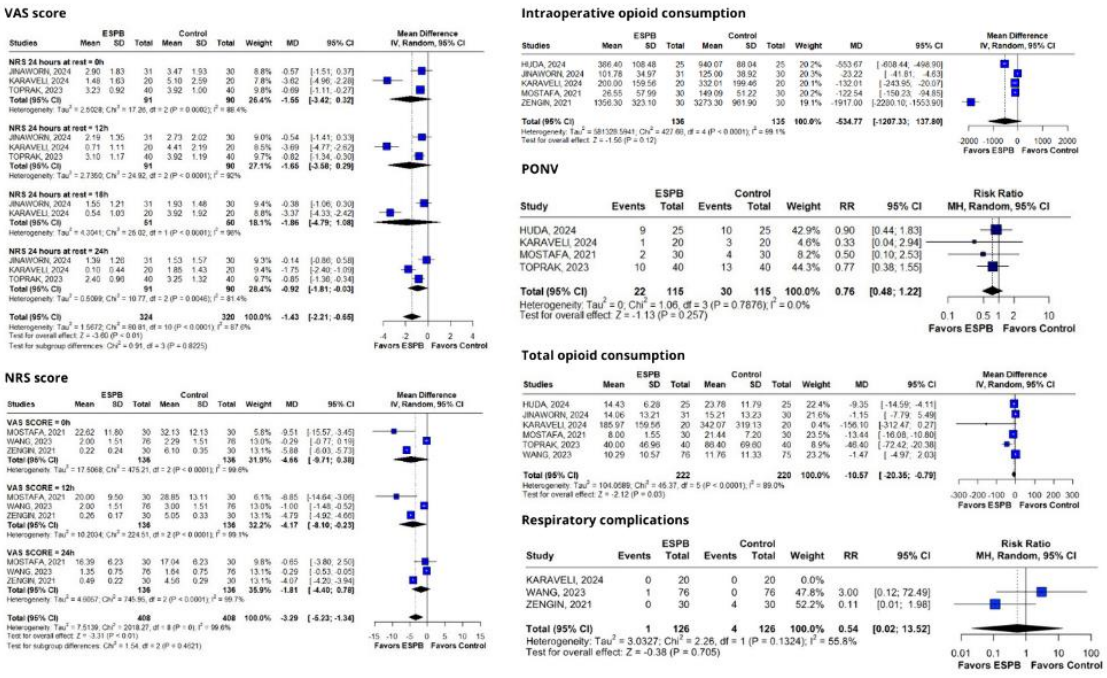
Methods: We conducted a systematic review and meta-analysis following the PRISMA guidelines. A comprehensive search was performed in PubMed, Embase, and Cochrane databases, without temporal restrictions, in january 2025. Seven randomized clinical trials meeting predefined eligibility criteria were included. Statistical analyses were performed using a random-effects model in R, with heterogeneity assessed via the I^2 index.

Results: ESPB significantly reduced pain scores compared to the control group, with a pooled mean difference (MD) of -1.43 (95% CI: -2.21 to -0.65, $p<0.01$) for the Numeric Rating Scale (NRS) and -3.29 (95% CI: -5.23 to -1.34, $p<0.01$) for the Visual Analog Scale (VAS). Subgroup analyses showed significant pain reduction at 24h for NRS (MD= -0.92, 95% CI: -1.81 to -0.03) and at 12h for VAS (MD= -4.17, 95% CI: -8.10 to -0.23). ESPB also led to a significant reduction in total opioid consumption (MD= -10.57; 95% CI -20.35 to -0.79, p= 0.03). The risk of postoperative nausea and vomiting (PONV) (RR= 0.76, 95% CI: 0.48 to 1.22, p=0.257) and intraoperative opioid consumption (MD= -534.77, 95% CI: -1207.33 to 137.80, p=0.12) had non-significant trends towards ESPB group. High heterogeneity ($I^2>87\%$) was observed across most outcomes, indicating variability between studies.

Table 01.

Study	Year	Number of patients (ESPB/Control)	BMI kg/m² (mean ± standard deviation)		Type of surgery (Sleeve/ Bypass)	Follow-up time
			ESPB	Control		
Zengin et al.	2021	30/30	----------	----------	----------	24h
Karaveli et al.	2024	20/20	43.25 ± 4.38	43.12 ± 3.39	40/0	24h
Jinaworn et al.	2024	31/30	44.37 ± 8.51	44.32 ± 7.34	39/22	24h
Toprak et al.	2023	40/40	46.25 ± 8.31	47.90 ± 15.44	27/53	48h
Huda et al.	2024	25/25	----------	----------	50/0	24h
Wang et al.	2023	76/75	37.6 ± 3.9	38.4 ± 5.9	151/0	48h
Mostafa et al.	2021	30/30	50.37 ± 5.02	48.20 ± 4.33	41/19	24h

Figure 01.



Conclusions: ESPB is effective in reducing pain scores, with statistically significant improvements observed at specific time points. However, the high heterogeneity across studies highlights the need for further research to better understand the variability in outcomes and to establish the generalizability of these findings in diverse clinical settings.

Disclosure: No significant relationships.

FP218 / Abs. ID 1010

Topic: *AS25. Measurement of quality outcomes after MBS*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

MEDIUM-TERM IMPROVEMENT OF DIABETES THERAPY-RELATED QOL (DTR-QOL) AFTER METABOLIC BARIATRIC SURGERY

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Background: Although bariatric surgery has shown benefits in general quality of life (QOL), data on improvements in diabetes-specific QOL remain limited. The Diabetes Therapy-Related QOL (DTR-QOL) questionnaire was developed in Japan by Ishii in 2008 as a disease-specific, self-administered tool to assess the impact of diabetes treatment on patient QOL. Comprising 29 items across four domains—burden on daily and social activities, anxiety and dissatisfaction with treatment, hypoglycemia, and satisfaction with treatment—the DTR-QOL has been validated in the Japanese population.

Objectives: To assess medium-term changes in DTR-QOL after metabolic surgery in patients with obesity and type 2 diabetes.

Methods: Patients who underwent laparoscopic sleeve gastrectomy (LSG) or LSG with duodenojejunal bypass (LSG-DJB) at Chibune General Hospital between 2016 and 2021 completed the DTR-QOL questionnaire before surgery and at 1 and 3 years postoperatively. Scores were standardized to a 0–100 scale. Statistical analyses included Friedman tests and post-hoc Wilcoxon signed-rank tests. Clinical data and diabetes medication use were also evaluated.

Results: Forty-five patients with complete DTR-QOL data at all three time points were included in the analysis. The average age was 47.9 ± 9.6 years, with 60% female. Mean preoperative weight and BMI were 108.7 kg and 42.4 kg/m². At 1 year, 73% of patients required no diabetes medication, which was sustained in 60% of patients at 3 years postoperatively. Friedman tests confirmed significant changes over time in all five DTR-QOL domains (Total and F1–F4), and post-hoc Wilcoxon signed-rank tests verified clear improvements between pre- and postoperative timepoints. The total DTR-QOL score improved from 64 (pre-op) to 83 (1 year) and 85 (3 years). Domain scores followed similar trends: F1 enhanced from 69 to 84 and 89; F2 from 53 to 83 and remained stable; F3 from 77 to 87 and 91; and F4 from 54 to 76 and 69. The most notable improvement occurred between the preoperative and 1-year assessments. While these gains were generally sustained through 3 years, only the F1 score showed a statistically significant difference between 1 and 3 years.

Conclusions: Metabolic surgery leads to durable improvements in diabetes-specific QOL, particularly in psychological relief and daily function, with benefits largely sustained over 3 years.

Disclosure: No significant relationships.

FP219 / Abs. ID 95

Topic: *AS25. Measurement of quality outcomes after MBS*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

IMPROVEMENT OF QUALITY OF LIFE AND PSYCHOSOCIAL WELL-BEING AFTER METABOLIC BARIATRIC SURGERY

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Background: Metabolic bariatric surgery is known to reduce weight and improve metabolic related diseases, leading to better quality of life (QoL). However, few studies focus on patient-reported outcomes in QoL and psychosocial factors. A variety of instruments have been used to measure QoL, but none cover all domains equally, limiting the ability to compare outcomes across studies.

Objectives: The study aimed to prospectively analyze the efficacy of surgery on QoL measured by three QoL questionnaires (QoLQ) which focus on different QoL domains in people with severe obesity undergoing metabolic bariatric surgery and compare results with a control group of people with obesity treated with conservative methods.

Methods: Eighty consecutive patients with severe obesity who underwent laparoscopic metabolic bariatric surgery were included. All individuals completed pre-operatively as well as 3, 6 and 12 months post-operative validated quality of life (QoL) questionnaires. Repeated measures analysis of variance (ANOVA) was used to analyze the data, with a significance level set at 95%. There was no lost to follow-up. 20 individuals in the waiting list for the same procedure also responded the same scheduled follow up questionnaires.

Results: Patients experienced a significant improvement in QoL, particularly in self-esteem, physical activity, and eating status domains. However, the impact of surgery on social dimensions of QoL was less pronounced. A moderate correlation was found between weight loss and general QoL, self-esteem, physical activity, and eating status.

Conclusions: This study shows that bariatric surgery leads to significant improvements in QoL, particularly in self-esteem, physical activity, and eating status domains. The moderate correlation between weight loss and QoL improvement suggests other factors may also contribute to QoL enhancement. Further research is needed to understand the interplay between weight loss, bariatric surgery, and various dimensions of QoL This study shows that metabolic bariatric surgery leads to significant improvements in QoL, particularly in self-esteem, physical activity, and eating status domains. The moderate correlation between weight loss and QoL improvement suggests other factors may also contribute to QoL enhancement. Further research is needed to understand the interplay between weight loss, metabolic bariatric surgery, and various dimensions of QoL

Disclosure: No significant relationships.

FP220 / Abs. ID 207

Topic: *AS25. Measurement of quality outcomes after MBS*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

IMPACT OF GASTROJEJUNAL ANASTOMOSIS TECHNIQUE ON PATIENT SAFETY IN OAGB: A NATIONAL BARIATRIC REGISTRY ANALYSIS

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Background: Mini-gastric bypass or one-anastomosis gastric bypass (OAGB) is a widely performed bariatric procedure; however, the optimal gastrojejunal anastomosis technique remains debated. Both hand-sewn suturing and mechanical stapling approaches are commonly utilized, each with potential benefits and drawbacks.

Objectives: To assess the safety of hand-sewn (I) vs. mechanical gastrojejunal anastomoses (MA) for OAGB, specifically evaluating intra- and postoperative complications.

Methods: We conducted a retrospective cohort study using data from the Russian National Bariatric Registry (2013-2024). Adult patients with severe obesity who underwent primary OAGB were included and assigned to either tIHSA or MA group. Descriptive statistics and logistic regression analysis were performed to assess the association between anastomotic technique and surgical outcomes.

Results: Overall, 10,701 patients were included: 5,422 HSA and 5,279 MAIhe HSA cohort had significantly more women (81.1% vs. 78.6%, p<0.001) and patients with hypertension (52.6% vs. 46.1%, p<0.001) and worse functional status (≥3 stairs without limitations – 68.6% vs. 74.4%, p<0.001) than the MA cohort.Ithal, HSA patients had significantly lower rates of diabetes (15.7% vs. 23.0%, p<0.001) and sleep apnea (16.5% vs. 19.6%, p<0.001). The vast majority of OAGB procedures were laparoscopic with conversion ratesI 0.0% in HSA and 0.2% in MA cohorts (p=0.004). Median operative time differed significantly with 100 (IQR: 80-120) vs. 110 (IQR: 80-125) minutes, respectively (p<0.001). Intraoperative complication rates were similar: 0.1% vs. 0.0% (p=0.125). Both surgical (1.7% vs. 2.6%, p=0.001) and all in-hospital morbidity (1.8% vs. 3.0%, p<0.001) were significantly higher in the MA cohort. The rates of anastomotic leak (0.1% vs. 0.2%, p=0.433) and anastomotic/stapler line bleeding (0.8% vs. 1.1%, p=0.054) did not differ. Reoperation (1.3% vs. 1.8%, p=0.069) and in-hospital mortality rates (0.1% vs. 0.2%, p=0.075) were also comparable. Multivariate logistic regression analysis showed a strong association of MA (odds ratio 1.54, 95%CI: 1.16-2.03), age, hypertension, asthma, and sleep apnea with surgical complications after adjusting for other factors.

Conclusions: Mechanical gastrojejunal anastomosis in OAGB is associated with increased surgical and overall in-hospital morbidity. Hand-sewn anastomosis can offer a safer alternative without prolonging operative time. Future studies should evaluate long-term functional and weight loss outcomes between anastomotic techniques.

Disclosure: No significant relationships.

FP221 / Abs. ID 305

Topic: *AS25. Measurement of quality outcomes after MBS*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

INDIVIDUAL- AND REGIONAL-LEVEL FACTORS ASSOCIATED WITH PREOPERATIVE ATTRITION FROM A RACIALLY AND ETHNICALLY DIVERSE METABOLIC BARIATRIC SURGERY PROGRAM

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Background: Preoperative attrition from metabolic bariatric surgery programs remains a barrier for a subset of patients seeking surgical treatment of obesity. Prior analyses examining factors associated with attrition have been limited by study samples that are small in number and predominantly non-Hispanic, White.

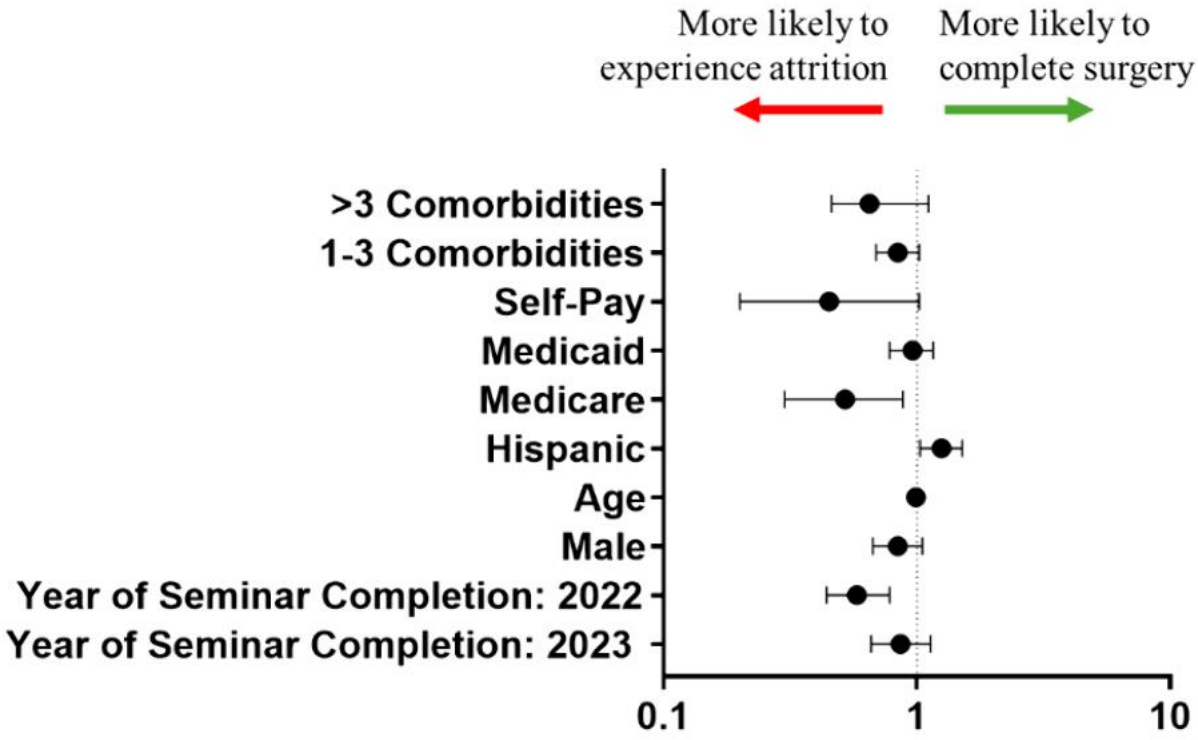
Objectives: To assess factors associated with preoperative attrition using a large, racially and ethnically diverse study sample.

Methods: We reviewed the electronic health record of a large, urban, academic health system comprising three hospitals from 2021 to 2024. Our outcome was preoperative attrition, defined as not completing surgery within one year after entering the metabolic bariatric surgery program. We compared individual- and regional-level factors between patients who experienced attrition with those who did not. We accounted for confounding effects using multivariable logistic regression.

Results: We identified 3,043 patients who entered the metabolic bariatric surgery program between 2021 and 2024. Most (78.2%) patients were female and the average preoperative BMI was 45.9 (SD 9.22). Over one-quarter (28.0%) of the cohort was Black and 31.1% were Hispanic. Compared to patients experiencing attrition, those who completed surgery were younger (mean age (SD) 41.8 (12.07) years vs. 43.9 (12.67) years, p<0.001) and were proportionally more likely to be Hispanic (35.6% vs 29.6%, p=0.002) and have no obesity-related diseases (35.0% vs 27.6%, p<0.001). Those who completed surgery were less likely to be male (18.7% vs. 22.9%, p=0.015) and less likely to be insured by Medicare (2.2% vs. 5.2%, p<0.001). Census tract social vulnerability was not associated with attrition (mean social vulnerability index percentile: 0.57 vs. 0.58, p=0.626). On adjusted analysis, factors associated with decreased odds of completing surgery were the presence of >3 obesity-related diseases (aOR 0.65, 95% CI 0.47-0.91) and Medicare insurance (aOR 0.52, 95% CI 0.30-0.88) (Figure). Hispanic ethnicity was associated with increased odds of completing surgery (aOR 1.24, 95% CI

1.03-1.51).

Figure. Factors associated with attrition on multivariable logistic regression. Comparison groups for categorical variables are 0 comorbidities, private health insurance, non-Hispanic ethnicity, female sex, and year of seminar completion 2021.



Conclusions: Among a sample of racially and ethnically diverse patients, high related diseases burden and Medicare insurance were associated with preoperative attrition while Hispanic ethnicity was associated with completion of metabolic bariatric surgery. Future studies should elucidate the reasons for attrition and develop strategies to address the factors associated with attrition.

Disclosure: No significant relationships.

FP222 / Abs. ID 154

Topic: *AS25. Measurement of quality outcomes after MBS*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

MOST PERIOPERATIVE OUTCOMES AFTER METABOLIC/BARIATRIC SURGERY ARE NOT SIGNIFICANTLY IMPACTED BY COUNTY HEALTH RANKING

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Background: Outcomes following metabolic/bariatric surgery (MBS) have improved across patient cohorts; however, differential outcomes in minority patient populations are reported. Evidence shows an association between social determinants of health (SDOH) variables and surgery outcomes. This is less understood in MBS patients, including the association between overall county health and MBS outcomes. .

Objectives: This study explores associations between county health ranking (CHR) and early MBS outcomes.

Methods: Multi-center reports from 15 accredited MBSAQIP were obtained following IRB approval and data use agreements (DUA) execution. Primary MBS procedures performed 2011-2024 were analyzed. Zip codes were used to determine CHR. Health factors CHR were divided into best, middle, and worst terciles and perioperative outcomes compared. Descriptive and regression analyses were performed using SAS, version 9.4.

Results: 33,180 primary MBS were analyzed, including 58.3% sleeve gastrectomy (SG), 37.6% Roux-en-Y gastric bypass (RYGB), 2.1% biliopancreatic diversion-duodenal switch (BPD-DS) and 1.1% endoscopic sleeve gastroplasty (ESG). The best, middle, and worst CHR tercile were 62.7%, 25.2%, and 12.1%, respectively. Baseline characteristics differ across CHR terciles, including higher robotic use in the middle (17%) and worst (13%) CHR terciles versus the best CHR tercile (8%). Overall intraoperative/postoperative occurrences were similar (p=0.94). Thirty-day related readmission varied across best (3.5%), middle (4.2%), and worst (4.6%) CHR terciles (p=0.0011). Thirty-day intervention and unplanned ICU admission also differ across best (1%; 0.6%), middle (1.4%; 0.9%), and worst (1.5%; 1%) CHR terciles (p=0.0032; p=0.0187). Complications, related readmission, reoperation, and reintervention were not independently associated with CHR tercile; however, readmission was higher (OR 1.33, CI:1.112-1.58) for Black patients. Unplanned ICU admission was independently associated with the worst CHR tercile (OR 1.75, CI: 1.11-2.77), while the robotic approach independently reduced bleeding (OR 0.51, CI:0.29-0.89).

Conclusions: A patient's CHR tercile is not significantly associated with most adverse short-term outcomes after index MBS procedures.

Disclosure: The work is supported by research grant from the Intuitive Foundation

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Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

DYNAMIC CHANGES IN METABOLIC PARAMETERS AFTER BARIATRIC SURGERY AND PREDICTION MODEL FOR HYPERURICEMIA REMISSION

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Background: Bariatric surgery significantly improves obesity-related metabolic disorders. However, the mechanisms and predictive markers of hyperuricemia remission remain unclear.

Objectives: This study enrolled 177 patients who underwent bariatric surgery at Shanghai Tenth People's Hospital.

Methods: Surgery patients longitudinally analyze Dynamic changes in weight (body mass index [BMI], waist circumference[WC], excess weight loss [EWL]), metabolic parameters (blood glucose, lipids, liver/kidney function), and related diseases at 3, 6, and 12 months postoperatively. For preoperative hyperuricemia patients, independent predictors were identified via multivariate logistic regression to construct a predictive model validated by ROC curves and nomograms.

Results: The cohort had a mean baseline age of 32.92 years, with 66.67% female. At 12 months post-surgery, BMI decreased by 12.17 kg/m², WC was reduced by 28.90 cm, and 94.1% achieved EWL>50% (mean, 85.89%). The remission rates of metabolic syndrome, diabetes, dyslipidemia, and hypertension were 95.8%, 90.8%, 72.2%, and 66.0%, respectively. The baseline prevalence of hyperuricemia was 44.6% (79/177), with a 58.2% remission rate at 12 months. Multivariate regression identified higher whole-body fat mass (OR=1.26, 95%CI 1.03–1.56), lower baseline weight (OR=0.95, 95%CI 0.91–0.99), and absence of familial obesity (OR=0.11, 95%CI 0.02–0.51) as independent predictors. The model demonstrated an AUC of 0.89 (95%CI 0.81–0.97), with 83% sensitivity and 87% specificity. A nomogram integrating whole-body fat mass, weight, and familial obesity provided individualized remission probabilities (total score ≤150: >70% probability; ≥250: <30%).

Conclusions: This study developed a predictive model integrating body composition, baseline weight, and familial obesity for hyperuricemia remission after bariatric surgery, which was validated by a clinically actionable nomogram. These findings highlight the dual effect of surgery on metabolic recovery and precision-based preoperative planning.

Disclosure: No significant relationships.

FP224 / Abs. ID 159

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

ENDOSCOPIC ADMINISTRATION OF COMBINED AUTOLOGOUS MESENCHYMAL STEM CELLS AND PLATELET-RICH PLASMA FOR THE TREATMENT OF GASTRIC STAPLE LINE LEAKS AFTER SLEEVE GASTRECTOMY

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Background: Gastric staple line leak treatment after laparoscopic sleeve gastrectomy (LSG) remains challenging. Regenerative medicine is gaining place in the accelerated treatment of damaged tissues. This study presents the first series of gastric leak treatment after LSG using endoscopic intragastric administration of combined autologous mesenchymal stem cells (MSC) and platelet-rich plasma (PRP).

Objectives: The aim of this study is to report the first series of patients with severe obesity treated by combined autologous MSCs and PRP therapy for gastric staple line leaks after sleeve gastrectomy.

Methods: MSC-PRP harvesting and endoscopic administration techniques are described in detail. Data were prospectively gathered and analyzed. Primary endpoints were morbidity/mortality rates and fistula closure time.

Results: Twelve patients (9 women, 3 men) were included. Median age was 41.5 years, median weight 105.5 kg and median BMI 38.9 kg/m^2. Median time to gastric staple line leak detection was 10 days post-LSG. Median time between re-laparoscopy and MSC-PRP administration was 5 days. MSC-PRP endoscopic administration was successfully performed and tolerated by all patients, with median procedure duration of 27 min and minimal blood loss. Four postoperative complications were noted: two patients with increased tibial pain at tibial puncture site, one with tibial hematoma, and one with epigastric pain/dysphagia. Median length of hospital stay was 1 day. Gastric leak healing occurred after a median of 14 days, only two patients requiring a second MSC-PRP endoscopic injection. Median follow-up was 19 months, all patients being in good health at last contact.

Conclusions: Endoscopic administration of combined autologous MSC-PRP seems to be a good option for treatment of gastric leaks after sleeve gastrectomy. It is a challenging procedure that should be performed in specialized bariatric centers by expert bariatric surgeons and endoscopists after meticulous patient selection.

Disclosure: No significant relationships.

FP225 / Abs. ID 477

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

IMPACT OF EDMONTON OBESITY STAGING SYSTEM SEVERITY ON 90-DAY POSTOPERATIVE COMPLICATIONS AFTER METABOLIC AND BARIATRIC SURGERY

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Background: The Edmonton Obesity Staging System (EOSS) is a five-stage scale that classifies obesity severity, considering clinical, mental, and functional parameters. While it has been used for prioritization, recent evidence suggests that it may play a significant role in predicting the risk of postoperative complications after Metabolic and Bariatric Surgery (MBS).

Objectives: This study aimed to evaluate the association between EOSS severity and the incidence of 90-day postoperative complications after MBS.

Methods: A retrospective cohort study was conducted with patients who underwent primary laparoscopic MBS, including Sleeve Gastrectomy (SG) and Roux-en-Y Gastric Bypass (RYGB), between 2021 and 2023. Epidemiological and clinical data necessary for EOSS classification were collected. Perioperative complications within 90 days were classified according to the Clavien-Dindo score.

Results: A total of 200 consecutive patients were included in the study, with a mean age of 48.2 ± 10.9 years, a mean BMI of 45.5 ± 6.8 kg/m², and 81% female. The distribution of EOSS classification was as follows: 2, 1, 126, 55, and 16 patients in stages 0, 1, 2, 3, and 4, respectively. Notably, 35.5% (n=71) had severe EOSS (3 and 4). RYGB was performed in 67% of patients, while SG was performed in 33%. The prevalence of overall complications was 26.5%, occurring at a mean of 28.4 ± 24.1 days postoperatively. Severe complications (Clavien-Dindo ≥ 3) occurred in 4% (n=8) of cases, while hospital readmission was required in 7.5% (n=15), reoperation in 1% (n=2), and no mortality was recorded. There was no statistically significant correlation between EOSS severity and overall (27% vs. 26%, p=0.65) or severe complications (3% vs. 5%, p=0.648).

Conclusions: Despite a high prevalence of patients with severe obesity according to EOSS, there was no significant correlation between EOSS severity and the incidence of overall or severe complications after MBS.

Disclosure: No significant relationships.

FP226 / Abs. ID 1092

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

POSTOPERATIVE COMPLICATIONS AFTER ROUX-EN-Y GASTRIC BYPASS: AN 18-YEAR EXPERIENCE ANALYSIS IN CONCEPCIÓN, CHILE

Francisco Pacheco[1,2], Jorge Gajardo[2,3], Hector Molina[1,2], Giovanni Concha[2,3], Sofia Pacheco[1], Nicolas Pacheco[1]
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Background: Obesity remains a major public health issue in Chile, with over 74% of the population being overweight and more than 35% classified as obese. Roux-en-Y gastric bypass (RYGB) is recognized as the most effective, safe, and durable surgical treatment. However, outcomes may vary depending on surgical technique and team experience.

Objectives: To characterize postoperative complications in patients who underwent laparoscopic RYGB in a consecutive series performed by a single surgeon over 18-years in Concepción, Chile.

Methods: A retrospective observational study was conducted, including 1,525 patients who underwent RYGB between May 2006 and March 2025. Gastro-jejunal anastomosis was fashioned with hand-sewn technique and the jejuno-jejunal anastomosis with mechanical stapler. Descriptive statistics and Chi-square tests were used to assess associations between complications and clinical variables such as gender, combined procedures, and resection techniques. The analysis was performed using SPSS v25.

Results: Among all patients, 1,240 were women (81.3%) and 285 were men (18.7%), with a mean age of 42.95 years (SD ±9.96) and a mean BMI of 43.07 kg/m² (SD ±6.4). RYGB was performed as a stand-alone procedure in 87.7% of cases, while 12.3% underwent additional procedures, such as hiatal hernia repair, cholecystectomy, or gastric resections. Resectional RYGB accounted for 5.6% of all cases. Postoperative complications were reported in 21 patients (1.38%), categorized as follows: transient intestinal obstruction/anastomotic stenosis (6 cases [0.39%]), lower gastrointestinal bleeding (5 cases [0.33%]), hematoma (3 cases [0.20%]), perforated ulcer (4 cases [0.26%]). Isolated cases of subcostal abscess, pancreatitis, and hemoperitoneum were also observed. No anastomotic leaks were observed. No significant associations were found between complications and gender (p=0.1056), combined procedures (p=0.6405), or resectional RYGB (p=0.4858).

Conclusions: This 18-year, single-surgeon series of 1,525 patients demonstrates a very low rate of postoperative complications (1.38%), with no leaks reported. The most common complications were anastomotic stenosis and lower gastrointestinal bleeding. These results confirm the safety and reproducibility of laparoscopic RYGB in experienced hands.

Disclosure: No significant relationships.

FP227 / Abs. ID 592

Topic: *AS13. Gender disparities in MBS*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

DIFFERENCES IN OUTCOMES BETWEEN MEN AND WOMEN AFTER METABOLIC BARIATRIC SURGERY

Eileen Bui[1], Lily Park[1,2], Karen Barlow[1], Vanessa Boudreau[1,2], Karim Ramji[1,2], Mehran Anvari[1,2]
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Background: Bariatric surgery is an effective and sustainable treatment for severe obesity, however men comprise only a minority of the bariatric surgery population, despite similar rates of obesity compared to women. Men who undergo bariatric surgery also have different physiologic, psychological and social characteristics compared to their female counterparts.

Objectives: Evaluate the differences in weight loss outcomes and complication rates after bariatric surgery between men and women

Methods: Data was collected from the Ontario Bariatric Registry between 2010-2024. Baseline demographics, comorbidities, early (<30 day) and late complications, and weight loss outcomes at 1 year, 3 year and 5 years were compared between men and women.

Results: Of 35,033 patients who underwent bariatric surgery, 5859 were men (16.7%). Men had significantly higher age, BMI, ASA class and more comorbidities compared to women, although women were more likely to have mood, anxiety or eating disorders. Women demonstrated higher total weight loss (TWL) than men (Table 1), independent of type of surgery. Both early complications, including leak, infection and bleeding, and late complications such as marginal ulcers, strictures, and hernias, were similar between both groups up to 5 years. Composite analysis using regression models of surgical and medical complications demonstrated no difference.

	1 year			3 year			5 year		
	Male	Female	p-value	Male	Female	p-value	Male	Female	p-value
TWL (%)	30.25	33.36	<0.001	29.14	31.69	<0.001	26.13	28.79	<0.001

Conclusions: This is among one of the largest long-term studies to analyze outcomes in bariatric surgery between men and women. This study demonstrates that although men undergoing surgery are older and have more comorbidities, they experience similar complication rates as women. Notably, women experience more significant weight loss up to 5 years. Further study is required to better understand why men are still significantly less likely to undergo bariatric surgery, and the factors contributing to the difference in weight loss.

Disclosure: No significant relationships.

FP228 / Abs. ID 343

Topic: *AS13. Gender disparities in MBS*

FREE PAPERS 15: COMPLICATIONS/GENDER DISPARITIES/QUALITY OUTCOMES/MAFLD
12-09-2025 14:30 - 16:00

GENDER DIFFERENCES IN SURGICAL OUTCOMES WITH TOTALLY ROBOTIC VERSUS LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS (RYGB) SURGERY

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Background: Males generally present for surgery at an older age than females, have greater abdominal adiposity, a higher number of co-existing health issues, and have been reported to experience more serious postoperative complications.

Objectives: In this study, we determine if the robotic surgical platform has advantages over conventional laparoscopy in addressing gender-associated surgical challenges and outcomes.

Methods: The study was a retrospective analysis of 351 totally robotic (ROB, n=233) and laparoscopic (LAP, n=118) RYGB surgeries performed by a single surgeon 1/9/20 to 12/30/24. Males represented 24% of cases. Measurements included: 1) demographics (age, weight, BMI, obesity-associated diseases), 2) surgical outcomes, i.e. operative (Op) time, length of stay (LOS), 30-d readmissions, reoperations, and complications.

Results: Males presenting for surgery did not differ significantly from females in age or BMI but had a significantly ($p<0.01$) greater total number of co-existing health issues (3.4 vs. 2.7, respectively) due primarily to a higher incidence of obstructive sleep apnea (89% vs. 51%; $p<0.0001$) and hypertension (71% vs. 54%; $p=0.0002$). Operative times for surgeries performed LAP were longer for males than for females (123.5 min vs.112.6 min, respectively, $p<0.0001$) as was duration of the hospital stay (1.63 d vs. 1.30 d, $p<0.01$). With the totally robotic platform, surgery times were significantly reduced for both males and females and to durations that were comparable (males = 99.9 min ROB vs. 123.5 min LAP; females = 94.9 min ROB vs. 112.6 min LAP). The ROB approach also significantly ($p<0.01$) lowered LOS for males and females to comparable durations (males = 1.19 d ROB vs. 1.63 d LAP; females = 1.20 d ROB vs. 1.30 d LAP). No conversions nor 30-day mortalities occurred. Readmission and complication rates (30-d) were lower (chi sq $p<0.05$) with surgeries performed ROB vs. LAP for males and females.

Conclusions: The robotic approach significantly improves RYGB surgical outcomes over conventional laparoscopy and ameliorates gender differences.

Disclosure: Dr. Dennis Smith at the time of abstract submission is a preceptor for Intuitive

FP229 / Abs. ID 59

Topic: *AS28. MBS and MAFLD*

FREE PAPERS 16: MAFLD/ILEAL SURGERY
12-09-2025 16:30 - 18:00

EXOSOMAL MICRORNA MIR-7-5P INHIBITS HEPATOCYTE LIPID ACCUMULATION IN POST- METABOLIC BARIATRIC SURGERY PATIENTS

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Background: The metabolic improvement effects and underlying mechanism of metabolic bariatric surgery on patients with obesity with non-alcoholic fatty liver disease (NAFLD) is still unclear.

Objectives: This study aims to investigate the metabolic improvement effects of metabolic bariatric surgery on patients with obesity with non-alcoholic fatty liver disease (NAFLD) and to elucidate the underlying molecular mechanisms, particularly focusing on the role of exosomal miRNAs in the remodeling of hepatic fat metabolism.

Methods: This study included eight patients with obesity undergoing Roux-en-Y gastric bypass surgery, with blood samples collected before surgery and three months post-surgery. High-throughput sequencing (HTS) technology was used to analyze the expression profiles of exosomal miRNAs, and bioinformatics tools were employed for target gene prediction and pathway analysis. Key miRNAs were selected for qRT-PCR validation, and their functions and mechanisms were further investigated in ob/ob mouse models and HepG2 cell lines.

Results: Metabolic bariatric surgery significantly altered the expression levels of miR-7-5p in patients' circulating exosomes. The post-surgery upregulation of miR-7-5p was associated with reduced hepatic fat accumulation and enhanced insulin sensitivity. Target gene prediction and experimental validation showed that miR-7-5p regulates the JAK-STAT signaling pathway by targeting Helz2, inhibiting fat accumulation in the liver cells of mice with obesity, and improving glucose and lipid metabolism disorders. Further cellular experiments confirmed that miR-7-5p exerts its effects in HepG2 cells via the Helz2-mediated JAK-STAT pathway.

Conclusions: The results suggest that miR-7-5p plays a crucial role in regulating lipid metabolism, inflammation, and insulin signaling, and it holds potential as a non-invasive biomarker for monitoring the effects of metabolic bariatric surgery and patient progress. The complex relationship between Helz2, the JAK-STAT pathway, and NAFLD provides new avenues for therapeutic intervention and biomarker development. Further research will advance the clinical application of these findings.

Disclosure: No significant relationships.

FP230 / Abs. ID 85

Topic: *AS28. MBS and MAFLD*

FREE PAPERS 16: MAFLD/ILEAL SURGERY
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OPTIMIZING LIVER FIBROSIS SCREENING IN METABOLIC BARIATRIC SURGERY: A SIMPLE AND EFFECTIVE APPROACH

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Background: The incidence of advanced liver disease due to obesity and metabolic syndrome is increasing, making it an emerging cause of cirrhosis. Identifying patients with pre-cirrhotic liver fibrosis (LF) early is essential to prevent complications in metabolic bariatric surgery (MBS). However, diagnosing liver disease during preoperative assessment remains a challenge for multidisciplinary BS teams.

Objectives: This study aimed to determine the prevalence of advanced LF in bariatric patients and identify the most sensitive detection method without delaying surgery.

Methods: A retrospective study was conducted on patients who underwent BS between 2021 and 2024. A total of 239 patients were analyzed (70% female, mean age 48 ± 9.6 years, BMI 42.9 ± 4.9 kg/m²). Alcohol consumption was reported in 30%, and the most common related diseases were hypertension (47%), dyslipidemia (43%), and diabetes mellitus (30%).All patients had hepatic steatosis (HS) with a Fatty Liver Index of 96 ± 5.8. Three LF indices were applied: Fib-4: 91.2% low risk, 8% intermediate, 1% high; APRI: 94.1% low risk, 5.4% intermediate, 0.5% high; LiverRisk: 75% minimal risk, 24% low, 1% intermediate. Intraoperative macroscopic cirrhosis was observed in seven patients, five confirmed via biopsy, establishing a cirrhosis prevalence of 3%.

Results: The most sensitive cutoff values for ruling out advanced fibrosis were Fib-4 <1.3: specificity 95%, negative predictive value (NPV) 95%; APRI <0.5: specificity 97%, NPV 92%; LiverRisk <10: specificity 98%, NPV 85%.

Conclusions: Early LF detection is crucial for optimal BS outcomes. Due to its simplicity and accessibility, Fib-4 is the most practical screening tool, preventing surgical delays. Patients at intermediate or high risk should undergo detailed preoperative liver evaluation. Systematic implementation of this approach can improve candidate selection and reduce intraoperative and postoperative risks.

Disclosure: No significant relationships.

FP231 / Abs. ID 661

Topic: *AS28. MBS and MAFLD*

FREE PAPERS 16: MAFLD/ILEAL SURGERY
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EFFECT OF METABOLIC BARIATRIC SURGERY ON LIVER FUNCTION IN LATIN AMERICA: A SYSTEMATIC REVIEW.

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Background: Globally, 480,970 bariatric metabolic surgeries (BMS) were performed in 2023, with 20.09% occurring in Latin American countries, these procedures can improve liver function, but there is limited evidence specifically for the Latin American population.

Objectives: Determine the prevalence of pre-existing steatosis, steatohepatitis, and hepatic fibrosis in Latin American individuals undergoing BMS and to assess the effects of the main surgical techniques on these conditions.

Methods: This systematic review, registered with PROSPERO (ID: CRD420251008691) adhered to the 2020 PRISMA guidelines between September 12th and 17th, 2024. The search strategy used specific keywords and Boolean operators. Eight studies from Latin America meeting predefined criteria were included for qualitative analysis. Liver function was evaluated using FIB-4, serum AST/ALT levels, and NAFLD diagnostic criteria. This review was registered in PROSPERO ID: CRD420251008691.

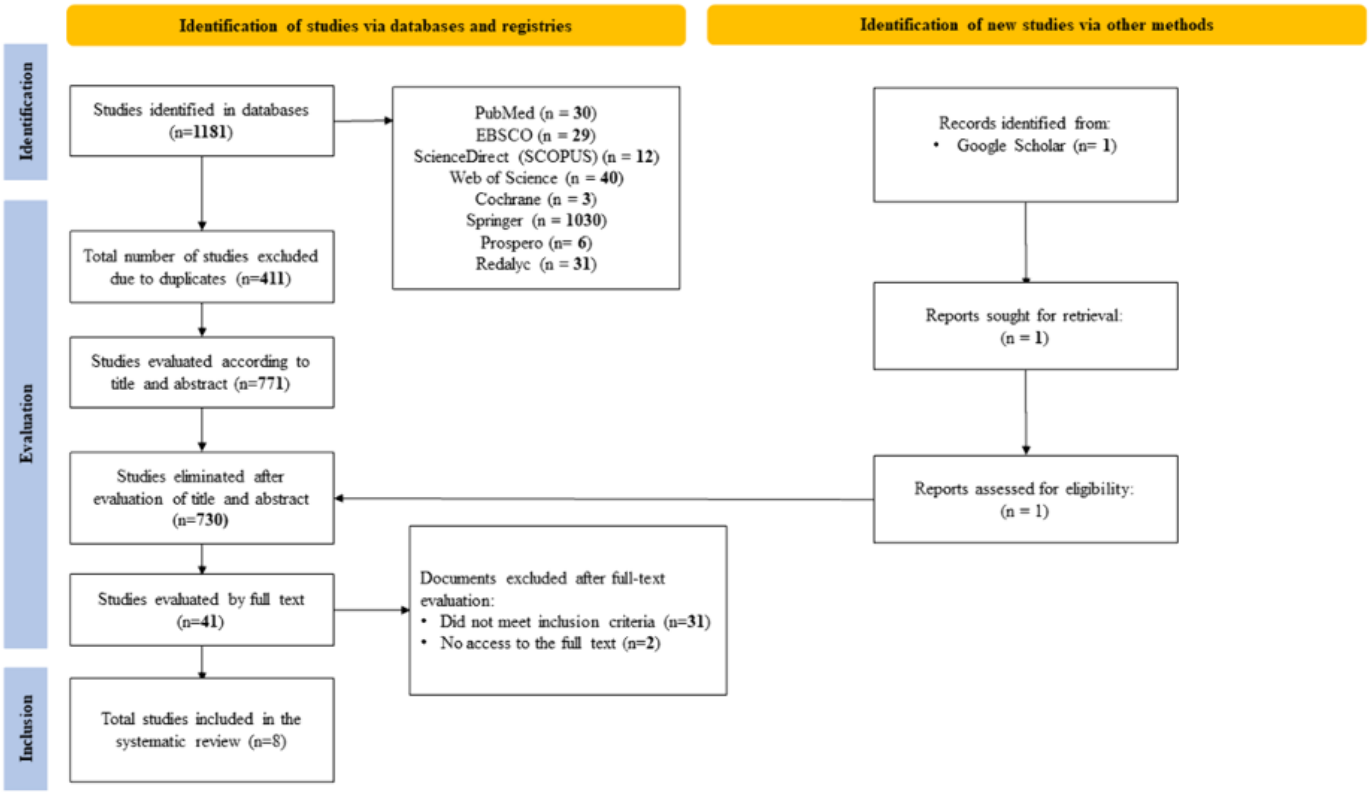

Figure 1. Study selection flowchart PRISMA 2020. Adapted from Page MJ et al. The PRISMA 2020.

Results: The prevalence of NAFLD before BMS ranged from 53% to 100% across the studies, while NASH was present in up to 48% of patients with NAFLD. Cirrhosis was observed in 1.6% of the total population in one study. Postoperatively, significant improvements in liver biomarkers were reported. After one year, the percentage of patients with AST and ALT levels <30 U/L increased from 0% preoperatively to 85% and 80%, respectively ($p<0.05$). Moderate hepatic steatosis on ultrasound decreased to mild or absent in 75% of patients. Also, a significant reduction in the NAFLD fibrosis score ($p<0.0001$) over three years post-RYGB.

Conclusions: NAFLD and NASH are highly prevalent in Latin American individuals with obesity before undergoing BMS. BMS is associated with significant improvements in liver health, including reductions in liver enzymes and hepatic steatosis. However, variations in study methodologies and the primary focus on Brazil limit the generalizability of the findings, highlighting the need for more standardized, diverse research in Latin America.

Disclosure: No significant relationships.

FP232 / Abs. ID 101

Topic: *AS28. MBS and MAFLD*

FREE PAPERS 16: MAFLD/ILEAL SURGERY
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SLEEVE GASTRECTOMY (SG) AMELIORATES NAFLD (FIBROSIS) BY DOWNREGULATING CEMIP TO ACTIVATE THE WNT/B-CATENIN PATHWAY

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Background: The public health issues associated with obesity and non-alcoholic fatty liver disease (NAFLD) are becoming increasingly severe. Metabolic bariatric surgery has been proven to be an effective treatment for obesity and metabolic disorders in numerous previous studies. Sleeve gastrectomy (SG) is effective for non-alcoholic fatty liver disease (NAFLD), but the underlying mechanisms are not fully understood.

Objectives: This study aims to investigate whether SG improves lipid metabolism by downregulating CEMIP to activate the WNT/β-catenin pathway and to explore whether SG can ameliorate hepatic fibrosis in obese mice.

Methods: C57 mice fed a high-fat diet underwent SG or sham surgery, while C57 mice fed a normal diet served as controls. Protein expression and WNT/β-catenin pathway activity were compared among groups using Western blotting and RT-qPCR. Hepatic fibrosis and steatosis were assessed by Masson's trichrome staining and Oil Red O staining, respectively. Adeno-associated virus (AAV) was used for the specific overexpression and knockdown of TFF3 in C57 mice. AML cells overexpressing or knocking down CEMIP were constructed using lentivirus transfection. After verifying the activity of the WNT/β-catenin pathway by Western blotting, rescue experiments were conducted on AML cells with overexpressed or knocked-down CEMIP using pathway activators and inhibitors.

Results: Compared with the sham surgery group, C57 mice in the SG group exhibited significant improvements in body weight, lipid metabolism, and hepatic fibrosis.

Conclusions: SG regulates the expression of CEMIP in C57 mice, thereby activating the WNT/β-catenin pathway and improving NAFLD.

Disclosure: No significant relationships.

FP233 / Abs. ID 571

Topic: *AS28. MBS and MAFLD*

FREE PAPERS 16: MAFLD/ILEAL SURGERY
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ASSOCIATION BETWEEN LOW MUSCLE MASS AND METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD) SEVERITY IN PATIENTS WITH SEVERE OBESITY

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Background: Obesity and sarcopenia are conditions frequently associated with metabolic alterations such as metabolic dysfunction-associated steatotic liver disease (MASLD). This study analyzes the relationship between skeletal muscle mass (SMM) levels and the severity of MASLD in individuals with obesity, emphasizing the high prevalence of low muscle mass in this population.

Objectives: To determine the association between low muscle mass (as defined by SMM criteria) and the severity of MASLD, using statistical analysis.

Methods: This cross-sectional study included 75 individuals classified based on SMM (0: normal muscle mass; 1: low muscle mass). MASLD was classified into three categories (1, 2, and 3) based on clinical data. A contingency table was used to analyze the distribution of MASLD across SMM groups, and Fisher's exact test was applied to assess statistical significance.

Results: Of the 75 participants, 100% presented with obesity (BMI >30) and sarcopenia risk. Low muscle mass was observed in 71.6% of the population, demonstrating its high prevalence. Despite this, sarcopenic obesity (defined by ESPEN/EASO) was detected in only 4.5% of participants, while dynapenia (reduced handgrip strength) was also identified in 4.5%. High fat mass was present in 92% of individuals, indicating a predominant adiposity profile.Functional performance assessments showed limited capacity, with only 3% meeting the criteria for the 30-second chair stand test and 1.9% for the 5STS test (table 1). Among those with low muscle mass, 58.8% had severe MASLD (grade 3), compared to 9.5% of individuals with normal muscle mass (figure 1). The association between low muscle mass and MASLD severity was statistically significant (Fisher's exact test, $p < 0.001$) (table 2). These findings highlight the metabolic and functional challenges in this population, emphasizing the health risks associated with reduced muscle mass.

Conclusions: Low muscle mass is significantly associated with greater severity of MASLD in individuals with obesity. These findings highlight the importance of assessing muscle mass to better understand and manage metabolic risks in this population.

Table 2. NAFLD Clasificación

Table 2. NAFLD Clasificación

NAFLD Classification	Normal Muscle Mass	Low Muscle Mass	% of Total
Grade 1	0 (0.0%)	2 (2.8%)	2.8%
Grade 2	19 (26.4%)	19 (26.4%)	52.8%
Grade 3	2 (2.8%)	30 (41.7%)	44.4%
Total	21 (29.2%)	51 (70.8%)	100.0%

Table 1. Sarcopenic Obesity criteria

Table 1. Sarcopenic Obesity criteria

Variable	Category	Count (n)	Percentage (%)
Sarcopenic Obesity ESPEN/EASO	No	63	95.5%
	Yes	**3**	**4.5%**
ESPEN/EASO Crieteria			
Screening: Obesity by BMI (BMI > 30) and sarcopenia risk.	**Yes**	**65**	**100.0%**
1. Low Muscle Mass (SMM/KG)	No	21	28.4%
	Yes	**53**	**71.6%**
2. Functional tests (one of the three)			
Dynapenia (Handgrip Strength)	No	64	95.5%
	Yes	**3**	**4.5%**
30-Second Chair Stand Test	No	64	97.0%
	Yes	**2**	**3.0%**
5STS (Five Times Sit-to-Stand)	No	52	98.1%
	Yes	**1**	**1.9%**
3. High Fat Mass (FM%)	No	6	8.0%
	Yes	**69**	**92.0%**

Sarcopenic Obesity criteria

Disclosure: No significant relationships.

FP234 / Abs. ID 740

Topic: *AS28. MBS and MAFLD*

FREE PAPERS 16: MAFLD/ILEAL SURGERY
12-09-2025 16:30 - 18:00

SHORT-TERM WEIGHT LOSS OUTCOMES AND PREOPERATIVE LIVER HISTOLOGY IN METABOLICALLY HEALTHY VS. UNHEALTHY OBESITY FOLLOWING METABOLIC BARIATRIC SURGERY

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Background: Obesity manifests in diverse metabolic phenotypes, with some individuals maintaining a "metabolically healthy" profile despite excess adiposity. However, the influence of metabolic status on bariatric surgery outcomes remains uncertain.

Objectives: This study evaluates short-term weight loss outcomes and preoperative liver histology in patients with metabolically healthy obesity (MHO) and metabolically unhealthy obesity (MUO) undergoing bariatric surgery.

Methods: A retrospective cohort study was conducted on patients who underwent bariatric surgery at a single institution. Participants were classified as MHO or MUO based on standard metabolic syndrome criteria. Baseline characteristics, intraoperative variables, and one-year postoperative weight loss outcomes were analyzed. Preoperative liver histology was assessed to compare the extent of non-alcoholic liver disease (NAFLD) progression between the two groups.

Results:

Table 1. Patients' demographic comparison between MUO and MHO

	MUO (n=119)	MHO (n=45)	p-value
Gender, female	63 (52.9%)	36 (80.0%)	***0.0020***
Age, y	33.5 ± 9.1	30.2 ± 7.5	***0.0290***
Height, cm	167.0 ± 8.9	165.2 ± 7.6	0.1914
Weight, kg	105.8 ± 19.4	96.9 ± 16.0	***0.0036***
BMI, kg/m2	37.7 ± 5.5	35.5 ± 4.1	***0.0064***
Blood pressure			
SBP, mm/Hg	133.0 ± 17.1	121.8 ± 11.5	***0.0000***
DBP, mm/Hg	90.4 ± 12.9	78.9 ± 7.6	***0.0000***
Glucose level			
FBG, mmol/L	6.8 ± 2.5	5.5 ± 0.7	***0.0000***
2h-BG, mmol/L	10.6 ± 4.8	7.4 ± 1.5	***0.0000***
HbA1c, %	6.5 ± 1.6	5.5 ± 0.4	***0.0000***
Dyslipidemia			
TG, nmol/L	2.4 ± 3.5	1.1 ± 0.3	***0.0001***
HDL, mmol/L	1.1 ± 0.2	1.3 ± 0.2	***0.0000***
Fat distribution			
VAT	223.0 ± 80.9	223.0 ± 80.9414.9 ±	***0.0048***
SAT	444.8 ± 146.0	130.4	0.2227
Liver pathology	n=108	n=37	
NAS	3.7 ± 1.4	3.6 ± 1.4	0.6390
Not NASH	17 (15.7%)	7 (18.9%)	0.6683
Borderline	64 (59.3%)	22 (59.5%)	0.9733
Definite	27 (25.0%)	8 (21.6)	0.7438
Fibrosis			
<F2	82 (75.9%)	26 (70.3%)	0.7444
≥F2	26 (24.1%)	11 (29.7%)	0.5508

Table 2. Intraoperative and postoperative comparison between MUO and MHO

	MUO (n=119)	MHO (n=45)	p-value
Surgery duration, min	99.3 ± 29.4	103.0 ± 26.1	0.4494
Postoperative LOS, d	4.4 ± 1.8	4.1 ± 1.0	0.2217
Postoperative ICU	4 (3.3%)	0	0.2187
30-d readmission	0	0	-
Postoperative 1-year weight, kg	72.0 ± 13.9	67.9 ± 11.7	0.0587
Postoperative 1-year BMI, kg/m2	25.7 ± 3.6	24.8 ± 3.4	0.1550
Postoperative 1-year %TWL	31.4 ± 9.2	29.6 ± 8.0	0.2190

Among 164 patients (MHO = 45, MUO = 119), MUO patients presented with a higher baseline BMI (37.7 vs. 35.5 kg/m², p = 0.0064), elevated blood pressure, and impaired glucose metabolism. At one-year follow-up, both groups exhibited substantial weight loss, with no significant difference in %TWL (MUO: 31.4% vs. MHO: 29.6%, p = 0.219). Operative duration, hospitalization length, and postoperative complications were comparable. Liver histology revealed no significant disparity in NAFLD severity.

Conclusions: Despite more adverse baseline metabolic profiles, MUO patients achieved equivalent short-term weight loss and exhibited similar preoperative liver disease severity compared to MHO patients. These findings suggest that traditional metabolic health status does not significantly impact short-term weight loss efficacy or preoperative hepatic pathology, though its role in long-term metabolic and hepatic outcomes warrants further investigation.

Disclosure: No significant relationships.

FP235 / Abs. ID 487

Topic: *AS28. MBS and MAFLD*

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12-09-2025 16:30 - 18:00

EFFECTS OF METABOLIC-BARIATRIC SURGERY ON INTESTINAL PERMEABILITY AND MASLD- A RODENT MODEL

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Background: Obesity and metabolic associated fatty liver disease (MASLD) has been linked to increased intestinal permeability (IP) or "leaky gut". Metabolic-bariatric surgery (MBS) is an effective treatment for obesity and related metabolic disorders, but its impact on IP remains unclear.

Objectives: This study investigates the relationship between intestinal permeability, MASLD, and liver fibrosis in an obese rat model following one-anastomosis gastric bypass (OAGB) compared to sham surgery.

Methods: Male Sprague Dawley rats (n=16) were fed a high-fat, high-cholesterol, high-fructose, and low-folate diet, combined with methotrexate injections (0.5 mg/kg, i.p., after 2, 4 and 6 weeks) to induce fibrotic steatohepatitis (MASH) and increased IP. Liver and intestine were evaluated after eight weeks in a group of 5 animals, further groups underwent either OAGB (n=6) or sham surgery (n=5), followed by another eight weeks on the same diet. Thereafter, MASLD and IP were assessed histologically in different small intestinal sections. Ussing chamber experiments evaluated tissue resistance and permeability.

Results: After 8 weeks rats developed fibrotic MASH with increased IP. OAGB significantly reduced body weight ($p=0.028$) and fasting blood glucose ($p=0.006$) compared to sham surgery. Post-surgery overall histological liver and blood markers improved in the OAGB group and remained unchanged in the sham group. Rats with MASH showed lower gut tissue resistance compared to MAFL ($p<0.001$); those with fibrosis exhibited higher permeability than those without fibrosis ($p=0.03$). Ileum tissue resistance was significantly higher in OAGB than in sham rats ($P=0.01$) and pre surgical rats ($p=0.014$). A negative correlation was found between tissue resistance and intestinal lamina propria mononuclear cells ($p=0.041$).

Conclusions: Bariatric surgery improved intestinal permeability and increased gut resistance in this rodent model. Higher IP was associated with MASH and fibrosis, suggesting that intestinal permeability may play a critical role in MASLD improvement following MBS.

Disclosure: No significant relationships.

FP236 / Abs. ID 112

Topic: *AS28. MBS and MAFLD*

FREE PAPERS 16: MAFLD/ILEAL SURGERY
12-09-2025 16:30 - 18:00

THE EARLY IMPACT OF METABOLIC BARIATRIC SURGERY ON METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD) AS ASSESSED BY FIBROSCAN.

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[1]BON SECOURS HOSPITAL, Bariatric, WVA, Ireland, [2]University College Cork, Cork, Ireland, [3]Bon Secours Hospital, Bariatric, WVA, Ireland

Background: MASLD is very common in patients with severe obesity. Fibroscan is a non-invasive method of monitoring MASLD status.

Objectives: Evaluation of the effect of metabolic bariatric surgery on MASLD and hepatic fibrosis using Fibroscan.

Methods: Controlled attenuation parameter (CAP) score cut off greater than 240 decibels per meter (db/m) was determined as being liver steatosis. Liver stiffness measurement (LSM) of greater than 7kPa was deemed a high fibrosis score, with a greater risk of cirrhosis.

Results: A consecutive series of 51 patients undergoing bariatric surgical intervention had a preoperative Fibroscan performed within 6 months of surgical intervention. All patients had liver steatosis on preoperative ultrasound scanning. All patients underwent a postoperative Fibroscan at a mean (SD) of 7(3) months. Thirty-six patients (71%) were female. The mean age was 46(11) and range 20-66yrs. The mean weight was 141(25) kg and the mean BMI was 49(7) kg/m^2. At 6(1) months follow up the mean weight loss was 38(12) kg, and the mean % total body weight loss was 25(7) %. The mean preoperative CAP score was 355(43) db/m and the mean LSM was 8(4) kPa. Nine patients (17%) had LSM of 12 kPa or greater and were deemed to have possible cirrhosis. The mean postoperative CAP score was 268(51), a reduction of 24% ($p<0.001$) and the mean LSM was 5(1), a reduction of 37% ($p<0.001$). No patient had a CAP score of less than 240db/m pre-operatively. This percentage increased to 40% (14) postoperatively ($p<0.001$). Preoperatively twenty-five patients (49%) had liver stiffness scores of greater than 7kPa. Postoperatively forty-nine patients (96%) had a score of less than 7kPa ($p<0.001$). Of the nine patients deemed to have severe fibrosis/cirrhosis, eight had normalized LSM postoperatively, mean of 5.4(1.3) kPa ($p= .0047$).

Conclusions: Routine preoperative Fibroscan confirms a very high incidence of MASLD in the bariatric surgical population. Metabolic Bariatric surgery results in a dramatic improvement in MASLD/MASH as early as six months postoperatively.

Disclosure: No significant relationships.

FP237 / Abs. ID 825

Topic: *AS28. MBS and MAFLD*

FREE PAPERS 16: MAFLD/ILEAL SURGERY
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REMISSION OF MAFLD SIX MONTHS AFTER METABOLIC BARIATRIC SURGERY: EXPERIENCE IN A SINGLE CHILEAN CENTER

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Background: Metabolic dysfunction-associated fatty liver disease (MAFLD) is a redefined clinical entity reflecting the multifactorial pathophysiology of fatty liver disease in metabolically unhealthy individuals. Linked to obesity, type 2 diabetes, and metabolic syndrome, MAFLD poses a global health burden due to progression to cirrhosis and hepatocellular carcinoma. Bariatric surgery helps reverse hepatic steatosis and restore liver function. This study evaluates its short-term impact on MAFLD remission in a Chilean cohort.

Objectives: This study examines the evolution of MAFLD six months postoperatively in patients undergoing bariatric surgery at a single center in Chile, using clinical, biochemical, and imaging criteria to evaluate disease remission.

Methods: 84 patients were enrolled in this retrospective cohort study conducted at Clínica Alta Salud, Punta Arenas, Chile, between 2023 and 2024. All participants had a diagnosis of MAFLD based on ultrasonographic evidence of hepatic steatosis. Additionally, inclusion required the presence of at least one of the following metabolic criteria: (1) obesity, defined by elevated body mass index (BMI>30) or increased waist circumference according to regional standards; (2) type 2 diabetes mellitus; or (3) metabolic dysfunction, defined by at least two of the following: fasting glucose ≥ 100 mg/dL or documented insulin resistance; arterial hypertension (systolic ≥ 130 mmHg and/or diastolic ≥ 85 mmHg, or under antihypertensive treatment); dyslipidemia (triglycerides ≥ 150 mg/dL or low HDL cholesterol: <40 mg/dL in men, <50 mg/dL in women); or elevated HOMA-IR index. Statistical analyses were performed using paired t-tests and logistic regression models to evaluate significant changes.

Results: A significant reduction in hepatic steatosis was observed in 78% of patients, accompanied by improvements in ALT and AST levels ($p < 0.05$). Additionally, metabolic syndrome components showed a marked improvement, with 65% of patients achieving normalization of fasting glucose and lipid profiles. Weight loss correlated strongly with MAFLD remission ($r = 0.72$, $p < 0.01$).

Conclusions: The evidence suggests that bariatric surgery can induce significant improvements in liver function, supporting its implementation as a therapeutic approach for MAFLD management. Further longitudinal studies are needed to evaluate long-term sustainability and mechanisms of hepatic recovery.

Disclosure: No significant relationships.

FP238 / Abs. ID 720

Topic: *AS48. Ileal surgeries*

FREE PAPERS 16: MAFLD/ILEAL SURGERY
12-09-2025 16:30 - 18:00

BASED ON THE PROPENSITY MATCHING SCORE, COMPARE THE EFFICACY AND SAFETY OF TWO BARIATRIC SURGERIES FOR TREATING OBESITY AND OBESITY-RELATED DISEASES

Tao Jiang
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Background: Global obesity rates are increasing, with nearly 200 million people affected. China has the highest number of individuals with obesity. Bariatric surgery is more effective than traditional methods. RYGB and SG are most common, but SADI-S shows greater weight loss and lower malnutrition risk compared to BPD/DS. However its adoption remains low despite benefits.

Objectives: The purpose of this study was to explore the clinical effectiveness and safety of biliopancreatic diversion with duodenal switch (BPD-DS) and single anastomosis duodenal ileal bypass with sleeve gastrectomy (SADI-S) in the treatment of obesity and related conditions.

Methods: We enrolled 97 Chinese patients with obesity who underwent either SADI-S or BPD/DS and conducted a 1-year postoperative follow-up. Utilizing the propensity score matching (PSM) method, we matched the two groups of patients in a 1:1 ratio. Subsequently, we assessed the outcomes related to obesity treatment, obesity-related diseases, nutritional status, and complications.

Results: After PSM, both groups had 17 patients with no significant baseline differences($P>0.05$). The BPD-DS group showed higher numerical weight loss in% EWL and %TWL than the SADI-S group, but not significantly(96.9%±28.1%vs 86.3%±20.2%, and 45.5%±8%vs 40.7%±9.4%). For obesity-related diseases, BPD-DS had a numerically higher complete remission rate, yet not significant. Nutritional outcomes showed a significantly higher hypoalbuminemia rate in the BPD/DS group post-surgery($P=0.007$), with no other significant differences in trace elements and folic acid. There were no significant differences in postoperative complications. However, SADI-S had significantly shorter operation time and hospital stay($P<0.05$).

Conclusions: Although there are no significant differences in the immediate outcomes of BPD-DS and SADI-S, both procedures are effective in treating obesity and related disorders.No notable disparity in postoperative complications was found between the two groups. However, SADI-S is a simpler technique that offers shorter operation and postoperative hospitalization times. Nonetheless, the mid-to long-term efficacy of both bariatric surgeries requires confirmation through future long-term data and large-scale randomized controlled clinical trials.

Disclosure: The authors declare no competing interests.

FP239 / Abs. ID 718

Topic: *AS48. Ileal surgeries*

FREE PAPERS 16: MAFLD/ILEAL SURGERY
12-09-2025 16:30 - 18:00

BILE ACID CHANGES AFTER SINGLE-ANASTOMOSIS DUODENAL-ILEAL BYPASS WITH SLEEVE GASTRECTOMY AND SLEEVE GASTRECTOMY ARE LINKED TO IMPROVEMENT IN HOST METABOLISM

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Background: Metabolic surgery is linked to enhancements in host metabolism; however, the underlying mechanisms remain unclear. Alterations in serum bile acids (BAs) following metabolic surgery may contribute to the improvement of host metabolism.

Objectives: This study aims to explore the relationship between host metabolic enhancement and serum bile acid concentrations after single-anastomosis duodenal-ileal bypass with sleeve gastrectomy (SADI-S) and sleeve gastrectomy (SG).

Methods: Wistar diabetic rats were randomly assigned to three groups: SADI-S group, SG group, and sham operation group (SO). Metabolic results, intestinal flora, feces and serum bile acid spectrum were analyzed.

Results: Both SADI-S and SG can enhance host metabolism and elevate certain serum BA levels. Among them, 20 types of BAs, including chenodeoxycholic acid, ursodeoxycholic acid, dehydrocholic acid, and hyocholic acid, etc. were found to be negatively correlated with body weight, fasting blood glucose, glycated hemoglobin and triglycerides. In addition, BAs in 18 including chenodeoxycholic acid, ursodeoxycholic acid, ω-muricholic acid and glycochenodeoxycholic acid, etc. were significantly positively correlated with Escherichia_Shigella, unclassified_Muribaculaceae, and Bifidobacterium.

Conclusions: Our study emphasizes the capacity of SADI-S and SG to induce a partial elevation in serum BAs, which is indicative of the favorable outcomes associated with these metabolic surgeries on energy and glucose homeostasis, as well as GLP-1 serum levels. The current results also reveal a significant relationship between serum BAs and intestinal microbiota; alterations in serum BAs and gut flora following SADI-S and SG surgery were linked to notable improvements in metabolic health.

Disclosure: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

FP240 / Abs. ID 719

Topic: *AS48. Ileal surgeries*

FREE PAPERS 16: MAFLD/ILEAL SURGERY
12-09-2025 16:30 - 18:00

IMPACT OF SINGLE-ANASTOMOSIS DUODENAL-ILEAL BYPASS WITH SLEEVE GASTRECTOMY AND SLEEVE GASTRECTOMY ON GUT MICROBIOTA COMPOSITION AND HOST METABOLISM

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Background: 单吻合十二指肠-回肠旁路术袖状胃切除术 （SADI-S） 已成为治疗 2 型糖尿病 （T2D） 最有效的手术选择之一。然而，对 SADI-S 手术后肠道微生物群的研究是有限的。鉴于肠道菌群在调节宿主代谢中的重要作用，我们研究了 SADI-S 和袖状胃切除术 （SG） 对肠道菌群的影响，并研究了它们与宿主代谢的关系。

Objectives: Given the important role of the gut microbiota in regulating host metabolism, we investigated the effects of SADI-S and sleeve gastrectomy (SG) on gut microbiota and examined their relationship with host metabolism.

Methods: Wistar diabetic rats were randomly assigned to into the following groups: SADI-S; SG; and sham operation group（SO）. Metabolic effects and intestinal flora characteristics were analyzed 5 weeks after surgery.

Results: The fasting blood glucose and glycated hemoglobin levels in the SADI-S group and the SG group were significantly lower than those in the SO($p<0.05$). Furthermore, the levels in the SADI-S group were also significantly lower than those in the SG group($p<0.05$). In addition, the species richness and diversity of the SG group were significantly higher than those of the SADI-S and SO groups ($p<0.05$).Moreover ,rat glucose metabolism parameters showed a positive correlation with the abundance of 11 bacterial species, including Ruminococcus gauvreauii group, and a negative correlation with the relative abundance of 7 bacterial species, including Enterococcus.

Conclusions: SADI-S and SG significantly changed the composition of intestinal flora in T2D rats and also improved host metabolism.These alterations in intestinal microbiota may elucidate the mechanisms through which SADI-S and SG improve T2D. Future research is warranted to further validate these findings.

Disclosure: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

FP241 / Abs. ID 965

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

FREE PAPERS 17: OMMS/BARIATRIC TOURISM/ECO-STRATEGIES/PERSONALIZED MEDICINE/LSG
12-09-2025 16:30 - 18:00

MORPHOLOGY OF THE STOMACH AFTER SLEEVE GASTRECTOMY USING 3D CT VOLUMETRY AND ITS RELATIONSHIP TO WEIGHT LOSS AND GASTROESOPHAGEAL REFLUX

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Background: There are few studies on the effects of stomach shape or size on weight loss or gastroesophageal reflux after sleeve gastrectomy.

Objectives: The aim of this study was to evaluate the morphology of the stomach after sleeve gastrectomy using 3D CT volumetry and its relationship to weight loss and gastroesophageal reflux disease (GERD) during a 1-year follow-up period.

Methods: Electronic medical records of all patients who underwent sleeve gastrectomy between April 2021 and July 2023 at a single institution were retrospectively reviewed. Age, gender, height, body weight, BMI, the weight of resected stomach, the size and shape of stomach on 3D CT volumetry (3DCT) at baseline and 1-year follow-up, % of remnant stomach, the size and shape of stomach on upper gastrointestinal series (UGI) at postoperative day 1, the gastric emptying time on UGI on video were investigated as independent variables. The shape of sleeved stomach was divided into 4 groups: tubular, lower pouch, upper pouch, and dumbbell shapes. Percent of total weight loss (%TWL), subjective changes of GERD, changes of LA classification and Hill grade on upper endoscopy (EGD) at 1-year follow-up, and transthoracic migration on 3DCT at 1-year follow-up were assessed as dependent variables.

Results: Of the 145 patients reviewed, 68 patients (46.9%) who have all data necessary for this study were included. %TWL were associated to the weight of resected stomach (p=0.025) and the shape of sleeved stomach on 3DCT at 1-year follow-up (p=0.048) in a multiple linear regression model. Subjective changes of GERD was associated to the size of sleeved stomach on 3DCT at 1-year follow-up (p=0.035), changes of LA classification on EGD was associated to % of remnant stomach (p=0.035), changes of Hill grade on EGD was associated to the size of stomach on UGI at POD1 (p=0.024), and transthoracic migration on 3DCT was related to the height (p=0.040) respectively, in a logistic regression model.

Conclusions: Analyzing the size and shape of the stomach using multiple imaging data may be helpful in predicting weight loss and gastroesophageal reflux after sleeve gastrectomy.

Disclosure: Receipt of grants/research supports: a Korea Medical Device Development Fund grant funded by the Korean government (Ministry of Science and ICT)

FP242 / Abs. ID 345

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

FREE PAPERS 17: OMMS/BARIATRIC TOURISM/ECO-STRATEGIES/PERSONALIZED MEDICINE/LSG
12-09-2025 16:30 - 18:00

IS POSTOPERATIVE HIATAL HERNIA AN ISSUE IN SLEEVE GASTRECTOMY? ITS RELATIONSHIP WITH ESOPHAGITIS AND REFLUX SYMPTOMS

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Background: De novo hiatal hernia (HH) following laparoscopic sleeve gastrectomy (LSG) is increasingly recognized but remains underreported, with an incidence ranging from 3% to 72%. Its clinical impact is associated with gastroesophageal reflux disease (GERD) and esophagitis.

Objectives: This study aims to determine the incidence of de novo HH one year after LSG and its relationship with esophagitis and GERD symptoms.

Methods: A retrospective, analytical study was conducted on 329 patients who underwent LSG between 2016 and 2023. The presence of de novo HH (HH+), esophagitis (assessed via upper endoscopy), and GERD symptoms (documented in medical records) were evaluated. Patients were categorized into two groups based on the presence or absence of HH (HH+ vs. HH-).

Results: The incidence of de novo HH was 14.3% (47 cases). Postoperative esophagitis was detected in 16 (54%) HH+ patients and 43 (15.3%) HH- patients ($p = 0.02$). De novo esophagitis occurred in 14 (29.8%) HH+ cases and 37 (13.2%) HH- cases ($p = 0.003$). Postoperative GERD symptoms were reported in 40.7% (134) of patients. Novo GERD symptoms occurred in 9 (19.1%) HH+ cases and 26 (9.2%) HH- cases ($p = 0.04$). No significant differences were observed between the groups regarding pre- and postoperative symptoms. Hernia size was not associated with an increased risk of esophagitis or GERD symptoms ($p > 0.5$). The surgical conversion rate was 1.5%. The main indication for revisional surgery was HH+ with GERD symptoms in 60% of cases. At the time of conversion to Roux-en-Y gastric bypass (RYGB), the %TWL was 54.46%.

Conclusions: The incidence of de novo HH after LSG was 14.3%. Its presence increased the risk of esophagitis and GERD symptoms, and 1.5% of cases required revisional surgery. No significant association was found between HH size and symptom severity.

Disclosure: No significant relationships.

FP243 / Abs. ID 486

Topic: *AS26. Metabolic bariatric surgery tourism*

FREE PAPERS 17: OMMS/BARIATRIC TOURISM/ECO-STRATEGIES/PERSONALIZED MEDICINE/LSG
12-09-2025 16:30 - 18:00

BINATIONAL MEDICAL TOURISM PROGRAM IN BARIATRIC AND METABOLIC SURGERY: INITIAL EXPERIENCE

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Background: Medical tourism involves traveling to another country for medical treatment, seeking improved quality, cost, or availability of healthcare services. Bariatric surgery within this context has gained prominence, especially post-COVID-19, as telemedicine facilitates preoperative preparation and postoperative follow-up, essential for a safe and high-quality program.

Objectives: To assess the feasibility and safety of a Binational Medical Tourism Program for Bariatric and Metabolic Surgery involving professionals from Argentina and Bolivia.

Methods: A retrospective analysis was conducted using data from the Binational Center CREO in Santa Cruz de la Sierra, Bolivia, including Bolivian patients who underwent bariatric and metabolic surgery between July 2023 and February 2025. The multidisciplinary team comprised two surgeons, a clinical physician specializing in obesity and diabetes, a dietitian, and a psychologist, all with expertise in the field. Surgeries were performed in Argentina, while preoperative evaluations occurred in Bolivia, supervised in person by one surgeon. Clinical and psycho-nutritional preparations were managed remotely via telemedicine by Argentine professionals. Patients received transportation, accommodation, and local transfers in Argentina, with an average stay of 72 hours in the country. Data collected included anthropometric measurements, hospital stay duration, readmissions, reoperations, and 30-day morbidity.

Results: A total of 127 patients underwent surgery (70.1% women). Mean BMI was 42.1 (22.68–70.1), and mean age was 39 years (17–61). Procedures performed included sleeve gastrectomy (77.2%), one-anastomosis gastric bypass (22.1%), and single anastomosis sleeve ileal bypass (0.8%). The majority (99.2%) were managed on an outpatient basis or had a 24-hour hospital stay, depending on surgery timing. One patient (0.8%) required a 48-hour stay due to self-limiting gastrojejunostomy bleeding. Three patients (2.4%) experienced postoperative bleeding: two cases (1.6%) were self-limiting without hemodynamic instability and with no need of readmission; the third (0.8%) developed a bleeding ulcer 30 days post-surgery due to dietary noncompliance, requiring readmission and endoscopic management with adrenaline, resulting in resolution. No reoperations or 30-day mortality occurred.

Conclusions: Medical tourism for bariatric surgery is both feasible and safe when supported by structured preoperative medical and psycho-nutritional preparation. Further research is needed to evaluate medium- and long-term outcomes.

Disclosure: Speaker for EziSurg Medical

FP244 / Abs. ID 676

Topic: *AS26. Metabolic bariatric surgery tourism*

FREE PAPERS 17: OMMS/BARIATRIC TOURISM/ECO-STRATEGIES/PERSONALIZED MEDICINE/LSG
12-09-2025 16:30 - 18:00

BRIDGING BORDERS: THE ROLE OF A BARIATRIC POSTOPERATIVE COMMUNICATION TOOL

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Background: Bariatric surgery has increased significantly in recent decades. Sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) account for 65% and 24% of the cases, respectively. While medical tourism has emerged as a viable option for patients with modest socioeconomic background or restricted healthcare access, subsequent evaluation in their country-of-origin (COO) may pose significant challenges due to inaccurate documentation on peri-operative data and surgical technique. Absence of detailed information regarding the initial surgical procedure complicates clinical management and therapeutic decision-making in the event of postoperative complications, often necessitating additional interventions. A web-based communication tool (BP Card, 2024) has been previously proposed (AM) for patients who underwent bariatric surgery.

Objectives: To investigate the effectiveness and feasibility in the implementation of a bariatric postoperative communication tool (BPCT) designed to improve communication of relevant surgical details between surgeons and other specialists across countries.

Methods: Available literature was analyzed by authors and subjected to a Delphi process. A survey was created with 8 main topics and 45 items. The survey was conducted in Mexico City from January to May 2024. Questions on RYGB, SG, and one anastomosis gastric bypass (OAGB) were used. The study included 32 bariatric surgeons. Participants were asked to provide feedback on follow-up of bariatric patients and suggestions on relevant information that should be communicated to other physicians. The survey included perception-related questions. Variables included: timing of surgery, number of surgeons involved in care, and situations where inaccurate information regarding bariatric surgery had an impact on patient care. The rWG (single item Within-Group agreement) and rWG(j)* (multiple items Within-Group agreement) were used with an acceptable threshold value >0.70.

Results: The rWG(j)* of surgeons regarding the high value of this tool was 0.92 (rWG ≥0.86 for all items). ≥80% of surgeons agreed on all questions on key information. The rWG(j)* of surgeons regarding the relevance of the BPCard was 0.97 (rWG ≥0.97). ≥80% of surgeons agreed on all statements regarding the BPCard.

Conclusions: The growing popularity of bariatric surgery outside patient's COO warrants standardized tools to ensure continuity of care across health systems. The implementation of a web-based BPCT was broadly accepted by surgeons.

Disclosure: No significant relationships.

FP245 / Abs. ID 396

Topic: *AS26. Metabolic bariatric surgery tourism*

FREE PAPERS 17: OMMS/BARIATRIC TOURISM/ECO-STRATEGIES/PERSONALIZED MEDICINE/LSG
12-09-2025 16:30 - 18:00

OUTCOMES OF SINGLE-PORT LAPAROSCOPIC SLEEVE GASTRECTOMY: A DESCRIPTIVE STUDY IN A BARIATRIC MEDICAL TOURISM CENTER

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Background: Bariatric-metabolic surgery is an effective treatment for severe obesity. In the field of bariatric medical tourism, Tijuana, Mexico, has emerged as one of the most important global centers, attracting thousands of international patients seeking high-quality, cost-effective bariatric procedures. Minimally invasive techniques such as single-port laparoscopic sleeve gastrectomy (SPLGS) offer potential benefits, such as reduced surgical trauma, better esthetic results. Data on short-term outcomes in medical tourism are still limited.

Objectives: This study aims to evaluate short-term clinical outcomes of SPLSG in a bariatric medical tourism center % of total weight lost (%TWL) and % of excess weight lost (%EWL) was evaluated at 3 and 6 months, complications and esthetic satisfaction. Results were compared with international evidence, particularly the SOPHIA study, which predicts 5-year weight trajectory after metabolic bariatric surgery using machine learning models.

Methods: Retrospective study of 61 patients who underwent SPLSG from January 2021 to June 2024. Patients were followed at 3 and 6 months after surgery, demographics, obesity grade, operative time, hospital length, %EWL, %TWL, complications, and patients' satisfaction were evaluated. Results were compared with the SOPHIA study.

Results: Demographics: 91.8% female, mean age 35.8 ± 8.8 years. Weight loss outcomes: 3 months: Mean %EWL = 40.1 ± 21.3, %TWL = 13.7 ± 6.1. 6 months: Mean %EWL = 64.3 ± 23.1, %TWL = 22.1 ± 7.2. Complications One patient (1.6%) developed a port site hernia (PSH). Esthetic satisfaction was report in 100% of patients. Comparison with SOPHIA study SOPHIA predicts a median TWL of 26.8% at 5 years, while our 6-month results (TWL 22.1%) align with early expected weight loss. SOPHIA study does not provide specific data on PSH incidence. However, existing literature suggests that rates after laparoscopy sleeve gastrectomy range from 0.5% to 3%.

Conclusions: SPLSG provide promising short-term weight loss outcomes, with favorable cosmetic results and a few complications. However, long-term follow-up is required to evaluate weight maintenance and the risk of SPH.

Disclosure: No significant relationships.

FP246 / Abs. ID 68

Topic: *AS30. MBS and personalized medicine*

FREE PAPERS 17: OMMS/BARIATRIC TOURISM/ECO-STRATEGIES/PERSONALIZED MEDICINE/LSG
12-09-2025 16:30 - 18:00

THE HIDDEN TRANSFORMATION: HOW METABOLIC BARIATRIC SURGERY SHAPES BODY COMPOSITION

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Background: Metabolic bariatric surgery (MBS) is an effective treatment for obesity, but weight loss alone does not fully capture improvements in body composition. Parameters such as the Appendicular Skeletal Muscle Mass Index by Weight (IMMAP), the Total Appendicular Skeletal Muscle Mass Index (IMMAT), and Total Fat Mass (FM) provide a more accurate picture of metabolic health changes following surgery.

Objectives: This study aims to analyze the evolution of IMMAP, IMMAT, and FM over a 12-month follow-up period in patients undergoing BS, identifying the most relevant indicators of postoperative improvement in obesity management.

Methods: A total of 42 patients who underwent BS between 2022 and 2023 were included. The mean age was 48.38 ± 8.38 years, with 69.05% female participants. The maximum BMI averaged 46.18 ± 5.96 kg/m², while the preoperative BMI was 42.46 ± 4.49 kg/m². Changes in IMMAP, IMMAT, and FM from preoperative to 12 months post-surgery were assessed using Dual-Energy X-ray Absorptiometry (DXA, Lunar Model 3447).

Results: The following significant changes were observed at 12 months: IMMAP increased from 26.75 to 29.21 ($t = -3.55$, $p = 0.00097$); IMMAT increased from 18.41 to 22.08 ($t = -5.39$, $p = 3.21 \times 10^{-6}$); FM decreased from 43.46 to 34.08 ($t = 5.70$, $p = 1.17 \times 10^{-6}$). All differences were statistically significant ($p < 0.05$). Effect size calculations (Cohen's d) indicated a moderate effect for IMMAP ($d = 0.55$) and large effects for IMMAT ($d = 0.83$) and FM ($d = -0.88$). Multiple linear regression analysis identified IMMAP at 12 months as the strongest predictor of BMI at 12 months (coefficient = -51.05, $p = 0.001$), followed by FM (coefficient = 0.15, $p = 0.003$) and IMMAT (coefficient = 0.61, $p < 0.001$).

Conclusions: Our findings confirm that BS significantly improves body composition, with a notable decrease in FM and an increase in IMMAP and IMMAT, reflecting muscle mass preservation and fat mass reduction at one year post-surgery. Furthermore, IMMAP at 12 months emerged as the strongest predictor of BMI at 12 months, suggesting its potential as a key postoperative metric for assessing BS success.

Disclosure: No significant relationships.

FP247 / Abs. ID 1231

Topic: *AS30. MBS and personalized medicine*

FREE PAPERS 17: OMMS/BARIATRIC TOURISM/ECO-STRATEGIES/PERSONALIZED MEDICINE/LSG
12-09-2025 16:30 - 18:00

RESECTIVE GASTRIC BYPASS FOR SEVERE OBESITY WITH DIFFUSE GASTRIC POLYPOSIS: OUTCOMES AT 1-YEAR FOLLOW-UP

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Background: Diffuse gastric polyposis (GP) is prevalent, with hyperplastic polyps being the most common, followed by fundic gland polyps, adenomatous polyps, and inflammatory polyps. These lesions are generally asymptomatic and are typically detected as incidental findings during upper gastrointestinal endoscopy (UGE). Management and surveillance are complex due to the potential for malignant transformation (2% to 19%) and a recurrence of 23%. There is a paucity of national studies addressing the simultaneous treatment of obesity and GP, necessitating further investigation.

Objectives: To evaluate the outcomes of resective gastric bypass in patients with obesity and gastric polyposis.

Methods: A prospective study was conducted from 2020 to 2024, including patients with an indication for primary bariatric and metabolic surgery (BMS), a body mass index (BMI) >35, and preoperative gastric polyposis. Resective gastric bypass (RGB) was performed, the biliopancreatic limb was set to 150 cm, and the alimentary limb to 100 cm. Excess weight loss (EWL) and follow-up UGE findings were assessed at one year postoperatively.

Results: Among 1237 patients undergoing primary BMS, 6 (0.5%) underwent RGB for GP (83.3% female, 16.7% male). Two cases showed low-grade dysplastic polyps (33.3% dysplasia prevalence in the polyposis cohort). Preoperative findings: hyperplastic polyps in 83.3% (n=5), fundic gland polyps in 16.7% (n=1). Postoperative pathology: hyperplastic polyps with low-grade dysplasia (33.3%, n=2), hyperplastic polyps without dysplasia (16.7%, n=1), and mixed hyperplastic-fundic gland polyps (50%, n=3). Mean preoperative BMI was 48.8, with 82.1% EWL at 1 year (95% CI 74.1–90.1). All cases exhibited no polyp recurrence on 12-month endoscopy. There were no Clavien-Dindo grade 3-4 postoperative complications.

Conclusions: Patients with GP enrolled in a BMS program present a management challenge due to the risk of malignant transformation and the difficulty in postoperative gastric mucosa surveillance, given the inability to endoscopically evaluate the gastric remnant. RGB may serve as a safe and effective simultaneous treatment for both obesity and GP. Standardized postoperative BMS follow-up protocols, including one-year UGE, are recommended.

Disclosure: No significant relationships.

FP248 / Abs. ID 526

Topic: *AS30. MBS and personalized medicine*

FREE PAPERS 17: OMMS/BARIATRIC TOURISM/ECO-STRATEGIES/PERSONALIZED MEDICINE/LSG
12-09-2025 16:30 - 18:00

ALEXITHYMIA, DEPRESSION, EATING DISORDERS IN PATIENTS WITH AND WITHOUT ADHD REFERRED FOR METABOLIC BARIATRIC SURGERY

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Background: Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental condition that has received considerable attention in recent years. ADHD is often associated with obesity and its presence can compromise weight loss and has a negative impact on the outcome of the MBS also in terms of quality of life.

Objectives: The aim of this study was to evaluate the prevalence of risk of ADHD in a sample of people who referred for MBS and to evaluate the differences compared to unaffected people. In particular, we focused on psychiatric related diseases: depression, psychological distress, maladaptive eating behaviors and emotional and medical dysregulation.

Methods: A total of 1000 patients underwent a clinical psychiatric interview, sociodemographic data sheet and the following self-report tests: Adult ADHD Self-Report Scale, Symptom Check-List-90-R Scale, The Toronto Alexithymia Scale, The Beck Depression Inventory II, the Yale Food Addiction Scale 2.0, the binge eating disorder scale, and the Eating Attitude Test.

Results: Two hundred and twenty participants screened positive for ADHD (22%). Patients with a positive screen showed significantly higher rates of depressive symptoms, general stress index, alexithymia, binge eating behaviors, subthreshold food addiction, and had earlier onset of obesity during adolescence. The ADHD group also had more severe obesity levels and more related diseases.

Conclusions: ADHD is associated with a higher burden of disease in patients with obesity. Clinical and therapeutic implications will be discussed and etiological mechanisms are to be investigated.

Disclosure: No significant relationships.

FP249 / Abs. ID 296

Topic: *AS30. MBS and personalized medicine*

FREE PAPERS 17: OMMS/BARIATRIC TOURISM/ECO-STRATEGIES/PERSONALIZED MEDICINE/LSG
12-09-2025 16:30 - 18:00

PRE-OPERATIVE CHARACTERISTICS OF METABOLIC BARIATRIC SURGERY PATIENTS IN SURGICAL REVIEW CORPORATION (SRC) CENTERS OF EXCELLENCE IN BARIATRIC SURGERY (COEBS) 2007-2010 VERSUS 2012-2021

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Background: During the past 20+ years metabolic bariatric surgery has grown from approximately 41,000 cases in 2000 to 280,000 in 2023. New technologies have developed. However, changes in procedures and patterns of clinical variation between the most common operations over decades are not investigated.

Objectives: To identify changes in metabolic bariatric surgery, patient characteristics, and distribution of obesity diseases in SRC COEBS 2007-2010 versus 2012-2021.

Methods: With the permission of the Surgical Review Corporation (SRC) Data Access Committee and the Inspira Health Network IRB, pre-operative data from 164,928 2007-2010 metabolic bariatric surgery SRC BOLD database patients and 25,615 2012-2021 patients were studied. Data: Procedure [laparoscopic Roux-en-Y gastric bypass (LRYGB), adjustable gastric band (LAGB), open gastric bypass (ORYGB) , sleeve gastrectomy (SLEEVE)], demographics, weight, BMI, and 6 obesity related diseases . Statistics: Chi-square and T-test.

Results:

RESULTS		LRYGB	LAGB	ORYGB	SLEEVE
PROCEDURES %	2007-2010	49.90%	40.50%	3.20%	5.40%
	2012-2021	37.20%	14.70%	1.60%	46.30%
BMI	2007-2010	47+-8	45+-7	50+-10	47+-9
	2012-2021	47+-8	44+-8	50+-11	45+-8
AGE (years)	2007-2010	45.3+-11.5	45.8+-12.1	45.9+-12.2	47.4+-9.3
	2012-2021	46.3+-12.3	46.3+-12.7	46.8+-12.2	44.7+-12.0
FEMALE %	2007-2010	78.60%	78.90%	76.00%	74.60%
	2012-2021	78.21%	76.58%	76.14%	77.30%
GERD	2007-2010	49.70%	42,4%	42.30%	43.00%

	2012-2021	47.3%,	41,2%	45.80%	42.30%
ASTHMA	2007-2010	18.70%	15.20%	20.50%	15.40%
	2012-2021	18.00%	15.60%	25.10%	14.80%
OSA	2007-2010	48,0%	39.00%	50.00%	42.00%
	2012-2021	50.30%	43.23%	55.18%	45.90%
OHS	2007-2010	1.88%	1.55%	3.30%	1.43%
	2012-2021	3.30%	2.90%	5.90%	2.43%
BACK PAIN	2007-2010	50.00%	44.50%	50.80%	44.60%
	2012-2021	43.00%	42.30%	48.90%	31.40%
DEPRESSION	2007-2010	36.70%	31.40%	33.40%	26.70%
	2012-2021	32.40%	31.60%	29.90%	26.70%

ROBOTIC CASES - 2007-2010 0. 2012-2021 LRYGB 53, SLEEVE 773. 2012-2021 ENDOLUMINAL SLEEVE 5

Conclusions: From 2007-2010 through 2012-2021 LAGB decreased, SLEEVE now is highest, and LRYGB continues as treatment of choice . Age of patients choosing SLEEVE decreased and %female increased. BMI, GERD, asthma, depression were unchanged 2007-2010 to 2012-2021. OSA and OHS increased pre-operative in all operations, 2012-2021 versus 2007-2010, and back pain decreased, especially SLEEVE. Changes from 2007-2010 to 2012-2021 in the metabolic bariatric surgery population may have clinical significance.

Disclosure: No significant relationships.

FP250 / Abs. ID 551

Topic: *AS30. MBS and personalized medicine*

FREE PAPERS 17: OMMS/BARIATRIC TOURISM/ECO-STRATEGIES/PERSONALIZED MEDICINE/LSG
12-09-2025 16:30 - 18:00

THE TREATMENT OF LIPEDEMA AND CONCOMITTANT OBESITY: A MODIFIED DELPHI CONSENSUS STATEMENT

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Background: Despite numerous advances in the treatment of obesity and lipedema, there is no published consensus amongst experts on how to treat patients with both obesity and lipedema.

Objectives: The aim of this modified Delphi consensus exercise is to generate a set of principles, which could support the treatment of patients with obesity and lipedema and could guide future research.

Methods: The expert committee consisted of 44 experts on obesity and lipedema treatment from nine specialties from twenty countries. The project was coordinated by the steering committee of 4 members. Statements were based on aetiology, diagnosis and treatment of lipedema and obesity.

Results: Total of 86 statements were voted in the two rounds. In the first round of the Delphi process 44 experts voted on 72 statements. After the first round of voting 55 statements reached a consensus ≥ 70.0% among the expert committee, whereas, 17 statements did not reach consensus. These 17 statements were modified based on feedback and hence there were 14 statements in the second round. Of the statements voted on in the second round, four reached consensus. After two rounds of voting consensus was reached in 59 of the in total 86 statements (68.6%).

Conclusions: The treatment of patients with obesity and concomittant lipedema should be multidisciplinary with frequent reassessments of treatment effects. Regarding the pathophysiology and the possible link between the two diseases, more research is needed.

Disclosure: No significant relationships.

FP251 / Abs. ID 210

Topic: *AS29. MBS and Eco-strategies: role of surgical practice for a greener future*

FREE PAPERS 17: OMMS/BARIATRIC TOURISM/ECO-STRATEGIES/PERSONALIZED MEDICINE/LSG
12-09-2025 16:30 - 18:00

GREEN METABOLIC BARIATRIC SURGERY: CAN TELEMEDICINE BE SAFE FOR PATIENTS AND SUSTAINABLE FOR THE ENVIRONMENT?

Luigi Eduardo Conte[1], Michela Orsi[1], Chiara Fantozzi[1], Alessandro Peruzzi[2], Emanuela Bianciardi[1], Michela Campanelli[3], Domenico Benavoli[3], Bruno Sensi[1], Paolo Gentileschi[1,3]
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Background: The growing focus on sustainability and digitalization has highlighted the potential of telemedicine, particularly in metabolic bariatric surgery. Remote consultations may enhance access to care while minimizing environmental impact. However, data on the safety and clinical reliability of telemedicine in bariatric patient management remain limited.

Objectives: This study evaluates the environmental benefits, safety, and clinical impact of telemedicine consultations in patients with obesity eligible for metabolic bariatric surgery. The primary endpoint was the reduction in CO2 emissions. Secondary outcomes included potential changes in patient management following telemedicine-based pre-hospital care.

Methods: A retrospective analysis was conducted on online consultations performed in 2023 via Zoom. CO2 emissions were estimated based on the avoided patient travel distances and transportation modes. Clinical outcomes were assessed by comparing surgical indications and additional preoperative testing requirements between remote and in-person consultations.

Results: Remote consultations reduced average CO2 emissions per patient from 150.20 kg to 0.05 kg, representing a 99.97% decrease. No significant differences were observed in patient management, as all surgical indications and treatment plans remained unchanged following in-person pre-hospitalization visits. The indication for surgery was never changed after in-person consultations

Conclusions: Online consultations for metabolic bariatric surgery have proven safe, reliable, and highly sustainable. However, dedicated digital tools are needed to optimize clinical management and doctor-patient communication, facilitating the adoption of telemedicine in a secure and environmentally sustainable manner.

Disclosure: No significant relationships.

FP252 / Abs. ID 841

Topic: *AS17. Obesity Management Medication (OMM): indications, role and future perspectives*

FREE PAPERS 17: OMMS/BARIATRIC TOURISM/ECO-STRATEGIES/PERSONALIZED MEDICINE/LSG
12-09-2025 16:30 - 18:00

COMBINING ENDOSCOPIC SLEEVE GASTROPLASTY WITH SEMAGLUTIDE: OUTCOMES, DURABILITY, AND PATIENT SATISFACTION

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Background: Endoscopic Sleeve Gastroplasty (ESG) is an effective minimally invasive bariatric procedure. However, its long-term weight loss durability may be limited in some patients. Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) such as semaglutide and dual GIP/GLP-1 agonists like tirzepatide have shown promising weight loss results. Combining these pharmacological agents with ESG may enhance both outcomes and metabolic benefits.

Objectives: To compare weight loss outcomes, durability, comorbidity resolution, and patient satisfaction between ESG alone and ESG combined with semaglutide.

Methods: A observational study was conducted on 45 patients: 24 underwent ESG alone and 21 underwent ESG combined with semaglutide. Demographic characteristics, % total weight loss (%TWL) at 6, 12, and 24 months, and comorbidity resolution rates were recorded. Patient satisfaction was assessed using structured questionnaires.

Results: The mean age was 38.6 ± 9.4 years in the ESG group and 37.8 ± 8.7 years in the ESG+Semaglutide group. Female patients predominated in both groups (ESG: 14F/10M; ESG+Semaglutide: 13F/8M). At 6, 12, and 24 months, the ESG+Semaglutide group showed superior %TWL (14.8%, 19.2%, and 20.5%) compared to ESG alone (10.4%, 10.9%, and 10.5%). Resolution rates of type 2 diabetes, hypertension, and obstructive sleep apnea (OSA) were significantly higher in the ESG+Semaglutide group (71%, 61%, and 57%) compared to the ESG-only group (40%, 33%, and 25%). Patient satisfaction scores favored the combination group.

Conclusions: Combining ESG with semaglutide leads to significantly greater and more durable weight loss, improved resolution of comorbidities, and higher patient satisfaction compared to ESG alone. This hybrid approach offers a compelling strategy in modern obesity management.

Disclosure: No significant relationships.

FP253 / Abs. ID 580

Topic: *AS17. Obesity Management Medication (OMM): indications, role and future perspectives*

FREE PAPERS 17: OMMS/BARIATRIC TOURISM/ECO-STRATEGIES/PERSONALIZED MEDICINE/LSG
12-09-2025 16:30 - 18:00

IMPACT OF GLP-1 RECEPTOR AGONISTS IN WEIGHT LOSS – A PROSPECTIVE COHORT STUDY

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Background: GLP1 receptor agonists, (GLP-1RAs) have emerged as a novel intervention for obesity with semaglutide showing significant weight loss in clinical trials. Real-world evidence, however, may vary due to patient adherence, dosing regimens and adjunct treatment. Our study evaluates the effect of semaglutide on weight loss compared to lifestyle modification alone in population in Gibraltar.

Objectives: To assess the efficacy of Semaglutide in reduction of Total Body Weight (TBW) over 24 weeks and compare the BMI changes to a cohort of patients having lifestyle modifications alone to guide clinical decision making within our bariatric programme.

Methods: In this prospective cohort study, non-diabetic patients aged 18-65 were enrolled through the bariatric clinic. A total of 137 patients were analysed. Weight and height were recorded at baseline and then every 4 weeks up to 24 weeks. BMI and TBW changes were calculated. The intervention cohort received semaglutide alone, without any lifestyle or behavioural support, while the control group received tandardized lifestyle counselling without pharmacological treatment.

Results: The intervention cohort demonstrated a mean TBW loss of 3% (SD 0.02) at 4 weeks, 6% (SD 0.04) at 12 weeks, and 9% (SD 0.05) at 24 weeks. BMI dropped from 43.74 to 40.57 in the semaglutide group versus 44.97 to 43.07 in the control group ($p < 0.05$). Treatment cessation occurred in 8.75% of the patients mainly because of Gastrointestinal intolerance (7.2%) and perceived lack of results (1.55%). Clinically significant weight-loss was observed at doses as low as 0.5mg. Unlike the Step 1 trial, which followed a target titrated design aiming for a dose of 2.4mg regardless of early response and provided all participants with intensive behavioral and psychological support, we adopted a real-world dosing strategy with semaglutide monotherapy- increasing dose only when weight loss plateaued prioritizing tolerance and efficacy without any additional interventions.

Conclusions: Semagutide showed statistically and clinically significant TBW and BMI reductions over 24 weeks, outperforming lifestyle modifications alone. Compared to STEP 1, a pivotal trial of semaglutide monotherapy with standard lifestyle advice, which reported ~9–10% TBW loss at 24 weeks, our real-world results using a response-guided dosing strategy achieved comparable outcomes without additional support.

Disclosure: No significant relationships.

FP254 / Abs. ID 789

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

FREE PAPERS 18: METHODOLOGY IN MBS/EXTREME AGES/RYGB
12-09-2025 16:30 - 18:00

THE ROLE OF HEIGHTENED GLUCOSE ABSORPTION PROFILES IN PREDICTING WEIGHT LOSS OUTCOMES IN PATIENTS WITH OBESITY

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Background: Obesity is a global health crisis affecting over 650 million adults. While Roux-en-Y gastric bypass (RYGB) remains the most effective intervention, weight-loss outcomes vary significantly. Our findings reveal that patients with superior weight loss exhibited more significant declines in glucose absorption capacity post-surgery, suggesting intestinal adaptation plays a pivotal role in outcomes. These results challenge the conventional understanding of RYGB's mechanisms, highlighting how preoperative glucose absorption assessment could refine patient selection. This insight paves the way for precision metabolic surgery tailored to individual metabolic profiles.

Objectives: This study aimed to investigate whether preoperative intestinal glucose absorption capacity serves as a predictive biomarker for weight-loss outcomes following Roux-en-Y gastric bypass (RYGB).

Methods: Jejunal tissue samples were collected intraoperatively during Roux-en-Y gastric bypass (RYGB) and again at 12 months postoperatively during routine follow-up esophagogastroduodenoscopy. Organoid cultures were established using validated protocols, and differentiated organoid monolayers were incubated with 25 mM glucose buffer for 2 hours to assess intestinal glucose absorption, quantified via the Amplex Red Glucose Assay. A pilot cohort of five Caucasian patients (4 females, 1 male; age range 47–73 years) was evaluated at baseline and 12 ± 3 months post-RYGB. Key assessments included changes in glucose absorption capacity, weight loss, and improvement of obesity-related comorbidities.

Results: A striking inter-individual variability in both weight loss (range: 14.8–39.09 kg) and glucose absorption capacity (range: 2–64.33 mg/dL) was observed at 12 months post-RYGB, revealing a compelling physiological relationship. (Figure 1). Patients with the most pronounced declines in glucose absorption (64.33 mg/dL and 51.25 mg/dL) exhibited the highest weight loss (39.06 kg and 39.09 kg, respectively), demonstrating a robust positive correlation between postoperative metabolic adaptation and weight reduction (Spearman’s rho = 0.9, $p < 0.05$). In stark contrast, the patient with the minimal change in glucose absorption (2 mg/dL) experienced the least weight loss (14.8 kg), highlighting a potential mechanistic link between intestinal glucose handling and surgical weight-loss efficacy.

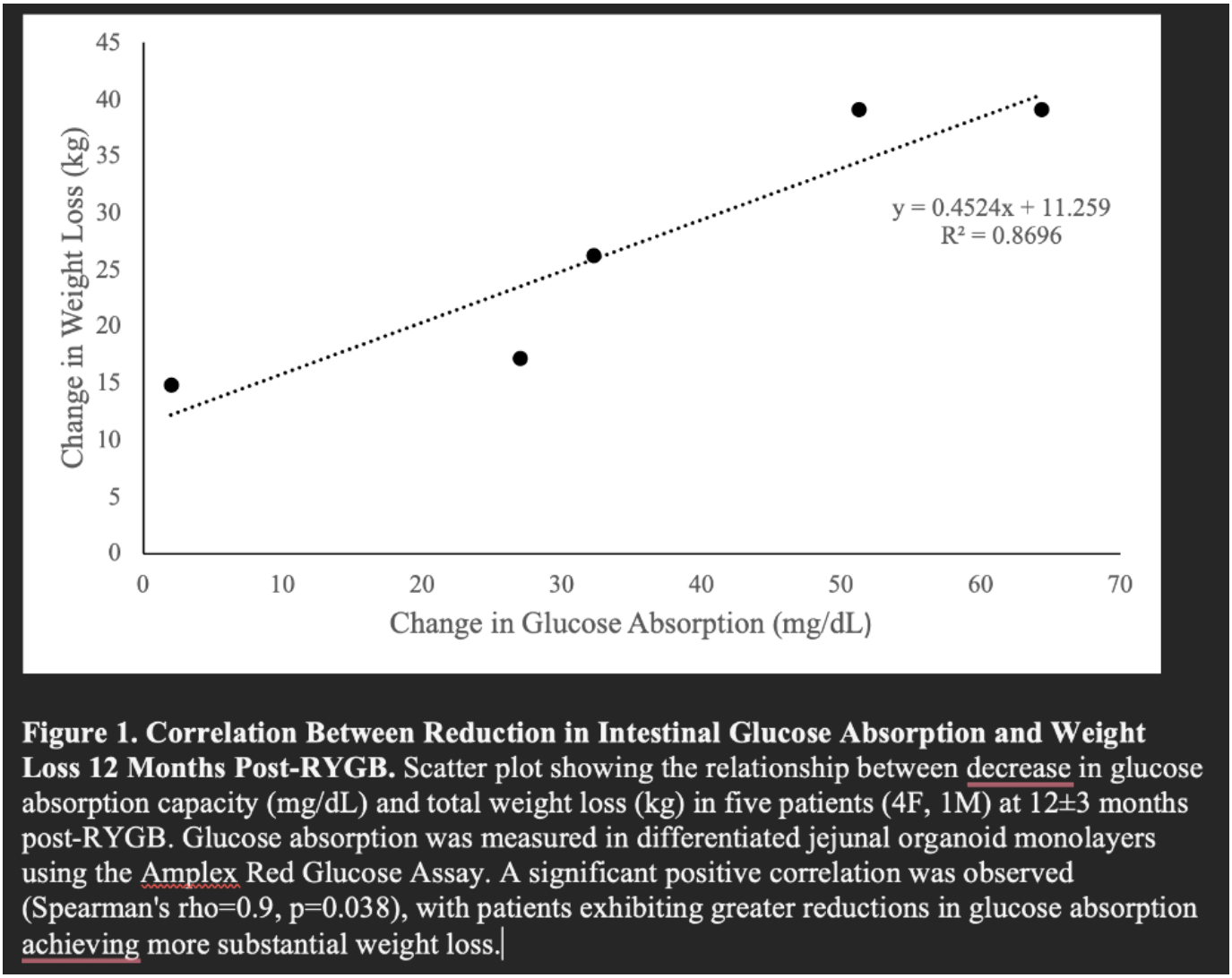

Figure 1. Correlation Between Reduction in Intestinal Glucose Absorption and Weight Loss 12 Months Post-RYGB. Scatter plot showing the relationship between decrease in glucose absorption capacity (mg/dL) and total weight loss (kg) in five patients (4F, 1M) at 12±3 months post-RYGB. Glucose absorption was measured in differentiated jejunal organoid monolayers using the Amplex Red Glucose Assay. A significant positive correlation was observed (Spearman's rho=0.9, p=0.038), with patients exhibiting greater reductions in glucose absorption achieving more substantial weight loss.

Conclusions: Baseline intestinal glucose absorption predicts weight-loss outcomes after RYGB, with greater postoperative declines correlating with superior weight loss. Identifying high absorbers preoperatively may enable personalized interventions to optimize surgical optimal response and long-term metabolic health.

Disclosure: No significant relationships.

FP255 / Abs. ID 783

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

FREE PAPERS 18: METHODOLOGY IN MBS/EXTREME AGES/RYGB
12-09-2025 16:30 - 18:00

AGE-SPECIFIC EFFECTS OF METABOLIC BARIATRIC SURGERY ON GLYCOMETABOLIC BENEFITS: A PROPENSITY SCORE-MATCHED COHORT STUDY

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Background: Bariatric surgery is a cornerstone therapy for severe obesity, effectively improving weight-related comorbidities and glucose metabolism. however, age-related variations in these metabolic benefits are not well understood.

Objectives: This study aimed to compare the glycometabolic effects specific to age between younger (≤30 years) and older (>30 years) patients undergoing Roux-en-Y gastric bypass with the objective of establishing age-based clinical management paradigms.

Methods: In this propensity score-matched cohort study (1:1 ratio, caliper=0.1), 177 patients from Shanghai Tenth People's Hospital were stratified into two age groups (≤30 vs. >30 years) and matched for sex, BMI, HbA1c, fasting and 2-hour postprandial glucose, insulin, and C-peptide levels, resulting in 77 matched pairs. Postoperative changes in glycometabolic markers were dynamically assessed at 3, 6, and 12 months. Continuous variables were analyzed using t-tests or Mann-Whitney U tests, while categorical variables were compared with chi-square tests. Repeated-measures ANOVA was applied to evaluate age-by-time interactions.

Results: Following the matching process, the mean age of the younger cohort was 24.23 ± 4.20 years, while that of the older cohort was 39.68 ± 9.08 years. The characteristics of the matching variables were balanced (P>0.05), with the exception that younger patients exhibited higher baseline levels of uric acid (436.41±82.04 vs. 405.59±99.24, P=0.037) and alanine aminotransferase (ALT) (67.53±55.74 vs. 49.12±39.48, P=0.019). Both cohorts demonstrated significant reductions in HbA1c levels; however, the younger patients achieved a lower 6-month HbA1c (5.26±0.39 vs. 5.43±0.49, P=0.041). In contrast, the older cohort showed greater improvement in HOMA-IR at 12 months (-7.89±8.66 vs. -6.49±4.11, P=0.031), with fasting insulin levels at 12 months being 10.15 ± 9.91 compared to 6.74 ± 4.95 (P=0.019). Meanwhile, the younger cohort experienced a more pronounced reduction in postprandial C-peptide levels (-8.24±6.15 vs. -5.41±5.26, P=0.014) and sustained recovery of β-cell function, as indicated by fasting C-peptide levels (2.21±0.61 vs. 1.94±0.83, P=0.048).

Conclusions: Bariatric surgery offers glycometabolic benefits, which vary with age. Specifically, younger patients (≤30 years) exhibited superior recovery of β-cell function and early glucose regulation, whereas older patients (>30 years) experienced more pronounced improvements in insulin sensitivity. Therefore, age should be considered in personalized surgical decision making.

Disclosure: No significant relationships.

FP256 / Abs. ID 1128

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

FREE PAPERS 18: METHODOLOGY IN MBS/EXTREME AGES/RYGB
12-09-2025 16:30 - 18:00

A VALUE-BASED MODEL OF MACRONUTRIENT CONSUMPTION: MARGINAL UTILITIES IN NORMAL WEIGHT AND OBESITY

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Background: The regulation of energy intake is central to human health. In this study, we introduce the concept of "energy capital," an analogy describing daily energy intake as a limited resource individuals allocate across macronutrients to reduce hunger.

Objectives: We hypothesize that people intuitively distribute energy intake to maximize the decrease of hunger, given their total energy budget. We examine how this allocation differs in people with obesity, individuals undergoing RYGB, and those with normal weight. Specifically, we explore the marginal utility (MU) of each macronutrient (how much each additional unit reduces hunger) and the marginal rate of substitution (MRS), which reflects how much of one nutrient individuals are willing to trade for another to achieve similar hunger reduction.

Methods: We studied three populations: individuals with obesity, with normal-weight, and undergoing RYGB. Participants underwent a standardized "drinkometer" test, consuming four different liquid study stimuli ad libitum, each with a distinct macronutrient profile (high fat, high sugars, high non-sugar carbohydrates, or a fat/sugar mix). Appetite ratings (hunger, desire to eat, fullness) were recorded before, immediately after, and 30 minutes after consumption.

Results: The relative MU of sugars and fats remained largely unchanged after RYGB, suggesting surgery does not alter the hunger-reducing capacity of these nutrients. However, a temporary post-surgical increase in the MU of non-sugar carbohydrates and fats was observed, returning to baseline by six months. Prior to surgery, proteins were undervalued compared to energy-dense nutrients. After RYGB, the MU of proteins increased significantly and remained stable, indicating a greater recognition of protein's satiating effects. Moreover, the MRS shifted to increasingly favor protein over other macronutrients after surgery, a trend not observed in non-surgical populations. This shift suggests physiological adaptations following RYGB that enhance protein prioritization in appetite regulation.

Conclusions: Our findings reveal that RYGB prompts a stable and early shift in the utility and valuation of macronutrients, particularly enhancing the role of protein. This model may help identify individuals with distinct post-surgical eating patterns and guide personalized nutrition strategies. Future studies should assess MU and MRS throughout meals to understand dynamic changes during food intake and inform long-term metabolic interventions.

Disclosure: No significant relationships.

FP257 / Abs. ID 1203

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

FREE PAPERS 18: METHODOLOGY IN MBS/EXTREME AGES/RYGB
12-09-2025 16:30 - 18:00

TWO-YEAR FOLLOW-UP OF GLYCEMIC VARIABILITY AFTER ROUX-EN-Y GASTRIC BYPASS USING CONTINUOUS GLUCOSE MONITORING IN PATIENTS WITH AND WITHOUT TYPE 2 DIABETES

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Background: Bariatric surgery, especially Roux-en-Y gastric bypass (RYGB), is effective for weight loss and type 2 diabetes mellitus (T2DM) remission. However, remission defined solely by HbA1c may overlook glycemic variability (GV), which can persist postoperatively.

Objectives: To assess GV using continuous glucose monitoring (CGM) in patients with and without T2DM undergoing RYGB and to explore the limitations of HbA1c as the sole criterion for T2DM remission.

Methods: A prospective cohort of 14 patients (7 with T2DM, 7 without) undergoing laparoscopic RYGB was followed at 1, 6, and 12–24 months postoperatively. GV was assessed using the FreeStyle Libre system. HbA1c and glucose management indicator (GMI) were compared, and repeated measures ANOVA was used for analysis.

Results: GV increased significantly in both groups after surgery. In the T2DM group, Coefficient of Variation (CV) rose from 18.1% preoperatively to 27.2% at 12–24 months ($p = 0.001$). The non-T2DM group showed a smaller increase (from 14.3% to 21.4%; $p = 0.002$). Weight and BMI decreased significantly in both groups. There was no agreement between HbA1c and GMI at any time point, and hypoglycemia was more frequent in the T2DM group.

Conclusions: CGM reveals glycemic fluctuations not captured by HbA1c, reinforcing its value in assessing remission after RYGB. Including CGM in postoperative evaluation allows for a more precise and individualized approach to managing glycemic control in bariatric patients.

Disclosure: No significant relationships.

FP258 / Abs. ID 1175

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

FREE PAPERS 18: METHODOLOGY IN MBS/EXTREME AGES/RYGB
12-09-2025 16:30 - 18:00

ASSOCIATION OF MICROSTRUCTURAL PARAMETERS OF INGESTIVE BEHAVIOR FIVE YEARS AFTER RYGB WITH BODY FAT MASS AND POSTOPERATIVELY ACHIEVED BODY WEIGHT LOSS.

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[2]University of Zurich, Männedorf, Switzerland

Background: Dietary intake and ingestive behavior are key to energy balance and weight loss maintenance. Recent drinkometer results suggest that, one year after metabolic and bariatric surgery (MBS), certain microstructural parameters of ingestive behavior are linked to weight loss. The DIBASH study aims to refine these analyses and examine whether similar parameters, five years after RYGB, are associated with postoperative weight loss and body composition.

Objectives: We aim to study the clinical relevance of changes in ingestive behavior by correlating microstructural parameters with weight loss in patients who had RYGB or SG surgery five years ago. The experiments will test hypotheses on the behavioral mechanisms of food intake changes after MBS, focusing on how an intervention alters multiple ingestive behavior parameters.

Methods: Data were collected using drinkometer measurements with a liquid meal, body composition assessments, VAS, and blood samples. Principal component analysis (PCA) identified two clusters of weight loss outcomes (%EBMIL) based on microstructural parameters with the largest variance. Good and poor responders were analyzed for burst-dependent and burst-independent parameters across the meal, halves, and first burst, and compared.

Results: Ad-interim results showed similar %EBMIL distribution in this cohort compared to patients analyzed one year after MBS. A slight weight regain was observed in the five-year cohort, along with increases in total drinking time, sucks, bursts, and mean suck rate and amount. Clusters of good and poor responders based on weight loss were identified, though optimal feature selection for PCA differed from previous analyses. As with one year after MBS, the five-year cohort showed longer suck duration and shorter inter-suck interval (ISI) in the good responders, which correlated with better weight loss.

Conclusions: Ad-interim results showed a similar %EBMIL distribution in this cohort compared to one year after MBS in a previous study. A slight weight regain was observed in the five-year cohort, along with increased drinking time, sucks, bursts, and mean suck rate. Clusters of good and poor responders were identified, but optimal PCA feature selection differed from prior analyses. As with one year after MBS, good responders in the five-year cohort had longer suck duration and shorter ISI, correlating with better weight loss.

Disclosure: No significant relationships.

FP259 / Abs. ID 1096

Topic: *AS14. Role of methodology in MBS*

FREE PAPERS 18: METHODOLOGY IN MBS/EXTREME AGES/RYGB
12-09-2025 16:30 - 18:00

A 16-YEAR EXPERIENCE WITH 7,400 ONE ANASTOMOSIS GASTRIC BYPASSES—EVOLUTION OF TECHNIQUE AND LONG-TERM OUTCOMES

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Background: Laparoscopic One Anastomosis Gastric Bypass (OAGB) has emerged as a significant bariatric procedure, yet long-term data exceeding 15 years remains limited. Our center's experience since 2007 offers unique insights into technical evolution and sustained outcomes.

Objectives: To evaluate the long-term safety, efficacy, and technical evolution of OAGB through comprehensive analysis of a large single-center series spanning 16 years, with particular focus on surgical refinements and their impact on outcomes.

Methods: We conducted a retrospective analysis of prospectively maintained data from 7,400 consecutive patients undergoing OAGB between February 2007 and December 2023. Primary outcomes included operative metrics, complications, weight loss outcomes, and revision rates. Special attention was paid to the evolution of surgical technique, particularly modifications in bypass length standardization.

Results: The cohort's baseline characteristics included mean age 41.2±10.4 years, preoperative weight 126.8±24.6 kg, and BMI 42.8±7.2 kg/m². Surgical efficiency improved significantly, with mean operative time decreasing from 52±18.5 to 38±12.4 minutes. Early complications occurred in 5.4% of patients (n=401), comprising 4.2% minor (n=312) and 1.2% major complications (n=89), including 14 leaks (0.19%). Long-term follow-up demonstrated excellent weight loss sustainability: excess weight loss of 85%, 87.0%, 82.2%, and 76.4% at 1, 5, 10, and 15 years respectively. Follow-up rates were robust at 86% (5 years), 76% (10 years), and 64% (15 years). Remarkably low reversal (0.38%, n=28) and revision rates (0.76%, n=56) were observed.

Conclusions: This extensive series validates OAGB as a safe and effective bariatric procedure with sustainable long-term outcomes. Technical refinements, particularly BMI-based bypass length standardization, have enhanced the procedure's safety profile while maintaining its effectiveness. The sustained weight loss outcomes and low revision rates over 16 years support OAGB's position as a mainstream bariatric procedure.

Disclosure: No significant relationships.

FP260 / Abs. ID 1108

Topic: *AS14. Role of methodology in MBS*

FREE PAPERS 18: METHODOLOGY IN MBS/EXTREME AGES/RYGB
12-09-2025 16:30 - 18:00

GLYCEMIC REGULATION AND NUTRITIONAL BIOMARKERS IN LOW BMI TYPE 2 DIABETES PATIENTS UNDERGOING MODIFIED ONE ANASTOMOSIS GASTRIC BYPASS FOLLOWED UP TO 8 YEARS

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Background: While metabolic surgery's efficacy is established for patients with obesity with type 2 diabetes mellitus (T2DM), concerns persist about nutritional safety in ("thin") patients with diabetes and without obesity, particularly with modified surgical techniques.

Objectives: To evaluate long-term nutritional outcomes and glycemic control in T2DM patients without obesity undergoing Modified One Anastomosis Gastric Bypass (MOGB) with a standardized 5-7 cm gastric pouch and tailored bypass length (140-200 cm).

Methods: From 2016-2017, 54 patients without obesity (mean BMI 26.76±1.82 kg/m²) with poorly controlled T2DM (HbA1c ≥10%) underwent MOGB. Nutritional parameters, including vitamin B12 levels, protein status, and glycemic control were monitored through structured follow-up over 8 years. Primary outcomes included nutritional status, HbA1c levels, and medication requirements.

Results: Follow-up compliance was 93% (of eligible patients) at 8 years. Mean HbA1c decreased from 12.63±1.67% to 6.25±0.62% ($p<0.001$) . Nutritional parameters, including vitamin B12 levels, remained stable with annual monitoring. Only two patients required intervention for low albumin (2.6-2.8 g/dL) due to concurrent alcoholic liver disease. Mean BMI stabilized at 23.25±1.64 kg/m² with %TWL of 13.2±2.2%. No mortality or major nutritional complications were reported.

Conclusions: MOGB demonstrates sustained glycemic control while maintaining nutritional safety, including stable vitamin B12 levels, in T2DM patients without obesity through 8 years. Regular monitoring and appropriate technical modifications appear key to preventing nutritional complications.

Disclosure: No significant relationships.

FP261 / Abs. ID 295

Topic: *AS14. Role of methodology in MBS*

FREE PAPERS 18: METHODOLOGY IN MBS/EXTREME AGES/RYGB
12-09-2025 16:30 - 18:00

TWO YEARS OF A PUBLIC HEALTH POLICY FOR METABOLIC BARIATRIC SURGERY COVERAGE: IMPACT ON NATIONAL SURGICAL TRENDS IN CHILE

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Background: Obesity is a major public health concern worldwide, and metabolic bariatric surgery (MBS) is the most effective long-term treatment for severe obesity and related diseases. In 2022, Chile implemented a Public Health Policy (PHP) that subsidizes BS under the public healthcare system, significantly improving accessibility. This study evaluates the impact of two years of PHP implementation on metabolic bariatric surgery trends in Chile.

Objectives: This study aims to assess the effect of the PHP on the number and types of bariatric procedures performed in Chile, identify shifts in surgical trends, and analyze differences in coverage between the public and private healthcare systems. Additionally, it seeks to evaluate regional disparities in surgical access and the impact of financial policies on procedural preferences.

Methods: A retrospective analysis was conducted using data from the National Registry of the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) Chile, covering BS procedures from 2015 to 2023. The total number of surgeries, type of procedures, and regional distribution were analyzed. A statistical comparison of pre- and post-PHP periods was performed using Fisher's exact test and ANOVA.

Results: Between 2022 and 2023, the number of bariatric surgeries significantly increased compared to previous years. Gastric sleeve remained the predominant procedure; however, Roux-en-Y gastric bypass demonstrated a proportionally higher increase in 2023, suggesting a shift in procedural preference. In contrast, intragastric balloon and other endoscopic procedures declined following PHP implementation, likely due to financial incentives favoring surgical interventions. Regional disparities persisted, with the central region performing over 75% of procedures. Moreover, a discrepancy was observed due to underreporting in the private system, highlighting the need for a formalized national registry encompassing both public and private healthcare sectors.

Conclusions: The implementation of PHP has substantially improved access to BS in Chile, with a continued rise in surgical procedures over two years. The shift towards Roux-en-Y gastric bypass suggests evolving clinical preferences under subsidized programs. However, regional disparities and underreporting in national registries remain challenges. Long-term studies are needed to assess sustainability, patient outcomes, and equity in access to BS under this policy.

Disclosure: No significant relationships.

FP262 / Abs. ID 918

Topic: *AS14. Role of methodology in MBS*

FREE PAPERS 18: METHODOLOGY IN MBS/EXTREME AGES/RYGB
12-09-2025 16:30 - 18:00

CHARACTERIZATION OF METABOLIC BARIATRIC SURGERY PATIENTS BY FUNDING MODALITY (PUBLIC HEALTH POLICY VS PRIVATE INSURANCE) IN A CHILEAN TERTIARY CENTER: A DESCRIPTIVE COMPARATIVE STUDY

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Background: Bariatric surgery is the best treatment for obesity management, with well-documented long-term benefits in weight reduction and metabolic control. In Chile, two predominant healthcare coverage mechanisms are now available for bariatric surgery: the Public Health Policy (PHP) system and private health insurance (PI). Differences in funding modality may be associated with variations in patient demographics and surgical approach.

Objectives: To describe and compare surgical techniques and patient characteristics according to funding modality in a single academic institution operating across two geographic sites.

Methods: A retrospective descriptive study was conducted using a clinical database of patients who underwent bariatric surgery between January 2023 and December 2024 at the Pontificia Universidad Católica de Chile. Extracted variables included demographic data, BMI, type of procedure (sleeve gastrectomy vs. Roux-en-Y gastric bypass), hospital site, and funding modality. Statistical comparisons were performed using Student's t-tests and Chi-square tests, with a significance level set at $p < 0.05$.

Results: Of 1,247 patients identified, 1,157 had complete data on the surgical procedure. The cohort had a mean age of 39.2 years (SD ±11.3), and 75.8% were female. Patients covered through the PHP system accounted for 29% of the total. No statistically significant differences were found between PHP and PI groups in terms of mean age (38.9 vs 39.1 years; $p=0.827$), female proportion (77.7% vs 75.6%; $p=0.507$), or surgical center distribution (Hospital Clínico UC: 49.4% vs 53.8%; $p=0.192$). However, a significant difference was observed in surgical technique: Roux-en-Y gastric bypass was performed in 22.0% of PHP patients versus 32.8% in the private insurance group ($p<0.001$). Sleeve gastrectomy remained the most frequent procedure in both groups.

Conclusions: This exploratory analysis provides an initial characterization of bariatric surgery patients by funding modality within a Chilean tertiary care setting. While demographic and institutional characteristics appear comparable, the observed difference in procedure type may be influenced by variations in patient demographic profiles, warranting further investigation. Future research should incorporate clinical severity indicators to clarify whether differences in surgical approach are driven by patient characteristics, provider preferences, or systemic factors.

Disclosure: No significant relationships.

FP263 / Abs. ID 993

Topic: *AS16. MBS at the extreme of ages*

FREE PAPERS 18: METHODOLOGY IN MBS/EXTREME AGES/RYGB
12-09-2025 16:30 - 18:00

OBESITY IN THE YOUNG POPULATION: RESULTS OF FIVE-YEAR OUTCOMES OF SLEEVE GASTRECTOMY IN ADOLESCENTS PATIENTS

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Background: The global prevalence of obesity has significantly increased, affecting more than 340 million children and adolescents aged 5 to 19 years. In the United States, the Centers for Disease Control and Prevention (CDC) report that 19.7% of children aged 2 to 19 have obesity, with a prevalence of 22% among adolescents aged 12 to 19. Bariatric surgery have proven effective in treating obesity by reversing metabolic diseases and improving overall health. However, studies examining long-term outcomes, especially in adolescents, remain limited.

Objectives: This study aims to assess the five-year impact of sleeve gastrectomy in adolescents aged 15 to 19 years, focusing on weight loss, resolution of comorbidities, and complications.

Methods: This is a descriptive study using prospectively collected data from the Montpellier University Hospital between January 2008 and February 2019. The surgical procedure involved sleeve gastrectomy, and patients received postoperative care following the Enhanced Recovery After Bariatric Surgery (ERABS) protocol. Follow-ups were conducted at 1 month, 6 months, and annually, with long-term monitoring by a multidisciplinary team. The primary outcome measures included weight loss parameters (excess weight loss, total weight loss, BMI reduction), resolution of comorbidities (diabetes, hypertension, obstructive sleep apnea, GERD), and complication rates.

Results: A total of 76 patients aged 15 to 19 underwent sleeve gastrectomy. At five years, data were available for 44 patients. The cohort had a female predominance (72.7%), with a mean preoperative BMI of 44.5 kg/m². At five years: The average excess weight loss was 65.2% The total weight loss was 29.3% BMI reduction was 28% Complete resolution was observed for type 2 diabetes, hypertension, and obstructive sleep apnea (100%), whereas GERD resolution was only 33.3%. A de novo GERD case was observed in 54.3% of patients. The suboptimal clinical response rate, defined as an excess weight loss (EWL) below 25%, was 9.1%, while 65.9% achieved a significant optimal clinical response (EWL > 50%).

Conclusions: This study provides valuable insights into the long-term outcomes of sleeve gastrectomy in adolescents, demonstrating substantial weight loss and high rates of comorbidity resolution. Although the complication rate was low, the high incidence of de novo GERD remains a significant concern.

Disclosure: No significant relationships.

FP264 / Abs. ID 591

Topic: *AS16. MBS at the extreme of ages*

FREE PAPERS 18: METHODOLOGY IN MBS/EXTREME AGES/RYGB
12-09-2025 16:30 - 18:00

FUNCTIONAL CAPACITY IMPROVEMENT AFTER METABOLIC BARIATRIC SURGERY IN PATIENTS AGED 65 AND OLDER WITH SEVERE OBESITY: A PROSPECTIVE COHORT STUDY

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Background: Obesity is associated with functional decline in older adults, leading to reduced independence, autonomy, and quality of life. While recent evidence supports the effectiveness and safety of metabolic and bariatric surgery (MBS) in this population, data on functional improvement remain scarce.

Objectives: This study aimed to evaluate changes in Functional Capacity Evaluation (FCE) after 24 months of MBS in patients aged 65 and older with severe obesity.

Methods: A prospective cohort study was conducted on patients ≥65 years with severe obesity who underwent laparoscopic sleeve gastrectomy (LSG) or Roux-en-Y gastric bypass (LRYGB) between May 2017 and May 2019. FCE was performed at baseline and 24 months post-MBS, including Basic Activities of Daily Living (BADL), Instrumental Activities of Daily Living (IADL), Gait Speed (GS), and Hand Grip Strength (HGS). Data on demographics, anthropometric measures, obesity-related complications, physical activity, pain prevalence, falls in the past year, and Fried frailty criteria were also collected. A Linear Mixed Model (LMM) was used to assess BADL and IADL changes over time, accounting for correlated measures and random effects.

Results: The study included 39 consecutive patients with a mean age of 64.2 years (± 3,29), median BMI 46.05 kg/m^2 (±4.77), and 88% female. Most patients (92.3%) had hypertension, 74.4% Type 2 Diabetes Mellitus (T2DM), and 51.3% dyslipidemia. LRYGB was performed in 24 patients and SG in 13, with a 7.9% rate of severe 90-day complications. Five patients were lost to follow-up, and 34 completed the 24-month FCE. Significant improvements were observed in BADL impairment (30.7% to 2.9%, $p<0.001$) and IADL impairment (58.9% to 26.5%, $p<0.001$). GS improved significantly (0.9 to 0.99 m/s, $p=0.018$), whereas HGS remained unchanged (25.9 to 25.5 kgf, $p=0.57$). Mean Total Weight Loss (TWL) was 31.9% (± 9.2), with a significant improvement in hypertension (92.3% to 52.9%, $p<0.001$) and T2DM (74.4% to 11.8%, $p<0.001$), but not in dyslipidemia (51.3% to 35.9%, $p=0.27$).

Conclusions: MBS in patients aged 65 and older with severe obesity resulted in significant improvement in functional capacity, particularly in BADL, IADL, and GS. These findings support the role of MBS in enhancing functional outcomes and overall health in this population.

Disclosure: No significant relationships.

FV001 / Abs. ID 1226

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

FREE VIDEOS 03: REVISIONAL MBS/COMPLICATIONS/INTERNAL HERNIAS
11-09-2025 16:15 - 17:45

MANAGEMENT OF ACUTE COMPLICATIONS, SADI-S REVISIONAL SURGERY

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Background: Female, 38 years old patient, initial weight: 159.5 kg, BMI 55.2 kg/m2 . Comorbidities: Untreated Hypertension (HTN), Prediabetes, Metabolic Disfunctional Associated Fatty Liver Disease (MAFLD), Symptoms of Obstructive Sleep Apnea (OSA). Surgery Performed: Single anastomosis Duodeno Ileal with Sleeve Gastrectomy (SADI-S). The video describes important technical details in SADIS surgery, as careful disection of duodenum, preserving gastroduodenal artery, critical points as intestinal manipulation to avoid inadvertent lesions, and anastomosis creation. Patient presents with severe immediate postoperative, severe abdominal pain, hours after clear liquid intake, besides requirement of oxigen supplementation, elevation of inflammatory markers and hemodynamic compromise, which lead to revisional SADI-S surgery in the first postoperative day.

Objectives: Describe the critical points of SADIS surgery to reduce the likelihood of complications and emphasize the importance of timely postoperative follow-up to reduce the impact on outcomes.

Methods: Revisional SADI-S surgery technique: 6 ports. Diagnostic laparoscopy observing fibrinous inflammatory exudate, fecal-like fluid in the right lower quadrant. The ileocecal valve is identified. Common limb revision, identifying an inadvertent disruption of ileum at the antimesenteric border, sutured with 3-0 monofilament. In addition, a completely rotated duodenal-ileal anastomosis, making it necessary to deconstruct it. The intestinal portion where the anastomosis was previously located is resected, and a new end-to-side duodeno-ileal anastomosis is created manually and sutured with 3-0 absorbable monofilament. A new ileal-ileal anastomosis is performed to restore intestinal transit. Methylene blue test. Saline irrigation and drainage are performed.

Results: Day 1: Oxigen supplementation is required the first 24h postop. Antibiotic therapy, thromboprophylaxis. Clear liquids intake and ambulation. Day 2: No oxigen supplementation is required during the day, CPAP at night, drainage removal. Day 3: Oral medication is continued, no oxigen suplemmentation, adequate liquid intake. Day 4: Hospital Discharge. No hospital re-admissions in the 30 post operative days.

Conclusions: Bariatric procedures are generally safe and effective. Patients with higher BMI represent a challenge for bariatric surgeons. Standarization of surgical technique may help prevent complications, which if presented can be fatal if not addressed quickly. Continous monitoring during the inmediate postoperative hours is key to early detection of complications, and early intervention, which can reduce the negative impact on postoperative results.

Disclosure: No significant relationships.

FV002 / Abs. ID 1223

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

FREE VIDEOS 03: REVISIONAL MBS/COMPLICATIONS/INTERNAL HERNIAS
11-09-2025 16:15 - 17:45

REVISIONAL SURGERY IN A PATIENT WITH IMMUNODEFICIENCY AND RECURRENT EPISODES OF ABDOMINAL PAIN

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Background: Male, 49 years old patient, in 2022 initial weight of 151 kg, and a BMI 58,3 Kg/m2. Comorbidities: Human Immunodeficiency Virus (HIV) infection diagnosis 7 years earlier with antiretrovirals treatment, Hypertension (HTN) and Metabolic Associated Fatty Liver disease (MAFLD), a Roux Y gastric bypass was performed, without mesenteric and Petersen defects closure. In 2023: BMI:32 Kg/m2. %EWL:69,9% at 12 months. In 2024: BMI:22,9 Kg/m2. Complete remission of HTN. In this year patient presented recurrent episodes of abdominal pain that resolved with medical management. CT scans showed no abnormalities. 2025. Acute abdominal pain episode. BMI: 22 Kg/m2, nadir weight 58,2 kg and Hypoproteinemia 6 mg/dl. A CT scan was performed with no abnormalities and endoscopy reported a hernia of the abdominal wall with no signs of intestinal obstruction. It is decided to perform revisional surgery due to high clinical suspicion of internal hernia and mild hypoproteinemia.

Objectives: To describe the importance of adequate long-term follow-up in Bariatric Surgery patients, and the importance of establishing routine closure of mesenteric defects due to the risk of internal hernia.

Methods: Surgical Technique: 5 ports. Adhesiolysis, diagnostic laparoscopy and identification of jejuno-jejunal anastomosis and mesenteric defect, which is closed at the moment of inspection. Petersen defect was identified, and it was encountered enlarged. Alimentary limb measurement: 200 cm. Biliopancreatic limb measurement: 250 cm, and common limb: 280 cm. Alimentary limb section: 10 cm before jejuno-jejunal anastomosis with white linear stapler 60 mm. Biliopancreatic limb measurement: 150 cm, proximal to jejuno-jejunal anastomosis. New anastomosis confection with white linear stapler, 60 mm. Suture with 3-0 absorbable monofilament, 2 layers technique. New mesenteric defect closure with 3-0 silk. Petersen defect closure with 3-0 silk.

Results: Early oral intake (clear liquids) and ambulation 6 h post surgery. The 1st post operative day: No abdominal pain, adequate liquid intake, hospital discharge.

Conclusions: Proper follow up after Bariatric surgery is very important, even more so if the patient has comorbidities or immunological deficiency. Closure of defects mesenteric created in Bariatric surgery is routinely indicated due to the imminent risk of developing an internal hernia and its complications.

Disclosure: No significant relationships.

FV003 / Abs. ID 314

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE VIDEOS 03: REVISIONAL MBS/COMPLICATIONS/INTERNAL HERNIAS
11-09-2025 16:15 - 17:45

MID-ESOPHAGEAL PERFORATION POST-SLEEVE GASTRECTOMY

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Background: Esophageal perforation is a well-defined and critical clinical status. The mortality rate associated with esophageal perforation is high. It is very rare in metabolic bariatric surgery since the operation does not directly affect the esophagus

Objectives: Demonstrate the resolution of a serious complication in a patient undergoing sleeve gastrectomy

Methods: A 43-year-old female patient with obesity, insulin-resistance, and obstructive sleep apnea. She was evaluated by the metabolic bariatric surgery team for 18 months, achieving a weight loss of 26 kg, perform laparoscopic sleeve gastrectomy. We began by dissecting the greater omentum. A Savary guide was advanced toward the duodenum, and the stomach was resected with mechanical sutures. Reinforcement was performed using absorbable multifilament sutures. The patient had an uneventful postoperative course in the general ward, tolerating clear liquids. She was discharged within the first 24 hours.

Results: At the 72-hour postoperative follow-up, the patient presented with tachycardia, tachypnea, and right shoulder pain. A CT scan revealed massive hydropneumothorax with mediastinal shift, prompting the emergency placement of a chest tube. An endoscopy revealed an 8 mm opening at 26 cm from the dental arch. An EndoVAC system was placed. The patient was admitted to the critical care unit. After 48 hours, thoracoscopy and a new endoscopy were performed. Upon entry, a large pulmonary empyema was observed, leading to a mini-thoracotomy and the removal of the infected pleural peel. A perforation site in the esophagus was identified. A nasogastric tube was advanced but could not be visualized, revealing a discrepancy between the mucosal and muscular perforation sites. An endoscopy showed a 5 cm tract connecting both openings. The patient continued postoperative care in the critical care unit, with EndoVAC changes every 7 days. On day 18, a new collection was diagnosed, requiring percutaneous drainage. On day 25, an oral diet was initiated. On day 40, she was discharged without drains. The patient was in good condition, tolerating a full diet.

Conclusions: Esophageal perforation is a possible but uncommon complication of bariatric procedures, mostly related to the intraoperative use of esophageal tubes, Lesions treated within the first 24 h have substantially better results than those treated after

Disclosure: No significant relationships.

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Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE VIDEOS 03: REVISIONAL MBS/COMPLICATIONS/INTERNAL HERNIAS
11-09-2025 16:15 - 17:45

LAPAROSCOPIC TOTAL GASTRECTOMY AS DEFINITIVE TREATMENT OF REFRACTORY CHRONIC SLEEVE GASTRECTOMY LEAK

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Background: Laparoscopic sleeve gastrectomy (LSG) is a common bariatric procedure, but complications such as chronic gastric fistulas can be challenging to manage. Conservative treatments, including endoscopic stenting and percutaneous drainage, are often attempted first. However, when these approaches fail, laparoscopic total gastrectomy (LTG) can be a definitive solution. This case report presents a 58-year-old male with a chronic gastric fistula following LSG, who underwent LTG after multiple unsuccessful interventions.

Objectives: To highlight the challenges of managing chronic gastric fistulas after LSG. To analyze the role of LTG as a definitive surgical treatment. To present a case demonstrating the effectiveness of LTG in resolving refractory gastric leaks.

Methods: A case review was conducted, documenting diagnostic evaluations (CT and endoscopy), conservative treatments (stents, percutaneous drainage, and clips), and the surgical technique used for LTG. Postoperative complications were monitored, including sepsis due to liver abscesses and fluid collections, which required drainage and antibiotics.

Results: LTG successfully resolved the gastric fistula after failed conservative treatments. Intraoperative findings included severe adhesions and a left subphrenic abscess. The patient developed postoperative sepsis, managed with drainage and antibiotics, achieving full recovery in 15 days. At follow-up, he was in good general condition and tolerating oral intake without issues.

Conclusions: LTG is an effective and definitive treatment for chronic gastric fistulas refractory to conservative management. Despite being technically demanding, it ensures gastrointestinal continuity, resolves persistent leaks, and improves patient outcomes. This case underscores the importance of recognizing treatment failure early and considering surgical intervention when necessary.

Disclosure: No significant relationships.

FV005 / Abs. ID 1049

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

FREE VIDEOS 03: REVISIONAL MBS/COMPLICATIONS/INTERNAL HERNIAS
11-09-2025 16:15 - 17:45

ROUX-EN-Y GASTRIC BYPASS, GASTROJEJUNAL ANASTOMOTIC STRICTURE. ENDOSCOPIC RESOLUTION: A CASE REPORT

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Background: Gastric or jejuno-jejunostomy anastomosis strictures are among the most common complications following laparoscopic Roux-en-Y gastric bypass. With reported incidence between 3% to 20%. Early onset strictures are typically caused due edema and submucosal hematoma during the surgical procedure or due to the creation of an anastomosis with a diameter smaller than 2.5 mm. Typical symptoms include abdominal pain after food intake, discomfort and vomiting.

Objectives: The aim of this video is to display the experience of our team in management of gastrojejunal anastomosis stricture.

Methods: We present the clinical case of a 29 year-old woman, with a medical history of asthma, Obstructive Sleep Apnea (OSA), polycystic ovarian syndrome, gastroesophageal reflux disease (GERD) and severe long-term obesity, with a Body mass Index (BMI) of 68. Given the confirmed diagnosis of GERD, the decision was made to proceed with a laparoscopic Roux-en-Y gastric bypass as the chosen bariatric procedure. During the procedure, the gastrojejunal anastomosis was performed with some technical difficulties, resulting in a significant gastric wall hematoma. A month after surgery, the patient developed upper obstructive symptoms, and imaging studies confirmed the diagnosis of anastomotic stricture.

Results: Three sessions of endoscopic balloon dilation were successful in re-establishing normal upper gastrointestinal transit.

Conclusions: In conclusion, anastomotic stricture is a frequent complication with certain technical predispositions that should be identified and avoided. Early diagnosis is essential, as endoscopic intervention has proven most effective for early strictures (less than 90 days postoperative), with effectiveness rates decreasing to 60% for late strictures. A bariatric and metabolic team must be interdisciplinary, and include experienced endoscopists to address common complications. If endoscopic intervention fails, relaparoscopy and the reconstruction of the gastrojejunal anastomosis are indicated.

Disclosure: No significant relationships.

FV006 / Abs. ID 135

Topic: *AS47. Internal Hernia (IH) after MBS: techniques*

FREE VIDEOS 03: REVISIONAL MBS/COMPLICATIONS/INTERNAL HERNIAS
11-09-2025 16:15 - 17:45

RECURRENT ABDOMINAL PAIN AND CHYLOUS ASCITES 11 YEARS AFTER GASTRIC BYPASS A CASE REPORT

Daniel Krawczykowski
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Background: Abdominal discomfort is common after a gastric bypass (RYGB). Occurrence of internal hernia after gastric bypass is up to 12% at 13 years. Chylous ascites after a RYGB is rarely reported however it can be a feature of mesenteric torsion.

Objectives: To warn emergency doctors and radiologists that a patient presenting at an emergency department with a previous RYGB, regardless of how long ago, and with abdominal pain should be urgently access by a surgeon familiar with bariatric to rule out an internal hernia.

Methods: This is a case report of a 63 Y old woman presenting at the emergency department with abdominal pain and nausea. Her past medical history was a laparoscopic RYGB performed 11years before, a cholecystectomy 6 years ago and a pancreatitis 3 years ago. On CT scan there was a light peritoneal effusion, no bowel occlusion. She was discharged without surgical assessment with a diagnostic of gastroenteritis. She came back to the emergency department 3 weeks later with excruciating abdominal pain and a left upper quadrant mass. On CT scan there was a thin peritoneal effusion blade and a misty mesentery appearance. Eventually the surgeon was called. After reviewing the CT scan with a committed radiologist, he took the patient to the theatre.

Results: The laparoscopy showed a chylous ascites that has been vacuumed and a wide open Petersen space which has been sutured. There was no intestinal resection. A biopsy of the retroperitoneum has been taken.

Conclusions: Chylous ascites can be related to internal hernia after a LRYGB. Its rate is probably underestimated. In our patient, the mesenteric defect was wide and loose, so arterial and venous flows were preserved. Any abdominal pain in a patient with a past history of RYGB should be explored by a committed radiologist and assessed by bariatric surgeon. A laparoscopic exploration should be performed in case of diagnostic doubt.

Disclosure: No significant relationships.

FV007 / Abs. ID 291

Topic: *AS47. Internal Hernia (IH) after MBS: techniques*

FREE VIDEOS 03: REVISIONAL MBS/COMPLICATIONS/INTERNAL HERNIAS
11-09-2025 16:15 - 17:45

OPERATIVE MANAGEMENT OF INTERNAL HERNIATION FOLLOWING SINGLE ANASTOMOSIS SLEEVE-ILEAL BYPASS

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Background: Internal herniation is a rare but serious complication following bariatric surgeries, including Single Anastomosis Sleeve-Ileal Bypass (SASI). Peterson's space is commonly left open during SASI procedures, which can lead to internal herniations through this space. This case report video details the diagnosis and management of internal herniation in a male patient who had multiple bariatric surgeries, including a conversion to SASI after previous gastric bypass.

Objectives: To discuss the clinical presentation and operative management of a patient with internal herniation following SASI.

Methods: The patient, who underwent a gastric bypass in 2009, experienced complications including microleakage, internal herniation, and chronic abdominal pain over several years. In 2021, the patient had a conversion to normal anatomy due to persistent abdominal pain. In 2023, the patient underwent conversion to SASI due to recurrent weight rgain and gastroparesis. One year post-SASI, the patient was admitted with acute abdominal pain. Imaging revealed a swirl sign, indicative of a 270-degree rotation of the mesenteric vessels. Surgery was performed, reducing the internal hernia and closing Peterson’s space.

Results: Following surgery, the patient’s acute abdominal pain resolved, and no further complications were reported.

Conclusions: Internal herniation is a rare but serious complication of SASI, particularly when Peterson’s space is not closed. Closing this space during SASI procedures may reduce the risk of internal herniation and its associated complications, improving patient outcomes. Our current practice has been updated to routinely close Peterson’s defect during SASI to prevent such hernias.

Disclosure: No significant relationships.

FV008 / Abs. ID 69

Topic: *AS32. MBS and the difficult abdomen*

FREE VIDEOS 03: REVISIONAL MBS/COMPLICATIONS/INTERNAL HERNIAS
11-09-2025 16:15 - 17:45

BYPASS BLUES - A CASE OF INCIDENTAL CONGENITAL PERITONEAL ENCAPSULATION AND ABERRANT IMV

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Background: Congenital Peritoneal Encapsulation (CPE) is an extremely rare congenital malformation characterized by the partial or complete encasement of the small bowel by an accessory peritoneal membrane. It is often confused with other conditions like sclerosing encapsulated peritonitis (SEP) and is typically diagnosed during abdominal surgery. This condition, first described in 1868, is believed to arise due to abnormal abdominal wall development during the 12th week of gestation.

Objectives: To discuss the clinical presentation, diagnosis, and surgical management of a case of congenital peritoneal encapsulation (CPE) with an aberrant inferior mesenteric vein (IMV) in a 66-year-old female patient undergoing surgery for a hiatal hernia and roux-en-y gastric bypass

Methods: A comprehensive preoperative evaluation was performed, which revealed a 6 cm hiatal hernia. The patient underwent surgery, during which the CPE and aberrant IMV were incidentally discovered. Laparoscopic techniques with safe surgical principles were employed to identify and address adhesions and mesenchymal sac, .

Results: The surgical team identified the small bowel covered by a fibrous peritoneal sac, with a segment of bowel entering the cecum and diving posteriorly under the sigmoid mesentery. The presence of an aberrant venous vessel, a replaced IMV, was confirmed. With potential internal herniation and implications for future surgeries, the decision was made to transect the vessel. Once the anatomy was confirmed, the bypass proceeded without complications.

Conclusions: Congenital peritoneal encapsulation with an aberrant inferior mesenteric vein presents unique surgical challenges, including misinterpretation of adhesions and unclear anatomy. In this case, identification and careful dissection of the fibrous sac and aberrant vessel allowed for the safe completion of the planned bypass surgery. Awareness of these rare anatomical variations is crucial for managing complex abdominal surgeries.

Disclosure: No significant relationships.

FV009 / Abs. ID 517

Topic: *AS32. MBS and the difficult abdomen*

FREE VIDEOS 03: REVISIONAL MBS/COMPLICATIONS/INTERNAL HERNIAS
11-09-2025 16:15 - 17:45

GASTRIC BYPASS ROUX Y IN TOTAL SITUS INVERSUS

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Background: Situs inversus is a congenital condition characterized by the opposite location of the internal organs. In patients with situs inversus, the major organs are reversed, like a mirror image, with the reversal being either total or partial. There are only a few reported cases of gastric bypass performed in patients with situs inversus. To ensure the safety and effectiveness of the surgical procedure in these patients, it is essential to address these anatomical variations properly, with more information. A case of gastric bypass performed in a patient with situs inversus in Chile is presented.

Objectives: The primary objective is to describe the gastric bypass performed on a patient with situs inversus. The secondary objective is to compare the similarities and differences between this procedure and the common gastric bypass.

Methods: The case of a 42-year-old female patient with situs inversus is reported, diagnosed with grade 2 obesity (BMI: 35 kg/m²), symptomatic reflux, fatty liver, and insulin resistance. The patient meets the criteria for gastric bypass indication. It was decided to A decided to proceed with the gastric bypass using a mirror technique. To perform this procedure, eight cases of patients with situs inversus who underwent gastric bypass were thoroughly reviewed. To properly carry out this surgery, a careful review of the patient's anatomy was needed, to determine if the case is a total or partial situs inversus. The procedure followed the same steps and required the same medical equipment as a conventional gastric bypass.

Results: The surgery lasted 65 minutes and was performed without any complications. The patient had a favorable postoperative course and was discharged the next day. The greatest difficulty in this case was performing the mirror technique, where the identification of the intestinal loops and their direction can be challenging.

Conclusions: Although there is no substantial difference between the procedure performed on a patient with situs inversus and the classic approach, it is crucial to carefully review each patient`s anatomy to ensure a safe and effective procedure.

Disclosure: No significant relationships.

P001 / Abs. ID 555

Topic: *AS44. AI and development of nomograms and algorithms for the management of obesity*

AI AND DEVELOPMENT OF NOMOGRAMS AND ALGORITHMS FOR THE MANAGEMENT OF OBESITY
10-09-2025 10:00 - 19:30

USE OF CHATGPT AS AN ASSISTANT IN METABOLIC BARIATRIC SURGERY: A NEW EDUCATIONAL AND CLINICAL SUPPORT TOOL

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Background: Artificial Intelligence (AI) is transforming medical education and clinical practice. In metabolic bariatric surgery, ChatGPT may serve as an innovative tool for decision-making, patient education, and surgical training.

Objectives: This study evaluates the potential of ChatGPT as an assistant in metabolic bariatric surgery by assessing its accuracy in answering clinical questions, supporting patient counseling, and aiding in surgical planning.

Methods: A cross-sectional analysis was conducted using ChatGPT-4 to respond to 50 case-based scenarios related to metabolic bariatric surgery. Responses were compared with current guidelines and expert opinions. Additionally, surgeons and residents assessed AI-generated recommendations for clarity, accuracy, and clinical applicability.

Results: ChatGPT provided correct answers in 86% of cases, with the highest accuracy in patient counseling (92%) and the lowest in surgical planning (78%). Experts rated responses as clear (91%) and clinically relevant (84%), but identified occasional limitations in nuanced decision-making.

Conclusions: ChatGPT demonstrates potential as an adjunct tool for education and patient interaction in metabolic bariatric surgery. While it enhances accessibility to clinical knowledge, it requires validation and human oversight, particularly in complex cases. Conclusion: ChatGPT serves as a valuable educational and clinical support tool in metabolic bariatric surgery. However, integration with expert supervision is essential to ensure safe and effective application in surgical decision-making.

Disclosure: No significant relationships.

P002 / Abs. ID 564

Topic: *AS44. AI and development of nomograms and algorithms for the management of obesity*

AI AND DEVELOPMENT OF NOMOGRAMS AND ALGORITHMS FOR THE MANAGEMENT OF OBESITY
10-09-2025 10:00 - 19:30

AI-DRIVEN RISK FACTOR ANALYSIS FOR POSTOPERATIVE COMPLICATIONS IN METABOLIC BARIATRIC SURGERY: A MACHINE LEARNING APPROACH

Mohammed Nooruddin[1], Atul Peters[2], Yogesh Gautam[2], Beena Arora[3], Sarath Chandrabhatla[4]
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Background: Metabolic bariatric surgery is an effective treatment for obesity and related diseases, yet postoperative complications remain a significant concern. Identifying preoperative risk factors that contribute to complications is critical for optimizing patient selection and improving outcomes. Traditional risk stratification methods often fail to capture complex interactions between patient variables. Machine learning (ML) offers a powerful solution by analyzing large datasets to uncover hidden patterns and predict complications with high accuracy.

Objectives: 1. Identify key preoperative risk factors associated with postoperative complications in bariatric surgeries. 2. Develop and validate an ML-based predictive model to stratify patients based on complication risk. 3. Provide a clinically interpretable decision-support tool to enhance patient selection and preoperative optimization.

Methods: 1. Study Design: A retrospective cohort study analyzing 15 years of metabolic bariatric surgery data. 2. Data Collection: Extraction of demographic, clinical, laboratory, and surgical history variables from electronic health records (EHR). 3. Feature Engineering: One-hot encoding for categorical variables, normalization for continuous variables, and missing data imputation. 4. Model Selection & Training: Logistic Regression, Random Forest, and XGBoost classifiers will be trained to predict postoperative complications. 5. Evaluation Metrics: Model performance will be assessed using accuracy, precision-recall, AUC-ROC (Area Under the Reciever Operating Charecteristic) curve, and SHAP (SHapley Additive exPlanations) analysis for interpretability. 6. Implementation: A risk stratification tool will be designed based on model predictions.

Results: Expected Results Identification of top preoperative predictors influencing postoperative complications (e.g., BMI, diabetes, nutritional deficiencies). A highly accurate ML model capable of stratifying patients into low, moderate, and high-risk categories. Actionable insights for surgeons to tailor preoperative interventions and reduce complication rates.

Conclusions: This study leverages ML to enhance risk assessment and patient selection in metabolic bariatric surgery. The findings will facilitate personalized preoperative planning, improve surgical outcomes, and potentially integrate AI-driven decision-making into clinical workflows.

Disclosure: No significant relationships.

P003 / Abs. ID 454

Topic: *AS44. AI and development of nomograms and algorithms for the management of obesity*

AI AND DEVELOPMENT OF NOMOGRAMS AND ALGORITHMS FOR THE MANAGEMENT OF OBESITY
10-09-2025 10:00 - 19:30

MACHINE LEARNING VS. LOGISTIC REGRESSION: REVOLUTIONIZING COMPLICATION PREDICTION IN MIDDLE EASTERN BARIATRIC SURGERY

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Background: The Middle East faces a rising tide of bariatric surgeries, yet region-specific predictive models for postoperative severe complications remain scarce. This gap compromises risk assessment, overlooking unique genetic and environmental factors of the population. Machine learning (ML) presents a powerful alternative to traditional logistic regression, capable of uncovering complex, population-specific patterns.

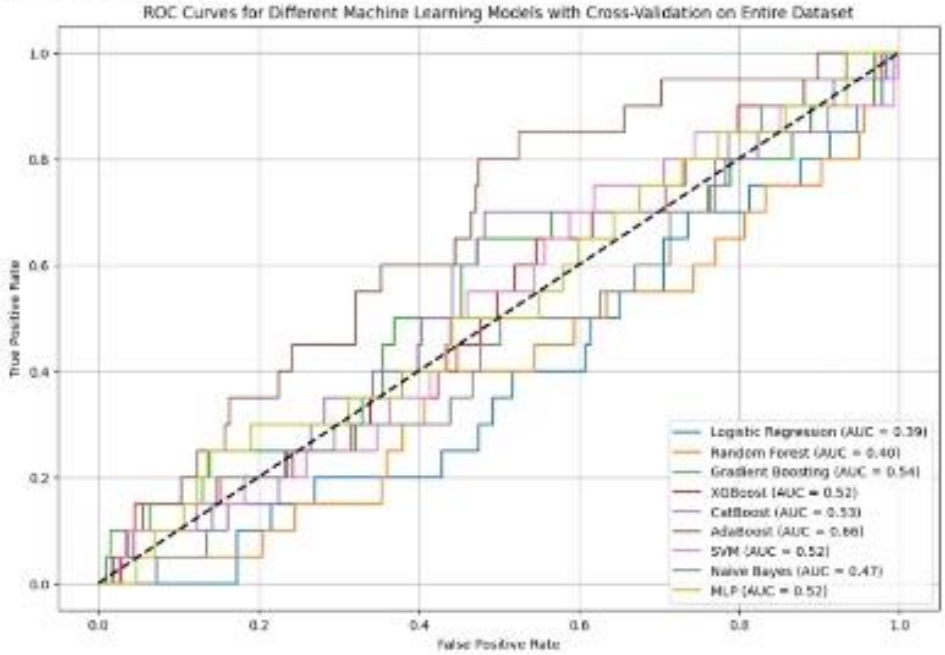
Objectives: To develop and compare ML models against logistic regression for predicting serious postoperative complications and identifying key risk factors in a unique Middle Eastern bariatric surgery cohort.

Methods: We analyzed data from primary bariatric surgery patients at a tertiary referral hospital from 2019 to 2023. Multivariate logistic regression identified preoperative risk factors. Multiple ML models, including Adaboost, random forest, gradient boosting, XGBoost, and support vector machines, were developed and compared against logistic regression (LR). Preprocessing involved Synthetic Minority Oversampling Technique (SMOTE) for class imbalance and recursive feature selection (RFE). Model performance was evaluated using 5-fold cross-validation, area under the receiver operating characteristic curve (AUROC), specificity, and sensitivity.

Results: The study included 1757 patients, 1174 sleeve gastrectomy (SG), 583 Roux-en-Y gastric bypass (RYGB). Mean age was not significantly different between SG and RYGB groups (32.63 ± 11.05 vs 43.03 ± 10.62 years, p=0.399). Female patients comprised 56.8% of SG and 76.6% of RYGB cases (p=0.649). Mean BMI was significantly higher in SG compared to RYGB (43.13 ± 6.80 vs 41.72 ± 5.03 kg/m², p=0.879). Serious complication rates were significantly different: 2.30% (n=27) for SG and 6.52% (n=38) for RYGB (p<0.001). For SG, LR identified smoking as a significant risk factor (OR=3.6, 95% CI: 1.30-9.19, p=0.013). For RYGB, age (OR=1.04, 95% CI: 1.00-1.08, p=0.030) and preoperative creatinine (OR=1.04, 95% CI: 1.01-1.08, p=0.006) were associated with increased complications. In comparing predictive performance, Adaboost has the best predictive ability for SG (AUC=0.66), while LR performed best for RYGB (AUC=0.67).

Figure 1: Machine learning models to predict serious complications by surgical technique

A) Sleeve gastrectomy



B) Roux-en-Y Gastric Bypass

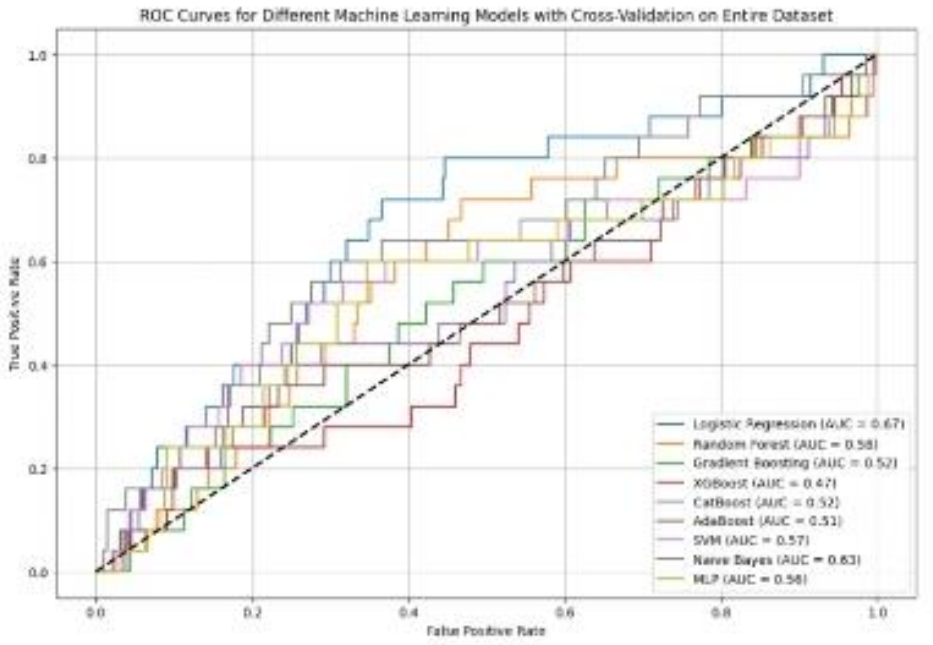


Table 1: Patient Characteristics and Serious Complication Prediction Analysis in Bariatric Surgery

Parameter	Sleeve Gastrectomy (n=1,174)	Roux en Y Gastric Bypass (n=583)	P value
Demographics and Clinical Characteristics			
Age, mean years	32.63 ± 11.05	43.03 ± 10.62	0.399
Female sex, %	56.8	76.6	0.649
BMI, mean kg/m²	43.13 ± 6.80	41.72 ± 5.03	0.879
Comorbidities, %			
Diabetes	16.5	30.5	0.653
- Insulin-dependent	2.7	4.3	-
Hypertension	13.4	19.1	1.0
Sleep apnea	20.5	20.8	0.800
GERD	10.5	21.3	0.802
Current smoker	10.9	5.7	0.020
Significant Risk Factors - SG			
Current smoker within 1 year	OR 3.46 (CI 95%: 1.30-9.19)	-	0.013
Significant Risk Factors - RYGB			
Preoperative serum creatinine lab value	-	OR 1.04 (CI 95%: 1.01-1.07)	0.006
Age at time of surgery	-	OR 1.04 (CI 95%: 1.00-1.08)	0.030
Gender (Female)	-	OR 0.46 (CI 95%: 0.20-1.05)	0.066
Previous obesity surgery/foregut surgery	-	OR 8.77 (CI 95%: 0.77-100.17)	0.081
Model Performance - SG			
Best model	AdaBoost	-	-
AUC-ROC	0.66	-	-
Feature selection	Best via RFE	-	-
Model Performance - RYGB			
Best model	LR	-	-
AUC-ROC	0.67	-	-
Feature selection	Best via RFE	-	-
Development Details			
Preprocessing	SMOTE for class imbalance	-	-
Validation	Cross-validation	-	-
Calibration	Applied	-	-
Missing data	Median imputation	-	-

Abbreviations: *SG = Sleeve Gastrectomy; RYGB = Roux-en-Y Gastric Bypass; BMI = Body Mass Index; GERD = Gastroesophageal Reflux Disease; OR = Odds Ratio; CI = Confidence Interval; AUC-ROC = Area Under the Receiver Operating Characteristic Curve; RFE = Recursive Feature Elimination, SMOTE = Synthetic Minority Oversampling Technique; CPAP = Continuous Positive Airway Pressure; BiPAP = Bilevel Positive Airway Pressure*

Conclusions: ML models showed comparable or slightly superior performance to LR particularly for SG, demonstrating their potential in settings with limited data. These models enable more accurate risk stratification and personalized care in Middle Eastern populations.

Disclosure: No significant relationships.

P004 / Abs. ID 1160

Topic: *AS44. AI and development of nomograms and algorithms for the management of obesity*

AI AND DEVELOPMENT OF NOMOGRAMS AND ALGORITHMS FOR THE MANAGEMENT OF OBESITY
10-09-2025 10:00 - 19:30

EVALUATING AI CAPABILITIES IN METABOLIC BARIATRIC SURGERY: A STUDY ON CHATGPT-4 AND DALL·E 3'S RECOGNITION AND ILLUSTRATION ACCURACY

Amir Hossein Davarpanah Jazi, Mohammad Mahjoubi
Iran University Of Medical Sciences, Tehran, Iran

Background: With the rise of artificial intelligence (AI) in medical education, tools like OpenAI's ChatGPT-4 and DALL·E 3 have potential applications in enhancing learning materials.

Objectives: This study aims to evaluate ChatGPT-4o's proficiency in recognizing bariatric surgical procedures from illustrations and assess DALL·E 3's effectiveness in generating accurate surgical illustrations.

Methods: Illustrations of six bariatric surgical procedures (One Anastomosis Gastric Bypass, Roux-en-Y Gastric Bypass, Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy, Sleeve Gastrectomy, Biliopancreatic Diversion, and Adjustable Gastric Banding) were sourced from the IFSO Atlas of Metabolic and Bariatric Surgery. ChatGPT-4 was tasked with identifying each procedure based on these illustrations to evaluate its classification accuracy. Simultaneously, DALL·E 3 was prompted with the specific names of each procedure to generate corresponding medical illustrations.

Results: ChatGPT-4 correctly identified only the Adjustable Gastric Banding illustration, misclassifying the other five procedures. DALL·E 3 failed to produce accurate illustrations for all six procedures.

Conclusions: The study underscores the need for further evaluation of AI in bariatric surgery. Both ChatGPT-4 and DALL·E 3, while promising, have significant limitations in recognizing and generating accurate illustrations of bariatric surgical procedures. These findings call for continued research and development to make AI models suitable for medical education applications in bariatric surgery.

Disclosure: No significant relationships.

P005 / Abs. ID 481

Topic: *AS44. AI and development of nomograms and algorithms for the management of obesity*

AI AND DEVELOPMENT OF NOMOGRAMS AND ALGORITHMS FOR THE MANAGEMENT OF OBESITY
10-09-2025 10:00 - 19:30

MACHINE LEARNING MODELS FOR PREDICTION BARIATRIC SURGERY RESPONSE

Mikyung Kim[1], Jinho Lee[2], Seung-Bo Lee[2], Youngsung Suh[3], Byoung Kuk Jang[1], Hye Soon Kim[1], Seungwan Ryu[4]
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Background: Bariatric surgery is the most effective treatment for severe obesity; however, some individuals do not respond to the procedure. While some preoperative factors may help predict the success of bariatric surgery, these factors have not been fully understood.

Objectives: This study aimed to develop a machine learning-based model for predicting responses to bariatric surgery based on preoperative factors.

Methods: We analyzed preoperative data from 228 patients who underwent bariatric surgery at Keimyung University Dongsan Hospital between 2019 and 2024. A successful response to bariatric surgery was defined as achieving at least 50% excessive weight loss (EWL) at six months postoperatively. To identify key predictors, we applied Recursive Feature Elimination (RFE). We trained and evaluated six machine learning models, including CatBoost, XGBoost, AdaBoost, Decision Trees, KNN, and Random Forest. Model performance was assessed using the area under the curve (AUC), and to ensure the generalizability of the models, we conducted 10-fold cross-validation.

Results: In our analysis, 145 patients were categorized as the response group, while 83 were in the no-response group. We used 73 features for the machine learning models. Among all features, AdaBoost achieved the highest AUC of 0.77. We utilized Sequential Floating Backward Selection to identify the best features, resulting in a selection of 19 key features. Using these features, AdaBoost reached an improved AUC of 0.886. Feature importance analysis indicated that factors such as body mass index (BMI), AST, platelet count, cortisol levels, white blood cells (WBC), vitamin levels, waist circumference, albumin levels, age, and fasting insulin are significant. Additionally, a shorter duration of diabetes, lower BMI, and higher cortisol levels positively influenced the response to bariatric surgery.

Conclusions: This study suggests that a machine learning-based model, particularly AdaBoost, utilizing preoperative features, can effectively predict responses to bariatric surgery.

Disclosure: No significant relationships.

P006 / Abs. ID 624

Topic: *AS26. Metabolic bariatric surgery tourism*

BARIATRIC SURGERY TOURISM
10-09-2025 10:00 - 19:30

REVERSE MEDICAL TOURISM: CAN THE U.S. PULL IT OFF?

Frank Bisceglie[1], Rami Lutfi[2]
[1]Medtronic, Minneapolis, United States of America, [2]Chicago Institute of Advanced Surgery, Chicago, United States of America

Background: Bariatric medical tourism, as a cheaper alternative to US care, continues to expand while remains problematic when complications occur.

Objectives: To understand Mexico market, and to evaluate the feasibility of building high quality, low cost sleeve gastrectomy program in US hospital.

Methods: Data was collected via “secret shopping” of 21 centers (16 Mexico, 5 US). Metrics included cost, surgeon experience, perioperative care, and hospital stay. Additionally, we surveyed our first 30 patients about their decision-making, and satisfaction.

Results: Mexican clinics cost averaged $4,666 ($3,800-$6,195) for sleeve, versus $14,498 ($8,995-$20,000) in US. Both included 1-2 nights stay and most included perioperative care. Mexican surgeons' experience was measured by number of gastric sleeves performed and averaged 15,800 lifetime cases (6,000-30,000). Our patients were 85% female, average age 39 (25-55) years, average BMI 41, 45% white, 39% hispanic, 9% black, and 6% asian. 76% considered surgery in Mexico. Top reasons for choosing our center included cost 90%, US location 35%, and positive surgeon reviews 30%. Only 1 patient chose us for safety concerns abroad. All patients except 1 (3% stayed for nausea) were discharged next day. Average length of stay 27 hours, time in OR and surgery 76±14 and 50±12 minutes, respectively. There were no complications, readmissions, need for hydration, re-operations, or re-interventions. No patient needed post-op labs or UGI.

Conclusions: With collaboration between hospital and providers, and flexibility with margins and profits, high quality bariatric surgery can become affordable and medical tourism can be reversed.

Disclosure: Rami E Lutfi - Medtronic consultant; Frank Bisceglie - Medtronic employee

P007 / Abs. ID 356

Topic: *AS24. Biliary blunders in MBS*

BILIARY BLUNDERS IN MBS
10-09-2025 10:00 - 19:30

SHOULD WE ABANDON PROPHYLACTIC CHOLECYSTECTOMY IN ALL PATIENTS WITH GALLSTONES UNDERGOING METABOLIC BARIATRIC SURGERY? – RESULTS FROM A MARKOV CLINICAL DECISION TREE ANALYSIS

Engracia Loh[1], Enver Loh De Wei[2], Tan Nan Guang[1], Lester Ong Wei Lin[1], Jeremy Tan Tian Hui[1], Wong Wai Keong[1], Baldwin Yeung Po Man[1], Chue Koy Min[1]
[1]Sengkang General Hospital, Upper Gastrointestinal And Bariatric Service, Singapore, Singapore, [2]Singapore General Hospital, Singapore, Singapore

Background: Rapid weight loss after metabolic bariatric surgery is a risk factor for cholelithiasis formation. In patients with known asymptomatic cholelithiasis preoperatively, additional cholelithiasis formation may herald future symptomatic biliary complications. Particularly, surgeries that excluded access to the duodenum, will negate future endoscopic interventions for choledocholithiasis. A prophylactic cholecystectomy, done during metabolic bariatric surgery, however, is still controversial. While it may theoretically minimise the risk of future biliary episodes, it is unclear whether the additional risk of the cholecystectomy outweighs this theoretical benefit.

Objectives: We aim to determine via a probabilistic approach, the likelihood of patients who had an unfavourable biliary outcome, either due to complications related to cholecystectomy or complications arising from metachronous cholelithiasis episodes.

Methods: A comprehensive literature review of randomized controlled trials, prospective and retrospective observational studies were included. A Markov decision tree analysis was developed, with input probabilities from pooled incidences from literature. The model assumes a patient going for metabolic bariatric surgery with known cholelithiasis and assesses 4 different clinical decision trees: 1. Laparoscopic sleeve gastrectomy with cholecystectomy (LSG+C); 2. LSG without cholecystectomy (LSG); 3. Laparoscopic Roux-en-y gastric bypass with cholecystectomy (LRYGB+C); 4. Laparoscopic RYGB without cholecystectomy (LRYGB). Primary outcome was unfavourable biliary outcomes.

Results: Forty-seven studies were included. Based on 10000 simulations in each arm, the incidence of unfavourable biliary outcomes was 5.2% in LSG+C compared to 2.6% in LSG ($p<0.001$). The incidence of unfavourable biliary outcomes was 16.4% in LRYGB+C compared to 6.6% in LRYGB ($p<0.001$). LRYGB had a significantly higher unfavourable biliary outcome compared to LSG ($p<0.001$).

Conclusions: The incidence of unfavourable biliary outcomes were higher in LRYGB compared to LSG. However, the incidence of metachronous symptomatic cholelithiasis episodes is too low for the benefit to outweigh the risks associated with a concomitant cholecystectomy in both LSG and LRYGB.

Disclosure: No significant relationships.

P008 / Abs. ID 197

Topic: *AS24. Biliary blunders in MBS*

BILIARY BLUNDERS IN MBS
10-09-2025 10:00 - 19:30

LAPAROSCOPY-ASSISTED TRANSGASTRIC ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY TO TREAT COMMON BILE DUCT STONES AFTER ROUX-EN-Y GASTRIC BYPASS SURGERY – CASE REPORT

Bengusu Karacayir[1], Jarjoura Eid[1], Peter Mikosch[2], Alexandra Szewczyk[1], Philipp Beckerhinn[1], Erhard Schwanzer[1]
[1]Landesklinikum Hollabrunn, Hollabrunn, Austria, [2]Landesklinikum Mistelbach, Mistelbach, Austria

Background: Roux-en-Y gastric bypass (RYGB) is one of the most effective and commonly performed metabolic bariatric procedures. Overall complication rate is low, nevertheless rapid weight loss is known to increase the risk of gallstone formation. Due to the altered anatomy in RYGB common bile duct (CBD) stones represent a significant challenge.

Objectives: To demonstrate the feasibility of surgical CBD stones management in a RYGB situation.

Methods: Case report of a patient with symptomatic choledocholithiasis after RYGB.

Results: A 68-year-old female patient who had undergone RYGB and cholecystectomy several years ago presented with abdominal pain, nausea and weight loss. A computed tomography scan and magnetic resonance cholangiopancreatography confirmed choledocholithiasis as the cause. Due to the anatomical changes following RYGB, a conventional endoscopic retrograde cholangiopancreatography (ERCP) was not feasible. Therefore, we decided to perform a laparoscopic-assisted transgastric ERCP (LATG-ERCP) to reach the major duodenal papilla and to retract the stones. Under general anesthesia a pneumoperitoneum was established, and three trocars were inserted. After a general laparoscopic examination of the Roux-en-Y anatomy, gastric remnant gastrostomy was created and a 15mm trocar inserted. This enabled the endoscopist to access the papilla with a duodenoscope and perform the ERCP in a standard fashion, including biliary sphincterotomy and successful clearance of several CBD stones under fluoroscopy. After the removal of the endoscope, the procedure was completed by closing the gastrostomy using an absorbable barbed suture. Postoperative elevated pancreatic enzyme levels improved rapidly, and the patient was discharged on postoperative day 4. Clinical and laboratory follow-up after one week revealed non to minimal abnormalities.

Conclusions: As the worldwide number of patients undergoing RYGB rises, there is a growing population requiring access to the CBD. LATG-ERCP proves to be an effective and safe method for the treatment of CBD stones, especially in patients who have previously undergone cholecystectomy.

Disclosure: No significant relationships.

P009 / Abs. ID 901

Topic: *AS24. Biliary blunders in MBS*

BILIARY BLUNDERS IN MBS
10-09-2025 10:00 - 19:30

LAPAROSCOPY-ASSISTED TRANSGASTRIC ERCP (LA-ERCP) DUE TO RESIDUAL CHOLEDOCHOLITHIASIS POST CHOLECYSTECTOMY AND GASTRIC BYPASS

Nadya Contreras Morales[1], Carmen Santander[1], Maria Rodriguez Izquierdo[2], Daniel Hernández Clarck[1], Angela Maira[3,4]
[1]Redsalud Santiago Clinic, Bariatric Surgery, Santiago, Chile, [2]red salud, Cirugia Bariatrica, Santiago, Chile, [3]Clinica RedSalud, Santiago, Chile, [4]Clinica RedSalud, Cirugía Bariátrica, Santiago, Chile

Background: A 30-year-old female patient was admitted with a diagnosis of Grade 3 Obesity (BMI 46.7 kg/m²), Cholelithiasis, Non-alcoholic Steatohepatitis, Insulin Resistance, Mixed Dyslipidemia, Metabolic Syndrome, and Gastroesophageal Reflux. A Gastric Bypass combined with Laparoscopic Cholecystectomy was performed. Days after the procedure, the patient reported severe persistent abdominal pain. Imaging revealed Choledocholithiasis, prompting an ERCP.

Objectives: PRESENT AL LA-ERCP AND BRING TO OUR ATTETION THE CASES OF RESIDUAL CHOLEDOCOTITHIASIS

Methods: Video-Laparoscopy-assisted transgastric ERCP (LA-ERCP) due to Residual Choledocholithiasis Post Cholecystectomy and Gastric Bypass

Results: The patient was discharged 24 hours later with no further complications.

Conclusions: Residual Choledocholithiasis management following cholecystectomy and gastric bypass requires specialized approaches due to altered anatomy. Laparoscopy-assisted transgastric ERCP (LA-ERCP) involves creating laparoscopic access to the remnant stomach through a gastrotomy, enabling conventional ERCP equipment to reach the papilla for bile duct stone clearance. Success rates reach 90-100%, though risks include bleeding, perforation, and pancreatitis.

Disclosure: No significant relationships.

P010 / Abs. ID 56

Topic: *AS01. Combined therapies of MBS with OMM*

COMBINED THERAPIES OF MBS WITH OMM
10-09-2025 10:00 - 19:30

OBSTRUCTION OF THE GASTROJEJUNAL ANASTOMOSIS AFTER OAGB DUE TO OBESITY

Mariana Ramírez Ceballos[1], Gerardo Valenzuela[2], Gabriel Galvan[3], Patricia Roldan Mora[3]
[1]Liga contra el Cancer, Risaralda, Pereira, Colombia, [2]Hospital Alhma, Mazatlan, Mexico, [3]Innovare Bariatria, Guadalajara, Mexico

Background: The One-Anastomosis Gastric Bypass (OAGB) is a bariatric procedure that has gained popularity over the past decade, becoming one of the most commonly performed techniques. It is a safe procedure with a low complication rate.

Objectives: This publication aims to present a clinical case and review the literature on gastroyeyunal anastomosis obstruction secondary to gastric pouch torsion into the thorax.

Methods: A 30-year-old man underwent revisional surgery from sleeve gastrectomy to one-anastomosis gastric bypass (OAGB) due to recurrent weight gain. Twenty days after the procedure, he developed intolerance to oral intake. Endoscopic and radiologic studies revealed a complete obstruction of the gastrojejunal anastomosis. He was scheduled for surgery, during which intraoperative findings indicated that the gastrojejunal anastomosis had rotated into the thorax, necessitating a conversion to a Roux-en-Y gastric bypass. The postoperative course was uneventful, with significant weight loss observed during follow-up.

Results: Gastrojejunal anastomotic obstruction in Roux-en-Y gastric bypass (RYGB) is a complication that may occur due to anastomotic stenosis, marginal ulcers, adhesions, fibrotic bands, or foreign bodies, with a reported incidence ranging from 3% to 27%. Anastomotic torsion is rare. Its pathophysiology involves ischemia, chronic inflammation, and excessive scarring, particularly in patients with risk factors such as NSAID use or Helicobacter pylori infection. Inadequate surgical technique may lead to anastomotic obstruction, as seen in the presented case. Clinically, it manifests with persistent vomiting and food intolerance, and it is diagnosed through an upper gastrointestinal contrast study or upper endoscopy. Treatment depends on the underlying cause, with endoscopic balloon dilation being the preferred option for stenosis. In cases where there is no improvement with endoscopic or medical management, surgical intervention is required.

Conclusions: The obstruction of the OAGB anastomosis is a rare complication. In the presence of symptoms, it should be suspected, and diagnostic studies performed. Management may vary depending on the clinical presentation and cause of the obstruction.

Disclosure: No significant relationships.

P011 / Abs. ID 886

Topic: *AS01. Combined therapies of MBS with OMM*

COMBINED THERAPIES OF MBS WITH OMM
10-09-2025 10:00 - 19:30

METABOLIC BARIATRIC SURGERY AND PERIOPERATIVE MANAGEMENT IN A PATIENT WITH SEVERE OBESITY AND RESPIRATORY FAILURE: A CASE REPORT.

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Background: With economic development and lifestyle changes, the global prevalence of obesity has been rising steadily. Populations with obesity exhibit a significantly higher incidence of obesity-related respiratory complications, particularly obstructive sleep apnea syndrome (OSAS) and obesity hypoventilation syndrome (OHS). Notably, 60–83% of patients undergoing bariatric metabolic surgery are diagnosed with OSAS. These respiratory comorbidities substantially increase perioperative risks, including anesthesia-related complications and surgical mortality.

Objectives: A comprehensive preoperative respiratory function evaluation and multidisciplinary perioperative management are particularly critical for patients with severe obesity with concurrent respiratory dysfunction. This article presents a case report of successful treatment through bariatric metabolic surgery and multidisciplinary perioperative intervention in a patient with severe obesity with respiratory failure, supported by literature review, to provide clinical insights.

Methods: Multidisciplinary treatment:

MDT members	Measures
Department of Respiratory and Critical Care Medicine	Non-invasive continuous positive airway pressure (CPAP) was administered, with ventilator parameters titrated according to the patient's tolerance.
Department of Endocrinology	Semaglutide was administered as an adjunctive therapy for weight management.
Department of Cardiology	Torasemide was administered at 5 mg orally and 10 mg intravenously. Vital parameters including blood pressure, fluid intake/output, serum electrolyte levels, and edema resolution were closely monitored, with periodic echocardiographic evaluations conducted to assess cardiac function.
Department of Clinical Nutrition	A perioperative meal replacement protocol was formulated and rigorously adhered to, with daily weight monitoring implemented to track progress.
Department of Rehabilitation Medicine	Low-molecular-weight heparin calcium (LMWH) was administered for anticoagulation, combined with moderate mobilization to prevent venous thromboembolism (VTE).

Metabolic & Bariatric Surgery Center	Laparoscopic sleeve gastrectomy (LSG) combined with intraoperative gastroscopy.

Results: Through multidisciplinary perioperative management and a personalized surgical protocol, the patient achieved an uneventful recovery with no postoperative complications. Preoperative improvements in pulmonary function and pre- to postoperative weight dynamics are detailed in the figure 1 and figure 2.

Date	11.13	11.14	11.15	11.16	11.17	11.19	11.22	11.26	11.30	12.3	12.17	12.24	12.31
PH	7.23→7.279	7.299→7.34	7.314→7.329	7.285→7.319	7.368	7.404	7.368	7.384	7.377	7.369	7.374	7.379	7.34
pO2 mmHg	76.4→96.1	55.8→68.5	60.6→70.7	49.6→104	69.3	52.2	56.4	66.4	65.4	72.6	78.2	78.7	70.8
pCO2 mmHg	78→69	64.8→60.5	67.5→65.6	81.3→73.9	69.6	61.1	56.1	56.7	47.7	49.6	47.5	47.8	48

Figure 1. Perioperative Weight Changes

Date	11.13	11.15	11.17	11.19	11.21	11.23	11.25	11.27	11.29	12.1	12.3	12.5	12.7
Weight kg	359.4	352	331	323.4	317.2	309.8	304.4	297.6	288.2	282.4	278	274.6	271.6
Date	12.9	12.13	12.17	12.21	12.25	12.27	12.29	12.31	1.2	3.2	3.3	3.4	3.5
Weight kg	269.4	265.4	262.6	259.8	257.8	256.2	254.8	253.8	252.4	209.2	208.4	207.4	206.6

Figure 2. Preoperative Improvement in Respiratory Failure

Conclusions: Obesity is a well-established risk factor for multiple chronic comorbidities. Patients with obesity with BMI 50, Obesity IV are at significantly elevated risk of developing respiratory failure. Thus, the implementation of multidisciplinary perioperative care protocols and personalized surgical strategies is critical to ensuring surgical safety and optimizing clinical outcomes.

Disclosure: No significant relationships.

P012 / Abs. ID 170

Topic: *AS09. Endoscopic bariatric procedures*

ENDOSCOPIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

RETROSPECTIVE 12-MONTH WEIGHT LOSS COMPARISON BETWEEN ADJUSTABLE INTRAGASTRIC BALLOON (SPATZ3) AND SWALLOWABLE INTRAGASTRIC BALLOON (ALLURION) IN THE ECUADORIAN POPULATION

María Ayora[1], Bernarda Patiño[1], Gabriel Villavicencio[1], María Salgado[2], Gabriela Zapata[1], Napoleon Salgado[1]
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Background: Intragastric balloons are minimally invasive, short-term solutions for overweight and obesity in individuals with a BMI of 27 or higher. The swallowable balloon (Allurion) lasts up to 4 months before deflation, showing a 12.47% total weight loss in meta-analysis. The endoscopic adjustable balloon (Spatz3) can be adjusted for tolerance and weight loss, remaining for up to 12 months, with a 16.22% total weight loss in randomized controlled trials.

Objectives: This study aims to compare weight, BMI, excess weight loss percentage (EWL%), and total weight loss percentage (TWL%) up to 12 months in patients who underwent an intragastric balloon placement (Spatz3 or Allurion) in the Ecuadorian population.

Methods: This single-center retrospective matched cohort study analyzed patients from July 2020 to January 2025. Patients who received a the Spatz3 balloon (Spatz FGIA Inc., Fort Lauderdale, FL, USA) were matched 1:3 to those receiving the Allurion balloon (Allurion Technologies, Wellesley, MA, USA) based on gender, age, and initial BMI. Weight and BMI were recorded at 0, 1, 4, 8, 12, 16, 24, 36, and 52 weeks post-insertion. Data collection used Google Sheets, and analyses were conducted in IBM SPSS Statistics v.27. Statistical significance was assessed using the Mann-Whitney U test ($p<0.05$).

Results: This study included 41 patients in the Spatz3 group and 123 patients in the Allurion group. A total of 124 women (75.6%) and 40 men (24.4%) were included. At 6 months there was a statistically significant difference in TWL% Spatz3 9.5 (6.1-13.0) and Allurion 16.1 (11.8-18.3). At 12 months we found no significant difference between balloons with TWL% Spatz3 11.3 (4.0- 15.1) and Allurion 11.6 (8.6- 12.4); EWL% Spatz3 55.5 (35.5 - 87.5) Allurion 57.8 (48.8- 80.7); BMI Allurion Spatz3 26.2 (25.2-29.7), 27.7 (26.7- 27.8).

Conclusions: At 6 months, weight loss and TWL% favored Allurion, but by 12 months, no significant difference was found between the two balloons. Further prospective studies are needed to confirm this trend in this population.

Disclosure: No significant relationships.

P013 / Abs. ID 853

Topic: *AS09. Endoscopic bariatric procedures*

ENDOSCOPIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

ESG TO SADI: WHO FAILS ENDOSCOPY AND NEEDS SURGERY? STRATIFICATION AND LONG-TERM FOLLOW-UP IN PATIENTS ESCALATING THERAPY LEVELS

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Background: Endoscopic Sleeve Gastroplasty (ESG) offers a less invasive option for obesity management, yet a subset of patients fail to achieve desired outcomes and require escalation to surgical interventions such as Single Anastomosis Duodeno-Ileostomy with Sleeve Gastrectomy (SADI-S). Understanding predictors of suboptimal clinical response and outcomes after escalation is essential for optimizing patient care.

Objectives: To evaluate clinical characteristics, stratification parameters, and long-term outcomes in patients who failed ESG and underwent conversion to SADI-S.

Methods: This observational cohort study included 9 patients who underwent ESG but failed to achieve or maintain optimal clinical response or metabolic improvement and were subsequently converted to SADI-S. Suboptimal clinical response was defined as <15% Total Weight Loss (%TWL) at 12 months or significant weight regain by 24 months. Data were collected on demographics, comorbidities, weight trajectories, and post-SADI outcomes, with follow-up extending up to 36 months post-surgery.

Results: Among the 9 patients (mean age 38.2 ± 6.5 years, 6 females), the mean BMI at ESG was 42.6 ± 4.2 kg/m². At 12 months post-ESG, mean %TWL was 11.4%, with 7 patients meeting criteria for suboptimal clinical response. All 9 patients were converted to SADI-S after a mean interval of 20.3 months post-ESG. At 12 months post-SADI-S, mean %TWL improved to 32.1%, with sustained benefits up to 36 months (mean %TWL 29.4%). Resolution/improvement was observed in 89% of patients with type 2 diabetes and 78% with hypertension. No major surgical complications were recorded.

Conclusions: A subset of ESG patients may require escalation to surgical therapy, particularly those with higher baseline BMI and poor initial metabolic response. SADI-S appears to be a safe and effective option for these patients, offering durable weight loss and comorbidity resolution. Early identification of poor responders to ESG is critical for timely intervention and improved outcomes.

Disclosure: No significant relationships.

P014 / Abs. ID 397

Topic: *AS09. Endoscopic bariatric procedures*

ENDOSCOPIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

COMPARISON OF SWALLOWABLE VS. CONVENTIONAL BALLOONS FOR WEIGHT LOSS IN OVERWEIGHT AND OBESE PATIENTS AT A BRAZILIAN SRC CENTER

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Background: The swallowable balloons are innovative devices for the treatment of overweight and obese patients in which there is no need of sedation and endoscopy differently from the conventional balloons.

Objectives: Objective: To compare the efficiency between swallowable and conventional balloons.

Methods: This was a retrospective observational study. There were 64 patients between 13 and 50 years of age with a body mass index (BMI) of 27.0 to 66.0 kg/m2 were enrolled. Out of the 64 patients, 37 of them were submitted to the swallowable balloons procedure and 27 to the conventional balloons between January 2023 and novembro 2024. The Elipse capsule is swallowed with water and its location in the stomach is confirmed by X-Ray. All patients received diet and exercise counseling only during the therapy period (0-4 months for elipse and 0-6 months conventional).

Results: There were 48(75%) patients were females and 16 (25%) patients were males. The average age was 32 years old and the BMI average was 37 kg/m2, while the weight average was 107.5 kg inside the swallowable balloon group, similar to the conventional balloon group. Regarding weight loss the first group lost 9.5 kg, 4 points in BMI in 4 months whereas the second group lost 11kg and 4 points in BMI within 6 months. In both groups the most common symptoms were nausea (80.4%) and gastric pain (80.3%). In most patients complaints were solved within a week. All swallowable balloons were excreted safely, and no serious adverse events were reported. There was a statistically significant improvement in patients' weight, BMI and body fat.

Conclusions: Conclusion: The swallowable intragastric balloon, combined with lifestyle changes, is a safe and effective treatment option for overweight and obese patients as the conventional ballons are. But the first doesn't require sedation and endoscopy.

Disclosure: No significant relationships.

P015 / Abs. ID 770

Topic: *AS09. Endoscopic bariatric procedures*

ENDOSCOPIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

COMPARISON OF ENDOSCOPIC BOTULINUM TOXIN A VS SEMAGLUTIDE FOR SIMPLE OBESITY AND RECURRENT WEIGHT GAIN AFTER SLEEVE GASTRECTOMY

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Background: Botulinum toxin (BTX), is widely used to address a variety of medical issues, including obesity. By inhibiting the release of acetylcholine from alpha motoneurons, as well as from all parasympathetic neurons and cholinergic postganglionic sympathetic neurons, it leads to muscle weakness and decreased glandular activity. Its efficacy in supporting obesity treatment is still debated, yet it is viewed as having a promising future in obesity management due to its less invasive nature, time-efficiency, and fewer side effects.

Objectives: Comparison of the therapeutic effects of endoscopic botulinum toxin (BTX) injection and semaglutide (SME) injection in the treatment of patients with obesity and postoperative weight gain in patients undergoing laparoscopic sleeve gastrectomy (LSG).

Methods: The injection method of botulinum toxin is to dilute 300U of type A botulinum toxin with 20ml of physiological saline. Four points are selected for injection at each of the five levels of gastric antrum, gastric body sinus junction, gastric body, gastric fundus junction, and gastric fundus, with 1ml of drug injected at every point. The application method of semaglutide injection is to start at 0.25mg once a week and increase by 0.25mg every 3 weeks until the patient can tolerate the maximum dose, with a maximum dose of ≤ 1mg qw, for a total of 6 months.

Results: Only the SME group and the LSG+SME group showed statistically significant differences in total weight loss and excess weight loss at 2 months after surgery. There was no statistically significant difference in the postoperative weight loss effect between the other groups compared pairwise.

Conclusions: Endoscopic botulinum toxin injection can be a safe and effective treatment for postoperative weight gain in LSG.

Disclosure: No significant relationships.

P016 / Abs. ID 176

Topic: *AS09. Endoscopic bariatric procedures*

ENDOSCOPIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

THE FIRST CANADIAN ACADEMIC ENDOBARIATRIC PROGRAM: INITIAL EXPERIENCE WITH ENDOSCOPIC SLEEVE GASTROPLASTY

Intekhab Hossain[1,2], Allan Okrainec[1,2], Timothy Jackson[1,2], Laura Scott[2], Katie Warwick[2], Kelly Chen[2], Lorraine Whitehead[2], Andras Fecso[1,2]
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Background: With rising obesity rates worldwide, the eligibility criteria for metabolic bariatric surgery was expanded in 2022 to include patients with class I obesity. Many of these lower obesity class patients are interested in the benefits of metabolic surgery without the invasive and significant weight-loss profiles of traditional laparoscopic Roux-en-Y gastric bypass and sleeve gastrectomy procedures. The 2024 IFSO position statement endorsed endoscopic sleeve gastroplasty (ESG) as an effective intervention for managing obesity, particularly for patients with class I-II obesity. With Health Canada's approval of the OverStitchTM endoscopic suturing system in February 2024, there is now the option for ESG for patients interested in a more minimally invasive, yet effective bariatric procedure compared to standard laparoscopic options.

Objectives: This study aims to explore the outcomes and safety of ESG on patients during the initial three months at University Health Network's (UHN) Academic Endobariatric Program, the first of its kind in Canada.

Methods: This is a prospective case series review of ESG on patients for management of obesity, at UHN's Academic Endobariatric Program between January and March 2025. Perioperative variables, outcomes, and complications were assessed using chart review.

Results: Five patients (mean age 47.8 years, 5 female) underwent ESG. Mean preoperative BMI was 38.9 kg/m2. For all procedures, a combination of I- and U-suture patterns with 2-0 prolene, without fundic plication, was used to create the sleeve gastroplasty. Mean operative time was 86 minutes with no major complications. Mean length of stay was 1 day with no 30-day complications. Mean postoperative weight loss was 9.9 kg (10.6% total body weight loss) after 1 month with no change in related diseases. 15 additional patients are awaiting ESG in our program and further follow-up data at 3, 6, and 12 months are pending.

Conclusions: To date, our institutional experience with ESG in patients has shown optimal clinical outcomes without major complications, in keeping with previous literature. Since our program's offering of ESG, patients have demonstrated strong interest due to its minimally invasive and incisionless nature and options for future reversal or revisional procedures.

Disclosure: No significant relationships.

P017 / Abs. ID 319

Topic: *AS09. Endoscopic bariatric procedures*

ENDOSCOPIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

AN UNUSUAL CASE OF COCONUT BEZOAR

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Background: A coconut bezoar is a rare form of bezoar composed of undigested coconut fibers, which can cause gastrointestinal obstruction. In the case of a patient who underwent gastric bypass surgery, the development of a coconut bezoar is an unusual complication. Gastric bypass alters the stomach and intestinal anatomy, reducing the stomach's capacity and changing its digestive function, which may predispose patients to bezoar formation. The altered gastric motility and reduced digestive enzyme secretion can hinder the breakdown of certain food items, such as coconut, leading to bezoar formation. In this case it is a female patient of 45 years old who underwent gastric bypass surgery a one year ago who presents with nausea and vomiting of 48 hours of evolution associated with abdominal pain and a sense of fullness. Diagnosis is typically confirmed through endoscopy, which allows direct visualization of the bezoar. In this patient, high digestive endoscopy was employed as the method of choice for diagnosis and management.

Objectives: Highlight the importance of endoscopic intervention in managing unusual gastrointestinal complications in post-metabolic bariatric surgery patients like minimal invasive treatment. Describe the importance of nutritional intervention in every patient undergoing metabolic bariatric surgery to prevent unusual cases of post-surgical complications.

Methods: In an exhaustive review of the literature, few cases are reported of these unusual of bezoars have been found. This is a case of a 45-year-old female patient who underwent a Roux-en-Y gastric bypass 1 year ago and who ate coconut and caused an obstruction that was managed with endoscopy. The obstruction was managed and did not require surgical management.

Results: The use of bariatric endoscopy was important for resolving the condition without the need to subject the patient to a surgical procedure that could increase her morbidity and mortality.

Conclusions: Endoscopic treatment, is the preferred approach for removing the coconut bezoar.

Disclosure: No significant relationships.

P018 / Abs. ID 942

Topic: *AS09. Endoscopic bariatric procedures*

ENDOSCOPIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

ENDOLUMINAL VACUUM THERAPY (ENDO-VAC) IN THE MANAGEMENT OF GASTROJEJUNAL ANASTOMOTIC LEAKS: A CASE REPORT AND LITERATURE REVIEW

Maria Rodriguez Izquierdo[1], Nadya Contreras Morales[2], Daniel Hernández Clarck[2], Rafael Luengas Tello[3], Renzo Carpanetti Castillo[1]
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Background: Antecedentes: La fuga en la gastroyeyunostomía es una complicación poco frecuente, pero muy grave, en la cirugía bariátrica, que puede poner en riesgo la vida del paciente. Su manejo supone un reto clínico significativo; sin embargo, gracias a los avances en las técnicas mínimamente invasivas, herramientas innovadoras como los sistemas de terapia de vacío endoscópica (Endovac) han demostrado ser alternativas eficaces y seguras a las reintervenciones quirúrgicas tradicionales.

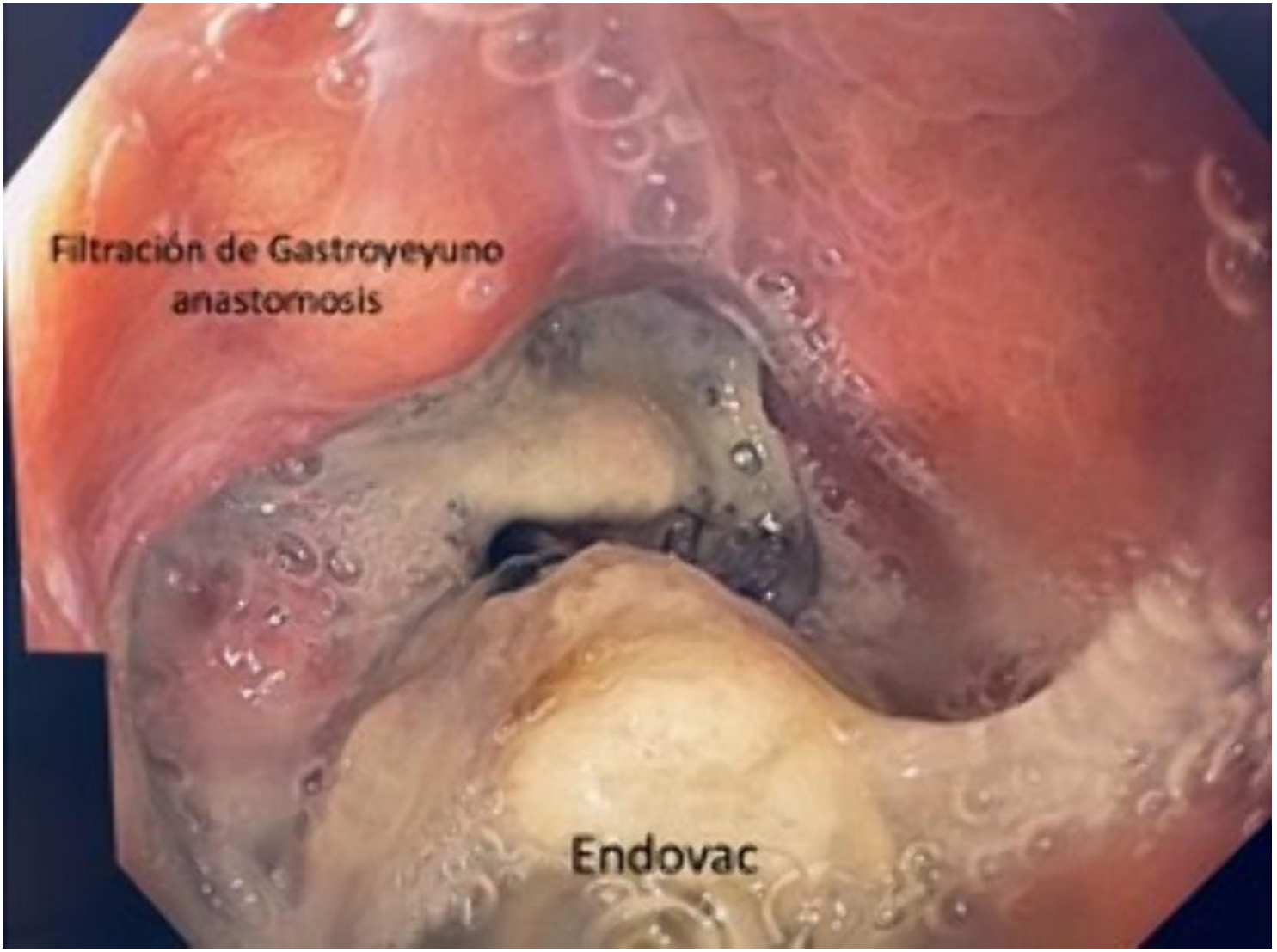
Objectives: Objetivo: Presentar la experiencia clínica en el manejo de un paciente con fuga de gastroyeyunostomía tratado exitosamente con Endovac y detallar la integración de métodos mínimamente invasivos en el tratamiento de las complicaciones postoperatorias.

Methods: A 54-year-old patient with a history of obesity (BMI: 42), hypertension, diabetes mellitus, and smoking underwent gastric bypass. On the third postoperative day, she presented with fever and abdominal pain; a CT scan revealed a large hydroaeric collection related to the gastrojejunostomy, consistent with leakage at this level. In response, a combined approach was decided that included laparoscopic drainage of the intra-abdominal collection and endoscopic evaluation, which showed a 20mm defect at the gastrojejunostomy. This prompted the decision to install endoluminal vacuum therapy (Endovac), monitored through endoscopy and supplemented with periodic changes.

Results: Resultados: El paciente presentó una evolución favorable tras la implementación del abordaje descrito. Se realizaron cuatro cambios de sistema de Endovac cada 5 días, logrando el control completo de la fuga y su cierre. El tiempo promedio de resolución fue de tres semanas. El paciente fue dado de alta en buen estado, sin complicaciones adicionales.

Conclusions: Conclusión: El uso de la terapia Endovac para el manejo de fugas anastomóticas de gastroyeyunostomía demuestra ser una alternativa segura, eficaz y mínimamente invasiva a las reintervenciones quirúrgicas tradicionales, logrando el cierre y el control de la infección. Endo-Vac puede considerarse como una opción de manejo inicial en fístulas complejas.

Filtración de Gastroyeyuno
anastomosis



Disclosure: No significant relationships.

P019 / Abs. ID 797

Topic: *AS09. Endoscopic bariatric procedures*

ENDOSCOPIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

ENDOSCOPIC SLEEVE GASTROPLASTY IN PATIENT WITH BMI >50 : MULTIMODAL MANAGEMENT AND EARLY OUTCOMES

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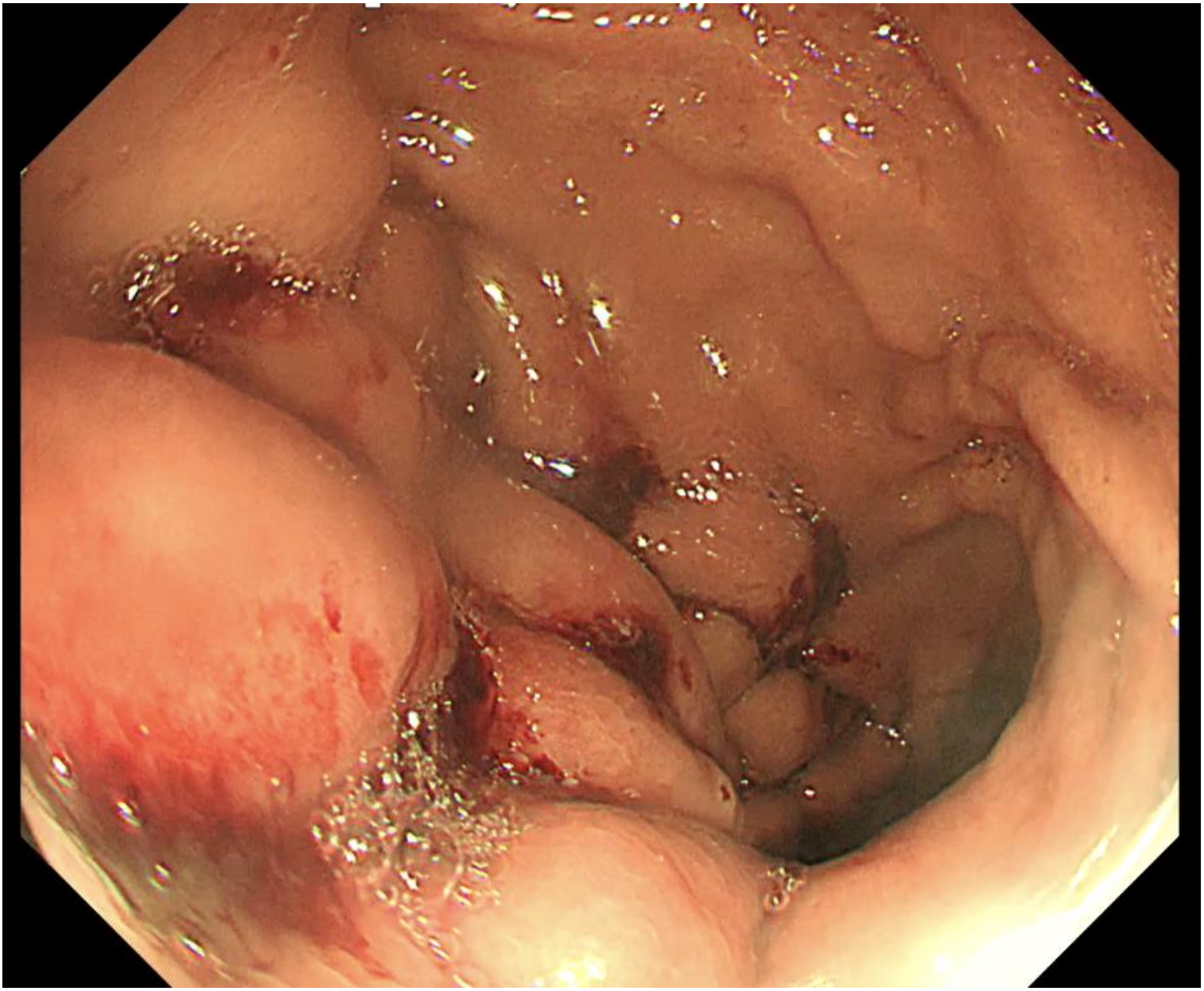
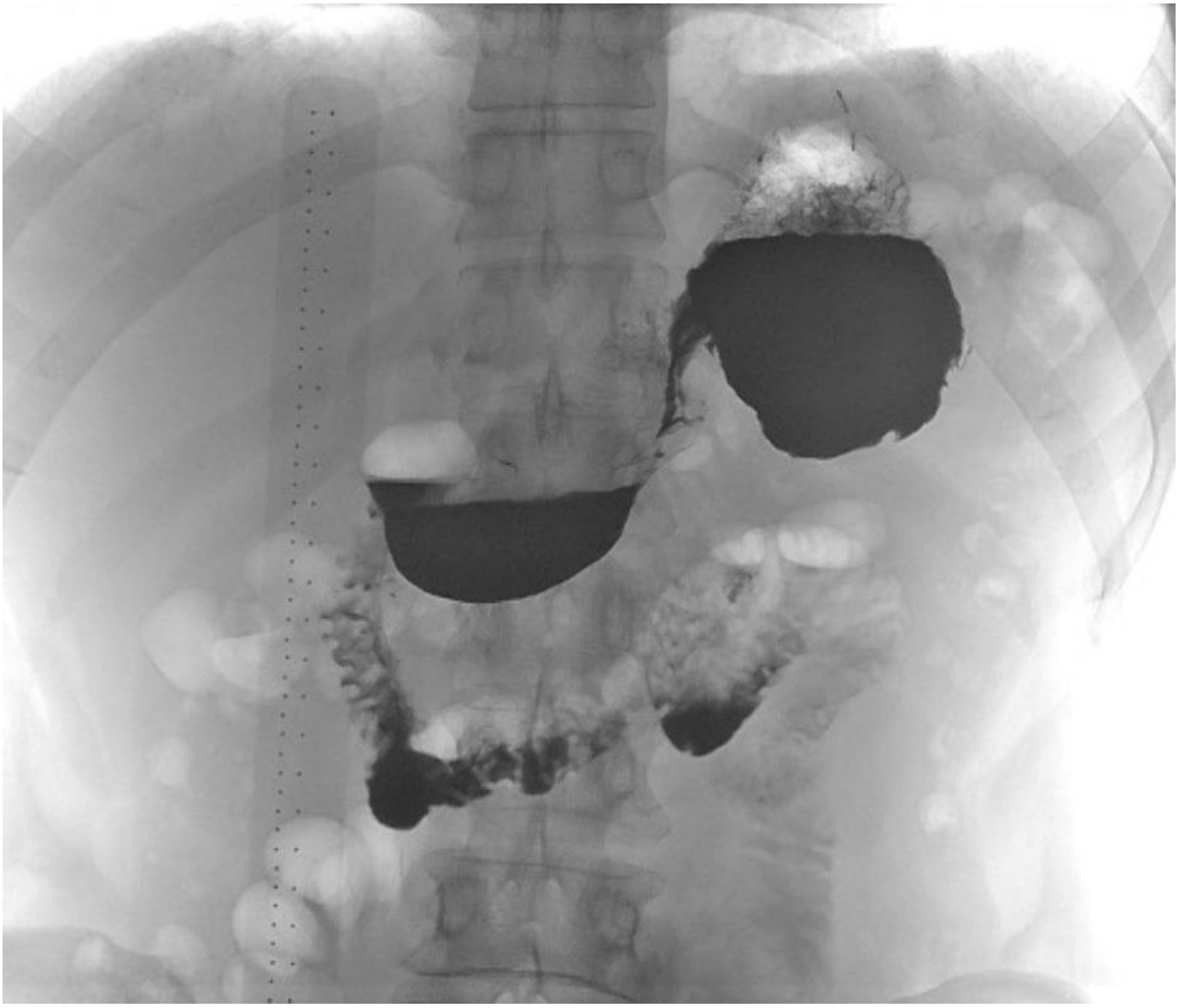
Background: Endoscopic sleeve gastroplasty (ESG) is an endoscopic bariatric therapy primarily for patients with Class I to II obesity. There is limited research examining its utility in patients with severe obesity (BMI >50 kg/m²).

Objectives: This report aims to demonstrate the safety and early clinical outcomes of ESG in a patient with BMI >50 who was contraindicated for abdominal surgery.

Methods: We present the case of a 56-year-old male with a body weight (BW) of 182.3 kg and a BMI of 56.5 kg/m², with multiple comorbidities including hypertension, moderate obstructive sleep apnoea, and was on anticoagulant for atrial fibrillation. Additionally, the patient had a history of gastrointestinal bleeding of unknown origin in 2019. With two prior emergency laparotomies for gastrointestinal bleeding, he was deemed high-risk for traditional bariatric surgery. Previous weight loss attempts included a very low-calorie diet, which achieved a total weight loss (TWL) of 2.7%, and GLP-1 receptor agonist (Liraglutide) therapy, contributing an additional 5% TWL. However, these efforts ultimately plateaued. Given these challenges, ESG was offered and performed under general anaesthesia, involving six plications in a V-shaped pattern.

Results: The procedure lasted 90 minutes, with an uneventful postoperative course leading to discharge on postoperative day 2. At 6 month post-ESG, the patient's BW decreased to 145.8 kg and was maintained at 144.1kg by 9 months. This resulted in TWL of 15% since ESG and 21% from the initial visit.





Conclusions: ESG is a safe and effective intervention for patients with BMI >50 who are at high risk for bariatric surgies. It provides additional benefits alongside dietary modifications and pharmacological therapy, leading to significant and sustained weight loss. As part of a multimodal management approach, ESG can serve as a less technically demanding option with lower peri-procedural risks for this challenging patient population. Longer-term results are required to fully assess its efficacy.

Disclosure: No significant relationships.

P020 / Abs. ID 541

Topic: *AS09. Endoscopic bariatric procedures*

ENDOSCOPIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

INTRAOPERATIVE PROBLEM-SOLVING: MANAGING ESOPHAGEAL STENOSIS DURING A LAPAROSCOPIC SLEEVE GASTRECTOMY

Marcelo Fajardo[1], Gonzalo Castillo[2], Miguel Leal[2], Pablo Fabre[2], Andres Fajardo[3]
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Background: This video report details the clinical presentation of a 53-year-old female with a medical history significant for benign multinodular goiter, necessitating a total thyroidectomy in 2014, which subsequently resulted in the development of esophageal stenosis. Elective laparoscopic sleeve gastrectomy was scheduled for 2024, at which time the patient was asymptomatic. Preoperative upper gastrointestinal endoscopy demonstrated partial esophageal stenosis, limited to 25% of the luminal diameter, which did not impede the passage of the instrument. Intraoperatively, the 36 French gastric calibration tube, intended for sleeve gastrectomy calibration, could not be introduced. Consequently, intraoperative endoscopic intervention was required. The endoscopy revealed an esophageal curvature at the site of stenosis, rather than a severe stenosis. The endoscope was successfully advanced, and the sleeve gastrectomy was completed, utilizing the endoscope as a calibration device. The procedure was completed without complications, and the patient was discharged on postoperative day one without incident.

Objectives: Present the intraoperative finding and management, through endoscopic visualization, of an esophageal stenosis in a patient undergoing elective laparoscopic sleeve gastrectomy.

Methods: Case Report: A detailed description of a single patient's clinical experience. Data Collection: Retrospective review of medical records; Preoperative upper gastrointestinal endoscopy (EGD); Intraoperative documentation of endoscopic and surgical procedures; Postoperative follow-up. Clinical Procedures: Diagnostic and therapeutic EGD; Laparoscopic sleeve gastrectomy. Data Analysis: Descriptive analysis of clinical findings.

Results: This video report meticulously documents the intraoperative resolution of an unexpected esophageal curvature during a laparoscopic sleeve gastrectomy in a patient with post-thyroidectomy stenosis. Preoperative endoscopy indicated partial stenosis; however, intraoperative therapeutic endoscopy revealed a curvature in the esophagus, necessitating the use of the endoscope as a calibration device for successful completion of the procedure. The patient was discharged asymptomatic and without complications.

Conclusions: The indispensable role of a multidisciplinary team in optimizing patient outcomes in metabolic bariatric surgery is emphasized, alongside the requirement for a thorough preoperative evaluation.

Disclosure: No significant relationships.

P021 / Abs. ID 946

Topic: *AS09. Endoscopic bariatric procedures*

ENDOSCOPIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

ENDOSCOPIC MANAGEMENT OF GASTRIC SLEEVE LEAK IN A CIRRHOTIC PATIENT WITH MASSIVE PLEURAL EFFUSION: A MULTIDISCIPLINARY APPROACH

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Background: Management of post-sleeve gastrectomy leaks is challenging, especially in patients with underlying cirrhosis and ascites. Such cases demand a multidisciplinary, minimally invasive approach to minimize morbidity and improve outcomes.

Objectives: We present a 41-year-old male with severe obesity and compensated liver cirrhosis who underwent sleeve gastrectomy. Two months postoperatively, he presented with fever and progressive breathlessness for 15 days. CECT of the chest and abdomen revealed a massive left pleural effusion, gastric sleeve leak with a contained perigastric collection, and moderate ascites.

Methods: The patient was initially stabilized by placing pigtail in left thorax and draining the pleural effusion along with respiratory system optimisation over 24 hours. Then a diagnostic laparoscopy was performed. Intraoperatively, a contained leak was identified at the proximal sleeve with no signs of peritonitis and moderate ascites. The remainder of the abdominal cavity appeared normal. Given the stable and localized nature of the collection, an endoscopic approach was pursued. A transgastric pigtail drain was placed through the leak site into the perigastric collection under endoscopic guidance.

Results: The patient showed marked clinical improvement with resolution of pleural effusion and sepsis. Follow-up imaging confirmed reduction of the collection. Nutritional rehabilitation was continued via enteral route.

Conclusions: In cirrhotic patients, post-sleeve gastrectomy leaks with reactive respiratory compromise present unique management challenges. This case highlights the effectiveness of a minimally invasive, staged approach combining diagnostic laparoscopy and endoscopic drainage. Careful patient selection and multidisciplinary coordination are key to successful outcomes in this high-risk population.

Disclosure: No significant relationships.

P022 / Abs. ID 997

Topic: *AS35. Exercise therapy and MBS*

EXERCISE THERAPY AND MBS
10-09-2025 10:00 - 19:30

THE RELATIONSHIP BETWEEN PHYSICAL ACTIVITY LEVELS AND MENTAL HEALTH OF INDIVIDUALS IN THE PREOPERATIVE PERIOD OF METABOLIC BARIATRIC SURGERY

Emilian Rejane Marcon[1], Laura Martins[1], Luisa Da Silva[1], Silmara Cauduro[1], Gabrielle De Siqueira[1], Gabriel Marcon[2]
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Background: Individuals in the preoperative period of bariatric and metabolic surgery (MBS), with higher levels of physical activity, have a better recovery after surgery. This population has a high incidence of depression and anxiety that can be minimized by adopting an active lifestyle.

Objectives: Reviewing the literature on the effect of physical activity on the mental health of patients in the preoperative period of MBS.

Methods: Randomized clinical trials were evaluated, searched in Pubmed, using the keywords: bariatric surgery and exercise and physical activity and mental health. Studies that addressed the relationship between physical exercise and mental health in individuals in the preoperative period of MBS were included.

Results: Eight articles were found, of which six were excluded: two did not mention physical activity or exercise, two dealt with postoperative patients, and two did not address any of the topics. The two eligible articles had a control group; the interventions consisted of counseling for lifestyle changes, including physical exercise and dietary changes. In one of the articles, the guidance for exercise was individualized and assessed quality of life and cardiopulmonary improvement over 12 months. The preoperative group improved the mental health domain, assessed by the Short Form 36 Health Survey Questionnaire - SF36 (baseline 64 and post-intervention 68, $p<0.001$), and the depressive symptoms assessed by the Patient Health Questionnaire 9 (PHQ-9) stagnated throughout the intervention. The other article encouraged 10-minute intervals of moderate to vigorous physical activity, progressively increasing to 30 minutes/day, in addition to reaching the goal of 5,000 steps/day. The exercise group improved on all physical and mental scales of the SF36 ($p<0.05$), except for the emotional domain.

Conclusions: Conclusion: Increasing the level of physical activity should be encouraged for MBS patients. Encouraging physical exercise preoperatively improves mental health outcomes and, consequently, post-surgical outcomes.

Disclosure: No significant relationships.

P023 / Abs. ID 1009

Topic: *AS35. Exercise therapy and MBS*

EXERCISE THERAPY AND MBS
10-09-2025 10:00 - 19:30

TCHÊ MEXE GURIZADA ONLINE: PHYSICAL EXERCISE PROGRAM FOR CHILDREN AND ADOLESCENTS

Emilian Rejane Marcon[1], Gabriel Marcon[2], Silmara Cauduro[1], Luisa Da Silva[1], Gabrielle De Siqueira[1], Laura Martins[1]
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Background: Childhood obesity has been increasing, both in severity and in the number of children and adolescents with obesity. Physical activity promotes anthropometric, metabolic, neuromuscular, and psychological benefits in different age groups. Providing prevention programs and lifestyle changes in the public health system is essential.

Objectives: Describing the online physical exercise program TCHÊ MEXE GURIZADA, carried out for children and adolescents in a Brazilian public university hospital.

Methods: Tchê Mexe Gurizada Online, created during the pandemic, is an online exercise program, carried out in groups, with the aim of providing opportunities for children and adolescents to adopt healthy habits. The hospital teams refer patients with obesity and, after a teleconsultation with parents and children, they are referred to the exercise program. Classes are online, lasting one hour, 1 to 3 times per week, and use household materials to perform the exercises. Tthe program includes physical education teachers and interns and nutrition students. After the exercise session, a space for dialogue is offered, focused on adopting a healthy lifestyle. In addition, patients participate in a group on a digital platform, where, together with their guardians, they can interact, ask questions, and share photos of themselves exercising as a way to encourage others.

Results: From January 2022 to December 2024, 386 physical exercise sessions were held for children and adolescents of different socioeconomic levels and health conditions. Children who regularly attend classes show significant improvements in their routine, both in terms of active living and in changing their eating habits. They have taken on more responsibility for themselves and have influenced their families with new habits. Practicing physical activities has become part of their daily lives. They reported that they began to use electronic devices less and increased their use of bicycles, playing in the backyard or in parks near their homes.

Conclusions: Exercise in childhood is important in preventing and treating obesity and should be encouraged at all ages. This exercise program was created due to the demand for care for children and adolescents who needed to make lifestyle changes during the COVID-19 pandemic and ended up becoming a model of care for these age groups.

Disclosure: No significant relationships.

P024 / Abs. ID 417

Topic: *AS35. Exercise therapy and MBS*

EXERCISE THERAPY AND MBS
10-09-2025 10:00 - 19:30

WHAT WE KNOW ABOUT SEDENTARY BEHAVIORS AND METABOLIC BARIATRIC SURGERY? A SCOPING REVIEW

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Background: Most metabolic bariatric surgery (MBS) patients spend the vast majority of their time awake in sedentary behaviors (SB), which can negatively impact their health and MBS benefits. Research is needed to inform the development of interventions to target SB in this population. Yet, no reviews have provided a comprehensive overview on what we currently know about SB assessment, correlates, and interventions SB in the context of MBS.

Objectives: This scoping review aimed to provide an overview of the existing research on SB around MBS, and to identify research gaps.

Methods: PubMed, CINAHL, PsychNet, and Cochrane Library databases were searched in November 2024 for relevant articles. Two reviewers independently screened articles against the inclusion criteria: (i) peer-reviewed English/French publication; (ii) samples with MBS patients, and (iii) articles reporting SB intervention or outcomes. Articles were categorized in one or more a priori defined categories reflecting their aims.

Results: Sixty-one original research articles (containing four protocol papers) were included. The majority were published ≥2018 (k=34, 56%), collected data in North America (k=35, 57%), identified SB as a primary objective (k=37, 61%), and assessed SB through device-based measures (k=46, 75%). Three reviews (2015-2022; one narrative, one systematic, one meta-analysis) were also included. Across both original research and review articles (K=64) categorizations included: (i) comparison of self-reported vs. device measured SB (k=3, 5%) or between devices (k=1, 2%), (ii) SB before OR after MBS (k=30, 47%), (iii) impact of MBS on SB (k=31, 48%), (iv) factors associated with SB before AND/OR after MBS (k=20, 31%; i.e., neighborhood walkability, work hours, social support, weather, COVID-19, cognitive function, dietary behaviors, physical activity and capacity, depression, quality of life, cardiometabolic risk factors, weight and body composition), and (v) intervention impacts on SB before AND/OR after MBS (k=14, 22%; i.e., exercise training, lifestyle interventions).

Conclusions: This review highlights the need for methodological and observational studies to better assess SB and understand SB predictors, mediators, moderators and outcomes in MBS patient population to inform the development of tailored interventions. In addition, studies with theory-based intervention aiming to reduce SB in this population are needed. Longitudinal and long-term post-intervention follow-up assessments should be pursued.

Disclosure: No significant relationships.

P025 / Abs. ID 109

Topic: *AS35. Exercise therapy and MBS*

EXERCISE THERAPY AND MBS
10-09-2025 10:00 - 19:30

REPORT ON THE CLINICAL DIAGNOSIS AND TREATMENT EXPERIENCE OF GASTRIC LEAKAGE AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY IN TWO CASES

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Background: Laparoscopic sleeve gastrectomy is an important method for treating individuals with obesity. The main complication of this surgery is postoperative gastric leakage, followed by bleeding, malnutrition, and so on. We report the treatment courses of two patients with postoperative anastomotic leakage, hoping to be helpful to our colleagues.

Objectives: not applicable

Methods: not applicable

Results: Case report Case 1: A 26 - year - old, BMI 36 female was admitted for polycystic ovary syndrome and Obesity II. After a laparoscopic sleeve gastrectomy, she was discharged on the 4th postoperative day with good oral intake. She was readmitted on the 10th day due to abdominal incision exudate and 38°C fever. Abdominal effusion puncture and drainage controlled the fever. A nasojejunal feeding tube was placed under gastroscopy, revealing a 4 - mm leakage orifice. The patient was fasted and received nutritional solution via the tube, and was cured and discharged 30 days post - operation. Case 2: A 34 - year - old, BMI 37 male was admitted for hypertension, sleep apnea syndrome and Obesity II. After a laparoscopic sleeve gastrectomy, he was discharged on the 6th day with good oral intake. He was readmitted on the 9th day due to abdominal incision exudate and distension (no fever). A nasojejunal feeding tube was placed under gastroscopy, showing an 8 - mm leakage orifice. He was fasted and received nutrition via the tube, then was cured and discharged 26 days post -operation.

Conclusions: In both of these patients, the complication of gastric leakage occurred around 10 days after the operation. Similar to other gastrointestinal surgeries, anastomotic leakage complications mostly occur within 7 - 10 days. Therefore, for safety reasons, it can be recommended that patients start eating after 10 days. Of course, sufficient nutrients also need to be provided intravenously during this period. In the treatment of gastric leakage, proper dietary management, abdominal drainage, and the implantation of a jejunal feeding tube are relatively good treatment methods. The leakage orifice usually becomes encapsulated and heals around 20 days. We aim to report such cases to provide experience for others.

Disclosure: No significant relationships.

P026 / Abs. ID 88

Topic: *AS13. Gender disparities in MBS*

GENDER DISPARITIES IN MBS
10-09-2025 10:00 - 19:30

EXPLORING THE DISPARITY GENDER IN METABOLIC BARIATRIC SURGERY. ARE WE TALKING ABOUT SEX OR GENDER?. A SCOPING REVIEW.

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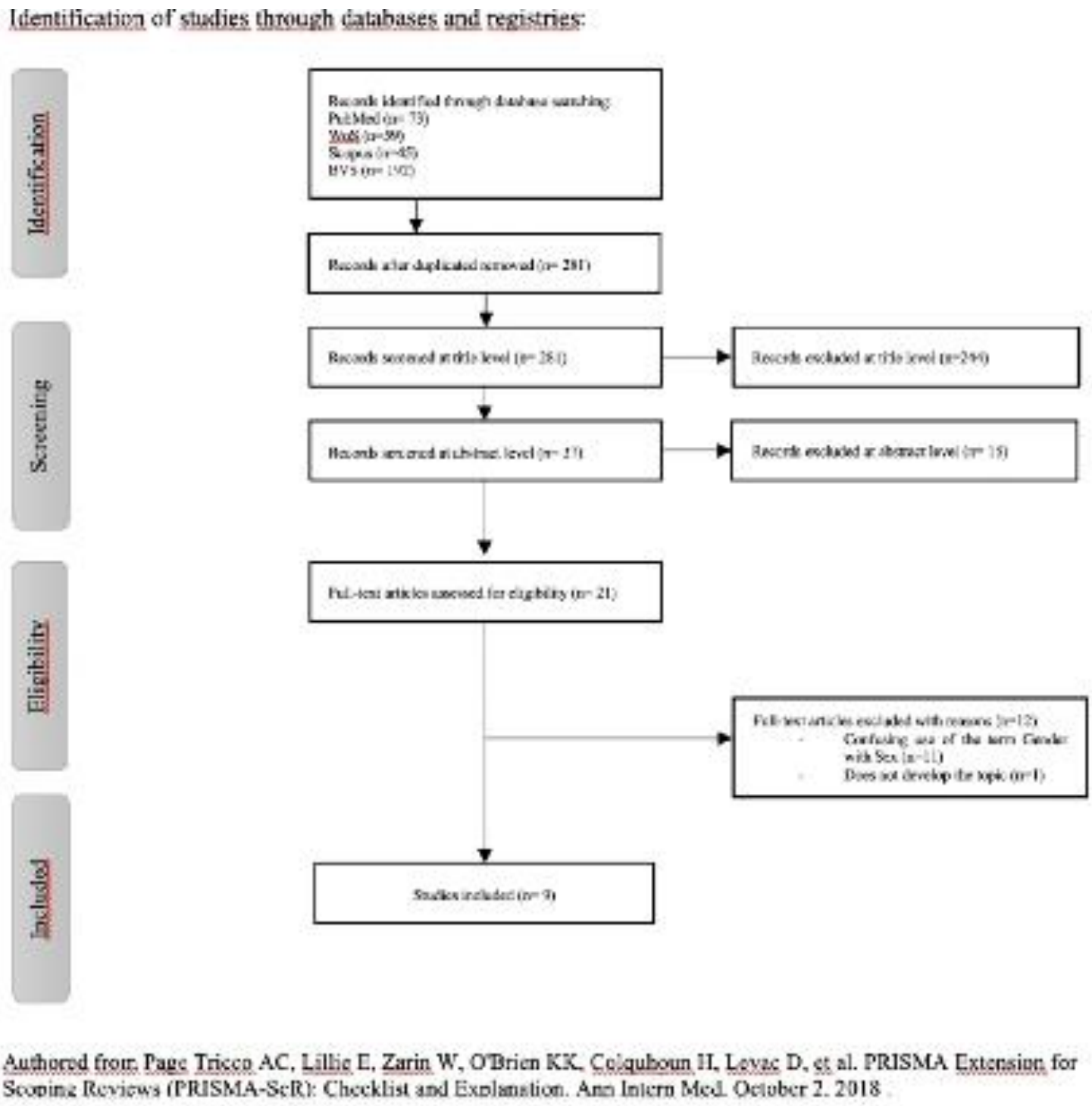
Background: Sex and gender are critical determinants of health and wellbeing. In metabolic bariatric surgery (MBS), there is a significant disparity in the number of men and women who undergo surgical treatment for obesity (20% and 80% respectively) and despite the benefits, safety and positive long-term results, this distribution has not changed significantly in the last 20 years.

Objectives: Explore the current evidence on gender disparity in metabolic bariatric surgery.

Methods: A scoping review was performed during February 2025, using the methodology reported by PRISMA-ScR, using 4 databases. Inclusion and exclusion criteria were established, considering the recommendations of SAGER Guidelines. A total of 369 articles were obtained. The management of references was facilitated using Zotero® and for organization and screening, Rayyan®. Data were synthesised using a narrative approach in Excel®. The STrengthening the Reporting of OBservational studies in Epidemiology (STROBE) guide was used to review the articles and prepare the manuscript. This scoping review was registered in the Open Science Framework (OFS) to ensure transparency in the research process (https://doi.org/10.17605/OSF.IO/EWGBV).



Authored from: Page Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. Ann Intern Med. October 2. 2018

Results: All the researches declare a binary conceptualization of gender (male-female), 1 of them excludes from its results the non-binary self-reported gender. Only 1 article reports in its methodology to have used a self-report of gender, having distinguished it from biological sex. All articles report a historical gender disparity in metabolic bariatric surgery (78 to 85.5% in women, while in men it does not exceed 22%). The gender disparities reported reiterated a more accentuated surgical attrition in men (42.6 versus 31.7% in women), unequal presentation and access to surgical treatment (later in men), similar weight loss surgical outcomes, but with women facing more psychological challenges in the post-surgical stage.

Conclusions: There is widespread confusion in the use of the term gender with sex, which is often used interchangeably to report demographic characteristics of the surgical treatment process. The knowledge generated from self-reports of gender identity is scarce. The incorporation of screening instruments in MBS would allow a more accurate and rigorous identification of sex and gender self-declaration, allowing the implementation of more effective strategies for their education, care and treatment of obesity.

Disclosure: No significant relationships.

P027 / Abs. ID 324

Topic: *AS31. ICG and its role in revisional MBS*

ICG AND ITS ROLE IN REVISIONAL MBS
10-09-2025 10:00 - 19:30

ISCHEMIC POUCH? IMPORTANCE OF HAVING INDOCYANINE GREEN IN METABOLIC BARIATRIC SURGERY

Salvador Silva Leyva[1], Alberto Michel Macareno[2], Jesus Antonio Gil Gamez[3], Jose Fernando Gonzalez Moreno[3]
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Background: Indocyanine green is a fluorescent dye used to assess tissue perfusion. Its application during gastric bypass allows real-time visualization of blood flow in the gastric pouch, facilitating the identification of areas with inadequate perfusion. This assessment helps surgeons make informed intraoperative decisions, such as modifying the anastomosis site, with the aim of reducing the risk of complications.

Objectives: To prove that the use of indocyanine green in the intraoperative assessment of perfusion in gastric bypass is a fundamental tool to optimize surgical decision-making in cases where tissue viability is uncertain.

Methods: a 63-year-old female with grade II obesity and gastroesophageal reflux. She was scheduled for Roux-en-Y gastric bypass. A preoperative endoscopy was performed with evidence of a grade III hiatal hernia. The surgical procedure was started, the hiatal hernia was evident. The hiatal dissection and reduction of the hernial sac and lipoma were started. Once the lipoma was reduced, it was sectioned with an ultrasonic scalpel, showing that the branches of the left gastric artery and vein were included at its base. The trunk of said artery was preserved but the involvement of some of its branches was evident. The lipoma was removed. The gastric pouch was then prepared and paleness was evident. Intraoperative endoscopy was performed, confirming mucosal paleness and showing the site of color transition at the level of the esophagogastric junction.

Results: It was decided to use indocyanine green to assess perfusion which confirmed. This information proved to be key to making the decision to continue with the rest of the planned surgery and avoid a total gastrectomy with esophagojejunal anastomosis.

Conclusions: The use of ICG in the intraoperative assessment of perfusion in gastric bypass is fundamental to optimize surgical decision-making. In cases where tissue viability is uncertain, ICG allows an objective assessment of irrigation, avoiding radical decisions, such as conversion to an esophagojejunal anastomosis, which entails greater morbidity. Its use in selected cases not only provides greater safety to the surgeon, but also contributes to reducing postoperative complications.

Disclosure: No significant relationships.

P028 / Abs. ID 769

Topic: *AS31. ICG and its role in revisional MBS*

ICG AND ITS ROLE IN REVISIONAL MBS
10-09-2025 10:00 - 19:30

CONVERSION OF SLEEVE GASTRECTOMY TO ONE-ANASTOMOSIS GASTRIC BYPASS WITH THE USE OF YELLOW ENHANCEMENT AND INDOCYANINE GREEN TO IMPROVE PATIENT SAFETY

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Background: This is the case of a 29-year-old female patient with a medical history of obesity, dyslipidemia, and insulin resistance, as well as a surgical history of sleeve gastrectomy in 2010 and abdominoplasty. The patient sought medical attention due to recurrent weight gain following her pregnancies. The GERDq questionnaire was administered, but no symptoms suggestive of gastroesophageal reflux disease were identified. Consequently, the decision was made to perform a one-anastomosis gastric bypass. During the surgical procedure, we utilized a new technology called Yellow Enhancement, which allows for safer and less aggressive dissection in patients undergoing revisional surgery, aiming to prevent tissue ischemia. Additionally, indocyanine green (ICG) was used to assess tissue perfusion before performing the gastrojejunostomy and to conduct a second perfusion check of the anastomosis before completing the surgical procedure.

Objectives: See Background

Methods: See Background

Results: See Background

Conclusions: One-anastomosis gastric bypass is a safe and effective procedure for managing recurrent weight gain after sleeve gastrectomy. Yellow enhancement is a highly useful tool, especially in revisional surgery cases, as it reduces excessive dissection and helps prevent compromising tissue perfusion. Indocyanine green is also a valuable tool for assessing tissue perfusion before and after performing the anastomoses, allowing for early identification of at-risk tissue and helping to prevent fistulas

Disclosure: No significant relationships.

P029 / Abs. ID 828

Topic: *AS48. Ileal surgeries*

ILEAL SURGERIES
10-09-2025 10:00 - 19:30

SELFORMING MAGNETIC DUODENAL-ILEAL ANASTOMOSIS IN PATIENTS WITH WEIGHT LOSS OR RECURRENT WEIGHT GAIN AFTER SLEEVE GASTRECTOMY: PROCEDURAL FEASIBILITY AND 12-MONTH OUTCOMES.

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Background: BACKGROUND: Magnetic anastomosis has the potential to reduce anastomotic complications, such as leaks and bleeding, as well as reduce complex procedural steps and the time to create a patent anastomosis. We report the procedural feasibility and 12-month outcomes of a novel surgical technique and a novel self-forming magnetic anastomosis (SNAP-PS) procedure in patients who regained weight after sleeve gastrectomy.

Objectives: OBJETIVE Report the procedural feasibility 12-month outcomes of novel surgical technique self-forming magnetic anastomosis (SNAP) procedure in patients who regained weight after sleeve gastrectomy.

Methods: METHODS: Single-center, prospective, nonrandomized trial. Surgery consisted of creating side-to-side duodenal-ileal anastomosis 300 cm from the IC valve using a novel self-forming magnetic octagonal anastomosis (SFM). The proximal SFM was deployed through the endoscope, and the distal SFM was delivered laparoscopically.

Results: RESULTS: A total of 3 patients were enrolled, with a mean age of 36.3 (25–42) years, a gender ratio (100% F) and a baseline BMI of 41.0 ± 1.4 4 kg/m2. All procedures were performed using a combination of endoscopy and laparoscopy. There were no conversions or perioperative mortality. All SFMs were placed and connected without malfunctions or intraoperative complications and were completed in an average anastomosis creation time of 30.6 minutes (enterotomy to magnet coupling). All patients tolerated surgery and were discharged within 24 hours. At a 12-month follow-up period, the average excess weight loss was 38.7 (23.6 % TBWL) . and comorbidity correction was 100%. One reported case of adverse effect of severe hypoalbuminemia and nutritional compromise occurred, it was resolved with surgical reversal of the duodenal-ileal anastomosis ten months after surgery, resulting in complete recovery of the patient. The event was deemed unrelated to the device that was expelled from the patient at 1 month.

Conclusions: CONCLUSION: Preliminary feasibility and procedural data for these novel devices suggest that SNAP-PS is feasible and safe. Based on previous studies, it provides a minimally invasive surgical option for patients requiring additional weight loss and improvement of comorbidities. Further investigations with larger sample sizes will increase the generalizability of the procedure.

Disclosure: GI WINDOWS. INC USA company 381 University Avenue Westwood MA 02090 (hereinafter sponsor) And Dr Juan Eduardo Contreras (hereinafter investigator) The company is sponsor for clinical trial and investigator

P030 / Abs. ID 1273

Topic: *AS48. Ileal surgeries*

ILEAL SURGERIES
10-09-2025 10:00 - 19:30

ANALYSIS AND COMPARISON OF WEIGHT LOSS AND RESOLUTION OF COMORBIDITIES IN PATIENTS UNDERGOING BAGUA-TYPE GASTRIC BYPASS & INTESTINAL BIPARTITION

Daniel Caiña[1], Ricardo Torres[1], Mario Benavidez[2], Valeria Forero[1], Rodrigo Alba[2], Arianna Madero[1]
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Background: The effects of enterohormones and their stimulation in the distal ileum have become highly effective metabolic tools for ileal surgery. In this paper, we will highlight two of them: the Bagua-type bypass and the intestinal bipartition technique.

Objectives: To evaluate and compare the results in weight control and resolution of comorbidities in patients undergoing bariatric-metabolic surgery between two different types of gastric bypass.

Methods: A retrospective cohort study was conducted in the Bariatric Surgery Department of the Center for Obesity and Metabolic Diseases of the Malvinas Argentinas Health System. Materials and Methods The study population consisted of patients who underwent surgery between 2022 and 2024. Descriptive statistics were performed for quantitative variables, which were described as mean (M). Simple frequencies and percentages were used for qualitative variables.

Results: Of the total number of patients undergoing Bagua gastric bypass, the mean was 29.5; the mean was 37% for the WL; the mean was 82%. Of the total number of patients undergoing intestinal bipartition, the mean was 30% for the WL; the mean was 69%. In both groups, patients with comorbidities experienced remission.

Conclusions: After analyzing the variables analyzed, we can conclude that, in our experience based on the data presented, it was evident that the Bagua procedure had better results regarding weight loss and BMI. It was also shown to have a better effect on weight loss in short-term follow-up. However, we understand that the technique of choice will always be the one most appropriate after an individual evaluation of each patient.

Disclosure: No significant relationships.

P031 / Abs. ID 712

Topic: *AS48. Ileal surgeries*

ILEAL SURGERIES
10-09-2025 10:00 - 19:30

RDZ TECHNIQUE: 10 CRITICAL STEPS FOR A "SIMPLIFIED" SADI-S

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[1]Body Art Bariatrics, Bariatric Surgery, Tijuana, Mexico, [2]Hospital Angeles Puebla, Bariatric And Metabolic Surgery Fellow, Puebla, Mexico

Background: Since the introduction of the SADI-S procedure by Drs. Torres and Sánchez, along with the Cottam and Roslin variant and its acceptance by IFSO as a safe procedure, studies have increasingly demonstrated its long-term efficacy in weight loss and remission of obesity-related diseases. However, a standardized surgical technique has yet to be established.

Objectives: Our objective is to outline the steps for performing a simplified SADIS procedure, reducing surgical time in patients with severe obesity, and promoting its reproducibility.

Methods: To achieve a systematic approach, we have divided the surgery into the following steps: 1. Patient Positioning: American position. 2. Trocar Placement: Figure 1. 3. Vertical Gastrectomy: Antrum-preserving vertical gastrectomy using a 36 Fr calibration tube. 4. Hiatal Repair: Performed if a hiatal hernia is present. 5. Dissection: Surgeon B performs duodenal dissection to achieve at least 3 cm of duodenum. The dissection limit is marked by pancreatic tissue. If duodenal mobilization is insufficient, Surgeon A proceeds with division of the right gastric vessels to allow a free tension anastomosis. 6. Duodenal Division: Surgeon B exposes the duodenum, allowing Surgeon A to divide it using a 30 mm brown stapler. Hemostatic clips are applied to the duodenal remnant. A lateral enterotomy is created on the inferior-lateral duodenum. 7. Omental Division: Performed to ensure a tension-free anastomosis. 8. Bowel Measurement: Surgeon A moves to the left side of the patient and measures 300–400 cm from the ileocecal valve. Surgeon A then returns to the right side. 9. Ileal Loop Mobilization: Surgeon A creates an enterotomy, and Surgeon B introduces a 40 mm brown stapler to perform a duodeno-ileal anastomosis of at least 2 cm. Surgeon A closes the enterotomy in a single layer using 2/0 Prolene. 10. Leak Test: A hydropneumatic test with methylene blue is performed.

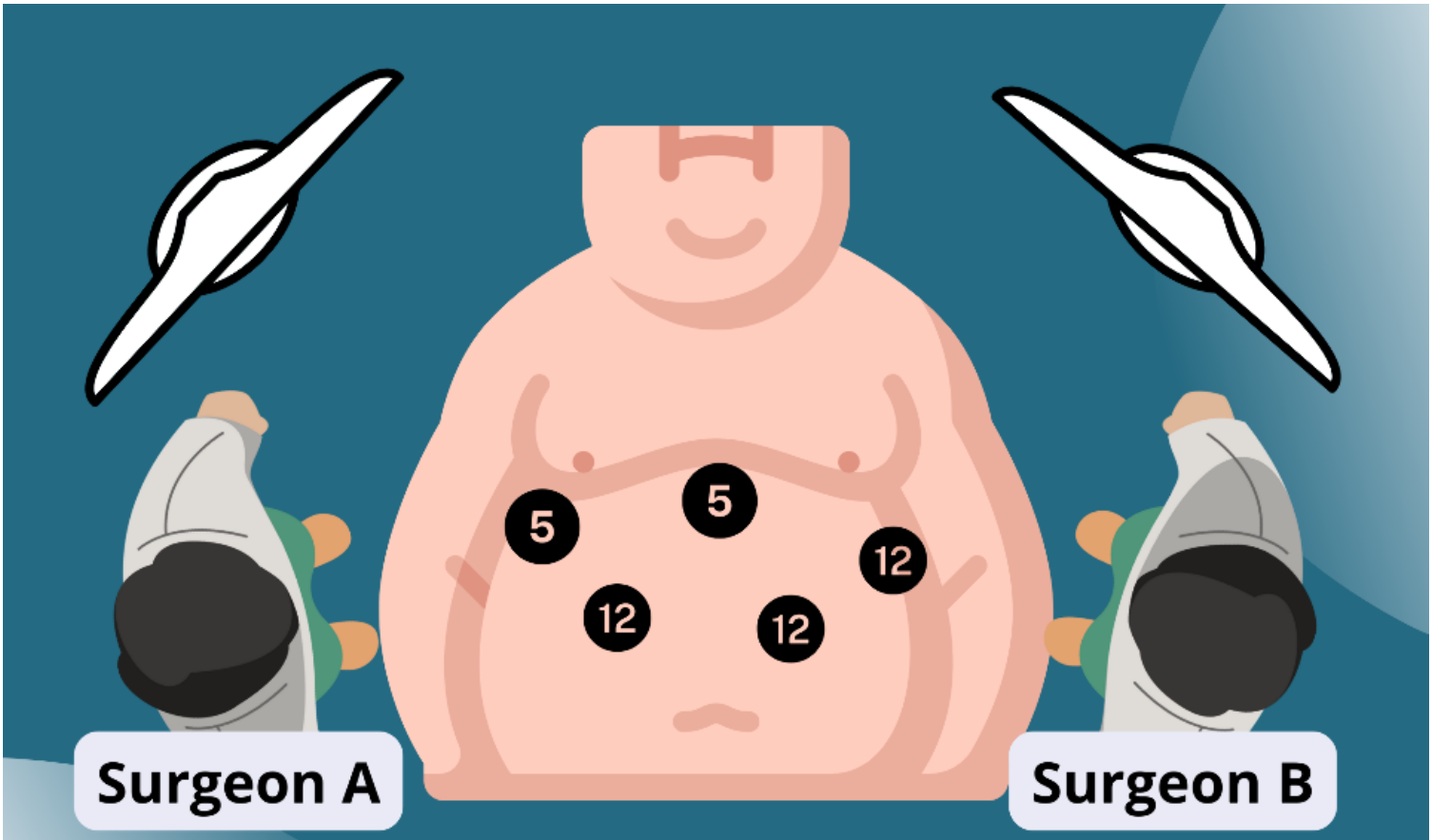

Figure 1. The first trocar is placed at the left supraumbilical para-rectal level using an open technique; it serves as the optical trocar, manipulated by Surgeon B's left hand. The second trocar is operated by Surgeon A's right hand, while the third is controlled by Surgeon A's left hand. The fourth trocar is positioned at the subxiphoid level to accommodate a Nathanson liver retractor. The fifth trocar is managed by Surgeon B's right hand.

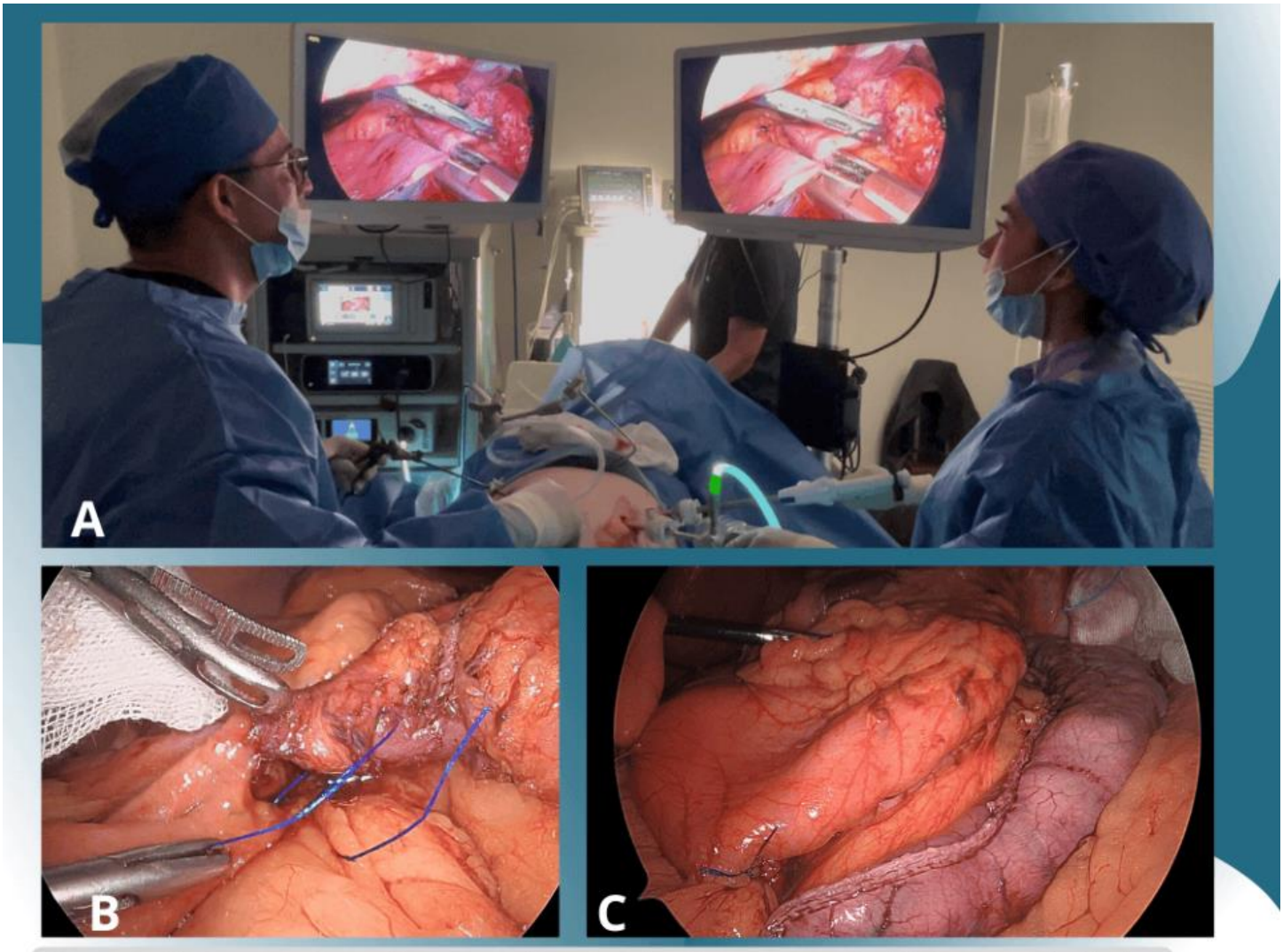

Figure 2. A) Surgeon B performing a duodenoileal anastomosis. B) Surgeon A closing the enterotomy. C) Sleeve gastrectomy with antrum preservation

Results: The “simplified” SADI-S technique enhances surgical ergonomics by efficiently distributing tasks, thereby reducing operative time through standardization of key steps. Additionally, it promotes a more efficient use of resources without compromising procedural safety.

Conclusions: Standardizing these 10 steps improves procedural reproducibility, facilitating adoption by different surgical teams and ensuring consistent outcomes in terms of safety and efficacy.

Disclosure: No significant relationships.

P032 / Abs. ID 998

Topic: *AS48. Ileal surgeries*

ILEAL SURGERIES
10-09-2025 10:00 - 19:30

POST-OPERATIVE EVALUATION OF TYPE II DIABETES MELLITUS TREATMENT IN PATIENTS WITH A BODY MASS INDEX OF UP TO 30 KG/M²

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Background: Diabetes Mellitus is associated with significant morbidity and mortality outcomes. It is estimated that 783 million people will be affected by the condition by 2045. A highly effective surgical alternative for controlling this condition is provided through metabolic surgeries. Therefore, this study aims to evaluate the main clinical and laboratory aspects of patients undergoing metabolic surgery, especially ileal interposition, and contribute to optimizing the selection of patients eligible for the procedure.

Objectives: To assess the laboratory changes, comorbidities, and clinical evolution of patients with Type 2 Diabetes Mellitus and a BMI 30 kg/m² who underwent ileal interposition in the duodenum surgery.

Methods: A descriptive retrospective study. An analysis of medical records was conducted to collect the following variables: BMI, age, gender, comorbidities, and laboratory tests in patients undergoing metabolic surgery with a BMI 30 kg/m².

Results: Twenty patients were identified in the sample, all with refractory Type 2 Diabetes Mellitus, who underwent metabolic surgery with ileal interposition. The associated comorbidities identified included hypertension, hepatic steatosis, anxiety, and diabetic retinopathy. Male patients were more prevalent (88%), particularly in the fifth decade of life. The laboratory impact was evidenced by an average reduction of 40.15% in capillary blood glucose and remission of associated comorbidities in 81% of the patients.

Conclusions: Conclusion Metabolic diseases, particularly Type 2 Diabetes Mellitus, present a significant public health challenge and require effective treatments. This study shows that metabolic surgery offers an effective alternative, especially in patients with a BMI 30 kg/m², providing a rapid control of the condition when appropriately indicated. It is highlighted as a treatment modality with a significant impact on the remission of not only Diabetes Mellitus but also related comorbidities.

Disclosure: No significant relationships.

P033 / Abs. ID 1100

Topic: *AS48. Ileal surgeries*

ILEAL SURGERIES
10-09-2025 10:00 - 19:30

ANALISIS Y COMPARACIÓN DE PERDIDA DE PESO Y RESOLUCIÓN DE COMORBILIDADES EN PACIENTES SOMETIDOS A BY PASS GASTRICO TIPO BAGUA & BIPARTICION INTESTINAL

Daniel Caiña[1], Adrian Mollo[2], Rodrigo Alba[2], Mario Benavidez[2], Ricardo Torres[1]
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Background: El tratamiento más eficaz y duradero de la Obesidad y sus comorbilidades es la Cirugía Bariátrica, esta se ha convertido en el procedimiento de elección para el abordaje de la obesidad mórbida, con mayores posibilidades de éxito que el tratamiento médico- dietético

Objectives: Evaluar y comparar los resultados en control de peso y resolución de comorbilidades en pacientes operados de cirugía bariátrica-metabólica entre dos tipos diferentes de bypass gástrico (BAGUA & BIPARTICION INTESTINAL).

Methods: Se realizó un estudio de cohorte retrospectivo, realizado en el departamento de Cirugía Bariátrica del Centro de Obesidad y Enfermedades metabólicas del sistema de salud de Malvinas Argentinas.

Results: Del total de los pacientes operados de bypass gástrico tipo Bagua, 72% eran mujeres y 28% hombres; respecto al peso: del peso basal se obtuvo una media de 128.5 kg, el peso a los 12 meses se obtuvo una media de 80 kg; respecto al IMC: el basal se obtuvo una media de 47, y a los 12 meses se obtuvo una media de 29.5; respecto al %WL se obtuvo una media de 37 %; respecto al %EWL se obtuvo una media de 82%. En ambos grupos los pacientes con comorbilidades remitieron sus enfermedades.

Conclusions: Después de analizar las variables analizadas podemos concluir que, en nuestra experiencia según los datos expuestos, se evidenció que respecto al descenso de peso y del IMC de los pacientes, el Bagua tuvo mejores resultados; al igual se evidenció que tendría mejor efecto en el descenso de peso en el seguimiento a corto plazo. Sin embargo, entendemos que la técnica de elección siempre será aquella que sea mas adecuada tras una evaluación individual de cada paciente.

Disclosure: No significant relationships.

P034 / Abs. ID 1063

Topic: *AS48. Ileal surgeries*

ILEAL SURGERIES
10-09-2025 10:00 - 19:30

SADI-S INITIAL EXPERIENCE IN CHILE

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Background: In 2007, Sánchez Pernaute and collaborators published a surgical alternative called duodeno-ileal bypass with vertical gastrectomy or Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy (SADI-S). This was described as a technical solution to simplify a complex surgical technique, the duodenal switch, transforming it into a restrictive and derivative procedure, highly useful in patients with severe obesity (BMI > 50) or poorly controlled Diabetes Mellitus.

Objectives: To evaluate the safety of SADI-S surgery, its metabolic and anthropometric effects, in patients with high BMI, undergoing the procedure at Clinica Las Condes, Santiago between 2019-2023.

Methods: Retrospective, descriptive, single-center, study on patients operated with the SADI-S technique in the Bariatric Surgery Unit of Clinica Las Condes between 2019-2023, with at least 1 year of post-surgery follow-up.

Results: Of a total n=29, at 1-year follow-up: 15 patients (52%), Female: 9 (60%), Male: 6 (40%), Average BMI (50.75 kg/m2), %TWL 41%, %EWL 84%, remission of comorbidities: T2 DM (80%), HTN (75%), Dyslipidemia (80%), Complications: 3,4%, one patient with an anastomotic leak resolved

Conclusions: SADI-S is a safe and effective procedure in high BMI patients. Its weight loss and metabolic benefits outperforms other derivative techniques, such as gastric bypass, with superior resolution of comorbidities. A larger number of patients and longer follow up is needed.

Disclosure: No significant relationships.

P035 / Abs. ID 1015

Topic: *AS48. Ileal surgeries*

ILEAL SURGERIES
10-09-2025 10:00 - 19:30

ILEAL INTERPOSITION

Alcides Jose Branco Filho, Virgilio Frota Rossato, Andre Weiss, Luis Gustavo Guides Cortiano, Isabella Maria Martins Favero, Rafaella Monteiro Barbosa, Odair De Sousa Neto
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Background: The closure of intestinal gaps during gastric bypass surgery is a crucial step in the procedure, preventing complications like the one described in the video.

Objectives: Highlight the technique of ileal interposition as an effective surgical alternative for the treatment of type 2 diabetes mellitus.

Methods: Laparoscopic ileal interposition surgery.

Results: Remission of type 2 diabetes mellitus, modulation of GLP-1, and reduction of glycemic levels; and remission or at least partial improvement of associated comorbidities, especially cardiovascular ones.

Conclusions: Ileal interposition metabolic surgery presents itself as an effective and safe alternative for the treatment of patients with type 2 diabetes mellitus.

Disclosure: No significant relationships.

P036 / Abs. ID 1033

Topic: *AS48. Ileal surgeries*

ILEAL SURGERIES
10-09-2025 10:00 - 19:30

TIPS AND TRICKS FOR BARIATRIC BYPASS PROCEDURES

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Background: Bypass procedures in Bariatric and Metabolic surgery are more complex than the globally popular Sleeve, requiring a higher degree of skill to ensure good quality and high safety of the various procedures, based either in gastric or duodenal area. Certain simple tricks can make this a very satisfying and safe procedure

Objectives: To share important tips and tricks to perform bypass surgery in a very scientific manner, especially for surgeons in the early phase of this journey

Methods: Simple steps shown for safe measurement of bowel lengths, marking the bowel after selection of the site of anastomosis, doing a safe and secure anastomosis confirmed by leak test, closure of mesenteric gaps and Petersen's space; basically replicating everything that would have been done in an open surgery

Results: Measurements of the total small bowel prevents any unknown factors like a short common channel in bypass surgery, causing nutritional complications with poor quality of life; leak tests ensuring secure anastomosis allows very early oral intake after surgery; closure of all gaps prevents internal herniation; the right techniques avoid problems of twisting and obstruction in bypass surgery.

Conclusions: Training all new entrants in bypass procedures is an integral aspect in the progression of this field; good results and least complications enable such procedures to become more popular in society, dispelling people's fears, linked with MBS

Disclosure: No significant relationships.

P037 / Abs. ID 1255

Topic: *AS47. Internal Hernia (IH) after MBS: techniques*

INTERNAL HERNIA (IH) AFTER MBS: TECHNIQUES
10-09-2025 10:00 - 19:30

COST-EFFECTIVE MODIFIED TECHNIQUE TO REDUCE THE RISK OF INTERNAL HERNIA AFTER ROUX-EN-Y GASTRIC BYPASS

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Background: Roux-en-Y gastric bypass (RYGB) is a common metabolic bariatric surgery for people with obesity. However, internal hernias, particularly through mesenteric defects such as Petersen's space, remain a concern. Standard closure using non-absorbable sutures reduces risk, but not entirely. We investigated a modified, cost-effective technique involving peritoneal cauterization adjacent to the suture line, aiming to promote local adhesion and further reduce internal herniation risk.

Objectives: To assess whether the addition of peritoneal cauterization to standard mesenteric defect closure decreases internal hernias and related complications after RYGB.

Methods: We conducted a retrospective cohort study with patients undergoing RYGB at the Bariatric Surgery Department of Hospital Nossa Senhora das Graças, Curitiba, Brazil. - Control group (2014–2018): RYGB with mesenteric defect closure using non-absorbable suture. - Intervention group (2018–2022): RYGB with closure plus peritoneal cauterization. All patients had at least 2 years of postoperative follow-up. Statistical analysis included Fisher's exact test and risk ratio (RR) with 95% confidence intervals.

Results: - Control group: 343 patients followed. - Intervention group: 311 patients followed. Internal hernias: - Control: 1 case (0.29%) - Intervention: 0 cases (p = 1.0) Open mesenteric defects in reoperations: - Control: 3 of 101 reoperated patients (2.97%) - Intervention: 0 of 88 (p = 0.25) Although not statistically significant, a clear trend favored the modified technique.

Conclusions: Adding peritoneal cauterization to standard defect closure appears to reduce the risk of internal hernia following RYGB. Our data show zero cases in the intervention group. Larger prospective studies are needed to confirm the efficacy of this approach as a standard preventive technique.

Disclosure: No significant relationships.

P038 / Abs. ID 502

Topic: *AS47. Internal Hernia (IH) after MBS: techniques*

INTERNAL HERNIA (IH) AFTER MBS: TECHNIQUES
10-09-2025 10:00 - 19:30

UPDATED VERSION: QUALITY OF STAPLED MESENTERIC DEFECT CLOSURE INFLUENCES THE CHANCE OF REOPENING AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS SURGERY

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Background: Internal herniation may occur after RYGB surgery and when left untreated can be a life-threatening complication. A routinely performed closure of mesenteric defects (MDs) during RYGB reduces the incidence of IH, but optimal closure techniques remain uncertain.

Objectives: This study aims to investigate whether closure with two rows of staples reduces the chance of MD reopening and subsequent IH.

Methods: Prospective video analysis was conducted on the closure quality for Petersen's space (PS) and jejuno-jejunostomy (JJS) for patients who underwent RYGB surgery. Patients who underwent abdominal reoperation during their follow-up were assessed for MD status. Statistical analyses were performed to identify predictive factors for MD reopening.

Results: In our previous published study (2024), analysing 665 PS closures and 654 JJS closures, 38 patients underwent reoperation, with 63.2% having at least one open MD. Optimal closure of PS significantly reduced the chance of reopening compared to poor closure (OR=8.1, p=0.03), although confounding factors such as BMI were identified. Our database currently counts 1690 gastric bypass surgeries scored for quality of MD closure, with 195 reoperations. Table 1: Univariable regression analyses for the influence of the quality of mesenteric defect closure on not having an open Petersen's space during reoperation

Conclusions: Our ongoing study underscores the importance of meticulous closure techniques, particularly for PS, in reducing the risk of MD reopening and subsequent IH following RYGB surgery. Our classification provides a quality assessment of MD closure during RYGB and gives insight into how to optimize surgical technique.

Disclosure: No significant relationships.

P039 / Abs. ID 121

Topic: *AS47. Internal Hernia (IH) after MBS: techniques*

INTERNAL HERNIA (IH) AFTER MBS: TECHNIQUES
10-09-2025 10:00 - 19:30

INCIDENCE OF INTERNAL HERNIA AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS: LONG-TERM OUTCOMES OF SYSTEMATIC CLOSURE OF PETERSEN'S SPACE

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Background: Internal hernias are a significant complication after laparoscopic Roux-en-Y gastric bypass (RYGB), with incidences ranging from 0.2% to over 5%. This study evaluates the long-term effectiveness of systematic closure of Petersen's space in reducing Petersen's hernia (PH) incidence.

Objectives: To evaluate the long-term effect of systematic closure of Petersen's space during laparoscopic Roux-en-Y gastric bypass on the incidence of internal hernias.

Methods: A retrospective, single-center study analyzed 969 patients who underwent RYGB between January 2007 and January 2023. Patients were divided into two groups: 580 with no systematic closure of Petersen's space (NSCPS) and 389 with systematic closure (SCPS). Fisher's exact test compared PH incidence, and relative risk (RR), absolute risk reduction (ARR), and number needed to treat (NNT) were calculated.

Results: PH incidence was significantly lower in the SCPS group (0.5%, 2 cases) compared to the NSCPS group (3.9%, 23 cases) ($p = 0.0006$). The RR was 0.13, indicating an 87% reduction in PH risk with systematic closure. The ARR was 3.45%, with an NNT of 29. Median follow-up was longer in the NSCPS group (95 months, IQR: 59.47–139.1) than in the SCPS group (44 months, IQR: 38.0–47.6). Most patients were female (82.6% in NSCPS, 100% in SCPS), with median pre-surgery BMI of 42.4 (NSCPS) and 47.0 (SCPS). Acute pain was the most common presentation (69.6% in NSCPS, 100% in SCPS). No complications or hernia recurrences were reported in the SCPS group, while 8.7% of NSCPS patients experienced recurrence.

Conclusions: Systematic closure of Petersen's space significantly reduces PH incidence after RYGB and should be adopted as standard practice.

Disclosure: No significant relationships.

P040 / Abs. ID 966

Topic: *AS47. Internal Hernia (IH) after MBS: techniques*

INTERNAL HERNIA (IH) AFTER MBS: TECHNIQUES
10-09-2025 10:00 - 19:30

OUR APPROACH TO INTERNAL HERNIA AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS

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Background: Laparoscopic Roux-en-Y gastric bypass (LRYGB) is one of the most popular surgical procedures for management of severe obesity. The risk of internal hernias (IHs) after LRYGB remains a major concern because they may result in potentially life-threatening small bowel obstruction, ischemia, and necrosis. Surgical management of IHs after LRYGB can be challenging and there is no standardized surgical technique, which could lead to higher conversion rates and intestinal resections.

Objectives: The aim of this presentation is to demonstrate our method to laparoscopically manage IHs with small bowel obstruction.

Methods: The patient is positioned supine with the surgeon on the patient's right. Trocars are placed in right upper (surgeon's left hand), middle (camera), and lower (surgeon's right hand) quadrants. An assistant port is placed in the left lower quadrant.The surgeon’s grasper suspends the transverse colon upwards in order to expose Petersen’s space. In the absence of IH, this space is normally empty. When this space is opened, the small intestine can be found passing from left to right through the breach. The reduction maneuver consists in tilting the intestine from the right to the left of this breach. Then, we identify the jejuno-jejunostomy and the assitant’s grasper suspends the jejuno-jejunostomy upwards in order to expose the inter-mesenteric space. We approach the inter-mesenteric space in the same way as we did with Petersen's space. If this maneuver is unsuccessful, the small intestine is explored and unrolled counterclockwise from the cecum. Once the complication has been treated, all the limbs are revised if necessary and rearranged in the abdomen. All mesenteric defects must be systematically closed with non-absorbable sutures.

Results: Since we have been using this type of laparoscopic surgical approach, we have reduced surgical times, intraoperative intestinal injuries and avoided intestinal resections (except for one case with intestinal ischemia).

Conclusions: The management of internal hernia after gastric bypass presents numerous challenges, and surgeons will be faced with such patients with increasing frequency. We present our surgical approach as a safe and reproducible technique with the intention of decreasing the rate of intestinal resections and conversions to open surgery.

Disclosure: No significant relationships.

P041 / Abs. ID 410

Topic: *AS47. Internal Hernia (IH) after MBS: techniques*

INTERNAL HERNIA (IH) AFTER MBS: TECHNIQUES
10-09-2025 10:00 - 19:30

EARLY INTESTINAL OBSTRUCTION POST SLEEVE GASTRECTOMY

Abd-Elfattah Kalmoush
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Background: Metabolic bariatric surgery had increase in number and more and more operation done all over the world but still had number of complication

Objectives: show early IO post LSG and how to avoid this complication

Methods: Female patient underwent to LSG. In 1st week presented with vomiting not respond to usual treatment. CT show incarcerated small bowel in port site

Results: Laparoscopic re-exploration was done and reduction of small bowel closure of port site

Conclusions: Close follow up of the patient was very important in early postoperative and routine close the port site

Disclosure: No significant relationships.

P042 / Abs. ID 763

Topic: *AS47. Internal Hernia (IH) after MBS: techniques*

INTERNAL HERNIA (IH) AFTER MBS: TECHNIQUES
10-09-2025 10:00 - 19:30

STRANGULATED INTERNAL HERNIA AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS

Angela Maira[1,2,3], Juan Duque Seguro[4], Rafael Luengas Tello[4], Nelson Aros Mendoza[3], Daniel Hernández Clarck[3]
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Background: Internal hernias are a known but potentially underdiagnosed complication after laparoscopic Roux-en-Y gastric bypass (LRYGB), particularly when mesenteric defects are not routinely closed. The incidence of internal hernia after LRYGB ranges from 0.2% to 9%, with higher rates observed in patients experiencing rapid or significant postoperative weight loss. Clinical presentation can be subtle, which may delay diagnosis and increase the risk of strangulation and bowel ischemia.

Objectives: To present a case of a strangulated internal hernia occurring eight months after gastric bypass, with nonspecific symptoms and an initial CT scan reported as normal, emphasizing the importance of clinical suspicion, detailed image review, and early surgical exploration.

Methods: A 43-year-old woman with a history of laparoscopic gastric bypass performed eight months earlier presented to the emergency department with severe abdominal pain of 24 hours' duration, radiating to the back. Her preoperative BMI was 38 kg/m² and current BMI was 24 kg/m². She denied nausea, vomiting, or fever. Physical examination revealed abdominal distension and tenderness. Laboratory findings were normal. A contrast-enhanced abdominopelvic CT scan was initially reported as unremarkable. However, upon closer review, an image suggestive of internal herniation was identified. A diagnostic laparoscopy was performed, revealing a strangulated internal hernia involving both the mesenteric defect and Petersen's space. Complete reduction of the bowel loops was achieved, and both defects were closed with non-absorbable sutures.

Results: The postoperative course was favorable. The patient was discharged on the second postoperative day without complications. At one-month follow-up, she remained asymptomatic, with stable weight and no recurrent abdominal pain.

Conclusions: Internal hernias after gastric bypass can present with vague symptoms and may go unnoticed on imaging studies. High clinical suspicion and standardized coordination between emergency, imaging, and surgical teams are essential for timely diagnosis and treatment. Routine closure of mesenteric defects during primary surgery may reduce the risk of this potentially serious complication.

Disclosure: No significant relationships.

P043 / Abs. ID 263

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

LSG: PROS, CONS, TIPS AND TRICKS TO AVOID COMPLICATIONS
10-09-2025 10:00 - 19:30

RELATIONSHIP BETWEEN GASTROESOPHAGEAL REFLUX DISEASE (GERD) AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY (LSG) AND INTRATHORACIC SLEEVE MIGRATION (ITSM)

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Background: LSG has shown to cause de novo or exacerbate symptoms of GERD. The predisposing factors of post-LSG GERD are considered to be ITSM, disruption of the angle of His, and increased pressure in the stomach. ITSM has focused on a cause of post-LSG GERD due to decreasing lower esophageal sphincter (LES) pressure as the LES into the mediastinum.

Objectives: There have been limited reports examining post-LSG GERD using 24-hour multichannel impedance pH (MII-pH) or evaluating the relationship between ITSM and GERD. In this study, we investigated GERD after LSG using MII-pH and the clinical significance of ITSM.

Methods: This study included 67 patients who underwent LSG from August 2016 to October 2023, and we evaluated 24 patients of those who underwent EGD, CT, MII-pH at pre- and 1 year after surgery. We compared the rates of anti-acid medication, esophagitis, and the presence of GERD before and after surgery. We classified patients with ITSM (ITSM+) as those with the upper edge of the staple line located cephalad of the diaphragm on CT, and without ITSM (ITSM-). Statistical analysis was performed using the Mann-Whitney test, with $p<0.05$ indicating a significant difference.

Results: Median age was 46 years, pre- and postoperative body weight and BMI were 118.0 vs 79.4 kg ($p<0.05$), 41.1 vs 27.5 kg/m^2 ($p<0.05$), and the percentage of total weight loss was 31.7%. Pre- and postoperative proton pump inhibitor (PPI) dose rate was 25 vs 58 % ($p<0.05$), esophagitis of Grade A or higher was 6 vs 15 cases ($p<0.05$), DeMeester score 4.1 vs 32.7 points ($p<0.05$), acid exposure time 1.0 vs 10.5 % ($p<0.05$). In comparison between ITSM+ and ITSM-, postoperative PPI dose rate was 75 vs 42 % ($p=0.10$), esophagitis grade A or higher was 8 vs 7 cases ($p=0.67$), and DeMeester score was 41.4 vs 29.9 points ($p=0.38$), acid exposure time was 11.1 vs 8.6 % ($p=0.35$).

Conclusions: GERD is significantly worse after LSG. In this study, there was no significant difference in GERD between patients with and without ITSM, but the ITSM+ group tend to be worsening GERD in MII-pH. Prevention of ITSM may lead to protection of postoperative GERD.

Disclosure: No significant relationships.

P044 / Abs. ID 87

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

LSG: PROS, CONS, TIPS AND TRICKS TO AVOID COMPLICATIONS
10-09-2025 10:00 - 19:30

ESOPHAGO-GASTRO-ANTROPEXY WITH OMENTAL PATCH FOR PRIMARY LAPAROSCOPIC SLEEVE GASTRECTOMY: TECHNIQUES AND EARLY RESULTS IN 1775 PATIENTS

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Background: Staple line reinforcement in sleeve gastrectomy with oversewing is a one measure to reduce post operative complications specially bleeding and for less extent leak.

Objectives: The effect of esophago-gastro-antropexy with omental patch of the staple line in LSG on the early post operative complications

Methods: This is a retrospective review of all the patients who had undergone primary LSG whom all had oversewing of the staple line in last 10 year and were operated by the author.

Results: 1775 patients had primary LSG with over sewing of the staple line using 2/0 monofilament round needle of 26 Prolen by plicating the whole staple line. Age 37.8 years BMI 46.2 kg/m2.. There were 17 (0.9%) major complications, 4 (0.22%) leaks, 4 (0.22%) post-operative bleeding, 2 (0.11%) cases stenosis, 3 (0.17%) cases post-operative infected collection. There were 26 (1.5%) readmissions, 18 (1.0%) re-operations. There were only three patients who had transfusion but no patient needed massive transfusion. The average hospital stay for the patients who were readmitted 7, two patients needed to stay 32 and 35 days who had major sepsis and ICU admission. All the leaks have occurred at the upper part of the sleeved stomach, 3 at the stapler line and one posterior to the stapler line which is believed due to thermal injury. All leaks were treated by stenting and laparoscopic drainage of the collections except one case that was by laparotomy because of un-stability of the patient for laparoscopic procedure. 84 patients had been admitted to the ICU for monitoring. No operation was converted to open. There were 15 operations where there were stapling failure that was recognized during the operation and managed successfully except one case but the leak was at different site. There was no mortality in this series.

Conclusions: The complication rates during and immediately post primary sleeve gastrectomy with over sewing of the stapler line are low making this approach is very feasible and safe in reducing the risks of bleeding and leak.

Disclosure: No significant relationships.

P045 / Abs. ID 61

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

LSG: PROS, CONS, TIPS AND TRICKS TO AVOID COMPLICATIONS
10-09-2025 10:00 - 19:30

A RETROSPECTIVE ANALYSIS OF 265 CASES OF SINGLE INCISION LAPAROSCOPIC SLEEVE GASTRECTOMY

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Background: Single incision laparoscopic sleeve gastrectomy (SPSG) is performed routinely in our department as an alternative to a conventional laparoscopic approach

Objectives: To explore the safety and efficacy of single port laparoscopic sleeve gastrectomy (SPSG) in patients with high BMI by analyzing the preliminary experience and results of SPSG in single center.

Methods: Clinical data of 265 patients with SPSG at Huadong Hospital Affiliated to Fudan University from February 2023 to June 2024 was retrospectively analyzed. They were divided into BMI≥50 group (n=21), 50>BMI ≥40 BMI group (n=63) and BMI<40 group (n=181). Clinical data such as operation time, length of stay, incidence of complications, weight loss effect and remission rate of related diseases were compared and analyzed between the three groups.

Results: All patients in the three groups received the operation successfully and were discharged without conversion to laparotomy. The mean operation time in BMI≥50 group was (118.48±33.25) min, which was longer than (86.24±22.35) min in 40≤BMI<50 group and (70.22±16.86) min in BMI<40 group (P<0.05). The hospitalization time of BMI≥50 group was (9.67±4.23) d, which was significantly longer than that of the other two groups (6.05±2.85) d and (5.25±1.93) d, respectively, and the difference was statistically significant (P<0.05). In BMI≥50 group, the additional operation hole rate, placement drainage rate, surgical blood loss, preoperative hospital stay and postoperative hospital stay were higher than those in 40≤BMI<50 group and BMI<40 group, with statistical significance (P<0.05). There were no significant differences in postoperative complication rate, percentage of excess weight loss, percentage of total weight loss and remission rate of metabolic related diseases in BMI≥50 group compared with 40≤BMI<50 group and BMI<40 group (P>0.05).

Conclusions: High BMI is not an absolute contraindication of SPSG. Adequate preoperative evaluation, preparation and appropriate intraoperative treatment are of great significance for the successful completion of SPSG.

Disclosure: No significant relationships.

P046 / Abs. ID 102

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

LSG: PROS, CONS, TIPS AND TRICKS TO AVOID COMPLICATIONS
10-09-2025 10:00 - 19:30

EFFECTIVENESS OF M-CLOSE IN PREVENTING COMPLICATIONS IN LAPAROSCOPIC SLEEVE GASTRECTOMY.

Milton Alberto Muñoz-Leija[1], Guillermo Álvarez-Valdés[2], Armando Magdaleno Joya Munguía[1], Carlos Zerrweck[1], Christian Rodríguez-López[3], Enrique Rosales-Castañeda[1], María Fernanda Martínez-Zarazua[1]
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Background: Complications associated with closing the surgical port site in bariatric procedures, particularly in Laparoscopic Sleeve Gastrectomy—one of the most commonly performed procedures—pose a challenge for surgeons. Although the incidence is low, it is believed that these complications are underreported. Several techniques have been documented in the literature, including suture retrieval devices, skin tapes, adhesive dressings, and more advanced and recently developed devices such as M-Close. However, few studies have prospectively evaluated the effectiveness of these devices in reducing complications in Laparoscopic Sleeve Gastrectomy.

Objectives: The objective of this study is to evaluate the effectiveness of the M-Close device in preventing complications associated with port-site closure in Laparoscopic Sleeve Gastrectomy procedures.

Methods: A prospective and descriptive study was conducted at Endohospital, a "Center of Excellence" in northeastern Mexico, located in Piedras Negras, Coahuila. A total of 118 patients were followed for 18 months (February 2023 – August 2024) after their surgical procedure (Laparoscopic Sleeve Gastrectomy). The M-Close Kit was used to close 12 mm trocar port sites. The results were expressed using mean, standard deviation, prevalence, and percentages.

Results: A total of 118 patients were evaluated, with 70.34% being female. The average age was 42.35 ± 11.94 years. The average BMI was 38.58 ± 5.29. The 45.76% of participants had a history of at least one prior surgery, with 77.87% having undergone at least one abdominal surgery. The 40.68% were taking medication, with lisinopril being the most prevalent. The 44.07% of the patients were active smokers. The only complication observed was pain at the surgical port site (3.39%) (Table 1).

Complications associated with the M Close device

Complications	Total Patients = 118 (%)
Early Complications	
Trocar Site Pain	4 (3.39%)
Pain Visual Analogue Scale	
1-3	3 (75%)
4-6	1 (25%)
7-9	0 (0%)
10	0 (0%)

Infection	0 (0%)
Seroma	0 (0%)
Bleeding	0 (0%)
Late Complications	
Chronic Pain	0 (0%)
Hernia	0 (0%)
Neuralgia	0 (0%)

Conclusions: The results of this study suggest high safety and effectiveness of the M-Close device in our bariatric center, with a very low rate of early complications. Further studies are needed to fully assess the effectiveness of this device.

Disclosure: No significant relationships.

P047 / Abs. ID 693

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

LSG: PROS, CONS, TIPS AND TRICKS TO AVOID COMPLICATIONS
10-09-2025 10:00 - 19:30

ENDOSCOPIC CHANGES ONE YEAR AFTER SLEEVE GASTRECTOMY

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Background: Laparoscopic sleeve gastrectomy (LSG) is the most frequently performed bariatric procedure. An endoscopic follow up is not established as a protocol to prevent or diagnose early complications.

Objectives: Established a follow up protocol with an upper gastrointestinal endoscopy (UGE), as an appropriate strategy to assess the anatomical integrity of the esophagus, esophagogastric junction, and stomach after LSG. Additionallity, decribe dermographic characteristics of the patients and their weight loss outcomes.

Methods: Retrospective observational study. A review of medical records at Obesity Solutions Clinic was carried out, including all patients who underwent LSG between August 2021 and December 2022. The UGE control was performed one year after surgery to assess the esophageal hiatus with the Hill classification and inflammatory changes in the esophagus with Los Angeles scale, in addition to describing the demographic characteristics and weight loss of the participants.

Results: In total, the patients who underwent a LSG between August 2021 to December 2022 were 43. Using inclusion and exclusion criteria, a sample of 33 patients was established: 20 women and 13 men, who underwent an UGE one year after the LSG. The average initial weight in all patients was 100.12 kg and a Body Mass Index (BMI): 37.55 kg/m^2. In the follow-up one year after the LGS, the average weight was 71.4 kg and the BMI: 26.82 kg/m^2. With a percentage of total weight lost (%) of 28.41% and percentage of excess weight loss (%EPP) of 74.09%. An anatomical change was found in the esophageal hiatus in 17 patients (51.51%) and esophagitis in 11 patients (33.3%).

Conclusions: LSG is an effective procedure for weight loss. An adequate follow-up with a scheduled UGE is a good alternative to describe anatomical and inflammatory alterations of the esophagogastric junction, which allows for adequate and timely management of patients.

Disclosure: No significant relationships.

P048 / Abs. ID 687

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

LSG: PROS, CONS, TIPS AND TRICKS TO AVOID COMPLICATIONS
10-09-2025 10:00 - 19:30

FACTORS AFFECTING LONG-TERM WEIGHT LOSS AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY IN 852 CONSECUTIVE PATIENTS WITH AT LEAST ONE YEAR FOLLOW-UP USING A NOVEL TECHNIQUE WITHOUT BOUGIE.

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Background: Few studies have reported long-term weight loss after laparoscopic sleeve gastrectomy (LSG).

Objectives: We report our outcomes and assess factors that influence long-term weight loss.

Methods: LSG was performed without a bougie, using a combination of 45- and 60-mm staple loads tailored to each patient's anatomy. Resection began 3–4 cm from the pylorus. Gastropexy was performed in all cases with 3–6 interrupted sutures between the omentum and staple line, minimizing tension on the spleen. All patients participated in an intensive lifestyle intervention achieving a mean 11.8%+4.0 weight loss before LSG.

Results: A total of 852 consecutive LSG patients (141 males, 16.5%) with ≥1 year follow-up and mean age, BMI and follow-up of 42.1+11.2 years, 44.4+6.4 Kg/m^2 and 30.1+58.3 months were included. %Followed at 1-9 years were 51.6% (440/852), 39.6% (280/707), 35.5% (183/516), 41.3% (147/356), 31.4% (83/264), 49% (77/157), 47.4% (27/57), 87.5% (14/16) and 33.3% (1/3) respectively. Mean %TBWL at 1-9 years were 32.7%+9.3, 28.4%+10.9, 25.5%+11.4, 22.7%+11.9, 20.6%+12.5, 17.3%+11.3, 20.3%+9.3, 15.4%+13.9 and 25.3% respectively. On linear regression analysis preoperative weight loss was significantly ($p<0.0001$) correlated with higher %TBWL up to 3 years postoperatively. Lack of follow-up in the practice was significantly ($p<0.001$) correlated with lower %TBWL at last follow-up and longer follow-up.

Conclusions: LSG can achieve significant weight loss long-term. Follow-up at the practice reduced overtime and it correlated with lower %TBWL.

Disclosure: No significant relationships.

P049 / Abs. ID 664

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

LSG: PROS, CONS, TIPS AND TRICKS TO AVOID COMPLICATIONS
10-09-2025 10:00 - 19:30

GASTRECTOMÍA VERTICAL EXPERIENCIA EN CENTRO MÉDICO DOCENTE LA TRINIDAD Y EL HOSPITAL DE CLÍNICAS CARACAS, ENERO DE 2020 Y NOVIEMBRE DE 2022.

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Background: La completa normalización del peso no es una condición indispensable para obtener una mejora significativa de la salud. Algunos autores defienden que es más importante la mejora de las comorbilidades y la repercusión social, que la cuantificación del peso perdido. El registro y análisis de las complicaciones son obligatorias en los centros en los cuales se realiza este tipo de cirugía. En el postoperatorio la morbilidad precoz se define como <30 días: TEP, fugas y hemorragias o tardía >30 días: úlceras marginales, estenosis y hernias internas. Actualmente, la tasa global de morbilidad precoz se sitúa por debajo del 7% en los centros con mayor experiencia.

Objectives: Describir las características clínicas y demográficas en pacientes posterior a la realización de gastrectomía vertical por laparoscopia, en el Centro Médico Docente la Trinidad y el Hospital de Clínicas Caracas, entre enero de 2020 y noviembre de 2022.

Methods: Estudio observacional, analítico, retrospectivo y longitudinal, usando el análisis gráfico que se fundamentó en tablas y gráficos representativos de los resultados de 40 pacientes de historias médicas.

Results: El índice de masa corporal promedio preoperatorio y postoperatorio fue de 40 Kg/m^2 y 25.3 Kg/m^2. En cuanto a la calidad de vida el presente estudio muestra cifras de calidad de vida optima, en el 95% (valor más alto) y tan solo 1% (N=1) de deterioro en la misma.

Conclusions: La gastrectomía vertical laparoscópica es una técnica segura que genera una importante remisión de comorbilidades de los pacientes y se mostró que la tasa de complicaciones fue baja.

Disclosure: No significant relationships.

P050 / Abs. ID 928

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

LSG: PROS, CONS, TIPS AND TRICKS TO AVOID COMPLICATIONS
10-09-2025 10:00 - 19:30

IMPAIRED GASTRIC TRANSIT AND ESOPHAGEAL DYSMOTILITY FOLLOWING SLEEVE GASTRECTOMY: A CASE REPORT

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Background: Laparoscopic sleeve gastrectomy (LSG) is widely performed for obesity; however, postoperative gastroesophageal reflux disease (GERD) remains problematic. GERD is typically managed medically, though severe esophagitis often necessitates surgical intervention. Insufficient postoperative follow-up may result in additional complications.

Objectives: To describe esophageal dysmotility associated with impaired gastric transit following laparoscopic sleeve gastrectomy (LSG).

Methods: We performed a detailed clinical evaluation including esophagogastroduodenoscopy (EGD), multichannel intraluminal impedance-pH (MII-pH) monitoring, and high-resolution manometry (HRM) to assess esophageal function pre- and postoperatively. Surgical revision involved laparoscopic near-total gastrectomy with Roux-en-Y reconstruction.

Results: A 39-year-old woman developed severe obesity during pregnancy and underwent LSG at age 32 at another hospital. Postoperatively, she experienced persistent dysphagia, regurgitation, and cough but received no regular follow-up. She was referred to our hospital due to ongoing reflux symptoms. Esophagogastroduodenoscopy (EGD) revealed marked luminal narrowing immediately below the esophagogastric junction, causing resistance during endoscopic passage. Multichannel intraluminal impedance-pH (MII-pH) monitoring demonstrated 50 reflux events, persistently low distal impedance, and reflux suggestive of laryngopharyngeal reflux (LPR). High-resolution manometry (HRM) showed 100% failed peristalsis with absent contractility. Laparoscopic near-total gastrectomy with Roux-en-Y reconstruction was performed, involving resection of the stenotic region and anastomosis of the remnant stomach to the jejunum. No hiatal hernia was observed intraoperatively. Postoperatively, reflux symptoms resolved, endoscopic passage improved on EGD, reflux events decreased (39 episodes on MII-pH monitoring), and HRM revealed ineffective esophageal motility.

Conclusions: Prolonged esophageal acid exposure due to impaired gastric transit after LSG likely caused deterioration in esophageal function and reduced esophageal peristalsis. Impaired esophageal clearance may have contributed to LPR. Surgical revision resulted in improvement in esophageal function. Regular postoperative endoscopic surveillance and individualized surgical revision should be considered essential components of LSG management.

Disclosure: No significant relationships.

P051 / Abs. ID 1264

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

LSG: PROS, CONS, TIPS AND TRICKS TO AVOID COMPLICATIONS
10-09-2025 10:00 - 19:30

COMPLICACIONES TEMPRANAS Y TARDÍAS EN CIRUGÍA BARIÁTRICA EN EL HOSPITAL PARROQUIAL SAN BERNARDO

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Background: Los Procedimientos Bariatricos, a pesar de realizarse por abordaje minimo invasivo, por expertos en la materia y reconocidos no estan exentos de presentar complicaciones.

Objectives: El principal objetivo de esta revision sistematica retrospectiva de Fichas clinica es reconocer y actuar de manera oportuna en las complicaciones tempranas y tardias de la Cirugia Bariatrica.

Methods: Revisión sistemática retrospectiva de fichas clínicas de pacientes intervenidos con tecnica de Bypass gastrico en Y roux y Gastrectomia Vertical en Manga en la Unidad de Cirugía Bariátrica del Hospital Parroquial. Periodo Enero 2020 Diciembre 2024. Revision Bibliografica de informes de casos, articulos de complicaciones en Cirugia bariatrica

Results: El procedimiento quiruguico mas realizado fue la gastrectomia Vertical en Manga Vs Bypass Gastrico, representado un 74%. Las principales complicaciones tempranas encontramos sangrado Gastrointestinal, Pseudo Obstruccion instestinal por proceso inflamatorio en la anastomosis entero entero, y las complicaciones a largo plazo encontramos las hernias Internas y reganancia de peso.

Conclusions: A pesar de realizar los procedimientos quiruguico con todos los detalles que implica la tecnica empleada, los Cirujanos que nos dedicamos a la Cirugia Bariatica no estamos exentos de tener algun tipo de complicaciones, en otras palabras en impredecible no evitar que nos suceda algun dia, la idea de este analisis es identificar la complicacion mediante la clinica del paciente, actuar de manera precoz y cual es la conducta correcta para enfrentarla, darle el mejor beneficio al paciente, tambien evitaremos el desgaste psicologico que esto puede llevar el cirujano. En conclusion La cirugia Bariatrica Realizada en centro alto volumen y con especialista capacitados, se transforma en un procedimiento seguro para el tratamiento de la obesidad representado una tasa baja de complicaciones.

Disclosure: No significant relationships.

P052 / Abs. ID 302

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

LSG: PROS, CONS, TIPS AND TRICKS TO AVOID COMPLICATIONS
10-09-2025 10:00 - 19:30

SLEEVE GASTRECTOMY: CHALLENGING CASES

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Background: While generally a straightforward procedure, sleeve gastrectomy can present technical challenges in complex cases.

Objectives: To present two challenging cases highlighting the need for advanced surgical strategies during sleeve gastrectomy.

Methods: Case 1: A 49-year-old female with a BMI of 44.1, complicated by esophageal varices and advanced hepatic fibrosis. Case 2: A 53-year-old male (BMI 35.1) with a history of endoscopic gastric plication four years prior.

Results: In the first case, a standard sleeve gastrectomy was performed with selective and meticulous clipping of the short gastric vessels. In the second case, intraoperative endoscopy was utilized to guide the sleeve resection and avoid prior plication tackers. Despite this, one tacker was inadvertently transected by the staple line, requiring its subsequent removal.

Conclusions: Sleeve gastrectomy can pose significant technical challenges in patients with complex anatomical considerations or prior interventions, necessitating specialized surgical skills and strategies.

Disclosure: No significant relationships.

P053 / Abs. ID 916

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

LSG: PROS, CONS, TIPS AND TRICKS TO AVOID COMPLICATIONS
10-09-2025 10:00 - 19:30

STAPLING THE BOUGIE (SLEEVE GASTRECTOMY)

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Background: We present the case of a 45-year-old female patient with a BMI of 36.2 and associated comorbidities of high blood pressure and dyslipidemia, with a suboptimal clinical response to medical treatment (and poor tolerance to semaglutide). After preparation by an interdisciplinary bariatric and metabolic surgery team, it was decided to perform vertical sleeve gastrectomy. During the procedure, difficult gastric calibration with a 40fr tube was revealed due to an intragastric loop, which "apparently" resolved before performing suture shots. During gastric tube preparation, and after using three refills in the same site with apparent stapling failure, a calibration tube loop was discovered in the gastric fundus, with entrapment. The stomach must be opened and the tube cut to remove, recalibrate the stomach, and complete the gastric sleeve preparation. Two leak sites were manually sutured during a methylene blue test. Postoperative follow-up revealed signs of a chronic perisplenic gastric fistula. Upper gastrointestinal videoendoscopy was performed, with closure of the fistulous orifice with an endoclip. The patient's progress is good to date.

Objectives: The main objective of this video is to show the importance of experience when performing vertical sleeve gastrectomy and to keep in mind that stapling the calibration bougie is always possible. It is also to demonstrate the resolution in a situation like this.

Methods: VIDEO PRESENTACION

Results: VIDEO PRESENTATION

Conclusions: Vertical sleeve gastrectomy is one of the most widely used techniques in bariatric surgery worldwide. Although it may seem easy in skilled hands, it has some characteristics that deserve special attention to avoid complications. An important part of this technique is proper calibration with a bougie to avoid complications. This video shows the complication of bougie stapling and its resolution.

Disclosure: No significant relationships.

P054 / Abs. ID 975

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

LSG: PROS, CONS, TIPS AND TRICKS TO AVOID COMPLICATIONS
10-09-2025 10:00 - 19:30

LAPAROSCOPIC SLEEVE GASTRECTOMY WITH LIVER RETRACTION USING SURGICAL GAUZE

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Background: A major challenge in laparoscopic surgery is the safe handling of surrounding organs and tissues. To address this, surgeons often rely on an assistant or a fixed retractor to gently retract nearby organs. In obesity surgery, retracting the left lobe of the liver is crucial for ensuring a clear view of the diaphragm and upper stomach, particularly during dissection near the angle of Hiss an essential step in minimizing the risk of surgical complications. One commonly used method for liver retraction is the Nathanson retractor. However, this technique requires an additional incision and trocar entry and can lead to complications such as liver damage, hematoma, necrosis and epigastric pain due to prolonged pressure on the liver.

Objectives: Review of surgical technique in laparoscopic sleeve gastrectomy for liver retraction with surgical gauze

Methods: Case is a 42 year old female without any comorbidities or chronic degenerative diseases. She attends a bariatric consult for evaluation to perform a laparoscopic sleeve gastrectomy with the history of grade II Obesity and BMI 35.1. She has a surgical history of a laparoscopic cholecystectomy and a laparoscopic oophorectomy. Previous perioperative evaluation was done with the assistance of nutritional and physiological professionals. The surgery was scheduled to be performed on the 03/27/25, it was performed with the following trans operative findings: adequate hepatic retraction, sleeve gastrectomy was done with the use of 3 purple cartridges and 2 brown cartridges. The surgery was finalized without any apparent complications.

Results: A laparoscopic sleeve gastrectomy with liver retraction using surgical gauze was performed without trans operative complications. This included a good visualization of the Hiss angle without the need to use a specialized hepatic retractor. Liver didn't suffer any sort of injury during the whole procedure. The patient was discharged home the next day, tolerating oral liquid diet and active ambulation.

Conclusions: Liver retraction using surgical gauze is an efficient alternative for performing laparoscopic gastric sleeve surgery, avoiding the use of a liver retractor, being safe and avoiding possible liver injuries due to the instrument and reducing surgical time.

Disclosure: No significant relationships.

P055 / Abs. ID 1254

Topic: *AS50. LSG: Pros, cons, tips and tricks to avoid complications*

LSG: PROS, CONS, TIPS AND TRICKS TO AVOID COMPLICATIONS
10-09-2025 10:00 - 19:30

LAPAROSCOPIC SLEEVE GASTRECTOMY WITH PROXIMAL INTESTINAL BYPASS

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Background: patient with sleeve only was facing the weight regain and some was inadequet weight loss to maintain the result of bariatric surgery the malabsorbtive procedure was added

Objectives: maintain weight loss with malabsorbtive procedure instead of restrictive only procedure

Methods: hypoabsorptive procedure was add in the operation to avoid long term malnutrition the bypass was selected at 50 cm and common channel was create at 150 cm from DJ

Results: patient was loss 10 kg post operation without post operative GERD, no diarrhea, discontinue of diabetic drug only OTC vitamin replacement

Conclusions: the malabsroptive procedure can maintain weight loss without complication

Disclosure: No significant relationships.

P056 / Abs. ID 863

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

EARLY INTESTINAL OBSTRUCTION AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS: CAUSES AND MANAGEMENT IN A HIGH-VOLUME BARIATRIC CENTER

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Background: Bariatric surgery is the most effective procedure for the treatment of patients with obesity. In our institution, approximately 2,000 bariatric surgeries are performed annually, making it a high-volume center. The Roux-en-Y gastric bypass is one of the most common procedures and can lead to morbidity in up to 3.4% of cases. One of the complications that may arise is intestinal obstruction, which affects between 0.2% and 4.5% of patients.

Objectives: The objective of this study is to identify patients who presented intestinal obstruction within the first 30 days after a Roux-en-Y gastric bypass, and to describe the causes and management provided for its resolution.

Methods: A descriptive and retrospective study was conducted on patients who underwent Roux-en-Y gastric bypass at our center from 2018 to 2025. Patients who experienced early intestinal obstruction, along with its causes and the management provided, were identified.

Results: Between 2018 and 2024, 4,768 bariatric surgeries were performed, of which 2,634 were Roux-en-Y gastric bypass, making it the second most common procedure. 81% of patients were women, and 19% were men. Eight patients experienced early intestinal obstruction, identified by tomography, and all were treated surgically. The most frequent site of obstruction was at the entero-enteric anastomosis, with the main cause being kinking of the anastomosis (75%). The average BMI was 39.15. The most prevalent comorbidity was diabetes. The most common length of the alimentary limb was 150 cm, and the biliopancreatic limb was 100 cm. In 75% of cases, gastroentero and entero-enteric sutures were reinforced, and in 100% of cases, the gaps were closed. The average hospitalization duration after the complication was 7.8 days. 77.7% of cases were resolved by laparoscopy, with no mortality reported.

Conclusions: Early intestinal obstruction is a complication associated with Roux-en-Y gastric bypass, with an infrequent occurrence at our center. However, it can result in longer hospital stays, thereby increasing costs due to readmissions and reoperations. It is important to note that despite careful surgical technique, this complication is not always avoidable.

Disclosure: No significant relationships.

P057 / Abs. ID 885

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

ANALYSIS OF 1785 BARIATRIC SURGERIES: OUTCOMES AND COMPLICATIONS

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Background: In this study, we evaluate our extensive experience in performing 1,785 bariatric procedures, focusing on complication rates and surgical outcomes. We observed five complications (0.28%): three cases of postoperative bleeding (two after SG and one after MG) and two cases of microfistula after SG. Ways of preventing the development of complications are proposed.

Objectives: Improving the results of surgical treatment of 1,785 patients with severe obesity.

Methods: A retrospective analysis of 1,785 patients who underwent bariatric surgery in 2021-2024 was conducted. Data on surgical techniques, intraoperative and postoperative complications, and patient treatment outcomes were collected. The main endpoints were the incidence of serious complications, including bleeding, leaks, and fistulas.

Results: The overall complication rate was 0.28%, demonstrating the high safety profile of our surgical approach. There were no recorded mortalities. Management of Complications Postoperative bleeding was successfully managed with repeated laparoscopy, which identified the source as the gastric stump in SG (0,16%) and OAGB (0,22%) cases. Hemostasis was achieved laparoscopically without further complications. Gastric fistulas were found in two patients after SG, one 5 months later and the other 1.5 months after surgery, in the form of a subdiaphragmatic abscess. The abscess was drained. The fistulas closed on their own after 8 and 5 months, respectively. To reduce the risk of postoperative bleeding, we increased the time of hardware compression before stitching the stomach wall to 60 seconds and added an immersion suture. Prevention of fistula: increased mobilization of the esophagus and cardia.

Conclusions: Our experience in conducting 1,785 bariatric procedures confirms the safety and effectiveness of these methods in the treatment of severe obesity. Proper treatment of complications, including laparoscopic intervention for postoperative bleeding and targeted drainage of gastric fistulas, provides favorable results. In addition, it is possible to increase the compression time before stitching, apply an immersion suture, mobilize the left side wall of the abdominal cavity of the esophagus with an offset of 1.5 cm for applying a stapler and use a cassette with a staple height of at least 3.8 mm for hardware crossing of the cardia. They have made a significant contribution to the prevention of bleeding and fistula.

Disclosure: No significant relationships.

P058 / Abs. ID 209

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

INFLUENCE OF STAPLER RELOAD COUNT ON SURGICAL OUTCOMES OF OAGB: A NATIONAL BARIATRIC REGISTRY ANALYSIS

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Background: The number of stapler reloads (SR) required to construct the gastric pouch during mini-gastric bypass/one-anastomosis gastric bypass (OAGB) is an important aspect that may influence surgical outcomes. While some studies suggest a higher SR count may increase perioperative morbidity, reliable data specific to MGB-OAGB remain limited.

Objectives: To analyze the impact of SR number during OAGB on surgical outcomes.

Methods: A retrospective cohort study was conducted using data from the Russian National Bariatric Registry (2013-2024). Adult severe obesity patients who underwent primary OAGB were included and stratified into SR≤4 and SR>4 groups. Descriptive statistics and logistic regression analysis were performed to assess the association between SR count and surgical outcomes.

Results: Overall, 10,722 OAGB patients were analyzed: SR≤4 – 2,895 and SR>4 – 7,827. The SR≤4 cohort had a lower prevalence of hypertension (41.0% vs. 52.6%, p<0.001) and sleep apnea (13.6% vs. 19.6%, p<0.001) but a higher prevalence of deep vein thrombosis/pulmonary embolism risk factors (23.1% vs. 9.5%, p<0.001). Median height appeared similar between the SR≤4 and SR>4 cohorts (167 [IQR: 162-172] vs. 167 [IQR: 162-173] cm), yet the difference was statistically significant (p=0.001). The vast majority of OAGB procedures were laparoscopic, with conversion rates of 0.1% in both groups (p=1.000). Median operative time was shorter in SR≤4 patients: 90 (IQR: 70-110) vs. 100 (IQR: 85-120) minutes (p<0.001). Both surgical (1.4% vs. 2.4%, p=0.002) and all in-hospital complication rates (1.6% vs. 2.7%, p<0.001) differed significantly between SR≤4 and SR>4 cohorts. The incidence of stapler line leak was comparable (0.1% vs. 0.3%, p=0.075); however, SR≤4 patients had lower rates of anastomotic/stapler line bleeding (0.4% vs. 1.2%, p<0.001) and reoperation (0.9% vs. 1.8%, p=0.001). In-hospital mortality was similar (0.1% vs. 0.1%, p=0.533). Multivariate logistic regression analysis showed a strong association of SR>4 (odds ratio 1.50, 95%CI: 1.06-2.12), age, hypertension, asthma, and sleep apnea with surgical complications after adjusting for other factors.

Conclusions: Using over 4 SR to construct the gastric pouch during OAGB is associated with increased surgical and overall in-hospital morbidity. Minimizing SR when technically feasible may reduce postoperative complications. Further research is warranted to determine the long-term impact of SR count on weight loss.

Disclosure: No significant relationships.

P059 / Abs. ID 463

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

ANALYSIS OF THE ROLE OF EARLY PREDICTORS IN DIAGNOSING STAPLE LINE AND ANASTOMOTIC LEAK IN BARIATRIC PATIENTS

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Background: Currently, the pandemic of severe obesity serves as a significant driving force for the development of bariatric surgery. The vast majority of bariatric procedures (operations) worldwide are performed video-endoscopically. Complications following bariatric surgery are relatively rare but represent a very serious problem in this patient group. Despite significant improvements in the efficiency and safety profile of these interventions, the issue of the most severe complication—staple line or gastroenteric anastomosis leaks—remains unresolved. This complication occurs in 1.5–4% of patients and is rightly considered the "Achilles' heel" of these procedures due to the complexity of its diagnosis and treatment.

Objectives: To examine the role of early predictors in diagnosing staple line and anastomotic leak in bariatric patients and to determine indications for relaparoscopy.

Methods: This single-center retrospective study analyzed 2,011 patients who underwent surgery. All patients were divided into two groups: Group 1 comprised 1,983 patients who experienced a standard postoperative course; major inflammatory complications requiring relaparoscopy were observed in 28 cases (Group 2).

Results: A comparative analysis of the obtained data revealed no statistically significant differences in body mass index, weight, or patient age between those with and without complications. However, the likelihood of complications rose considerably if patients had high blood glucose levels, a duration of type 2 diabetes exceeding 5 years, tachycardia over 100 bpm, or an increased abdominal pain rating (VAS). Among the instrumental diagnostic methods, abdominal CT with oral contrast had the highest informational value.

Conclusions: Early diagnosis of intra-abdominal inflammatory complications in bariatric patients is hampered by atypical clinical presentations, the subtle nature of symptoms, and limited reliability of lab and imaging methods. According to the ROC analysis, the combination of fever, hypotension, tachycardia, and tachypnea produced an AUC of 0.80. This was associated with a sensitivity of 65% and specificity of 82%, constituting an indication for urgent repeat surgery. Nevertheless, only standardized surgical technique and clear team-based protocols within specialized departments can ensure timely identification and management of all potential and possibly catastrophic postoperative bariatric complications.

Disclosure: No significant relationships.

P060 / Abs. ID 799

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

PREVALENCE OF SECONDARY HYPERPARATHYROIDISM AFTER METABOLIC BARIATRIC SURGERY: A DESCRIPTIVE ANALYSIS

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Background: Secondary hyperparathyroidism (SHPT) is a known metabolic disturbance following bariatric surgery (BS), often driven by alterations in calcium, phosphorus, and vitamin D metabolism. Despite its recognition, the prevalence of SHPT in the Middle East and Northern Africa region remain unclear.

Objectives: This study aims to describe the prevalence of SHPT in a cohort of post-bariatric surgery patients of the region.

Methods: We conducted a retrospective analysis of patients who underwent primary laparoscopic sleeve gastrectomy (LSG) or Roux-en-Y gastric bypass (RYGB) at our institution between January 2022 and December 2024. We focused on those with available postoperative parathyroid hormone (PTH) measurements 6 months after the index procedure and defined secondary hyperparathyroidism as a PTH level greater than 6.9 pmol/L. Biochemical parameters, including vitamin D, phosphorus, calcium, albumin, and alkaline phosphatase, were collected and analyzed.

Results: Of the 241 patients included, 96 (40%) had elevated PTH levels (>6.9 pmol/L), suggesting a high prevalence of secondary hyperparathyroidism. The mean age was 35±11years, and the pre-surgical BMI was 41.8±6.6 kg/m². The mean time between surgery and PTH measurement was 481±241 days. In the high-PTH group, vitamin D levels were slightly lower (20.4 ± 11.7 vs. 22.3 ± 11.9 ng/mL) and alkaline phosphatase levels were higher (80.2 ± 28.2 vs. 70.4 ± 35.5 U/L) compared to the low-PTH group. However, there were no significant differences between groups for phosphorus, corrected calcium, and albumin levels. Alkaline phosphatase was significantly higher in the high-PTH group (80,2 vs. 70,4, p=0.02).

Conclusions: Secondary hyperparathyroidism was found in 40% of patients after bariatric surgery, which is a significant prevalence warranting attention in clinical practice. Although the underlying causes remain unclear, this data emphasizes the need for further research to explore the mechanisms driving SHPT post-surgery. Routine biochemical monitoring and timely interventions are crucial to detect and manage this condition.

Disclosure: No significant relationships.

P061 / Abs. ID 118

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

AN UNDERDIAGNOSED CAUSE OF CHRONIC PAIN AFTER ROUY-EN-Y GASTRIC BYPASS

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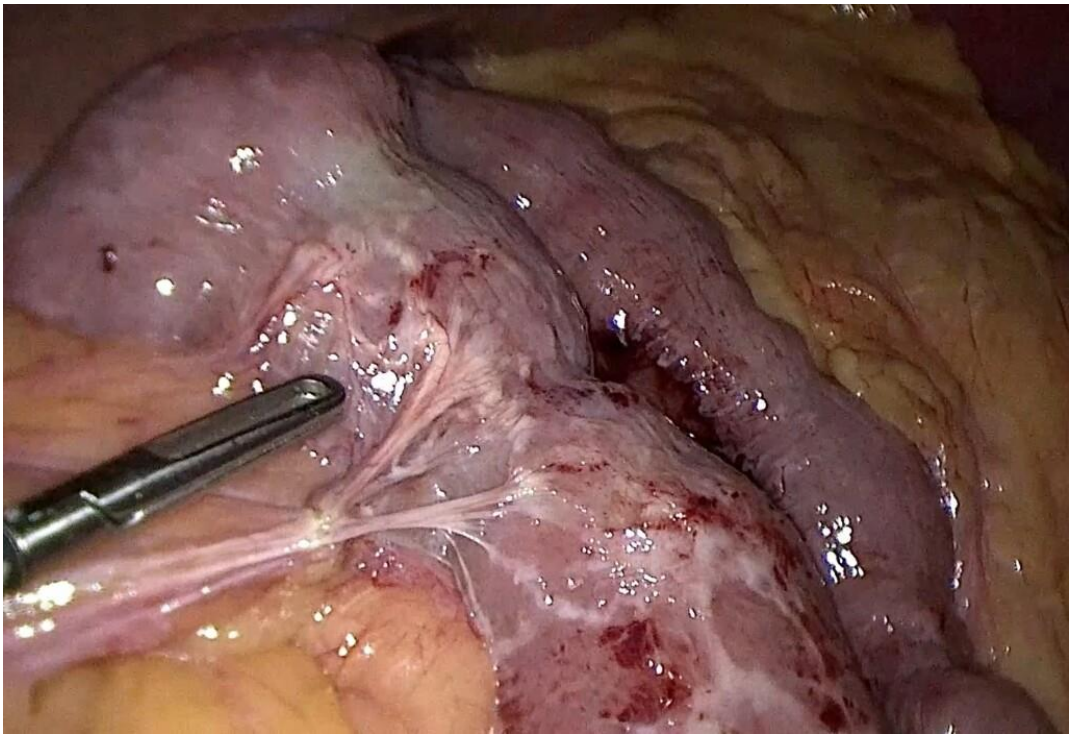
Background: Chronic abdominal pain following Roux-en-Y gastric bypass (RYGB) is a frequent and often underrecognized complication. While causes such as internal hernias, adhesions, anastomotic ulcers, and small intestinal bacterial overgrowth (SIBO) are recognized, a subset of patients presents with persistent pain of unclear etiology, necessitating exploratory laparoscopy.

Objectives: To describe a series of patients with chronic pain due to an underdiagnosed complication, a disfunctional jejunojejunostomy

Methods: We retrospectively reviewed six female patients (age range: 39-67 years; time from RYGB: 16-105 months) who presented with chronic abdominal pain after RYGB. All patients had undergone standard medical management and computed tomography (CT) scans, which ruled out internal hernias. However, CT findings revealed alimentary limb dilation (100%), biliary limb dilation (40%), small bowel wall thickening (60%), and intussusception (20%).

Results: All patients underwent diagnostic laparoscopy. Two patients demonstrated a long, dilated, and edematous blind end of the biliary limb (Picture 1)



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. In the remaining four patients, a dilated and dysfunctional jejunojejunostomy (JJ) without overt stricture was observed. Surgical intervention consisted of resection of the dilated blind end in the two patients with biliary limb abnormalities. In the four patients with JJ dysfunction, complete resection of the JJ (Picture 2)

and restoration of the Roux-en-Y anatomy with two separate JJs were performed. No perioperative complications were reported. All patients experienced immediate and complete resolution of their chronic abdominal pain postoperatively.

Conclusions: Dysfunction of the jejunojejunostomy may be a significant cause of chronic abdominal pain following RYGB. Similar to the "candy cane" phenomenon described at the gastrojejunostomy, the blind end of the biliary limb can also dilate inducing chronic pain. In patients with persistent pain after RYGB and no identifiable cause on imaging, exploratory laparoscopy with meticulous evaluation of the jejunojejunostomy is warranted.

Disclosure: No significant relationships.

P062 / Abs. ID 137

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

NETUPITAN-PALONOSETRÓN AND APREPITANT AS OPTIONS FOR THE MANAGEMENT OF POSTOPERATIVE NAUSEA AND VOMITING AFTER SLEEVE GASTRECTOMY IN INSTITUTIONS OF HIGH SURGICAL BARIATRIC VOLUME

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Background: MBS is associated with postoperative nausea and vomiting (NVPO) in up to 80%, It is reported as 2 times higher than the general surgical population. It can generate complications and morbidity. It is one of the principal causes of unpleasant experiences with the surgical procedure.

Objectives: Evaluate the use of N-P and aprepitant during preoperative to reduce the NVPO in patients with LVSG

Methods: Retrospective revisional study of database collected prospectively in 2 high-volume bariatric centers. Patients over 18 years, who received vertical sleeve gastrectomy between September 2024 and January 2025 were included. Sample size calculation for independent groups was performed by accepting an alpha risk of 0.05 and a statistical power of 0.8 in a bilateral contrast, assuming a difference of 26% between the two proportions. A descriptive analysis was performed, analyzed in frequencies and percentages, means and standard deviations, Chi-square test or Fisher's exact test, and Spearman or Pearson correlation coefficients were applied. Associations between variables, logistic regression were performed, calculating odds ratios (OR) with 95% confidence intervals. A p-value < 0.05 was established as the threshold for statistical significance. Two-tailed t-tests or the Mann-Whitney U test were used to assess the association between variables.

Results: 182 patients undergoing LVSG, divided into three groups: control group (n=56), netupitant/palonosetron, treated group (n=47), and aprepitant-treated group (n=79). The mean score on the APFEL scale was 2. Nausea pop in the control group at 37.5% and simultaneous nausea and vomiting at 21.4% of patients, aprepitant group at 12.7% of nausea and nausea and vomiting at 3.8%, netupitant/palonosetron group nausea of 8.5% and 0% of nausea and vomiting in the immediate postoperative period, OR for nausea with netupitant/palonosetron 0.66 CI 95% (0.021-0.211) and for aprepitant 0.118 CI 95% (0.051-0.271) with similar performances the following two days.

Conclusions: Netupitan-Palonosetron and Aprepitant are effective for treating NVPO, with an adequate performance compared to the control group. This study expands the therapeutic options for the management of NVPO. This treatment begins in the preoperative field N-P emerges as an adequate alternative for the treatment of NVPO. It is essential to perform randomized CT, with a higher number of patients to obtain robust conclusions.

Disclosure: No significant relationships.

P063 / Abs. ID 327

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

COST OF COMPLICATIONS IN METABOLIC-BARIATRIC SURGERY: AN ASIAN EXPERIENCE

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Background: Complications from metabolic-bariatric surgery (MBS) incurs additional cost to the patient.

Objectives: Additional cost to the patient is investigated per complication. Further, weight loss is investigated at the 6-month and 12-month post-operative timepoints between patients who had a complication within 90-days of an MBS procedure and those who did not.

Methods: Data from patients who underwent an MBS procedure at the National University Hospital, Singapore between January 2008 and December 2022 were extracted and analysed. Complications were graded using the Clavien-Dindo (CD) classification up to 90-days post-operation, and the Comprehensive Complication Index (CCI) was calculated accordingly. The total cost was tabulated excluding subsidies and taxes and was converted to United States Dollar (USD). Subsequently, the cost in USD was adjusted for inflation as per month-year. Weight loss was compared using total weight loss in percentage (TWL%) at 6-months and 12-months post-operation. Data is presented as median with interquartile range unless otherwise specified.

Results: The most common complications within 90-days of an MBS procedure were fever (n = 12, 21.82%), leak (n = 8, 14.55%), and sepsis (n = 5, 9.09%). The highest cost complication was perforation at USD246,755.71 (132,989.07 – 247,803.76), followed by ulceration at USD67,597 (37,717.74 – 97,476.25), leak at USD18,049.96 (13,839.43 – 38,497.45), surgical site infection (SSI) at USD17,460.54 (10,723.19 – 24197.89), and bleeding gastrointestinal tract (BGIT) at USD6,650.18 (6335.51 – 8963.93). TWL% at 6-months post-operation was 21.23% (18.32 – 27.41) for patients who had a complication within 90-days of an MBS procedure. On the other hand, patients who did not have a complication within 90-days of an MBS procedure had a TWL% of 21.09% (16.90 – 25.44). At 12-months, the TWL% was 25.57% (20.50 – 31.72) for the complication group and 25.45% (19.88 – 31.25) for the non-complication group. There was no statistically significant difference between these groups at 6-months post-operation (p=0.336) or 12-months post-operation (p=0.643).

Conclusions: The additional cost per complication toward the patient varies depending on the severity of the complication and the CCI is a good indicator for this. Weight loss outcomes are not affected by short-term complications arising from MBS.

Disclosure: No significant relationships.

P064 / Abs. ID 894

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

MANAGEMENT AND OUTCOMES OF GASTRIC LEAK AFTER SLEEVE GASTRECTOMY IN A HIGH-VOLUME CENTER

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Background: Sleeve Gastrectomy (SG) is one of the most widely used bariatric-metabolic surgery (BMS) procedures due to its efficacy in weight loss and improvement of comorbidities. However, gastric leaks represent a serious postoperative complication, with an incidence of 0.5% to 5.3%, posing a significant clinical challenge, particularly in high-volume centers.

Objectives: To evaluate the incidence, management, and outcomes of gastric leaks following SG in a high-volume center between January 2020 and February 2025.

Methods: A retrospective analysis was conducted on a database of 3,482 patients who underwent SG during the specified period at Redsalud Santiago Clinic. Collected data included demographic characteristics, time to diagnosis, diagnostic methods, management (conservative, endoscopic, surgical), and final outcomes.

Results: Ten patients with postoperative gastric leaks were identified, resulting in an incidence of 0.29%. The mean age was 47.5 years, and the average BMI was 39.2 kg/m². Diagnosis occurred at an average of 17.6 days postoperatively via computed tomography. In all cases, the leak was located at the His angle. Management included laparoscopic surgical lavage with drainage, placement of an endoscopic stent, and enteral nutrition. Two patients experienced stent migration, which was repositioned. Three patients required reintervention due to persistent collections (one with laparoscopic drainage and two with percutaneous drainage). In one case, laparotomy was required due to abdominal sepsis. The average hospitalization lasted 20.5 days (10-50 days). All leaks were resolved with surgical and endoscopic techniques, with no mortality reported.

Conclusions: SG performed at this center demonstrated a low incidence of gastric leaks (0.29%), below the rates reported in the literature. The multimodal management approach, combining surgical techniques, endoscopic treatment, and nutritional support, effectively resolved all complications. These results highlight the importance of a structured therapeutic approach and surgical expertise in reducing the consequences of this complication.

Disclosure: No significant relationships.

P065 / Abs. ID 1103

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

IMPACT OF DIABETES ON POSTOPERATIVE COMPLICATIONS IN BARIATRIC PATIENTS UNDER THE FONASA PAD PROGRAM

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Background: Bariatric surgery is the most effective treatment for severe obesity, particularly in patients with comorbidities such as Type-2-Diabetes (T2D). It has been suggested that diabetic patients may have a higher risk of postoperative complications.

Objectives: The aim of this study is to analyze the association of T2D with postoperative complications in patients operated under a partially subsidized governmental program (FONASA PAD).

Methods: A retrospective analysis was conducted on a cohort of patients who underwent gastric bypass (including combined variants) and sleeve gastrectomy. Variables such as age, sex, surgical technique, diabetes diagnosis, and postoperative complications were considered. The Chi-square test was used to evaluate the association between analyzed variables. Additionally, subgroups were compared based on age and surgical technique.

Results: Of the total patients analyzed (n=1,260), 83.2% were women and 16.8% were men, with a mean age of 38.6 ± 10.1 years. Regarding surgical technique, 66.9% underwent gastric bypass (n=841) and 33.1% sleeve gastrectomy (n=416). T2D was present in 19.7% of patients (n=248, of whom 91.9% were treated with gastric bypass and 8.1% with sleeve gastrectomy. Patients with diabetes had a significantly higher mean age of 45.3 ± 10.3 years, compared to 37.0 ± 9.4 years in patients without diabetes ($p<0.001$). The overall complication rate was 2.0%. In patients without diabetes this rate was 2.02%, and 1.58% in patients without diabetes, with no difference between both groups ($p = 0.839$). The most frequent complications were: • Gastrointestinal bleeding: 0.63% • Hemoperitoneum: 0.16% • Acute pancreatitis: 0.16% • Intestinal obstruction: 0.16% • Gastric pouch leak: 0.08% • Persistent sialorrhea: 0.08% Additionally, significant differences were observed between patients with diabetes and patients without diabetes in terms of age and surgical technique (greater proportion of gastric bypass in patients with diabetes, $p < 0.001$).

Conclusions: In this cohort of patients undergoing gastric bypass or sleeve gastrectomy under the FONASA PAD program, T2D was not associated with a higher risk of postoperative complications. Complications were infrequent and conservatively manageable. These findings support the safety of these techniques in patients with T2D when performed under appropriate and standardized protocols.

Disclosure: No significant relationships.

P066 / Abs. ID 409

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

SUPERIOR MESENTERIC VEIN THROMBOSIS POST LAPAROSCOPIC SLEEVE GASTERECTOMY

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Background: sleeve gasterectomy is the most common procedure all over the world most common complication are bleedin, leakage or DVT. Porto-mesenteric venous thrombosis is an infrequent but severe surgical complication developing in patients who underwent metabolic bariatric surgery.

Objectives: We describe different cases and presentation of clinical picture, diagnosis, prevention and management.

Methods: retrospective study conducted on 1876 under went to sleeve gastrectomy from April 2016 to June 2023. All patients were done laparoscopy. Prophylactic dose of anticoagulant was used. Main presentation was sever agonizing abdominal pain not respond to usual analgesic associated with nausea, vomiting

Results: 18 cases were diagnosed SMV thrombosis with or without portal vein thrombosis. Diagnosis with mesenteric duplex U/S and CT abdomen. Two cases need for laparoscopic exploration (1st case gangrenous small bowel about one meter which require laparoscopic resection and anastomosis, second case had massive bowel affection which require resection and ileostomy) there was no mortality. All other cases treated medically with therapeutic doses of anti-coagulant.

Conclusions: SMV thrombosis is a rare complication but may be life threatening. Prophylactic and even therapeutic doses of anticoagulant is important. Dehydration is one of the most predisposing factor. Reexploration may be lifesaving in some cases.

Disclosure: no conflict of interest

P067 / Abs. ID 746

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

ESOPHAGEAL ADENOCARCINOMA FROM BARRETT'S ESOPHAGUS 10 YEARS AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY WITH DUODENAL-JEJUNAL BYPASS: FIRST CASE REPORT

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Background: Esophageal adenocarcinoma developing from Barrett's esophagus is a serious complication associated with gastroesophageal reflux disease (GERD). Sleeve gastrectomy is known to be a potential risk for GERD, and a few cases of esophageal adenocarcinoma have been reported following sleeve gastrectomy alone. However, no such cases have been reported following laparoscopic sleeve gastrectomy with duodenal-jejunal bypass (LSG-DJB), which is a preferred procedure over gastric bypass in Japan because of concerns about remnant gastric cancer.

Objectives: We present a case of esophageal adenocarcinoma from Barrett's esophagus 10 years after LSG-DJB.

Methods: A 37-year-old male with severe obesity (141.2 kg, BMI 48.3) and type 2 diabetes underwent LSG-DJB. Preoperative upper gastrointestinal (GI) endoscopy revealed Barrett's esophagus, measuring close to 3 cm in length, and chronic gastritis. Helicobacter pylori infection was excluded via a negative urea breath test. The patient continued on proton pump inhibitor therapy postoperatively and underwent annual upper GI endoscopic follow-up.

Results: At the 10-year postoperative endoscopy, a flat, erythematous, easily bleeding lesion at the gastroesophageal junction was identified. Biopsy confirmed adenocarcinoma. Endoscopic submucosal dissection (ESD) achieved curative resection of a pT1a lesion without lymphovascular invasion. The patient has remained recurrence-free over 18 months of follow-up.

Conclusions: Although the Roux-en-Y reconstruction in LSG-DJB may reduce bile reflux compared to sleeve gastrectomy alone, the risk of acid reflux would be comparable. This case indicates that esophageal adenocarcinoma can develop after LSG-DJB in patients with significant preexisting Barrett's esophagus, emphasizing the need for continuous acid suppression and close endoscopic surveillance.

Disclosure: No significant relationships.

P068 / Abs. ID 1090

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

POSTOPERATIVE HYPERGLYCEMIA AS A PREDICTOR OF BLEEDING IN THE IMMEDIATE POSTOPERATIVE PERIOD OF METABOLIC BARIATRIC SURGERY

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Background: Postoperative bleeding is a life treating complication in MBS. Risk factors such as hypertension, people with diabetes, male gender, history of intragastric balloon, NSAIDs, previous cholecystectomy, among others, have been reported, but there is no information regarding hyperglycemia in the immediate postoperative period prior to the onset of bleeding.

Objectives: To determine if hyperglycemia is an early marker of significant bleeding (masive hematocrit drop with positive FAST ultrasound or need for transfusion or reoperation) and to calculate the glucose value with the highest sensitivity and specificity for significant bleeding in patients immediately postoperatively from MBS.

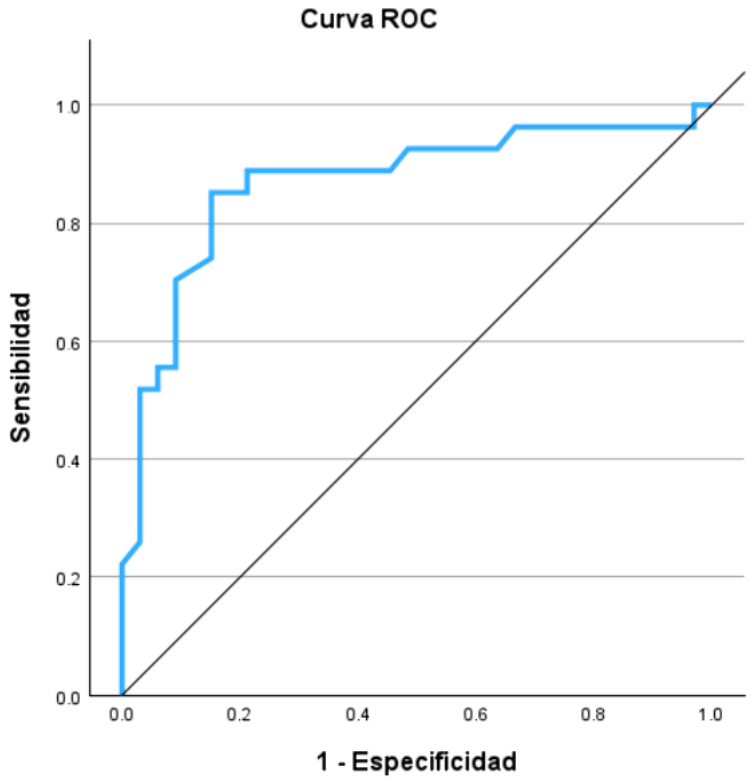
Methods: Case-control study, data was collected from patients who underwent MBS from 2020 to 2025. Two groups were formed based on whether they experienced significant bleeding in the immediate postoperative period or not (within the first 24 hours postoperatively). Demographic variables and those related to blood glucose spikes, free fluid by ultrasound, need for surgery, and transfused blood units were analyzed. people with diabetes were excluded.

Results:

	Bleeding	Non Bleding	p
Female	66.7%	72.7%	0.61
Age	38.9	38.7	0.95
Insuline requirement	52%	3%	<0.001
Hipertension	14.8%	9.1%	0.49
Pre operative glucose	98.6	103.3	0.16
Post operative glucose peak	191.4	147.8	<0.001
Decreased hematocrit	12.2	3.9	<0.001
BMI	36.1	34.5	0.3
Positive FAST ultrasound	92.6%	9.1%	<0.001

27 cases and 33 controls were included, mean age was 38 years, BMI of 35 kg/m², 66% patient were female, 92% had a positive FAST ultrasound, 51% required insulin, mean preoperative glucose was 98 mg/dL, and postoperative peak was 191 mg/dL. Mean hematocrit drop was 12 (+/- 5), mean time between the hyperglycemia peak and the positive FAST

ultrasound was 4 hours. In the case group, 70.4% required transfusions, and 14.8% were reoperated. Post operative glucose cutoff point with the highest sensitivity (85%) and specificity (78%) for significant bleeding was 165mg/dL



mg/dL.

Conclusions: Capillary glucose elevation in the immediate postoperative period in patients without diabetes is associated with the presence of postoperative bleeding. We propose a glucose value of 165 mg/dL as a cutoff for suspicion of bleeding in the immediate postoperative period in patients without diabetes Further prospective studies are needed to confirm these findings.

Disclosure: No significant relationships.

P069 / Abs. ID 196

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

ANALYSIS OF RISK FACTORS AND CONSTRUCTION OF PREDICTION MODEL FOR ACUTE HYPERTENSION AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY

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Background: Acute postoperative hypertension (APH), which can lesd to adverse cardiovascular outcomes, is a common complication during the anesthesia recovery period. For obese patients, the cardiovascular accidemts may be more severe.

Objectives: This studu aimed to identify risk factors and construct prediction model for APH after laparoscopic sleeve gastrectomy (LSG).

Methods: Patients who underwent LSG in Shanghai tenth people's hospital between August 2021 to December 2023. Association between risk factors and APH after LSG were analysed using LASSO logistic regression model. A nomogram prediction model was bulit based on these factors.

Results: A total of 161 patients were included in this study. Among them, 90 patients developed APH. Multivariate logistic regression analysis revealed that BMI (standardized OR 1.066, 95%CI 1.003-1.137, p = 0.046)、PLT (standardized OR 0.994, 95%CI 0.998-0.999, p = 0.027)、FIB (standardized OR 1.943, 95%CI 1.128-3.479, p = 0.02) and preDBP (standardized OR 0.952, 95%CI 0.918-0.985, p = 0.006) were risk factors for acute hypertension in LSG. Based on these factors, a nomogram prediction model was constructed.

Conclusions: APH after LSG is related to BMI、PLT、FIB and preDBP. The nomogram prediction model constructed in this study demonstrates high accuracy and discrimination in predicting the occurrence of acute hypertension in patients after LSG

Disclosure: No significant relationships.

P070 / Abs. ID 381

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

A CARE PATHWAY PROPHYLAXIS PROTOCOL TO MINIMIZE SURGICAL SITE INFECTIONS (SSI) AFTER METABOLIC BARIATRIC SURGERY

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Background: Surgery performed on obese patients is associated with an increased risk for surgical site infections (SSI).

Objectives: The primary aim of this quality improvement project was to develop and implement a care package protocol for SSI prevention.

Methods: Incidence rates for SSI (peripheral, organ/space) were examined for MBS surgeries prior to and following implementation of an operative SSI prophylaxis protocol. The protocol included the following: 1) use of chlorhexidine (CHG) wash in place of antibacterial soap for showering (two applications), first application night prior and second application morning of surgery with documented use, 2) third additional applications of CHG in pre-op, 3) assessment of HbA1c 30 days prior to surgery and strict perioperative glycemic control, 4) instructions to patients on proper wound care, 5) aggressive antibiotic therapy to avoid SSI infection for patients with previous antibiotic resistant infections, such as MRSA, and 6) proper documentation of surgical wounds to avoid incorrect labelling of SSI.

Results: From Jan-Dec 2021, SSI incidence for primary metabolic bariatric surgery averaged 3.33%. Between Jan-Dec 2022, six additional SSIs occurred (two peripheral, four organ/space) in our practice. Following implementation of the revised SSI prophylaxis protocol (Jan to Dec 2023), there were zero SSI occurrences (0/239 primary surgeries).

Conclusions: Surgical-site infections with MBS can be improved or prevented with appropriate operative care, including antimicrobial prophylaxis, perioperative glycemic control, and patient education.

Disclosure: No significant relationships.

P071 / Abs. ID 788

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

STOMA CREATION IN PATIENTS WITH OBESITY: A NOVEL BAILOUT PROCEDURE FOR COMPLICATIONS AFTER METABOLIC BARIATRIC SURGERY

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Background: Creating a stoma in patients with obesity presents unique challenges due to increased subcutaneous fat, bulky mesentery, and a higher risk of complications. Conventional techniques often lead to stoma-related issues such as retraction, herniation, and skin irritation. This study explores a novel approach that could be used as a Novel Bailout Procedure for complications after bariatric surgey, incorporating advanced surgical techniques to optimize stoma function and minimize complications.

Objectives: This study aims to evaluate the efficacy of a modified stoma creation technique in patients with obesity reducing the subcutanuous area. The primary objectives include reducing stoma-related complications, improving patient outcomes, and facilitating easier postoperative management.

Methods: This study was conducted at the Civil Hospital of Guadalajara Juan I. Menchaca. The study focuses on 3 patients with sever obesity were stoma creation was the only option as a bailout procedure. Postoperative outcomes were assessed in terms of complication rates, patient comfort, and ease of stoma care.

Results: The novel technique demonstrated a significant reduction in complications, with no futher interventions were needed, complications as retraction, peristomal skin irritation, and herniation were reducede. Patients reported improved comfort and ease of management. Subcutaneous lipectomy, panniculectomy and the cardinal points between skin and aponurosis contributed to enhanced stoma protrusion and function. The vertical incision method improved stoma stability and reduced surgical site infections.

Conclusions: This innovative approach to stoma creation in patients with obesity offers a promising solution to common technical challenges. By incorporating tailored surgical techniques, patient outcomes can be significantly improved, reducing complications and enhancing quality of life. Further studies are recommended to validate long-term efficacy and refine procedural standards for widespread adoption.

Disclosure: No significant relationships.

P072 / Abs. ID 1062

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

DE NOVO GASTROESOPHAGEAL REFLUX DISEASE IN PATIENTS AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY

Giuliano Pendino[1,2], Diego Awruch[2], Marco Vicentin[1,2], Alejandro Marcolini[1,2], Rogelio Tioni[1,2]
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Background: Gastroesophageal reflux disease (GERD) and severe obesity are closely related, with multiple factors contributing to their development. Bariatric surgery remains the only sustainable method for treating severe obesity and its associated comorbidities. However, the occurrence of de novo GERD has been observed in patients after laparoscopic sleeve gastrectomy (LSG).

Objectives: To determine the incidence and impact of de novo GERD in patients undergoing LSG at a Bariatric and Metabolic Surgery Center in Rosario, Argentina.

Methods: A retrospective observational study was conducted on 103 patients of both sexes, aged 18 to 65 years, who underwent LSG between August 2019 and August 2021. Patients were evaluated by a multidisciplinary team, and data were collected from digital medical records and the center's database. Demographic, clinical, and surgical variables were analyzed.

Results: The occurrence of GERD in the postoperative period was independent of the presence of preoperative gastropathy. However, a higher incidence was observed within the first six months post-surgery, with symptom improvement after one year. No correlation was found between GERD symptoms and weight loss. Patients who underwent LSG achieved significant weight loss and improvement in obesity-related comorbidities. However, the impact of surgery on GERD remains unclear, with contradictory evidence regarding the development of de novo GERD after the procedure.

Conclusions: LSG is associated with the onset of de novo GERD, with symptoms that tend to worsen during the first six months postoperatively but improve after one year. No relationship was found between GERD symptoms and the degree of weight loss.

Disclosure: No significant relationships.

P073 / Abs. ID 992

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

INCIDENCE AND CAUSES OF POST BARIATRIC SURGERIES READMISSION

Ayman Kamal
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Background: Hospital readmissions after bariatric surgery can significantly increase health care costs. Rates of readmission after bariatric surgery have ranged from 0.6% to 11.3%, but the rate of complications and the causes of readmission have not been well characterized

Objectives: A retrospective study was performed on all patients who underwent bariatric surgery between 2020 and 2024. Procedures included laparoscopic Roux-en-Y gastric bypass (LRYGB), laparoscopic sleeve gastrectomy (LSG) and one anastomosis gastric bypass (OAGB)

Methods: A retrospective study was performed on all patients who underwent bariatric surgery between 2020 and 2024. Procedures included laparoscopic Roux-en-Y gastric bypass (LRYGB), laparoscopic sleeve gastrectomy (LSG) and one anastomosis gastric bypass (OAGB)

Results: All patients during the study period were included. The over-all rate of admissions was calculated. All factors causing readmission were measured separately in each type of bariatric surgery. Readmission due to bleeding or leakage was less incident compared to previous factors.

Conclusions: Readmissions after bariatric surgery are most commonly caused by potentially preventable factors, such as pain, nausea or vomiting. Strategies to identify and address factors associated with readmission may reduce readmissions and health care costs after bariatric surgery in a publicly funded health care system.

Disclosure: No significant relationships.

P074 / Abs. ID 1001

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

SURGICAL MANAGEMENT OF CHRONIC FISTULAS AFTER SLEEVE GASTRECTOMY: CLINICAL APPROACH AND TREATMENT REVIEW

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Montpellier University hospital, Digestif And Bariatric Surgery, Montpellier, France

Background: Chronic fistulas following Sleeve Gastrectomy (SG) are a rare but serious complication of bariatric surgery. Their management requires a multidisciplinary strategy combining medical, endoscopic, and surgical treatments

Objectives: This presentation aims to share the experience of Montpellier University Hospital with three complex cases while providing an overview of the available therapeutic approaches.

Methods: We present a series of three clinical cases illustrating the management of chronic fistulas post-SG. These cases highlight the diversity of medical treatment protocols, including targeted antibiotic therapy, enteral nutrition, and innovative interventional endoscopic techniques. A recent literature review will contextualize these strategies.

Results: Each case will be detailed in a short video, showcasing the critical treatment steps and outcomes. We will discuss optimal clinical response criteria and specific challenges encountered.

Conclusions: A summary of therapeutic options will be provided, integrating various surgical solutions (revisions, diversions) and their respective effectiveness. This comparative analysis will help establish practical recommendations for optimal management of chronic fistulas after SG.

Disclosure: No significant relationships.

P075 / Abs. ID 1213

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

JEJUNAL INTUSSUSCEPTION AFTER ROUX-EN-Y GASTRIC BYPASS. CASE SERIES

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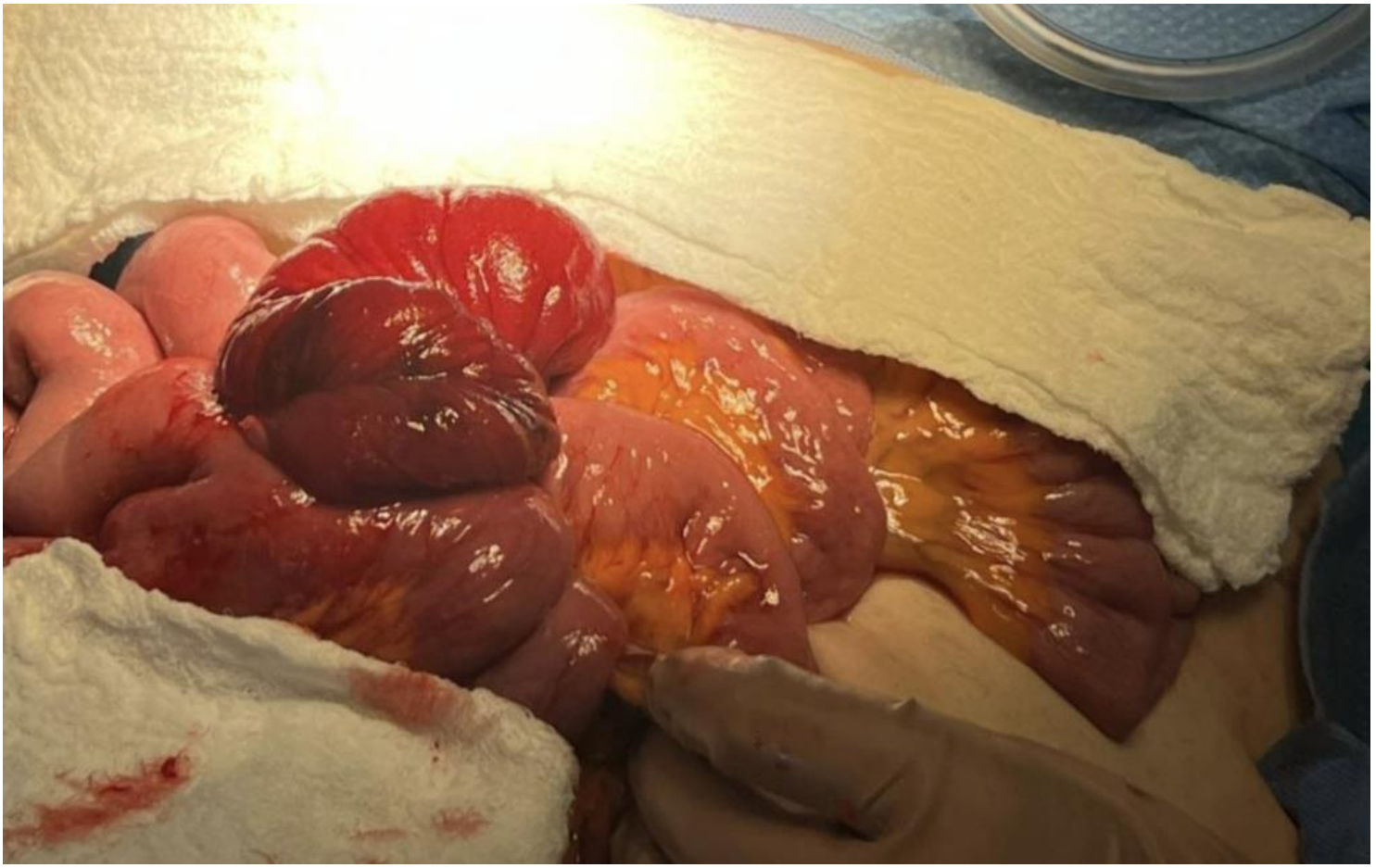
Background: Jejunal intussusception is a rare cause of small bowel obstruction in adults following Roux-en-Y gastric bypass (RYGB), accounting for less than 1% of cases.

Objectives: To describe a case series of two patients presenting with jejunojejunal intussusception after RYGB, evaluating clinical presentation, imaging findings, surgical management, and postoperative outcomes.

Methods: Case 1: A 31-year-old female with a history of RYGB six years prior and recent laparoscopic cholecystectomy presented with abdominal pain and vomiting. Abdominopelvic CT scan revealed jejunal intussusception. She underwent exploratory laparotomy with manual reduction and enteropexy. Case 2: A 37-year-old female with a history of RYGB twelve years prior presented with recurrent episodes of colicky abdominal pain. CT scan demonstrated intestinal intussusception without signs of ischemia. She underwent laparotomy with reduction of the intussusception and enteropexy.



Results: Both patients had favorable postoperative courses, with progressive diet advancement and no nausea or vomiting. During follow-up, no recurrent abdominal pain or postoperative complications were reported.

Conclusions: Although rare, jejunal intussusception after RYGB should be considered in the differential diagnosis of acute abdominal pain in patients with a history of bariatric surgery. Early diagnosis and timely surgical intervention are essential to prevent complications. This case series highlights the importance of including this entity in the evaluation of acute abdomen, even in young patients following gastric bypass surgery.

Disclosure: No significant relationships.

P076 / Abs. ID 775

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

EMERGENCY COMPLICATIONS OF AN ADJUSTABLE GASTRIC BAND EROSION AND MIGRATION .A CASE REPORT

Anabella Beatriz Sanchez[1,2], Macarena Raciti[3], Hector Giovagnoli[3], Mariana Strazzeri[3], Florencia Maccarone,[3], Natalia Russo[3]
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Background: Laparoscopic adjustable gastric banding (LAGB) is an approved procedure in bariatric surgery. However, serious complications due to band erosion have been reported. There have been few reports of intestinal obstruction and perforation caused by gastric banding invading the gastric wall and migrating to the jejunum.

Objectives: Our objective is to present a clinical case of erosion and perforation in a post-operative gastric band, due to the rarity of this presentation of complications in this type of surgical procedure, and how the resolution varies according to the surgeon's experience.

Methods: We report a rare case of gastric band erosion and migration into the ileum.

Results: A 51-year-old female patient is admitted to the emergency department with a one-month history of abdominal pain in the epigastric region, radiating to the lower hemiabdomen. Associated with nausea, vomiting, and a 4 kg weight loss (BMI 26.4). Medical history includes bariatric surgery (Roux-en-Y gastric bypass with gastroenteroanastomosis) in Lithuania in 2016 (BMI 39), followed by gastric band placement and dermolipectomy. Physical examination reveals a soft, depressible abdomen, tender in the epigastric region, with a palpable formation consistent with a subcutaneous reservoir for the gastric band, without guarding or rebound tenderness. Laboratory findings show leukocytosis (19,800/mm3). Abdominal CT scan:invaginated segment with an intraluminal image containing a catheter. Free abdominal fluid is present. TREATMENT: Exploratory laparotomy+intestinal resection + entero-entero anastomosis+intestinal repair of gastroenteroanastomosis loop. Finding: ileal perforation at 60 cm from the ileocecal valve due to intraluminal foreign body (gastric band) + perforation in gastroenteroanastomosis loop with gastric band catheter exit.

Conclusions: Band migration is a rare complication that should be suspected in patients with a history of gastric banding presenting with bowel or biliary obstruction even after many years. Clinically, migration after gastric band erosion can manifest as persistent nausea, abdominal pain, abdominal fullness, loss, and weight gain. Hematemesis, intestinal obstruction, intestinal perforation, and peritonitis may occur in severe cases. The main diagnostic approach is to find the eroded site through endoscopy and then confirm the migrated site through abdominal CT . Approach to management depends on the location of the band as well as the expertise of the surgical team.

Disclosure: No significant relationships.

P077 / Abs. ID 201

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

INTESTINAL OBSTRUCTION AT THE ENTERO-ENTERIC ANASTOMOSIS FOLLOWING LAPAROSCOPIC GASTRIC BYPASS: ANALYSIS OF 5 CASES

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Background: Intestinal obstruction at the entero-enteric anastomosis is an uncommon but significant complication following laparoscopic gastric bypass. Various factors, including surgical technique, anastomotic closure method, and mesenteric defect management, may contribute to its occurrence.

Objectives: To analyze the incidence, treatment, and potential predisposing factors of intestinal obstruction at the entero-enteric anastomosis following laparoscopic gastric bypass.

Methods: A total of 82 patients who underwent laparoscopic gastric bypass between May 2024 and January 2025 were analyzed. Cases of intestinal obstruction at the entero-enteric anastomosis, their management, and postoperative evolution were recorded.

Results: Five cases (6.1%) of intestinal obstruction occurred between postoperative days 5 and 21, diagnosed through computed tomography as high-grade intestinal obstruction. Two patients required surgical intervention. One patient underwent resection of the anastomosis and reconstruction with two anastomoses: an entero-enteric anastomosis and reformation of the original anastomosis. The other patient was treated with an entero-enteric bypass with a latero-lateral anastomosis between the alimentary limb and the common limb. Conservative management was successful in the other three patients, who received steroids, prokinetics, and analgesia. The closure of the entero-enteric gap during the primary surgery was performed with Monocryl 3-0. In two cases, the closure was done in a single serosubmucosal layer. In the other three cases, the closure was performed in two layers (total perforating and seromuscular). In all cases, the mesenteric defects, including the intermesenteric and Petersen spaces, were closed using non-absorbable Vylock 3-0. It is suggested that closure in two layers (total perforating and seromuscular) may increase the risk of obstruction due to fibrosis or edema, and that closing the mesenteric defect could contribute to torsion or "kinking" of the alimentary limb. Surgical Technique: The surgical technique for gastric bypass includes the creation of the jejuno-jejunal anastomosis using a 45 mm x 2.5 mm Beige linear stapler (Medtronic), which is consistently applied in all procedures.

Conclusions: Intestinal obstruction at the entero-enteric anastomosis following laparoscopic gastric bypass is a rare but potentially serious event. The technique for closing the entero-enteric gap and mesenteric defect may influence its occurrence, warranting further investigation to establish the optimal surgical strategy.

Disclosure: No significant relationships.

P078 / Abs. ID 1021

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

EVALUATION OF MORTALITY RISK AND CONTRIBUTING FACTORS IN PERIOPERATIVE PULMONARY ASPIRATION

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Background: Perioperative pulmonary aspiration (PPA), although rare with an incidence of approximately 1 in 3,216 procedures, remains a significant concern for anesthesia providers. Factors such as a full stomach, delayed gastric emptying, and anatomical abnormalities can increase the risk of aspiration.

Objectives: This study aims to identify modifiable factors contributing to aspiration events in the perioperative period, with the goal of reducing future risks through optimized care.

Methods: We conducted a single-center retrospective chart review to identify patients who experienced PPAs. Given the potential for underreporting with ICD-10 codes, inclusion criteria were based on keyword searches within anesthesia notes targeting terminology related to aspiration events. Each chart was manually reviewed to confirm documented aspiration events. Data were extracted from electronic health records (EHR), focusing on variables like patient demographics, preprocedure SpO2, provider type, airway management, intubation attempts, post-op supplemental O2, ICU time, and medications. Imaging reports within 48 hours post-aspiration were manually reviewed to assess pulmonary aspiration evidence. The Charlson Comorbidity Index (CCI) was used to assess mortality risk.

Results: We evaluated 72 PPA patients over the past decade. Of these, 13 patients (18%) died within 150 days post-aspiration, including 9 (12.5%) who died within the first 60 days. Patients who died had a mean age of 58.4 years compared to 62.1 years for survivors (p=0.330). The ASA score was significantly higher in the mortality group (3.46 ± 0.66 vs. 2.95 ± 0.57, p=0.020), as was their Charlson Comorbidity Index (8.2 ± 4.5 vs. 4.9 ± 3.7, p=0.026). No significant differences were found in ICU stays (4.3 ± 6.65 days vs. 1.5 ± 4.61 days, p=0.170), BMI (27.6 ± 9.6 vs. 31.0 ± 9.83, p=0.268), or cricoid pressure application (46.2% vs. 37.3%, p=0.780).

Conclusions: Higher preoperative risk, indicated by elevated ASA scores and Charlson Comorbidity Index, was associated with increased mortality following PPA, even in relatively younger patients. These findings highlight the role of preoperative risk factors and comorbid burden in predicting PPA outcomes.

Table 1. Comparison of 150-Day Mortality and Survival Groups in Postoperative Pulmonary Aspiration (PPA) Patients

Variable	Mortality Group (n=13)	Survival Group (n=59)	P-value
Age (years, mean)	58.4	62.1	—
ASA Score (mean)	3.46 (95% CI 3.17 to 3.75)	2.95 (95% CI 2.87 to 3.03)	0.020*
ICU Stay (days, mean)	4.3 (95% CI 0.28 to 8.32)	1.5 (95% CI 0.30 to 2.70)	0.170
BMI (mean)	27.6 (95% CI 18.04 to 37.16)	31.0 (95% CI 22.15 to 39.85)	0.268
Charlson Comorbidity Index (CCI)	8.2 (95% CI 3.71 to 12.69)	4.9 (95% CI 3.59 to 6.21)	0.026*
Provider Type	—	—	0.593
CRNA	61.5% (8/13)	70.4% (38/54)	—
Attending	23.1% (4/13)	18.5% (10/54)	—
RRNA	—	5.6% (3/54)	—
Resident	—	5.6% (3/54)	—
Unspecified	—	5 cases	—
General Anesthesia Used	100%	89.8% (53/59)	—
Cricoid Pressure Applied	46.2% (6/13)	37.3% (22/59)	0.780
Intubation Attempts (mean)	1.00	1.16	—
Aspiration Timing	—	—	0.544
Induction	38.5% (5/13)	25.0% (14/56)	—
Intubation	30.8% (4/13)	25.0% (14/56)	—
Intraoperative	30.8% (4/13)	42.9% (24/56)	—
Extubation	—	7.1% (4/56)	—

Disclosure: No significant relationships.

P079 / Abs. ID 908

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

RECURRENT ASPIRATION PNEUMONIA: AN UNDERRECOGNIZED COMPLICATION OF BANDED GASTRIC BYPASS SURGERY

Marc Beisani[1], Miren Monroy Pacheco[2], Camila Sepulveda[3], Enrique Biel[3], Pilar Ausin[1], Carme Serra[1], Montse Villatoro[1], Albert Goday[1], David Benaiges[1], Anna Casajoana[1]
[1]Hospital del Mar, Barcelona, Spain, [2]Tecnologico de Monterrey, Monterrey, Mexico, [3]Universidad de Concepcion, Concepcion, Chile

Background: Banded gastric bypass can have specific long-term complications, mostly related to stenosis of the anastomosis. Clinical presentation may vary, with gastrointestinal, pulmonary or otolaryngological symptoms.

Objectives: To report a clinical-case of a banded gastric bypass stenosis presenting as recurrent aspiration pneumonia.

Methods: Clinical-case presentation.

Results: A 57-year-old male with no known allergies and with a past medical history of obstructive pulmonary disease, diffuse bronchiectasis and gastroesophageal reflux with Grade A esophagitis, who underwent a banded gastric bypass surgery in 2002 with a preoperative body mass index (BMI) of 58 kg/m2 and a current BMI of 24 kg/m2. Since 2019 the patient has suffered from recurrent aspiration pneumonias that required four long-term hospitalizations, multiple emergency department consultations, and several courses of antibiotics. In October 2024 he was eventually referred for a bariatric surgery consultation. A diagnostic workup was completed with an upper gastrointestinal series that showed a delay in esophageal emptying. An upper endoscopy and manometry were performed but did not reveal any significant abnormalities. Moreover, a computed tomography scan showed a significant esophageal and gastric pouch dilation with a relative stenosis caused by the silastic band at the gastrojejunal anastomosis. Finally, a laparoscopic en-bloc resection of the gastrojejunal anastomosis and the silastic band, along with resizing of the pouch and creation of a new gastrojejunostomy with the previous alimentary limb, was performed. The patient had no postoperative complications, and was discharged three days after the surgery. At the two-month follow-up, the patient demonstrated good oral tolerance and had not experienced new episodes of aspiration or pneumonia.

Conclusions: Banded gastric bypass can lead to unusual yet serious complications. A bariatric surgical consultation is warranted in the presence of any atypical respiratory or digestive symptoms.

Disclosure: No significant relationships.

P080 / Abs. ID 1207

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

REVERSAL OF REVISIONAL RYGB POST SLEEVE GASTRECTOMY USING ROUX LIMB INTERPOSITION FOR SEVERE HYPOGLYCAEMIA

Aditya Baksi[1,2], Prasanna Ramana Arumugaswamy[1], Washim Firoz Khan[1], Hemanga Kumar Bhattacharjee[1], Sandeep Aggarwal[1]
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Background: Bariatric procedures, although safe in most patients, may occasionally have complications that significantly affect quality of life. Severe gastro-esophageal reflux (GER) after sleeve gastrectomy is a known complication, which needs conversion to RYGB. Common complications after RYGB include internal hernias and port site hernias. A rare complication of Roux-en-Y gastric bypass (RYGB) is hypoglycaemia, which usually responds to non-operative management (NOM) like alpha glucosidase inhibitors and dietary adjustments. However, some patients do not respond to NOM and may have severe hypoglycaemic episodes, necessitating reversal of the procedure.

Objectives: To highlight the role of reversal of RYGB in managing post-RYGB hypoglycaemia

Methods: A 43-year-old lady with body mass index (BMI) 53 kg/m^2 underwent sleeve gastrectomy, following which her BMI reduced to 43 kg/m^2. However, she developed severe GER, for which she was offered revisional RYGB. Post RYGB, her reflux symptoms resolved and BMI further reduced to 32 kg/m^2. About five years later she started to develop episodes of fainting which were associated with severe hypoglycaemia up to 40 mg/dL. Hypoglycaemic episodes were progressively more frequent and severe. Causes of hypoglycaemia including insulinoma were ruled out. Decision was taken to reverse the procedure. The absence of a remnant stomach posed a challenge.

Results: The Roux limb was used as interposition for joining the Roux pouch with the remnant sleeve pouch. The surgery was difficult as the patient had also undergone incisional hernia repair and internal hernia reduction surgery. The procedure was successfully completed laparoscopically and the patient had an uneventful recovery. Post reversal, the patient had no further episodes of hypoglycaemia, but developed reflux symptoms again, which were managed conservatively.

Conclusions: Definitive treatment of severe hypoglycaemia post RYGB is reversal and must be considered in patients not responding to conservative management. Future direction may point in avoiding RYGB in patients without diabetes and consider alternative therapies for reflux after sleeve.

Disclosure: No significant relationships.

P081 / Abs. ID 489

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

EFFECT OF PROPHYLACTIC USE OF URSODEOXYCHOLIC ACID IN PREVENTING GALLSTONES AFTER BARIATRIC BYPASS SURGERY

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Centro Universitário Cidade Verde, Nutrição, Mandaguari, Brazil

Background: Metabolic bariatric surgery, especially gastric bypass, is an effective intervention for severe obesity, but the rapid weight loss associated with it is a risk factor for gallstone formation. This study seeks to present a personal experience with the use of Ursodeoxycholic Acid (UDCA) as a prophylactic strategy to prevent biliary complications.

Objectives: To evaluate the impact of Ursodeoxycholic Acid in preventing gallstones in patients undergoing gastric bypass bariatric surgery.

Methods: This is a case report based on personal experience and literature review. Data includes pre- and post-treatment ultrasonographic exams with UDCA, as well as comparisons with randomized clinical trial data regarding gallstone formation after bariatric surgery.

Results: Significant reduction in gallstone formation following six months of treatment with Ursodeoxycholic Acid. Comparisons with literature data reinforce the prophylactic benefits of UDCA in preventing post-surgical biliary complications.

Conclusions: The use of Ursodeoxycholic Acid proved effective in preventing gallstones in patients undergoing gastric bypass, contributing to reduced biliary complications and avoiding the need for cholecystectomy.

Disclosure: No significant relationships.

P082 / Abs. ID 292

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

GASTROPLEURAL FISTULA: A CASE REPORT OF A NON OPERATIVE RESOLUTION.

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Hospital de Clinicas, Asuncion, Paraguay

Background: Gastropleural fistula is a rare but significant complication of sleeve gastrectomy. Reports of this complication following metabolic bariatric surgery are rare, and its management may include conservative or non-surgical treatment, depending on the patient's clinical evolution.

Objectives: The objective is to present the case of a patient with a gastropleural fistula and their evolution until the apparent resolution of the case.

Methods: a single case report of a adult women patient with obesity and gastropleural fistula after sleeve gastrectomy

Results: A 37-year-old woman with a BMI of 43 and no associated diseases. A sleeve gastrectomy was performed using a 32 Fr bougie, with oversewing. Routine metilen blue test was performed, being negative. The patient was discharged within 24 hours, with a normal post-surgical gastric transit study. One month after surgery, she began experiencing recurrent episodes of cough and occasional regurgitation. She tolerated liquids without difficulty but avoided solid foods out of fear. An upper endoscopy revealed a fistula near the angle of His, measuring 12 to 15 mm, with a non-communicating background. A CT scan showed a fistulous tract measuring 2 mm in length and 15 mm in width, communicating with the thoracic cavity, with involvement of the basal segment of the left lower lung lobe. At no point did she develop fever** or sepsis symptoms. Her white blood cell count remained within the normal range, CRP was elevated, and procalcitonin was within normal limits. She received antibiotic treatment for pneumonia, which improved her cough with purulent sputum. She remained on a high-protein liquid diet for 4 months. A fluoroscopic follow-up at 6 months showed no contrast leakage into the thorax. A lung CT scan revealed a small scar in the left lower lung lobe, with no fluid collections. She progressed to a solid diet, tolerating it well to date. Currently, a year after surgery, she has a BMI of 26, maintains a balanced diet, and engages in daily physical activity.

Conclusions: Gastropleural fistula remains a condition with high morbidity and a significant mortality rate if not treated promptly. Early detection and an individualized approach are key to improving the prognosis of these patients.

Disclosure: No significant relationships.

P083 / Abs. ID 822

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

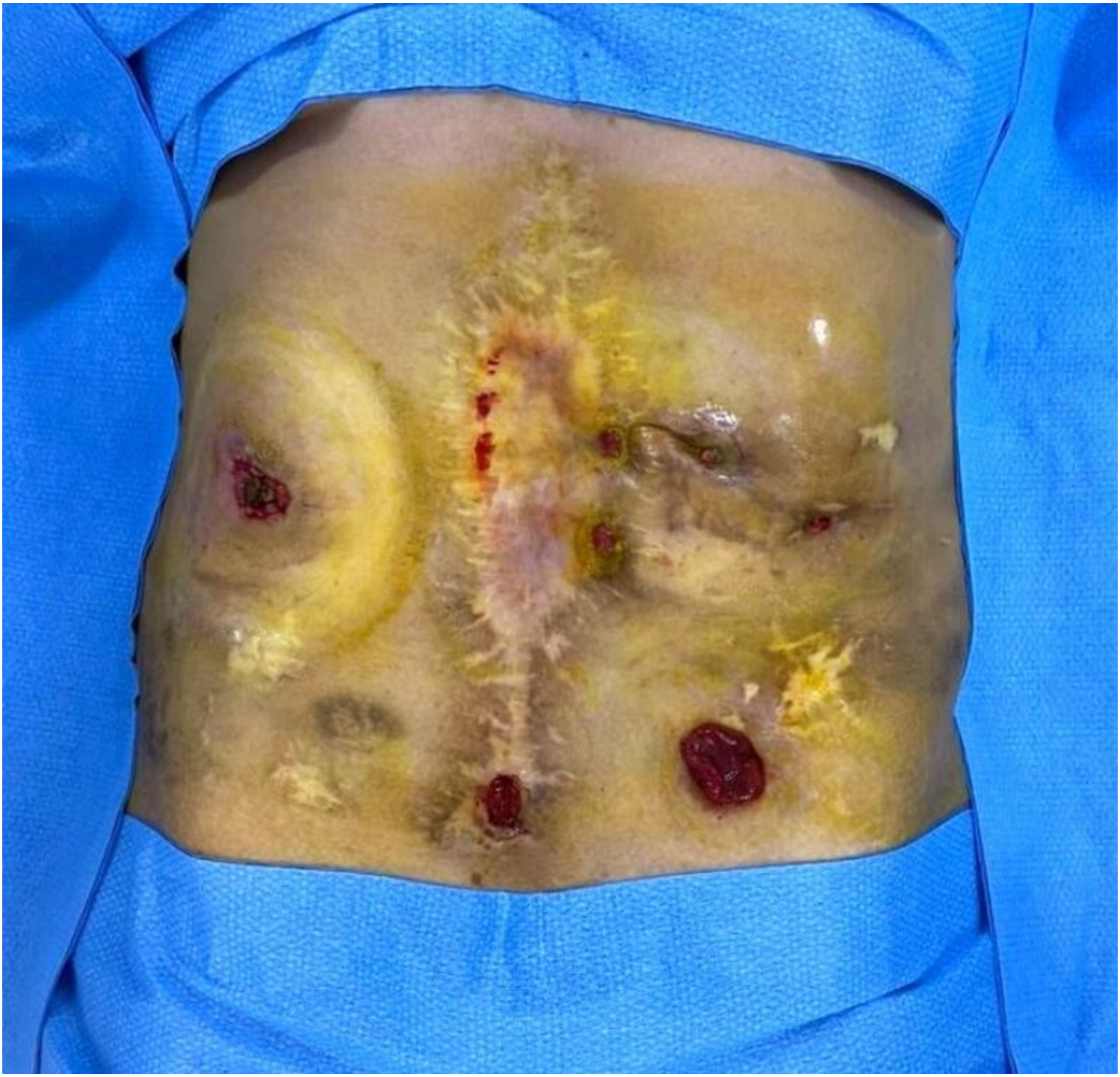
PORTO-MESENTERIC VEIN THROMBOSIS AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY. A CASE REPORT

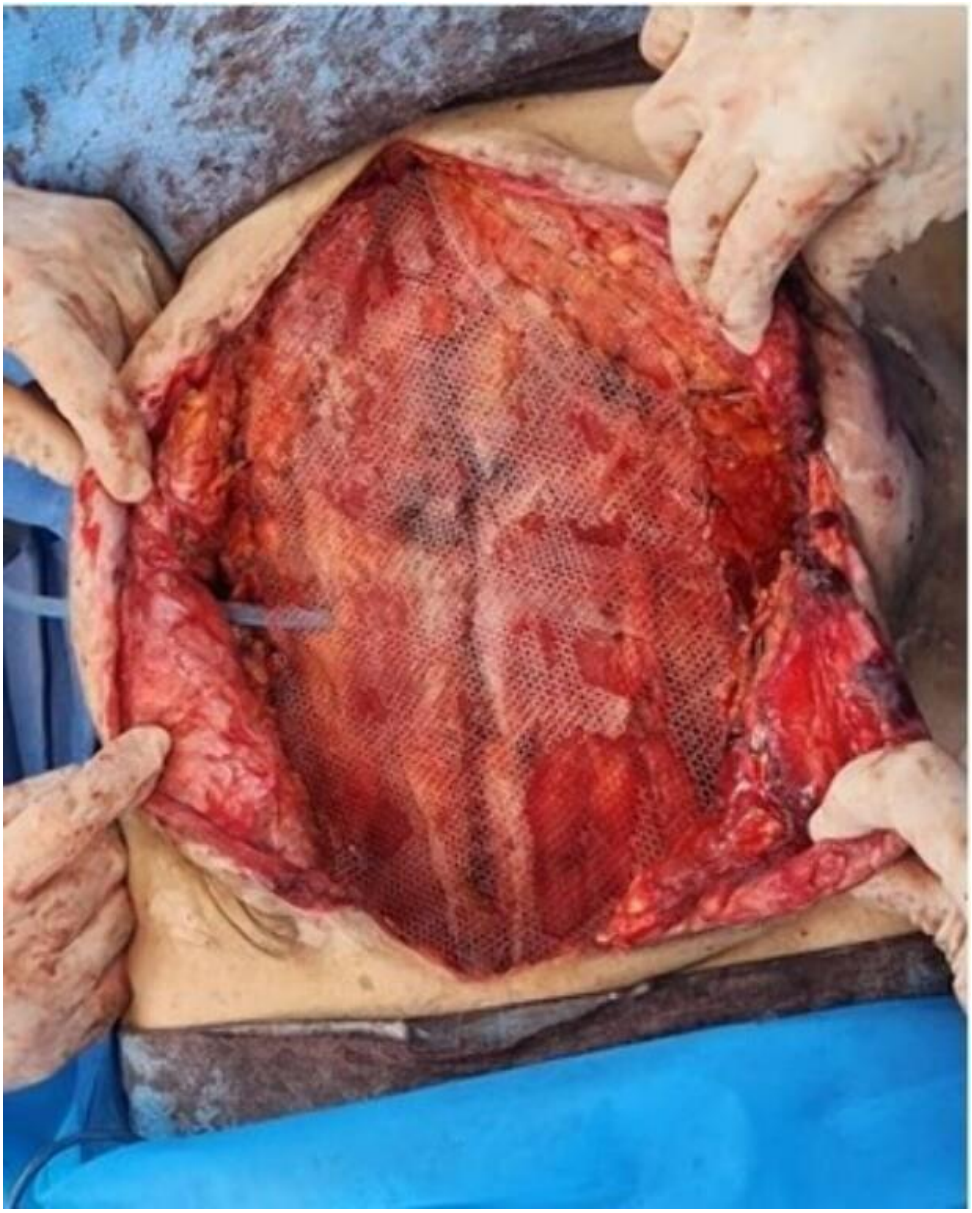
Angela Maira, Daniel Zamora, Juan Duque Seguro, Rafael Luengas Tello, Claudia Meza, Daniel Hernández Clarck, Nelson Aros Mendoza, Freddy Miguel Ortiz Aparicio
Clinica RedSalud, Cirugía Bariátrica, Santiago, Chile

Background: Portomesenteric venous thrombosis (PMVT) is a rare complication in general surgery. However, with the steady rise in sleeve gastrectomies worldwide, its incidence has increased, ranging from 0.3% to 1.6%. PMVT can lead to significant morbidity, particularly when associated with mesenteric ischemia and secondary complications.

Objectives: To present a case of PMVT after sleeve gastrectomy, highlighting the clinical course, surgical management, and associated multidisciplinary challenges.

Methods: We describe the case of a patient who underwent sleeve gastrectomy at another institution. Two weeks postoperatively, she developed severe upper abdominal pain, nausea, and vomiting. Laboratory tests showed elevated inflammatory markers. Contrast-enhanced CT scan revealed thrombosis of the porto-spleno-mesenteric axis, congestive changes in the small bowel, and free intraperitoneal fluid. She was admitted to intermediate care and started on anticoagulation. Thrombophilia screening was negative. Despite medical treatment, her condition worsened, requiring multiple surgeries due to mesenteric ischemia and bowel resections. She subsequently developed multiple enterocutaneous fistulas. Fifteen months after the initial surgery, she was referred to our center with short bowel syndrome, severe malnutrition, and sarcopenia. Nutritional optimization was achieved through hospital-based and home parenteral nutrition. After one year, definitive surgery was performed, including resection of fistulas, restoration of bowel continuity, and abdominal wall reconstruction using mesh hernioplasty with component separation. Postoperatively, she developed abdominal collections and a colocutaneous fistula requiring multiple surgical debridements and VAC therapy until low-output containment was achieved and eventual closure occurred.





Results: The patient underwent a prolonged and complex clinical course, requiring multiple surgical interventions and intensive nutritional support. Following definitive surgical management and ongoing multidisciplinary care, she had a favorable outcome and remains under clinical follow-up.

Conclusions: PMVT is a rare but serious complication after sleeve gastrectomy. When associated with intestinal ischemia and enterocutaneous fistulas, it presents a complex therapeutic challenge requiring staged surgical management, prolonged nutritional support, and coordinated multidisciplinary care. Early diagnosis and a comprehensive approach are essential for improving patient outcomes.

Disclosure: No significant relationships.

P084 / Abs. ID 255

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

ENDOSCOPIC SEPTOTOMY AS A TREATMENT FOR SLEEVE GASTRECTOMY FISTULA

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Background: Laparoscopic sleeve gastrectomy is the most commonly performed metabolic bariatric surgery. Severe complications, such as bleeding and fistula, have been reported in 7% of cases. In 90% of cases, the fistula develops immediately after the angle of His. The most common approach is non-operative management through percutaneous or endoscopic drainage, followed by the placement of a self-expanding metallic stent. Endoscopic septotomy was first described in 2009 to facilitate the internal drainage of refractory fistulas.

Objectives: Present a case of sleeve gastrectomy fistula treated with endoscopic septotomy in our department

Methods: We present the case of a 29-year-old female patient enrolled in a metabolic bariatric surgery program, who underwent laparoscopic sleeve gastrectomy. She experienced vomiting from the immediate postoperative period. A computed tomography (CT) scan of the abdomen performed on day 16 showed a fluid collection with an air-fluid level and contrast extravasation adjacent to the suture material in the gastric fundus.

Results: The treatment consisted of percutaneous drainage of the collection and three sessions of endoscopic septotomy. The patient showed good clinical progress, with follow-up esophagogastroduodenoscopy and contrast study showing no evidence of leakage.

Conclusions: Endoscopy is extremely useful for diagnosing and mapping the fistula, as well as offering various therapeutic maneuvers to achieve its closure. Endoscopic septotomy is an option for chronic fistulas; it consists of dividing the septum that separates the gastric lumen from the abscess cavity, allowing drainage of the collection by equalizing the pressure between the stomach and the abscess. Although the technique is generally effective, multiple procedures are often required.

Disclosure: No significant relationships.

P085 / Abs. ID 386

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

HEMO-BEZOAR-INDUCED BOWEL OBSTRUCTION POST-GASTRIC BYPASS: A CHALLENGING CASE

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Background: Laparoscopic gastric bypass surgery is a widely used technique for the treatment of severe obesity, offering significant benefits in weight reduction and improvement of associated diseases. However, it is not exempt from postoperative complications. The overall complication rate is estimated to range between 10% and 17%, while severe complications such as anastomotic leakage and intestinal obstruction have a prevalence of less than 5%. The most common cause of intestinal obstruction after gastric bypass is internal hernia (42%), whereas less than 5% of cases are attributed to hemo-bezoar formation and other unknown causes.

Objectives: To describe a rare case of intestinal obstruction due to hemobezoar in the immediate postoperative period of gastric bypass, highlighting the challenges in its diagnosis and surgical management, as well as the importance of postoperative surveillance and early suspicion in the presence of atypical obstructive conditions.

Methods: A detailed review of the patient's clinical history, surgical findings, and postoperative course was performed. A literature search was also conducted to contextualize this rare complication and analyze its management.

Results: We present the case of a 49-year-old male patient who developed intestinal obstruction due to a hemo-bezoar in the immediate postoperative period. Despite an initial surgical intervention, the persistence of intraluminal clots required three successive reoperations. During the last procedure, compromised viability of the transverse colon due to small bowel loop distension was observed, posing an additional challenge in its management. After the last intervention, the patient had a favorable evolution with resolution of the obstructive symptoms and adequate postoperative recovery.

Conclusions: Perioperative and postoperative mortality rates in metabolic bariatric surgery are 0.38% and 0.72%, respectively. Pulmonary embolism is the leading cause of death. While LMWH thromboprophylaxis reduces thrombotic risk, it may increase severe hemorrhagic complications. This case highlights the importance of strict postoperative surveillance in patients undergoing metabolic bariatric surgery, as well as the need for a high index of suspicion and timely management in rare obstructive presentations. The scarcity of documented cases of intestinal obstruction due to hemo-bezoar and the reliance on individual case reports underscore the need to continue contributing new evidence to the medical literature.

Disclosure: No significant relationships.

P086 / Abs. ID 559

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

INTESTINAL PERFORATION DUE TO JEJUNAL STENOSIS AFTER A PORTOMENSENTERIC THROMBOSIS, IN A PATIENT WHO UNDERWENT A SLEEVE GASTRECTOMY

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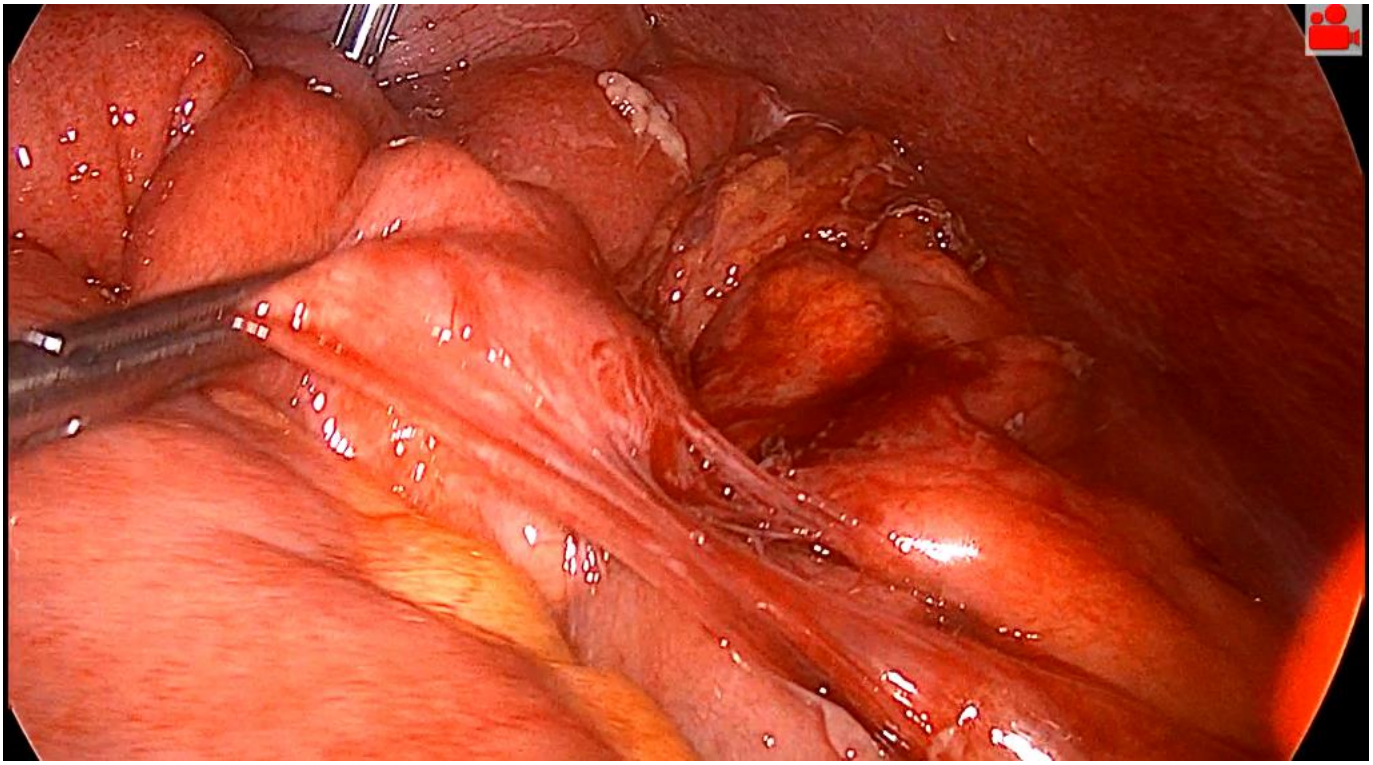
Background: Portomesenteric thrombosis is a rare complicaction that affects less than 1% of sleeve gastrectomies, and its management generally is conservative. Intestinal ischemia due to this thrombsosis is unusual, because normally only a short segment of the upper part of the mesenteric vein is obstructed, preserving the venous arcades and vasa recta without significant damage, which facilitates the development of collateral irrigation preventing severe ischemic complications, including jejunal stenosis.

Objectives: Report an infrecuent case of intestinal perforation due to jejunal stenosis after a portomensenteric thrombosis, in a laparoscopic sleeve gastrectomy context.

Methods: Electronic medical record review and bibliographic review.

Results: 35-year old man with type 3 obesity, insuline resistance and fatty liver who goes under a laparoscopic sleeve gastrectomy with no incidents and was discharged the next day post surgery. Evolves torpidly, with diagnosis of portomesenteric vein thrombosis at the third post operative week. The patient subsequently reported frequent vomiting. A CT scan was performed which reported stenosis of a jejunum segment, most likely post-ischemic, so elective surgical resolution was planned. Before the surgery date, the patient showed up at the emergency service for acute abdomen, hemodynamically unstable. The CT scan revealed mild pneumoperitoneum, suggesting intestinal perforation and significant parietal thickening of the small bowel, predominantly in the jejunum, suggesting a ischemic phenomena. An exploratory laparoscopy was performed, showing jejunal perforation one meter from the angle of Treitz with an intestinal loop, with thickened walls and firm adhesions bands, all flattened with the omentum. A minilaparotomy was decided, performing intestinal resection plus mechanical anastomosis.



The patient's progress was favorable and postoperative controls were maintained without complications.

Conclusions: Jejunal stenosis should always be suspected in cases of porto-mesenteric vein thrombosis. If suspected it is important to perform a CT-Scan and eventual surgical resection prior to the complication, thus reducing the associated morbidity and mortality. Although there are very few reports of cases associated with jejunal stenosis after porto-mesenteric thrombosis, all conclude that transient ischemia plays a crucial role by causing an intermediate state between complete recovery and perforation, associated with local inflammation and fibrosis.

Disclosure: No significant relationships.

P087 / Abs. ID 815

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

A RARE COMPLICATION: GASTRIC POUCH FISTULA, WITH SIMULTANEOUS BRONCHOPLEURAL FISTULA DUE TO CONVERSION SURGERY FROM GASTRIC SLEEVE TO GASTRIC BYPASS.

Daniel Zamora[1,2,3,4], Rafael Luengas Tello[2], Juan Duque Seguro[2], Angela Maira[5], Claudia Meza[6], Renzo Carpanetti Castillo[7]
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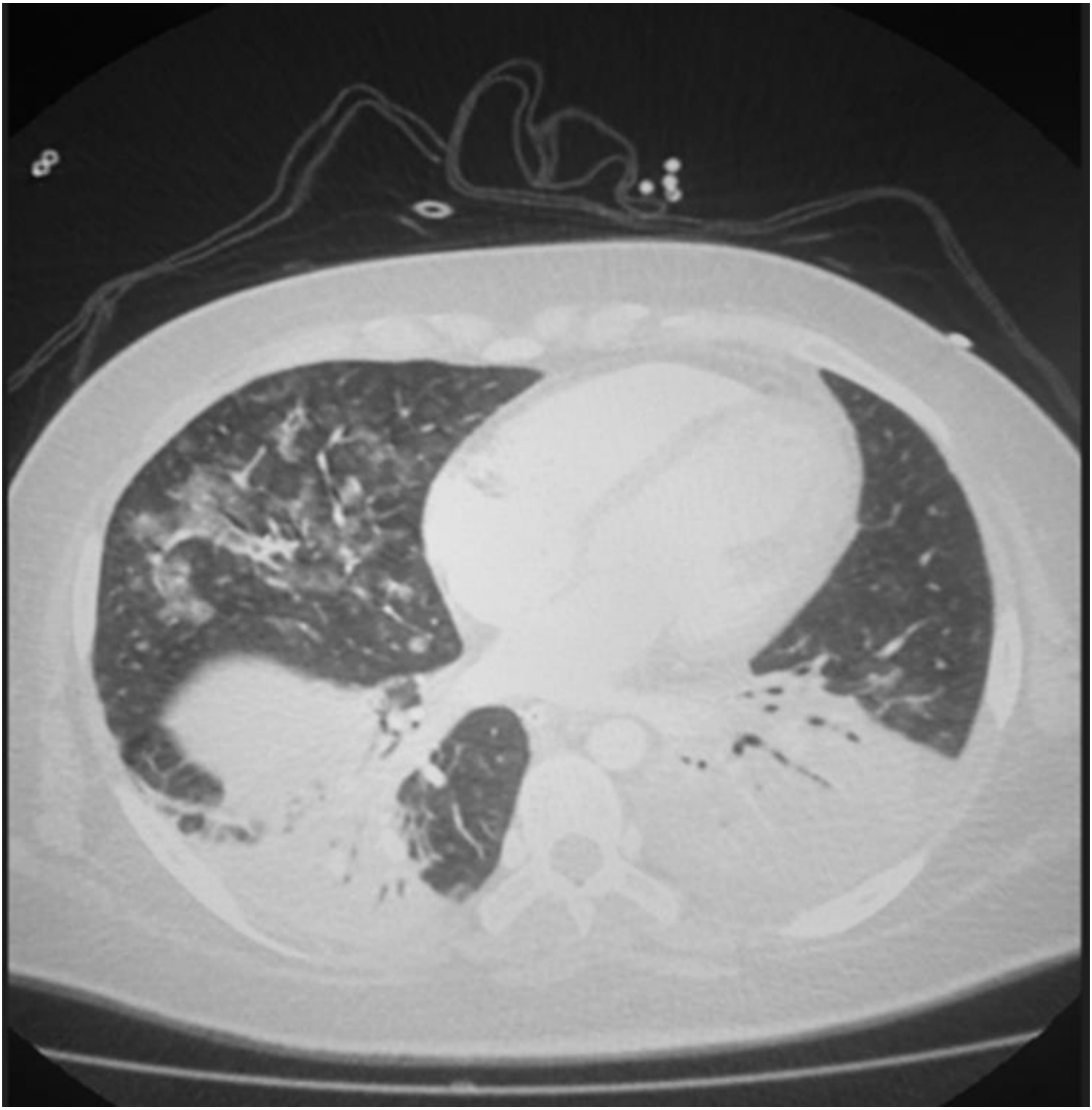
Background: Bariatric surgery is a treatment with a high optimal clinical response rate for managing patients with some degree of obesity. Despite this, it is not free from complications, some of which are common and can be resolved in a short time, while others are infrequent but have the potential to compromise the patient's life. Gastric fistulas between the gastric pouch and the bronchial tree, communicating with the pleural cavity, represent an exceptionally rare presentation that does not exceed 0.5%, with limited evidence, and pose a challenge for the surgeon.

Objectives: Present a case report of a rare complication in revision surgery, and the importance of multidisciplinary management for the diagnosis and treatment of fistulas.

Methods: A 37-year-old female patient was admitted to the emergency department due to cough, fever, and left rib pain. Three months prior, she underwent conversion surgery from gastric sleeve to gastric bypass due to recurrent weight gain. Admission studies revealed leukocytosis, elevated inflammatory parameters, a CT showing evidence of a left basal pleural collection and perigastric abdominal collection, and endoscopy showing a gastric fistula. The patient was admited in the intensive care unit and managed by thoracic surgery for drainage of the empyema with thoracotomy and pleural decortication, resulting in favorable resolution of the fistula. She also underwent digestive surgery for laparoscopic drainage of the intra-abdominal collection, and endoscopic management with the placement of an endovac, X tack, plus fistula closure, and a self-expanding stent for 3 months, without adequate progress and without resolution of the gastric fistula.



Results: Due to therapeutic failures, a definitive surgery was performed with an exploratory laparotomy, gastric pouch resection, and esophagojejunostomy, resulting in favorable outcomes. The patient was discharged with clinical improvement and is currently receiving multidisciplinary care through the outpatient obesity surgery program.

Conclusions: The broncopleural fistula secondary to complications from bariatric surgery is an extremely rare but potentially lethal condition. Early diagnosis, appropriate use of imaging studies, and timely surgical intervention, in the context of a multidisciplinary team, are key to successful management.

Disclosure: No significant relationships.

P088 / Abs. ID 512

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

CASE REPORT: POSTOPERATIVE DENGUE FEVER MIMICKING GASTRIC SLEEVE LEAK SYMPTOMS IN A METABOLIC BARIATRIC SURGERY PATIENT

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Background: Metabolic bariatric surgery is currently the most effective long-term treatment for severe obesity, showing remarkable growth over the past 10 years with low complication rates. Sleeve gastrectomy is the most commonly performed bariatric procedure worldwide, exhibiting an impressive safety and efficacy profile. Although complications are rare, gastric leaks are among the most feared due to their potential morbidity and even mortality without timely intervention; these leaks generally occur as early complications, presenting with symptoms such as abdominal pain, tachycardia, tachypnea, and fever. However, in dengue-endemic areas, the presence of these symptoms can obscure the diagnosis, delaying urgent diagnosis and treatment.

Objectives: This case report aims to describe the atypical presentation of dengue fever in a patient during the postoperative period of sleeve gastrectomy, who was initially suspected of experiencing a gastric leak.

Methods: a 34-year-old woman underwent laparoscopic sleeve gastrectomy, showing favorable recovery until the third postoperative day when she developed fever, abdominal pain, and joint symptoms. Initially, a gastric leak was suspected; however, the clinical presentation and laboratory tests (leukopenia, thrombocytopenia, and a positive NS1 test) confirmed the diagnosis of dengue fever. Conservative management and close monitoring facilitated her recovery without major complications.

Results: While the diagnosis of dengue in postoperative metabolic bariatric surgery patients is rare—indeed, there is little evidence of it in the literature consulted—this condition should be considered in patients presenting with abdominal pain, fever, and cytopenias, particularly in endemic areas or during dengue outbreaks. This consideration should lead to early serological testing for prompt diagnosis, thereby avoiding unnecessary treatments and surgical interventions that could result in increased patient morbidity.

Conclusions: Dengue should be considered in the differential diagnosis of postoperative fever in patients residing in endemic areas, even in the context of recent metabolic bariatric surgery.

Disclosure: No significant relationships.

P089 / Abs. ID 609

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

GASTROINTESTINAL AND PORTAL PNEUMATOSIS ASSOCIATED WITH AN ADJUSTABLE GASTRIC BAND

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Hospital Zambrano Hellion TecSalud, Cirugía, Monterrey, Mexico

Background: Laparoscopic adjustable gastric banding (LAGB) is the safest bariatric procedure with a 12% delayed complication rate. Complications include enlarged pouch, prolapse, erosion, reflux, ischemia, and obstruction. Gastrointestinal and portal pneumatosis are not a common presentation of these complications.

Objectives: Present the case of a female patient with LAGB with gastrointestinal and portal pneumatosis.

Methods: We present the case of a 58-year-old female patient with history of LAGB 14 years prior and a 40 pack-year history. She has lost 102 pounds since. She began her condition 24 hours prior with intense epigastric abdominal pain, nausea, hyporexia, early satiety, and regurgitation. On physical examination vital signs were unremarkable. The abdomen is flat, tender to palpation in the epigastric region, with no peritonitis. Laboratory studies reveal WBC 12,000/mm3, lactate dehydrogenase 284 U/L, C-reactive protein 1.13 mg/dl, procalcitonin 0.06 ng/ml, sodium 146 mEq, potassium 2.5 mEq, and chloride 104 mEq. Abdominal x-ray showed a correctly placed gastric band with apparent gas in the stomach wall and portal structures. A contrast enhanced CT scan showed a dilated esophagus and small bowel with air-fluid levels, pneumatosis of the gastric, jejunum, and ileum walls, and pneumobilia. A tight band with gastric strangulation was diagnosed. The patient was managed with total band deflation, IV hydration, nil per mouth, and IBPs. She had clear clinical improvement in the next 24 hours, tolerating a liquid diet. Follow-up blood tests revealed normal WBC and electrolyte levels. An EGD was performed reporting antral chronic gastritis, a congestive fundus and body, with no band erosion. Follow-up CT scan showed no evidence of pneumatosis or dilatation. Patient was discharged on the fifth day tolerating a normal diet.

Results: The most common complications after LAGB are reflux and dysphagia, typically associated to a tight gastric band, leading to ischemia and erosion from band compression. Gastric emphysema has only been reported secondary to complete erosion, carrying a high mortality risk. Prompt deflation of the gastric band in our patient stopped progression towards erosion and ischemia.

Conclusions: Prompt identification of LAGB complications is crucial to prevent the progression of erosion or gastric wall ischemia, giving our patient a better prognosis.

Disclosure: No significant relationships.

P090 / Abs. ID 1025

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

EARLY GASTRO-GASTRIC FISTULA POST GASTRIC BYPASS: FROM SURGERY TO STENT AS A RESOLUTIVE STRATEGY

Vanessa Maturana[1], Percy Brante[2], Ismael Court[2], Giuseppe Bogani[3]
[1]Clínica Santa María, Santiago, Chile, [2]Clínica Santa María, Cirugía, Providencia, Chile, [3]Clínica San Judas Tadeo, Lima, Peru

Background: Gastro-gastric fistula is a rare but relevant complication in bariatric surgery. Most cases reported in the literature are late-onset and associated with suboptimal clinical response in terms of weight loss after Roux-en-Y gastric bypass (RYGB). Early presentations are uncommon and pose specific diagnostic and therapeutic challenges. This case illustrates an early gastro-gastric fistula secondary to gastrojejunostomy dehiscence, successfully managed with a conservative endoscopic approach.

Objectives: To report and analyze a rare case of early gastro-gastric fistula following laparoscopic gastric bypass, highlighting clinical presentation, diagnostic process, therapeutic decisions, and postoperative course.

Methods: We present the case of a 39-year-old woman with a BMI of 33 and a history of diabetes who underwent laparoscopic RYGB. Seventy-two hours after discharge, she was readmitted with abdominal pain. Laboratory and imaging studies revealed a significant inflammatory response and intra-abdominal collections medial to the gastric pouch. Exploratory laparotomy identified a dehiscence at the gastrojejunostomy site, which was repaired with continuous two-layer sutures. A nasojejunal tube and perigastric drains were placed, but high-output drainage persisted. Endoscopy confirmed a gastro-gastric fistula from the excluded stomach and partial dehiscence. An esophago-gastrojejunal stent was placed, with favorable evolution.

Results: The patient improved after endoscopic treatment. Drain output decreased, collections resolved, and she was discharged in good condition. The stent was removed at four weeks, revealing persistence of the gastro-gastric fistula. At the third postoperative month, the patient had achieved a 20 kg weight loss.

Conclusions: Early gastro-gastric fistula is a rare but significant complication following RYGB. This case highlights that, with timely diagnosis and a multidisciplinary approach, endoscopic stenting can be an effective alternative to surgical reintervention. The favorable clinical outcome and progressive weight loss support its use in selected cases, challenging traditional surgical paradigms for managing this complication.

Disclosure: No significant relationships.

P091 / Abs. ID 367

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

FROM LEAK TO HEALING: ENDOSCOPIC RESOLUTION OF AN ESOPHAGEAL FISTULA POST-SLEEVE GASTRECTOMY

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Hospital de Braga, General Surgery, Braga, Portugal

Background: Sleeve gastrectomy is the most commonly performed bariatric procedure worldwide, with gastric fistula being one of its most feared complications, occurring in less than 5% of cases. The presented case describes a gastric fistula following sleeve gastrectomy with hiatal hernia repair and highlights endoscopic management as a viable alternative for postoperative small esophageal fistulas.

Objectives: This case report aims to provide a detailed description of a gastric fistula as a complication of sleeve gastrectomy with concurrent hiatal hernia repair and to demonstrate the efficacy of endoscopic treatment.

Methods: A 43-year-old female with a history of autoimmune thyroiditis, hiatal hernia, and severe obesity (BMI 47.1 kg/m²) underwent laparoscopic sleeve gastrectomy with hiatal hernia repair. She was discharged asymptomatic on postoperative (PO) day 1. On PO day 5, she presented to the emergency department with fever and abdominal pain. A thoraco-abdominal CT scan revealed pneumoperitoneum with no other findings, and she was admitted for observation. On PO day 8, an oral contrast-enhanced CT scan showed two fluid collections (10 cm and 5 cm) near the liver. The patient underwent exploratory laparoscopy, which did not reveal any leakage along the staple line. A peritoneal lavage was performed, and a multitubular drain was placed below the staple line. Persistent inflammatory marker elevation prompted an upper endoscopy, which revealed a 3-4 mm fistulous opening above the Z-line. Three endoscopic clips were applied. Subsequent imaging confirmed no contrast leakage and resolution of intra-abdominal collections.

Results: The patient was discharged asymptomatic with normalized inflammatory markers. Follow-up revealed no complications, and the patient maintained sustained weight loss.

Conclusions: This case report demonstrates that endoscopic management is a viable and effective alternative for treating postoperative small esophageal fistulas following sleeve gastrectomy. Early diagnosis and minimally invasive approaches, such as endoscopic clipping, may prevent the need for more invasive surgical interventions.

Disclosure: No significant relationships.

P092 / Abs. ID 1050

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

JEJUNO-JEJUNAL INTUSSUSCEPTION FOLLOWING GASTRIC BYPASS: CASE SERIES AND THE ROLE OF MESENTERIC FIXATION AS A TREATMENT STRATEGY

Vanessa Maturana[1], Ismael Court[2], Jorge Bravo[2], Percy Brante[2], Juan Contreras[2], Julio Antonio Jimenez Lillo[1], Cristobal Ulloa[1]
[1]Clínica Santa María, Santiago, Chile, [2]Clínica Santa María, Cirugía, Providencia, Chile

Background: Intestinal intussusception is an uncommon complication following Roux-en-Y gastric bypass, with an estimated incidence between 0.1% and 1%. It mainly affects young women, even years after the initial surgery. Its etiology is multifactorial, including altered intestinal motility, loss of mesenteric fat, and lack of fixation between intestinal loops. The most frequent site is the jejunojejunal anastomosis, often presenting in a retrograde fashion. Currently, there is no consensus on the most effective surgical management.

Objectives: To describe three cases of intestinal intussusception following laparoscopic gastric bypass and to evaluate the effectiveness of intestinal fixation with continuous sutures between mesenteries as a surgical strategy. This technique is proposed as an alternative in the absence of therapeutic consensus.

Methods: Three clinical cases of women aged between 31 and 45 years with a history of gastric bypass are presented. They presented with colicky abdominal pain, and imaging confirmed jejunojejunal intussusception. Functional or organic causes were ruled out. Exploratory laparoscopy revealed intestinal invagination in two cases and signs of bowel distress without active intussusception in one case. In all cases, fixation of the affected intestinal loop was performed using continuous non-absorbable sutures between the mesenteries of the common, biliary, and/or alimentary limbs.

A

Results: Patient 1 had an recurrence after an initial episode treated with reduction without fixation. Fixation was then performed, with no further recurrences. Patient 2 was treated with fixation during the first episode and had no recurrence. Patient 3 presented 10 years after bypass and showed favorable evolution after reduction and fixation. All patients had uneventful recoveries with no new episodes.

Conclusions: Intestinal fixation using continuous non-absorbable sutures between mesenteries is a safe, reproducible, and low-risk surgical technique that may effectively prevent intussusception following gastric bypass. This case series supports its inclusion as a therapeutic option in selected patients, especially those with previous episodes or unstable bowel loops. Implementation may reduce morbidity associated with this uncommon but significant complication.

Disclosure: No significant relationships.

P093 / Abs. ID 549

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

EMERGENCY GASTRIC REMNANT COMPLICATIONS AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS

Jean-Philippe Mawete Magema
CHU UCL Namur/ Dinant, Dinant, Belgium

Background: Gastric Bypass is a widely performed procedure. Indeed, each and every year more than 150 K interventions are performed. Why? Well, because it is very efficient in the management of obesity and its related diseases with acceptable complication rates. Yet, this procedure leaves a dead-end pouch with limited access for diagnostic and therapeutic procedures and adverse situations can occur in the gastric remnant.

Objectives: In this presentation we do consider the emergency complications that can occur at this level and get to the conclusions about if this gastric rement is worth be kept.

Methods: We present the diagnostic pathway as well as the best management recommendations and how to prevent the occurrence of these tedious situations.

Results: Early diagnostic and adequate management of these complications can reduce the mortality rate related to those situations.

Conclusions: Our review of the literature demonstrate that for good scientific reasons, though sometimes causing severe situations, the gastric remnant has to be left in place in most gastric bypass procedure and be removed only in specific situations.

Disclosure: No significant relationships.

P094 / Abs. ID 336

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

CORRELATION OF ENDOSCOPIC PREOPERATIVE POSITIVE H PYLORI ON SURGICAL OUTCOMES AFTER SLEEVE GASTRECTOMY: A RETROSPECTIVE STUDY

Gabriela Restrepo-Rodas[1], Juan Barajas Gamboa[2], Juan Lopez Meyer[1], Juan Pablo Pantoja[2], Carlos Abril[1], Javed Raza[2], Daniel Guerron[1], John Rodriguez[1]
[1]Cleveland Clinic Abu Dhabi, Abu Dhabi, United Arab Emirates, [2]Cleveland Clinic Abu Dhabi, General Surgery, Abu Dhabi, United Arab Emirates

Background: Helicobacter pylori (H. pylori) infection is highly prevalent in the UAE, with rates ranging from 41% to 76%. Despite this, its impact on surgical outcomes after sleeve gastrectomy (SG) remains underexplored.

Objectives: This study evaluates whether preoperative H. pylori status influences perioperative outcomes and weight loss in SG patients at a high-volume center in the UAE.

Methods: This single-center retrospective cohort study analyzed patients who underwent preoperative esophagogastroduodenoscopy (EGD) before SG between 2015 and 2021. Primary outcomes included postoperative complications, readmissions, and reoperations, while the secondary outcome was weight loss. H. pylori status was determined by biopsy. Descriptive statistics, t-tests, and Fisher's exact tests compared outcomes between H. pylori positive and negative groups.

Results: Of 93 patients who underwent preoperative EGD, 89 had biopsies (30 H. pylori positive, 59 negative). Mean age (38.2 ± 8.5 vs. 40.2 ± 12.4 years, p=0.42) and BMI (43.5 ± 6.8 vs. 43.4 ± 5.7 kg/m², p=0.9) were comparable. GERD was more prevalent in the H. pylori positive group (73.3% vs. 45.7%, p=0.01). Among the 30 positive patients, 24 (80%) received treatment, reducing persistence to 33.3% in the gastrectomy specimen. Complication rates within 30 days were similar (6.6% vs. 11.8%, p=0.44). Long-term complications were slightly higher in the H. pylori positive group (10% vs. 3.3%, p=0.2), but not statistically significant. Emergency visits were lower in the positive group (10% vs. 23.7%, p=0.11). At 12 months, both groups had comparable weight loss, with similar BMIs (31.4 vs. 32.5 kg/m², p=0.46) and total weight loss percentages (26.7% vs. 24.1%, p=0.24).

Conclusions: Preoperative H. pylori status may not significantly impact postoperative outcomes or weight loss following SG. These findings align with studies from other regions, suggesting H. pylori infection does not substantially affect SG outcomes. Given the limited data from the MENA region, larger studies are needed to further clarify its role in bariatric surgery and potential long-term effects.

Disclosure: No significant relationships.

P095 / Abs. ID 77

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

LATE HIATAL HERNIA AFTER ROUX-EN-Y GASTRIC BYPASS: A SYSTEMATIC REVIEW

Victor Ivano[1], Pedro Bregion[2], Josélio Oliveira Filho[3], João Caetano Marchesini[4], Everton Cazzo[2]
[1]State University of Campinas, Sao Paulo, Brazil, [2]State University of Campinas, Graduation Department, Campinas, Brazil, [3]Complexo de Doenças Infectocontagiosas Dr Clementino Fraga, João Pessoa, Brazil, [4]Clinica Marchesini, Department Of Bariatric Surgery, Curitiba, Brazil

Background: Obesity is a global health issue linked to metabolic and anatomical disorders like GERD and hiatal hernia, worsened by increased intra-abdominal pressure. Metabolic bariatric surgery, particularly Roux-en-Y gastric bypass (RYGB), is highly effective for sustained weight loss, offering metabolic and GERD control benefits. However, rapid postoperative weight loss may cause sarcopenia, weakening diaphragmatic crura and increasing the risk of late-onset hiatal hernias, often presenting with "BARF syndrome" symptoms.

Objectives: To assess main late hiatal hernia symptoms, diagnosis and managment.

Methods: We performed literature search using PubMed, The Cochrane Library, and Embase databases, from inception to December 2024. The search strategy employed the following terms: hiatal hernia AND (metabolic bariatric surgery OR "gastric bypass" OR "ROUX") AND ("late" OR "after").

Study	Year	N of patients with RYGB and late hiatal hernia	Baseline Characteristics	Investigation	time after RYGB	Surgery	Follow-up	Recurrence
Borbely et al	2018	25	median BMI of 30.3 (20.3–47.2) and had lost a median 34.4% (14.2– 56.7) of total weight and 74.6% (27.4–123.8) of excessive BMI.	clinical questionnaires, EGD, UGI studies, off-PPI 24-hour pH-impedance manometry	-	-	-	-
Clapp et al	2020	7	Age 72 (+-12.1) BMI 34.0 (+-4.0)	Abdominal CT and Upper endoscopy	11.9 years (9 - 16)	laparoscopic with bioabsorbable mesh (3 Polyglycolic acid:trimethylene carbonate mesh and 4 poly-4-hydroxybuterate)	19 months (range 9 to 46 months)	No
Golas et al	2021	24	196 +- 42 lb down from their pre– bariatric surgery weight of 288 +- 45 lb (total weight loss [TWL] = 96 +- 44 lb)	UGI, CT scan and EGD	11 +- 6 years	Laparoscopic or robotic; posterior cruroplasty + anterior fixation + Hill's gastropexy, No mesh	12 +- 10 months	1
Vaughan et al	2024	44	89% female; 57 years (50–64), and BMI was 31 (27–39)	upper gastrointestinal series, chest CT, abdominal CT.	59 months (39–88)	Laparoscopic (43); Robotic (1); Cruroplasty with mesh (a copolymer of polyglycolic acid and trimethylene carbonate in a 3-dimensional matrix.)	-	2*

*Borbely (2018) provided data exclusively on preoperative characteristics and diagnostic investigations, without including details regarding surgical techniques or follow-up data.
RYGB = Roux-en-Y Gastric Bypass; BMI = body mass index (kg/m²); EGD = esophagogastroduodenoscopy; CT = computed tomography; TWL = total weight loss.

Results: The median time from RYGB to HH presentation was 59 months (range 39–88), with a mean age of 57 years (range 50–64) at repair. Symptoms: GERD symptoms were common (39 - 93,6%).Obstructive Symptoms: 28,6 to 52% and included dysphagia, nausea/vomitin, protein-calorie malnutrition, aspiration pneumonia, and bone loss as additional complications. Abdominal pain occurred in 28.6-71% of patients Classification: Golas (2021) proposed a classification system for post-bariatric HHs based on the extent of neo-stomach herniation into the posterior mediastinum. Categories (BARF IA, IB, IIA, IIB) reflect the degree of herniation and clinical presentations. Investigation: Diagnostic approaches varied with endoscopy, upper gastrointestinal series, 24-hour pH-impedance manometry and contrast-enhanced CT scans. Management: Concomitant HH Repair: Debate surrounds the timing of HH repair during RYGB. Borbely (2018) supports simultaneous repair due to high late HH rates (53.2%), while Golas (2021) delayed repair, citing RYGB's anti-reflux effect and weight loss as justifications. Late Repair: Clapp (2020) performed laparoscopic repairs with bioabsorbable mesh, averaging HH sizes of 4.7 cm (range 4–6 cm). Golas (2021) utilized laparoscopic/robotic techniques with posterior cruroplasty and Hill's gastropexy without mesh. Vaughan (2024) repaired HHs laparoscopically in most cases, employing bioabsorbable mesh in 30%.

Conclusions: the use of bioabsorbable mesh appears to reduce recurrence rates, the evidence is limited and requires further validation. Routine radiological and endoscopic evaluations are strongly recommended to detect nonspecific symptoms early, as these often lead to delayed diagnoses of hiatal hernias.

Disclosure: No significant relationships.

P096 / Abs. ID 510

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

ENDOSCOPIC REMOVAL OF MIGRATED GASTRIC BAND ASSISTED BY LAPAROSCOPY

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Background: The gastric band was a bariatric technique widely used at the beginnig of this century. Over the years its complications started to appear, including the band migration. Therefore its crucial for today's bariatric surgeons manage them correctly.

Objectives: Show a case of a migrated gastric band into the gastric lumen and its resolution.

Methods: A 42-year old woman who had a gastric band installed 17 years ago -and adjusted for the last time 15 years ago- presents with mild epigastric pain and reflux symptoms. The endoscopy finded the gastric band almost completely in the gastric lumen and a estenosis of the gastroesophageal junction. A laparoscopic removal was performed in first instance, but there were multiple adherences and the band conection was completely inside the stomach, making the removal imposible to achieve by this technique. Endoscopic assistance was asked. The laparoscopy team proceeded to totally cut the band from both sides, causing it to move inmediately into the gastric lumen. Then, the band was grabed and pulled out endoscopically. Afterwards, a bougie was placed to avoid stenosis and the defect was carefully closed with reabsorbable sutures. Finally, a methylene-blue test was performed and a drain was left by the lesser curvature.

Results: The patient had a good clinical evolution, beggining oral liquid intake 24 hrs post surgery. The drain was removed and she was discharged the 5th postoperative day.

Conclusions: Today, the gastric band is no longer consider as a first option to offer patients because of its results and complications. It can migrate inclusive into the stomach like in this case. The loss of clinical follow up probably helps the development of these type of complications. In cases of migration of devices into the gastric lumen an endoscopic surgeon should be notified in advanced in case assistance is needed.

Disclosure: No significant relationships.

P097 / Abs. ID 513

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

CONVERTION OF OAGB TO BRAUN OMEGA DUE TO SEPTIC SHOCK

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Background: This is the case of a 35-year-old male with a past medical history of insulin resistance and dyslipidemia. His surgical history includes a sleeve gastrectomy performed in 2014, not by our team. With a BMI of 36.5, he reconsulted due to recurrent weight gain, for revision surgery.

Objectives: Show possible complications after OAGB

Methods: Live video record

Results: a Braun omega-loop anastomosis to relieve intraluminal pressure, using a 45 mm Tan cartridge and closing with a running suture with Vicryl 3-0. A drain was positioned directed toward the perforation

Conclusions: The patient exhibited a favorable postoperative course with parenteral and enteral nutrition along with octreotide. A clear liquid diet was initiated on day 5 with good tolerance, and he was discharged on day 9. The gastrostomy and drain were removed at one week. Currently, the patient continues to be followed closely in nutritional and medical clinics with good evolution

Disclosure: No significant relationships.

P098 / Abs. ID 514

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

INTRAOPERATIVE COMPLICATIONS AND METABOLIC BARIATRIC SURGERY: CRITICAL ANALYSIS AND PREVENTIVE STRATEGIES

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Background: Bariatric-metabolic surgery has significantly evolved, enhancing patient outcomes and reducing postoperative complications. However, intraoperative adverse events remain a critical challenge. Identifying and addressing these complications is essential for improving surgical safety and optimizing results. This video compilation analyzes intraoperative complications and management.

Objectives: To review and categorize the common intraoperative complications in metabolic metabolic bariatric surgery, and their intraoperative management.

Methods: A compilation of inadvertent events that occurred over the past two years in our hospital. The complication depicted includes primary and revisional surgeries. We divided the complication into visceral and vascular complications.

Results: All cases were completed laparoscopically or robotically assisted with standard technique port placement. All patients recovered satisfactorily and were discharged in improved condition.

Conclusions: Intraoperative complications in metabolic bariatric surgery can significantly impact patient outcomes. A systematic approach to identifying complications, combined with improved surgical planning and intraoperative vigilance, is essential to reducing adverse events. Incorporating real-time error analysis and simulation-based training may further enhance surgical proficiency and patient safety.

Disclosure: No significant relationships.

P099 / Abs. ID 633

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

LAPAROSCOPIC REVERSAL OF OAGB TO NORMAL ANATOMY

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Background: While OAGB has proven to be an effective surgical treatment for obesity, a significant number of patients experience excessive weight loss, leading to malnutrition and related complications. Rapid and excessive weight loss can result in protein-energy malnutrition, vitamin and mineral deficiencies, and dehydration, which can have severe consequences on overall health and quality of life and if rendered untreated can lead to severe consequences even death.

Objectives: To present a case of laparoscopic reversal of OAGB to normal anatomy due to severe weight loss and nutritional complications after failed or wrong surgery.

Methods: We present a case of management of a patient who had severe weight loss and malnutrition and its complications after MGB/OAGB and we managed it by laparoscopic reversal to restore normal anatomy to manage it.

Results: We present a case of a 55 years old male who presented with the complaint of severe retrosternal burning, pain, nausea and increased frequency of stools. He gave history of more than 75 kg weight loss 6 months after OAGB done at some private setup. He also gave history of frequent diarrhea, weakness and lethargy.On careful evaluation he had severe malnutrition indicated by severe hypoprotenemia and hypo albuminemia. After careful discussion with patient we decided to do diagnostic laparoscopy with a plan to reverse the OAGB and normalize the anatomy by gastro-gastric anastomosis. Intraoperative findings showed BP Limb length of 400 cm and common channel length of just 100 cm, moreover gastrojejunostomy was done in anti-peristaltic manner. We reversed the gastrojejunostomy and did gastro gastric anastomosis. Operation went uneventful and patient recovered well. His symptoms resolved and he started regaining weight and strength within 2 weeks. And biochemical markers also reversed to normal.

Conclusions: OAGB is completely safe procedure in expert hands and if done incorrectly by unexperienced surgeons, it can be reversed and a precious life can be saved.

Disclosure: No significant relationships.

P100 / Abs. ID 666

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

GASTROGASTRIC FISTULA AFTER ROUX-EN-Y GASTRIC BYPASS

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Background: This the case of a 58-year-old female with a history of hypothyroidism and gallstone pancreatitis s/p laparoscopic cholecystectomy (22 years ago) and Roux-en-Y gastric bypass (20 years ago) who presents with acute on chronic epigastric pain. On presentation, her vital signs were within range, exam unremarkable, labs demonstrated lipase 663, with CT demonstrating oral contrast present in the excluded remnant lumen consistent with a gastro-gastric fistula with subsequent EGD confirming the diagnosis. She underwent elective takedown of fistula with reconstruction. Post-operatively, the patient required 2 endoscopic dilations of the reconstructed anastomosis, benefited from 29lb weight loss (pre-operative BMI 29), and reports complete resolution of abdominal pain and PO intolerance.

Objectives: The objective of this video is to discuss the rare presentation of a gastrogastric fistula and its management. This video also demonstrates advanced laparoscopic techniques allowing for the takedown of the fistula as well as the subsequent reconstruction.

Methods: This is a video of a laparoscopic take down of a gastrogastric fistula and the subsequent reconstruction. All patient information has been deidentified.

Results: The patient benefited from 29lb weight loss (pre-operative BMI 29), and reports complete resolution of abdominal pain and PO intolerance.

Conclusions: Gastrogastric fistula, while rare, poses a challenge for the bariatric patient and their surgeon. This video demonstrates a safe and effective laparoscopic method to address the fistula takedown and perform a single-stage reconstruction that resulted both in weightloss and symptom relief.

Disclosure: No significant relationships.

P101 / Abs. ID 840

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

PERFORATED ULCER OF THE REMNANT AS A RARE SOURCE OF INTRALUMINAL BLEEDING 9 YEARS AFTER RYGB

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Background: 44 years old Male, history of SAOS, pyloric stenosis operated as a child and umbilical hernia in adult age. He had RYGB in 2013, initial BMI 48.3kg/m2 (biliary limb 50cm, alimentary limb 200cm).

Objectives: We present a case of 44 years with bleeding of the ulcer of the gastric remnant perforated into left gastric artery 9 years after initial surgery of RYGB.

Methods: Nine years after initial RYGB surgery, patient was hospitalized on a several occasions for the dizziness, abdominal pain, melena and anaemia with low haemoglobin level of 8g/dl. His vitals signs at the admision were TA 70/50, FC 80 bpm, sat O2 95. His blood analisis : RBC 3.85 x 106 / µl, Hgb 10,6 g/dL, Hematocrit 33 %, WBC 1.92 x 103/ µl. Upper endoscopy and colonoscopy were without active bleeding. The gastrointestinal transit study was normal. CT scan showed large hematoma of the remnant without active bleeding.

Results: The inicial treatment was conservative. The patient continued to to drop down the haemoglobin level and he needed blood transfusions. The control CT scan showed increased hematoma of the remnant and important distension of the remnant. The CT-Angiography did not identify bleeding source. At this moment it was decided to reoperate the patient. The surgery consisted of laparoscopic suture of the ulcer of the gastric remnant perforated into the left gastric artery. There was an extraluminal non-resorbable braided polyester and coated with polybutylatesuture (Ethibond), from the previous surgery, that invaded the ulcer. We resected the remnant sectioning then distal duodenum, and we reconstructed the pouch by sectioning the part that was in contact with the remnant. On the 6 weeks follow up the patient was in a good general condition , with Hgb level stable at 12g/dL, and oral feeding.

Conclusions: This case of bleeding from the ulcer of the remnant is surely rare, but we believe that the bariatric/metabolic society should be informed aware of its existence.

Disclosure: No significant relationships.

P102 / Abs. ID 897

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

BLEEDING AFTER LAPAROSCOPIC GASTRIC SLEEVE

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Background: A 39-year-old male patient was admitted with a diagnosis of Grade 2 Obesity (BMI 38 kg/m²), Cholelithiasis, Non-alcoholic Steatohepatitis, Insulin Resistance, Arterial Hypertension, Mixed Dyslipidemia, Metabolic Syndrome, and Sleep Apnea. A Gastric Sleeve combined with Laparoscopic Cholecystectomy was performed. Hours after the procedure, the patient reported severe abdominal pain that did not improve with conservative measures. Imaging revealed active bleeding from the suture line, and laboratory tests showed a decrease in hemoglobin and hematocrit levels, prompting surgical reintervention.

Objectives: Reinforcement techniques need to be a must, and preoperative assessments need to be done to insure an individualized approach is met.

Methods: Video-Laparoscopic Peritoneal Lavage and Hemostasis

Results: The patient was discharged 36 hours later.

Conclusions: Postoperative bleeding after laparoscopic sleeve gastrectomy affects 1-6% of patients, with reports reaching up to 15%. The primary cause is the staple line, which can lead to intra-abdominal bleeding or, less frequently, intraluminal hemorrhage. Other sources include the omentum, trocar sites, and inadvertent liver or spleen injuries. Incidence varies by technique: 14.9% with clips versus 2.7% with omentopexy. Recent studies highlight the effectiveness of hemostatic techniques like metal clips in successfully managing mild cases with medical treatment without reoperation. Proper prevention and management are essential to reduce morbidity associated with this complication.

Disclosure: No significant relationships.

P103 / Abs. ID 903

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

SMALL BOWEL OBSTRUCTION AFTER METABOLIC BARIATRIC SURGERY: MORE THAN ONE CAUSE

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Background: Intestinal obstruction following various bariatric surgery techniques has a variable incidence, which is difficult to estimate. The most common causes are internal hernias and adhesions; however, there are other less common causes that deserve to be reported and discussed.

Objectives: The main objective is to show different clinical presentations, diagnostic studies, and surgical management of some of the causes of intestinal obstruction following bariatric surgery.

Methods: Through a series of four clinical cases, we present different etiologies and treatments for some causes of intestinal obstruction following bariatric procedures or surgeries, with emphasis on preoperative diagnostic studies and minimally invasive management.

Results: With a high level of clinical suspicion and comprehensive diagnostic studies, most of the various complications can be addressed minimally invasively, with short hospital stays and few postoperative complications.

Conclusions: All bariatric and metabolic procedures and surgeries present potential short and long-term complications, some of which can even be life-threatening. Awareness of these complications, high clinical suspicion, early diagnosis, and surgical treatment by specialized teams allow for effective and safe treatment for this complex group of patients.

Disclosure: No significant relationships.

P104 / Abs. ID 904

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

CHALLENGES AND STRATEGIES IN THE THIRD REVISION SURGERY FOR GASTRIC BYPASS: ADDRESSING COMPLICATIONS OF REFLUX AND STENOSIS

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Background: In the realm of bariatric surgery, revision procedures can be among the most challenging yet essential interventions for managing postoperative complications. This video presents a detailed account of a complex revision surgery performed on a 37-year-old female patient who experienced significant complications following a bariatric surgery. The patient initially underwent a single anastomosis gastric bypass which led to unintended consequences, including anastomotic stenosis and subsequent dilation of the gastric pouch. These complications significantly impaired her quality of life, presenting with symptoms such as severe gastroesophageal reflux and inability to tolerate solid foods. This case was particularly demanding due to the presence of firm adhesions to the liver and a complex anastomotic configuration, which complicated the surgical approach. Additionally, the patient faced substantial intraoperative bleeding and the risk of further complications due to the delicate nature of the adhesion dissection and the need for precise reconstruction of the gastrointestinal tract.

Objectives: The primary aim of this video is to demonstrate the surgical strategies employed to address these severe complications. It highlights the meticulous dissection techniques, careful management of intraoperative challenges, and the teamwork essential to navigate this complex surgical landscape successfully.

Methods: Video of a complex revision surgery for gastric bypass complication

Results: • Immediate Postoperative Outcomes: The patient tolerated the procedure well. The methylene blue test confirmed no leaks at the new anastomosis site. • Short-Term Follow-Up: Within the first few weeks post-surgery, the patient reported significant improvement in symptoms of gastroesophageal reflux and was able to tolerate a gradual dietary progression from liquids to soft solids without discomfort. • Long-Term Follow-Up: At six months postoperative, the patient continued to do well, showing resolution of previous symptoms. Nutritional assessments indicated adequate absorption and no deficiencies. • Complications: There were no major complications reported post-surgery. Minor issues, such as temporary abdominal discomfort and nausea, were effectively managed with medications and dietary adjustments.

Conclusions: This case adds valuable insights to the existing literature on managing severe complications in bariatric surgery. It highlights the feasibility of revision surgeries to improve patient outcomes and suggests that with the right expertise and resources, complex bariatric complications can be effectively managed.

Disclosure: No significant relationships.

P105 / Abs. ID 944

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

LAPAROSCOPIC RESECTION OF CANDY CANE LIMB FOLLOWING ESOPHAGOJEJUNOSTOMY IN A POST-METABOLIC BARIATRIC SURGERY PATIENT

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Background: Candy cane syndrome is a rare but significant cause of persistent upper gastrointestinal symptoms following bariatric or upper GI reconstructive surgery. It results from a redundant blind afferent limb at the esophagojejunal or gastrojejunal anastomosis, leading to functional obstruction and food stasis.

Objectives: We present a 42-year-old female who initially underwent sleeve gastrectomy for severe obesity. Her postoperative course was complicated by a staple line leak, which necessitated conversion to an esophagojejunostomy. Several months later, she presented with progressive symptoms of dysphagia, bloating and vomiting. Endoscopic evaluation revealed a dilated blind afferent limb of around 6 cm length suggestive of a candy cane deformity.

Methods: A laparoscopic resection of the candy cane limb was performed. Intraoperative findings confirmed a long, redundant blind limb contributing to preferential food diversion and stasis with possible compression over the anastomosis causing dysphagia. The afferent segment was carefully dissected and resected, with preservation of the esophagojejunal anastomosis.

Results: The patient had an uneventful postoperative course with complete resolution of her symptoms. At follow-up, she reported significant improvement in oral intake tolerance and quality of life.

Conclusions: Candy cane syndrome, though underdiagnosed, should be considered in patients with persistent postprandial symptoms after esophagojejunostomy. This video highlights the diagnostic approach and key technical steps in the safe laparoscopic resection of the redundant limb. Awareness of this entity and timely surgical intervention can result in excellent symptomatic relief and improved outcomes.

Disclosure: No significant relationships.

P106 / Abs. ID 991

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

REVISION OF OAGB FOR HYPOALBUMINEMIA AND INTRACTABLE DIARRHOEA

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Background: Introduction: Bariatric and metabolic surgery is the best sustainable therapy for severe obesity and its comorbidities. There are various bariatric operations. OAGB, ranked the 4th most come bariatric surgery in the world, is characterized by a long narrow lesser curvature gastric pouch with a wide single anastomosis, a gastro-enterostomy, at a point on the jejunum at 150-350cm{Biliopancreatic Limb (BP)} from the DJ junction. The length of this BP limb has been shown to determine the incidence of complications after the OAGB, depending on the original total small bowel length and the length of the limb distal to the one anastomosis, gastro-enterostomy (the common Limb). The surgical treatment for this problem is shortening the BP limb length to increase the common limb length.

Objectives: A video is presented illustrating a step-by-step laparoscopic revision of an OAGB in a patient with hypoalbuminemia and intractable diarrhea.

Methods: By reducing the BP Limb length and lengthening the common limb length. The video has inserts of the endoscopic findings also.

Results: The patient was found at surgery to have a BP limb of 180cm and a common limb only 200cm long. The gastro enterostomy was taken down and a new anastomosis was made at a point 50cm from the ligaments of Treitz. This left the patient with a BP limb 50cm long with a common limb of 330cm long. The Patient had an unremarkable recovery and heralbumen raised to 2.89 g/dl at two-months post the revision surgery.

Conclusions: Conclusion: Most patients are left with at least 300cm of a common limb after an OAGB operation and do not have hypoalbuminemia and/or intractable diarrhea. However, in patients with a short total bowel length, a commonly acceptable BP limb length may result in a short common limb like in this case and the patient will have problems with diarrhea and hypoalbuminemia. These types of cases are managed by altering the limb lengths of the patient by increasing the common channel to at least a minimum of 300cm at the expense of the biliopancreatic limb.

Disclosure: No significant relationships.

P107 / Abs. ID 1012

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

SURGICAL REINTERVENTION - INTERNAL HERNIA

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Background: In this clinical case, we have a scenario of a re-surgical intervention due to a complication from gastric bypass. Male, 63 years old. Late postoperative periodo of gastric bypass. He presents to the emergency department with an obstructive condition. A ct scan was performed, revealing the presence of an internal hernia.

Objectives: Discussing an important complication of gastric bypass surgery, as well as explaining the surgical technique.

Methods: Performing re-surgical approach via videolaparoscopy.

Results: Complete resolution of the patient's clinical complaint through the closure of intestinal gaps using the videolaparoscopic technique.

Conclusions: The closure of intestinal gaps during gastric bypass surgery is a crucial step in the procedure, preventing complications like the one described in the video.

Disclosure: No significant relationships.

P108 / Abs. ID 1047

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

CONVERSION FROM NISSEN SLEEVE GASTRECTOMY TO STANDARD SLEEVE GASTRECTOMY FOR ACUTE PERFORATION OF THE WRAP

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Background: Sleeve gastrectomy with posterior fundoplication, as known as Nissen Sleeve, was described with the purpose to prevent gastro esophageal reflux disease and to decrease the occurrence of leak. This procedure appears to be safe and the wrap perforation occurs in about 1.5 %. We describe two cases of wrap perforation and its management.

Objectives: Redo emergency surgery to identify and to treat the wrap perforation and the intraperitoneal infection.

Methods: Full laparoscopic redo surgery: conversion from Nissen Sleeve to a standard vertical sleeve gastrectomy; disassembly of the posterior fundoplication, fundectomy, peritoneal washout and drainage.

Results: Post operative course went uneventful with no short complications. We need more long term follow up to describe possible late complications within 6 months.

Conclusions: Full laparoscopic conversion from Nissen sleeve gastrectomy to standard sleeve as a safe emergency procedure to treat an acute wrap perforation.

Disclosure: No significant relationships.

P109 / Abs. ID 298

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

OCLUSION AFTER GASTRIC BYPASS, ANOTHER INTERNAL HERNIA VIDEO?

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Background: Case of a 38-year-old female patient, referred to our institution with a history of Roux-in-Y gastric bypass 4 years ago in Neuquén, with no postoperative follow-up for 3.5 years, an appropriate weight loss with a current BMI of 29.6 kg/m2 (initial BMI 43 kg/m2). The patient consulted 72 hours prior at a hospital in interior Córdoba due to intense pain in the mesogastric region and left hypochondrium after dinner. At that time, an abdominal X-ray and CT scan diagnosed acute obstructive abdomen, a nasogastric tube was placed, along with antiemetics and antispasmodics treatment. Due to the absence of improvement, on 1/20/2025, she was referred to our institution in Córdoba Capital.Upon admission, she presented with leukocytosis of 12300, hemoglobin 5.5, hematocrit 24%, PCR 10 (normal value up to 5), total proteins 5 g/dL, albumin of 2.1, with a discharge of enteric fluid through the NG tube and mild persistent pain upon palpation.

Objectives: To report a rare complication after Roux-en-Y gastric bypass and how we managed to resolve it favorably. To encourage all bariatric teams to increase efforts to train general surgeons in the appropriate diagnosis of bariatric complications/emergencies.

Methods: Preoperative studies are shown where we identified suspicion of intestinal invagination at the jejuno-jejunostomy, confirming it during the surgical procedure. Due to the suspicion of "internal bowel" perforation, we proceeded to resection of the Roux limb and reconfection of all anastomoses.

Results: The histopathological study did not show polyps, bezoars, or any other etiological cause. It is possible that a perforated ulcer obstructed the J-J anastomoses and acted as an intussusception “lead point”. The patient received a total of 2 RBCUs, postoperative care was provided in a regular room with ileus for the first 48 hours, with good recovery and discharge on the 5th day.

Conclusions: Intestinal intussusception is a rare complication following gastric bypass most of them are retrograde and occur after J-J anastomoses. Patients with significant weight loss and women seem to be more susceptible. The lack of a proper diagnosis delayed treatment, leading to necrosis and intestinal perforation. We believe it's essential to increase training efforts for general surgeons in bariatric emergencies.

Disclosure: No significant relationships.

P110 / Abs. ID 342

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

JEJUN0 JEJUNOSTOMY AS A CAUSE FOR CHRONIC PAIN

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Background: Chronic abdominal pain following Roux-en-Y gastric bypass (RYGB) remains a common and often elusive complication. While known etiologies exist, a subset of patients presents with unexplained pain.

Objectives: To highlight jejunojejunostomy (JJ) dysfunction as a cause of chronic post-RYGB pain.

Methods: Two patients with persistent post-RYGB pain underwent diagnostic laparoscopy. Case 1: Dilated and inflamed biliary limb blind end. Case 2: Dysfunctional JJ anastomosis.

Results: Case 1 underwent resection of the dilated biliary limb. Case 2 required JJ resection and Roux-en-Y reconstruction. Both patients were discharged on postoperative day one and remain pain-free at 3 and 16 months, respectively.

Conclusions: JJ dysfunction, including dilated biliary limb blind ends, can cause chronic post-RYGB pain. Diagnostic laparoscopy with meticulous JJ evaluation is warranted in patients with unexplained pain.

Disclosure: No significant relationships.

P111 / Abs. ID 364

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

MANAGEMENT OF COMPLICATIONS AFTER MBS AND IMPACT ON MBS OUTCOMES
10-09-2025 10:00 - 19:30

REDUCTION AND ENTEROPEXY AS TREATMENT OF INTESTINAL INTUSSUSCEPTION FOLLOWING ROUX-EN-Y GASTRIC BYPASS

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Background: Intussusception is defined as the displacement of an intestinal segment into the lumen of another adjacent segment. It is rare, with an incidence of up to 0.64% of patients undergoing gastric bypass. It occurs in relation to the jejunojejunal anastomosis. The mechanism by which this entity occurs has not been clearly established. It is more frequent in women with significant weight loss. If the intussusception is partial and intermittent, it will present with colic pain, nausea and vomiting. If it is complete, the condition will be more serious with obstruction and potential intestinal ischemia. The study of choice is computed axial tomography with intravenous contrast. It has characteristic findings, such as the “target sign” representing the loop and its invaginated mesenteric fat. A normal CT scan does not rule out the diagnosis, so in the presence of high clinical suspicion, surgical exploration would be indicated. The alternatives described are reduction with or without enteropexy and resection of the involved segment.

Objectives: To present and describe a clinical case, management and surgical technique of a rare complication of Roux-en-Y gastric bypass.

Methods: Female, 45 years old. History of Roux-en-Y gastric bypass 10 years ago. Weight loss of 52 kg. Current BMI 29 kg/m2. Two-day history of severe abdominal pain, nausea and vomiting. Laboratory findings showed a slight increase in inflammatory parameters. CT scan showed findings compatible with intestinal intussusception, with the characteristic target sign. The patient underwent exploratory laparoscopy and the diagnosis was confirmed. After complete revision of the bypass, the intussusception was reduced and enteropexy was performed. The Petersen and mesenteric gaps were revised and found to be closed.

Results: Surgical time 45 minutes. No intraoperative complications. Discharged the next day. Length of stay 48 hrs. No postoperative complications.

Conclusions: - Intestinal intussusception is an uncommon complication of the RYGBP and requires a surgical managment. - Different surgical options have been described in the past 2 decades, which can be divided into 3 general procedures: reduction alone, reduction with enteropexy (or plication), and revision of the jejunojejunostomy. - Reduction with enteropexy is a fast and safe alternative with adequate technical feasibility.

Disclosure: No significant relationships.

P112 / Abs. ID 949

Topic: *AS52. Marginal ulcer treatment and prevention in MBS*

MARGINAL ULCER TREATMENT AND PREVENTION IN MBS
10-09-2025 10:00 - 19:30

"INCIDENCE OF HELICOBACTER PYLORI INFECTION AND MARGINAL ULCER POST METABOLIC BARIATRIC SURGERY. A PROSPECTIVE STUDY"

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Background: Helicobacter pylori (H. pylori) infection has been associated with gastrointestinal disorders, including peptic ulcers. Bariatric surgery, particularly gastric bypass procedures, alters the gastrointestinal anatomy, potentially influencing the incidence of H. pylori infection and related complications, such as marginal ulcers.

Objectives: 1. To compute the percentage of patients that develop marginal ulcer after bariatric surgery. 2. To compute the percentage of patients that develop H Pylori infection associated marginal ulcer after bariatric surgery. 3. To identify all risk factors for marginal ulcer formation among the patients.

Methods: A prospective analysis of bariatric surgery patients was conducted, assessing preoperative H. pylori status via biopsy. Postoperative incidence of marginal ulceration was documented through endoscopic evaluations and clinical symptoms. Statistical analyses were performed to determine the relationship between H. pylori infection and marginal ulcer formation.

Results: Key findings reveal that 32.3% experienced marginal ulcer formation and 63.2% of patients developed H. pylori infection post-operatively. The study highlights the prevalence of these complications and underscores the need for effective postoperative care and preventive strategies. The results suggest that H. pylori infection is a significant risk factor for marginal ulcers, necessitating further research to optimize management approaches for bariatric surgery patients.

Conclusions: H pylori infection and marginal ulcer formation are notable complications following bariatric surgery. The pooled incidence rates provide important insights into the prevalence of these complications, allowing healthcare professionals to manage postoperative care and potentially reduce associated morbidities.

Disclosure: No significant relationships.

P113 / Abs. ID 174

Topic: *AS52. Marginal ulcer treatment and prevention in MBS*

MARGINAL ULCER TREATMENT AND PREVENTION IN MBS
10-09-2025 10:00 - 19:30

"COMPLICATION OF ONE ANASTOMOSIS GASTRIC BYPASS (OAGB). CONVERSION TO ROUX-EN-Y GASTRIC BYPASS (RYGB)"

Gianinna Cerda Carretero[1], Gabriela Restrepo Rodas[2], Juan Barajas Gamboa[2], Daniel Guerron[2]
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Background: Video: "Complication of One Anastomosis Gastric Bypass. Conversion to Roux-en-Y Gastric Bypass" 46 years old female. Past medical history hyperlipemia, hyperthyroidism, and metabolic bariatric surgery, complicated by chronic abdominal pain secondary to recurrent marginal ulcer. Who presents in emergency for evaluation of worsening epigastric pain with associated nausea of one day duration. An exploratory laparoscopy was performed, revealing a perforated ulcer larger than 2 cm near the gastrojejunal anastomosis, along with twisted afferent and efferent loops. Consecuently, the decision was made to convert to a Roux-en-Y gastric bypass.

Objectives: Show the treatment of a perforated ulcer in a single anastomosis gastric bypass

Methods: Operative procedure: Complicated ulcer in One anastomosis gastric Bypass, conversion to Roux-en-Y Gastric Bypass

Results: Postoperative Outcome: Patient with good postoperative evolution, stable hemodynamics, good tolerance to liquid regimen, is discharged on the 3rd day.

Conclusions: Perforation of a marginal ulcer is a rare but serious complication of One Anastomosis Gastric Bypass, necessitating urgent diagnosis and intervention. Common risk factors include smoking, use of non steroidal anti-inflamatory drugs. Surgical intervention typically involve omental patch repair or conversion to RYGB.

Disclosure: No significant relationships.

P114 / Abs. ID 668

Topic: *AS52. Marginal ulcer treatment and prevention in MBS*

MARGINAL ULCER TREATMENT AND PREVENTION IN MBS
10-09-2025 10:00 - 19:30

LAPAROSCOPIC CONVERSION OF ONE ANASTOMOSIS GASTRIC BYPASS TO ROUX-EN-Y GASTRIC BYPASS FOR SEVERE BILE REFLUX AND MARGINAL ULCERATION: A CASE REPORT

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Background: One Anastomosis Gastric Bypass (OAGB) is a well-established bariatric procedure known for its effectiveness in weight loss and metabolic improvement. However, some patients develop complications such as severe bile reflux and marginal ulceration, which may require surgical revision.

Objectives: To evaluate the effectiveness of laparoscopic conversion from One Anastomosis Gastric Bypass (OAGB) to Roux-en-Y Gastric Bypass (RYGB) in resolving severe bile reflux and marginal ulceration. To highlight the technical considerations and challenges in revisional bariatric surgery, particularly the importance of meticulous adhesiolysis and appropriate limb length selection.

Methods: A 37-year-old male with refractory bile reflux and marginal ulceration after One Anastomosis Gastric Bypass (OAGB) underwent laparoscopic conversion to Roux-en-Y Gastric Bypass (RYGB). Preoperative assessment included clinical evaluation, endoscopy, and imaging. During surgery, dense adhesions were carefully dissected. The inflamed gastrojejunal anastomosis was resected, and a Roux-en-Y reconstruction was performed with a 250 cm biliopancreatic limb and a 75 cm alimentary limb. The gastrojejunostomy was hand-sewn in two layers. Postoperative outcomes were assessed through symptom resolution, dietary tolerance, and endoscopic evaluation at six weeks.

Results: The patient had an uneventful postoperative recovery, tolerating an early liquid diet within 24 hours and being discharged on postoperative day three without complications. At the six-week follow-up, he reported complete resolution of bile reflux and significant improvement in quality of life, with no recurrence of epigastric pain or discomfort. His dietary tolerance improved progressively, allowing a transition to a solid diet without symptoms. Endoscopic evaluation confirmed a well-healed gastrojejunostomy, with no evidence of bile exposure, ulceration, or inflammation at the anastomotic site. These findings suggest that conversion from OAGB to RYGB was an effective intervention for managing refractory bile reflux and marginal ulceration.

Conclusions: Laparoscopic conversion from OAGB to RYGB is an effective solution for refractory bile reflux and marginal ulceration. Meticulous adhesiolysis and appropriate limb length selection are crucial for success. This case supports RYGB as a preferred revisional approach in such scenarios.

Disclosure: No significant relationships.

P115 / Abs. ID 146

Topic: *AS33. MBS and bleeding: prevention, role of energy devices,*

MBS AND BLEEDING: PREVENTION, ROLE OF ENERGY DEVICES
10-09-2025 10:00 - 19:30

COMPARATIVE EFFECTIVENESS AND OUTCOMES OF DIFFERENT ULTRASONIC DEVICES FOR PERFORMANCE OF SLEEVE GASTRECTOMY

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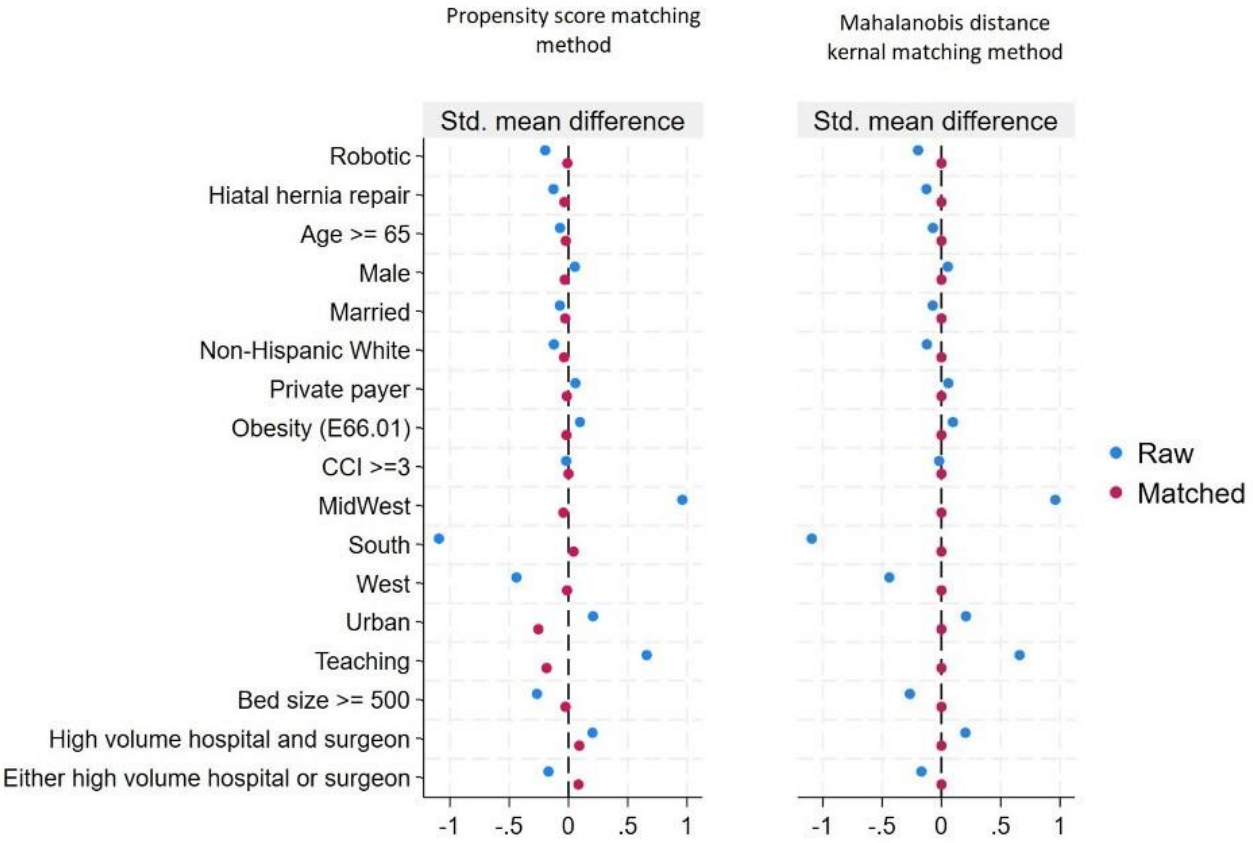
Background: Two forms of ultrasonic energy devices are widely available for coagulation, cutting, dissecting, and grasping, combined with surgical stapling, to perform gastric sleeve procedures.

Objectives: The study's objective is to compare the effectiveness and outcomes of the two commonly used ultrasonic devices in laparoscopic sleeve gastrectomy procedures.

Methods: The US-based PINC AI™ Healthcare data was used for data collection. Patients undergoing gastric sleeve discharged between 2019 and 2023 were included, using either corded (CDU) or cordless (CLU) ultrasonic energy devices along with the same branded staplers, age >= 18, no missing age/gender, and cost >0. Effectiveness was measured by operating room time (ORT), intraoperative bleeding, blood transfusion, 30-day readmission, intensive care unit visit, length of stay (LOS), and total inpatient cost in 2023 USD. The propensity score matching (PSM) method with 1:1 nearest-neighbor and caliper 0.2 and the Mahalanobis-distance kernel matching (MDM) method were used to adjust the imbalance in the baseline characteristics in CLU and CDU groups.

Results: 13,487 inpatient sleeve gastrectomy procedures were eligible, 16.8% CLU and 83.2% CDU cases. The baseline characteristics were balanced after PSM and MDM (Figure 1). Both post-estimation of PSM and MDM cases showed no difference in bleeding, blood transfusion, 30-day readmission, and ICU visits in CDU and CLU groups. Also, the two groups have no difference in total inpatient costs and LOS. However, patients who used CLU had significantly shorter ORT than those who used CDU (mean ORT±standard deviation (minutes): PSM 109±1.2 vs 153±1.9; MDM 104±1.1 vs 168±3.7). (Table 1) Figure 1



Propensity score matching methods: 1890 of 2270 CLU were matched to CDU. A total of 1890 pairs and 3780 cases were included.

Malahanobis distance kernal matching method: 1821 of 2270 CLU were matched to 3889 CDU. A total of 5710 cases were included.

Table 1: Post-matched differences in outcomes

	PSM (CLU-CDU)	MDM (CLU-CDU)
Clinical outcomes	Difference (95% CI)	Difference (95% CI)
Blood Transfusion	-0.24% (-0.80%, 0.32%)	0.03% (-0.44%, 0.50%)
Bleeding	-0.42% (-1.20%, 0.36%)	-0.44% (-2.14%, 1.26%)
30-day readmission	0.00% (-0.76%, 0.76%)	-0.02% (-0.94%, 0.91%)
ICU visit	-0.34% (-0.74%, 0.05%)	0.03% (-0.23%, 0.30%)
Other outcomes	Mean Difference (95% CI)	Mean Difference (95% CI)
Total Cost	-$43 (-$659, $573)	-$286 (-$842, $270)
Operating room time	-44 (-49, -40)[1]	-64 (-72, -57)[1]
Length of Stay	0.10 (-0.01, 0.22)	0.08 (-0.05, 0.21)

[1]p-value <0.001

Conclusions: CLU was more efficient for gastric sleeve procedures than CDU and had similar safety outcomes.

Disclosure: I-Wen Pan, Zasim Siddiqui, Frank Bisceglie, and Metthew Kroh are Medtronic employees. Monali Misra is a consultant of Medtronic.

P116 / Abs. ID 801

Topic: *AS33. MBS and bleeding: prevention, role of energy devices,*

MBS AND BLEEDING: PREVENTION, ROLE OF ENERGY DEVICES
10-09-2025 10:00 - 19:30

COMPARATIVE ANALYSIS OF COMPLICATION RATES AND SURGICAL TIMES IN METABOLIC BARIATRIC SURGERY USING ULTRASONIC (EASYUS) AND BIPOLAR (LIGASURE) ENERGY

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Background: Bariatric surgery is a highly effective intervention for severe obesity, improving both weight loss and metabolic outcomes. The energy devices in laparoscopic procedures can influence operative efficiency and patient safety. This study aims to compare the use of bipolar (LigaSure) and ultrasonic (easyUS) energy devices in terms of operative times and complication rates in bariatric surgery.

Objectives: compare the use of bipolar (LigaSure) and ultrasonic (easyUS) energy devices in terms of operative times and complication rates in bariatric surgery.

Methods: A retrospective study was conducted at Clínica Santa Maria and Clínica Rennat in Santiago, Chile, between April and May 2024, including 143 patients who underwent bariatric surgery (gastric sleeve or gastric bypass). Patients were divided into two groups based on the energy device used: bipolar (n=59) or ultrasonic (n=84). Fisher's exact test was used to compare demographic differences between groups. Multiple linear regression was employed to assess differences in operative time, adjusting for age, sex, and BMI. Separate regression models were developed for gastric sleeve and gastric bypass surgeries, and complication rates were analyzed at 1 day, 7 days, and 30 days postoperatively.

Results: The ultrasonic group had significantly shorter mean operative times compared to the bipolar group (39.14 ± 11.47 minutes vs. 48.60 ± 12.96 minutes, $p < 0.0001$). In gastric sleeve surgeries, the ultrasonic device significantly reduced operative time compared to the bipolar device (32.36 ± 6.99 minutes vs. 45.88 ± 11.75 minutes, $p < 0.0001$). For gastric bypass, while the difference in operative time was not statistically significant, it showed a trend toward faster times with the ultrasonic device (51.31 ± 6.95 minutes vs. 58.33 ± 12.85 minutes, $p = 0.093$). No significant differences in complication rates were observed between the groups at 1 day, 7 days, or 30 days postoperatively.

Conclusions: The ultrasonic (easyUS) energy device significantly reduced operative times, particularly in gastric sleeve surgeries, without increasing complication rates. Although the difference in gastric bypass surgeries was not statistically significant, the trend toward shorter operative times with the ultrasonic device suggests potential benefits. Future studies with larger sample sizes and randomized designs are warranted to further explore these findings.

Disclosure: No significant relationships.

P117 / Abs. ID 1248

Topic: *AS33. MBS and bleeding: prevention, role of energy devices,*

MBS AND BLEEDING: PREVENTION, ROLE OF ENERGY DEVICES
10-09-2025 10:00 - 19:30

HEMOSTATIC SAFETY OF NON-TRADITIONAL POWERED STAPLERS IN METABOLIC BARIATRIC SURGERY: INITIAL EXPERIENCE IN A PROVINCIAL CENTER

Christofer Albornoz[1], Pablo Marin Perez[2], Marco Schulz[3]
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Background: In bariatric surgery, the use of powered stapling devices has been shown to improve surgical efficiency. However, there is ongoing debate regarding the hemostatic safety of devices from non-traditional companies. This study analyzes the rate of hemorrhagic complications associated with their use in a provincial center that recently implemented a bariatric surgery program.

Objectives: An observational, retrospective, and descriptive study was conducted between June 2023 and February 2025 in a provincial clinical center. All patients undergoing bariatric surgery (sleeve gastrectomy or Roux-en-Y gastric bypass) were included, with surgeries performed exclusively using powered staplers from non-traditional companies. Demographic data, type of procedure, and postoperative complications were recorded.

Methods: An observational, retrospective, and descriptive study was conducted between June 2023 and February 2025 in a provincial clinical center. All patients undergoing bariatric surgery (sleeve gastrectomy or Roux-en-Y gastric bypass) were included, with surgeries performed exclusively using powered staplers from non-traditional companies. Demographic data, type of procedure, and postoperative complications were recorded.

Results: A total of 204 bariatric surgeries were performed: 167 sleeve gastrectomies (81.8%) and 37 Roux-en-Y gastric bypasses (18.1%). A higher proportion of women underwent surgery. Only one hemorrhagic complication was recorded: a subcapsular hepatic hematoma that did not require reoperation, corresponding to a complication rate of 0.49%. This event was not directly related to the stapler function, as no clinically significant bleeding was observed at the staple line.

Conclusions: The use of powered staplers from non-traditional companies in bariatric surgery was associated with a low rate of hemorrhagic complications, with no evidence of device-related failure. These results suggest that such technological alternatives can be safely used, potentially broadening access to surgical supplies without compromising procedural quality or safety.

Disclosure: No significant relationships.

P118 / Abs. ID 1249

Topic: *AS33. MBS and bleeding: prevention, role of energy devices,*

MBS AND BLEEDING: PREVENTION, ROLE OF ENERGY DEVICES
10-09-2025 10:00 - 19:30

STAPLE LINE LEAKS WITH NON-TRADITIONAL POWERED STAPLERS IN METABOLIC BARIATRIC SURGERY: INITIAL EXPERIENCE IN A PROVINCIAL CENTER

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Background: Staple line leaks are among the most feared complications in bariatric surgery, with potential for significant morbidity. The use of powered stapling devices has become standard, with most studies focusing on products from established companies. This study analyzes the early experience using powered staplers from non-traditional manufacturers in a provincial center in Chile.

Objectives: To describe the initial outcomes and safety regarding staple line leaks when using non-traditional powered staplers in bariatric surgery.

Methods: A retrospective, observational study was conducted on patients who underwent bariatric surgery between June 2023 and February 2025. All procedures used powered stapling devices from non-traditional companies. Demographic data, type of surgery, and the presence of leaks were recorded.

Results: Out of 204 bariatric procedures, 167 were sleeve gastrectomies (81.8%) and 37 Roux-en-Y gastric bypasses (18.1%). There was one case of staple line leak (0.49%), occurring in a patient who underwent sleeve gastrectomy. The leak was managed successfully with endoscopic and medical treatment. No other leaks were reported in bypass procedures. All surgeries were performed by the same bariatric team, ensuring technical consistency.

Conclusions: The initial experience with powered staplers from non-traditional companies shows a low rate of staple line leaks, consistent with rates reported in the international literature using traditional brands. These results suggest that, when used properly, non-traditional staplers may offer a safe and effective alternative in bariatric surgery. Further studies are needed to validate these findings in larger populations and over longer follow-up periods.

Disclosure: No significant relationships.

P119 / Abs. ID 318

Topic: *AS33. MBS and bleeding: prevention, role of energy devices,*

MBS AND BLEEDING: PREVENTION, ROLE OF ENERGY DEVICES
10-09-2025 10:00 - 19:30

SAFETY AND SELECTIVE USE OF BIPOLAR ENERGY DEVICE FOR INTRAOPERATIVE STAPLE-LINE BLEEDING CONTROL IN METABOLIC BARIATRIC SURGERY: A RETROSPECTIVE ANALYSIS OF 625 CASES

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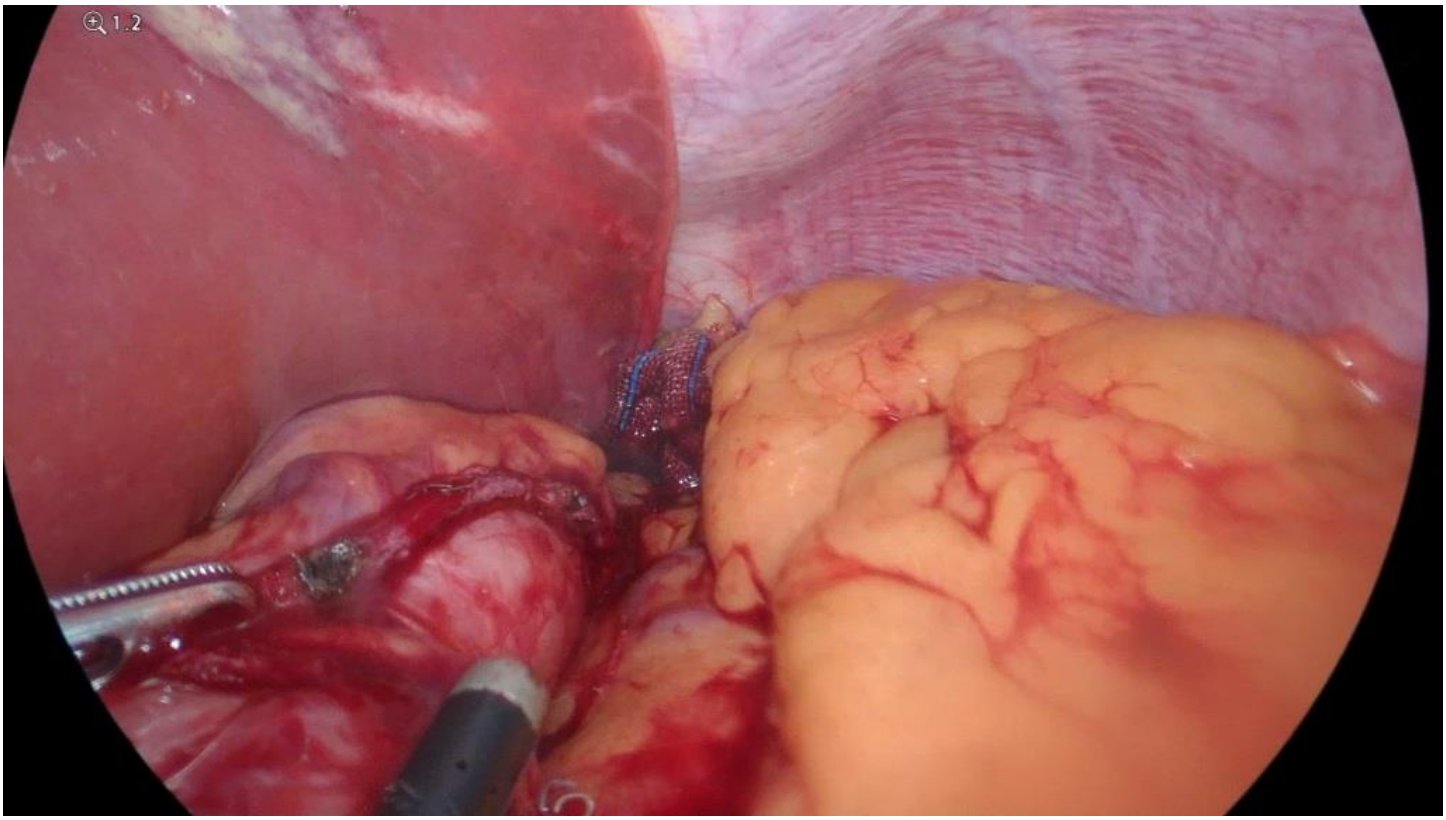
Background: Staple-line bleeding is a common intraoperative challenge in metabolic bariatric surgery. While energy devices such as bipolar cautery can effectively control bleeding, their use on the gastric staple line is controversial due to the potential risk of gastric tissue and/or staple-line damage and increased risk of leaks.

Objectives: This study aimed to evaluate the safety and efficacy of using a bipolar energy device to control severe intraoperative staple-line bleeding in netabolic bariatric surgery.

Methods: A retrospective analysis was conducted on 625 patients who underwent metabolic bariatric surgery with the use of a bipolar energy device to control severe staple-line bleeding. Following the use of the energy device, the entire staple line was reinforced with sutures. The primary outcomes assessed were the incidence of postoperative bleeding and gastric leaks.



Results: Among the 625 patients, only 1 case of postoperative bleeding (0.16%) and 1 case of gastric leak (0.16%) were observed. The low prevalence of complications suggests that when combined with meticulous suturing, the use of an energy device may be a viable option for managing severe intraoperative bleeding.

	Use of Routine VTE Prophylaxis (n=625)
Age, y	32.2 ± 11.1
Gender, female %	64.8%
Height, cm	166.3 ± 8.5
Weight, kg	102.1 ± 20.3
BMI, kg/m2	36.7 ± 5.4
Prevalence of: Diabetes Hypertension	 32.8% 43.8%
Types of Procedure: Sleeve Gastrectomy Sleeve Gastrectomy + Cholecystectomy Gastric Bypass	 89.1% 3.3% 7.6%
Methods of VTE Prophylaxis	1 day preoperatively + POD 2 until discharge
Prevalence of Related Postoperative Complications	Bleeding 1 VTE 0

Conclusions: Although routine use of energy devices to stop staple-line bleeding in metabolic bariatric surgery is not recommended due to potential risks, our study demonstrates that, when necessary, using a bipolar energy device selectively for severe bleeding can be safe if followed by proper staple-line reinforcement. The very low incidence of complications highlights that this approach may be considered as a last resort when severe bleeding compromises the surgical field visibility.

Disclosure: No significant relationships.

P120 / Abs. ID 1267

Topic: *AS33. MBS and bleeding: prevention, role of energy devices,*

MBS AND BLEEDING: PREVENTION, ROLE OF ENERGY DEVICES
10-09-2025 10:00 - 19:30

REFUERZO EN LINEA DE GRAPAS (STAPLER) EN MANGA GASTRICA EXPERENCIA EN EL HOSPITAL PARROQUIAL DE SAN BERNARDO

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Background: La manga gástrica laparoscópica (MGL) es en la actualidad uno de los procedimientos bariátricos más populares, pues se trata de un método relativamente simple y efectivo.1 Sin embargo, a pesar del avance tecnológico en los materiales de grapeo, la manga gástrica aún está asociada a complicaciones serias tales como fuga gástrica por sitio de grapado, sangrado de linea de grapa, estenosis. El sangrado postoperatorio (SP) después de una gastrectomía en manga (GM) ocurre entre el 0,4% y el 3,4% de los casos En diversas series mundiales se ha propuesto el reforzamiento de la línea de grapeo como método para prevenir fuga y sangrado posterior a la realización de MGL. Dentro de los principales métodos de reforzamiento se describen los materiales sintéticos bioabsorbibles (pericardio de bovino y membranas de polímero absorbible), los pegamentos de fibrina y metilcianocrilato, así como el reforzamiento con sutura absorbible y no absorbible, entre otros Beneficios de los refuerzos Reducen el sangrado in situ y postoperatorio Favorecen una cicatrización rápida y cómoda Reducen el riesgo de fugas de aire, sangre, u otros líquidos corporales Contribuyen a estancias hospitalarias más cortas Disminuyen costos y tasas de morbilidad Aumentan la fuerza mecánica de la línea de resección

Objectives: evaluar si el uso de refuerzo, con sutura continua, de la línea degrapado en la GVL reduce las complicaciones de la línea de grapado en comparación con la técnica sin refuerzo

Methods: Pacientes: El total de 1475 pacientes que se sometierona una gastrectomía vertical laparoscópica entre julio de 2023 y marzo de 2022 en el hospital parroquial de san bernardo Criterios de Exclusión: Pacientes con gastroplastía vertical previa, colocación de banda gástrica; pacientes con fundoplicatura de Nissen previa; pacientes con más de una técnica de refuerzo.

Results: disminucion de sangragrado con el uso de refuerzo, con una ddisminucion, sin diferencia estadísticamente significativa, pendientes resultados

Conclusions: El refuerzo de la línea de grapado en manga gástrica laparoscópica es un acto quirúrgico mejora discretamente disminucion de sangrado de linea de grapa y fuga de linea de grapa

Disclosure: No significant relationships.

P121 / Abs. ID 899

Topic: *AS33. MBS and bleeding: prevention, role of energy devices,*

MBS AND BLEEDING: PREVENTION, ROLE OF ENERGY DEVICES
10-09-2025 10:00 - 19:30

BLEEDING AFTER SLEEVE GASTRECTOMY: EXPECTANT VS SURGICAL MANAGEMENT.

Brayan Capcha Lopez
Red Salu Santiago, Fellow Bariatric, Santiago, Peru

Background: Today, sleeve gastrectomy is one of the most frequently performed surgeries in the field of bariatric surgery. The most common complications from laparoscopic sleeve gastrectomy are fistulas and bleeding. The most common location of bleeding is at the staple line, with an incidence ranging from 0 to 20%. The question is what is the best approach to choose in the presence of this complication: surgical or expectant management.

Objectives: The objective of this video is to present a case of staple line bleeding after a sleeve gastrectomy, and to understand through the clinical case how to make a decision on the best management for treating this complication.

Methods: For the presentation of the following video, the Red Salud Santiago Clinic's video and medical records database was reviewed, and the most representative clinical case was selected. A literature search was also conducted to illustrate the frequency of these cases, their surgical outcome, and to determine the best management.

Results: Surgical treatment was chosen as the treatment option for the patient, who progressed favorably. It is worth noting that no specific bleeding point could be identified during surgery. It is important to emphasize that currently the best way to prevent bleeding is prevention, as well as adequate hemostasis monitoring through the application of the intraoperative protocol for detecting asymptomatic bleeding points.

Conclusions: It is important to take into consideration that we must select the appropriate management after the development of a complication. In the case presented, one option was to opt for expectant management, since during the surgical procedure no active bleeding point was found. However, the patient's clinical situation must be carefully and critically assessed. If hemodynamic instability and a marked decrease in hemoglobin are present, the patient's admission to the operating room is unavoidable.

Disclosure: No significant relationships.

P122 / Abs. ID 1055

Topic: *AS33. MBS and bleeding: prevention, role of energy devices,*

MBS AND BLEEDING: PREVENTION, ROLE OF ENERGY DEVICES
10-09-2025 10:00 - 19:30

LAPAROSCOPIC SLEEVE GASTRECTOMY: THE TECHNICAL DETAILS THAT MAKE THE DIFFERENCE

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Background: Laparoscopic sleeve gastrectomy is one of the most frequently performed bariatric procedures worldwide. Although the technique is standardized, specific technical variations can significantly impact postoperative outcomes. This work, presented through an educational video, highlights the key technical details that optimize surgical safety and results, focusing on critical aspects such as complete fundus dissection, proper calibration bougie use, stapler firing direction, and staple line reinforcement.

Objectives: • To demonstrate the key technical steps of laparoscopic sleeve gastrectomy in a step-by-step format. • To highlight how subtle surgical decisions can affect complication rates, weight loss, and reflux control. • To provide a clear and practical visual tool for both surgical trainees and practicing bariatric surgeons.

Methods: Various laparoscopic sleeve gastrectomies performed in patients with obesity are documented. Technical decisions are highlighted, such as: proper gastric mobilization with complete fundus dissection, use of a 24 Fr calibration bougie, precise selection of the starting point for gastric transection, stapler direction to avoid twisting and leakage, and reinforcement of the staple line with an invaginating suture. Additionally, the importance of effective hemostasis control and evaluation of the final anatomy is emphasized to prevent complications.

Results: The consistent application of these technical principles enabled safe execution of the procedures without major intraoperative complications. A symmetric sleeve, free of fundal redundancy and torsion, was achieved in all cases, with effective bleeding control. When technical challenges such as stomach folding or asymmetry arose, corrective maneuvers were successfully performed, demonstrating the importance of surgical experience and meticulous attention to detail.

Conclusions: Attention to technical detail in laparoscopic sleeve gastrectomy is crucial for ensuring patient safety and optimal surgical outcomes. Each step of the procedure has a direct impact on leak rate, reflux control, and weight loss efficacy. This video serves as a practical visual guide to enhance surgical technique and highlights the difference between a standard and an optimal sleeve gastrectomy.

Disclosure: No significant relationships.

P123 / Abs. ID 1214

Topic: *AS33. MBS and bleeding: prevention, role of energy devices,*

MBS AND BLEEDING: PREVENTION, ROLE OF ENERGY DEVICES
10-09-2025 10:00 - 19:30

ASYMMETRICAL STAPLING TECHNOLOGY IN RESECTIVE GASTRIC BYPASS: A NEW ERA IN SAFETY?

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Background: Conversion Surgery is always a challanging scenario. Suboptimal results after sleeve gastrectomy are increasing due to the complexity of obesity itself, and complications in a secondary precedure such as bleeding, are higher than in primary surgery. We present a case of a Conversion from Sleeve to Roux-enY Gastric Bypass with the brand new asymmetrical stapling devide 4+2.

Objectives: To demostrate the non-inferiority of the 4+2 stapling device in comparison to standar current products of industry.

Methods: A female patient, with suboptimal clinical response, underwent a Conversion to Gastric Bypass. Initial BMI prior Sleeve was 39, nadir weight was 29 at 8 month postop, and consulted for recurrence with 37 of BMI.

Results: Patient evolution was uneventfull. Discharged in less than 24h postop. No complications were reported. At 6 month, she has a BMI of 28.

Conclusions: The new asymmetrical stapling device is safe and reliable, as it was presented in another series of 250+ sleeve gastrectomies. Bleeding and filtration were not reported in any case, and seems to provide non-inferior results than traditional staplers. Further studies will provide stronger evidence.

Disclosure: No significant relationships.

P124 / Abs. ID 871

Topic: *AS07. MBS and cancer*

MBS AND CANCER
10-09-2025 10:00 - 19:30

DISCUSSION ON THE DIAGNOSIS AND TREATMENT STRATEGIES FOR YOUNG MALE PATIENTS WITH METABOLIC SYNDROME COMBINED WITH PAPILLARY THYROID CARCINOMA.

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Background: The association between metabolic syndrome (MS) and thyroid cancer remains unclear, with inconsistent evidence regarding its role in oncogenesis.

Objectives: To evaluate the efficacy of multidisciplinary surgery in managing papillary thyroid carcinoma comorbid with MS.

Methods: A 22-year-old male with severe obesity (BMI 39.1 kg/m²) underwent multimodal imaging (contrast-enhanced ultrasound + CT) for tumor staging, followed by synchronous endoscopic total thyroidectomy with lymph node dissection and sleeve gastrectomy. Postoperative surveillance included tumor markers and metabolic parameter tracking.

Results: Histopathology confirmed papillary thyroid carcinoma (2cm) with capsular invasion and nodal metastasis (1/1), showing CK19/Galectin-3 positivity. At 3-month follow-up, significant metabolic improvement was observed: 18kg weight reduction (BMI 32.4 kg/m²), normalized blood pressure, glucose, and lipid profiles, with no signs of recurrence.

Conclusions: Integrated multidisciplinary surgery effectively achieves dual oncological control and metabolic regulation, establishing a novel therapeutic paradigm for MS patients with concurrent malignancies.

Disclosure: No significant relationships.

P125 / Abs. ID 1206

Topic: *AS07. MBS and cancer*

MBS AND CANCER
10-09-2025 10:00 - 19:30

DETECTION OF BREAST CANCER FOLLOWING RAPID WEIGHT LOSS AFTER SLEEVE GASTRECTOMY: A CASE REPORT

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Background: Obesity is a well-established risk factor for breast cancer; however, early detection in patients with obesity remains challenging due to several barriers. Mammography is often technically difficult, and its sensitivity may be compromised by excess adipose tissue.

Objectives: To highlight the challenge and importance of early breast cancer detection in patients with obesity undergoing bariatric surgery, and to illustrate the potential role of rapid weight loss in improving clinical and self-detection of breast masses.

Methods: We present a clinical case of a 36-year-old female with severe obesity (BMI 40.5 kg/m²) who underwent routine breast screening at age 35, including clinical examination and ultrasonography, both of which were negative. At 36, the patient underwent laparoscopic sleeve gastrectomy (LSG) for severe obesity management. Clinical assessment, imaging, biopsy, surgical intervention, and follow-up care were subsequently documented.

Results: Three months following LSG and a weight loss of 28 kg (BMI reduced to 29.3 kg/m²), the patient self-detected a breast lump previously unnoticeable. Diagnostic imaging and biopsy confirmed invasive breast carcinoma. She underwent breast-conserving surgery and sentinel lymph node biopsy, which showed no lymphatic metastasis. At seven years post-treatment, the patient remains recurrence-free and maintains stable weight control.

Conclusions: Rapid weight loss after bariatric surgery significantly enhances the detectability of breast cancer through improved palpation and patient self-awareness. Multidisciplinary management involving both bariatric and oncology teams is essential for the timely detection and treatment of malignancies in patients undergoing substantial weight reduction procedures. Increased healthcare provider awareness of this phenomenon can substantially improve patient outcomes.

Disclosure: No significant relationships.

P126 / Abs. ID 610

Topic: *AS07. MBS and cancer*

MBS AND CANCER
10-09-2025 10:00 - 19:30

CANCER GÁSTRICO POST BYPASS RESECTIVO

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Background: Gastric cancer after bariatric surgery is rare, with a reported incidence of less than 1%. However, its diagnosis is often late due to the anatomical alteration of the stomach and the presentation of nonspecific symptoms. Most cases correspond to adenocarcinomas and their development may be associated with factors such as Helicobacter pylori infection and chronic inflammatory changes. Periodic endoscopic surveillance is crucial for early detection and improving the prognosis in these patients.

Objectives: To present a clinical case of low incidence such as gastric cancer after bariatric surgery

Methods: Literature review and clinical records

Results: 75-year-old male patient with a history of type II diabetes mellitus, hypertension, and gastric bypass resective surgery in 2011. He consulted the emergency room for symptoms of logical dysphagia and weight loss. Upon admission he had intense abdominal pain and vomiting. A CT scan was performed, which reported findings compatible with gastric neoplasia in relation to the gastrojejunal anastomosis. Upper digestive endoscopy showed a tumor in the gastrojejunal anastomosis, which was biopsied and reported as poorly differentiated adenocarcinoma with signet ring cells and a mucinous component. He was admitted to the operating room. Intraoperative findings showed a tumor in the gastric remnant with 5 centimeters of the alimentary loop involved and adhered to the transverse colon, with no signs of peritoneal carcinomatosis or liver lesions. A gastric pouch gastrectomy, esophagojejunostomy, and D1 were performed. The patient was doing well and was discharged on the seventh day. Postoperative biopsy Adenocarcinoma, G3, with signet ring cells (30%) and mucinous (18%), lymphovascular and perineural invasion present, negative margins, 12 lymph nodes free of neoplasia. The patient was presented to the oncology committee, and adjuvant chemotherapy was decided.

Conclusions: Poorly differentiated gastric adenocarcinoma with signet ring cells and a mucinous component is an aggressive entity with a poor prognosis. Detection after bariatric surgery may be delayed due to the anatomical alteration and nonspecific symptoms. Subsequent treatment includes oncologic surgery in resectable cases, complemented with chemotherapy based on fluoropyrimidines and platinum. In advanced disease, palliative therapy seeks to improve quality of life. This case highlights the importance of endoscopic surveillance and a multidisciplinary approach

Disclosure: No significant relationships.

P127 / Abs. ID 705

Topic: *AS07. MBS and cancer*

MBS AND CANCER
10-09-2025 10:00 - 19:30

PERFORATED GASTRIC CANCER OF THE REMANENT STOMACH IN LONG TERM FOLLOW UP OF GASTRIC BYPASS

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Background: Gastric cancer onthe remanent stomach after gastric bypass is a rare condition.nevertheless chile is a country with a high prevalence of gastric cancer so is important to be awere for family background and endoscopic studies prior to surgery.

Objectives: we present a rare case of perforated gastric cancer of the remanent stomach of an open gastric cancer operated 25 years ago in an emergency surgery scenario

Methods: to describe the case we use the clinical records of the open gastric bypass, it s study and acute sintoms of the patients prior to surgery. postoperative specimen biopsy and further oncological treatment with 5 year followup

Results: after 5 year follow up from E.R surgery and adyuvant therapy , patient has a complete remission of the disease

Conclusions: gastric cancer after gastric bypass is a rare condition with only few casses published worldwide. nevertheless in countries with high prevalence of gastric cancer, is importyant to make a complete assesment on this matter in the preoperative studies. asking for family background of gastric cancer and endoscopy. some of the patients might benefit from resective gastric cancer f is there premalignant lesions . long term follow up in bariatric surgery is not only important for metabolic pourpuses , it is also important for other gastrointestinal diseases

Disclosure: No significant relationships.

P128 / Abs. ID 585

Topic: *AS07. MBS and cancer*

MBS AND CANCER
10-09-2025 10:00 - 19:30

PREVALENCE OF HELICOBACTER PYLORI IN METABOLIC BARIATRIC SURGERY CANDIDATES: A BRAZILIAN COHORT STUDY

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Background: Metabolic bariatric surgery has established itself as an effective intervention in the treatment of severe obesity and its related diseases . However, the presence of Helicobacter pylori (H. pylori) preoperatively can negatively influence surgical outcomes, increasing the risk of complications such as ulcers and bleeding. Furthermore, preoperative upper digestive endoscopy (EGD) allows for the identification of other relevant conditions, such as gastroesophageal reflux disease (GERD) and gastric neoplasms, which can impact the choice of surgical technique and postoperative follow-up.

Objectives: This study aims to determine the prevalence of H. pylori in patients eligible for metabolic bariatric surgery in a brazilian bariatric center and discuss the importance of preoperative endoscopic investigation.

Methods: This is a cross-sectional study involving consecutive patients undergoing preoperative EGD for metabolic bariatric surgery at a reference center in Brazil. Demographic, clinical, and endoscopic data were collected, including the presence of H. pylori (assessed by histology), GERD, and neoplastic lesions. The results were statistically analyzed to determine the prevalence of H. pylori and its association with other variables.

Results: Out of the 301 patients evaluated (16.9% male), 183 (60.7%) tested positive for H. pylori on Giemsa staining. The prevalence was higher among women (62.0% vs. 54.9%). When stratified by age, the prevalence of H. pylori showed a directly proportional relationship among women, with a prevalence of 47% up to 30 years, 61% between 31 and 40 years, 62% between 41 and 50 years, 78% between 51 and 60 years, and 75% in those over 61 years. A similar relationship was identified among men, with a prevalence of 40% up to 30 years, 46% between 31 and 40 years, 80% between 41 and 50 years, 28% between 51 and 60 years, and no H. pylori in the single patient over 61 years.

Conclusions: There is a high prevalence of H. pylori in the Brazilian population undergoing metabolic bariatric surgery. The findings reinforce the importance of preoperative endoscopic investigation. Treatment of H. pylori, as well as identification of other relevant conditions such as GERD and neoplasms, can optimize surgical outcomes and reduce the risk of complications. We believe that EGD should be considered an essential preoperative examination for metabolic bariatric surgery.

Disclosure: No significant relationships.

P129 / Abs. ID 177

Topic: *AS07. MBS and cancer*

MBS AND CANCER
10-09-2025 10:00 - 19:30

GASTRIC CANCER IN THE REMAINDER STOMACH AFTER EN AND ROUX BYPASS DUE TO OBESITY

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Background: Roux-en-Y gastric bypass (RYGB) is one of the most frequently performed surgical techniques in bariatric and metabolic surgery, with neoplastic complications being uncommon. Obesity has been shown Associating with an increased risk of gastric cancer, the risk of remnant gastric cancer following RYGB remains unclear. Additionally, the development of neoplasms in the excluded stomach continues to raise concerns, with management strategies still uncertain.

Objectives: Present two clinical cases of patients diagnosed with gastric adenocarcinoma in the remnant stomach after undergoing RYGB for obesity.

Methods: An analytical observational study was conducted, presenting two clinical cases from Pereira, Colombia, and comparing the findings with current literature

Results: After presenting both clinical cases and a literature review, RYGB is deemed one of the preferred surgical options for treating severe obesity. However, a significant challenge persists in the postoperative evaluation of the bypassed gastric remnant. Literature indicates that cancer of the excluded stomach after RYGB is uncommon. The clinical presentation typically manifests with nonspecific symptoms such as abdominal pain, vomiting, and weight loss. Maintaining a high index of suspicion is critical for conducting appropriate imaging and endoscopic studies, as no diagnostic method is definitive for this condition. Treatment is contingent on the clinical stage of the disease, which is often advanced due to diagnostic difficulties.

Conclusions: The occurrence of gastric cancer in the remnant stomach post-RYGB is rare. A heightened degree of clinical suspicion is essential, and surgeons should remain vigilant for this possibility when new symptoms emerge, to ensure a comprehensive management approach. Further epidemiological studies are required to investigate in depth the risk of remnant gastric cancer associated with RYGB in high-risk populations.

Disclosure: No significant relationships.

P130 / Abs. ID 243

Topic: *AS07. MBS and cancer*

MBS AND CANCER
10-09-2025 10:00 - 19:30

ROBOTIC-ASSISTED PARTIAL GASTRECTOMY FOR A GIST TUMOR AT GASTRIC REMNANT

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Background: Gastrointestinal stromal tumors (GISTs) are rare neoplasms originating from the gastrointestinal tract. While these tumors are well-documented, there is a lack of literature exploring the potential development of GISTs following metabolic bariatric surgery.

Objectives: The aim of this video is to present a case of a 44-year-old female who was referred for an incidental diagnosis of a gastrointestinal stromal tumor (GIST) located at the gastric remnant during preoperative workup for living kidney donation, two years following a Roux-en-Y gastric bypass.

Methods: The patient was planned for a Robotic-assisted Partial Gastrectomy for GIST resection.

Results: To begin the surgery, multiple adhesions were taken down, revealing a 2 cm exophytic lesion at the lesser curvature. After adequate exposure of the tumor, a partial gastrectomy was performed using two Robotic Endo-GIA blue loads to complete the tumor resection. The excised tumor was placed in an Endo-Pouch for removal and surgical pathology examination.

Conclusions: Surgical pathology confirmed the diagnosis of GIST tumor. The procedure lasted 76 minutes, and the postoperative recovery was uncomplicated and the patient was discharged on the same day with toleration of oral diet and proper ambulation.

Disclosure: No significant relationships.

P131 / Abs. ID 405

Topic: *AS07. MBS and cancer*

MBS AND CANCER
10-09-2025 10:00 - 19:30

ROUX-EN-Y GASTRIC BYPASS WITH GASTRIC REMNANT RESECTION FOR THE SURGICAL MANAGEMENT OF OBESITY AND INTESTINAL METAPLASIA: A CASE REPORT

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Background: Intestinal metaplasia (IM) is a premalignant condition characterized by the replacement of normal gastric epithelium with intestinal-type cells, commonly observed in patients with chronic gastritis or Helicobacter pylori infection. It has been identified as a significant risk factor for gastric cancer and is commonly associated with the long-term changes in gastric mucosa. Metabolic bariatric surgery, including procedures like sleeve gastrectomy and gastric bypass, has gained prominence in the management of obesity, offering substantial weight loss and improvement in related diseases. However, the impact of metabolic bariatric surgery on gastric mucosa, particularly concerning the development or progression of intestinal metaplasia, remains an underexplored area.

Objectives: The objective of this video is to highlight the role of intestinal metaplasia in the decision-making process for selecting the appropriate surgical technique, in this case, Roux-en-Y gastric bypass with gastric remnant resection.

Methods: We present the case of a 38-year-old woman with grade III obesity (BMI 42 kg/m²) and no significant medical history. As part of the preoperative bariatric evaluation, a routine fibrogastroscopy was performed, revealing erythematous mucosa in the gastric antrum, suggestive of non-erosive gastritis. Biopsies were obtained, which showed type II intestinal metaplasia without dysplasia. H. pylori was negative. Our multidisciplinary metabolic bariatric surgery team decided to proceed with laparoscopic gastric bypass with gastric remnant resection.

Results: The patient was discharged 72 hours postoperatively without complications. She is currently under follow-up with satisfactory weight loss. The metaplasia findings were confirmed in the surgical specimen, with no additional abnormalities.

Conclusions: Gastric remnant resection may represent a viable surgical option for patients with intestinal metaplasia undergoing gastric bypass. This procedure eliminates the need for long-term surveillance of metaplasia. The preoperative identification of metaplasia within a standardized protocol facilitates the detection of potential findings that may necessitate modifications to the surgical approach. These findings should be thoroughly evaluated and discussed in a multidisciplinary team setting.

Disclosure: No significant relationships.

P132 / Abs. ID 898

Topic: *AS07. MBS and cancer*

MBS AND CANCER
10-09-2025 10:00 - 19:30

RESECTIONAL GASTRIC BYPASS IN A PATIENT WITH A FAMILY HISTORY OF GASTRIC CANCER

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Background: Roux-en-Y gastric bypass (RYGB) is one of the most common metabolic and bariatric surgeries (MBS). However, the gastric remnant may present complications that require gastrectomy. Resectional gastric bypass (RGB) is considered when there is a risk of gastric neoplasia in the remnant or complications such as gastrogastric fistula. RGB has the same range of weight reduction compared to standard RYGB.

Objectives: To present the case of a patient for whom RGB was performed due to a family history of gastric cancer, assessing the feasibility and postoperative outcomes of this approach.

Methods: We report the case of a 46-year-old female patient with Class II obesity (weight: 84 kg, BMI: 35.8 kg/m²), insulin resistance, hypertension, hepatic steatosis, and hypothyroidism, with a family history of gastric cancer (father). Due to this family history, RGB was decided upon. The surgery was performed laparoscopically without incidents; intraoperatively, an associated hiatal hernia was identified and repaired during the procedure.

Results: RGB was performed without complications. The patient showed favorable progress, with improvement in comorbidities and optimal clinical response, achieving a %TWL of 16.6% at one month and 32.1% at one-year follow-up. Histopathological analysis of the resected gastric remnant revealed no evidence of cancer.

Conclusions: RGB may be a safe and effective option for patients with obesity and a high risk of gastric cancer, allowing for weight control and eliminating the potential risk of cancer in the gastric remnant. Further studies are needed to evaluate long-term outcomes and compare RGB to other bariatric techniques in this patient group.

Disclosure: No significant relationships.

P133 / Abs. ID 1188

Topic: *AS07. MBS and cancer*

MBS AND CANCER
10-09-2025 10:00 - 19:30

LAPAROSCOPIC TRANSGASTRIC RESECTION NEAR EGJ

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Background: Transgastric laparoscopic resection is a minimally invasive surgical approach used for the excision of lesions, tumors, or pathologic tissues located near the esophagogastric (EG) junction. This technique combines the benefits of laparoscopy (reduced postoperative pain, shorter hospital stays, and faster recovery) with direct intragastric access to optimize visualization and precision in a challenging anatomic region. On the other hand, several challenges take place, such as limited working space near the EG junction, risk of esophageal stricture or reflux if the resection compromises the cardia, technical difficulty in achieving secure closure of the gastrotomy. However, when performed by experienced surgeons, transgastric laparoscopic resection offers excellent oncologic and functional outcomes for carefully selected patients, bridging the gap between endoscopic and open surgical approaches. This approach is typically indicated for submucosal epithelial tumors such as leiomyomas. This tumors are benign smooth muscle tumors, most commonly found in the esophagus and proximal stomach near the EG junction. Unlike gastrointestinal stromal tumors (GISTs), which arise from interstitial cells of Cajal, leiomyomas originate from the muscularis propria layer and lack KIT or PDGFRA mutations. They are typically slow-growing and rarely malignant.

Objectives: To show transgastric approach of near EJG tumor in gastric sleeve surgery.

Methods: Laparoscopic approach recorded and edited

Results: Complete excision of the lesion

Conclusions: This technique combines the benefits of laparoscopy (reduced postoperative pain, shorter hospital stays, and faster recovery) with direct intragastric access to optimize visualization and precision in a challenging anatomic region. This approach should be in the armamentarium of every Bariatric Surgeon.

Disclosure: No significant relationships.

P134 / Abs. ID 1227

Topic: *AS27. MBS and impact on cardiovascular disease*

MBS AND IMPACT ON CARDIOVASCULAR DISEASE
10-09-2025 10:00 - 19:30

DIFFERENTIAL IMPACT OF METABOLIC BARIATRIC SURGERY TECHNIQUES ON THE REVERSAL OF CARDIAC REMODELING

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Background: Severe obesity is intrinsically associated with hemodynamic alterations that contribute to cardiomyopathies. The literature highlights the link between increased body fat—especially visceral adiposity—and cardiac remodeling, often through concentric and/or eccentric left ventricular hypertrophy. Among the most utilized Metabolic Bariatric Surgery (MBS) procedures, sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) have shown consistent efficacy in promoting sustained weight reduction and metabolic improvement. However, it remains uncertain whether these techniques are equally effective in reversing cardiac remodeling.

Objectives: To evaluate potential differences between SG and RYGB in the reversal of cardiac remodeling in populations with severe obesity, based on current scientific literature.

Methods: A systematic search was conducted in EMBASE and PUBMED using the terms: “metabolic bariatric surgery”, “gastric bypass”, “sleeve gastrectomy” AND “cardiac function”, “cardiac structure”, “cardiac remodeling”. Filters included publications in English from the past 10 years. After applying eligibility criteria, 9 articles were selected for final analysis.

Results: Both SG and RYGB were associated with improvements in cardiac function and geometry, such as reductions in left ventricular mass and improvements in systolic and diastolic performance. RYGB showed a slightly greater effect on visceral adiposity reduction, a key cardiovascular risk factor. However, there was no clear consensus across studies regarding the superiority of one technique over the other in reversing cardiac remodeling in people with obesity.

Conclusions: Both SG and RYGB yield beneficial effects on cardiac remodeling in people with severe obesity. The subtle differences observed between techniques highlight the need for further systematic analyses to determine clinically meaningful distinctions.

Disclosure: No significant relationships.

P135 / Abs. ID 964

Topic: *AS27. MBS and impact on cardiovascular disease*

MBS AND IMPACT ON CARDIOVASCULAR DISEASE
10-09-2025 10:00 - 19:30

THE ROLE OF SPECT IN PREOPERATIVE CARDIAC RISK STRATIFICATION FOR METABOLIC BARIATRIC SURGERY

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Background: Bariatric surgery candidates often undergo preoperative cardiac evaluation to assess surgical risk. Transthoracic echocardiography (ECHO) is commonly used to evaluate left ventricular function. However, image quality can be limited by body habitus in patients with obesity. Myocardial perfusion imaging with technetium-99m sestamibi (SPECT/Myoview) offers an alternative method, providing both functional and perfusion data.

Objectives: To assess the role of Myoview and ECHO in determining surgical eligibility for bariatric surgery and evaluate the safety of surgery in patients with cardiovascular history or risk factors.

Methods: Adult patients evaluated for bariatric surgery who underwent cardiac assessment with Myoview and/or ECHO were included. Collected data included demographics, cardiac imaging findings, comorbidities, body habitus limitations on ECHO, surgical outcomes, and post-imaging cardiac events. Agreement between EF on ECHO and Myoview was assessed using Pearson correlation and Bland-Altman analysis. Chi-square tests examined associations between clinical variables, Myoview findings, and surgical outcomes. Logistic regression was used to identify predictors of undergoing bariatric surgery.

Results: The study included 66 patients, with a slight female predominance (54.5%). Cardiac risk factors were common: diabetes (56.3%), OSA (57.8%), hypertension (60.9%), and dyslipidaemia (21.9%), with 16.7% having prior CAD. Body habitus limited echocardiographic assessment in 34.3% of patients, 47% patients underwent Myoview without ECHO. Myoview abnormalities were observed in 34.8% of patients, with 1.5% classified as severely abnormal. 15.2% patient did not progress to surgery due to cardiac comorbidities. A significant association was found between known CAD and Myoview abnormalities ($\chi^2(2) = 8.461$, $p = 0.015$). No significant associations were observed between Myoview findings and surgical cancellation, post-imaging cardiac events, or surgery completion. EF measurements from Myoview and ECHO showed a weak, non-significant correlation ($r = 0.121$, $p = 0.532$). Logistic regression identified increasing age as a negative predictor of undergoing surgery ($B = -0.015$, $p = 0.024$).

Conclusions: Previous cardiac events or minor ischemic changes in SPECT did not affect bariatric surgery outcomes or eligibility, while increasing age was a limiting factor. ECHO was often unreliable due to body habitus, whereas Myoview proved more effective, identifying prior ischaemic events and correlating with undiagnosed coronary disease confirmed on angiography.

Disclosure: No significant relationships.

P136 / Abs. ID 1138

Topic: *AS27. MBS and impact on cardiovascular disease*

MBS AND IMPACT ON CARDIOVASCULAR DISEASE
10-09-2025 10:00 - 19:30

SHORT-TERM EFFECT OF LAPAROSCOPIC SLEEVE GASTERECTOMY ON HYPERLIPIDEMIC PATIENTS WITH OBESITY

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Background: Obesity has become a global epidemic and a major health problem in the 21st century. Studies have shown that weight loss reduces elevated serum total cholesterol and low-density lipoprotein (LDL) cholesterol and increases high-density lipoprotein (HDL) cholesterol. Laparoscopic sleeve gastrectomy is one of the most recent ways to treat obesity and manage weight loss in overweight patients whose options for weight loss are limited.

Objectives: This study aimed to evaluate the short-term effect of laparoscopic sleeve gastrectomy on lipid profile in hyperlipidemic patients with obesity during the nine months of postoperative care.

Methods: This prospective study was conducted on 50 hyperlipidemic obese candidates for bariatric surgery at Main University Hospital in Alexandria, Egypt, from July 2020 to October 2021. Body weight, Body mass index (BMI), Waist circumference, Fasting and postprandial blood sugar, serum cholesterol, triglyceride, HDL and LDL levels were measured before and one, three, six, and nine months following the surgical intervention.

Results: The mean age of the participants was 33.72-7.95 years. There was a significant reduction in BMI, weight, and blood sugar. The mean body mass index (BMI) of the patients before surgery was 48.59 - 5.78 kg/m2, which was lowered to 32.58 -3.91 kg/m2 nine months after the intervention. Assessments showed a statistically significant increase in the serum level of HDL and a statistically significant decrease in the serum level of triglycerides, the serum level of total cholesterol, and LDL. Moreover, results showed a positive correlation between lipid profile changes after LSG and preoperative variations in Age, BMI, and Diabetic condition.

Conclusions: Laparoscopic sleeve gastrectomy reduces body mass and leads to improvement in glucose and lipid metabolism and lipid profile changes: decrease in Total Cholesterol, Triglyceride, and LDL cholesterol and increase in HDL cholesterol in a significant way.

Disclosure: No significant relationships.

P137 / Abs. ID 288

Topic: *AS27. MBS and impact on cardiovascular disease*

MBS AND IMPACT ON CARDIOVASCULAR DISEASE
10-09-2025 10:00 - 19:30

ASSOCIATION OF OBSTRUCTIVE SLEEP APNEA AND COMPLICATIONS AFTER METABOLIC BARIATRIC SURGERY

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Background: Obesity is a worldwide health issue and its incidence has increased significantly over the last decades. Importantly, obesity often coexists with multiple cardiovascular risk factors including obstructive sleep apnea (OSA). Roux-en-Y gastric bypass (RYBP) is a surgical technique that has demonstrated high efficacy for weight loss. Nevertheless, the relationship between OSA and prognosis after RYBP is unknown.

Objectives: This study aims to describe the role of OSA in the prognosis of patients with obesity who underwent RYGB.

Methods: Consecutive patients who underwent RYGB were screened for inclusion between January 2022 and December 2023. Patients who did not complete 12 months of follow-up were excluded. Before the surgery, patients were screened for OSA with the Stop Bang score (SBS). Those with an SBS ≥ 3 or a high clinical suspicion of OSA based on anamnesis and physical examination underwent further evaluation with a polysomnography, where those with an apnea-hypopnea index ≥5 were diagnosed with OSA.

Results: A total of 322 patients were screened. After excluding 75 patients lost to follow-up, 247 were included in the final analysis (Figure 1). Baseline characteristics are shown in table 1. Patients with OSA were older (44 ± 10 vs 40 ± 10, $p < 0.001$), had a lower proportion of female sex (64% vs 89%, $p < 0.001$). Percent of total body weight loss was not different between OSA groups (Figure 2). Overall, 16 complications occurred (14 required surgical treatment) (Table 2). Complications were more frequent in the OSA group (10% vs 1.8%, log-rank test $p = 0.0068$) (Figure 3).

Table 1.

	Overal (n 247)	No OSA (n112)	OSA n 135	P value
Age(years)	42 +/- 10	40 +/-10	44+/-10	<0.01
Female sex	186 (75%)	100 (89%)	86 (64%)	<0.01
Body Mass Index (kg/m2)	40.8 +/- 6.7	40.1 +/- 7.8	41.4 +/-5.6	0.008
Excess Weight (%)	38 +/-	37 +/-8	39 +/- 8	0.025
Stop Bang Score	3.27+/- 1.34	2.45+/-1.06	3.95+/- 1.16	<0.01

Figure 2. Percent of body weight loss by obstructive sleep apnea status. OSA = Obstructive sleep apnea.

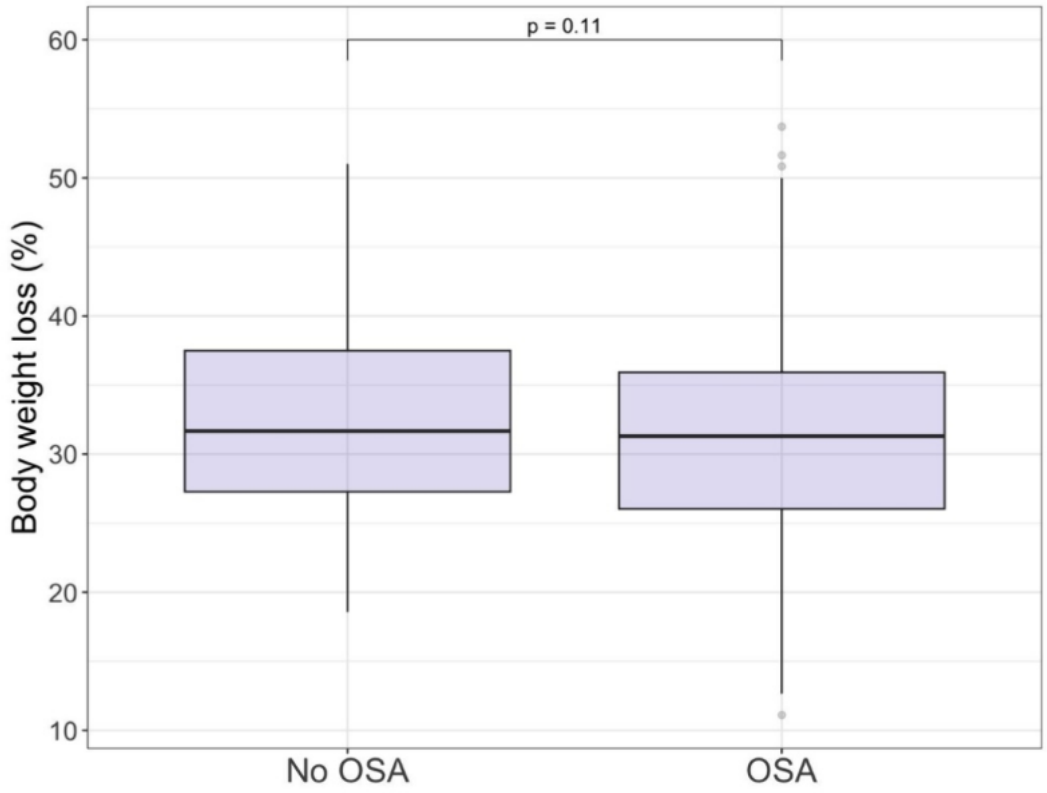
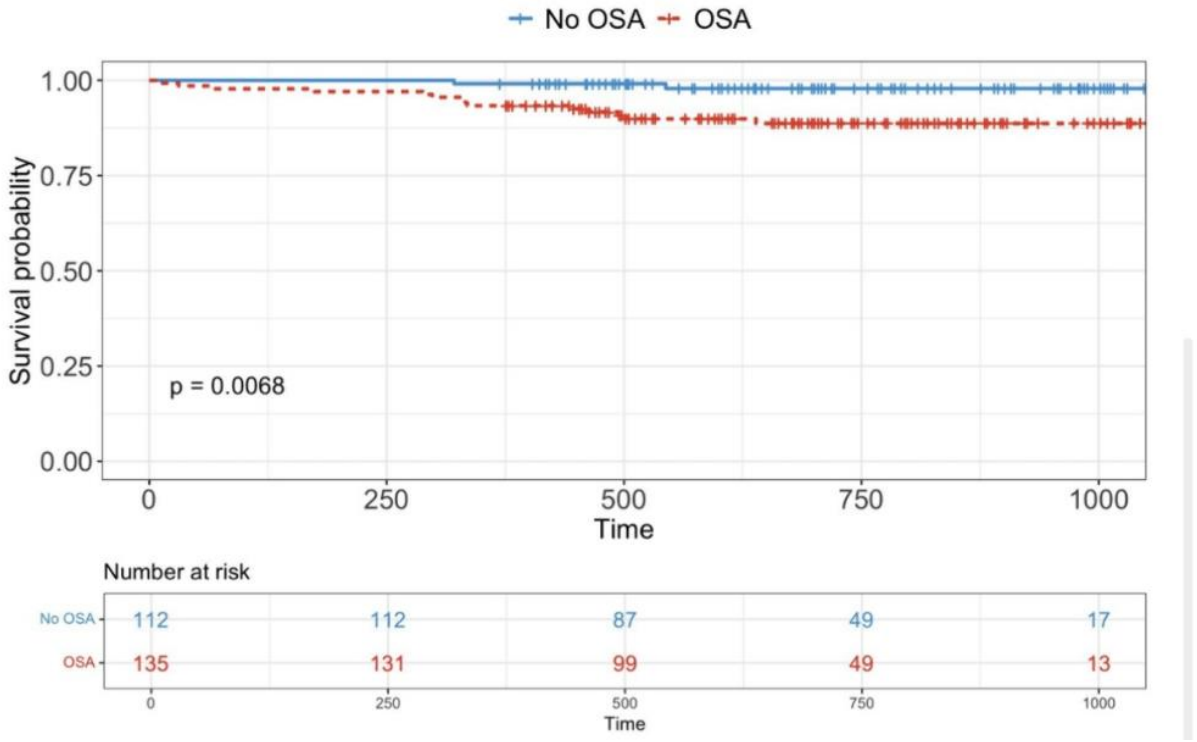


Figure 3. Complications by obstructive sleep apnea status. OSA = Obstructive sleep apnea



Conclusions: Preoperative OSA was associated with higher complication rates. Further research is warranted to clarify mechanistic links between OSA and metabolic bariatric surgery prognosis.

Disclosure: No significant relationships.

P138 / Abs. ID 448

Topic: *AS27. MBS and impact on cardiovascular disease*

MBS AND IMPACT ON CARDIOVASCULAR DISEASE
10-09-2025 10:00 - 19:30

CARDIAC REMODELLING AFTER BARIATRIC SURGERY. WEIGHT LOSS IMPROVES CARDIAC FUNCTION (WLIC STUDY). PRELIMINARY RESULTS.

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Background: Studies with short-term follow-up have demonstrated favorable effects of weight loss on the heart, but little information is available regarding long-term effects or effects of visceral fat reduction on heart function.

Objectives: The purpose of this study was to evaluate the effects of long-term WL following bariatric surgery on cardiac structure, function, ventricular interaction, and body composition, including epicardial adipose thickness and abdominal visceral adipose tissue (VAT)

Methods: We enrolled 332 consecutive obese patients screened for bariatric surgery who underwent echocardiography before and after >365 days following operation. 205 patients were eligible for analysis.

Results: After 3 and a half years of analysis body mass index (BMI) decreased significantly (%EWL: 80.9% - %EBL: 97.5%) with favorable reductions in blood pressure, fasting glucose, lipidemic profile, and left ventricular remodelling. Furthermore, LV longitudinal strain, LV wall thickness, and diastolic dysfunction improved following weight loss.

Conclusions: In the present study weight loss following bariatric surgery was associated not only with improvement of cardiac function measurements but also with favourable cardiac effects as reducing risk factors of coronary artery disease.

Disclosure: No significant relationships.

P139 / Abs. ID 1270

Topic: *AS27. MBS and impact on cardiovascular disease*

MBS AND IMPACT ON CARDIOVASCULAR DISEASE
10-09-2025 10:00 - 19:30

EVOLUTION OF THE PROFILE OF FONASA PAD PATIENTS IN CHILE: THE IMPACT OF A PUBLIC-PRIVATE HEALTH STRATEGY

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Background: Obesity in Chile has reached alarming levels: 74.2% of the population is overweight, and 35% have obesity. Due to its multiple comorbidities, bariatric surgery stands as the most effective and long-lasting therapeutic strategy. The Fonasa PAD program emerged as a public-private funding initiative aimed at expanding access to this intervention within the public health system.

Objectives: To describe and compare the clinical profile of patients undergoing bariatric surgery according to their inclusion in the Fonasa PAD program, and to assess their evolution between 2022 and 2025 in relation to the period prior to its implementation

Methods: Descriptive observational study. Prospective data were analyzed from 1704 patients operated between March 2022 and March 2025. Descriptive statistics and Chi-square tests were applied. Data were processed using Excel and SPSS v25. All procedures were performed by the same surgeon.

Results: The cohort had a mean age of 39.2 years (SD ±10.2), with a predominance of female patients (79.6%), a mean BMI of 42.2 kg/m² (SD ±6.0), and a type 2 diabetes mellitus (T2DM) prevalence of 19.2%. Of the total, 82% were operated under the Fonasa PAD program, with a mean age of 38.9 years, BMI of 42.8 kg/m², and T2DM prevalence of 20.1%. Non-PAD patients had a mean age of 40.4 years, BMI of 39.8 kg/m², and T2DM prevalence of 17.6%. Significant differences were found in sex (more women in the Fonasa PAD group, $p < 0.0001$) and BMI ($p < 0.0001$), but not in age or T2DM. Yearly comparison revealed a fluctuating T2DM trend, peaking in 2023 (22.1%). Before PAD implementation, only 38.5% of patients belonged to Fonasa, with a mean BMI of 38.7 kg/m² and T2DM prevalence of just 8.6%.

Conclusions: The Fonasa PAD program represents a major step forward in healthcare equity, enabling broader access to bariatric surgery for public system patients. A substantial shift is observed in the clinical profile of beneficiaries, who now present with higher BMI and disease burden, indicating appropriate use of the program to reach those most in need. These findings support the consolidation and expansion of universal-access strategies for surgical obesity treatment.

Disclosure: No significant relationships.

P140 / Abs. ID 1276

Topic: *AS27. MBS and impact on cardiovascular disease*

MBS AND IMPACT ON CARDIOVASCULAR DISEASE
10-09-2025 10:00 - 19:30

IMPACT OF THE FONASA PAD PROGRAM ON TYPE 2 DIABETES MELLITUS CONTROL: ONE-YEAR OUTCOMES FOLLOWING METABOLIC BARIATRIC SURGERY

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Background: In Chile, type 2 diabetes mellitus (T2DM) affects 12.3% of the adult population, with prevalence rates exceeding 25% among individuals with obesity. This condition is associated with a significant increase in cardiovascular mortality and high healthcare costs. Bariatric surgery has proven to be the most effective intervention to achieve sustained remission or improvement of T2DM. Since 2022, the Fonasa PAD program has expanded access to this surgery through a public-private financing model.

Objectives: To clinically characterize patients with diabetes who underwent bariatric surgery under the Fonasa PAD program during its first year of implementation and to evaluate their metabolic outcomes one year postoperatively.

Methods: A retrospective observational study of 51 patients with diabetes operated between March 2022 and March 2023. Variables analyzed included age, sex, BMI, blood glucose, HbA1c, and use of antidiabetic medications. Means, standard deviations, and percentage reductions of biochemical parameters before and after surgery were calculated. Data analysis was performed using Excel and SPSS v25. All patients were operated by the same surgeon.

Results: The sample had a mean age of 45.2 years (SD ±10.4), with a predominance of females (80.3%) and a mean BMI of 44.6 kg/m² (SD ±5.9). At the time of surgery, mean HbA1c was 7.8% (SD ±1.3) and mean blood glucose was 147 mg/dL (SD ±34.5). After one year, the mean HbA1c decreased to 5.9% (SD ±0.6), representing a mean percentage reduction of 20.3%. Mean blood glucose dropped to 104.9 mg/dL (SD ±25.2), with a reduction of 28.0%. A total of 85.7% of patients were no longer using antidiabetic medications at one year, indicating significant remission or improvement.

Conclusions: The Fonasa PAD program has proven to be an effective tool not only for expanding access to bariatric surgery but also for achieving meaningful clinical improvements in the control of type 2 diabetes. The sustained improvement in metabolic parameters and reduction in medication use support bariatric surgery as an effective treatment for obesity and T2DM in the public healthcare system. These findings highlight the importance of maintaining and expanding this integrated care model.

Disclosure: No significant relationships.

P141 / Abs. ID 242

Topic: *AS27. MBS and impact on cardiovascular disease*

MBS AND IMPACT ON CARDIOVASCULAR DISEASE
10-09-2025 10:00 - 19:30

EFFICACY OF METABOLIC SURGERY ON THE REMISSION OF CARDIOVASCULAR DISEASES. 10-YEAR RETROSPECTIVE STUDY IN A LATIN AMERICAN HOSPITAL.

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Background: In Latin America, it has been documented that in the last two decades, diseases associated with obesity such as diabetes, hypertension, have contributed to a large percentage of morbidity, so in recent years surgical management has had an impact and effectiveness for weight loss, control of related diseases and reduction of mortality.

Objectives: To determine the prevalence of diabetes mellitus remission and/or arterial hypertension in patients who underwent metabolic surgery in the period from 2011 to 2021 at the Juárez de Mexico Hospital. Specific objectives • To determine the different types of metabolic surgery procedures in the period at the Juárez de Mexico Hospital. • To determine the demographic characteristics of the population who underwent metabolic surgery. • To compare the results of glycemia and blood pressure between patients who underwent gastric sleeve versus gastric bypass.

Methods: The retrospective study that was carried out in the department of general surgery at Public Health Hospital of Mexico City between 2011 to 2021 The medical records of the patients who were treated for metabolic surgery, The Follow-up patients were called 2 and 5 years after surgery for a clinical evaluation to detect remission of high blood pressure or diabetes.

Results: The retrospective study included 138 patients; 76,8% were female, and 23% were male. The age median was 39 years; The procedure that was performed the most was the RYGB in 89 patients with a percentage of 64.5%, with remission of hypertension in 79.1%. and diabetes in 41.1%. Regarding SG, it was performed in 49 patients with a percentage of 35.5%, with remission hypertension in 20.9% and diabetes in 58.9%.

Conclusions: Despite the differences of both procedures, it has been shown that in the sleeve and in the RYGB, there are no significant differences of resolution of DM2, however, in HBP, the laparoscopic Bypass has been shown to be better than the sleeve gastric, with statistically significant differences

Disclosure: No significant relationships.

P142 / Abs. ID 389

Topic: *AS27. MBS and impact on cardiovascular disease*

MBS AND IMPACT ON CARDIOVASCULAR DISEASE
10-09-2025 10:00 - 19:30

EVALUATION OF EFFECT OF SLEEVE GASTRECTOMY ON METABOLIC PARAMETERS AND INFLAMMATORY MARKERS IN OBESE ADOLESCENTS

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[1]Ahmed Maher teaching hospital, Pediatric Surgery, Abdeen, Egypt, [2]Badr University in Cairo, Surgery, Cairo, Egypt, [3]Ain Shams University, Pediatric Surgery, Cairo, Egypt, [4]Ain Shams University, Pediatrics, Cairo, Egypt, [5]Badr University in Cairo, Pediatric Surgery, Cairo, Egypt

Background: Obesity in adolescents, resulting in dire health; type 2 diabetes, hypertension, and dyslipidemia. Typical treatment regimens are unsatisfactory. laparoscopic sleeve gastrectomy is one of the most widely performed in adolescents as surgical treatment for adolescents with severe obesity due to its effectiveness and safety.

Objectives: determine how effective sleeve gastrectomy is in reducing of comorbid obesity conditions predictors among adolescents in six months follow up.

Methods: This study was done to evaluate the effects of sleeve gastrectomy on metabolic parameters and inflammatory markers in obese adolescents. A total of 30 participants, aged between 12 and 19, were included in the study, which was conducted over one year, from August 2022 to August 2023 at the Pediatric Hospital, Ain Shams University, and Ahmed Maher Teaching Hospital. Results: All participant had an high insulin resistance (HOMA-IR level higher

Results: All participant had an high insulin resistance (HOMA-IR level higher than 2.9). Post-operative, 26.7% did progress to moderate insulin resistance (HOMA-IR 2-2.9). The pre diabetic population declined from 53.3% to 20%, while the normal fasting glucose levels rose from 40% to 80%. HbA1c parameters with normal levels (<5.6%) improving from 66.7% to 93.3% Risk before undergoing the procedure was at a high cardiovascular risk level (HS- CRP > 3 mg/L). After the operation, 10% of them were able to bring their cardiovascular risk down to the average (HS-CRP 1-3 mg/L). Cholesterol levels improved, as the number of patients in the ideal range (<200 mg/dL cholesterol) increased to 26.7% compared to the initial 0%. Patients with borderline levels decreased from 90% to 73.3%. LDL levels improved, with the acceptable range of 100-129 mg/dL in patients increasing from 90% to 93.3%. Desirable levels of LDL (<100 mg/dL) also improved, rising from 0% to 20%. HDL cholesterol also improved, with patients in the ideal range >60mg/DL rising from 0% to 53.3%. But 90% of patients had increased triglyceride levels (>200 mg/dL) before the operation, but 86.7% of patients now have low (desirable) triglycerides (<150mg/dL). The data emphasizes improvement in lipid metabolism.

Conclusions: sleeve gastrectomy is an effective surgical intervention for managing severe adolescent obesity, resulting in significant weight and metabolic improvements.

Disclosure: No significant relationships.

P143 / Abs. ID 932

Topic: *AS27. MBS and impact on cardiovascular disease*

MBS AND IMPACT ON CARDIOVASCULAR DISEASE
10-09-2025 10:00 - 19:30

EFFECTIVE TREATMENT OF PULMONARY HYPERTENSION AFTER ROBOTIC ASSISTED SLEEVE GASTRECTOMY IN A PATIENT WITH BMI 60: A CASE REPORT AND LITERATURE REVIEW

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Buddhist Tzu Chi Medical Foundation Dalin Tzu Chi Hospital, Chia-I, Taiwan

Background: Severe pulmonary hypertension (PH) in patients with obesity pose a challenge to treat despite advances in medical therapeutics. Current treatment options are limited for patients who are not responding to maximal medical therapy.

Objectives: Awareness of high risk for bariatric surgery and importance of peri operative preparations in patients with obesity with moderate to severe pulmonary hypertension via sharing our experience

Methods: Here, we present a case of a patient with severe obesity (BMI 60) with severe PH with limited response to medical treatment with poor prognosis. His cardiopulmonary status was controlled preoperatively by related medical professionals carefully. He underwent MBS using robotic assisted sleeve gastrectomy. Intensive perioperative multidisciplinary team work approach was undertaken to accomplish for safe postoperative recovery.

Results: He demonstrated weight loss after bariatric surgery, improving his lung disease, obstructive sleep apnea and PH, and overall functionality.

Conclusions: Bariatric surgery may offer a potential therapeutic option, in patients with severe obesity and PH with little benefit to medical therapy.

Disclosure: No significant relationships.

P144 / Abs. ID 266

Topic: *AS28. MBS and MAFLD*

MBS AND MAFLD
10-09-2025 10:00 - 19:30

EVALUATION OF MASH IMPROVEMENT EFFECT AFTER SLEEVE GASTRECTOMY USING ULTRASOUND SHEAE WAVE ELASTOGRAPHY

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Background: With the increase in obesity, the number of patients with Metabolic Dysfunction-Associated Steatotic liver disease (MASLD) is steadily increasing worldwide. MASLD is classified into non-progressive simple fatty liver and progressive Metabolic Dysfunction-Associated Steato-hepatitis (MASH) that can progress to liver cirrhosis and liver cancer. It is thought that 10-20% of MASLD patients have MASH. It is important to differentiate MASH from MASLD patients, and at present, the treatment of choice for differentiation is liver tissue diagnosis by liver biopsy, and fibrosis, intralobular inflammation, and ballooning are considered important for the diagnosis. However, in addition to its invasiveness, liver biopsy has many problems that need to be solved, such as the cost of diagnosis, sampling error, and variability in diagnosis between observers. Therefore, a simpler, less invasive, and more accurate diagnostic method is required. Ultrasound elastography is being used in clinical practice as a non-invasive evaluation of liver fibrosis of MASLD/MASH. In addition to estimating liver fibrosis by measuring liver stiffness, evaluation of intralobular inflammation by dispersion and evaluation of fatty changes by attenuation are also being useful.

Objectives: We conducted a retrospective cohort study among 50 patients with severe obesity treated with Sleeve gastrectomy (SG) between February 2022 and February 2025 at our institutions.

Methods: We measured liver stiffness, dispersion, and attenuation using ultrasound sheae wave elastography (SWE) for evaluatiug liver fibrosis, intralobular inflammation, and fatty changes before and after surgery and reported the effect of surgery on improving MASH.

Results: Many cases were improved MASH with evaluation of liver fibrosis, intralobular inflammation, and fatty changes after SG.

Conclusions: SG is very effective procedure on improving MASH. In addition, SWE is a simpler, less invasive, and more accurate diagnostic method for evaluating MASH.

Disclosure: No significant relationships.

P145 / Abs. ID 234

Topic: *AS28. MBS and MAFLD*

MBS AND MAFLD
10-09-2025 10:00 - 19:30

PORTAL HYPERTENSION EVALUATION IN PATIENTS WITH SEVERE OBESITY PRIOR TO METABOLIC BARIATRIC SURGERY: A CROSS-SECTIONAL ANALYSIS OF HEMODYNAMIC, RADIOLOGICAL, AND HISTOPATHOLOGICAL DATA

Ramon Vilallonga[1], Carlos Petrola[1], Alba Rojano[2], Juan Pericàs[2], Clara Pañella[2], Pablo López[2], Daniel Herms[2], Vanesa Flores[2], Iratxe Díez[2], Andreea Ciudin[2]
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Background: Obesity is a key factor in the development of non-alcoholic fatty liver disease (NAFLD). As portal hypertension (PHT) progresses, it can lead to hyperdynamic circulation and complications such as esophageal varices, encephalopathy, and renal dysfunction. In NAFLD, hepatic decompensation may occur earlier compared to other chronic liver diseases. The treatment of choice for diagnosing PHT is hepatic venous pressure gradient (HVPG) measurement, which is an invasive procedure. Previous studies suggest that in patients with severe obesity (SO), the severity of fibrosis does not always align with the presence of PHT. However, the prevalence of PHT in individuals with SO remains unclear and there is a lack of noninvasive methods to assess PHT.

Objectives: This study aims to evaluate the hemodynamic characteristics of the portal circulation in patients with SO and explore the association between PHT and histological, clinical, and ultrasound findings.

Methods: Single-center, cross-sectional study including patients with SO who were candidates for metabolic bariatric surgery (BMI >35 kg/m² with related diseases or >40 kg/m²) and were treated at the Obesity Unit of our center between May 2022 and February 2024. The evaluation included a detailed clinical history, anthropometric measurements, blood tests, liver stiffness measurement (LSM) by FibroScan, PHT assessment by HVPG, and transjugular liver biopsy to analyze fibrosis, steatosis, and inflammation.

Results: 61 patients were included, 58.1% were women,mean age of 49.6 years and a mean BMI of 44.3 kg/m². PHT (HVPG >5 mmHg) was detected in 8 12.9% of patientse, elevated LSM (>7.5 kPa) was observed in 53.2%, and significant fibrosis (≥F2) was found in 14.5%. No significant differences were observed between the PHT and non-PHT groups in FibroScan parameters. A significant difference was observed between the stage of fibrosis and the presence of PHT. No significant difference was observed in relation to Fib4 score between patients with and without PHT.

Conclusions: 12.9% of patients with severe obesity were found to have PHT. No significant differences were observed between the PHT and non-PHT groups in FibroScan parameters, including LSM and CAP. FibroScan and FIB-4 scores. Further research with larger sample size is needed to understand the relationship between severe obesity, NAFLD, and portal hypertension.

Disclosure: No significant relationships.

P146 / Abs. ID 1218

Topic: *AS28. MBS and MAFLD*

MBS AND MAFLD
10-09-2025 10:00 - 19:30

VISUAL EVALUATION OF METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE DURING METABOLIC BARIATRIC SURGERY

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Background: Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) is the most common cause of chronic liver disease, affecting 55% of individuals with type 2 diabetes and 75% of people with obesity. The non-invasive diagnostic tests play an important role in the MASLD assessment. However, surgeons still take decisions related to the surgery based on the liver's visual evaluation during bariatric surgery.

Objectives: Compare a single surgeon opinion on intra-operative visual assessment of MASLD and the histologic evaluation of the liver biopsy.

Methods: A transversal retrospective study was performed with 310 consecutive patients submitted to a bariatric surgery between May and November 2024. The exclusion criteria were patients with other liver disorders different than MASLD. The inclusion criteria were patients of both sexes, age between 18 and 65 years old, BMI ≥35 kg/m2. All patients were also evaluated with the noninvasive tests (Fib4, VCTE, CAP). A visual evaluation was performed in the left lobe by a single surgeon who had experience with more than 5,000 BMS. Liver biopsy was performed under direct visualization utilizing laparoscopic scissors (2x2x2cm) and sent to a single Pathologist.

Results: The study included 310 patients, 285 women (91.2%). The mean age was 41.14 ± 9.2 years old. The mean weight and BMI were 122.30 ± 17.9 and 45.91 ± 5.1, respectively. 144 patients were submitted to sleeve gastrectomy and 166 to Roux-En-Y Gastric Bypass. 145 patients (46.8%) were visually classified as not having fibrosis, but 32 (22.1%) of those showed some degree of fibrosis on histological analysis. Visual analysis overestimated advanced liver fibrosis (moderate/severe), with 80 patients (25.8%) classified in these two categories, whereas liver biopsy detected only 13 patients (4.2%). Data suggests a possible overestimation of the need for liver biopsies during BMS.

Conclusions: The visual scale is effective in assessing the occurrence or absence of hepatic steatosis but showed poor accuracy in predicting the correct classification in liver biopsies. Preoperative CAP showed a good ability to predict the degree of steatosis in liver biopsies. The visual scale for assessing fibrosis showed low accuracy in predicting the classification of fibrosis but useful in differentiating between mild (F1/F2) and advanced (F3/F4) fibrosis.

Disclosure: No significant relationships.

P147 / Abs. ID 1125

Topic: *AS28. MBS and MAFLD*

MBS AND MAFLD
10-09-2025 10:00 - 19:30

EFFICACY OF METABOLIC BARIATRIC SURGERY IN IMPROVING NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD) BASED ON THE NAFLD FIBROSIS SCORE: A ONE-YEAR FOLLOW-UP STUDY

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Background: Metabolic Syndrome (MS), particularly Non-Alcoholic Fatty Liver Disease (NAFLD), is prevalent in up to 90% of patients without obesity. Prolonged NAFLD may progress to hepatic steatosis and eventually liver cirrhosis. Metabolic Bariatric Surgery (MBS) is currently the most effective treatment for achieving sustained weight loss and improving metabolic health. The NAFLD Fibrosis Score (NFS) is a validated, non-invasive tool for assessing the risk of advanced liver fibrosis.

Objectives: To evaluate the impact of MBS on NAFLD improvement, as measured by changes in the NFS.

Methods: This retrospective, single-center study included patients without obesity who underwent MBS at Thammasat University Hospital between 2017 and 2022. Liver fibrosis was assessed using the NAFLD Fibrosis Score, calculated from clinical variables including age, body mass index (BMI), aspartate transaminase (AST), alanine transaminase (ALT), platelet count, albumin level, and the presence of impaired fasting glucose (IFG) or diabetes. NFS was assessed at three time points: preoperatively, and at 6 and 12 months postoperatively.

Results: A total of 89 patients were included, with a mean age of 37.00 ± 8.96 years. The majority were female (60.0%). Surgical procedures included Sleeve Gastrectomy (52.8%), Roux-en-Y Gastric Bypass (22.5%), and Sleeve plus procedures (24.7%). The mean NFS significantly decreased from 2.27 ± 1.28 preoperatively to 1.37 ± 1.06 at 6 months and 1.16 ± 1.11 at 12 months postoperatively. Patients classified as high-risk decreased from 89 at baseline to 65 at 6 months and 55 at 12 months. Weight loss was positively correlated with NFS improvement, with Spearman's rho of 0.5932 at 6 months and 0.5485 at 12 months.

Conclusions: Metabolic Bariatric Surgery (MBS) significantly improves the NAFLD Fibrosis Score (NFS) and reduces the proportion of patients at high risk for advanced fibrosis. Furthermore, the extent of weight loss is a strong predictor of NAFLD Fibrosis Score (NFS) improvement.

Disclosure: No significant relationships.

P148 / Abs. ID 420

Topic: *AS28. MBS and MAFLD*

MBS AND MAFLD
10-09-2025 10:00 - 19:30

IS LIVER BIOPSY REALLY NECESSARY? ASSESSMENT OF THE ACCURACY OF PREOPERATIVE ABDOMINAL ULTRASOUND IN IDENTIFYING HEPATIC STEATOSIS IN OBESE PATIENTS UNDERGOING METABOLIC BARIATRIC SURGERY

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Background: NAFLD (nonalcoholic fatty liver disease) refers to the accumulation of fat in the liver, with or without associated inflammation and/or fibrosis, ruling out other causes of liver disease. The treatment of choice for identifying and grading the disease is liver biopsy, a low-risk but invasive method. Some non-invasive methods were evaluated for diagnosis, with ultrasound being the most used method in the preoperative period of patients who will undergo metabolic bariatric surgery to assess the presence of hepatic steatosis.

Objectives: In this study, we evaluated the ability of simple abdominal ultrasound to identify hepatic steatosis in patients with obesity. We evaluated the parameters of sensitivity, specificity, and positive and negative predictive values, comparing ultrasound with the liver biopsy.

Methods: We performed a retrospective study, based on the evaluation of medical records of patients who underwent metabolic bariatric surgery and laparoscopic liver biopsy in the first half of 2023. Data were collected about the preoperative ultrasound and also the anatomopathological result of the liver biopsy. To define NASH, we used the NAS score (NAFLD Activity Score) at a score above 5, based on the biopsy results.

Results: In all, 63 patients were included in the study. The accuracy of ultrasound in identifying hepatic steatosis was initially evaluated, with a sensitivity of 82% and a specificity of 77%, with positive (PPV) and negative (NPV) predictive values of 93% and 53%, respectively. The accuracy of ultrasound to identify NASH was also evaluated; Initially, we considered all ultrasound scans that showed steatosis for the analysis, obtaining the following results: sensitivity of 100%, specificity of 36%, PPV of 23% and NPV of 89%. Afterwards, we used only ultrasound scans that showed moderate to severe steatosis for analysis, obtaining a sensitivity of 50%, specificity of 77%, PPV of 29% and NPV of 89% in identifying NASH.

Conclusions: Simple abdominal ultrasound demonstrated good sensitivity and specificity in identifying hepatic steatosis; however, considering the low negative predictive value found in our results, we found that a negative result in a preoperative ultrasound may not rule out the presence of steatosis in almost half of the patients, which may justify the need for intraoperative liver biopsy in this context.

Disclosure: No significant relationships.

P149 / Abs. ID 235

Topic: *AS28. MBS and MAFLD*

MBS AND MAFLD
10-09-2025 10:00 - 19:30

METABOLIC BARIATRIC SURGERY IN A PATIENT WITH MAFLD RELATED CIRRHOSIS

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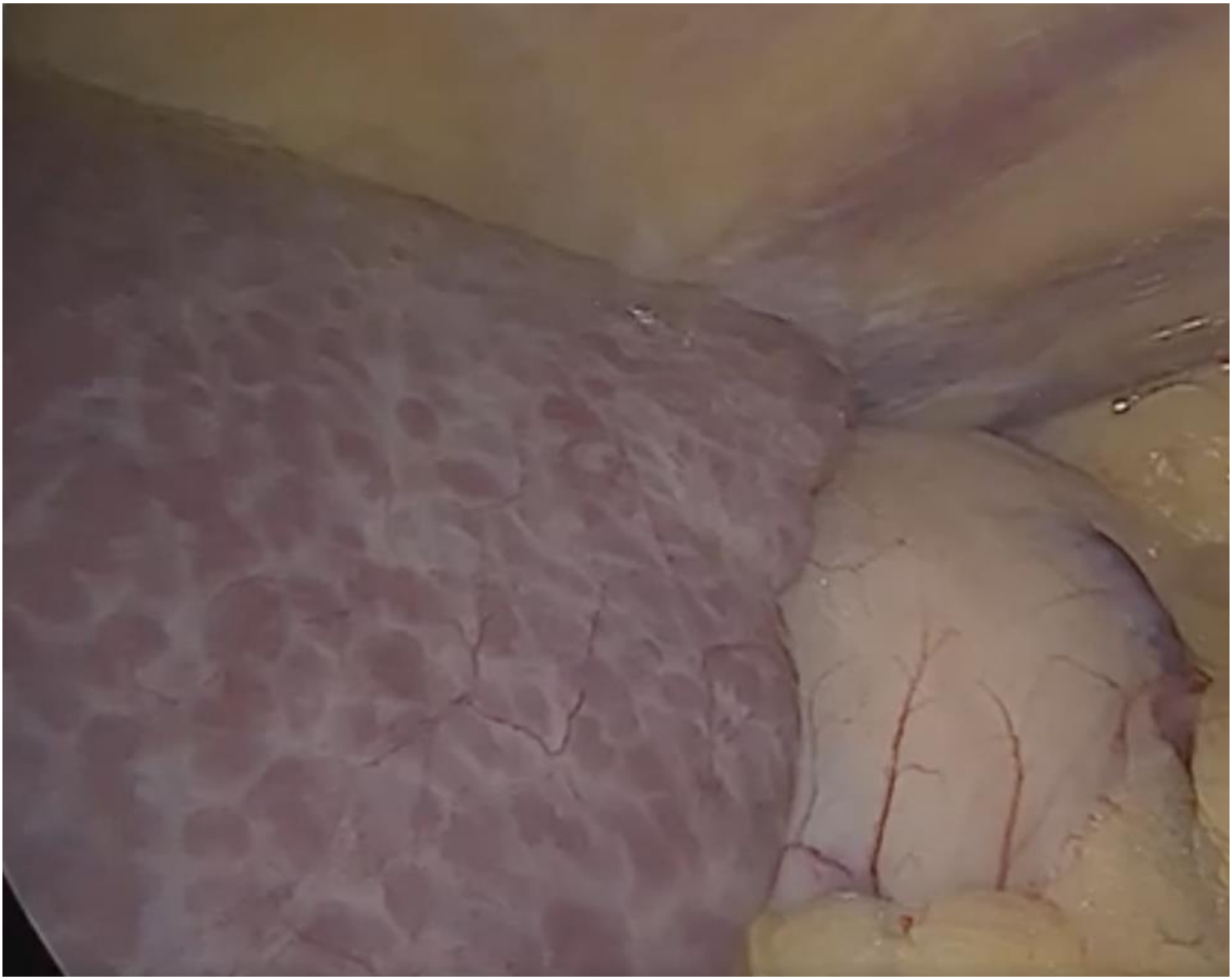
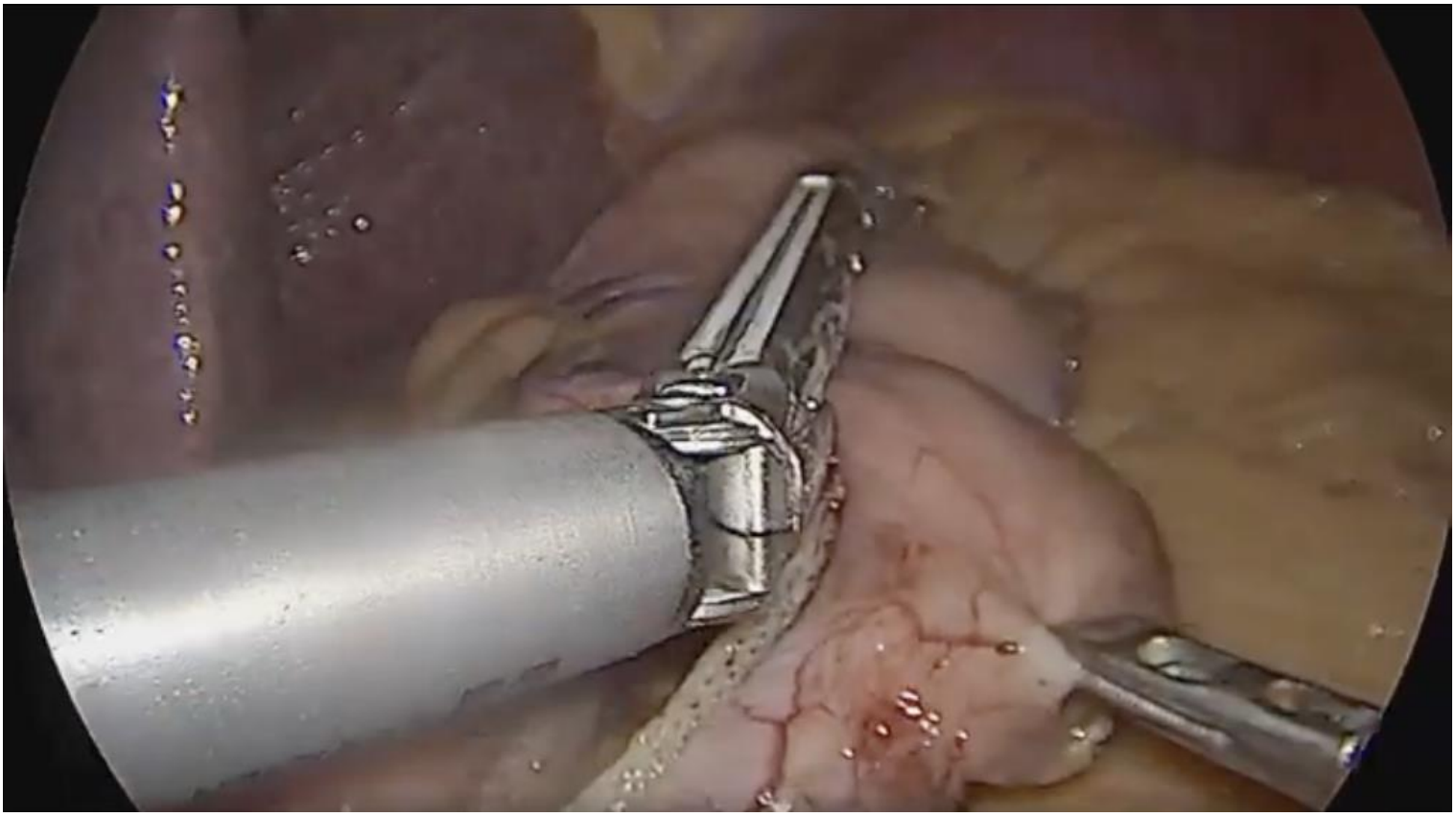
Background: Metabolic dysfunction-Associated Fatty Liver Disease (MAFLD) describes a condition characterized by the presence of hepatic steatosis associated with type 2 diabetes mellitus and overweigt-obesity, regardless of alcohol intake or the exclusion of other etiologies of chronic liver disease. The spectrum of the hepatic disease includes steatosis without evidence of hepatocellular injury, or the presence of steatosis and inflammation with hepatocyte injure, with or without fibrosis. Although only a minority of patients will progress to cirrhosis and end-stage liver disease, fibrosis severity has the most important prognostic role in this disease. Lifestyle mofication is the first line of treatment for patients with MAFLD, which includes diet modification, sustained weight loss, and increase exercise. Bariatric and metabolic surgery appears to improve fibrosis.

Objectives: To present the results of a patient with MAFLD related cirrhosis who underwent metabolic bariatric surgery.

Methods: We performed a case report.

Results: 58 year-old female patient with a history of insulin-dependent diabetes mellitus, dyslipidemia treated with statins, hypothyroidism, and cholecystectomy. Seven years ago, the patient presented with right upper quadrant pain, acholia, and choluria. An abdominal ultrasound revealed mild hepatomegaly, slightly irregular liver contours, and increased echogenicity. No bile duct dilation was observed. The spleen measured 133 mm. Serologies for viral hepatitis were negative, and liver biopsy confirmed cirrhosis. The condition was interpreted as MAFLD elated cirrhosis. The patient was enrolled in our hospital's metabolic bariatric surgery program two years ago with a BMI of 40. Upper endoscopy showed no evidence of esophageal varices or other lesions. The patient achieve a weight loss of 11 kg (12%) and we performed a sleeve gastrectomy with a wedge liver biopsy. There were no postoperative complications. She is currently in her 12th month postoperatively with a BMI of 23. Insulin was discontinued, while dyslipidemia remains under pharmacological treatment. A FibroScan was performed, ruling out advanced chronic liver disease.





Conclusions: Metabolic bariatric surgery appears to be a safe option for weight loss in patients with MAFLD related cirrhosis. In accordance with the literature, our patient showed an improvement in fibrosis grade on FibroScan.

Disclosure: No significant relationships.

P150 / Abs. ID 935

Topic: *AS34. MBS and magnetic anastomoses*

MBS AND MAGNETIC ANASTOMOSES
10-09-2025 10:00 - 19:30

NEW PROCEDURE FOR CREATING A JEJUNE-JEJUNAL ANASTOMOSIS WITH A SELF-FORMING MAGNET AND IMMEDIATE COMMUNICATION WITH A FLEXAGON PLUS DEVICE IN PATIENTS WITH GASTRIC BYPASS.

Juan Contreras[1], Pablo Marin Perez[1], Agustin Guerra[2], Maria Eugenia Mellafe[3], Ingrid Darvich[3]
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Background: In previous bipartition studies, magnetic anastomosis has demonstrated its ability to reduce complications such as leaks and bleeding. However, previous administration methods required the creation of an enterotomy with a delayed anastomosis.

Objectives: We report the feasibility of the procedure and the 12-month results of the first-in-human application of a novel surgical technique that eliminates the need for closure of enterotomies using conventional methods after anastomosis creation with immediate opening of the lumen with a Flexagon Plus device between two coupled self-forming magnets (SFM) in patients with RYGB.

Methods: Prospective, non-randomized, single-center trial. The surgery consisted of creating an immediate communication in an intraluminal side-to-side jejunojejunal anastomosis using a novel temporary enterotomy control and capture device (ECC). All devices were deployed and placed laparoscopically.

Results: Five patients were enrolled, with a mean age of 35.8 (27–43) years, gender ratio (60% F), and a baseline BMI of 44.8 ± 7.6 kg/m². All procedures were performed laparoscopically. There were no conversions or perioperative mortality. All ECCs and SFMs were placed and connected without incident and were completed within a 10-minute anastomosis creation time (enterotomy-to-magnet coupling). All ECCs and SFMs passed through the GI tract without retention.

Conclusions: Preliminary feasibility data on this new technique and surgical devices suggest that they are feasible and safe for RYGB surgery. We demonstrated the potential to improve surgical outcomes, reduction in surgical steps standardizing

Disclosure: GI WINDOS INC USA COMPANY 381 UNIVERSITY AVENUE WESTWOOD MA 02090 (HEREINAFTER SPONSOR) WITH DR JUAN EDUARDO CONTRERAS (HEREINAFTER INVESTIGATOR)

P151 / Abs. ID 1043

Topic: *AS34. MBS and magnetic anastomoses*

MBS AND MAGNETIC ANASTOMOSES
10-09-2025 10:00 - 19:30

FIRST CASE IN THE WORLD OF CREATING A JEJUNE-JEJUNAL ANASTOMOSIS WITH A SELF-FORMING MAGNET AND IMMEDIATE COMMUNICATION FLEXAGON PLUS DEVICE IN GASTRIC BYPASS.

Juan Contreras[1], Pablo Marin Perez[1,2], Agustin Guerra[3], Maria Eugenia Mellafe[3], Ingrid Darvich[3]
[1]Clinica Colonial, Surgery, Providencia, Chile, [2]Clinica Colonial, Cirugia, Santiago, Chile, [3]CLINICA COLONIAL, Surgery, PROVIDENCIA, Chile

Background: In previous bipartition studies, magnetic anastomosis has demonstrated its ability to reduce complications such as leaks and bleeding. However required the creation of an enterotomy with a delayed anastomosis. This procedure eliminates the need for closure of enterotomies using conventional methods after anastomosis creation with immediate opening of the lumen with a Flexagon Plus device between two coupled self-forming magnets (SFM) in patients with RYGB. The first human case in the world was performed in a gastric bypass performing the jejune-jejunal anastomosis with this new device.

Objectives: The first case of anastomosis in the world of procedure for creating a jejune-jejunal anastomosis with a self-forming magnet and immediate communication with a Flexagon Plus device in patients with gastric bypass.

Methods: Gastric bypass performed on December 13, 2023 at the Colonial Clinic in Santiago, Chile. A 44-year-old female patient with severe obesity, BMI 42.6 and 105 kg of weight, and fatty liver, dyslipidemia, insulin resistance, metabolic syndrome.

Results: Surgery time: 1.30, magnet coupling time: 15 minutes, discharge within 24 hours. Evolution without intraoperative or postoperative complications. Anastomosis control with a radiological study confirming the removal of the magnets and the Flexagon Plus device 8 days after surgery. Follow-up for one year reveals a total weight loss of 35 kg and a BMI reduction of up to 28 %. Total resolution of comorbidities.

Conclusions: Preliminary feasibility data on this new technique and surgical devices suggest that they are feasible and safe for RYGB surgery. We demonstrated the potential to improve surgical outcomes

Disclosure: GI WINDOW COMPANY. BOSTON MA USA IS SPONSOR IN THIS STUDY AND SPONSOR OF DR JUAN EDUARDO CONTRERAS (INVESTIGATOR)

P154 / Abs. ID 861

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

ANALYSIS OF THE ROLE AND RECOGNITION OF BARIATRIC NUTRITIONISTS IN THE MULTIDISCIPLINARY MANAGEMENT OF METABOLIC BARIATRIC SURGERY IN ARGENTINA

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Background: Nutrition plays a fundamental role in the management of patients undergoing bariatric surgery. The involvement of a specialized nutritionist is essential to ensure adequate preoperative preparation, effective postoperative follow-up and the long-term prevention of nutritional deficiencies. However, despite its importance, the recognition and appreciation of nutritionists within the multidisciplinary team can vary significantly depending on the healthcare setting.

Objectives: The objective of this study was to assess the recognition of bariatric nutritionists within the multidisciplinary healthcare team in Argentina, whether they receive adequate financial compensation for their services considering their specialization and the demand in the field of bariatric surgery, as well as to investigate economic and professional disparities among bariatric nutritionists working in different settings (public vs. private) or across different geographic regions.

Methods: A descriptive, quantitative, and cross-sectional study was conducted. To this end, a self-administered structured survey was designed to collect relevant data on various aspects of the profession. The target population of this study consisted of nutritionists working in multidisciplinary teams across Argentina. The final sample included 107 nutritionists, who voluntarily participated in the survey.

Results: The results showed that only 11% of professionals hold a postgraduate degree ($p<0.0001$). However, 80.5% have completed postgraduate courses in bariatric surgery ($p<0.0001$). The vast majority work in the private sector (87%) and as self-employed professionals (84.2%). Additionally, 36.1% of respondents reported having another occupation unrelated to their profession ($p=0.0001$). Only 28.3% of surveyed professionals receive differentiated fees per surgery ($p<0.0001$), and 62.3% reported being able to negotiate their fees ($p=0.0007$). A total of 47.2% refer to fee schedules provided by their professional association ($p=0.4922$). While 86.1% of participants feel valued by their peers ($p<0.0001$), only 22.4% believe they are adequately compensated financially ($p<0.0001$).

Conclusions: Based on these findings, it can be concluded that although professional recognition within the healthcare team is high, financial compensation remains insufficient, which may impact motivation for obtaining a postgraduate degree and professional development in this critical field. It is essential to promote policies that ensure remuneration aligned with the level of specialization and to foster greater professional formalization to optimize the quality of nutritional care in bariatric surgery.

Disclosure: No significant relationships.

P155 / Abs. ID 275

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

USE OF CREATINE AND WHEY PROTEIN AFTER METABOLIC BARIATRIC SURGERY: COMPARISON OF BODY COMPOSITION AND BASAL METABOLIC RATE

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Background: The use of creatine after metabolic bariatric surgery still lacks conclusive scientific evidence. However, it has shown benefits for some patients in muscle preservation, improved physical strength, reduced fatigue, and cognitive support.

Objectives: Comparar o índice de massa corporal (IMC), a composição corporal e a taxa metabólica basal (TMB) em dois grupos de mulheres submetidas à cirurgia de bypass gástrico em Y de Roux (RYGB) e suplementadas com creatina (CR) e proteína de soro de leite (WP) versus WP isoladamente.

Methods: Dezesseis pacientes foram randomizados em dois grupos distintos: G1 (n=8), recebendo 3 g de CR mais 25 g de WP diariamente, e G2 (n=8), recebendo apenas 25 g de WP diariamente, começando no primeiro dia pós-operatório de RYGB, distribuído em água. Os participantes foram submetidos a uma avaliação nutricional abrangente e análise de impedância bioelétrica usando o dispositivo InBody 370 antes da cirurgia e 30 dias após a cirurgia. Eles foram encorajados a realizar caminhadas diárias de 20 a 30 minutos. A significância estatística foi definida em $p<0,001$.

Results: O G1 apresentou média de idade de 38±10 anos, IMC inicial (IMCi) de 40,4±2,4 kg/m², percentual de gordura corporal (IGC) inicial de 49,7±2,6% e TMBi inicial (TMRi) de 1393,5±168,5 kcal. O G2 apresentou média de idade de 35,5±9,5 anos, IMCi de 39,9±3,05 kg/m², IGC de 49,4±3,6% e TMBi de 1384±139 kcal. Após 30 dias, o G1 apresentou IMC de 38,5±2,2 kg/m², percentual de gordura corporal de 45,7±4,7% e TMB de 1292,5±192,5 kcal. G2, após 30 dias, apresentou IMC de 39,9±2,1 kg/m², percentual de gordura corporal de 46,6±4,6% e TMB de 1275±175 kcal. Não foram observadas diferenças significativas entre os grupos.

Conclusions: A suplementação de proteína de soro de leite pode aumentar a perda de peso e melhorar a composição corporal em mulheres, especialmente quando combinada com atividade física regular. O mesmo efeito foi apresentado com a suplementação de creatina. Embora a creatina possa oferecer benefícios potenciais na preservação muscular, a proteína do soro de leite tem evidências mais robustas apoiando sua eficácia após cirurgia bariátrica. Mais pesquisas são feitas para comparar diretamente os efeitos desses suplementos em pacientes submetidos à cirurgia bariátrica e metabólica.

Disclosure: No significant relationships.

P156 / Abs. ID 608

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

FOLLOW-UP OF AN ALGORITHM FOR THE MANAGMENT OF HYPOVITAMINOSIS IN METABOLIC BARIATRIC SURGERY PATIENTS

Jose Pablo Gonzalez Rojas[1], Diomar Andres Velasquez Castellanos[2], Luis Lopez Gomez[3], Mariana Lucia Lopez Rodriguez[2], Carlos Felipe Palomino Peña[4], Gonzalo Dominguez Alvarado[3], Martha Ramirez[2], Sergio Eduardo Serrano Gomez[1], Adriana Reyes[4], Maria Fernanda Monsalve[3], Mario Fernando Paez Pertuz[2]
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Background: Hypovitaminosis is a common complication in patients undergoing bariatric surgery due to the reduced intake and absorption of essential micronutrients. The implementation of nutritional management algorithms has been shown to improve clinical outcomes in this population. This study evaluates the efficacy and safety of an algorithm for the prevention and treatment of vitamin deficiencies in post-bariatric surgery patients.

Objectives: To evaluate the impact of a management algorithm for hypovitaminosis on the incidence of vitamin deficiencies.

Methods: A retrospective cohort study was conducted on patients who underwent bariatric surgery between 2021 and 2024. Patients over 18 years of age who underwent bariatric surgery with data available preoperatively, at 6 months, and at 12 months were included. Data collected included type of surgery, serum levels of key vitamins (B12, D, folate, and calcium). A univariate and bivariate analysis was performed using Stata 16.

Results: A total of 400 patients were included, with a median age of 35 years. All patients (100%) received standardized postoperative vitamin supplementation (Folic acid, calcium, vitamin D, and B12). At 6 months, the prevalence of vitamin B12 deficiency was 7.2%, vitamin D deficiency was 74.23%, folate deficiency was 4.2%, and calcium deficiency was 8.77%. At 12 months, the prevalence of vitamin B12 and folate deficiencies was 2%, while vitamin D and calcium deficiencies were 65.23% and 9%, respectively. No severe complications related to hypovitaminosis were reported.

Conclusions: The implementation of a nutritional management algorithm in bariatric surgery patients has proven to be an effective strategy for preventing vitamin deficiencies. High adherence to supplementation and regular micronutrient monitoring have been key factors in these results. The importance of individualizing management according to each patient's specific needs is highlighted, along with the need for long-term evaluation to optimize the protocol. The hypovitaminosis management algorithm for post-bariatric surgery patients has demonstrated effectiveness in reducing vitamin deficiencies with an adequate safety profile. Its standardized implementation could improve nutritional and clinical outcomes in this population.

Disclosure: No significant relationships.

P157 / Abs. ID 814

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

MULTIVITAMIN COMPARISON IN NEW ZEALAND

Liz Goodall
Auckland City Hospital Te Toka Tumai, Nutrition Services, Auckland, New Zealand

Background: In New Zealand, bariatric-specific multivitamins (BSMV) are only available online, and together with cost can create an access barrier. Patients often ask to take over-the-counter multivitamins (OTC-MV) in place of BSMV.

Objectives: The aim of this study was to consider pros and cons or OTC-MV and BSMV and to identify common areas that do not align with ASMBS Guidelines. The overarching aim is to examine a case for publicly funded BSMV in NZ.

Methods: The ten most common OTC-MV brands were identified through Canstar Blue market research. The most suitable OTC-MV product for bariatric patients from each brand was compared against ASMBS recommendations, and all BSMV readily available in NZ. Nutritional composition was analysed and presented graphically. A literature review was conducted to outline the pros and cons of each option.

Results: OTC-MV were more likely to meet ASMBS for thiamine and some met recommendations for zinc and folic acid. None met the recommendations for iron, vitamin D, calcium, vitamin K or vitamin B12 and only one met the recommendation for copper. Most OTC-MV contained beta-carotene but none contained retinol. Only two OTC-MV contained any vitamin K. The average vitamin B6 content in OTC-MV was 5.2 times higher than in BSMV, which is particularly relevant given the elevated serum B6 levels observed in our bariatric population. All BSMV contained retinol, and most contained vitamin K. Graphical analysis confirmed that OTC-MV lack the comprehensive nutritional profile required for bariatric patients. Both OTC-MV and BSMV offered a range of formats including tablets, capsules, chewable, and drinks. One OTC-MV was sustained-release, potentially affecting absorption after bariatric surgery. Daily cost was 3.4 times more expensive for BSMV excluding any additional shipping costs. BSMV manufacturers are responsive to evolving bariatric research, ensuring ongoing formulation updates—an advantage not guaranteed with OTC-MV.

Conclusions: This comparison confirms that BSMV are the optimal choice for bariatric patients to reduce the risk of long-term complications, despite a higher cost and barrier of access. As best practice therefore necessitates a BSMV, advocacy efforts should continue to support public funding for BSMV in NZ.

Disclosure: No significant relationships.

P158 / Abs. ID 1265

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

NUTRITIONAL STATUS IN PATIENTS POST METABOLIC BARIATRIC SURGERY, ANALYSIS OF ALBUMIN AND PROTEINEMIA AS BIOCHEMICAL INDICATORS.

Daniel Caiña[1], Micaela Zuñiga[2], Camila Sandoval[1], Cecilia Bruno[1], Adrian Mollo[1]
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Background: The relationship between patients undergoing bariatric surgery and malnutrition, evaluated through biochemical values such as albumin and proteinemia, is a critical aspect in postoperative management. Bariatric surgery, although effective for weight loss and improvement of comorbidities, carries a high risk of nutritional deficiencies.

Objectives: To evaluate the Nutritional Status through plasma concentrations of albumin and proteinemia in post-bariatric surgery patients and throughout treatment, at the Center for Obesity and Metabolic Diseases of Malvinas Argentinas, during the years 2021 to 2023.

Methods: Observational, Descriptive, retrospective longitudinal study. Compiled from the Medical Records of 200 bariatric patients.

Results: (n=188) The majority of the sample were female, with Bagua being the most common surgical procedure. The mean albumin level was 4.17 ± 0.47 g/dL, decreasing by 12.5% at the first annual post-surgical follow-up and by 15.3% in the second year. The mean total serum protein level was 6.85 ± 0.51 g/dL, decreasing by 6.3% in the first year of follow-up and by 6.9% in the second. One-third of the sample presented with hypoalbuminemia, while more than 10% had hypoproteinemia. The surgical technique associated with the highest incidence of protein malnutrition was Sadis, followed by Roux-en-Y, Bagua, and lastly, the Gastric Sleeve.

Conclusions: In the analyzed sample, protein malnutrition was evidenced by the progressive occurrence of hypoalbuminemia and hypoproteinemia.

Disclosure: No significant relationships.

P159 / Abs. ID 616

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

"PREVALENCE OF ANEMIA FOLLOWING METABOLIC BARIATRIC SURGERY: A COHORT STUDY IN COLOMBIA"

Mariana Lucia Lopez Rodriguez[1], Carlos Felipe Palomino Peña[2], Jose Pablo Gonzalez Rojas[3], Gonzalo Dominguez Alvarado[4], Diomar Andres Velasquez Castellanos[1], Luis Lopez Gomez[4], Martha Ramirez[1], Mario Fernando Paez Pertuz[1]
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Background: Obesity is a growing public health concern, and bariatric surgery is an effective strategy for weight management; however, it can lead to nutritional complications such as anemia. Iron, vitamin B12, and folic acid deficiencies are commonly observed following these procedures. In Colombia, data on the prevalence of post-bariatric anemia remain limited. This study aims to determine the prevalence of anemia in patients undergoing bariatric surgery at a specialized center and analyze the associated risk factors.

Objectives: To determine the prevalence of anemia following bariatric surgery and identify associated risk factors.

Methods: A retrospective cohort study was conducted in patients with at least one year of postoperative follow-up. Anemia was defined according to the World Health Organization (WHO) criteria (hemoglobin <13 g/dL in men and <12 g/dL in women). Sociodemographic variables, type of surgical procedure (gastric bypass or sleeve gastrectomy), and nutritional deficiencies were analyzed.

Results: A total of 500 patients were included in the study, with an anemia prevalence of 5.36%. Gastric bypass was associated with a higher incidence of anemia, with vitamin B12 deficiency being the primary underlying cause.

Conclusions: The findings of this study support the high prevalence of anemia in patients undergoing bariatric surgery, emphasizing the importance of timely diagnosis and management of this condition. The association between anemia and bariatric surgery aligns with previous research. Notably, the prevalence of anemia in our study was lower than that reported in international studies, which may be attributed to a strict follow-up protocol and appropriate supplementation strategies. Anemia is a common complication following bariatric surgery, particularly in patients undergoing gastric bypass. Strengthening postoperative follow-up and optimizing supplementation protocols are recommended to mitigate risks.

Disclosure: No significant relationships.

P160 / Abs. ID 1071

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

PROTEIN RECOMMENDATION IN ILEAL SURGERIES

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Background: Several guidelines discuss protein recommendations following bariatric procedures. Protein recommendation varies depending on the procedure and individual characteristics.

Objectives: The purpose of the study was to verify protein recommendations in ileal surgeries.

Methods: This study examined the protein recommendations in worldwide bariatric and metabolic surgery guidelines, randomized controlled and uncontrolled studies, meta-analyses, systematic reviews, and cohort and case-control studies over the last twenty years.

Results: Protein deficiency can be seen in ileal surgeries due to the size of the intestinal loop, the type of procedure, the dietary pattern, the quality of the protein source, the presence of revision surgeries, and in some cases, surgical reversal to normal anatomy. Three studies on ileal procedures were found in the literature. For ileal surgeries, in individuals undergoing One-Anastomosis Gastric Bypass (OAGB) with a bilio-pancreatic loop (BP) of up to 150 cm, it can be considered identical to Roux-en-Y Gastric Bypass (RYGB), therefore 60 to 80 grams per day or 1.5 g/kg/day of ideal weight. In OAGB surgeries with a BP loop greater than 150 cm and Single Anastomosis Duodenal Switch (SADIS), the recommendation for biliopancreatic surgeries can be considered, 90 to 120 g/day or 1.5 to 2 g/kg ideal weight/day. Protein intake and a return to the pre-surgery dietary pattern with diets rich in carbohydrates and fats can reduce weight loss or even trigger weight relapse, so the use of protein supplements is recommended. The use of whey proteins in isolated or hydrolyzed form is suggested, with an intake of 25 to 30 grams per day. Each serving is recommended at 100 to 200 calories, with formulas with a carbohydrate content of less than 15 grams.

Conclusions: Nutritional guidance associated with protein supplementation is essential after bariatric surgery to provide support for the development of dietary plans. It emphasizes the importance of all food groups and prioritizes protein-source foods in the main meals. For nutritional recommendations, including protein, for individuals undergoing ileal procedures, specific guidelines should be established.

Disclosure: No significant relationships.

P161 / Abs. ID 1085

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

ESTADO NUTRICIONAL EN PACIENTES POST CIRUGÍA BARIÁTRICA, ANÁLISIS DE ALBÚMINA Y PROTEINEMIA COMO INDICADORES BIOQUÍMICOS

Daniel Caiña[1], Micaela Zuñiga[2], Camila Sandoval[1], Cecilia Bruno[1], Adrian Mollo[1]
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Background: La relación entre los pacientes que se someten a cirugía bariátrica y la desnutrición, evaluada a través de valores bioquímicos como la albúmina y la proteinemia, es un aspecto crítico en el manejo postoperatorio. La cirugía bariátrica, aunque efectiva para la pérdida de peso y mejora de comorbilidades, conlleva un riesgo elevado de deficiencias nutricionales.

Objectives: Evaluar el Estado Nutricional a través de las concentraciones plasmáticas de albúmina y proteinemia en pacientes post cirugía bariátrica y a lo largo del tratamiento, en el Centro de Obesidad y Enfermedades Metabólicas de Malvinas Argentinas, durante los años 2021 a 2023.

Methods: Estudio Observacional, Descriptivo, longitudinal retrospectivo. Recopilado de las Historias Clínicas de 200 pacientes bariátricos.

Results: La mayoría de la muestra eran de sexo femenino, la cirugía mas común era la Bagua. La media de Albúmina fue de 4,17 ± 0,47 g/dl, que se redujo un 12,5% para el primer control anual postquirúrgico y un 15,3% para el segundo año. La media de Proteína sérica total fue de 6,85 ± 0,51 g/dl; reduciéndose un 6,3% en el primer año de control y un 6,9% en el segundo. Un tercio de la muestra presento Hipoalbuminemia y mas del 10 % presento Hipoproteinemia. La técnica quirúrgica que mas desnutrición proteica presento fue Sadis, seguida de Y de Roux, Bagua y por ultima la Manga Gástrica.

Conclusions: En la muestra presentada se pudo observar desnutrición proteica a través de la presencia progresiva de Hipoalbuminemia e Hipoproteinemia

Disclosure: No significant relationships.

P162 / Abs. ID 1263

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

IRON DEFICIENCY ANAEMIA PREVALENCE IN WOMEN POST METABOLIC BARIATRIC SURGERY, VARIABLES ACCORDING TO SURGERY TECHNIQUE

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Background: Severe obesity is a chronic disease of increasing prevalence that is associated with a worrying morbidity and mortality. It is also known that overweight and obesity are risk factors for the deficiency of several micronutrients generally due to an incorrect diet associated with unhealthy habits. Bariatric surgery usually causes micronutrient deficiency or makes previous deficiencies worse, either due to a limitation of intake or due to maldigestion and hypoabsorption in the hypoabsorption techniques, being the risk parallel to the weight loss and fat mass. Lifelong monitoring of micronutrients is extremely necessary, especially after hypoabsorption surgical techniques. Numerous bariatric surgery consensuses and meta-analyses recommend the use of a multivitamin complex periodically and prudently and, in cases where it is insufficient, the use of specific supplementation may be necessary

Objectives: To evaluate indicators of iron nutritional status in patients undergoing Tubular Gastrectomy and Gastric Bypass, until the second postoperative year, in a municipal health system.

Methods: Quantitative research model. Material and Method: 50 female patients undergoing Gastric Sleeve (GS) and Roux-en-Y Gastric Bypass (RYGBP), BAGUA and SADIS (average age 40.6 ± 17.4 years) were prospectively studied, analyzing the plasma determinations of the blood count and its variations until the second postoperative year.

Results: 50 female patients were studied: 8 underwent GS, 1 to SADIS, 6 to RYGBP and 35 to BAGUA. 36% of the total showed low hemoglobin and hematocrit values, of which 88.8% corresponded to mixed surgeries, with BAGUA being the one that presented the greatest compromise in iron nutritional status in relation to the total number of surgeries by technique (44%).

Conclusions: Bypass would generate a greater compromise in iron nutritional status than tubular gastrectomy. It should be evaluated whether the fractional administration of supplementation would improve the absorption of these nutrients, as well as carrying out the pertinent interventions in the gynecological area for possible untreated menstrual bleeding, which could be the cause of anemia that was ruled out due to dietary deficiencies.

Disclosure: No significant relationships.

P163 / Abs. ID 595

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

POST-BARIATRIC ANEMIA: A SOLVED PROBLEM?

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Background: Bariatric surgery, particularly Roux-en-Y gastric bypass (RYGB), is an effective procedure for the treatment of severe obesity. However, the anatomical and physiological changes induced by surgery can lead to nutritional deficiencies, including iron deficiency. Iron hypoabsorption, reduced gastric acidity, and exclusion of the proximal duodenum and jejunum contribute to this problem.

Objectives: To evaluate changes in hemoglobin and iron levels in female patients undergoing RYGB and OAGB (One Anastomosis Gastric Bypass), identifying the prevalence of postoperative iron deficiency and anemia. Additionally, to discuss the risk factors associated with these deficiencies and assess the efficacy of oral iron supplementation in the treatment of anemia.

Methods: A retrospective observational study will be conducted on female patients who underwent RYGB and OAGB at a referral hospital. Demographic, clinical, and laboratory data will be collected, including hemoglobin, serum iron, ferritin, and total iron-binding capacity (TIBC) levels preoperatively and at various postoperative time points (24 and 48 months). Iron deficiency will be defined as ferritin < 15 mcg/dl or transferrin saturation < 20%, and anemia as hemoglobin < 12 g/dL in women.

Results: The Hb values found preoperatively and after 24 and 48 months of surgery were 14.2; 12.7 and 12.2g/dl, respectively, while in RYGB they were 13.9; 13.1 and 12.9 in the same period. The iron concentration was 66; 75 and 82.5mcg/dl in OAGB and 80; 107 and 98.5mcg/dl in RYGB. Other biomarkers and statistical analysis are in progress and will be presented in the e-poster.

Conclusions: This study is expected to demonstrate the high prevalence of iron deficiency and anemia in the postoperative period following RYGB, reinforcing the importance of nutritional and laboratory monitoring of these patients. The identification of risk factors will enable the implementation of preventive measures and appropriate treatment of deficiencies, improving the quality of life of patients undergoing bariatric surgery.

Disclosure: No significant relationships.

P164 / Abs. ID 1089

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

PREVALENCIA DE ANEMIA FERROPÉNICA EN MUJERES POST CIRUGÍA BARIÁTRICA, VARIABLES SEGÚN TÉCNICA QUIRÚRGICA

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Background: La obesidad mórbida es una enfermedad crónica de creciente prevalencia y que asocia una preocupante morbimortalidad. Numerosa evidencia resalta a la cirugía bariátrica como el tratamiento más eficaz para conseguir una reducción ponderal mantenida en el tiempo y una disminución en las tasas de complicaciones asociadas a la obesidad. Numerosos consensos de cirugía bariátrica y meta-análisis recomiendan el uso de un complejo polivitamínico de forma periódica y prudente y, en casos en los que sea insuficiente, puede ser necesario la utilización de suplementación específica.

Objectives: Evaluar indicadores del estado nutricional del hierro en pacientes sometidos a Gastrectomía Tubular y Bypass Gástrico, hasta el segundo año postoperatorio, en un sistema de salud municipal.

Methods: Modelo de investigación cuantitativa. Se estudió prospectivamente a 50 pacientes femeninas sometidos a Manga (GT) y Bypass Gástrico en Y de Roux (BPGYR), BAGUA y SADIS (edad promedio 40,6 ± 17,4 años), analizando las determinaciones plasmáticas del hemograma y sus variaciones hasta el segundo año postoperatorio.

Results: Se estudió 50 pacientes femeninas: 8 sometidos a GT, 1 a SADIS, 6 a BPGYR y 35 a BAGUA. Un 36% del total arrojó valores bajos de hemoglobina y hematocrito, de los cuales 88,8% correspondían a cirugías mixtas, siendo el BAGUA el que presentó un mayor compromiso del estado nutricional de hierro en relación al total de cirugías por técnica (44%).

Conclusions: El bypass generaría un compromiso mayor del estado nutricional de hierro que la gastrectomía tubular. Se debería evaluar si la administración fraccionada de la suplementación mejoraría la absorción de estos nutrientes, como así también realizar las intervenciones pertinentes en el área ginecológica por posibles menorragias no tratadas a tiempo, pudiendo ser estas causantes de anemias que descartadas por déficits dietarios.

Disclosure: No significant relationships.

P165 / Abs. ID 836

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

PREP NUT-TB: A NUTRITIONAL PREPARATION MODEL FOR TRANSIT BIPARTITION

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Background: Due to the constant improvement of surgical techniques, such as emerging bariatric surgical procedures, it is necessary to establish nutritional care models. There are no recommendations to assist the nutritionist's individualized clinical practice in the nutritional management of patients who will undergo transit bipartition (TB), specifically in preoperative nutrition.

Objectives: The objective is to propose a model for systematizing preoperative nutrition for patients for transit bipartition.

Methods: PREOP 1 Consultation to establish a nutritionist-patient bond through active listening. Nutritional assessment: History of obesity, usual eating routine, expectations about the procedure. Definitions on weight loss. Body composition assessment by bioelectric impedance. Measurement of circumferences. Prediction of basal energy expenditure (Mifflin St. Jeor) Sets tasks for the next appointment 7-day food record. Observation of chewing behavior and eating patterns. PREOP 2 An analysis of food records will be performed to identify eating patterns, preferences, and habitual cultural models. Drawing up a diet plan for weight loss in the preoperative, elaboration of exhaustive chewing training according to the pattern identified, establishing a postoperative timeline of the evolution of diet consistency, analysis of laboratory tests for possible supplementation. PREOP 3 Guidance for the initial diet phase: liquid diet with no residue 3 days; full liquid diet phase 7 days; pasty diet or transition diet phase 5 days.

Results: The nutritional characteristics of transit bipartition and the nutritional follow-up to minimize nutritional risks will be presented. When a patient has any doubts about the progress of the diet, they should feel supported. New feelings about hunger and satisfaction, changes in taste perception and interest in food. After reporting the usual diet, the patient recovers the patterns. Identification of dietary patterns helps to draw up a timeline so that he can be sure that the diet will be adjusted. The patient will receive guidance on how to proceed with the diet from the immediate post-operative to 15 days.

Conclusions: The systematization of nutritional care allows the nutritionist to organize all the information that the patient should receive to avoid surprises regarding the procedure, the behavioral changes they will be subjected to, and the changes in their diet.

Disclosure: No significant relationships.

P166 / Abs. ID 280

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

COMPARISON OF PROTEIN OPTIMIZATION USING THE BARIATRIC PLATE MODEL (BPM) AND THE BARIATRIC PYRAMID (BP) IN PATIENTS UNDERGOING BARIATRIC SURGERY (BS)

Maria Paula Carlin Cambi[1], Pedro Cambi[2], Giorgio Alfredo Baretta[2]
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Background: Proteína é essencial após cirurgia bariátrica, com uma necessidade aumentada em média de 1,5g/kg de peso corporal ideal por dia. A educação nutricional é crucial para o sucesso do tratamento.

Objectives: Confirmar qual método de educação nutricional é mais adequado para atender a necessidade protéica diária.

Methods: Foram selecionados 108 pacientes de ambos os sexos, com idade entre 28 e 50 anos. Foram submetidos à CB entre 2022 e 2024. Incluídos pacientes com obesidade grau II e grau III. Foram classificados em dois grupos: Grupo 1 (G1) incluiu 52 pacientes que receberam orientação baseada exclusivamente na Pirâmide Bariátrica (PB) e planos alimentares individualizados a partir da alimentação sólida. O Grupo 2 (G2) incluiu 56 pacientes que receberam orientação usando o PB, o Modelo de Prato Bariátrico (MPB) e planos alimentares individualizados garantindo 50% da ingestão diária de fontes proteicas. Receberam instruções durante as consultas e materiais impressos ilustrando o PA e o MPB. A ingestão proteica foi avaliada por registro alimentar de 24 horas em consulta. O número de porções proteicas consumidas foi então calculado.

Results: Dos 108 pacientes, 92 eram do sexo feminino, com média de idade de 41,5±20,7 anos e IMC de 41,2±3,2 kg/m², enquanto 16 eram do sexo masculino, com média de idade de 39,5±15,4 anos e IMC de 39,5±7,45 kg/m². No almoço, 93% e no jantar, 84,3% dos pacientes do G2 atingiram ingestão proteica otimizada, em comparação com apenas 43,5% no almoço e 32% no jantar no G1. Em relação ao café da manhã, apenas 21% do G1 e 86,5% do G2 atingiram sua necessidade proteica (entre 15 e 20g de proteína). No lanche da tarde, 35% do G1 e 79% do G2 otimizaram sua ingestão proteica. Os pacientes foram questionados sobre os motivos de suas escolhas alimentares. No G1, 87% relataram dificuldade em determinar escolhas alimentares apropriadas, enquanto apenas 13% no G2 enfrentaram esse problema. Os pacientes restantes conseguiram compor suas refeições com mais facilidade, o que facilitou a ingestão otimizada de proteínas.

Conclusions: Conclui-se que o Modelo de Prato Bariátrico (MPB) pode ser uma ferramenta eficaz para reforçar a ingestão protéica diária após a cirurgia bariátrica.

Disclosure: No significant relationships.

P167 / Abs. ID 473

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

PREVALENCE OF CELIAC DISEASE IN PATIENTS WITH SEVERE OBESITY AND EVOLUTION AFTER BARIATRIC SURGERY IN A PUBLIC HOSPITAL IN URUGUAY.

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Background: Introducción: La enfermedad celíaca (CE) en pacientes con obesidad severa se encuentra subdiagnosticada debido a la baja sospecha en esta población. El tratamiento bariátrico es una opción terapéutica para pacientes con obesidad severa y EC.

Objectives: Objetivo: Estudiar la prevalencia de CE en una población de pacientes con obesidad grave y evaluar la evolución tras el tratamiento bariátrico de estos pacientes.

Methods: Métodos y materiales: Se estudió la prevalencia de EC en pacientes con obesidad severa durante la evaluación preoperatoria para cirugía bariátrica y metabólica (CMB) en el Hospital Maciel, Uruguay, desde 01/2015 hasta 10/2024. El diagnóstico de EC se realizó mediante la determinación de anticuerpos antitransglutaminasa (AcATG IgA) y videogastroscopia con biopsia de duodeno II. En los pacientes con resultados no concluyentes y alta sospecha se realizó estudio genético HLA-DQ2/DQ8. Se evaluó la evolución de los pacientes con EC sometidos a cirugía bariátrica.

Results: A cohort of 745 patients was included, with a mean BMI of 50.8 (SD 9.42). Twenty-three (3%) of these patients were positive for AcATG, confirming the diagnosis in 3 (0.4%). They had levels of AcATG greater than 100 UI/ml and positive anti-endomysial antibodies. One patient presented digestive symptoms. Bariatric surgery was performed: 1 Roux-en-Y gastric bypass (RYGB) and 2 gastric sleeve surgery. Of the latter, one required conversion to RYGB due to a complication with a twist one year after surgery. An average BMI of 38.3 (SD 11.3) was noted after six years from the surgery, with negative antibody results. Mild anemia with iron deficiency, decreased vitamin B12 was observed in one patient, and mild hypomagnesemia in another. All patients showed good control of blood pressure and glucose levels.

Conclusions: Conclusión: La EC puede observarse en pacientes con obesidad severa. El tamizaje de EC con AcATG es importante en esta población debido a sus enfermedades crónicas y al tratamiento quirúrgico. La RYGB y la gastrectomía en manga son técnicas quirúrgicas seguras para el tratamiento de estos pacientes.

Disclosure: No significant relationships.

P168 / Abs. ID 1048

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

NUTRITIONAL COMPOSITION OF FORMULATIONS CONTAINING WHEY PROTEIN FOR INDIVIDUALS SUBMITTED TO METABOLIC BARIATRIC SURGERY

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Background: Individuals submitted to bariatric surgery may have nutritional deficiencies due to anatomic changes and reduced consumption of protein. Protein supplementation is key to achieving the goals.

Objectives: This work aims to compare the macronutrient composition of formulations containing whey protein.

Methods: Experimental, prospective study, with free demand sampling. The sample consisted of six formulations containing whey protein for individuals undergoing bariatric surgery, followed-up in a nutrition service, in Brazil.

Results: Nutritional composition calculations were performed using food compositional tables, programs, and chemical analysis of these formulations, in the serving and in 100 grams of food. The portions of the formulations met the minimum recommendations, of 12 grams of protein per meal. Regarding the comparison between direct and indirect analysis, per serving and in 100 grams, the chemical analysis showed a statistically significant difference in most of the nutrients and energy value when compared with the tables and programs.

Conclusions: The portions of the suggested formulations met the protein recommendation and can be used as a dietary strategy to maintain lean body mass, prevent sarcopenia and weight regain. The data obtained by calculations using proximate composition tables and programs overestimated the nutrient content and energy value compared to that obtained by chemical analysis.

Disclosure: No significant relationships.

P169 / Abs. ID 161

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

REVERSAL OF ROUX-EN-Y GASTRIC BYPASS DUE TO SEVERE CHRONIC DIARRHEA: CASE REPORT

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Background: Metabolic bariatric surgery has proven to be the most effective method for maintaining weight loss and resolving diseases associated with obesity. Metabolic bariatric surgery, especially RYGB and BPD, significantly changes intestinal activity, leading to an increase in gas frequency and diarrhea. Bypass surgery is widely performed and results in significant weight loss; however, it can also cause side effects such as chronic diarrhea. The prevalence of postoperative diarrhea after RYGB ranges from 8% to 46%.

Objectives: The goal of this case review is to highlight the postoperative complications of metabolic bariatric surgery, particularly in the case of Roux-en-Y gastric bypass, with chronic diarrhea as a disabling symptom. The reversal of gastric bypass is typically achieved by reconstructing the anatomy to its normal state; however, in this case, the decision was made to shorten the intestinal loops in order to manage the diarrhea.

Methods: A 51-year-old female patient underwent revisional surgery from sleeve gastrectomy to RYGB in 2024; following the revisional surgery the patient refers chronic diarrhea, reported as having up to 10 to 15 loose stools per day, with fecal urgency, as well as the presence of flatulence, which negatively affects her quality of life. During follow-up at the outpatient, the probable etiology of the diarrhea was determined, and the most common causes were ruled out. With no improvement in symptoms, revisional surgery was decided.

Results: The surgery revealed a biliopancreatic limb of 110 cm, an alimentary limb of 100 cm, a common channel of 350 cm, and a TALL of 450 cm. It was decided to shorten the biliopancreatic and alimentary limbs, with a new Roux-en-Y configuration: the alimentary limb was shortened to 30 cm, the biliopancreatic limb to 40 cm, the common channel became 420 cm, and the TALL remained at 450 cm in the new configuration.

Conclusions: Severe diarrhea is one of the reasons for revisional surgery. In patients with RYGB, reversing to the normal anatomy can resolve symptoms. For patients with malnutrition and severe diarrhea, shortening the biliopancreatic limb should be considered to improve symptoms. The reversal of RYGB is a unique treatment option for difficult-to-manage post-bariatric complications in selected cases.

Disclosure: No significant relationships.

P170 / Abs. ID 868

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

REFINING METHODOLOGY AND SELECTION CRITERIA FOR ENERGY EXPENDITURE ASSESSMENT IN POST-METABOLIC BARIATRIC SURGERY PATIENTS

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Background: Obesity is a public health issue in Chile, with high prevalence and significant metabolic consequences. Metabolic bariatric surgery (MBS) is an effective intervention for sustained weight loss in patients with obesity. However, accurately estimating energy expenditure in post-surgical patients is crucial for nutritional management. This preliminary study aimed to assess the feasibility of measuring energy expenditure using indirect calorimetry and determine additional variables to consider for patient selection.

Objectives: To evaluate the methodology and inclusion/exclusion criteria for estimating energy expenditure in patients who underwent gastric bypass surgery between 1 and 2 years prior. Additionally, to analyze the feasibility of measuring resting energy expenditure using indirect calorimetry and its relationship with body composition and grip strength.

Methods: A test day was conducted with 13 patients (out of 20 invited). Body composition was measured using bioimpedance analysis (InBody 370S), grip strength with a dynamometer (InGrip), and resting energy expenditure using indirect calorimetry (Cosmed Q-NRG). Methodological challenges and the need for adjustments in selection criteria were assessed.

Results: Difficulties in patient preparation before calorimetry were identified, such as adherence to fasting and pre-test restrictions. Although verbal and written instructions were provided, the need to develop an infographic to reinforce compliance with the protocol became evident. Variability in measured energy expenditure values highlighted the importance of defining more specific criteria.

Inclusion	Exclusion
patients 1–2 years post MBS	Amputations
Gastric bypass as the primary surgery	Use of medications or treatments that modify caloric expenditure
Age range: 20 to 55 years.	Pregnancy
	Underlying conditions affecting mobility

Conclusions: The pilot study helped refine inclusion and exclusion criteria and optimize the protocol for measuring energy expenditure in post-gastric bypass patients. The test day was essential for assessing the time required per patient and ensuring smooth logistics for the official measurement session. Additionally, it highlighted the importance of prior

education on study protocols to improve patient adherence and guarantee accurate measurements. These findings will be fundamental for designing the final study and planning the official measurement day.

Disclosure: No significant relationships.

P171 / Abs. ID 905

Topic: *AS05. MBS and nutrition: malnutrition, role of dietician, hypoabsorption in different MBS procedures, need for supplementation after MBS*

MBS AND NUTRITION: MALNUTRITION, ROLE OF DIETICIAN, HYPOABSORPTION IN DIFFERENT MBS PROCEDURES, NEED FOR SUPPLEMENTATION AFTER MBS
10-09-2025 10:00 - 19:30

PRELIMINARY RESULTS: AGREEMENT BETWEEN PREDICTIVE FORMULAS AND INDIRECT CALORIMETRY IN ESTIMATING ENERGY EXPENDITURE IN POST-GASTRIC BYPASS PATIENTS

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[1]IST Lo Curro, Bariatric Surgery, Santiago, Chile, [2]Sociedad Chilena de Cirugía Bariátrica y Metabólica, Santiago, Chile

Background: Accurate assessment of energy expenditure in post-bariatric surgery patients is essential for effective nutritional management and long-term weight maintenance. A test day was conducted to evaluate methodological feasibility, logistical considerations, and patient adherence to study protocols prior to the official measurement session.

Objectives: Evaluate the agreement between predictive formulas and indirect calorimetry in estimating energy expenditure in patients who underwent bariatric surgery between 1 and 2 years prior. Determine whether predictive formulas underestimate or overestimate energy expenditure compared to indirect calorimetry. Identify which predictive formula shows the highest agreement with values obtained through indirect calorimetry.

Methods: Thirteen post-bariatric surgery patients participated in the test day. Assessments included body composition analysis using bioimpedance (InBody 370 S), grip strength measurement (InGrip), and resting energy expenditure (REE) evaluation through indirect calorimetry (Cosmed Q-NRG). To compare the measured REE from indirect calorimetry with six predictive formulas, Shapiro-Wilk tests were used to assess normality, followed by paired t-tests or Wilcoxon signed-rank tests as appropriate.

Results: The sample consisted of 13 patients (4 males and 9 females), with a mean age of 37.77 ± 8.56 years. The average weight was 79.34 ± 14.23 kg, mean height 1.67 ± 0.10 m, and mean BMI 28.66 ± 5.58 kg/m². The measured REE via indirect calorimetry averaged 1,691.08 ± 187,67 kcal/day. Among the predictive formulas evaluated, the Orozco-Ruiz equation demonstrated the highest agreement with calorimetry values, showing minimal bias (+6.83 kcal; +0.40%) and no statistically significant difference ($p = 0.7912$). In contrast, the Mifflin St Jeor formula significantly underestimated energy expenditure (–154.63 kcal; –9.14%; $p = 0.0112$). The other formulas (Harris Benedict, Oxford, Schofield, FAO/OMS) also underestimated REE (bias ranging from –3.5% to –5.1%), but without reaching statistical significance.

Conclusions: The test day provided valuable insights into the practical implementation of the study. Preliminary findings suggest that the Orozco-Ruiz equation may be the most appropriate for estimating REE in post-bariatric patients, although further analysis with the full sample is needed to confirm these trends.

Disclosure: No significant relationships.

P172 / Abs. ID 598

Topic: *AS30. MBS and personalized medicine*

MBS AND PERSONALIZED MEDICINE
10-09-2025 10:00 - 19:30

DO PRE-OPERATIVE OGD FINDINGS IMPACT CLINICAL DECISION-MAKING?

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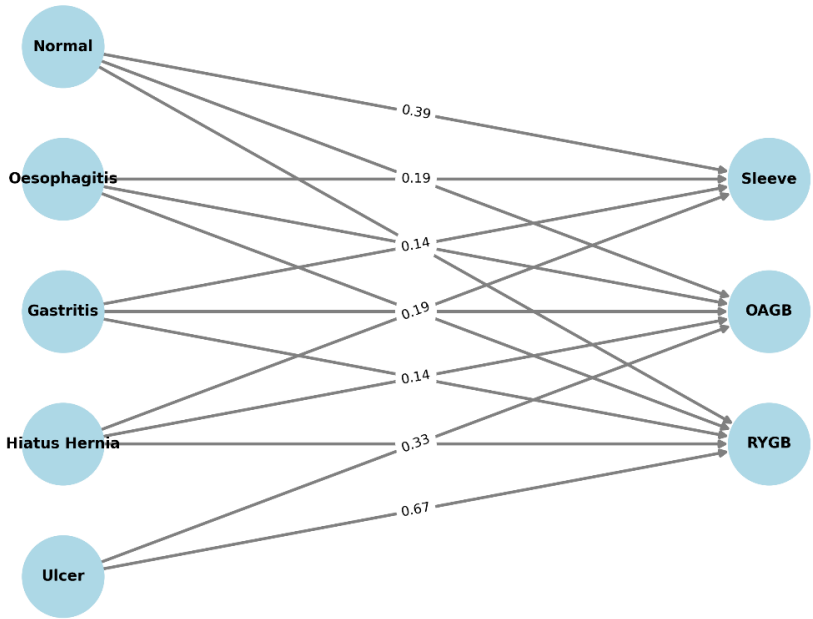
Background: In our bariatric programme we routinely perform oesophago-gastro-duodenoscopy (OGD) prior to performing bariatric-metabolic surgery. Whilst globally a sleeve gastrectomy is the most commonly performed bariatric-metabolic surgery, in our centre it is the Roux-en-Y gastric bypass. We hypothesized that preoperative OGD findings significantly influence surgical decision-making. The purpose is to identify which procedure patients may be most suited for, including whether there are any contra-indications to surgery.

Objectives: The purpose of this study is to examine whether performing OGDs impacts our decision making with regards to the type of procedure offered.

Methods: We performed a retrospective cohort study which included all patients on the bariatric programme between the ages of 18 and 65 who underwent an OGD for the purposes of pre-operative assessment between 01/01/2018 and 31/12/2024. In total 137 patients were identified, 11 of whom were excluded as they did not go on to have surgery. We discussed which diagnoses found at endoscopy would impact the choice of procedure to offer patients. We chose: oesophagitis, gastritis, peptic ulcer and hiatus hernia. We examined the OGD reports and images to determine which diagnoses were present for each patient, then recorded which procedure they had. We discounted Barrett's oesophagus as no patients had this. The results were collated and Markov modelling was used to investigate the probability of a particular procedure being chosen for a particular patient based on their OGD results.

Results:



Of the 126 patients operated, 33 (26.2%) had a sleeve gastrectomy, 18 (14.3%) had a single anastomosis gastric bypass, 72 (57.1%) had a Roux-en-Y gastric bypass, and 3 (2.38%) had a Roux-en-Y with cholecystectomy. Markov modelling revealed that patients with normal OGD findings were the most likely group to undergo sleeve gastrectomy, with a transition probability (TP) of 0.394, in cases with oesophagitis or gastritis the TP for sleeve gastrectomy dropped to 0.188 and 0.139 respectively, and in cases of peptic ulceration none had a sleeve, instead we opted for bypass.

Conclusions: Within our programme our choice of surgical procedure is influenced significantly by the findings at OGD. The largest disparity was between patients with normal findings and those with ulceration.

Disclosure: No significant relationships.

P173 / Abs. ID 985

Topic: *AS30. MBS and personalized medicine*

MBS AND PERSONALIZED MEDICINE
10-09-2025 10:00 - 19:30

ENHANCED WEIGHT LOSS OUTCOMES WITH FULLY VIRTUAL FOLLOW-UP: A RETROSPECTIVE ANALYSIS OF A COMPREHENSIVE OBESITY MANAGEMENT PROGRAM

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Background: The COVID-19 pandemic has accelerated the adoption of telemedicine in chronic disease management, including obesity. This study evaluates the impact of a fully remote, virtual follow-up program on weight loss outcomes in patients undergoing a comprehensive obesity management program.

Objectives: To assess weight loss efficacy and engagement patterns in patients treated with a swallowable intragastric balloon under a fully remote, telemedicine-based follow-up model. A secondary objective was to determine whether early engagement predicted superior outcomes.

Methods: A retrospective analysis was conducted on data from 76 patients who participated in a fully remote weight loss program. Out of 81 patients initially enrolled, 5 were excluded for complete non-engagement (no sessions attended, no program response). The program included personalized coaching through scheduled video consultations, real-time messaging, and flexible on-demand sessions. Key metrics included percentage of total body weight lost (%TBWL), BMI changes, and engagement rates.

Results: The mean age was 41.96 years (range: 19–64), with a mean initial weight of 105.82 kg (range: 63.1–178.8 kg) and baseline BMI of 37.48 kg/m² (range: 27.21–60.44). By Month 6, patients achieved a mean %TBWL of 9.23% (range: 0.64–24.33%), statistically significant versus baseline ($p = 5.34 \times 10^{-13}$). Across the cohort, mean %TBWL was 10.46% ± 4.46% at Month 4 and 9.99% ± 4.94% at Month 6. Engagement—defined as at least one monthly interaction with the dietitian and a recorded weight—was 59.2% at Month 4 (n = 45) and 46.1% at Month 6 (n = 35). Among engaged patients: • Mean %TBWL was 10.36% ± 4.52% at Month 4 and 11.02% ± 5.8% at Month 6 • At Month 6, 88.6% achieved ≥5% TBWL, 57.1% ≥10%, and 22.9% (n = 8) >15% These high responders had a baseline BMI of 41.0 kg/m² and were 100% engaged at Month 4, highlighting a strong relationship between early engagement and superior outcomes.

Conclusions: This study supports the effectiveness of fully remote follow-up in optimizing weight loss outcomes with the swallowable intragastric balloon. Early and sustained engagement emerged as a key predictor of optimal clinical response , reinforcing virtual care as a scalable and personalized tool in obesity management.

Disclosure: No significant relationships.

P174 / Abs. ID 561

Topic: *AS30. MBS and personalized medicine*

MBS AND PERSONALIZED MEDICINE
10-09-2025 10:00 - 19:30

LIPEDEMA AFTER BARIATRIC AND METABOLIC SURGERY: A SCOPING REVIEW

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Background: Lipedema often remains undiagnosed in patients with obesity, leading to mismanagement of treatment. Because of this, despite remarkable weight loss after metabolic bariatric surgery and decreases in hip and abdomen circumference, some patients show minor decreases in the circumference of the extremities and report persistent limb pain.

Objectives: We present the first scoping review to explore the patient characteristics, and surgical characteristics in patients with lipedema after metabolic bariatric surgery.

Methods: A search in PubMed, Embase, Medline, and Cochrane was conducted, from inception to December 19th, 2023. We consider as inclusion criteria original articles, case reports, and case series of lipedema after metabolic bariatric surgery.

Results: Among the included studies, a total of 49 patients were reported, and all were female. The mean age of cases was 42.43 (range 24 – 63) years old, and the mean BMI was 49.92 kg/m^2. In the majority of the included patients, a sleeve gastrectomy was performed (25 patients, 51%), Roux-en-Y in 22 patients (45%), and One anastomosis Gastric Bypass in 2 (4%). Forty-eight patients had lipedema diagnosed after metabolic bariatric surgery. The mean excess weight loss was 70.93%, and the mean total weight loss was 36%. The mean pain score increased 2 years after surgery with 7.92 compared to 7.30 before surgery.

Conclusions: Recognizing presence of lipedema in females experiencing extremity pain and disproportionate fat distribution is crucial. It is essential to understand that metabolic bariatric surgery alone cannot address lipedema, and even significant excess weight loss of 70% often fails to alleviate its associated pain.

Disclosure: No significant relationships.

P175 / Abs. ID 560

Topic: *AS30. MBS and personalized medicine*

MBS AND PERSONALIZED MEDICINE
10-09-2025 10:00 - 19:30

INDIVIDUALIZED SURGICAL APPROACH TO RECURRENT WEIGHT GAIN AFTER SUBOPTIMAL CLINICAL RESPONSE IN BARIATRIC-METABOLIC SURGERY

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Background: Metabolic bariatric surgery is the most effective treatment for severe obesity, cases of insufficient weight loss after metabolic bariatric surgery include primary suboptimal responder and secondary suboptimal responder. The etiology and treatment for these patients remain one of the most challenging problems facing metabolic bariatric surgery.

Objectives: The aim of this work is to promote the importance of an individualized approach and evaluate the results of conversion surgery on the effectiveness in resolving related diseases associated with these patients.

Methods: We present the clinical case of a 48-year-old male patient with severe obesity BMI: 53.7 since the age of 33 with a history of multiple surgical procedures. In 2003, a laparoscopic gastric sleeve was performed, in 2005 a laparoscopic gastric bypass, in 2016 an adjustable gastric band was placed around the dilated pouch, all with suboptimal clinical response after each procedure.

Results: After recurrent weight gain of multidisciplinary management, in February 2022, he comes to our team's consultation and, after a complete evaluation of related diseases with insulin resistance, arterial hypertension, hypothyroidism, depression and anxiety. It is decided to perform the conversion surgery. The gastric band is removed, the pouch dilation is calibrated and sectioned and the biliopancreatic loop is extended 250 cm from the ileocecal valve. An optimal clinical response is achieved, without complications or malnutrition, and resolution of hypertension, insulin resistance and hypothyroidism.

Conclusions: This case highlights the importance of an individualized approach and conversion surgery in suboptimal clinical response after metabolic bariatric surgery.

Disclosure: No significant relationships.

P176 / Abs. ID 911

Topic: *AS30. MBS and personalized medicine*

MBS AND PERSONALIZED MEDICINE
10-09-2025 10:00 - 19:30

VERTICAL SLEEVE GASTRECTOMY IN A PATIENT WITH MYASTHENIA GRAVIS. CASE PRESENTATION AND BIBLIOGRAPHIC REVIEW.

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Background: Bariatric surgery associated with myasthenia gravis in patients with BMI 40 represents a challenge from the anesthesiological point of view and in the decision of which surgical technique could be the most appropriate for these patients

Objectives: To evaluate the indications and results of a patient with BMI 40 and myasthenia gravis, who underwent a vertical sleeve gastrectomy.

Methods: A 38-year-old patient with a history of severe obesity, hyperplastic of android distribution, associated with insulin resistance, dyslipidemia, moderate hepatic steatosis, hypertension, metabolic syndrome, lumbar hernias L3-L4 and L4-L5 in the context of myasthenia gravis. Medicated with Pyridostigmine 6 daily doses (for myasthenia) Losartan 100 mg + hydrochlorothiazide 12.5 mg/day. She underwent multiple treatments to lose weight. His disease was exacerbated 5 years ago when he suffered from depression after the death of a loved one, reaching his maximum weight (125 kg). Weight: 114.2kg Neck 45 waist 110 Height: 167 cm BMI: 40.87 kg/mt2

Results: On 19-8-24 a vertical gastrectomy was performed in a sleeve with good evolution, without anesthesiological complications with rapid recovery after surgery of 80 minutes, discharged after 48 hours. At 7 months postoperatively, the patient currently weighs 77.5 kg with a BMI of 27.8 and an EWL of 37.5. Evaluated by neurology, she managed to stabilize her myatenia gravis disease, taking today 2 tablets per day of pyrodostogmine, and with control of her TA without medication.

Conclusions: Vertical sleeve gastrectomy is a safe and effective choice in patients with myasthenia gravis, resolving comorbidities and not affecting the absorption of pyrodostigmine.

Disclosure: No significant relationships.

P177 / Abs. ID 1052

Topic: *AS30. MBS and personalized medicine*

MBS AND PERSONALIZED MEDICINE
10-09-2025 10:00 - 19:30

DEMORAS EN LA DETECCIÓN DEL SANGRADO POSOPERATORIO: IMPLICACIONES DE LA EFICACIA DEL BLOQUEO NEURAL AUTÓNOMO, ANÁLISIS EXHAUSTIVO DE UN CASO CLÍNICO.

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Background: El control del dolor postoperatorio en cirugía bariátrica es complejo con los analgésicos convencionales, como los opioides ya que estospueden ocasionar efectos adversos, lo que ha impulsado la búsqueda de alternativas más seguras. El bloqueo neural autónomo (BNA) ha emergido como una opción prometedora, ya que modula las vías nerviosas autónomas para mejorar el control del dolor, reducir el uso de opioides y anestesicos en el transoperatorio y acelerar la recuperación, especialmente en procedimientos como la gastrectomía laparoscopica.

Objectives: El BNA ha demostrado además de reducir la necesidad de anestésicos y opioides para control de dolor, mejorar la estabilidad hemodinámica y acelerar la recuperación postoperatoria, con la revisión de este caso pretendemos destacar sus beneficios en un escenario de enmascaramiento de sangrado postquirúrgico.

Methods: Se presenta el caso de una paciente de 25 años con un IMC de 32.9, sometida a cirugía bariátrica tipo manga gástrica laparoscopica. Con antecedentes de tabaquismo e hipotiroidismo, se utilizó BNA bajo visión laparoscopica directa una ves estando bajo anestesia general endovenosa, administrando 10 ml de ropivacaína al 7.5% en el plexo entérico, para reducir el uso de anestésicos sistémicos y mejorar la analgesia postoperatoria.

Results: En las primeras 12 horas postquirúrgicas, no se detectó datos clinicos de sangrado abdominal inmediato (dolor), lo que se atribuyó al efecto del BNA. Sin embargo, la paciente presentó disminución de hemoglobina, taquicardia e hipotensión, lo que motivó la realización de una tomografía identificando liquido libre en cavidad. Requiriendo una re intervención para lavado de cavidad, evacuación del hemoperitoneo registrandose 1800ml realizandose contensión de sangrado con origen en vasos cortos. La paciente respondió favorablemente y se estabilizó hemodinámicamente.

Conclusions: Este caso destaca los beneficios del BNA en cirugía bariátrica, pero también resalta su potencial para enmascarar síntomas como el sangrado postoperatorio. Es esencial un monitoreo riguroso postquirúrgico en pacientes que reciben esta técnica para detectar complicaciones y asegurar una recuperación adecuada.

Disclosure: No significant relationships.

P178 / Abs. ID 589

Topic: *AS53. MBS and physiology of the gut-brain-axis*

MBS AND PHYSIOLOGY OF THE GUT-BRAIN-AXIS
10-09-2025 10:00 - 19:30

HOW TO PREDICT THE TYPE 2 DIABETES REMISSION THROUGH THE GUT MICROBIOTA-SPECIFIC PROFILE IN PATIENTS UNDERGOING METABOLIC BARIATRIC SURGERY

Luis Ocaña-Wilhelmi[1], Rocio Soler-Humanes[2], José Luis Fernández-Serrano[2], Dieter Morales-García[2], Lourdes Garrido-Sánchez[3], Carolina Gutiérrez-Repiso[2]
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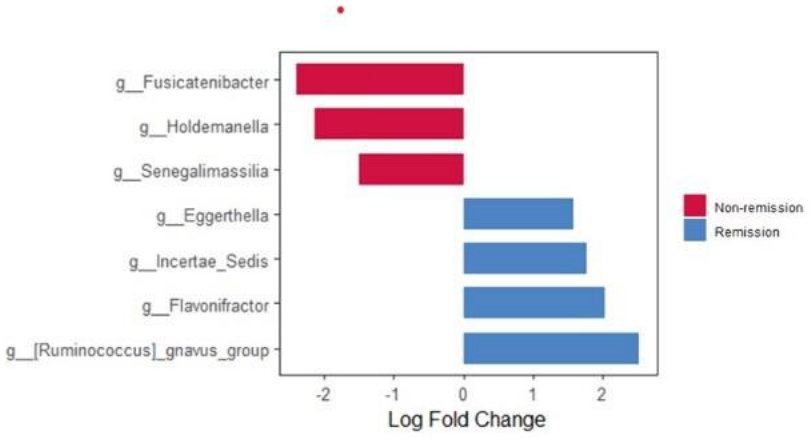
Background: The predictive role of baseline gut microbiota in type 2 diabetes (T2D) remission after metabolic bariatric surgery remains unexplored.

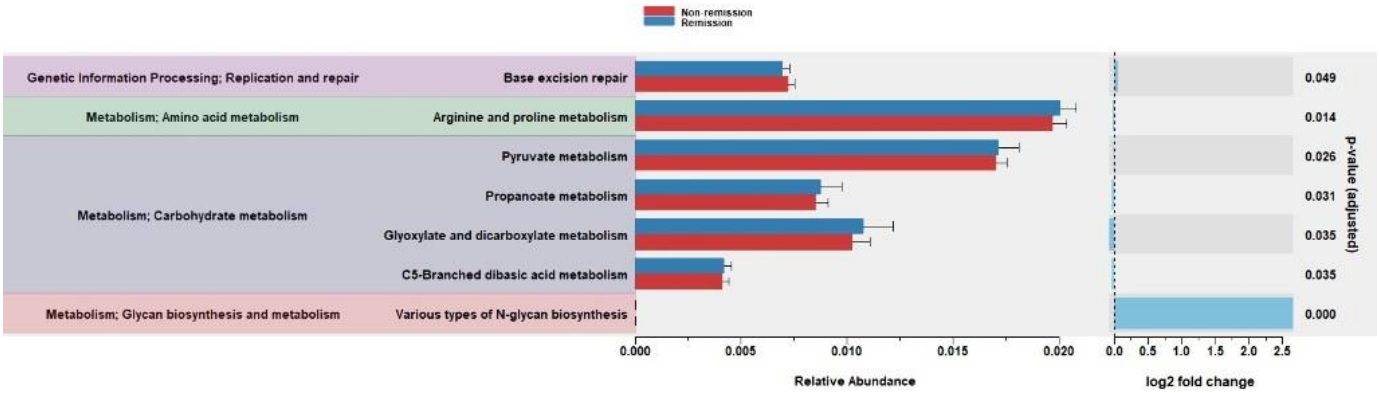
Objectives: This study aimed to identify specific gut microbiota profiles prior to surgery associated with T2D remission following sleeve gastrectomy (SG).

Methods: This was an observational retrospective study including participants with a body mass index (BMI) ≥ 40 kg/m2 and T2D who underwent SG, and had preoperative stool samples available. Gut microbiota was analayzed by 16S rRNA sequencing. Participants were classified into remission and non-remission groups based on T2D status one year after SG.

Results: A total of forty-six participants were included. After adjusting for baseline confounders (i.e., age, HbA1c levels, T2D duration, and insulin treatment), preoperative gut microbiota diversity showed no statistically significant differences between groups, except for Pielou's evenness index, which was significantly higher in the non-remission group (p=0.01). ANCOM-BC2 analysis identified an enrichment in Fusicatenibacter, Holdemanella and Senegalimassilia in the non-remission group, whereas Eggerthella, Flavonifractor and R. gnavus group were enriched in the remission group. Furthermore, random forest classification highlighted Eggerthellq and Flavonifractor as key genera predicting T2D remission. Functional analysis using PICRUSt2 revealed increased carbohydrate metabolism pathways in the remission group.

Conclusions: Conclusion: Baseline gut microbiota composition may serve as an independent predictor of short-term T2D remission in patients undergoing SG.





Disclosure: No significant relationships.

P179 / Abs. ID 98

Topic: *AS53. MBS and physiology of the gut-brain-axis*

MBS AND PHYSIOLOGY OF THE GUT-BRAIN-AXIS
10-09-2025 10:00 - 19:30

THE CONCENTRATIONS OF ACYLATED AND DESACYLATED GHRELIN ARE DECREASED AFTER GASTRIC BYPASS IN RATS WITH DIET-INDUCED OBESITY, IMPROVING BODY COMPOSITION AND METABOLIC PROFILE

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Background: Ghrelin is a peptide hormone predominantly produced in the stomach that plays a central role in regulating hunger, energy balance, and body weight. It is often referred to as the "hunger hormone" because its levels rise before meals, stimulating appetite, and decrease after eating, signaling satiety. Ghrelin exists in two forms: acylated ghrelin (AG), which is biologically active and promotes hunger, and desacylated ghrelin (DAG), which has less well-understood functions but may also play a role in energy balance. In the context of metabolic bariatric surgery, particularly gastric bypass (GBP), ghrelin plays an important role in how the body responds to weight loss interventions

Objectives: To determine the changes in total ghrelin levels and its two isoforms in rats with diet-induced obesity undergoing gastric bypass (GBP) and evaluate its impact on body composition and metabolic profile.

Methods: Body composition, metabolic profile, and ghrelin concentrations were determined in 25 Wistar rats with diet-induced obesity subjected to gastric bypass (n=6) or sham surgery (n=11). Results were compared to a group of rats with controlled feeding (n=8).

Results: Total ghrelin (TG) and desacylated ghrelin (DAG) concentrations were significantly reduced in diet-induced obese rats compared to controls (Figure 1). Moreover, rats undergoing GBP showed significantly lower levels of DAG and acylated ghrelin (AG) compared to the other two groups. Additionally, rats that underwent GBP achieved better weight outcomes with less adiposity and improved lipid and glucose profiles (Table 1).

Determination	Sham (n=11)	RYGB (n=6)	Pair-fed (n=8)	*P*
Body weight (g)	520 ± 14	454 ± 10*	514 ± 7	**0.003**
Whole-body white adiposity (g)	39 ± 2	28 ± 2*	43 ± 4	**0.014**
Glucose (mg/dL)	86 ± 2	86 ± 5	76 ± 4	0.074
Insulin (ng/mL)	2.0 ± 0.2	1.0 ± 0.1*	1.9 ± 0.2	**0.012**
HOMA	0.50 ± 0.06	0.25 ± 0.03*	0.43 ± 0.04	**0.019**
Glycerol (mg/dL)	16 ± 2	17 ± 1	22 ± 3	0.093
FFA (mg/dL)	13 ± 1	12 ± 1	17 ± 2*	**0.042**
Adipo-IR index	168 ± 29	71 ± 10*	196 ± 27	**0.008**
Triacylglycerol (mg/dL)	36 ± 5	37 ± 7	33 ± 4	0.903
Total cholesterol (mg/dL)	82 ± 13	77 ± 7	68 ± 6	0.646
AST (IU/L)	25 ± 1	21 ± 1*	27 ± 1	**0.010**
ALT (IU/L)	10 ± 1	10 ± 1	9 ± 1	0.223
Leptin (ng/mL)	7.0 ± 0.7	3.8 ± 0.5*	8.8 ± 1.0	**0.007**

RYGB, Roux-en-Y gastric bypass; FFA, free fatty acids; Adipo-IR; adipocyte insulin resistance index; AST, aspartate aminotransferase; ALT, alanine aminotransferase. Data are the mean ± S.E.M. Statistical differences were analyzed by one-way ANOVA followed by Tukey's *post-hoc* test. *$P<0.05$ *vs* sham-operated rats.

Conclusions: The reduction of AG and DAG concentrations observed after GBP has a beneficial effect in rats with diet-induced obesity. The decrease of both isoforms reduces appetite and intake, and decreases lipogenesis, improving body weight, adiposity, and lipid profile. Furthermore, the decrease in AG levels in this group is associated with improved insulin sensitivity

Disclosure: No significant relationships.

P180 / Abs. ID 493

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

ROLE OF PRE-OPERATIVE UPPER GASTROINTESTINAL ENDOSCOPY & ITS IMPACT ON PERIOPERATIVE MANAGEMENT IN PATIENTS UNDERGOING BARIATRIC SURGERY

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Background: The role of pre-operative upper gastrointestinal endoscopy for patients undergoing bariatric surgery is not yet well defined. The opinion is divided between various bariatric societies. European association for endoscopic surgery advocates it, to be done in every case pre-operatively whereas Society of American Gastrointestinal & Endoscopic Surgeons recommends it in patients with suspected gastric pathology.

Objectives: To determine the incidence of abnormal findings on Upper GI Endoscopy in bariatric surgery patients and assess their impact on peri-operative management and surgical planning.

Methods: It was a prospective, observational study in which 50 patients, who satisfied the inclusion criteria, were enrolled. At the end, the patients were classified in four groups according to the Upper Gastrointestinal Endoscopy findings. In Group-1, patients with Normal or insignificant UGIE findings were placed. In Group- 2, patients with significant findings leading to delay in surgery were placed. In Group- 3, patients with significant findings leading to alteration of original surgery plan were included. In Group-4, patients with significant findings leading to cancellation of surgery were placed.

Results: Out of 50 cases, 35 (70%) had normal UGIE whereas 15 (30%) had abnormal findings. 9 patients had Gastric ulcers, out of those 3 (6%) had H. pylori positive whereas rest 6 (12%) had RUT negative. Hiatus hernia was found in 4 cases (8%). Gastro-esophageal reflux disease with Barrett's esophagus was seen in 1 case (2%). Esophageal varices was seen in 1 case (2%). 8 (16%) cases had impact on their management due to endoscopic findings. 3 cases (6%) surgery was delayed due to their endoscopic findings (RUT-positive). 5 cases (10%) original surgical plan was changed due to their endoscopic findings (Hiatus Hernia).

Conclusions: With these findings we suggest that UGIE should ideally be done on routine basis pre-operatively, in patients undergoing bariatric surgery. As it not only, helps us in early detection of upper gastro-intestinal diseases that can have impact on peri-operative management but, also guide the surgeon in selecting appropriate surgical approach.

Disclosure: No significant relationships.

P181 / Abs. ID 34

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

COMMON MANOMETRY AND PH-IMPEDANCE STUDY FINDINGS IN PATIENTS WITH DYSPHAGIA AND REFLUX FOLLOWING METABOLIC BARIATRIC SURGERY: A RETROSPECTIVE ANALYSIS

Steffanie Nario[1], Calvin Park[1,2], Rhian Aghajani[1], Michael Yulong Wu[1,2], May Wong[1,2]
[1]Royal North Shore Hospital, Department Of Gastroenterology, St Leonards, Australia, [2]University of Sydney, Northern Clinical School, St Leonards, Australia

Background: Dysphagia and reflux are common symptoms following metabolic bariatric surgery. Type of metabolic bariatric surgery may influence likelihood of developing dysphagia and reflux. There is limited and conflicting data that summarises common manometry and pH-impedance findings seen in patients who experience dysphagia and/or reflux following metabolic bariatric surgery.

Objectives: This study aims to identify manometry and pH-impedance findings among patients who experience dysphagia and/or reflux following metabolic bariatric surgery. We hypothesise that patients symptomatic with dysphagia and reflux will have abnormal manometry and pH-impedance findings, which may diagnose oesophageal disorder post-bariatric surgery. Additionally, we aim to assess whether findings may vary by the type of metabolic bariatric surgery performed.

Methods: This is a single centre retrospective analysis of patients who underwent manometry and pH-impedance studies to investigate symptoms of dysphagia and/or reflux following metabolic bariatric surgery (adjustable gastric band, sleeve gastrectomy, Roux-en-Y gastric bypass). Data was collected on patient demographics, metabolic bariatric surgery history, dysphagia and reflux symptoms, and results of manometry and pH-impedance studies. Data was evaluated to determine presence of abnormal manometry and pH-impedance study findings that may occur commonly in patients post- metabolic bariatric surgery.

Results: 31 post-metabolic bariatric surgery patients with manometry/pH-impedance studies were included. The study population was predominantly female (n=25, 80.65%) with mean age 53.50 ± 4.28-years-old. Post-bariatric surgery patients had a high burden of dysphagia (n=28, 90.32%) and reflux/heartburn (n=29, 93.55%) symptoms, which corresponded with abnormal findings on manometry/pH-impedance studies. Manometry findings in post-metabolic gastric banding patients included incomplete LES relaxation (n=3, 42.86%) and elevated IRP (6.76 ± 4.51 mmHg). pH-impedance findings in post-sleeve gastrectomy patients included high AET (22.31 ± 13.35%), high DeMeester score (92.35 ± 49.95) and high symptom association score (97.49 ± 3.84). Ineffective oesophageal motility was observed in all surgery types (n=13, 41.94%).

	All Surgery Types	AGB only	SG only	RYGB only	AGB + SG	SG + RYGB
Manometry Study Results						
LOS characteristics	n = 31	n = 7	n = 17	n = 2	n = 4	n = 1
LOS basal pressure (mmHg)	13.48 ± 6.30	20.00 ± 7.24	12.06 ± 0.97	10.00 ± 0.00	10.00 ± 1.55	11.0 ± n/a
Hypotensive LOS, <15 mmHg (n)	22	2	14	2	4	1
Complete LOS relaxation (n)	24	4	13	2	4	1
Incomplete LOS relaxation (n)	7	3	4	0	0	0
Integrated Resting Pressure	n = 27	n = 4	n = 16	n = 2	n = 4	n = 1
Average IRP (mmHg)	4.80 ± 1.30	6.76 ± 4.51	5.06 ± 1.77	3.95 ± 0.07	2.80 ± 1.67	2.40
IRP ≥12 mmHg (n)	4	1	2	1	0	0
IRP ≥15 mmHg (n)	2	1	1	0	0	0
DCI	n = 27	n = 3	n = 17	n = 2	n = 4	n = 1
Average DCI (mmHg.s.cm)	738.07 ± 241.31	1,028.32 ± 821.86	772.36 ± 328.87	350.77 ± 95.96	705.45 ± 365.93	189.36
DCI <100 (n)	18	1	11	2	3	1
DCI >100 and <450 (n)	22	2	14	2	3	1
DCI >5000 (n)	0	0	0	0	0	0
Distal Latency	n = 23	n = 3	n = 15	n = 1	n = 3	n = 1
Average DL (s)	6.90 ± 0.34	7.60 ± 0.42	6.80 ± 0.44	6.99	6.79 ± 1.17	6.44
<4.5 s (n)	4	1	2	0	0	1
pH Study						
AET	n = 21	n = 4	n = 11	n = 2	n = 3	n = 1
AET (%)	20.83 ± 10.08	1.88 ± 1.65	22.31 ± 13.35	23.00 ± 26.75	45.43 ± 24.28	2.30
AET >6% (n)	12	0	8	1	3	0
DeMeester score	n = 18	n = 3	n = 10	n = 2	n = 2	n = 1
Average score (score)	81.63 ± 40.16	8.35 ± 4.21	92.35 ± 49.95	84.75 ± 116.77	172.05 ± 178.262	9.70
Score >14.72 (n)	12	1	8	1	2	0
Score >50 (n)	9	0	6	1	2	0
Score >100 (n)	6	0	4	1	1	0
Impedance Study	n = 15	n = 2	n = 8	n = 2	n = 2	n = 1
Proximal events (n)	39.80 ± 34.89	4.00 ± 7.84	64.13 ± 61.57	4.00 ± 0.00	30.00 ± 19.60	8.00
Symptom Association Score (%)	68.98 ± 20.97	40.00 ± 78.40	97.49 ± 3.84	0.25 ± 0.35	83.93 ± 22.58	20.00

Conclusions: A large proportion of post-metabolic bariatric surgery patients with upper gastrointestinal symptoms have corresponding abnormal findings on manometry and pH-impedance studies. This study highlights the need for thorough pre-operative assessment and close post-operative follow-up in those undergoing metabolic bariatric surgery. Early referral for manometry and pH impedance studies should be considered in patients with upper gastrointestinal symptoms such as dysphagia and reflux to facilitate timely diagnosis.

Disclosure: No significant relationships.

P182 / Abs. ID 214

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

OUTCOMES OF CONVERSION FROM GASTRIC SLEEVE TO ROUX EN Y GASTRIC BYPASS ON GASTROESOPHAGEAL REFLUX DISEASE

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Background: Despite the reported benefits, patients undergoing sleeve gastrectomy (SG) may develop long-term complications associated with gastroesophageal reflux disease (GERD). Initial management typically involves long term medical treatment, with conversion to Roux-en-Y gastric bypass (RYGB) reserved for refractory cases. However, the effectiveness of this strategy has not been sufficiently established in the literature.

Objectives: Analyze GERD changes after RYGB conversion in patients with SG.

Methods: This is a retrospective, single-center, descriptive study. We analyzed patients who underwent SG between 2007 and 2023 at our institution. The study cohort included patients who developed GERD during long-term follow-up after gastric sleeve surgery, who had not achieved adequate GERD control with medical treatment and were subsequently converted to RYGB. Categorical variables are expressed as frequencies (percentages), while continuous variables are reported as medians (ranges).

Results: A total of 59 patients underwent conversion from SG to RYGB due to GERD. Of these, 81.4% were female, and the median age was 54 years (33-73). At the time of conversion, there was a significant reduction in BMI [43.5 (28.7-62.5) vs 36.1 (25.3-48.8) kg/m², p=0.0005e-8]. The median time to conversion was 71 months (13-193) after the initial SG, and 34 months (3-144) after the initiation of medical therapy. Among the 59 patients, 49 (79.7%) had a hiatal hernia requiring repair, including 4 cases with mesh placement. Within 30 days postoperatively, 13 patients (22%) experienced complications: 10 grade I DC (16.9%), 1 grade II DC (1.7%), and 2 grade IIIB DC (3.4%), which were anastomotic stenosis requiring endoscopic dilation. During follow-up, a significant improvement in esophagitis was observed (p=0.007). At a median follow-up of 46 months (5-120), 30 patients (53.6%) continued to require anti-reflux medication and 19 patients (37.2%) experienced recurrence of a hiatal hernia. One patient (1.7%) required reoperation due to recurrence of a hiatal hernia and severe esophagitis.

Conclusions: Conversion from SG to RYGB improves GERD symptoms and esophagitis. However, many patients continue to require anti-reflux medication, and the recurrence rate of hiatal hernia remains high.

Disclosure: No significant relationships.

P183 / Abs. ID 351

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

GERD PREVALENCE IN OBESE PATIENTS FOLLOWING CONCOMITANT LAPAROSCOPIC SLEEVE GASTRECTOMY AND HIATAL HERNIA REPAIR.

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Background: Obesity has emerged as a global pandemic, posing significant health risks and contributing to a multitude of related diseases that increase morbidity and mortality rates. Gastroesophageal reflux disease (GERD) is a prevalent condition among obese individuals, irrespective of the presence of a hiatal hernia, negatively impacting both health and quality of life. Given its clinical significance, addressing GERD in the context of obesity is of paramount importance.

Objectives: The aim of this study is to assess the prevalence of GERD symptoms before and after undergoing concomitant laparoscopic sleeve gastrectomy (LSG) and hiatal hernia repair (HHR). This investigation seeks to determine whether combining these two surgical procedures confers a therapeutic advantage for obese patients with hiatal hernias.

Methods: This retrospective study included 92 patients over the age of 18 who underwent concomitant LSG and HHR at the Department of Surgery, Rambam Health Care Campus, between 2012 and 2019. Data were collected retrospectively, and additional patient-reported outcomes were obtained via a standardized 16-question survey assessing GERD-related symptoms.

Results: Among the 92 patients included in the study, 76 (82%) reported symptomatic improvement in GERD-related complaints following surgery. Furthermore, a statistically significant reduction in proton pump inhibitor (PPI) usage was observed postoperatively ($P = 0.0094$). The majority of patients also reported an overall enhancement in their quality of life.

Conclusions: Our findings indicate that concomitant LSG and HHR yield promising outcomes in alleviating GERD symptoms, aligning with previous studies supporting this combined approach. However, larger-scale prospective studies are necessary to validate these findings and provide robust clinical guidance for optimizing surgical decision-making in obese patients with GERD and hiatal hernias.

Disclosure: No significant relationships.

P184 / Abs. ID 650

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

FUNDUPLICATURA TIPO NISSEN EN PACIENTES CON BAGUA

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Background: GASTRIC REMANENENT NISSEN FUNDOPLICATION IN OAGB PATIENTS FOR REFLUX PREVENTION INTRODUCCION: Biliary reflux is the most debatable subject in One Anastomosis Gastric Bypass (OAGB). In spite of demonstration of non-statistical implication of Reflux in esophageal, or gastric pouch cancer, surgeons still debate the use of a single anastomosis of small bowel to gastric pouch. We decided to use the gastric remanent, to create a Nissen wrap (NW) around Gastro Esophageal (GE) area to reduce the incidence of Gastro Esophageal Biliary Reflux (GEBR) in patients submitted to OAGB procedure

Objectives: The aim of this study is to compare the results of evidence of Biliary Reflux in esophagus, in patients with OAGB vrs OAGB plus Gastro Esophageal Nissen Wrap(GENW) and describe endoscopic findings, one year after the procedures

Methods: OAGB was performed in 50 patients, based on Carbajo technique. Pouch length 15-18cm. 36fr bougie. 3cm from pylorus in lesser curvature. Total bowel length measured. Bilio Pancreatic (BP) limb length was variable in every case with a Main BP length of 3.4mts. Main Common Chanel length 4.1 mts. Closure of Hiatal defect if present. Nissen 360 wrap (NW) of Gastric remanent fundus was created over GE area and fixated in 25 patients and 25 patients were left without the NW. Endoscopy was performed to all patients one year after procedure.

Results: One year after procedure, patients were divided in 4 groups. OAGB with symptoms 7.9%(n=4) OAGB without symptoms 41.1%(n=21), OABG+NW with symptoms 4%(n=2) OAGB+NW without symptoms 46(n=23). Los Angeles classification in all patients with symptoms, class B 8%(n=4) No Esophagitis 92% (n=46). There was no stadistical diference, in the criteria of Esofagitis, between the two groups.

Conclusions: Conclusion Nissen Wrap in OAGB was effective to maintain less symptoms of esophageal reflux and esophagitis. No statistical difference with OAGB without NW. We found no benefits in performing a Nissen type funduplication with the remanent stomach, in OAGB procedure. There is need of more studies or RCT to stablish long term safety reflux control with a Nissen type wrap in OAGB patients.

Disclosure: No significant relationships.

P185 / Abs. ID 999

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

ENDOSCOPIC FINDINGS IN OAGB PATIENTS IN SHORT-TERM & MID-TERM FOLLOWUP

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Background: Aim: The one anastomosis gastric bypass (OAGB) is now growing rapidly in popularity as a safe and effective procedure, with excellent control of weight and co-morbidities in long-term evaluations. However, there are some significant clinical issues like Biliary reflux, marginal ulcer.

Objectives: This study was under taken to identify incidence of marginal ulcer and bile reflux in OAGB pouch and in esophagus in mid term follow up.

Methods: METHODS: We offered post-op endoscopy to all patients presented to our OPD for follow up and did endoscopy to all those who gave consent from October 2018. We collected data prospectively and analysed it.

Results: RESULTS Follow-up endoscopy post OAGB was done in total of 101 patients till now. Follow up period ranges from 3 months to 4 years. Of Total 101, 32(31.6%) were OAGB and 69(68.3%) were BOAGB. Of 101 patients 17(16.8%) had Marginal ulcers and only 8(47%) were symptomatic while 9(53%) of them were asymptomatic. OF 17 marginal ulcers 3(17.6%) were from OAGB group and 14(82.35%) from BOAGB. All the patients were treated conservatively, no one needed an operative intervention. Pouch length varies from 10-16 cm with mean of 14.2cm. Bile in pouch is present in 32(31.6%) patients of which 13(40.6%) were from OAGB and and in 19(27.5%) patients in BOAGB group. Esophagitis was seen in 13(12.8%) patients all were LA-A.

Conclusions: CONCLUSION Post OAGB marginal ulcer are seen in 17(16.8%) with more than half of them being asymptomatic though none of them needed operative intervention. It requires long term multi-center study to know the original burden of marginal ulcer post OAGB.

Disclosure: No significant relationships.

P186 / Abs. ID 655

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

HIATAL HERNIA IDENTIFICATION PREOPERATIVE IN PATIENTS WITH OBESITY: UPPER GI ENDOSCOPY VS ESOPHAGEAL FLUOROSCOPY AND HIGH RESOLUTION MANOMETRY

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Background: The prevalence of obesity is rising worldwide along with its comorbidities. There have been many attempts to prevent and treat this disease, one of those being in MBS, the most common ones being gastric sleeve followed by Roux-en-Y gastric bypass. Hiatal hernias have been correlated with a higher chance of de novo GERD after gastric sleeve along with a worsening of the defect if not repaired. For RYGB, which is considered the best for treating GERD in patients with severe obesity, the necessity of repairing small type I hiatal hernias is debated. Overall, the identification and management of hiatal hernias are integral to tailoring metabolic bariatric surgical approaches to minimize postoperative GERD and optimize patient outcomes.

Objectives: Determine the sensitivity of endoscopy, esophageal fluoroscopy and high resolution manometry in the diagnostics of hiatal hernia prior to a metabolic bariatric surgery. Compare the sensitivity of endoscopy vs. Fluoroscopy and HRM for detection of hiatal hernia preoperative in patients with obesity.

Methods: We collected data of 80 patients before metabolic bariatric surgery to determine the presence of hiatal hernias. From those, we only selected those with fluoroscopy, esophageal manometry and endoscopy which left us with 38.

Results:

			ENDOSCOPY		Total
			SI	NO	
ESOPHAGEAL FLUOROSCOPY	SI	Recuento	24	7	31
		% del total	64,9%	18,9%	83,8%
	NO	Recuento	2	4	6
		% del total	5,4%	10,8%	16,2%
Total		Recuento	26	11	37
		% del total	70,3%	29,7%	100,0%

			ENDOSCOPY		Total
			SI	NO	
HRM	SI	count	25	8	33
		% total	65,8%	21,1%	86,8%
	NO	count	2	3	5
		% del total	5,3%	7,9%	13,2%
Total		count	27	11	38
		% total	71,1%	28,9%	100,0%

In 39 patients who where evaluated to identify hiatal hernia, upper GI endoscopy only identify hiatal hernia in 5.4% (2) of the patients where esophageal fluoroscopy did not find hiatal hernia, but esophageal fluoroscopy could identify 18.9% (7) of patients where the endoscopy did not find it. There was a similar result comparing endoscopy with HRM, 5.3%(2) of the patients in endoscopy had hiatal hernia when HRM did not determine the hernia but HRM colud identify 21.1% (8) of hiatal hernia when endoscopy couldnt. Finally the difference between HRM and esophageal fluoroscopy was lower, the patients with hiatal hernia in HRM but not in esophagal fluoroscopy and vice versa where 7.7% and 10.2% respectively.

Conclusions: There is better sensitivity to identify hiatal hernia with HRM and esophageal fluoroscopy compared with endoscopy. Make thorough evaluation of patients before MBS, and make the best decisions for proper identification of hiatal hernias and reduce the risk of developing reflux after surgery.

Disclosure: No significant relationships.

P187 / Abs. ID 593

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

MODIFIED HILL PROCEDURE: EXPERIENCE IN PATIENTS WITH LAPAROSCOPIC SLEEVE GASTRECTOMY AND FOLLOW-UP FOR MORE THAN 5 YEARS

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Background: Gastroesophageal reflux disease (GERD) is a common condition among patients with obesity, with an estimated prevalence ranging from 39% to 61% in the population seeking evaluation for bariatric surgery. Laparoscopic sleeve gastrectomy (LSG) has become a popular and valid option for treating obesity, although the literature presents ambivalent results regarding the increase or decrease in GERD following this surgery. Therefore, it is necessary to develop new surgical techniques for managing reflux in patients who undergo concomitant LSG or have a history of this procedure. In this context, we present a modified technique based on Hill's gastropexy, originally described in 1967, which we decided to call the "modified Hill technique," as described by Nassar et al. in 2021.

Objectives: To describe the follow-up of patients undergoing a surgical procedure based on the Hill technique for managing GERD, applicable to all patients who have undergone a vertical sleeve gastrectomy or have a history of this procedure.

Methods: A retrospective observational study with a prospective database of a group of 16 GERD patients who underwent this procedure concomitant with a vertical sleeve gastrectomy or developed GERD after a vertical sleeve gastrectomy. A 5-year follow-up was conducted, with an evaluation of symptoms and the Carlsson-Dent scale.

Results: Postoperative follow-ups have shown satisfactory results in controlling and managing GERD symptoms in this group of patients, with very few or no complications associated with the procedure, and no need for reintervention or medication outside the standard protocol.

Conclusions: The modified Hill technique can be used and presented as a viable option for controlling GERD in patients who have undergone vertical sleeve gastrectomy.

Disclosure: No significant relationships.

P188 / Abs. ID 602

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

HIS ANGLE RECONSTRUCTION: DESCRIPTION OF THE TECHNIQUE AND EXPERIENCE IN PATIENTS WITH LAPAROSCOPIC VERTICAL SLEEVE GASTRECTOMY.

Jose Rodriguez[1], Felipe Giron[2], Ricardo Nassar[1], Juan Hernandez[1], Pablo Gonzalez[3], Juan Diaz[3], Alberto Ricaurte[1], Natan Zundel[4]
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Background: Gastroesophageal reflux disease has shown a global increase, with a 77.53% rise in its prevalence, from 441.53 million cases in 1990 to 783.95 million in 2019. In Latin America, the prevalence of reflux symptoms ranges from 15% to 24.9%, reaching over 25% in regions of South Asia and Southeastern Europe. Obesity is a significant risk factor for reflux, with a prevalence of 39% to 61% in patients evaluated for bariatric surgery. The growing popularity of vertical sleeve gastrectomy and its association with the onset or worsening of reflux necessitates the search for techniques to manage it. Therefore, we propose the reconstruction of the His angle as an alternative for managing reflux in patients undergoing sleeve gastrectomy.

Objectives: To describe and propose a surgical procedure based on the His angle reconstruction for the prevention of GERD, applicable to all patients undergoing vertical sleeve gastrectomy.

Methods: A retrospective observational study with a prospective database of a group of 15 patients who underwent His angle reconstruction concomitantly with vertical sleeve gastrectomy. A follow-up of up to 2 years was conducted, with an evaluation of symptoms and the Carlsson-Dent scale.

Results: Postoperative follow-ups have shown satisfactory results in controlling and managing GERD symptoms in this group of patients, with no complications associated with the procedure and no need for reintervention or medication outside the standard protocol.

Conclusions: The His angle reconstruction technique can be used and presented as a viable option for the prevention of GERD in patients undergoing vertical sleeve gastrectomy.

Disclosure: No significant relationships.

P189 / Abs. ID 914

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

WHEN CONVERSION TO ROUX-EN-Y BECOMES REQUIRED, CLINICAL OPTIMAL RESPONSE AND CHALLENGES OF ONE-ANASTOMOSIS GASTRIC BYPASS (OAGB)

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Background: Though some patients suffer problems like biliary reflux needing conversion to Roux-en-Y Gastric Bypass (RYGB), One-Anastomosis Gastric Bypass (OAGB) has become popular as a bariatric surgery with optimal clinical response. This study evaluates the outcomes of patients undergoing OAGB and assesses the necessity and results of conversion to RYGB.

Objectives: This study aims to evaluate the effectiveness of OAGB in terms of weight loss, resolution of obesity-related comorbidities, and the incidence of postoperative complications. Additionally, it investigates the need for conversion to RYGB in certain cases and its associated outcomes.

Methods: A retrospective analysis was conducted on 28 patients who underwent OAGB. The cohort included 23 females and 5 males, with a mean preoperative BMI of 44.0 kg/m². Diabetes, hypertension, dyslipidemia, gastroesophageal reflux disease (GERD), metabolic dysfunction-associated steatotic liver disease (MASLD), insulin resistance, hypothyroidism, and obstructive sleep apnea were some of the preoperative comorbidities. Over a period of twelve months, postoperative results, problems, gastrointestinal symptoms, weight reduction, and excess weight loss percentage (%EWL) were evaluated.

Results: The mean preoperative weight was 116.4 kg. Complications following surgery were eventration, gastric bypass stenosis, and umbilical hernia. Common post-surgical gastrointestinal complaints included vomiting, diarrhea, bloating, nausea, and food intolerance. Most patients demonstrated notable weight loss at 12 months, with BMI varying from 22.5 to 38.9 kg/m² and %EWL between 40.3% and 118.1%. Some patients developed resistant GERD, which caused them to switch to RYGB for symptom relief.

Conclusions: With essential weight reduction and comorbidity resolution, OAGB is an effective bariatric surgery. A small percentage of patients, however, suffer problems such major GERD or anatomical abnormalities calling for RYGB conversion. Patient selection and long-term results still need to be optimized by further investigation

Disclosure: No significant relationships.

P190 / Abs. ID 496

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

GASTRIC EMPTYING STUDY AFFECTS SURGICAL OPTION FOR METABOLIC BARIATRIC SURGERY IN PATIENTS WITH GERD

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Background: Gastric emptying studies are important in evaluating patients for candidate for metabolic bariatric surgery whom symptomatic for gerd, allowing for tailored surgical strategies that consider the functional status of the stomach. This careful assessment helps to improve surgical outcomes and enhance overall patient satisfaction in those suffering from GERD with concurrent motility disorders.In patients with GERD who exhibit delayed gastric emptying, surgical options such as sleeve or OAGB ,SADI,SASI, need careful consideration. Preoperative gastric emptying studies help identify those at risk for postoperative complications such as persistent heart burn or GERD, dysphasia or nausea, which may arise from exacerbated gastric delay. And no contraindication to go for above mentioned type of surgeries if the obese patients with GERD having normal gastric emptying.

Objectives: In this study, we are going to conduct a retrospective cohort study designed to investigate the relationship between gastric emptying and the outcomes of surgical interventions, the proper choice of metabolic bariatric surgery for patients gastroesophageal reflux disease (GERD).and this will change the strategy that used to be internationally between bariatric surgeons in choosing the proper surgery for obese patients.

Methods: Gastric emptying will be assessed using scintigraphy before and after various anti-reflux surgeries, including laparoscopic Nissen fundoplication, hiatal hernia repair, and laparoscopic RYGB and now we use it in our study to assess obese patients with GERD to choose the proper surgery with less future complains.

Results: And this technique will overcome the upper endoscopy to assess for reflux degree and its relation to surgical options, the study's primary endpoint is to determine whether pre-operative gastric emptying affects the success rate of choosed metabolic bariatric surgery.Secondary endpoints include post-operative symptom improvement, complications, and life quality. The results of this study will provide valuable insights into the role of gastric emptying in the selection of surgical options for obese patients with GERD, ultimately improving clinical outcomes and patient satisfaction.

Conclusions: Conclusion: the option to do gastric emptying study by using scintigraphy before choosing the type of surgery for obese patients with GERD will affect the surgeon decision. This type of study will change the old ideas in choosing type of surgery and overcome other tests for GERD.

Disclosure: No significant relationships.

P191 / Abs. ID 640

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

LAPAROSCOPIC HILL GASTROPEXY IS THE SOLUTION TO PREVENT OR TREAT SLEEVE MIGRATION

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Background: Sleeve migration is a common problem after sleeve gastrectomy (SG). It has led many surgeons to recommend roux en y gastric bypass (RYGB) over SG if the patient has GERD and/or hiatal hernia present. We have found that anchoring the posterior stomach to preaortic fascia (Hill Repair) as described by Lucius Hill MD and Ralph Aye in 1994 is an appropriate anti-reflux operation for the patient with sleeve migration due to hiatal herniation. We believe Laparoscopic Hill is the most appropriate treatment for hiatal herniation after sleeve gastrectomy and should be done whenever a SG and hiatal hernia repair are done together

Objectives: SG should be offered to patients with hiatal herniation. We will present the operative and video technique of Laparoscopic Hill Gastropexy in patients with a history of sleeve gastrectomy along with the outcomes. We will present the outcomes of 10 patients with this procedure done in our free-standing ambulatory surgery center (ASC)

Methods: We have ten patients who have sleeve migration after SG and GERD. We retrospectively reviewed the outcomes of this technique. All patients were done day case in an ASC at a single center.

Results: All patients had resolution of GERD. There was no long-term dysphagia. One patient developed a deep venous thrombosis within 30 days. No other major complications. All patients left the ASC same day.

Conclusions: Laparoscopic Hill Repair is an appropriate surgical treatment for sleeve migration. It can be done safely in the ASC. Because it is a recognized anti-reflux procedure, it is usually covered by insurance when there is no bariatric coverage. Many SG patients prefer to keep their SG anatomy rather than convert to RYGB. Anchoring esophagogastric junction to the preaortic fascia is essential to prevent sleeve migration after SG. It preserves the SG anatomy instead of converting RYGB.

Disclosure: Dr. Peter Billing has ownership in Transform Health Partners and Transform Weight Loss. He is also a consultant for Medtronic.

P192 / Abs. ID 1239

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

INDUCED GASTRIC METAPLASIA AFTER SINGLE ANASTOMOSIS DUODENO-ILEAL BYPASS WITH SLEEVE GASTRECTOMY (SADI-S): CASE REPORT

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Background: Biliopancreatic reflux is a well-established factor in gastric mucosal injury, contributing to histological changes such as intestinal metaplasia, and is recognized as a precursor condition for gastric cancer.

Objectives: This report presents the case of a patient who underwent conversion from gastric sleeve (SG) to SADI-S, due to weight regain, developing biliary reflux without response to clinical treatment and with the genesis of intestinal metaplasia in the gastric mucosa.

Methods: Case Report: A 61-year-old female patient underwent SG in 2019 to treat obesity (BMI 37.8 kg/m2) and high blood pressure. Postoperative control endoscopy showed an unchanged gastric mucosa (Figure 1). After 4 years, she regained weight, achieving a BMI of 39 kg/m2, and recurrence of hypertension, then the conversion to SADI-S was chosen. She developed symptoms of bile reflux in the postoperative, without response to optimized clinical/drug treatment. Two months after SADI-S, she underwent endoscopy, which revealed chronic gastritis with complete and incomplete intestinal metaplasia, in addition to foveolar hyperplasia and atrophy. A new endoscopy evaluation, performed 10 months later, confirmed the same changes (Figure 2). Figure 1 – Post-SG endoscopy Figure 2 – Post-SADI-S endoscopy Due to the clinical refractoriness of reflux symptoms associated with changes in the gastric mucosa, a new surgical conversion to duodenal switch (DS) was indicated. The surgery was performed in March 2025, with improvement in symptoms and ongoing endoscopic monitoring.

Results: Discussion: The literature indicates a relevant association between biliopancreatic reflux and gastric mucosal carcinogenesis. In the context of SADI-S, patients who develop bile reflux and consequent exposure of the gastric mucosa to biliopancreatic secretion may favor this type of lesion. Periodic endoscopic surveillance is essential to identify this condition, obtaining an early diagnosis and preventing progression to neoplasia.

Conclusions: Conclusion: This case highlights the importance of clinical and endoscopic monitoring in patients undergoing bariatric techniques with the potential to induce biliopancreatic reflux, such as SADI-S. Early detection of intestinal metaplasia allows timely interventions.

Disclosure: No significant relationships.

P193 / Abs. ID 748

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

HIATUS HERNIA REPAIR WITH OESOPHAGOPEXY AND PARTIAL FUNDOPLICATION IN TREATING REFLUX FOLLOWING LAPAROSCOPIC SLEEVE GASTRECTOMY

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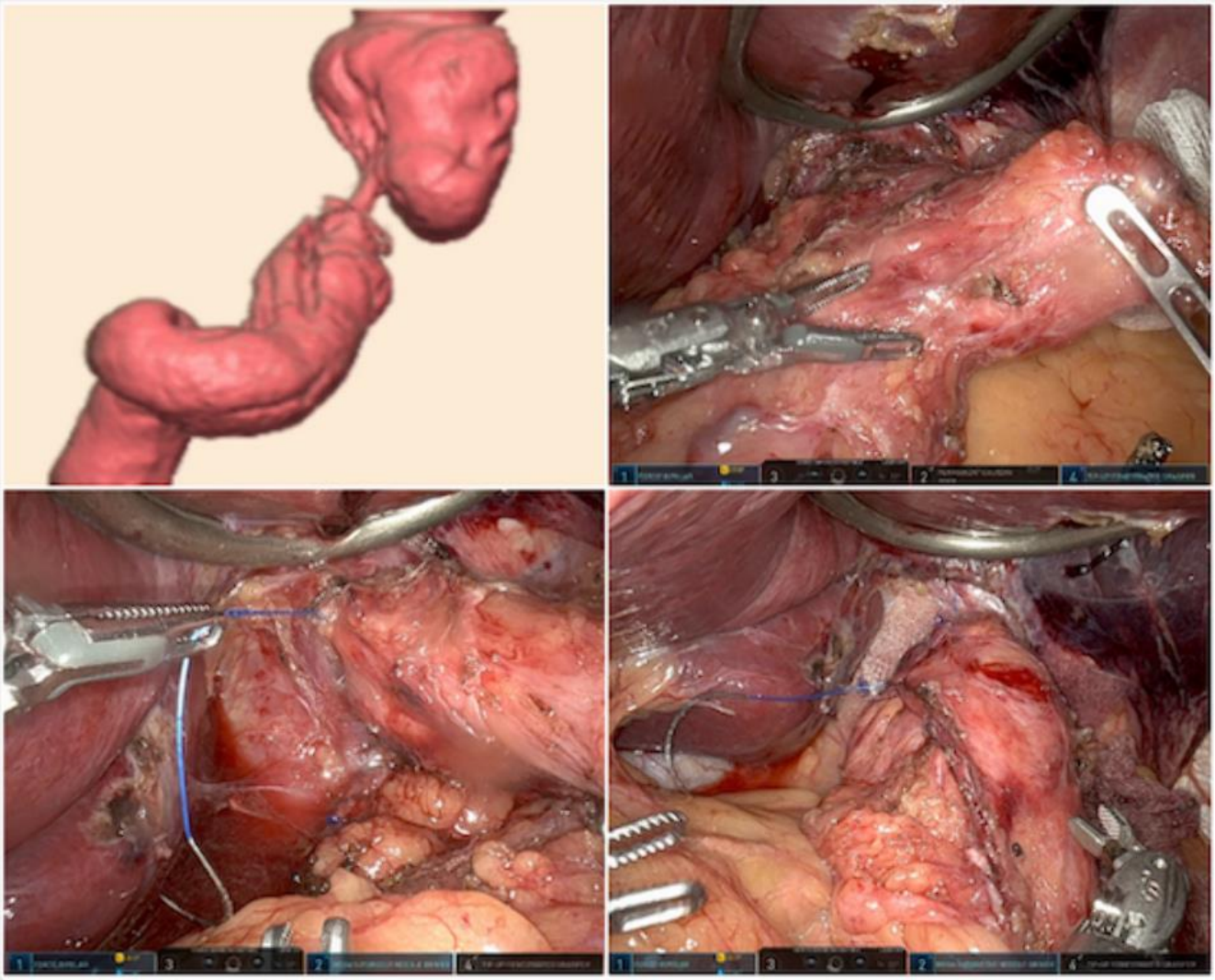
Background: The potential causes of gastroesophageal-reflux-disease (GORD) after laparoscopic sleeve gastrectomy (LSG) are multiple. Primary or secondary disorders of oesophageal peristalsis, abnormal lower-oesophageal-sphincter function and compliance, transhiatal gastric migration and raised intragastric pressures driven by early or secondary gastric tube misconfiguration are all potential drivers of a transdiaphragmatic pressure gradient that favours prolonged oesophageal exposure to gastric contents. Anatomical and functional investigations which examine these factors will help identify the underlying causes, in turn allowing for a tailored approach to the patients' management.

Objectives: We present a case of hiatus hernia (HH) repair with partial anterior fundoplication utilising the retained fundic pouch in a patient with a previous LSG using the da Vinci Xi system.

Methods: A 61-year-old female was referred for GORD management with a background of previous laparoscopic adjustable gastric band (LAGB), which was converted to LSG 15 years ago. She had no significant comorbidities and a BMI of 28. Preoperatively, her endoscopy revealed a sliding HH and Barrett's oesophagus with a reasonable sleeve configuration. Her CT-Fizzogram however suggested that in addition to a 4 cm long intra-thoracic migration of the stomach there was also a degree of proximal gastric asymmetric dilation and effacement of the oesophageal vestibule that confounded easy identification of the gastroesophageal-junction. Intraoperatively, a moderate HH containing a saccular fundic remnant was found, along with dense posterior gastric eschar from her previous LAGB at the remnant's inferior aspect. After adhesiolysis and restoring intraabdominal oesophageal length, cruroplasty and oesophagopexy were performed, followed by reinforcement with a biosynthetic mesh. The remnant fundus was then used to reapproximate the angle of His and to construct an anterior partial wrap.



Results: The patient recovered well from the operation and had complete resolution of her symptoms on her follow-up.

Conclusions: Studies have shown that HH repair, particularly when combined with oesophagopexy, is a safe and effective treatment for GORD in patients following LSG. Additionally, various techniques to augment the lower-oesophageal-sphincter have been described to offer further reflux control. Our surgical approach effectively addressed the factors contributing to our patient's reflux while negating the risks associated with alternative options, such as pouch revision or bypass procedures.

Disclosure: No significant relationships.

P194 / Abs. ID 1183

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

INCIDENCIA DEL REFLUJO GASTROESOFÁGICO EN PACIENTES POS-OPERADOS DE GASTRECTOMÍA VERTICAL EN MANGA DE ACUERDO A LA ESCALA DE GASTROESOPHAGEAL REFLUX DISEASE QUESTIONNAIRE (GERDQ).

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Background: La obesidad es una condición de origen multifactorial y de alta complejidad,en el último año, un 36.9% de los adultos se ha visto afectado por esta enfermedad. La gastrectomía vertical en manga (GVS) representa más del 50% de las cirugías bariátricas realizadas.Un desafío frecuente asociado a largo plazo es la aparición de reflujo gastroesofágico (ERGE) en aproximadamente el 31.6% de los pacientes.

Objectives: Establecer la incidencia de reflujo gastroesofágico (ERGE) de novo pos-gastrectomía vertical en manga implementando la evaluación del cuestionario GERGQ.

Methods: Se trata de un estudio longitudinal de seguimiento retrospectivo, descriptivo, transversal, de una cohorte de pacientes pos-operados de gastrectomía vertical en manga por el servicio de cirugía bariátrica del INCMNSZ durante el periodo de enero de 2015- diciembre 2024. Se recopilará información del expediente clínico para realizar una base de datos, cuidando la confidencialidad de los pacientes mediante la aplicación RedCap, además de aplicar el cuestionario GERDQ. Para el análisis estadístico de los datos se utilizará el programa electrónico SPSS IBM 25.0.

Results: Un total de 56 pacientes con diagnóstico de obesidad fueron referidos para tratamiento quirúrgico de manga gástrica al servicio de cirugía bariátrica de nuestro hospital durante el periodo 2015-2024. El análisis postoperatorio se obtuvo de todos los pacientes a los cuales se les realizo gastrectomía vertical en manga. Peso promedio postoperatorio fue de 94.68 kg (DE ± 33), talla 161.9 cm (DE± 9.0) y el IMC postoperatorio de 32.3 kg/m2 (DE ± 12.3). La resolución de comorbilidades tenemos 18% presentaban diagnóstico de diabetes mellitus tipo II, 22% hipertensión arterial, 8% dislipidemia, SAOS 4%, artropatía 10%, hipotiroidismo 14%. Respecto a la variable principal el porcentaje de reflujo gastroesofágico fue de 16.6%, el puntaje en la escala GerdQ fue superior a 8 puntos, promedio de puntaje fue de 3.3 puntos, significando 16.6 % de reflujos de novo, los síntomas de ERGE aparecieron a los 14 meses postoperatorios en promedio.

Conclusions: El reflujo gastroesofágico es una complicación importante en pacientes postoperados de gastrectomía vertical subtotal, siendo de hasta 17%. La escala GerdQ podría ser una herramienta útil y costo-efectiva para identificar y seleccionar pacientes que ameriten un abordaje diagnóstico complementario preoperatorio.

Disclosure: No significant relationships.

P195 / Abs. ID 1266

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

PREVALENCIA Y FACTORES ASOCIADOS A ESOFAGITIS EN PACIENTES POST-MANGA GÁSTRICA: ANÁLISIS PROSPECTIVO

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Background: La manga gastrica es la cirugia bariatrica mas realizada en todo el mundo. Es ya ampliamente conocido que desde sus inicios, los resultados con respecto a enfermedad por reflujo de Novo y reflujo persistente fueron evidentes y presentados en varios analisis y estudios clinicos. Quisimos evaluar en un unico centro de cirugia bariatrica en Centroa America, los factores asociados a reflujo gastrico demostrados por endoscopia, evidenciando Esofagitis, en nuestros pacientes, asi como establecer la incidencia de esofagitis grado A y B de los Angeles para tomar medidas terapeuticas adecuadas a nuestra epoca de practica quirurgica.

Objectives: Evaluar la prevalencia de esofagitis y los factores de riesgo asociados en pacientes sometidos a manga gástrica, a los 12 meses postoperatorios.

Methods: Estudio prospectivo, realizado entre 2022 y 2024, incluyendo 150 pacientes que se sometieron a manga gástrica. Se realizó endoscopía digestiva alta a los 12 meses para diagnóstico de esofagitis, clasificada según la clasificación de Los Ángeles. Se recolectaron datos demográficos, índice de masa corporal (IMC), presencia de síntomas de reflujo y uso de inhibidores de bomba de protones (IBP).

Results: La prevalencia de esofagitis fue del 28%. De estos, el 75% presentó esofagitis grado A o B. Factores asociados significativamente a la aparición de esofagitis incluyeron: aumento en la presión intragástrica postoperatoria ($p < 0.01$), tamaño de la sonda calibradora menor a 36 Fr ($p = 0.03$), y presencia de síntomas de reflujo ($p < 0.001$). No se encontró relación significativa con el IMC prequirúrgico ni con el porcentaje de pérdida de peso.

Conclusions: La esofagitis es una complicación frecuente tras manga gástrica. Un calibre de sonda menor y la presión intragástrica elevada son factores de riesgo importantes. La endoscopía de control debe considerarse de rutina en el seguimiento postoperatorio, aun en ausencia de síntomas, para la detección temprana y manejo oportuno.

Disclosure: No significant relationships.

P196 / Abs. ID 244

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

RETAINED FUNDUS AFTER SLEEVE GASTRECTOMY: HIATAL HERNIA REPAIR AND CONVERSION TO ROUX-EN-Y GASTRIC BYPASS

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Background: Reflux after sleeve gastrectomy can become a challenging complication, often necessitating conversion to Roux-en-Y gastric bypass if medical management fails. Causes of reflux after sleeve gastrectomy include anatomical distortions, such as herniation, retained fundus, angulation, or stenosis of the sleeve.

Objectives: The aim of this video is to demonstrate a case of a 59 y.o female, status post Sleeve gastrectomy, that presented with dysphagia and intermittent chest pain for which she underwent a robotic-assisted hiatal hernia repair and Sleeve gastrectomy conversion to Roux-en-Y gastric bypass.

Methods: Preoperative imaging revealed a retained fundus herniated into the chest and dilated esophagus. The patient was planned for a robotic assisted hiatal hernia repair and sleeve conversion to gastric bypass.

Results: The hiatus was exposed, and the esophagus was dissected high into the mediastinum. The herniated retained fundus was taken back into the abdomen and over sewn to imbricate this area. After this cruroplasty was performed with interrupted sutures. The procedure was completed with Sleeve gastrectomy conversion to Roux-en-Y Gastric Bypass. After the procedure was completed, intraoperative endoscopy confirmed a small pouch and patent anastomosis without evidence of leak.

Conclusions: The postoperative recovery was uncomplicated and by postoperative day 3 the patient was discharged tolerating oral diet and ambulation.

Disclosure: No significant relationships.

P197 / Abs. ID 261

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

REHIATOPLASTY AFTER ROUX -EN- Y GASTRIC BYPASS

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Background: Obesity is a globally increasing condition linked to several related diseases, including diabetes, hypertension, and fatty liver disease. However, it also raises the risk of hiatal hernia (HH) and gastroesophageal reflux disease (GERD) due to increased intra-abdominal pressure and fatty tissue infiltration of the hiatus. Laparoscopic Roux-en-Y gastric bypass (RYGB) is usually the preferred surgery for patients with obesity and GERD associated with HH. Recurrence of hiatal hernia after primary correction along RYGB is very common, though seldomly clinically relevant.We report a symptomatic recurrence of a hiatal hernia after Roux -en- Y Gastric Bypass.

Objectives: To describe the medical history, clinical presentation, diagnostic approach and surgical management of a recurrent transhiatal gastric pouch hernia following RYGB.

Methods: A 64-year-old female patient with a history of obesity, type 2 diabetes, gastroesophageal reflux disease (GERD), and hiatal hernia underwent Roux-en-Y gastric bypass with hiatoplasty (without mesh) four years ago at another institution, resulting in a reduction of her body mass index from 33 to 25.4. The patient presents with complaints of heartburn, regurgitation of all food consistencies, and retrosternal postprandial chest pain, which have been ongoing for approximately two years. She also reports a weight loss of 5 kg over the past 5 months and partial symptom relief with proton pump inhibitors. Complementary exams were performed, revealing Esophagitis B on esophagogastroduodenoscopy and a transhiatal herniation of the gastric pouch, which was confirmed both on a CT scan and Upper GI series. Due to the failure of initial medical treatment and the predominance of obstructive symptoms, surgery is recommended. As demonstrated in the video, a laparoscopic approach was used to dissect the hernia sac and repair the hiatus, reinforcing it with a resorbable mesh.

Results: The patient evolved favorably without any complications and was discharged on postoperative day +1 with good tolerance to diet and appropriate pain management.

Conclusions: As a conclusion post-gastric bypass hiatal hernia is a common but often underdiagnosed condition. While typically asymptomatic, it can cause symptoms such as heartburn, regurgitation, and chest pain. Patients who are refractory to medical treatment are candidates for surgical correction of the hiatal hernia.

Disclosure: No significant relationships.

P198 / Abs. ID 534

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
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SLEEVE GASTRECTOMY CONVERSION TO GASTRIC BYPASS WITH HIATAL HERNIA REPAIR: A REVISIONAL APPROACH FOR RECURRENT OBESITY

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Background: Obesity is a significant health challenge worldwide, and its associated diseases remain a global health crisis. Sleeve gastrectomy (SG) is recognized as an effective metabolic bariatric procedure; however, some patients experience insufficient weight loss or recurrent weight gain over time, requiring revisional surgery.

Objectives: To assess the efficacy and clinical outcomes of revisional MBS in a patient with recurrent weight gain and obesity-related complications following SG.

Methods: A 46-year-old female with a history of dyslipidemia, gastroesophageal reflux disease (GERD), metabolic dysfunction-associated steatotic liver disease (MASLD), and hiatal hernia underwent SG in 2020. Her initial weight was 99.0 kg (BMI 41.2), reaching a minimum of 88.0 kg in 2021 (TWL % 11.1%). However, she had recurrent weight gain, and by 2025 it was 111.0 kg (BMI 46.2), presenting with recurrent GERD and worsening metabolic status. Preoperative endoscopy revealed a small hiatal hernia, mucosal changes, and gastric fold alterations. Due to suboptimal weight loss and worsening related diseases, she underwent conversion to gastric bypass with hiatal hernia repair on March 5, 2025.

Results: The patient tolerated the procedure well and had an uneventful postoperative course. She experienced progressive weight loss as expected, with steady improvement in metabolic parameters and no complications. Follow-up assessments showed good adherence to dietary and lifestyle modifications, contributing to sustained weight reduction and overall clinical improvement.

Conclusions: This case highlights the importance of careful surgical planning in managing recurrent obesity after SG. Revisional MBS, specifically conversion to gastric bypass, is a valuable approach for patients with suboptimal weight loss and recurrent obesity-related complications. Long-term follow-up and a multidisciplinary approach are essential to maximize outcomes and improve patient quality of life.

Disclosure: No significant relationships.

P199 / Abs. ID 680

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
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REVISIONAL METABOLIC BARIATRIC SURGERY HIATAL HERNIA REPAIR AND BYPASS DISTALIZATION FOR PERSISTENT GERD AND RECURRENT WEIGHT GAIN

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Background: Revisional bariatric surgery plays a crucial role in managing recurrent weight gain and persistent gastroesophageal reflux disease (GERD) after primary metabolic surgery. Roux-en-Y gastric bypass (RYGB) is an effective treatment for GERD and weight management, but some patients experience suboptimal clinical response, necessitating further modification. Distalization of RYGB has been proposed as a strategy to enhance hypoabsorption and promote further weight reduction while maintaining metabolic benefits. This study presents a case of RYGB distalization with hiatal hernia repair in a patient with GERD and recurrent weight gain.

Objectives: The objective of this procedure was to reduce acid exposure to the esophagus, optimize nutrient absorption by distalizing the bypass, and facilitate additional weight loss in a patient with a history of previous bariatric surgeries.

Methods: A 50-year-old male with a BMI of 31.77 kg/m² and a history of sleeve gastrectomy (2016), conversion to RYGB with hiatal hernia repair (2019), and recurrent GERD symptoms underwent a revisional procedure. Preoperative endoscopy revealed a 5 cm gastric pouch, grade A esophagitis, and a sliding hiatal hernia. Imaging confirmed a dilated common bile duct and no obstruction. Laparoscopic adhesiolysis was performed, and mesenteric defects were assessed. The hiatal hernia was repaired with primary closure of the crura using Ethibond 2-0 sutures. The Roux limb was transected above the jejunojejunal anastomosis and distalized, creating an end-to-side jejunojejunal anastomosis at 330 cm from the ileocecal valve, modifying bowel limb lengths to Roux limb (70 cm), biliopancreatic limb (410 cm), and common channel (330 cm).

Results: The patient tolerated the procedure well, with no intraoperative complications. Postoperative evaluation showed resolution of GERD symptoms and weight stabilization. Nutritional markers remained within normal limits. Follow-up endoscopy at one month demonstrated adequate pouch emptying and no signs of reflux or anastomotic strictures.

Conclusions: Distalization of RYGB with concurrent hiatal hernia repair is an effective revisional strategy for patients with persistent GERD and recurrent weight gain after primary metabolic surgery. Proper selection of the common channel length is crucial to balancing hypoabsorption and nutritional status. This approach offers a viable alternative for patients requiring additional metabolic improvement while ensuring long-term safety.

Disclosure: No significant relationships.

P200 / Abs. ID 882

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
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A RARE CASE OF CHYLE LEAK AFTER RECURRENT HIATAL HERNIA REPAIR POST-ROUX-EN-Y GASTRIC BYPASS

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Background: Chyle leak is a rare but recognized complication following hiatal hernia repair. Although uncommon, this complication can lead to significant postoperative morbidity, including nutritional deficiencies, immunosuppression, and prolonged hospital stay if not promptly recognized and managed. The risk is heightened in reoperative or complex cases, particularly in patients with altered anatomy such as those who have undergone previous bariatric procedures like Roux-en-Y gastric bypass.

Objectives: We present a case of chyle leak following recurrent hiatus hernia repair in a patient who underwent RYGB and hiatus hernia repair focusing on the diagnosis and management of the same.

Methods: Clinical data collected from the patient's electronic medical records, including operative notes, imaging studies, intraoperative findings, and postoperative course. The diagnosis of chyle leak was confirmed based on the appearance of the drain output (milky fluid), elevated triglyceride content (3mmol/L), and response to dietary and interventional management. The case was analyzed with reference to current literature on chyle leaks in the context of bariatric and foregut surgery. Ethical approval was not required for this case report, and all patient identifiers were removed to ensure confidentiality.

Results: Initial conservative measures included dietary modification with a medium-chain triglyceride (MCT) diet and total parenteral nutrition (TPN). Due to persistent high-output chylous drainage and lack of clinical improvement, surgical intervention was deemed necessary. A minimally invasive thoracoscopic approach was selected for thoracic duct ligation, which was successfully completed without intraoperative complications.

Conclusions: Chyle leak is a rare but significant complication following hiatal hernia repair, particularly in re-operative cases and patients with altered anatomy due to prior surgeries such as Roux-en-Y Gastric Bypass. Early recognition and initiation of conservative management are crucial; however, persistent high-output leaks may necessitate surgical intervention. This case highlights the importance of maintaining a high index of suspicion for chyle leak in the postoperative period and demonstrates that thoracoscopic thoracic duct ligation is a safe and effective treatment option when conservative measures fail.

Disclosure: No significant relationships.

P201 / Abs. ID 941

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
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CONVERSION FROM SLEEVE GASTRECTOMY TO BYPASS IN PATIENTS WITH GASTROESOPHAGEAL REFLUX AND HIATAL HERNIA

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Background: Bariatric surgery has proven to be an effective treatment for obesity and its comorbidities. However, some techniques, such as sleeve gastrectomy (SG), may lead to long-term complications like gastroesophageal reflux disease (GERD) and hiatal hernias, impacting patients' quality of life. The conversion of SG to a Roux-en-Y gastric bypass (RYGB) combined with hiatoplasty arises as an effective surgical intervention.

Objectives: Objective: To present the case of a 50-year-old female with a history of sleeve gastrectomy performed 7 years prior, who developed severe and persistent GERD symptoms. The objective of the procedure was to alleviate these symptoms through the conversion from SG to RYGB combined with hiatoplasty.

Methods: We present the case of a 50-year-old female with a history of SG from 7 years ago, who presented symptoms of gastroesophageal reflux, heartburn, and retrosternal pain. An endoscopy showed grade C esophagitis (Los Angeles classification) and a hiatal hernia. After a thorough evaluation, the patient was diagnosed with preclinical obesity (BMI of 32 kg/m²), GERD, hiatal hernia, and dyslipidemia. Given the clinical history and persistent symptoms, it was decided to perform a surgical conversion from SG to RYGB combined with hiatoplasty. Initial laparoscopy identified a hiatal hernia approximately 4 cm in size, with a large pre-hiatal lipoma and gastric segment elevation. Procedures included release, dissection, and separation of adhesions between the omentum and stomach, as well as dissection up to the left and right diaphragmatic crura. Reduction and mobilization of the large pre-hiatal lipoma and stomach back into the abdominal cavity were performed, followed by the conversion from SG to gastric bypass and hiatoplasty.

Results: The patient experienced a favorable recovery and was discharged on the second day, showing significant improvement in gastroesophageal reflux symptoms. This case highlights the effectiveness of converting SG to RYGB with hiatoplasty as a treatment for patients with failed initial medical management.

Conclusions: Conclusion: The conversion of SG to RYGB complemented by hiatoplasty is a safe and effective surgical alternative in cases of failed medical management for severe GERD and hiatal hernia.

Disclosure: No significant relationships.

P202 / Abs. ID 967

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
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CONVERSION OF NISSEN FUNDOPLICATION TO ROUX-EN-Y GASTRIC BYPASS: SURGICAL APPROACH

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Background: Nissen fundoplication is a well-established procedure for the treatment of gastroesophageal reflux disease (GERD). However, some patients may experience recurrent reflux symptoms and develop obesity, requiring an alternative surgical approach. Roux-en-Y gastric bypass (RYGB) is a viable option in these cases, as it not only provides weight loss but also improves reflux control.

Objectives: To present a case of a patient with a history of Nissen fundoplication who underwent conversion to RYGB due to recurrent reflux symptoms and obesity, demonstrating the feasibility and outcomes of this approach.

Methods: A 42-year-old female with a history of Nissen fundoplication six years ago for GERD presented with recurrent reflux symptoms, grade II obesity (BMI: 36), prediabetes, and dyslipidemia. Upper gastrointestinal endoscopy showed grade A esophagitis, a hiatal hernia, and the presence of the previous fundoplication. Laparoscopic conversion to RYGB was performed.

Results: The procedure was completed successfully without intraoperative complications. The patient had an uneventful postoperative course and was discharged the day after surgery. During follow-up, she demonstrated an optimal clinical response and complete resolution of reflux symptoms.

Conclusions: Laparoscopic conversion of Nissen fundoplication to RYGB is a safe and effective option for patients with recurrent GERD symptoms and obesity. This approach not only facilitates weight loss but also provides superior reflux control, improving overall patient outcomes and quality of life.

Disclosure: No significant relationships.

P203 / Abs. ID 981

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
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ONE SURGERY, TWO PROBLEMS: CONVERSION OF SLEEVE TO ONE ANASTOMOSIS GASTRIC BYPASS (OAGB) WITH HIATAL HERNIA REPAIR

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Background: Gastroesophageal reflux disease (GERD) and Barrett's esophagus may persist or develop after sleeve gastrectomy, especially in the presence of hiatal hernia. When symptoms are refractory to medical treatment, surgical conversion to a di"erent metabolic procedure with simultaneous hernia repair may be indicated.

Objectives: 1- To present a complex case of GERD and Barrett's esophagus after sleeve gastrectomy. 2- To describe the rationale behind converting a Sleeve Gastrectomy to a One Anastomosis Gastric Bypass (OAGB). 3- To demonstrate the technical approach to simultaneous hiatal hernia repair and OAGB. 4- To assess postoperative outcomes in symptom control and patient satisfaction.

Methods: In our scenario we have a 55-year-old woman with Class II obesity (BMI 39.2), GERD, Barrett's esophagus, and sliding hiatal hernia. Patient had persistent symptoms despite high-dose PPI therapy. Preoperative workup included upper endoscopy, manometry, pH-impedance monitoring, and upper GI series. Patient underwent conversion from sleeve to OAGB with simultaneous hiatal hernia repair. Postoperative follow-up at 2 months.

Results: Complete resolution of GERD symptoms. 4 kg weight reduction. No postoperative complications. Patient reported good overall wellbeing and satisfaction with the surgical outcome.

Conclusions: Simultaneous conversion from sleeve gastrectomy to OAGB with hiatal hernia repair is a safe and effective surgical strategy in selected patients with refractory GERD and Barrett's esophagus. This approach addresses both anatomical and functional components of foregut pathology and should be considered when medical therapy fails.

Disclosure: No significant relationships.

P204 / Abs. ID 987

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

SURGICAL MANAGEMENT OF OBESITY IN A PATIENT WITH MULTIPLE COMORBIDITIES: A CHALLENGING CASE OF SLEEVE GASTRECTOMY IN CLASS II OBESITY AND HIATAL HERNIA

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Background: Patients with Class II obesity and multiple comorbidities, including GERD and congenital heart disease, represent a challenging surgical population. Laparoscopic sleeve gastrectomy (LSG) is a well-established bariatric procedure, but its association with worsening GERD symptoms is a major concern. The addition of hiatal hernia repair (HHR) may help mitigate reflux symptoms, although evidence in complex patients is limited. This case explores a combined approach of LSG and HHR in a patient with a complex metabolic and anatomical profile.

Objectives: To present a complex case of laparoscopic sleeve gastrectomy combined with hiatal hernia repair in a patient with Class II obesity and multiple comorbidities, focusing on: - Surgical indication and technique - Perioperative management and challenges - Postoperative outcomes - The potential role of this combined approach in improving GERD and metabolic control.

Methods: A 47-year-old female patient (weight 85 kg, BMI 35.4) with Class II obesity, non-insulin-dependent diabetes mellitus, hypertension, fibromyalgia, generalized anxiety disorder, hiatal hernia, GERD, and congenital heart disease. Previous surgeries: total anexohysterectomy for endometriosis (2021) and cholecystectomy. Preoperative evaluation by multidisciplinary team, including cardiologist, endocrinologist, and nutritionist. Upper endoscopy and GI series confirmed esophageal hernia. Surgical procedure: Laparoscopic sleeve gastrectomy. Simultaneous hiatal hernia repair.

Results: Postoperative course: At 6 months: Significant weight loss to 64.5 kg (BMI 26.8), improvement in metabolic parameters, and complete resolution of GERD symptoms. Total weight loss: 20.5 kg. GERD symptoms resolved, despite sleeve gastrectomy.

Conclusions: This case highlights the importance of personalized bariatric strategies in patients with complex comorbidities and anatomical challenges. The combined approach of sleeve gastrectomy with hiatal hernia repair not only provided effective weight loss and metabolic improvement but also challenged traditional concerns about GERD after sleeve. Importantly, concomitant hiatal hernia repair may prevent postoperative reflux, representing a potential paradigm shift for patients with both obesity and GERD.

Disclosure: No significant relationships.

P205 / Abs. ID 1004

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

RE-SLEEVE GASTRECTOMY WITH NISSEN FUNDOPLICATION FOR RECURRENT WEIGHT GAIN AND GERD

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Background: Sleeve gastrectomy (SG) is the most commonly performed bariatric procedure in France, recognized for its effectiveness in weight loss and improvement of comorbidities. However, some patients may experience weight regain and develop gastroesophageal reflux disease (GERD) over time.

Objectives: We present a surgical video illustrating the management of such a case through a revisional sleeve gastrectomy combined with a Nissen fundoplication.

Methods: The patient is a woman who underwent a sleeve gastrectomy in 2009. She presented with significant weight regain and persistent GERD symptoms. Preoperative imaging and volumetric analysis revealed a dilated gastric fundus and a total gastric volume of 474 cc, suggesting anatomical modifications contributing to her clinical presentation.

Results: The postoperative course was uneventful, with no complications. At the six-month follow-up, the patient demonstrated significant weight loss and complete resolution of GERD symptoms, confirming the effectiveness of the revisional procedure.

Conclusions: This case highlights the importance of a thorough preoperative evaluation and a tailored surgical approach for patients presenting with anatomical complications after SG. The combination of revisional sleeve gastrectomy and Nissen fundoplication provides an effective solution for managing weight regain and refractory GERD, improving metabolic outcomes and quality of life, particularly for patients who do not wish to undergo or have contraindications to Roux-en-Y gastric bypass. This video presentation aims to guide surgeons through the key technical steps and decision-making processes involved in revisional bariatric surgery.

Disclosure: No significant relationships.

P206 / Abs. ID 1088

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

DIAPHRAGM HIATTOPLASTY + NISSEN FUNDOPLICATURE.

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Background: Gastric bypass is a well-known technique in the bariatric and metabolic specialty. In this video, we demonstrate the technical possibility of using the excluded stomach to create a Nissen valve after closing an elongated hiatus where the pouch is intrathoracic. We performed manometry, confirming continence and improvement of the patient's symptoms.

Objectives: The objective of this video is to demonstrate the technical feasibility of utilizing the excluded stomach in gastric bypass patients to create a Nissen fundoplication valve following the closure of an elongated hiatus, particularly in cases where the gastric pouch is intrathoracic. This procedure aims to address complications related to hiatus hernia and gastroesophageal reflux in bariatric patients. Manometric evaluation was performed to confirm the effectiveness of the procedure in restoring continence and improving the patient's symptoms.

Methods: We utilized the excluded stomach in a gastric bypass patient to perform a Nissen fundoplication valve creation following the closure of an elongated hiatus, particularly in cases where the gastric pouch had migrated intrathoracically. The surgical technique involved identifying the intrathoracic pouch, carefully closing the hiatus, and using the remaining stomach to form a Nissen valve to prevent reflux. The procedure was performed laparoscopically, ensuring minimal invasiveness. Manometry was conducted postoperatively to assess the function of the newly formed valve, focusing on the restoration of gastric continence and evaluating the patient’s symptoms of gastroesophageal reflux. The effectiveness of this technique was confirmed through successful manometric results and subsequent symptomatic relief.

Results: The procedure demonstrated successful technical feasibility. Postoperative manometry confirmed the restoration of normal gastric continence, with a significant reduction in reflux pressure. The patient exhibited improvement in symptoms related to GER, including reduced regurgitation and heartburn. No major complications were observed during or after the procedure, indicating the safety and efficacy of this approach in managing hiatus hernia and reflux complications in bariatric patients.

Conclusions: This video demonstrates that utilizing the excluded stomach in gastric bypass patients to create a Nissen fundoplication valve, following the closure of an elongated hiatus with an intrathoracic gastric pouch, is a technically feasible and effective solution for addressing complications such as hiatus hernia and gastroesophageal reflux.

Disclosure: No significant relationships.

P207 / Abs. ID 1251

Topic: *AS39. MBS and reflux*

MBS AND REFLUX
10-09-2025 10:00 - 19:30

REVISIONAL SURGERY FOR GASTROESOPHAGEAL REFLUX DISEASE (GERD) IN A POST–ROUX-EN-Y GASTRIC BYPASS PATIENT.

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Background: A 56-year-old female with a history of Roux-en-Y gastric bypass performed one year ago presents with a five-month history of heartburn, regurgitation, and chest pain. She was evaluated by the surgical and endoscopy services, with no abnormalities detected on initial assessment. A 24-hour pH-metry was subsequently performed, confirming the presence of pathological gastroesophageal reflux

Objectives: A thorough exploration is to be performed to evaluate for anatomical causes of gastroesophageal reflux, utilizing a laparoscopic approach

Methods: The patient underwent revisional surgery following a prior Roux-en-Y gastric bypass procedure

Results: A hiatal hernia was identified during surgery, which had not been detected on prior endoscopic evaluation

Conclusions: Revisional bariatric surgery may be required for multiple reasons, with weight regain being the most frequent. However, gastroesophageal reflux disease (GERD) is becoming an increasingly common indication due to the high number of metabolic procedures performed. A comprehensive preoperative assessment is essential to accurately diagnose GERD and other potential complications, potentially reducing the need for revisional surgery, as well as associated morbidity and healthcare costs.

Disclosure: No significant relationships.

P208 / Abs. ID 611

Topic: *AS32. MBS and the difficult abdomen*

MBS AND THE DIFFICULT ABDOMEN
10-09-2025 10:00 - 19:30

DIASTROPHIC DYSPLASIA ASSOCIATED WITH SEVERE OBESITY: IS SURGICAL MANAGEMENT AN OPTION?

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Background: Diastrófic dysplasia is a congenital osteochondrodysplasia characterized by an autosomal recessive inheritance pattern, marked short stature, normocephaly, micromelia, kyphoscoliosis, equinovarus foot, and joint contractures. Is estimated that fewer than 20% of patients reach adulthood, often presenting with multiple associated comorbidities, such as obesity. Surgical treatment has shown superior efficacy in achieving effective weight loss.

Objectives: To present a case of a patient with diastrophic dysplasia and obesity undergoing bariatric surgery.

Methods: A 41-year-old female patient with diastrophic dysplasia and Class III obesity reported a history of obesity since childhood, having undergone multidisciplinary treatment without satisfactory results. Her relevant past medical history includes severe osteoarthritis, mild obstructive sleep apnea, scoliosis, and prediabetes. At the consultation, she weighed 58 kg and was 105 cm tall, resulting in a BMI of 52. Consequently, laboratory tests, imaging studies, and an anesthesiology evaluation were ordered. After clearance for the procedure following these assessments, a preoperative diet was initiated for 10 days prior to surgery. In July 2023, a laparoscopic sleeve gastrectomy was performed, requiring central venous access and specialized equipment for managing a difficult airway. The procedure was completed without complications and lasted 90 minutes, with intraoperative findings indicating normally internal anatomy. She was monitored in the intensive care unit and discharged within 24 hours

Results: Few cases of bariatric surgery involving patients with osteochondrodysplasia and obesity have been documented. These cases highlight the complexity of any procedure in this context, considering the comorbidities linked to both obesity and the underlying condition, which elevate the surgical risk due to possible anesthetic complications (such as challenging airway management and venous access). Consequently, the literature advises tailoring each case and adopting a multidisciplinary treatment approach, emphasizing psychological therapy, nutritional education, and an active lifestyle as the most effective and realistic solution for managing obesity in this context.

Conclusions: Surgical management of obesity is a viable option for patients with diastrophic dysplasia, provided that each assessment of surgical and anesthetic considerations risks.

Disclosure: No significant relationships.

P209 / Abs. ID 1229

Topic: *AS32. MBS and the difficult abdomen*

MBS AND THE DIFFICULT ABDOMEN
10-09-2025 10:00 - 19:30

GASTRIC BAND MIGRATION TREATMENT: REMOVAL AND CONVERSION TO BYPASS IN A SINGLE SURGICAL PROCEDURE

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Background: Intra gastric band migration is a rare but serious complication that requires a careful surgical approach, especially in patients seeking bariatric revision.

Objectives: Gastric band removal and conversion to gastric bypass in one step

Methods: Case presentation A 56-year-old female patient with a history of high blood pressure, controlled hypothyroidism, and prior surgeries: appendectomy, laparoscopic cholecystectomy, and adjustable gastric band placement 15 years ago for severe obesity. After initial weight loss, she developed weight gain and persistent epigastric pain over time. SEGD revealed stricture at the cardia and contrast extravasation due to intragastric erosion of the band. EDA confirmed 75% migration of the device into the gastric cavity. Endoscopic band removal was performed, followed by conversion to a laparoscopic Roux-en-Y gastric bypass. Endoscopy revealed uninjured esophageal mucosa. A hydrophilic guidewire was inserted, and the gastric band was incised with a Soehendra lithotripter, achieving complete removal without complications. Subsequently, during the same surgical procedure, multiple adhesions were observed and released during laparoscopy, and a gastric pouch was created with mechanical suture. The biliopancreatic and alimentary loops were created, and the gastrojejunal anastomosis was performed manually with 3.0 Vycril suture, calibrated with a 32 Fr bougie.

Results: The band removal procedure and bypass conversion can be performed in a single step, a technique not described anywhere else in the world.

Conclusions: Conclusion This case highlights the importance of a multidisciplinary approach in the management of late complications of adjustable gastric banding (LAGB), particularly intragastric migration. The combination of endoscopic band removal with simultaneous conversion to Roux-en-Y gastric bypass proved to be a safe and effective strategy, minimizing the risks associated with more invasive surgical procedures and addressing both the immediate complication and the need for a long-term metabolic solution. The use of advanced endoscopic techniques allowed for safe removal of the eroded band, reducing the possibility of gastric leaks and infectious complications. Furthermore, immediate conversion to gastric bypass provided definitive treatment for weight regain and LAGB failure, optimizing long-term outcomes. This innovative approach, although poorly documented in the current literature, could represent a new paradigm in revisional bariatric surgery.

Disclosure: No significant relationships.

P210 / Abs. ID 223

Topic: *AS32. MBS and the difficult abdomen*

MBS AND THE DIFFICULT ABDOMEN
10-09-2025 10:00 - 19:30

COUNTING TOTAL BOWEL LENGTH ... A STEP OF PARAMOUNT IMPORTANCE MADE EASY

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Background: Bowel limb lengths in bypass procedures is a subject of controversy. In OAGB most surgeons use a biliopancreactic limb of 200 cm length, but some cases may experience less than expected weight loss or recurrent weight gain. In SADI -S the alimentary limb is 300 cm; however shorter alimentary limbs may result in serious malnutrition.

Objectives: In this video we demonstrate how counting the total bowel length can be made in easy standardized steps. The counting must be precise: counting the full streched bowel using marked instruments, counting hand to hand. surgical team posioting must be organized to ensure best ergonomics ensuring good visualization and thus preventing bowel injuries.

Methods: In this video we demonstrate port sites and surgical team positioning when starting to count. We demonstrate our fixed steps of marking bowel at 150 cm with a clips proximal and 2 clips distal, then marking the bowel at 200 cm with a clips proximal and a stich distal. After counting 200 cm and doing the marking, we change the surgical team positions to ensure good visualization of the bowel for easy counting.

Results: We advocate counting total bowel length in ALL bypass procedures: primary and revisional. This helps making good decision regarding limb lengths ensuring adequate weight loss while minimizing problems related to malnutrition.

Conclusions: counting total bowel length in all bypass procedures is easy and ergonomically feasible. this step should be done in all bypass procedures: primary & revisional

Disclosure: No significant relationships.

P211 / Abs. ID 696

Topic: *AS32. MBS and the difficult abdomen*

MBS AND THE DIFFICULT ABDOMEN
10-09-2025 10:00 - 19:30

COMPLEX OAGB

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Background: TO PRESENT A DIFFICULT CASE OF GASTRIC BYPASS WITH COMPLEX ABDOMEN

Objectives: MALE 48 YEARS OLD WITH A BMI OF 52.6 AND A HISTORY OF BARIATRIC SURGERY WITH GASTRIC BAND

Methods: EXPLAINEDIN THE VIDEO

Results: EXPLAINEDIN THE VIDEO

Conclusions: EXPLAINEDIN THE VIDEO

Disclosure: No significant relationships.

P212 / Abs. ID 1199

Topic: *AS32. MBS and the difficult abdomen*

MBS AND THE DIFFICULT ABDOMEN
10-09-2025 10:00 - 19:30

ROUX EN Y GASTRIC BYPASS IN SEVERELY OBESE PATIENT WITH SITUS INVERSUS TOTALIS

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Background: Situs inversus totalis is a congenital malformation that occurs more frequently in women and has the potential to complicate surgical procedures, particularly those involving the abdomen. (1) This condition, which is uncommon, should not be exclusively indicative of the necessity for an open approach; rather, it should be considered in conjunction with minimally invasive surgical techniques, such as laparoscopic surgery, which have been proven to be both safe and effective.

Objectives: Situs inversus is a rare congenital anomaly that can be detected incidentally prior to surgical intervention. This anomaly is often associated with cardiopulmonary dysfunction, which necessitates preoperative evaluation and management.The unusual positioning of intraabdominal organs can complicate surgical procedures of this nature.

Methods: A 21 year old woman with severe obesity and BMI:39 Weight:94Kg candidated for Roux en Y gatric bypass. She didn't have any obesity related disease. Echocardiography revealed dextrocardia but it wasn't any structural or functional abnormality and Plmonary functional test was normal. In abdominal CTscan liver stomach lie on the opposite side of regular position. Endoscopy had no point unless malposition of stomach and deudenum. Lab data were normal and the patient was scheduled for laparoscopic RYGB. After intra-abdominal space exploration as expected stomach,liver and deudunum lie invertedly. So first we found ligament treits place then in terms of reaching the jejunum to the stomach, a preliminary examination was performed. After that a gastric pouch was created using liear staple,gastro-jejunal anastomosis was created using linear 45 mm staple and defect site was closed using 2.0 absorbable suture. The jejunojejunal anastomosis was created 100 cm distal to the gastrojejunal anastomosis. The afferent limb was divided adjacent to the gastrojejunal anastomosis, the Peterson space was closed with 2.0 Prolyn suture, and finally a Carogate drain was placed adjacent to the gastrojejunal anastomosis.

Results: A day after operation we started liquid diet and she tolerated that finally she discharged on second day with good condition.3 month after surgery she didn’t has any complain and her weight was 76 Kg.

Conclusions: Situs inversus totalis is a rare and challenging condition, particularly in patients with severe obesity scheduled for bariatric surgery. Roux-en-Y gastric bypass (RYGB) is a feasible and safe procedure, especially when performed by an expert surgeon.

Disclosure: No significant relationships.

P213 / Abs. ID 1261

Topic: *AS32. MBS and the difficult abdomen*

MBS AND THE DIFFICULT ABDOMEN
10-09-2025 10:00 - 19:30

LAPAROSCOPIC SLEEVE GASTRECTOMY IN A PATIENT WITH HOSTILE ABDOMEN AND HISTORY OF LAPAROSTOMY

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Background: • 39-year-old male • Initial BMI: 56 kg/m' (Class IV obesity) • Comorbidities: prediabetes, arterial hypertension, hypertriglyceridemia, hepatic steatosis • Surgical history: laparotomy due to fecal peritonitis, laparostomy with Bogotá bag, loop colostomy and later closure • Preoperative weight reduction: 35 kg with a multidisciplinary approach • Preoperative BMI: 46 kg/m? I• ndication: bariatric-metabolic surgery due to severe obesity and associated diseases

Objectives: Describe the feasibility, surgical technique and postoperative outcome of a GML performed in a patient with a history of multiple abdominal interventions.

Methods: SURGICAL PROCEDURE • Access via Veress needle at Palmer's point • Trocar placement using the American technique under direct visualization • Extensive adhesiolysis using bipolar energy • Supracolic access, • Dissection of the greater curvature • Gastric resection with linear stapler calibrated over 36 Fr bougie • Staple line reinforcement with PDS 3-0 and omentopexy • Conversion to open surgery was not required

Results: • Discharged the day after surgery • 62% excess weight loss at 1 year • BMI at 6 months: 37 kg/m? • BMI at 1 year: 31 kg/m? • Improvement in comorbidities

Momento	Peso (kg)	IMC	HbA1c (%)	Glicemia (mg/dL)	Insulina (µU/mL)	HOMA-IR	Triglicéridos (mg/dL)
Inicial	177	56	5.9	89	77.42	17.0	178
Preoperatorio	142	46	5.9	89	77.42	17.0	178
6 meses	110	37	5.3	75	8.3	1.54	86
1 año	98	31	5.3	75	8.3	1.54	86

Conclusions: • Laparoscopic sleeve gastrectomy in patients with hostile abdomen is feasible and safe. • Surgical expertise and careful preoperative planning are key to optimal clinical response. • This case highlights the importance of a multidisciplinary approach in bariatric-metabolic surgery.

Disclosure: No significant relationships.

P214 / Abs. ID 957

Topic: *AS38. MBS and the hiatus: to mesh or not to mesh?*

MBS AND THE HIATUS: TO MESH OR NOT TO MESH?
10-09-2025 10:00 - 19:30

GLOBAL DELPHI CONSENSUS: ESTABLISHING AN INFORMED PEER-LED RECOMMENDATION ABOUT THE OPTIMAL TREATMENT OF HIATAL HERNIA IN BARIATRIC PATIENTS, USING LONG-TERM RESORBABLE MESHA

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Background: Hiatal hernias are often repaired concurrently with bariatric surgery to reduce risk of gastroesophageal reflux disease-related complications. Whilst more long-term clinical evidence may be helpful, there is a current need for guidance on indications and appropriate techniques.

Objectives: Having a set of expert and robust recommendations (best-practice) would be beneficial to be published within the surgical area. This approach will drive surgical advocacy and appropriate, peer-informed adoption of best practice. The Delphi method is widely regarded as acredible approach to support healthcare decisions.

Methods: An international group consisting of 88 of Bariatric and upper GI-surgeons from 21 countries participated. After initial consensus statements were created an consensus questionaire was formed and discussed in 2 rounds of statement testing.

Results: The highest consensus was achieved for: - Hiatal hernia (including HH with pouch migration) should be suspected before Metabolic BariatricSurgery(MBS), 93% - An upper endoscopy should be mandatory to confirm the presence of suspected HH and rule out other conditions prior to MBS, 94% - MBS patients with confirmed hiatal hernia should be considered for hernia repair surgery when the hernia is Type 3 or 4, 94% - International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) should develop guidelines aligned with MBS consensus guidelines about when and how mesh should be used to reinforce hiatal hernia repair for bariatric patients, 91% - More research is required to understand when to use mesh reinforcement in hiatal hernia repair for bariatric patients, 99% - Mesh made from non-absorbable synthetic materials should not be used to reinforce hiatal hernia repair, 88% - Clear guidelines are needed for HH repair in MBS patients (including when and how to use mesh) due to reduce current variations in practice among surgeons, 99%

Conclusions: For the first time an international Delphi Consensus about the optimal treatment of hiatal hernia in bariatric patients was achieved. The results show that there is a high consensus in key questions, however there is also need for further classification and guidance of the treatment algorythm, preferably by IFSO.

Disclosure: No significant relationships.

P216 / Abs. ID 204

Topic: *AS38. MBS and the hiatus: to mesh or not to mesh?*

MBS AND THE HIATUS: TO MESH OR NOT TO MESH?
10-09-2025 10:00 - 19:30

LAPAROSCOPIC ROUX EN Y GASTRIC BYPASS + PARAESOPHAGEAL HIATAL HERNIA REPAIR WITH BIOABSORBABLE MESH

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Background: We present the case of a 52 year old female patient with ssociated weight gain over the last 10 yeas. She presented a BMI of 37.1, corresponding to class 2 obesity. As part of the diagnostic workup an upper GI and a barium swallow was performed, which showed a large paraesophageal hiatal hernia ssociated with erosive gastropathy. We decided to perform a laparoscopic hiatal hernia reiapir with a bioabsorbable mesh (an absorvable synthetic mesh) + roux en Y gastic bypass.

Objectives: To show a laparoscopic paraesophageal hiatal hernia repair with a bioabsorbable mesh + roux en Y gastric bypass.

Methods: Laparoscopic paraesophageal hiatal hernia repair with bioabsorbable mesh + roux en Y gastric bypass.

Results: As a result of the surgery the patient presented a 20% total body weight loss over 3 months. She tolerated well the procedure and was discharged after 24hs hospitalization, with adequate pain management, ssociated progresion of oral intake and adequate tolerance.

Conclusions: We presented the case of a 52 year old female patient with progesive weight gain over the last 10 years, reaching a 37.1 BMI. As part of the diagnostic workup an upper GI and a barium swallow study were performed, which revealed a large paraesophageal hiatal hernia asociated with erosive gastropathy. This is why a laparoscopic paraesophageal hiatal hernia repair with a bioabsorbable mesh + roux en Y gastric bypass was planned. The patient tolerated well the procedure, being discharged 24 hours after surgery with adecuate oral tolerance, and a 20% total body weight loss was achieved over 3 months. We can conclude the surgery had an optimal clinical response for the patient.

Disclosure: No significant relationships.

P217 / Abs. ID 953

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

MBS AND THE POWER OF THE MIND: ROLE OF PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH
10-09-2025 10:00 - 19:30

PREDICTORS OF CLINICAL OUTCOMES OF GASTRIC BYPASS: THE ROLE OF MENTAL HEALTH COMPONENT

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Background: Mental health potentially determines optimal clinical response beyond physical parameters in bariatric surgery.

Objectives: To determine predictors of long-term clinical outcomes of gastric bypass based on patients' mental health characteristics.

Methods: The study included 22 patients after gastric bypass. Clinical outcomes were assessed using the SF-BARI QoL questionnaire. Mental health status was evaluated using validated questionnaires: quality of life (Chaban O.S. Scale), depressive disorder (PHQ-9, HADS-D), anxiety (GAD-7, HADS-A), psychosomatic disorders (Chaban O.S., Khaustova O.O. Questionnaire). Odds ratios (OR) with 95% confidence intervals (CI) were calculated.

Results:

Predictors of Gastric Bypass Clinical Outcomes

Outcome Category	Mental Health Predictors			
	Quality of Life	**Depression**	**Anxiety**	**Psychosomatic Disorders**
Excellent Results	Very high (≥83 points) OR=16.25 (1.54-171.64), p=0.007	Absence of depression OR=3.00 (1.02-8.81), p=0.02 Minimal depression (PHQ-9: 1-4) OR=35.00 (2.18-562.24), p=0.002	Minimal anxiety (GAD-7: 0-4) OR=24.0 (1.74-331.31), p=0.003	Absence of disorders requiring treatment τ=+0.43, p=0.006
Very Good Results	High (76-82 points) OR=15.00 (1.13-198.58), p=0.01	Mild depression (PHQ-9: 5-9) p=0.0008	Mild anxiety (GAD-7: 5-9) OR=42.00 (2.71-651.06), p=0.0005	Variable presence of disorders
Good Results	Low quality of life τ=-0.67, p=0.00001	Severe depression (PHQ-9: 20-27) OR=5.33 (1.44-19.81), p=0.002 Clinically significant depression (HADS-D: ≥11) OR=0.03 (0.002-0.55), p=0.004	Clinically significant anxiety (HADS-A: ≥11) OR=0.03 (0.002-0.55), p=0.004	Presence of psychosomatic disorders OR=10.00 (1.12-89.16), p=0.047

The mean quality of life score was 77.23±11.41 points. In patients with excellent surgical outcomes (31.82%), this indicator was 87.71±4.19 points, with very good outcomes (40.91%) – 79.89±3.62 points, with good outcomes (27.27%) – 61.00±4.73 points (p=0.0002), τ=+0.67, p=0.00001. Psychosomatic disorders requiring treatment (≥6 points) were detected in 50.00% of patients, predominantly with good (83.33%) and very good (55.56%) surgical outcomes, τ=-0.43, p=0.006. The following predictors of clinical outcomes of gastric bypass were established: Excellent results: Very high quality of life (≥83 points): OR=16.25, CI (1.54-171.64), p=0.007 Absence of depression: OR=3.00, CI (1.02-8.81), p=0.02 Minimal depression level (PHQ-9 1-4 points): OR=35.00, CI (2.18-562.24), p=0.002 Minimal anxiety level (GAD-7 0-4 points): OR=24.0, CI (1.74-331.31), p=0.003 Very good results: High quality of life (76-82 points): OR=15.00, CI (1.13-198.58), p=0.01 Mild anxiety level (GAD-7 5-9 points): OR=42.00, CI (2.71-651.06), p=0.0005 Good results: Severe depression (PHQ-9 20-27 points): OR=5.33, CI (1.44-19.81), p=0.002 Clinically significant anxiety (HADS-A ≥11 points): OR=0.03, CI (0.002-0.55), p=0.004 Clinically significant depression (HADS-D ≥11 points): OR=0.03, CI (0.002-0.55), p=0.004 Presence of psychosomatic disorders: OR=10.00, CI (1.12-89.16), p=0.047

Conclusions: The mental health component has a determining influence on long-term clinical outcomes of gastric bypass, while the physical component (age, gender, initial BMI, comorbid background) has no significant impact. The main predictors of optimal clinical response of bariatric intervention are high quality of life, absence or minimal manifestations of depression and anxiety. Mandatory screening of patients' psychoemotional state before bariatric intervention is recommended for timely psychotherapeutic correction, which will contribute to improving long-term surgical outcomes.

Disclosure: No significant relationships.

P218 / Abs. ID 1152

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

MBS AND THE POWER OF THE MIND: ROLE OF PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH
10-09-2025 10:00 - 19:30

THE MENTAL HEALTH OF PRE-SURGICAL PATIENTS WITH A HISTORY OF TRAUMA: A STUDY ON OBESITY AND MENTAL HEALTH

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Background: Obesity is a chronic and multifactorial disease that affects millions of people, becoming a global epidemic. According to the WHO, since 1975, obesity has tripled worldwide. It is important to define overweight and obesity as an abnormal or excessive accumulation of fat that can lead to metabolic diseases, among other conditions. Currently, its close relationship with mental health is evident. Depression, anxiety, and eating disorders—often originating from traumatic experiences—are strongly associated with an increased risk of obesity. Bariatric surgery emerges as a therapeutic option for patients with severe obesity, but it is essential to consider the psychological factors that may influence the optimal clinical response of the treatment.

Objectives: General Objective: To analyze the relationship between a history of trauma and obesity from a psychoanalytic perspective. Specific Objectives: To explore its impact on the individual's relationship with their body and overall health. To establish the role of psychological support during the pre-surgical stage.

Methods: Qualitative Research – Exploratory and Descriptive Design based on a Literature Review Materials and Sample: The research consisted of conducting semi-structured interviews, the Beck Depression Inventory – short version, and the State-Trait Anxiety Inventory (STAI) with male and female participants aged 23 to 57 during the year 2024 (570 patients in total).

Results: In the interviews conducted, 40% of the patients reported unresolved traumatic events as a triggering factor for their obesity, in response to the question: “Since when have you been overweight?” Furthermore, psychological follow-up and support enabled patients to make conscious decisions regarding the surgery and their condition.

Conclusions: Unprocessed traumas act as a triggering factor for obesity. The psychological intervention during the pre-surgical stage promotes treatment adherence and helps prevent the risk of post-operative psychopathological comorbidities.

Disclosure: No significant relationships.

P219 / Abs. ID 399

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

MBS AND THE POWER OF THE MIND: ROLE OF PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH
10-09-2025 10:00 - 19:30

CONTRIBUTION OF DEMOGRAPHIC AND CLINICAL VARIABLES TO PRESURGICAL BMI OF METABOLIC BARIATRIC SURGERY CANDIDATES IN THE BARIATRIC SURGERY CENTER OF EXCELLENCE (COEBMS) IN THESSALONIKI, GREECE

Evaggelos Ntouros[1], Myrto Samara[2], Marianna Tsatali[3], Paraskevas-Panagiotis Sdralis[3], Ilias Sdralis[3]
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Background: The presurgical Body Mass Index (BMI) can be influenced by various demographic and clinical variables. Some of the demographic variables are age, gender, ethnicity and socioeconomic status. As far as clinical variables are concerned these include related diseases like diabetes etc., previous weight loss attempts, medications, mental health factors and lifestyle factors. Understanding these contributions is important for tailoring presurgical assessments and interventions for optimal patient outcomes.

Objectives: The objective of this study is to review in short, the literature for these variables and to compare with those in the clinical practice of our Center.

Methods: Firstly, we searched PubMed for studies of the last two decades and reviewed articles of relevant literature. Then we analyzed the variables from our database consisting of 515 surgery candidates evaluated between May 2019 and December 2024.

Results: A multiple regression model using the enter method was employed to examine the contribution of demographic and clinical variables to BMI baseline. Our model satisfied all assumptions of linear regression analysis. Regression analysis accounts for 11.3% of the variance in BMI baseline [$R^2=0.113$; $F(5,509)=12.92$, $p<0.001$]. Males (Beta coefficient ± SE: -4.00±0.75; $R^2=0.052$; $p<0.001$), Unmarried people (Beta coefficient ± SE: 3.05±0.77; $R^2=0.029$; $p<0.001$) and few years of education (Beta coefficient ± SE: -0.60±0.15; $R^2=0.028$; $p<0.001$) were associated with higher BMI baseline.

Conclusions: Presurgical assessment forms an important part of medical care for individuals undergoing bariatric surgery. Following international recommendations is a compass for optimal results and our everyday clinical practice in the Bariatric Surgery Center of Thessaloniki is in accordance with them.

Disclosure: No significant relationships.

P220 / Abs. ID 723

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

MBS AND THE POWER OF THE MIND: ROLE OF PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH
10-09-2025 10:00 - 19:30

ASSESSMENT OF MENTAL HEALTH IMPACT ON CLINICAL OUTCOMES OF SLEEVE GASTRECTOMY

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Background: The relationship between mental health status and bariatric surgery outcomes requires further investigation.

Objectives: To analyze mental health indicators in patients after sleeve gastrectomy (SG) and evaluate their association with long-term clinical outcomes.

Methods: We analyzed 93 patients with obesity (69 women, 24 men; mean age 42.20±11.09 years) who underwent SG. Clinical outcomes were assessed using the SF-BARI QoL questionnaire, while mental health was evaluated using the HADS scale.

Results: Based on outcomes, patients were categorized as: excellent (31.18%), very good (40.86%), good (21.51%), and satisfactory (6.45%). The mean HADS-A score was 6.76±4.49, with 51.61% showing no anxiety, 29.03% having subclinical anxiety, and 19.36% exhibiting clinical anxiety. The mean HADS-D score was 6.55±4.41, with 68.82% showing no depression, 17.20% having subclinical depression, and 13.98% exhibiting clinical depression. Patients without anxiety disorders demonstrated significantly better outcomes (τ=+0.50, $p<0.001$), while those with clinical anxiety showed worse results (τ=-0.53, $p<0.00001$). Similarly, absence of depression correlated with better outcomes (τ=+0.44, $p<0.001$), while clinical depression was associated with poorer results (τ=-0.44, $p<0.0000001$).

Conclusions: Clinically significant anxiety and depression are associated with worse SG outcomes. Mental health recovery appears to be a critical factor for achieving successful long-term bariatric surgery results and preventing disease recurrence.

Disclosure: No significant relationships.

P221 / Abs. ID 357

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

MBS AND THE POWER OF THE MIND: ROLE OF PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH
10-09-2025 10:00 - 19:30

ASSOCIATIONS BETWEEN DEPRESSIVE SYMPTOMS AND GLUCOSE-LIPID METABOLIC DYSREGULATION IN OBESE PATIENTS: A RETROSPECTIVE CROSS-SECTIONAL STUDY

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Background: The coexistence of obesity and depression presents a significant public health challenge, with both conditions potentially sharing underlying mechanisms such as genetic predisposition, neuroendocrine alterations and psychosocial factors. Dysregulation in glucose and lipid metabolism, including insulin resistance and hyperlipidemia, may serve as critical links in this association. Understanding these interrelations is essential for developing targeted interventions.

Objectives: Aims : (1) investigate the prevalence of depressive symptoms among obese patients; (2) compare demographic, anthropometric, and biochemical parameters between patients with obesity with and without depression ; (3) identify independent metabolic risk factors associated with depression in obesity.

Methods: We conducted 279 patients with obesity from 2020 to 2024 in Shanghai Tenth People's Hospital. Depression severity was assessed using standardized scales. BMI, fasting blood glucose, fasting insulin, fasting C-peptide, postprandial insulin levels (30, 60, 120, and 180 minutes),TC,TG,HDL, LDL, glucose AUC, insulin AUC, HOMA-IR, HOMA-β, and insulin adiposity index (IAI) were collected. Statistical analyses included non-parametric tests, chi-square tests, and logistic regression to identify independent predictors of depression.

Results: Depressive symptoms were identified in 111 patients (39.8%), with 28.8% classified as mild, 58.6% as moderate, and 12.6% as severe. Compared to non-depressed individuals, the depressed group exhibited significant differences in BMI ($Z = -2.02$, $P < 0.05$), triglycerides ($Z = -2.44$, $P < 0.01$), glucose AUC 0-180min ($Z = -2.47$, $P < 0.01$), insulin AUC 0-180min ($Z = -3.44$, $P < 0.01$), HOMA-IR ($Z = -4.82$, $P < 0.01$), HOMA-β ($Z = -3.57$, $P < 0.01$), and IAI ($Z = -2.36$, $P < 0.01$). Logistic regression analysis identified BMI (OR = 0.934, P = 0.04), insulin AUC 0-180min (OR = 1.002, P = 0.027), cholesterol (OR = 0.066, P = 0.008), and LDL (OR = 7.920, P = 0.003) as significant predictors of depression in obesity

Conclusions: Notably, higher insulin AUC and LDL levels were associated with increased depression risk, while higher BMI and cholesterol levels appeared inversely related to depression. These findings underscore the complex interplay between metabolic dysregulation and mental health in obesity, highlighting the need for integrated clinical approaches to address both metabolic and psychological aspects in this population.

Disclosure: No significant relationships.

P222 / Abs. ID 446

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

MBS AND THE POWER OF THE MIND: ROLE OF PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH
10-09-2025 10:00 - 19:30

ESTILOS DE AFRONTAMIENTO AL ESTRÉS Y SU RELACIÓN CON TRASTORNOS DE CONDUCTA ALIMENTARIA EN PERSONAS CON OBESIDAD MÓRBIDA CANDIDATOS A CIRUGÍA BARIÁTRICA.

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Background: La obesidad mórbida es una condición que afecta a millones de personas en todo el mundo, está asociada con comorbilidades físicas y psicológicas. Los trastornos de conducta alimentaria (TCA) son comunes en individuos con obesidad mórbida. Los estilos de afrontamiento al estrés, son importantes en la regulación emocional y en la gestión de las conductas relacionados con la alimentación. Se ha sugerido que ciertos estilos de afrontamiento, como los centrados en la evitación del problema, pueden estar vinculados a patrones disfuncionales de alimentación.

Objectives: 1. Identificar los la prevalencia en los estilos de afrontamiento en individuos con obesidad mórbida candidatos a cirugía bariátrica. 2. Analizar la relación entre los estilos de afrontamiento al estrés y la presencia de trastornos de conducta alimentaria. 3. Evaluar las implicaciones de estos resultados en el tratamiento integral de la obesidad mórbida en el contexto de la cirugía bariátrica.

Methods: 82 personas con diagnóstico de obesidad mórbida, candidatas a cirugía bariátrica, 45 mujeres (54,9%) y 37 hombres (45,1%), edad promedio 42,5 años (rango 25-58 años). Diseño Correlacional, relación entre variables: estilos de afrontamiento al estrés y trastornos de conducta alimentaria. Instrumentos: Escala de Estilos de Afrontamiento al Estrés (EEAE) Eating Disorders Examination (EDE) Procedimiento: Datos analizados con SPSS, análisis de correlación de Pearson, regresión múltiple para explorar relaciones entre variables.

Results: El análisis de datos reveló correlación significativa entre estilos de afrontamiento centrados en la emoción y evitación con presencia de trastornos de conducta alimentaria. La correlación entre el afrontamiento centrado en el problema y los trastornos alimentarios fue débil y no significativa. Estos hallazgos son consistentes con estudios previos que han demostrado que las estrategias de afrontamiento disfuncionales pueden contribuir al desajuste emocional y a la adopción de conductas alimentarias no saludables.

Conclusions: Se demuestra la relevancia de evaluar estilos de afrontamiento al estrés en personas con obesidad mórbida candidatos a cirugía bariátrica. Los resultados sugieren que el afrontamiento centrado en la evitación y la emoción es factor de riesgo para el desarrollo de conductas alimentarias disfuncionales. La identificación temprana de trastornos de conducta alimentaria podría mejorar los resultados de la cirugía bariátrica y reducir tasas de recaída.

Disclosure: No significant relationships.

P223 / Abs. ID 308

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

MBS AND THE POWER OF THE MIND: ROLE OF PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH
10-09-2025 10:00 - 19:30

PREOPERATIVE STRATEGY FOR THE PREVENTION OF POSTOPERATIVE PSYCHOPATHOLOGICAL DISORDERS IN METABOLIC BARIATRIC SURGERY II

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Background: Generalized obesity emerges as a clinical paradigm of contemporary civilization, representing the subject's response to the discomfort it generates. Its epidemic spread reflects a social discourse that drives the unlimited consumption of objects and upholds the need to fill a void as a structural lack. In the current context, multiple treatment options have been introduced, including metabolic bariatric surgery. However, these interventions are not without complications, with 20% of their causes attributed to psychological factors.

Objectives: Identify key indicators that allow for the anticipation, during pre-surgical evaluation and preparation interviews, of the emergence of post-operative psychopathological disorders that may hinder treatment.

Methods: A non-experimental qualitative methodology was used, with an exploratory-descriptive design and a retrospective study strategy of 60 cases. This approach enabled a systematic literature review and a correlational analysis between the type of treatment employed and the emergence of psychopathology.

Results: Initially, obesity is positioned within the realm of drives, alongside alcoholism and substance addictions, thereby establishing its parallel with addictions. The mechanism is described by which surgical intervention can abruptly interrupt a problematic mode of food consumption and alter the subject's satisfaction system, preventing the psychic elaboration of distress through the classical formation of symptoms. As a consequence, there is a possibility that the unbound drive of consumption may shift toward other disorders that severely affect the body (psychotic triggers, eating disorders, panic attacks, substance abuse, and alcoholism). Furthermore, through the clinical assessment of 60 cases via semi-structured interviews, a lower rate of psychopathological emergence (10%) was identified in the 30 patients who received a psychoanalytic diagnosis and treatment, compared to the 30 patients who did not receive treatment, where a 43% prevalence of associated mental disorders was recorded.

	Subjects of study with psychoanalytic treatment for mental health.		Subjects of study without psychoanalytic treatment for mental health.	
	Quantity (Q)	*Percentage (%)*	*Quantity (Q)*	*Percentage (%)*
PSYCHOSOMATIC INJURIES	0	0%	1	3%
ADDICTIONS	0	0%	1	3%
ALCOHOLISM	1	3%	2	7%
EATING DISORDERS	1	3%	3	10%
PANIC ATTACKS	1	3%	5	17%
PSYCHOTIC OUTBREAK	0	0%	1	3%
WITHOUT PSYCHOPATHOLOGY	27	90%	17	57%
WITH PSYCHOPATHOLOGY	3	10%	13	43%
TOTAL	**30**	**100%**	**30**	**100%**

Conclusions: Positioning psychological indicators (phenomenon–structure–discourse) during the psychoanalytically oriented pre-surgical evaluation and preparation phase will allow for the identification of the singular psychic function of obesity within the patient's subjective position. Consequently, this approach enables early intervention to foster the subject's causal implication and reduce the risk of post-operative psychopathological related diseases . In conclusion, patients who underwent such treatment developed associated mental disorders at a rate four times lower than those who did not.

Disclosure: No significant relationships.

P224 / Abs. ID 339

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

MBS AND THE POWER OF THE MIND: ROLE OF PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH
10-09-2025 10:00 - 19:30

RELATIONSHIP BETWEEN MENTAL HEALTH STATUS AND METABOLIC BARIATRIC SURGERY OUTCOMES: QUALITY OF LIFE ANALYSIS

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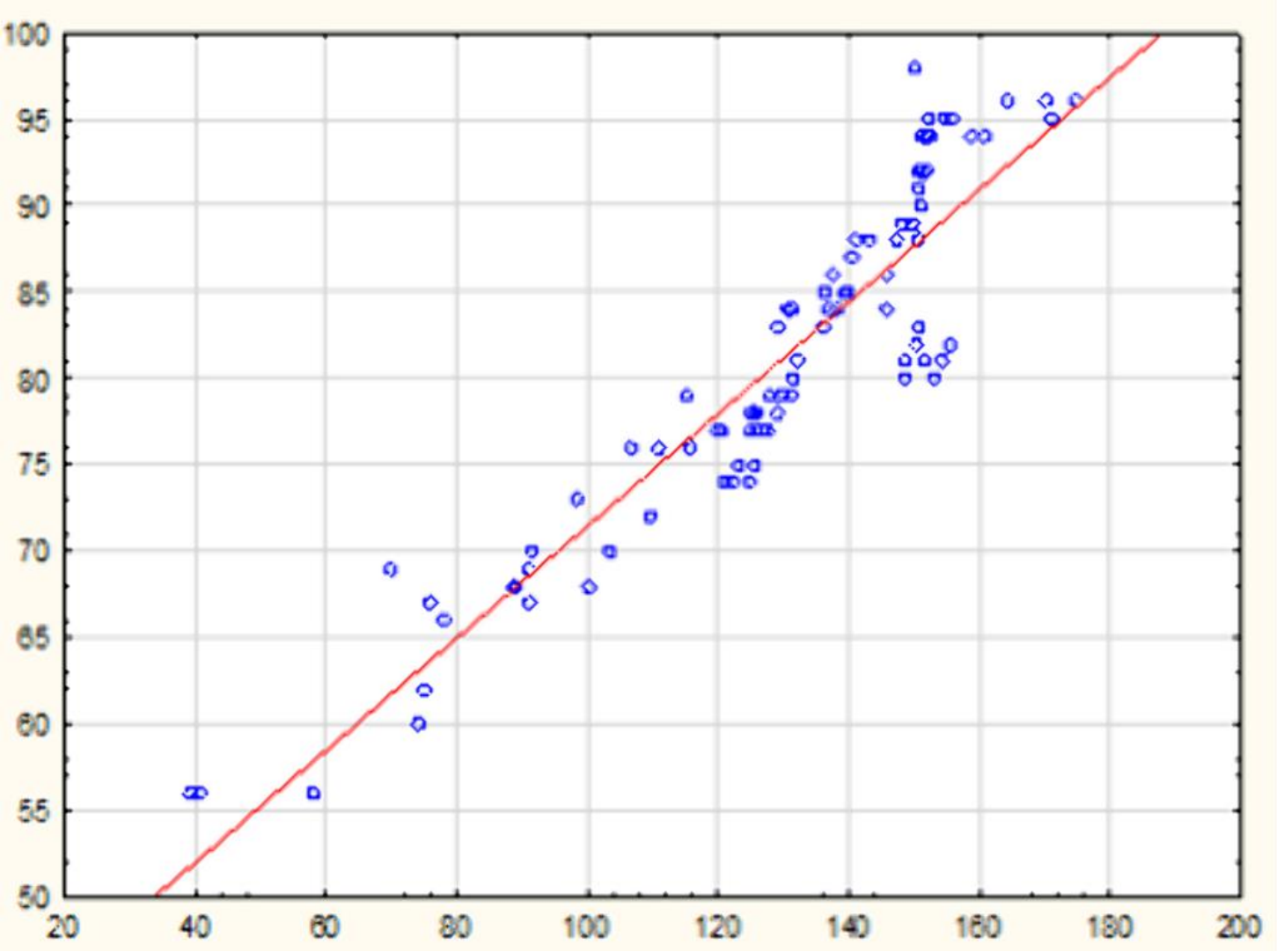
Background: Mental health is an important factor influencing the outcomes of bariatric interventions, but its prognostic value requires detailed study.

Objectives: To establish the relationship between quality of life indicators and clinical outcomes of gastric resection in patients with obesity in the long-term postoperative period.

Methods: Analysis was conducted on 93 patients after gastric resection (mean age 42.20±11.09 years, 74.19% women). Quality of life was assessed using the Chaban O.S. Quality of Life Scale with classification into five levels: very low (≤56 points), low (57-66 points), medium (67-75 points), high (76-82 points), and very high (≥83 points). Clinical outcomes were classified according to the SF-BARI QoL questionnaire as excellent, very good, good, and satisfactory. Statistical analysis included comparison of mean values, frequency analysis, and correlation analysis using Kendall's coefficient.

Results: The mean quality of life score was 80.69±9.98 points with clear differentiation by outcome groups: excellent - 90.80±5.74 points, very good - 81.92±4.26 points, good - 72.10±4.08 points, satisfactory - 59.83±5.15 points ($p<0.00001$). A direct strong correlation was established between quality of life and bariatric intervention outcomes ($\tau=+0.81$, $p<0.00001$). Very high quality of life (≥83 points) was found in 37 (39.78%) patients, predominantly with excellent (65.52%) and very good (47.37%) results ($\tau=+0.49$, $p=0.000000000005$). Medium level (67-75 points) was characteristic of patients with good results (65.00%) and correlated with poorer treatment outcomes ($\tau=-0.37$, $p=0.0000001$). Low ($\tau=-0.14$, $p=0.045$) and very low quality of life levels predominated in patients with satisfactory results (33.33% and 50.00% respectively). Image 1. Scatter plot of quality of life indicators in relation to clinical outcomes of gastric resection.



Conclusions: Quality of life is a reliable predictor of clinical outcomes of gastric resection. High quality of life indicators are significantly associated with better outcomes of bariatric intervention, which justifies the need for comprehensive assessment of mental status in all patients when planning bariatric operations and postoperative follow-up.

Disclosure: No significant relationships.

P225 / Abs. ID 380

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

MBS AND THE POWER OF THE MIND: ROLE OF PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH
10-09-2025 10:00 - 19:30

PSYCHOLOGICAL RESILIENCE AS A MEDIATOR BETWEEN BODY MASS INDEX AND ANXIETY.

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Background: The relationship between Body Mass Index (BMI) and anxiety is complex, influenced by various psychological and physiological factors. Research suggests that individuals who are either underweight or obese tend to experience higher levels of anxiety due to factors such as body dissatisfaction, social stigma, and metabolic health issues. Resilience, defined as the ability to adapt and recover from stress or adversity, may act as a mediator in this relationship.

Objectives: The objective of this study is to identify whether individuals with higher BMI may exhibit lower resilience due to social pressures and negative self-perception, leading to increased anxiety.

Methods: We reviewed the archives of the metabolic bariatric surgery candidates in the Bariatric & Metabolic Surgery Clinic at the European Interbalkan Medical Center (EIMC) of Thessaloniki between June 2019 and December 2023 (4,5 years) who underwent the structured pre bariatric psychological evaluation which includes specified psychometric tools measuring levels of resilience and anxiety along with BMI and demographic records. In specific, participants were categorized into two groups: those with a diagnosed with anxiety disorder according to DSM-V criteria, and those experiencing increased anxiety.

Results: A total of 538 individuals were evaluated as candidates for metabolic bariatric surgery, according to the relevant criteria, including 228 men (42%) and 310 women (58%). Following an initial screening by our interdisciplinary team, 501 individuals with a mean age of 41 and an average of 13.5 years of education completed the full psychometric assessment along with the required clinical evaluation. This final group comprised 170 men (40.5%) and 219 women (59.5%), with an average BMI of 47.84. Data analysis showed that psychological resilience mechanisms (such as emotional regulation and positive coping strategies) may reduce the impact of BMI-related stress on anxiety both in individuals with anxiety disorder as well as those with increased anxiety levels.

Conclusions: Healthcare professionals should consider resilience training as a strategy for managing anxiety in individuals with obesity.

Disclosure: No significant relationships.

P226 / Abs. ID 383

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

MBS AND THE POWER OF THE MIND: ROLE OF PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH
10-09-2025 10:00 - 19:30

NEUROTICISM OR RESILIENCE: WHICH BETTER PREDICTS DYSFUNCTIONAL EATING BEHAVIORS BEFORE METABOLIC BARIATRIC SURGERY?

Marianna Tsatali[1], Evaggelos Ntouros[2], Myrto Samara[3], Paraskevas-Panagiotis Sdralis[1], Ilias Sdralis[1]
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Background: Neuroticism is a personality trait associated with emotional instability, heightened anxiety, and negative affect, which has been linked to disordered eating behaviors such as emotional and binge eating. This connection is further strengthened when combined with increased impulsivity, body dissatisfaction, and depression. Conversely, high resilience enables individuals to cope with negative emotions in a healthier manner, decreasing the risk of emotional eating. In summary, both neuroticism and resilience can act as psychological indicators of eating behaviors, especially in relation to dysfunctional eating patterns.

Objectives: The aim of this study is to determine whether higher levels of neuroticism or lower levels of resilience can predict dysfunctional eating behaviors, specifically emotional eating and binge eating.

Methods: According to the records from the Bariatric & Metabolic Surgery Clinic at the European Interbalkan Medical Center (EIMC) in Thessaloniki, between June 2019 and December 2023 (a period of 4.5 years), a total of 538 individuals were assessed as potential candidates for metabolic bariatric surgery. Of these, 501 were deemed eligible after the initial screening and completed the pre-bariatric psychological assessment, which involved specific tools to evaluate eating behaviors, neuroticism, and resilience levels. Participants were matched based on their demographic data, with BMI also recorded as a covariate variable.

Results: This final group consisted of 170 men (40.5%) and 219 women (59.5%), with an average age of 41 years, an education level of 14 years, and an average BMI of 47.84. Data analysis is still ongoing and will be presented at the 28th World Congress of the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO 2025).

Conclusions: Since higher neuroticism and lower resilience scores prior to metabolic bariatric surgery may predict poorer post-surgical outcomes, including an increased vulnerability to maladaptive eating behaviors, it is crucial to understand their role in dysfunctional eating. Future research should focus on identifying effective interventions for individuals undergoing metabolic bariatric surgery.

Disclosure: No significant relationships.

P227 / Abs. ID 793

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

MBS AND THE POWER OF THE MIND: ROLE OF PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH
10-09-2025 10:00 - 19:30

PSICOLOGIA. FALTA DE REACCIÓN Y CICLO PSÍQUICO EN OBESIDAD

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Background: Falta de reacción y ciclo psíquico en obesidad. Desarrollo del ciclo psíquico específico en obesidad. Fundamento y necesidad de realizar un tratamiento isomorfo a la lógica de dicho ciclo. La complejidad del trauma en obesidad evidenciado por una falta de reacción a tiempo induce a la repetición en la instación de un mecanismo de defensa, la desmentida, que compromete tanto una escisión de conciencia como reganancias y aumento progresivo del peso. Incidencias post quirúrgicas del proceso psíquico abordado.

Objectives: Precisar el ciclo psíquico de obesidad, con el mecanismo de defensa que se instala, la desmentida, tomando los puntos de entrada o inicio del ciclo en acontecimientos de la historia de los pacientes y la salida de dicho ciclo tomando como referencia la llegada del paciente al equipo bariátrico tratante. Plantear y fundamentar el modo de desenlace, en el tiempo post quirúrgico, de la reproducción del trauma intentando su elaboración.

Methods: Investigación cualitativa. 54 pacientes entrevistados.

Results: Se despeja el ciclo psíquico específico en obesidad, abarcando comportamientos y actuaciones a nivel conciencia cuerpo, articulado a las determinaciones históricas inconcientes. El ciclo de la falta de reacción tiene un cierre en la llegada al tratamiento bariátrico, produciendo en el tiempo post quirúrgico la segunda fase suspendida en obesidad durante todo el ciclo anterior.

Conclusions: El equipo tratante debe considerar en sus intervenciones con el paciente los distintos momentos de este ciclo psíquico en obesidad para no generar sólo mejorías temporarias por sugestión. Debe precisarse en qué punto o momento del ciclo psíquico entró la cirugía. La demora con la que carga la decisión por la cirugía bariátrica podría volver a re-aparecer en el tiempo post quirúrgico. Se induce con la significativa pérdida de peso post quirúrgica la 2da fase interrumpida de un síntoma bulímico incompleto. La cirugía bariátrica ha encontrado el modo de determinar a nivel psíquico el cierre de un síntoma que, de otro modo, permanecería en un impasse, a la espera infinita de su repetición. La cirugía bariátrica podría entonces posiblitar desde lo biológico un desenlace psíquico que estaba totalmente impedido.

Disclosure: No significant relationships.

P228 / Abs. ID 200

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

MBS AND THE POWER OF THE MIND: ROLE OF PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH
10-09-2025 10:00 - 19:30

MENTAL HEALTH CHARACTERIZATION OF OBESE PATIENTS RECOMMENDED FOR BARIATRIC INTERVENTIONS

Iryna Pliuta
Bogomolets National Medical University, Surgery, Kyiv, Ukraine

Background: Obesity patients seeking metabolic bariatric surgery face significant mental health challenges that influence treatment outcomes, necessitating comprehensive psychological assessment and support throughout their surgical journey.

Objectives: To characterize the mental health component features of patients recommended for bariatric procedures.

Methods: This study analyzed the mental health characteristics of obese patients recommended for bariatric interventions.

Results: Mental health significantly impacts outcomes and quality of life for metabolic bariatric surgery patients. Mental disorders affect 25-40% of obese patients recommended for bariatric interventions, with depression occurring in 8-19% of cases. Research generally shows positive psychological trends post-surgery, including decreased anxiety and depression, increased social engagement, improved self-esteem, enhanced interpersonal relationships, and restored cognitive functions. However, improvements may be temporary, particularly for patients with pre-existing mental health conditions. These individuals face higher risks of self-harm, depression, and substance dependencies long-term. The surgical technique matters—gastric bypass patients show higher risks of alcohol misuse and psychological disturbances due to nutritional deficiencies and altered brain reward mechanisms. Continuous psychological monitoring and support throughout the bariatric process are essential for adaptation and overcoming challenges. While multidisciplinary approaches are necessary, standardized psychological support guidelines are lacking. Identifying high-risk patients and providing personalized support can improve long-term bariatric treatment outcomes.

Conclusions: We have characterized the mental health component features of patients recommended for bariatric surgical methods and the impact of such interventions on patients' psychosocial functioning in the long-term postoperative period. According to current research findings, engaging a multidisciplinary team and providing psychological support throughout all treatment stages enhances the clinical effectiveness of bariatric interventions. For patients with pre-existing mental health disorders, we recommend implementing psychological support methods both during preoperative planning and throughout the postoperative period.

Disclosure: No significant relationships.

P229 / Abs. ID 865

Topic: *AS06. MBS and the power of the mind: role of psychological assessment and mental health*

MBS AND THE POWER OF THE MIND: ROLE OF PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH
10-09-2025 10:00 - 19:30

SOCIAL SKILLS AND METABOLIC BARIATRIC SURGERY IN ADOLESCENTS: A CASE STUDY

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Background: Social skills is defined as a set of behaviors that facilitate the individual's interaction with the social environment in an adaptive way. These behaviors are essential for establishing and maintaining healthy interpersonal relationships and for dealing appropriately with everyday situations. For adolescents, especially those facing challenges such as obesity, the development of these skills can be impacted by a variety of conditions, including bariatric surgery. Metabolic surgery in adolescents with severe obesity, can bring about significant changes not only in the physical aspect, but also in the psychological and social spheres of the individual. Although the benefits of surgery in terms of weight loss documented, the effects on the social skills of these adolescents are still an underexplored field.

Objectives: This study aimed to investigate the evolution of the social skills of a 13-year-old female adolescent before and after bariatric surgery.

Methods: The Social Skills Inventory for Adolescents (IHSA) of Del Prette & Del Prette (2011) was used. The scale is a Linket mesurement divided into subscales that assess different aspects of social behavior: assertiveness, empathy, emotional self-control and socialization skills.The evaluation was carried out at 3 different moments: before, 1 and 2 years after surgery, allowing the observation of possible changes in the adolescent's social skills over time.

Results: Before the surgery, the adolescent shows significant difficulties in social skills, including assertiveness, empathy, emotional self-control, and socialization. After 1 year of the surgery, there is a general improvement in social skills, especially in assertiveness and social interactions. This could be attributed to improvements in self-esteem and confidence resulting from weight loss and physical changes. After 2 years, the adolescent demonstrates further improvements in assertiveness, empathy, emotional self-control, and socialization.

Conclusions: These results suggest that bariatric surgery had positive effects on the adolescent's social skills, which could be interpreted as an improvement in quality of life and interpersonal relationships. The change in scores over time reflects the importance of continued follow-up after surgery, addressing both the physical and emotional aspects of the adolescent's development. The improvement in social skills can be seen as a reflection of increased self-esteem and confidence, along with better adaptation to the social environment.

Disclosure: No significant relationships.

P230 / Abs. ID 340

Topic: *AS11. MBS and transplant surgery*

MBS AND TRANSPLANT SURGERY
10-09-2025 10:00 - 19:30

SLEEVE GASTRECTOMY AS A SAFE AND EFFECTIVE BRIDGE TO KIDNEY TRANSPLANTATION IN PATIENTS WITH OBESITY AND CKD GRADE 5: A CASE STUDY

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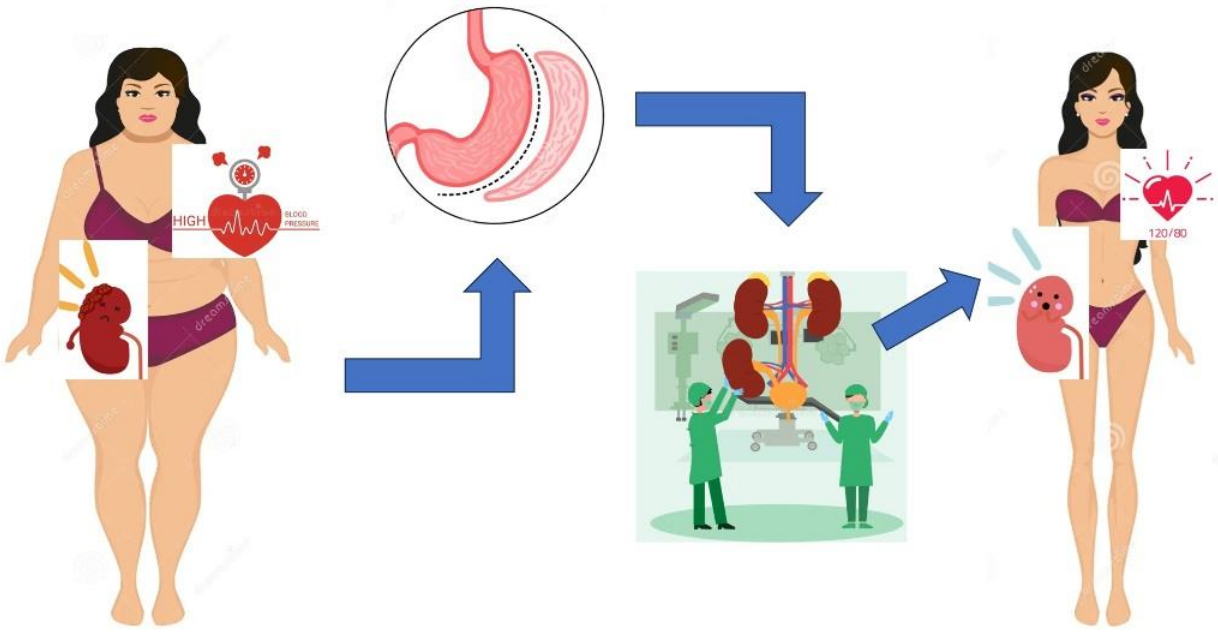
Background: Obesity is a significant risk factor that can complicate kidney transplant eligibility and outcomes, particularly in patients with chronic kidney disease (CKD) grade 5. Metabolic bariatric surgery may serve as a bridge to improve transplant candidacy by facilitating weight loss and enhancing overall health.

Objectives: This case study aims to evaluate the safety and efficacy of sleeve gastrectomy as a bridge to kidney transplantation in a patient with obesity and end-stage renal disease (CKD grade 5).

Methods: A 44-year-old female patient with a BMI of 39 kg/m², hypertension, and CKD grade 5 (creatinine 745umol/L, eGFR 5.22ml/min/1.73㎡, urea 16.6 mmol/L) was advised to lose weight before a scheduled kidney transplant. Kidney transplant surgery was scheduled 1-year post- metabolic bariatric surgery, and the patient was monitored for weight, blood pressure, and kidney function parameters, including creatinine, eGFR, and urea levels.

Results: The patient underwent sleeve gastrectomy, with a surgery duration of 70 minutes and discharge on postoperative day 3. The perioperative course was uneventful, with no complications or readmissions within 60 days. At 1 year following sleeve gastrectomy, the patient's weight reduced from 97 kg to 74 kg (BMI 29 kg/m²), and hypertension resolved. The kidney transplant proceeded without complications, and the patient's kidney function normalized postoperatively. One year after the transplant, the patient's weight stabilized at 72 kg, with sustained normal kidney function and blood pressure.

Conclusions: Sleeve gastrectomy is a safe and effective bridging strategy for patients with severe obesity and CKD grade 5 awaiting kidney transplantation. This approach not only optimizes surgical outcomes but also enhances the patient’s overall health status, supporting successful long-term outcomes following kidney transplant surgery.



Disclosure: No significant relationships.

P231 / Abs. ID 52

Topic: *AS11. MBS and transplant surgery*

MBS AND TRANSPLANT SURGERY
10-09-2025 10:00 - 19:30

METABOLIC BARIATRIC SURGERY: IS IT AN ALTERNATIVE FOR CLASS III OBESITY PATIENTS ON DIALYSIS, FUTURE KIDNEY TRANSPLANTATION CANDIDATES?

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Background: The World Health Organization(WHO) established that obesity is a non-communicable epidemic disease and the largest worldwide. According to the studies carried out by the Ministry of Public Health in 2019, 64,9% of the adult population in Uruguay have overweight or obesity. Obesity participates in the development and progression of CKD through diferent factors or inflammatory mediators regulated by adipose tissue.Indirectly, is associated with nephrolithiasis, certain type of cancers, and linked to kidney disease.

Objectives: Kidney transplantation (KT) is the most suitable treatment for patients with end-stage chronic kidney disease. Severe obesity is a contraindication of KT; and in Uruguay is a contraindication when the BMI exceeds 35. The objective is to demonstrate that the Metabolic Bariatric Surgery (MBS) has a superior nephroprotective effect, as well as lowering the BMI, allowing access to the list of transplant candidates.

Methods: Male, 46 years old. History of hypertension. Insulin-requiring diabetic. Dyslipemic. OSAHS. Gastroesophageal reflux disease. CKD diagnosed in 2012. Enters a three-week hemodialysis plan in 2020. Join the Obesity and Bariatric Surgery Program (OBSP) in 2020, months after starting hemodialysis plan. Weight 210kg, size 1.88mts, with a BMI 59 kg/m2(Obesity VI). Achieves a minimum weight of 175kg. BMI 49.5kg/m2. The case is discussed, and it is decided to practice a Roux-en-“Y” gastric bypass(RYGB), (Almino Ramos technique). He has an excellent postoperative evolution with discharge at 72 hours.

Results: After four years from his surgery, the patient continues with hemodialysis but with lower creatinine values than in the preoperative period. Current weight of 107kg, BMI 30.3kg/m2 and 84%EWL has been successfully placed on the kidney transplant list. Additionally, he improved his blood pressure values and diabetes.

Conclusions: Kidney transplantation is the preferred replacement modality when there is terminal renal failure. Severe obesity(BMI>40), has been and continues to be an exclusion criteria. Our patient showed a significant decrease in BMI after surgery and maintained his values after four years; allowing him to be on the kidney transplantation list. BMS may be an effective therapeutic option in patients with stage 3 and 4 CKD with important metabolic and kidney-protective benefits. It must be considered a valuable therapeutic option in these patients.

Disclosure: No significant relationships.

P232 / Abs. ID 237

Topic: *AS11. MBS and transplant surgery*

MBS AND TRANSPLANT SURGERY
10-09-2025 10:00 - 19:30

GASTRIC BY PASS RYGY AND HEPATIC CIRRHOSIS

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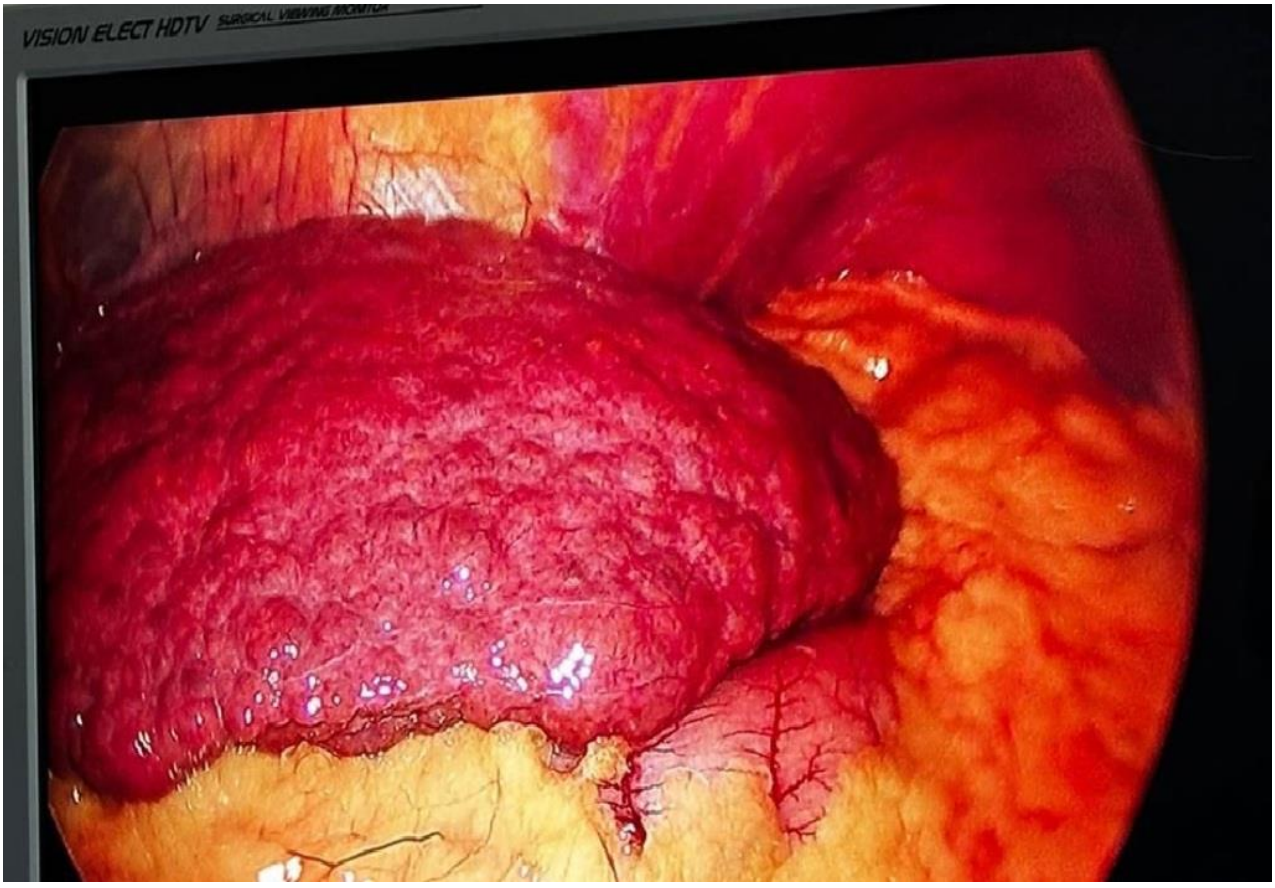
Background: Metabolic bariatric surgery in patients with cirrhosis represents a challenge from the technical-surgical point of view, and also in the clinical-nutritional preparation before the intervention

Objectives: To evaluate the resolution of patients with obesity and cirrhosis

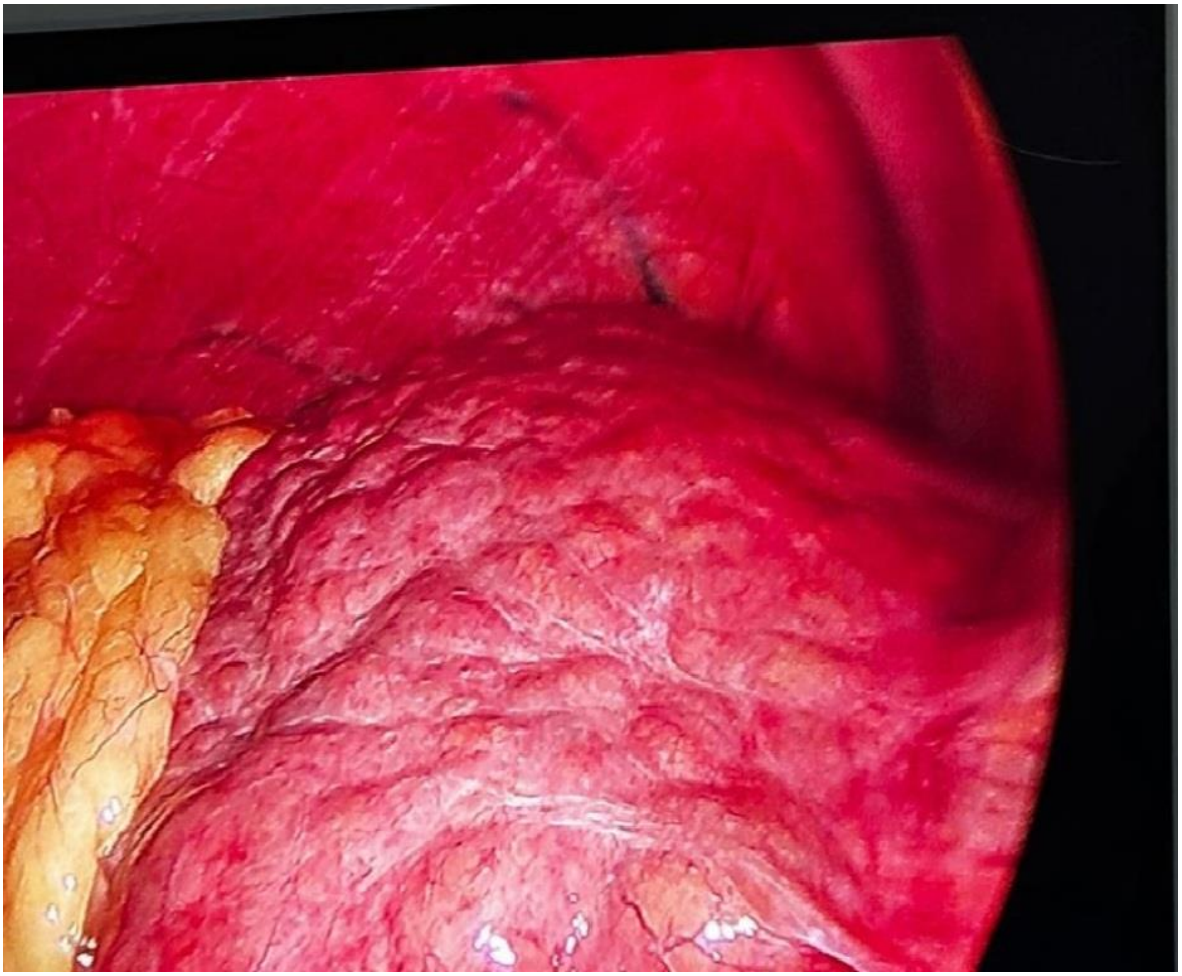
Methods:



Case presentation and bibliographic review.Female patient with a pathological history: long-standing severe obesity, HTN, OSA, UH, IR, GER, diverticulosis. Weight: 97.1 kg Height:152 cm BMI: 42.02 Neck: 40 cm, LDH:845 is detected in the laboratory.FIBROSCAN Staging of fibrosis and hepatic steatosis is performed with fibroscan 530 with Echosens CAP with XL probe; obtaining a Median Hepatic Stiffness of 18.6Kpa; corresponding to an F4 (Advanced fibrosis/cirrhosis) of the

METAVIR scale. The success rate was 100%, IQR/med: 24%. CAP score of 340db/m, which corresponds to a severe grade (S3) of steatosis, with more than 72% probability of steatohepatitis. Gastric bypass was performed en Y de Roux on 13-11-23. Operating time 90 minutes.

Results:



Discharge 48 hours after good tolerance, with no signs of liver failure 12 months after surgery. Current LDH 683

Conclusions: 1 Metabolic bariatric surgery is previously recommended in patients with potential for transplantation. 2 Careful surgical technique is very important to avoid intraoperative complications such as hemorrhage, given the increase in vessels due to portal hypertension. Bibliografy. 1.Bariatric-metabolic surgery versus lifestyle eijingdn plus best medical care in non alcoholic steatohepatitis (BRAVES): a multicentre , open-label, eijingd trial. Ornellla Verrastro ey col. Lancet 2023; 401, 1786-97. 2.The impact of metabolic bariatric surgery Indiced Weight Loss on patients undergoing Liver Transplant: a focus on metabolism, Psthophysiological changes,and outcoms in obese eijing, sufferin HAFLD-related Cirrhosis. Gerardo Sarno et col. J Clin Med 2022,11, 5293

Disclosure: No significant relationships.

P233 / Abs. ID 833

Topic: *AS11. MBS and transplant surgery*

MBS AND TRANSPLANT SURGERY
10-09-2025 10:00 - 19:30

BREAKING BARRIERS: OAGB A VIABLE OPTION FOR WEIGHT LOSS IN A 17 YEAR POST LIVER TRANPLANT PATIENT

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Background: Obesity is a significant health concern in liver transplant recipients, increasing the risk of metabolic complications, graft dysfunction, and reduced survival rates. Bariatric surgery has emerged as an effective treatment option for obesity, but its safety and efficacy in liver transplant recipients remain uncertain. OAGB, a type of bariatric surgery, has gained popularity due to its technical simplicity and effective weight loss outcomes. However, its application in liver transplant recipients is limited, and long-term data are scarce. This case report presents a 17-year post-liver transplant patient who underwent OAGB surgery, highlighting the safety, efficacy, and potential benefits of this procedure in this complex patient population.

Objectives: 1. To report the safety and efficacy of minigastric bypass surgery in a 17-year post-liver transplant patient. 2. To evaluate the impact of OAGB on weight loss, metabolic parameters, and liver function in this patient.

Methods: We present a case of OAGB done for morbid obesity in a patient of 17 years post liver transplant recipient.

Results: A 53 years old male patient presented to us for evaluation and eligibility for bariatric surgery for morbid obesity. He had 157 kg weight at the time of presentation with height of 177cm and a BMI of 49. He did not had any comorbidities. All baselines were in normal range including liver profile except that his HbA1c was 7.1. he underwent liver transplant 17 years ago and was on regular medications for transplant. We discussed the case in our MDT and put him on list for minigastric bypass. We did the standard long pouch OAGB with gastrojejunostomy done at 180cm from DJ as total bowel length was 650 cm. He tolerated the procedure very well. And was discharged on 2nd post op day. At his follow up after 8 months he has lost 53 kgs of weight. His labs are within normal range.

Conclusions: OAGB is a viable option in post liver transplant patients. This procedure is well tolreated by patients and has negligible or no side effects in these patients.

Disclosure: No significant relationships.

P234 / Abs. ID 1187

Topic: *AS11. MBS and transplant surgery*

MBS AND TRANSPLANT SURGERY
10-09-2025 10:00 - 19:30

LIVER TRANSPLANT AFTER SADI-S AS A COMPLICATION OF NASH

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Background: The prevalence of obesity has grown over the last decades, with the incrising of nonalcoholic steatohepatitis. There was a good level of evidence that bariatric surgery is associated with nonalcoholic fatty liver disease regression in patients with obesity. But protein malnutrition occurring after bariatric surgery (BS) might cause severe liver failure (LF) needing liver transplantation (LT). LT is an effective solution for restoring liver function.

Objectives: 32 years old patient with previous NASH,who had SADIS-S 250cm with complication of liver failure that needed liver transplantation.

Methods: Thirty two years old patient with IMC of 70 kg/m^2 , known also for hypertension, hyperuricemia, OSAS with CPAP, and grade 4 fatty liver disease. His gastroscopy showed moderated gastritis, and his abdominal ultrasound showed signs highly suspected of NASH. We decided to plan the SADIS-S 250 surgery with intraoperative liver biopsy. On September 2020 he had SADIS 250cm. The post-operative period was uneventful.

Results: In the follow -up period the patient started to show the signs of malnutrition, hypoproteinemi and liver failure, followed by portal hypertension and ascites. The parenteral nutrition was established, but the patients continued to show signs of liver failure that. The trans-jugular biopsy confirmed METAVIR score with activity present, grade 2 and fibrosis stage 2 present. He had a liver transplantation surgery of February 2023. The post-operative period was uneventful.

Conclusions: This is a case of NASH that was presented prior to SADI-S surgery. After the precedure, resulted in liver failure that needed a liver transplant. We consider important for bariatric/ metabolic society to be aware that NASH in patient with obesity, after the surgery, can have two different evolutions; one that leads to improvement and the other that leads to deterioration and posible liver transplantation.

Disclosure: No significant relationships.

P235 / Abs. ID 741

Topic: *AS11. MBS and transplant surgery*

MBS AND TRANSPLANT SURGERY
10-09-2025 10:00 - 19:30

LEFT VENTRICULAR ASSIST DEVICE (LVAD) PATIENT UNDERGOING METABOLIC BARIATRIC SURGERY

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Background: Obesity is a significant risk factor for heart failure (HF) and is associated with poorer outcomes in heart transplantation. Left ventricular assist devices (LVADs) serve as a bridge to transplantation for end-stage HF patients, but severe obesity (BMI >35 kg/m²) remains a contraindication for transplant eligibility. Bariatric surgery is a potential strategy for weight reduction in this population.

Objectives: This case report describes the perioperative management and outcomes of a patient with LVAD who underwent laparoscopic sleeve gastrectomy (SG) to achieve eligibility for heart transplantation.

Methods: A 33-year-old male with dilated cardiomyopathy, end-stage HF, and a history of LVAD implantation presented with a BMI of 37.55 kg/m². Preoperative assessment included cardiovascular, pulmonary, and metabolic evaluations. A multidisciplinary team optimized anticoagulation management and intraoperative hemodynamic stability. Laparoscopic SG was performed with careful port placement to avoid LVAD interference. Postoperatively, heparin was resumed following bleeding risk assessment, and the patient was closely monitored in the intensive care unit (ICU).

Results: The procedure was successfully completed in 66 minutes without intraoperative complications. The patient was discharged two weeks postoperatively without significant adverse events. Bariatric surgery in LVAD patients has been shown to reduce BMI effectively, enhance transplant eligibility, and lower HF-related rehospitalizations.

Conclusions: LVAD patients with severe obesity can safely undergo bariatric surgery as a bridge to heart transplantation. Sleeve gastrectomy is a preferred approach due to its lower perioperative risks and preservation of immunosuppressant pharmacokinetics. While existing studies support the feasibility and safety of this strategy, further large-scale prospective trials are needed to establish long-term outcomes.

Disclosure: No significant relationships.

P236 / Abs. ID 569

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

MBS AND RECURRENT WEIGHT GAIN: MECHANISMS, PREVENTION AND TREATMENT OPTIONS
10-09-2025 10:00 - 19:30

PATIENT NAVIGATION IN NURSING AND HEALTH LITERACY RELATED TO PATIENTS WITH METABOLIC BARIATRIC SURGERY INDICATION

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Background: The accumulation of body fat is what characterizes obesity, that is, a body mass index (BMI) above 30 kg/m². Health literacy is about having social and cognitive skills to access, understand and use health information. Patient navigation emerges as a tool that eliminates barriers to accessing health care for patients, including in terms of recurrent weight gain.

Objectives: To describe, according to the current scientific literature, patient navigation in nursing and health literacy in the scope of metabolic bariatric surgery.

Methods: The research was carried out through a narrative review of the literature, with open access, between 2022 and 2024, which addressed the use of patient navigation for patients who were indicated for metabolic bariatric surgery or who had already undergone the surgical procedure; in addition to health literacy.

Results: Patient navigation for individuals with indication for metabolic bariatric surgery is demonstrated through the use of technological tools, through a digital platform that aims to facilitate and advance the surgical procedure, being approved by most users; in addition, there is also the use of a telemonitoring platform, which manages telenursing monitoring for a period of one month after surgery. It was observed that there was a positive improvement in general self-efficacy, responsibility for health, physical activity, nutrition and interpersonal relationships with the intervention of an interactive nursing support program. Regarding the self-perception of bariatric case manager nurses, it is pointed out as fundamental the assignment of clear professional roles among hospitals that provide the surgical procedure. The term health literacy is the one that appears most in scientific records and to attest to this indicator it is possible to use instruments such as: Test of Functional Health Literacy in Adults (TOFHLA), Newest Vital Sign (NVS), European Health Literacy Survey (HLS-EU-Q47) and Health Literacy Questionnaire (HLQ).

Conclusions: Patient navigation is an innovative area within the scope of nursing, especially with regard to metabolic bariatric surgery procedures. Technical knowledge about correct case management is crucial to ensure humanized, well-directed and effective care and reduce recurrent weight gain. More studies are needed to correlate obesity with health education, aiming to equip centers that provide the procedure.

Disclosure: No significant relationships.

P237 / Abs. ID 1097

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

MBS AND RECURRENT WEIGHT GAIN: MECHANISMS, PREVENTION AND TREATMENT OPTIONS
10-09-2025 10:00 - 19:30

SLEEVE GASTRECTOMY CONVERSION SURGERY: 18-YEAR EXPERIENCE

Francisco Pacheco[1,2], Jorge Gajardo[2,3], Hector Molina[1,2], Giovanni Concha[1], Sofia Pacheco[1], Nicolas Pacheco[1]
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Background: In Chile, 74.2% of the population is overweight, and nearly 35% have obesity. To date, bariatric and metabolic surgery remains the most effective treatment for this condition. In 2019 alone, more than 260,000 bariatric procedures were performed in the United States, of which 16.8% were revisional surgeries, including conversions, corrections, or reversals of a previous procedure.

Objectives: To characterize patients who underwent conversion surgery from vertical sleeve gastrectomy within a subgroup of patients from Concepción, Chile, over the past 18 years, as part of a single-surgeon experience.

Methods: An observational and descriptive study was conducted using a prospective data series collected from May 2006 to March 2025, which included 88 patients operated on by a single surgeon. Descriptive statistics and chi-square test for frequency comparisons were applied. Statistical analysis was performed using SPSS version 25.

Results: A total of 88 conversion surgeries from sleeve gastrectomy were performed, including 71 female (80.7%) and 17 male patients (19.3%). Mean age was 44.33 years (±10.43 years), and mean BMI at the time of surgery was 34.26 kg/m² (±6.20 Kg/m²). Among these, 86 patients underwent conversion to gastric bypass (97.7%), and 2 underwent conversion to Santoro procedure (2.3%). Hiatal hernia repair was performed in 11 cases (12.5%), and a cholecystectomy was performed in one patient (1.1%). A total of 29 patients had a BMI ≤ 30 at the time of surgery (33%), 82.6% of which were women, with no significant difference when compared to the overall series (p=0.939). The main indication in this subgroup was severe gastroesophageal reflux disease (GERD). GERD was reported in 50% of the overall population.Among patients with BMI > 30, 8.3% underwent hiatal hernia repair, compared to 26.1% in those with BMI ≤ 30 (p=0.160). A gastric remnant resection was performed in 3 patients (2.64%).

Conclusions: Among the 88 sleeve gastrectomy conversion surgeries, there was a clear predominance of female patients (80.7%). Notably, hiatal hernia repair was more commonly required in the subgroup of patients with BMI ≤ 30, where severe GERD stood out as the main indication for conversion surgery.

Disclosure: No significant relationships.

P238 / Abs. ID 1244

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

MBS AND RECURRENT WEIGHT GAIN: MECHANISMS, PREVENTION AND TREATMENT OPTIONS
10-09-2025 10:00 - 19:30

DIABETES MELLITUS AND METABOLIC BARIATRIC SURGERY – A SYSTEMATIC REVIEW

Gabriel Marcon[1], Carolina Da Rocha[1], Lais Golendziner[1], Giovanna Oliveira[1], Raquel Terra[1], Maria Dumoncel[1], Emilian Rejane Marcon[2]
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Background: Bariatric surgery is considered an effective treatment for severe obesity and represents a useful complement in the treatment of type 2 diabetes mellitus (T2DM). In this context, the Roux-en-Y gastric bypass method is a surgical technique that provides better glycosylated hemoglobin levels and remission of metabolic disease.

Objectives: To evaluate the remission of diabetes mellitus through glycosylated hemoglobin, in patients who underwent Roux-en-Y bariatric surgery.

Methods: A literature review was conducted over the past 5 years in the PubMed database. Descriptors such as "Gastric Bypass," "Type 2 diabetes mellitus," "HbA1C," "glycaemic control," and "diabetes remission" were used. Articles evaluating only the remission of T2DM through Roux-en-Y surgery were included. Studies that evaluated medications or other surgeries were excluded.

Results: A total of 18 articles were found in the database, with fourteen being excluded: two used other types of medication, two did not measure glycosylated hemoglobin, and ten used other surgical methods. The four selected articles demonstrated that bariatric treatment provides a persistent benefit in terms of reducing glycosylated hemoglobin, showing a reduction of up to 91%. It was evident that the Roux-en-Y surgery significantly improved glycemic control compared to pharmacological treatment.

Conclusions: It is concluded that the Roux-en-Y surgical method is more effective in controlling metabolic syndromes in the long term than conventional medical therapy, and should be considered in the treatment of patients with obesity and T2DM. Thus, the surgery was found to be effective in improving glycemic control, enhancing lipid profiles, promoting weight loss, and controlling blood pressure. Therefore, it is concluded that the surgical approach represents a valuable alternative in managing patients with T2DM, particularly those with obesity and an unsatisfactory response to clinical treatment.

Disclosure: No significant relationships.

P239 / Abs. ID 543

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

MBS AND RECURRENT WEIGHT GAIN: MECHANISMS, PREVENTION AND TREATMENT OPTIONS
10-09-2025 10:00 - 19:30

WHEN SLEEVE GASTRECTOMY FALLS SHORT: THE ROLE OF RYGB CONVERSION IN ACHIEVING OPTIMAL OUTCOMES

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Hospital de Braga, General Surgery, Braga, Portugal

Background: Obesity is a major global health concern, linked to multiple related diseases and increased mortality. Metabolic bariatric surgery remains the most effective long-term intervention for sustained weight loss and remission of obesity-related conditions. Sleeve gastrectomy (SG) is widely performed due to its effectiveness and simplicity but has limitations, including recurrent weight gain, suboptimal clinical response, and GERD. As SG procedures increase, conversion to laparoscopic Roux-en-Y gastric bypass (LRYGB) has become a key strategy for managing SG limitations.

Objectives: This study aims to compare two distinct groups of patients undergoing conversion from SG to RYGB: those with suboptimal clinical response and those with GERD. It seeks to analyze potential differences in BMI profiles between these groups at the time of conversion and evaluate the impact of LRYGB on weight loss outcomes and GERD resolution.

Methods: A retrospective analysis was conducted on patients who underwent conversion from SG to RYGB between August 2018 and September 2024. Indications for conversion were categorized into three groups: suboptimal clinical response, GERD, and stenosis.

Results: A total of 24 patients were analyzed, with a mean interval of 99 months (IQR 67.25–121.5) between SG and RYGB. The primary indications for conversion were suboptimal clinical response in 19 patients (79.2%), GERD in 4 patients (16.7%), and stenosis in 1 patient (4.2%). At the time of conversion, patients with GERD had a significantly lower BMI (30.6) compared to those converted for suboptimal clinical response (BMI 42.8). GERD resolution was achieved in 100% of cases, with all patients discontinuing antiacid medications. Patients in the suboptimal clinical response group experienced a mean BMI reduction of 9.44 (final BMI 31.68), whereas the GERD group had a mean BMI reduction of 2.31 (final BMI 28.3).

Conclusions: Laparoscopic conversion from SG to RYGB is an effective conversion procedure for patients with suboptimal clinical response and GERD. The procedure provides substantial additional weight loss in cases of suboptimal clinical response and ensures complete GERD resolution.

Disclosure: No significant relationships.

P240 / Abs. ID 803

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

MBS AND RECURRENT WEIGHT GAIN: MECHANISMS, PREVENTION AND TREATMENT OPTIONS
10-09-2025 10:00 - 19:30

REVISIONAL SURGERY FOR RECURRENT WEIGHT GAIN AFTER VERTICAL GASTRECTOMY: SURGICAL ALTERNATIVES

Helena Fernández-Mateo, Ruth Lopez-Gonzalez, Sara Lopez, Sergi Sanchez-Cordero, Rodrigo Hermoza, Jordi Pujol
Consorci Sanitari Integral, Barcelona, Spain

Background: Sleeve gastrectomy (SG) is the most commonly performed bariatric surgery (BS) worldwide due to its relative technical simplicity and effectiveness in weight reduction. However, long-term complications, including recurrent weight gain, suboptimal clinical response, and gastroesophageal reflux disease (GERD), may necessitate revisional bariatric surgery (RBS). Despite the increasing prevalence of RBS, the optimal approach remains uncertain due to the absence of clear consensus guidelines, requiring individualized decision-making.

Objectives: This study aims to review the existing literature on RBS options for recurrent weight gain following SG and to present four clinical cases illustrating different surgical strategies.

Methods: Four cases with distinct RBS approaches are described: A 42-year-old woman with prior SG experienced significant recurrent weight gain. Her maximum body mass index (BMI) was 61 kg/m², with a nadir of 40 and a current BMI of 46. Preoperative upper gastrointestinal (GI) studies and endoscopy were unremarkable. Given her initial BMI exceeding 50 kg/m², she underwent a duodenal switch (DS) as RBS. A 65-year-old woman with a history of SG developed severe GERD. Her maximum BMI was 50 kg/m², and her current BMI was 31. A GI series confirmed reflux, while endoscopy showed no mucosal lesions. She underwent conversion to Roux-en-Y gastric bypass (RYGB) to control GERD while maintaining weight stability. A 53-year-old woman with prior SG exhibited a suboptimal clinical response (maximum BMI 56, current BMI 40). GI studies were unremarkable. Due to her high initial BMI and inadequate SG response, she underwent intestinal bipartition as RBS. A 38-year-old woman initially responded well to SG but later experienced recurrent weight gain (maximum BMI 56, nadir 40, current 47). GI series indicated SG dilation, with normal endoscopy findings. She underwent a re-sleeve gastrectomy.

Results: These cases highlight diverse RBS strategies after SG failure. Literature review suggests that re-sleeve gastrectomy and RYGB are the most frequently performed revision procedures. However, definitive guidelines remain lacking due to insufficient high-quality evidence.

Conclusions: RBS is technically more complex than primary BS and carries a higher risk of complications. Nevertheless, its demand is rising. Further research is necessary to establish standardized guidelines and assist surgeons in determining the most appropriate revision techniques for individual patients.

Disclosure: No significant relationships.

P241 / Abs. ID 1106

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

MBS AND RECURRENT WEIGHT GAIN: MECHANISMS, PREVENTION AND TREATMENT OPTIONS
10-09-2025 10:00 - 19:30

REGANANCIA DE PESO EN PACIENTES POST CIRUGÍA BARIÁTRICA. ANÁLISIS TRAS LAS DIFERENTES TÉCNICAS IMPLEMENTADAS.

Daniel Caiña[1], Rodrigo Alba[2], Cecilia Bruno[1], Micaela Zuñiga[2], Arianna Madero[1]
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Background: La cirugía bariátrica ha pasado a ser el tratamiento de elección más eficaz para tratar la obesidad y sus comorbilidades asociadas, así como para lograr una reducción de peso a largo plazo. Se espera que, a 24 meses del procedimiento quirúrgico, exista una reganancia de peso del 20 al 25% del peso perdido.

Objectives: Establecer el tiempo en el cual la reganancia de peso se torna significativa. Generar un análisis comparativo y determinar con cuál técnica, bypass gástrico tipo Bagua, bypass gástrico en Y de Roux o gastrectomía en manga, se produjo mayor reganancia de peso.

Methods: Se trató de un estudio de cohorte retrospectivo observacional. Se analizaron 136 pacientes sometidos a cirugía bariátrica, siendo realizadas 3 técnicas diferentes: el bypass tipo Bagua (BGB), el bypass Y de Roux (BGYR) y la gastrectomía en manga (GM), entre los años 2019 y 2021. Se seleccionaron pacientes mayores de 18 años con IMC mayor a 35. La variable principal, el peso (kg), fue medida longitudinalmente a los 6 meses, 1, 2 y 3 años.

Results: A los 2 años existió un incremento significativo de peso mayor en el grupo GM comparado con BGB y BGYR (GM 4,5 Kg vs BGB -1,7 Kg vs BGYR 0,02 Kg). La reganancia de peso fue más frecuente al año en el caso de de los pacientes sometidos a GM, mientras que en el caso de los pacientes sometidos a BGB fue más frecuente a los 2 años. En los pacientes sometidos a BGYR no hubo diferencia significativa de frecuencia en la reganancia de peso a 1 y 2 años.

Conclusions: Los 3 tipos de cirugías lograron descenso significativo de peso conreganancia posterior, siendo ésta mucho más significativa en el grupo de pacientes con GM.

Disclosure: No significant relationships.

P242 / Abs. ID 737

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

MBS AND RECURRENT WEIGHT GAIN: MECHANISMS, PREVENTION AND TREATMENT OPTIONS
10-09-2025 10:00 - 19:30

COMPLICATION AND POSTOPERATIVE RECURRENT WEIGHT GAIN IN METABOLIC BARIATRIC SURGERY AND ITS MANAGEMENT

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Background: Bariatric surgery is considered the most effective treatment for obesity Maintaining weight loss after bariatric surgery is very important, and this process mostly depends on individual factors. Patients who have difficulty maintaining weight loss and realizing their self-management can gain weight in a long period. Weight gain is one of long term complication bariatric and metabolic surgery, beside other complication such as fistula, hernia, bowel obstruction, etc.

Objectives: Recurrent Weight gain after bariatric surgery is a serious problem closely associated with the negative impact on the patient's physical health, psychological well-being, and the optimal clinical response to surgery. Determining recurrent weight gain after bariatric surgery is a crucial factor for improving and maintaining the patient's health, controlling physical health, enhancing quality of life, safeguarding psychological and mental health, and identifying surgical complications and risks.

Methods: Although the importance of lifestyle changes for patients undergoing bariatric surgery is emphasized, their long-term adaptation to these changes is often weak.

Results: The most common causes of weight gain include genetic factors, hormonal disorders, diet-related factors (such as uncontrolled eating and grazing), poor adherence to nutritional recommendations, reverting to preoperative eating habits, sedentary lifestyle, hypoglycaemia, use of obesogenic drugs and psychological factors (such as depression). Weight gain related to surgical and anatomical factors (such as dilated gastric fundus, enlargement of the gastric pouch) is also observed

Conclusions: Patients should undergo a comprehensive evaluation to identify the etiology of recurrent weight gain after which a targeted and personalized intervention should be performed for each patient. For Bariatric patient it should be pharmacological intervention or surgical intervention (Conversion to other procedure).

Disclosure: No significant relationships.

P243 / Abs. ID 80

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

MBS AND RECURRENT WEIGHT GAIN: MECHANISMS, PREVENTION AND TREATMENT OPTIONS
10-09-2025 10:00 - 19:30

REVISIONAL RYGB AFTER RECURRENT WEIGHT REGAIN

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Background: Recurrent Weight Gain is the common indication for the revision of Roux-en-Y gastric Bypass (RYGB).

Objectives: This video will present the techniques of revising RYGY by resizing of gastric pouch, Fundectomy, revision of gastro-jejunal anastomosis, and type I distalization using loop technique.

Methods: Video presentation of operation of revisional RYGB after 11 years of RYGB due to recurrent weight gain.

Results: 39 years Saudi female post RYGB since 11 years with recurrent weight gain. BMI 47.83 kg/m2, weight 135kg, height 168cm.The nadir weight was 81kg with gradual weight gain associated with worsening in type 2 diabetes mellites. She had full preoperative work up. Revisional RYGB was done with uneventful post-operative course. The patient has showed good early results in term of weight loss and diabetic control.

Conclusions: Revisional RYGB is safe feasible and effective revision for recurrent weight gain after RYGB but technically challenging. The outcome will be affected by each step of the procedure.

Disclosure: No significant relationships.

P244 / Abs. ID 659

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

MBS AND RECURRENT WEIGHT GAIN: MECHANISMS, PREVENTION AND TREATMENT OPTIONS
10-09-2025 10:00 - 19:30

CONVERSION FROM RYGB TO RYTB WITH JEJUNAL BRIDGE FOR RECURRED WEIGHT GAIN

Guillermo Reyes Gamonal, Idelso Vasquez Llanos, Jose Samuel Alarcon Vera, Kevin Aquije Avila, Josephine Campana Roman
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Background: CONVERSION FROM RYGB TO RYTB WITH JEJUNAL BRIDGE FOR RECURRED WEIGHT GAIN

Objectives: Demostrate one way to perform a Surgical revision to convert RYGB to RYTB, for recurrent weight gain.

Methods: Description of a Clinical case of a female 48 years old with 120 kg that have had a RYGB in 2018, after that, the patient regain weight until 125 kg in January of 2025, we discuss in the multidisciplinary team and plan a Conversion Surgery.

Results: The outcomes of the surgery was good without intolerance and complications, the oral feeding starts at 1 day after surgery, the drains have been retired after 10 days. the weight loss at POD 10 was 6 kg and 1 month Weight loss was 12kg.

Conclusions: The conversion with jejunal bridge is recomended when the gastric pouch is very short with high risk of leaks. We have to reconstruct and plan the Revisional Surgery carefully with radiological images and 3D reconstructions.

Disclosure: No significant relationships.

P245 / Abs. ID 896

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

MBS AND RECURRENT WEIGHT GAIN: MECHANISMS, PREVENTION AND TREATMENT OPTIONS
10-09-2025 10:00 - 19:30

CONVERSION OF Y-ROUX GASTRIC BYPASS TO ONE-ANASTOMOSIS GASTRIC BYPASS: TECHNIQUE AND OUTCOMES

Nelson Aros Mendoza[1], Rafael Luengas Tello[2], Daniel Hernández Clarck[3], Angela Maira[1]
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Background: Roux-Y gastric bypass (RYGB) is a widely used procedure for the treatment of severe obesity and its associated comorbidities. However, some patients may develop complications such as anastomotic stenosis, recurrent marginal ulcers, or recurrent weight gain, requiring surgical revision. Conversion to one-anastomosis gastric bypass (OAGB) has been proposed as an effective alternative, offering shorter operative time and favorable metabolic outcomes.

Objectives: To demonstrate the surgical technique and initial outcomes of converting RYGB to OAGB in a patient with complications from the primary surgery.

Methods: A video is presented describing the step-by-step conversion from RYGB to OAGB. Careful dissection of the stomach and previous anastomosis was performed, followed by the creation of a new gastric pouch and the construction of a long-loop gastrojejunal anastomosis. Surgical time, immediate complications, and early postoperative outcomes were evaluated.

Results: The procedure was completed without intraoperative complications. Surgical time was 80 minutes, with minimal blood loss. The patient had a favorable postoperative course, with progressive oral tolerance and no leaks on postoperative evaluation. At four weeks, there was an improvement in previous symptoms and stable weight.

Conclusions: The conversion of RYGB to OAGB is a viable option for patients with postoperative complications from Roux-en-Y gastric bypass. It allows for effective anatomical reconstruction with a lower risk of complications and favorable metabolic outcomes. Long-term studies are needed to validate its efficacy and safety in different clinical scenarios.

Disclosure: No significant relationships.

P246 / Abs. ID 378

Topic: *AS16. MBS at the extreme of ages*

MBS AT THE EXTREME OF AGES
10-09-2025 10:00 - 19:30

SURGICAL OUTCOMES OF PATIENTS AGES ≥55 AND ≤35 YEARS FOLLOWING TOTALLY ROBOTIC VERSUS LAPAROSCOPIC METABOLIC BARIATRIC SURGERY

Cynthia Buffington, Ciara Lopez, Sharon Krzyzanowski, Dennis Smith
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Background: Older metabolic bariatric surgery (MBS) patients generally present with co-existing health issues and are at increased risk for surgical complications, mortality, and prolonged hospital stay. The robotic platform, with its enhanced 3D visualization, increased freedom of movement, and tremor filter, may reduce the technical challenges of traditional laparoscopy for older patients.

Objectives: In this study, we have examined the effects of totally robotic (ROB) versus laparoscopic (LAP) primary MBS on the perioperative and 30-day postoperative surgical outcomes of patients ≥55y and ≤35y.

Methods: The study was a retrospective analysis of 424 ROB or LAP primary surgeries (43% Roux-en-Y gastric bypass, 57% sleeve gastrectomy) performed by a single surgeon. Among the patients, 199 were ≥55y and 225 ≤35y. Outcome measures were: 1) patient characteristics (age, BMI, gender, obesity-associated health issues), 2) operative (op) times, 3) length of stay (LOS), 4) perioperative conversions, and 5) 30-d postoperative complications, readmissions, reoperations.

Results: Average age for patients ≥55y was 61.6 and 29.8 for those ≤35y. Older patients, in comparison to the younger cohort, presented with significantly ($p<0.0001$) more obesity-associated health issues (3.64 vs. 1.80) and a higher ($p<0.0001$) incidence of sleep apnea, diabetes, hypertension, dyslipidemia, cardiac issues and GERD. Despite having more health challenges, op times of the older patients did not differ from those of the younger cohort. Op times, however, were lower ($p<0.01$) with the ROB approach (≥55y = 67.4 min ROB vs. 82.1 min LAP; ≤35y = 69.0 min ROB vs. 82.8 min LAP). With conventional laparoscopy, LOS was significantly longer in duration for patients ≥55y than ≤35y (1.53 d vs. 1.27 d, respectively). LOS was significantly less for both age groups when surgeries were performed ROB (≥55y = 1.28 d ROB vs. 1.53 d LAP, $p=0.02$; ≤35y = 1.16 d ROB vs. 1.27 d LAP, $p<0.0001$). Major 30-d complication rates were also significantly (Chi sq $p=0.02$) less with the ROB approach (≥55y = 1.5% ROB vs. 7.9% LAP; ≤35y = 1.3% ROB vs. 5.9% LAP).

Conclusions: Surgical outcomes of older patients are improved with the robotic system over conventional laparoscopy to rival those of younger MBS patients.

Disclosure: Dr. Dennis Smith, co-author, is a preceptor for Intuitive

P247 / Abs. ID 1236

Topic: *AS16. MBS at the extreme of ages*

MBS AT THE EXTREME OF AGES
10-09-2025 10:00 - 19:30

OUTCOMES OF METABOLIC AND METABOLIC BARIATRIC SURGERY IN PATIENTS OVER 65 YEARS: WEIGHT LOSS AND OBESITY-RELATED DISEASE RESOLUTION

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Background: Obesity affects 13% of the global population. The increasing life expectancy has led to a higher prevalence of both obesity and obesity-related diseases (ORD)— hypertension (HTN), type 2 diabetes mellitus (T2DM), and dyslipidemia—in patients aged over 65 years. Recent evidence confirms metabolic and bariatric surgery (MBS) as an effective treatment for this age group without significantly increased risks.

Objectives: To evaluate MBS outcomes in patients >65 years, focusing on excess weight loss (EWL) and ORD resolution.

Methods: We analyzed patients >65 years with BMI >35 undergoing primary MBS between 2017-2022. Those with gastroesophageal reflux disease (GERD) received distal Roux-en-Y gastric bypass (distal RYGB) with 150-cm biliopancreatic and 100-cm alimentary limbs. Patients without GERD and without severe ORD underwent one-anastomosis gastric bypass (OAGB) with 40/60 limb ratio or sleeve gastrectomy (SG) based on preference. Patients with <36 months follow-up were excluded. Outcomes included EWL, ORD resolution, and complications.

Results: Of 1,435 primary MBS patients, 72 were >65 years at baseline; 41 (56.9%) completed 3-year follow-up (loss to follow-up: 43.1%). Procedures included OAGB (48.8%, n=20), distal RYGB (34.1%, n=14), and SG (17.1%, n=7). At 1 year, EWL was 89.6% (OAGB; 95% CI: 120.9-58.3%), 78.8% (distal RYGB; 95% CI: 112.4-45.2%), and 80.1% (SG; 95% CI: 94.2-66.1%), decreasing to 81.4%, 72.7%, and 53.7% at 3 years, respectively. ORD resolution/improvement at 1 year was 75% (OAGB), 71.4% (distal RYGB), and 57.1% (SG), increasing to 85%, 78%, and 42.9% at 3 years. SG patients developed de novo GERD (14.3%, n=1) and weight recurrence (28.6%, n=2). No severe complications (Clavien-Dindo ≥III) occurred.

Conclusions: MBS in patients >65 years is safe and effective, with OAGB and distal RYGB showing superior EWL and ORD resolution compared to SG. Nutritional monitoring must be emphasized. Complication rates were comparable to younger patients, supporting MBS as a viable option for carefully selected older adults with ABCD.

Disclosure: No significant relationships.

P248 / Abs. ID 936

Topic: *AS16. MBS at the extreme of ages*

MBS AT THE EXTREME OF AGES
10-09-2025 10:00 - 19:30

THE OUTCOME OF METABOLIC BARIATRIC SURGERY IN ADOLESCENTS AND YOUNG ADULTS

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Background: The prevalence of obesity among adolescents and young adults is rapidly increasing, leading to significant co-morbidities. Bariatric procedures are recommended for carefully selected patients to improve quality of life and resolve co-morbidities.

Objectives: The aim of this study is to review our experience with adolescents and early adults who underwent bariatric surgery.

Methods: Patients aged 25 years and younger who underwent bariatric surgery at a single institute between 2020 and 2024 were identified. Data collected included baseline demographics, co-morbidities, perioperative parameters, 30-day and 1-year complications, and weight loss and co-morbidities resolution. Data were summarized as mean and standard deviation for continuous variables and as counts and frequency for categorical variables.

Results: A total of 59 patients aged 25 years and below were identified. Forty-eight (82%) were female, with a mean age of 22.7±2.7 years, preoperative mean body weight of 137.2±27.7 kg, and mean BMI of 50.0±8.1 kg/m². Comorbidities included diabetes mellitus (36%), liver biopsy proven metabolic dysfunction-associated steatohepatitis (27%), hypertension (24%), sleep apnea (19%), and dyslipidemia (17%). All bariatric procedures were primary and performed laparoscopically: sleeve gastrectomy (63%), Roux-en-Y gastric bypass (36%), and duodenal switch with biliopancreatic diversion (1%). The mean operative time was 99.4±42.8 minutes, and the mean length of stay was 1±1 days. There were no major 30-day complications, but 14 patients visited the Emergency Department for vomiting and inadequate pain control. There were no unplanned readmissions, re-operations, or mortality at 30 days or 1 year. The mean follow-up period was 17±12 months. The mean percentage of total weight loss at 1 year (73% follow-up), 2 years (60% follow-up), and 3-5 years (59% follow-up) were 30±9%, 56±20%, and 31±16%, respectively. During the follow-up, the remission of diabetes, improvement of hypertension and dyslipidemia occurred in 5 out of 5, 10 out of 10 and 4 out of 4 patients with available data, respectively.

Conclusions: Our experience suggests that bariatric surgery in adolescent and young adult patients is safe and effective in managing obesity-related comorbidities. Age alone should not be a limiting factor for selecting patients for bariatric surgery.

Disclosure: No significant relationships.

P249 / Abs. ID 432

Topic: *AS16. MBS at the extreme of ages*

MBS AT THE EXTREME OF AGES
10-09-2025 10:00 - 19:30

IMPACT OF AGE ON WEIGHT LOSS AT 12 MONTHS AFTER METABOLIC BARIATRIC SURGERY

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Background: Metabolic bariatric surgery is an increasingly common procedure worldwide, demonstrating excellent results in the long-term management of obesity and associated diseases. Obesity rates in Chile are increasing significantly, including in younger patients.

Objectives: To evaluate the characteristics and weight loss according to age at 12 months in patients with obesity (BMI ≥ 30kg/m^2) undergoing metabolic bariatric surgery.

Methods: Retrospective descriptive study of patients with obesity (18-30 years and 40-65 years) undergoing b metabolic ariatric surgery between August 2022 and February 2024 in our center. Patients with revisional surgery, out of age range and oncological pathology were excluded. The surgical techniques used were sleeve gastrectomy (SG) and laparoscopic gastric bypass (RYGB). Age, gender, body mass index (BMI), surgery, related diseases , percentage of excess weight loss (EWL%), percentage of total body weight loss (TBWL%) and kilograms lost at 12 months were analyzed. For data analysis, patients were divided into 2 groups according to age: group 1 (≤ 30 years) group 2 (≥ 40 years). Statistical analysis of categorical variables: Pearson Chi-square and continuous variables: t-student test.

Results: 176 patients underwent metabolic bariatric surgery. 82 patients (46.6%) met the inclusion criteria. Group 1: 39 patients (women 74.2%) and group 2: 43 patients (women 74.4%). Average age group 1: 24.6 years vs group 2: 46.9 years (p = 0.000). Patients in group 2 presented arterial hypertension (AH) and type 2 diabetes (T2D) with a significant difference (p = 0.000 and 0.002) respectively. There were no differences in type of surgery, gastroesophageal reflux (GERD), dyslipidemia (DLP) or average preoperative BMI between the groups (table 1). The EWL% at 12 months post metabolic bariatric surgery is comparable 90.6% vs 86.3%, but the TBWL% and average kilograms lost were significantly lower in the group ≥ 40 years (p = 0.0099 and 0.026) respectively (table 2).

Table 1: Characteristics of patients

	Group 1	Group 2	p value	
Gender, (female%)	74,2	74,4	0.575	
Age, years	24,6	46,9	0.000	*
BMI kg/m^2	40,4	40,2	0.7787	
AH %	5,1	58,1	0.0000	*
DM2 %	2,6	27,9	0.002	*
DLP %	64,1	81,4	0.078	
GERD %	34,2	41,9	0.480	

BMI Body mass index, AH Arterial hypertension, T2D Type 2 diabetes
DLP dyslipidemia, GERD Gastroesophageal reflux.

Table 2: Weight loss at 12 months

	Group 1	Group 2	p value	
EWL%	90,6	86,3	0.8101	
TBWL%	33,4	29,3	0.0099	*
Mean Kg. lost	39,4	29,8	0.0026	*

EWL% percentage of excess weight loss, TBWL% percentage of total body weight loss, Kg. Kilograms.

Conclusions: At 12 months post metabolic bariatric surgery, the effect of weight loss decreases with increasing patient age (≥ 40 years), however metabolic bariatric surgery has been shown to be effective.

Disclosure: No significant relationships.

P250 / Abs. ID 522

Topic: *AS16. MBS at the extreme of ages*

MBS AT THE EXTREME OF AGES
10-09-2025 10:00 - 19:30

OUTCOMES IN MORBIDLY OBESE ADOLESDENT ADOLESCENT PATIENTS WITH UNDERGOING METABOLIC AND BARIATRIC SURGERY – A SINGLE CENTRE EXPERIENCE

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Background: There is a worldwide increase in the prevalence of obesity among the adolescent population in India from 16.3% in 2001 to 19.3% in 2010. It is a complex condition that interweaves biological, developmental, environmental, behavioural, and genetic factors. Metabolic bariatric surgery should be considered in adolescents with moderate to severe obesity who have previously participated in lifestyle interventions with unsuccessful outcomes.

Objectives: The aim of this study is to determine the impact of Metabolic Surgery on the weight loss and related diseases of Adolescents with severe Obesity.

Methods: A retrospective review of the data of 47 adolescent patients, who underwent Metabolic Surgery at our institute (Moulana Hospital, Kerala, INDIA), from April 2006 to April 2024 was carried out.

Results: Of the 47 patients, 25 patients were Females and 22 patients were Males. The median age was 15.89 years. The median pre-operative weight and height were 114.5 kg and 140 cm, respectively, with a body mass index of 42.78 kg/m2. 38 patients underwent Sleeve Gastrectomy, 2 Gastric Banding, 3 RYGB and 4 OAGB. Median follow-up period was 5 year (1-10 years). The patients had an increase in excess weight loss (EWL) of 54.5% until the end of 3 year. The median BMI at the end of 1 yr was 40.25 kg/m2, at 2 yr was 36.78 kg/m2 and the lowest BMI at 5 yr was 34.52 kg/m2. Among the four patients with obstructive sleep apnoea, three patients had complete resolution, while one patient had improvement in symptoms.

Conclusions: Metabolic Surgery is effective for adolescents with severe obesity, leading to significant resolutions of a related illness. In particular, laparoscopic sleeve gastrectomy is considered the most commonly performed metabolic bariatric surgery worldwide. The procedure is safe and feasible. More efforts must be made to prevent decline in nutritional status that is frequent after metabolic bariatric surgery, and to avoid inadequate weight loss and recurrent weight gain, ensuring successful long-term treatment and allowing healthy growth.

Disclosure: No significant relationships.

P251 / Abs. ID 1210

Topic: *AS16. MBS at the extreme of ages*

MBS AT THE EXTREME OF AGES
10-09-2025 10:00 - 19:30

FIRST REPORT OF METABOLIC BARIATRIC SURGERY IN AN ADOLESCENT WITH SEVERE OBESITY IN JAPAN

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[1]Chibune General Hospital, Junior Residency Program, Osaka, Japan, [2]Chibune General Hospital, Department Of Metabolic And Bariatric Surgery, Center For Obesity, Diabetes And Endocrinology, Osaka, Japan, [3]Chibune General Hospital, Pneumology, Osaka, Japan, [4]Chibune General Hospital, Endocrinology, Osaka, Japan, [5]Chibune General Hospital, Bariatric Coordinator, Department Of Medical Administration, Osaka, Japan, [6]Chibune General Hospital, Department Of General Surgery, Osaka, Japan

Background: The prevalence of severe obesity among children and adolescents is rising globally, including in Japan, and is associated with substantial physical and psychosocial health risks. In Western countries, metabolic and bariatric surgery (MBS) has demonstrated efficacy in adolescents, with outcomes comparable to those in adults, including improvements in metabolic comorbidities, mental health, and overall quality of life. In 2024, the Japanese Clinical Practice Guidelines for Obesity Treatment approved the use of MBS for adolescents aged 13 years or older. However, to date, no clinical cases have been reported in Japan.

Objectives: To report the first adolescent case of MBS in Japan, detailing the clinical course, perioperative management, and short-term outcomes, and to evaluate its safety and efficacy as a treatment option for severe obesity in Japanese adolescents.

Methods: A 17-year-old male (height: 176 cm; weight: 143 kg; BMI: 46.1 kg/m²) with severe obstructive sleep apnea syndrome (preoperative AHI: 59.7 events/hour) and metabolic dysfunction-associated steatotic liver disease (MASLD) was evaluated. Despite prolonged lifestyle and pharmacologic interventions, severe obesity persisted. After 20 months of comprehensive multidisciplinary evaluation—including psychological support and nutritional counseling—he underwent laparoscopic sleeve gastrectomy (LSG). Preoperative assessments ruled out secondary causes of obesity.

Results: The postoperative course was uneventful, and the patient was discharged on postoperative day 2. By six months after surgery, he achieved a total weight loss of approximately 28%, and his BMI decreased to 32.7 kg/m². Significant improvement in obstructive sleep apnea was observed, allowing discontinuation of CPAP therapy. No surgical or metabolic complications were noted.

Conclusions: This case represents the first reported adolescent MBS in Japan. Laparoscopic sleeve gastrectomy was performed safely and effectively, resulting in substantial weight loss and improvement in obesity-related comorbidities. This report supports the feasibility of MBS in carefully selected adolescents in Japan, emphasizing the importance of multidisciplinary evaluation and long-term follow-up.

Disclosure: No significant relationships.

P252 / Abs. ID 727

Topic: *AS16. MBS at the extreme of ages*

MBS AT THE EXTREME OF AGES
10-09-2025 10:00 - 19:30

MULTIDISCIPLINARY APPROACH TO AN 11-YEARS-OLD PATIENT: GASTRIC SLEEVE

Dante Ruju Flores-Araoz[1], Rodrigo Rojas Reyes[2], Alessandra Rodriguez Cardenas[2], Harold Guerrero[2], Luis Poggi[2], Luciano Poggi Garland[2]
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Background: Childhood obesity is associated with increased morbidity and mortality. It's a risk factor for insulin resistance and diabetes, hypertension, asthma, etc along with psychosocial impact and persistence of obesity in adulthood.

Objectives: This case report is aimed to review and discuss the management of obesity in an 11-year-old patient.

Methods: A multidisciplinary team led by a bariatric and metabolic surgeon designed a treatment plan for weight loss in an 11-year-old patient with obesity III. This approach follows a 2-year period of previous treatments with suboptimal clinical response, leading to a gastric sleeve.

Results: The patient came with a BMI of 46 without any relevant medical history and a family history of a mother with anorexia nervosa and unsupportive family. She had tried various nutritionists in the past and had no psychological support. We started with psychology for herself and the parents and Liraglutide. After the first month she presented negative feelings and self-harm and nausea/vomiting with doses higher than 1.2 mg/dl of Liraglutide in the morning. We insisted on a closer follow up by psychology and psychiatry. The patient presented suicidal recurrent thoughts and depression which made us discontinue Liraglutide. After a few months the patient came back with a BMI of 51. For this reason, we chose surgery as the next step in management preparing the patient and family with 4 months of psychology once a week. The first week after the sleeve gastrectomy the patient had nausea and vomiting associated with eating too fast that resolved with education and help with the parents. At the six months follow up she had lost 27 kg with a BMI of 40 and improvement in lab values, including a decrease in insulin levels.

Table 1. Laboratory values

	First Approach	Before Surgery	8 months after surgery
	13/07/2023	28/03/2024	29/03/2025
Haemoglobin	12.9	12	12.21
Total Cholesterol	164	212.5	182
HDL	-	68.6	46
LDL	-	129.08	122
Triglycerides	88	74.1	70
Glucose	83	86	79
Insulin	54.51	42.96	11.6

Conclusions: Weight management should be approached by a multidisciplinary team, especially in young patients. It is important that they have psychological support along with the family.

Disclosure: No significant relationships.

P253 / Abs. ID 1059

Topic: *AS16. MBS at the extreme of ages*

MBS AT THE EXTREME OF AGES
10-09-2025 10:00 - 19:30

METABOLIC BARIATRIC SURGERY IN ADOLESCENTS; SAFETY AND EFFECTIVENESS - EXPERIENCE IN CHILE.

Marcos Berry[1], Lionel Urrutia Manriquez[1], Jose Estruga[2], Tatiana Ayala[1], Nizar Richani Hilal[1]
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Background: In the past decades the presence of severe obesity in adolescent population has grown significantly, therefore increasing the eligibility of adolescent patients to undergo bariatric surgery. The severe obesity in adolescents is related to the high rates of obesity in adulthood with more than 50-70% of cases. Also is a major cause of pediatric metabolic syndrome which is considered an important public health issue.

Objectives: To describe our surgical experience in the management of adolescent patients.

Methods: It is a descriptive retrospective study on adolescents who suffer severe obesity treated with a variety of surgical techniques, managed by one team of surgeons, between 2006 and 2024 with a follow-up of at least 1 year.

Results: A total of n=176 patients were reported between december 2006 and march 2024, 71,1 % were women and 28,9 % men. Average age was 17,4 (13-19) years. Average BMI was 36,6 kg/m2. They had many comorbidities, the most common being insulin resistance, fatty liver, dyslipidemia and hypertension. The surgical techniques included: Gastric sleeve (83,5%), Gastric Bypass (4,5%) laparoscopic banding (7,9%) until 2010 (then discontinued) Endoscopic Sleeve Gastroplasty (ESG) (3,4%) and Bariclip (<1%). Complications were seen in just 2 cases (1,1%), neither of them turned out to be a serious and no deaths were reported. After one year of follow-up, the BMI came down to 25.3 (19.8-36.6), an average TWL% of 29.7% and an EWL% of 84.9%.

Conclusions: Bariatric metabolic surgery as a treatment for severe obesity in adolescents, has proven to be a safe and effective option, showing excellent results in terms of weight loss with minimal complications. The sleeve gastrectomy is the procedure of choice for this group of patients.

Disclosure: No significant relationships.

P254 / Abs. ID 241

Topic: *AS41. MBS in class IV, Class V, Class VI patients*

MBS IN CLASS IV, CLASS V, CLASS VI PATIENTS
10-09-2025 10:00 - 10:30

COMPLEX TREATAMENT IN PATIENT WITH BMI > 60. MULTIDISCIPLINARY APPROACH

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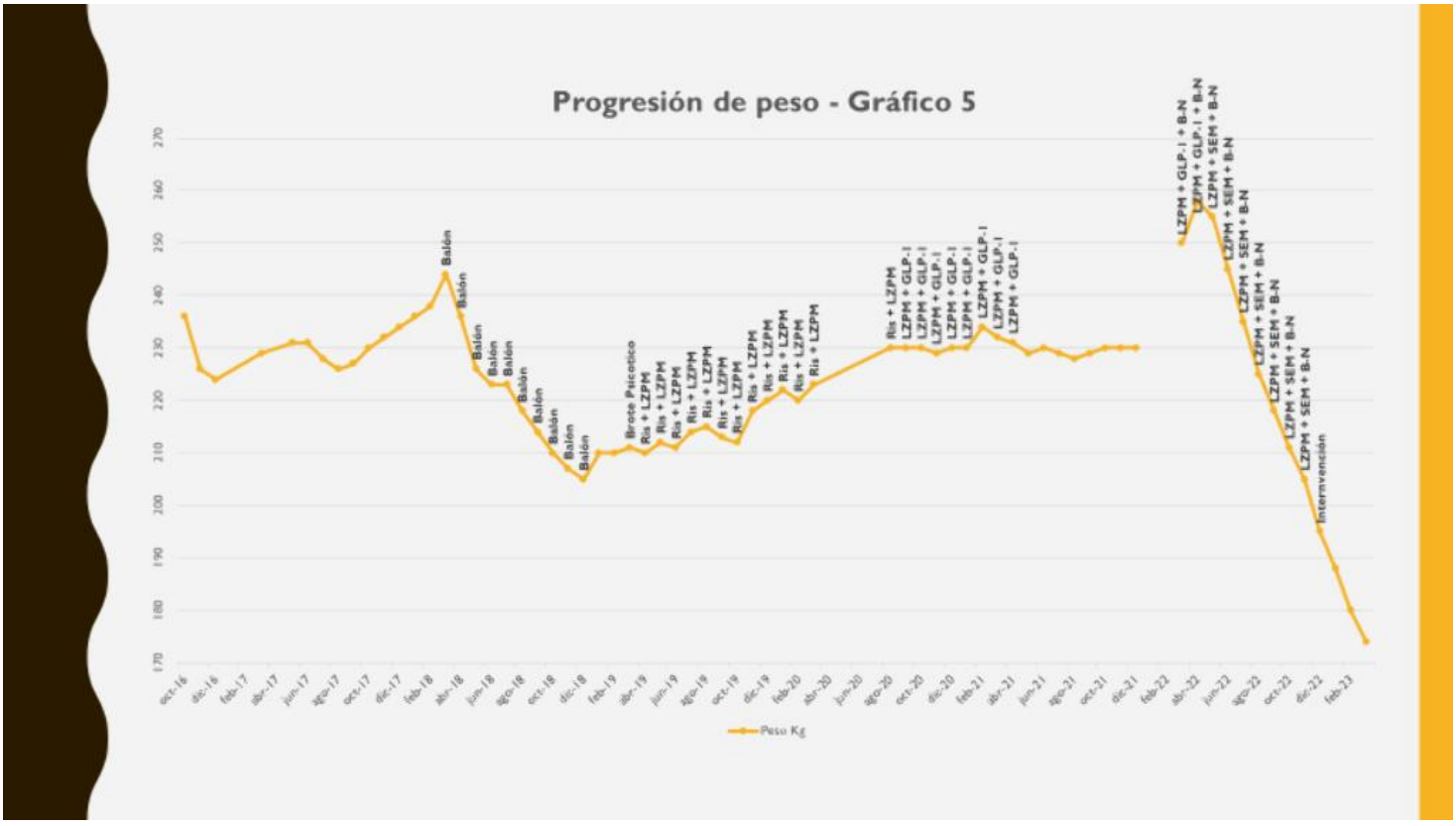
Background: The treatment of patients with BMI > 60 represents a challenge for the multidisciplinary team, both in preparation for metabolic bariatric surgery and subsequent lifelong follow-up.

Objectives: To describe the pre- and postoperative process of a complex patient with BMI > 60. 9 years of follow-up

Methods:



A 38-year-old male patient. (BMI 78.8) associated with the following related diseases : Insulin resistance, hypertension requirement for cpap Severe hepatic steatosis Osteoarthritis of the knees (difficulty walking) 2015-At the beginning he develops the following changes: he carries out a strict hyponatremic plan, reduces the portion of lunch and dinner and incorporates breakfast and snack. Cut out carbonated drinks. The patient improving habits, attending the controls. A new nutritional assessment was carried out in which the changes made. 2017 Gastric balloon placement to aid pre-surgical descent. With this intragastric device, a decrease 225 to 205 kg is achieved. 2018 The patient develops psychotic symptoms due to marijuana consumption 2019After his psychic compensation he remained between 215-220 kg. March - 2020: Strict confinement is declared with closure of operating rooms due to the pandemic. In this case, his condition worsens and he begins to gain weight progressively, so in September 2020 it is indicated to start liraglutide at maximum doses without responding significantly.

Results: On 28-11-2022 a Roux-en-Y gastric pass was performed, 100 cm biliary loop. Food handle 150 cm.TO: 110 min. Recovery in the hospitalization room. Discharge with tolerance 80 ml/hour at 48 hours. Obesity Surgery, 15, 486-493.Laparoscopic Roux-en-Y Gastric Bypass is Safe and Effective in Patients with a BMI ≥ 60 The patient two and a half months after surgery triggers a psychotic break, which is assumed to be post-surgical weight loss. He was diagnosed with mild mental retardation. He was hospitalized after one month and the following indications were made: Risperidone and lorazepam 2.5 mg/day, plus the need for therapeutic companion Follow-up in HTA of day to date. Current weight 119 kg Size 172 cm BMI 40.2 kg/t2

Conclusions:

The perseverance of the multidisciplinary team was the key factor in giving an opportunity to improve the quality of life of the patient with BMI > 60.

Disclosure: No significant relationships.

P255 / Abs. ID 820

Topic: *AS41. MBS in class IV, Class V, Class VI patients*

MBS IN CLASS IV, CLASS V, CLASS VI PATIENTS
10-09-2025 10:00 - 10:30

SINGLE ANASTOMOSIS DUODENO-ILEOSTOMY WITH SLEEVE GASTRECTOMY SADI-S: FOR PACIENTE WITH OBESITY GRADE VI

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Background: The SADI-S procedure was first described in Spain in 2007 as a modification of the duodenal switch, showing to date an excellent alternative as a hypoabsorptive treatment, comparable to the Roux-en-Y gastric bypass, with excess weight loss of 80-90% and remission of type 2 diabetes mellitus (DM2) between 71-74%.

Objectives: To present a case of an alternative surgical procedure for the management of a patient with grade VI obesity, highlighting the procedure as an option for patients with a BMI above 55 kg/m².

Methods: 31 year old male with obesity grade VI, with a BMI of 73.5 kg/m² and clinical history of insulin resistance, dyslipidemia, hypertension, hepatic steatosis, and obstructive sleep apnea, who underwent laparoscopic SADIS procedure, starting with sleeve gastrectomy as the first step, followed by dissection and sectioning of the duodenum at the level of the first portion, creation of the intestinal loop 300 cm from the ileocecal valve, anastomosis duodeno-ileostomy , and finally trans-operative endoscopy to evaluate the final result

Results: The patient evolves appropriately, remains for 48 hours, and medical discharge is decided, with periodic evaluation by the multidisciplinary team showing a total weight loss (TWL) of 25% at 6 months and improvement in comorbidities.

Conclusions: The SADI-S procedure is an excellent and safe technique that can be an alternative for the management of patients with high BMI values for the resolution of their comorbidities, in whom gastric bypass is contraindicated, and it shows comparable results to conventional techniques.

Disclosure: No significant relationships.

P256 / Abs. ID 509

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

20-YEAR FOLLOW-UP FOR ROUX-EN-Y GASTRIC BYPASS: OUTCOMES ON WEIGHT LOSS AND COMORBIDITIES DISEASES ASSOCIATED WITH OBESITY

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Background: Obesity is a chronic and multifactorial disease that generates ongoing debate and the need for study due to its growing global prevalence. Among the current therapeutic approaches, Roux-en-Y gastric bypass is considered a safe treatment with proven effectiveness in the short and medium term. However, long-term data are limited in the literature, particularly for follow-up periods greater than 15 years.

Objectives: The aim of this study is to evaluate the long-term outcomes of Roux-en-Y gastric bypass during a complete 20-year follow-up.

Methods: This is a single-center retrospective cohort study that included patients who underwent Roux-en-Y gastric bypass between 1998 and 2004, with a follow-up of at least 20 years. The analyzed data included the evolution of weight loss and the medical conditions associated with obesity.

Results: A total of 212 patients were analyzed for this study, most of whom were women (83.96%), with an average age of 42.5 ± 10.2 years and a mean preoperative BMI of 48.21 ± 6.5 kg/m² at baseline. The maximum weight loss was observed at 18 months postoperatively, with an average %TWL of 38.54% and %EBWL of 82.13%. In the following years, a decrease in weight loss is observed, reaching an average %TWL of 29.94% at 10 years after surgery. At present, the average %TWL, %EBWL and BMI are around 31.5%, 65.3%, and 32.99 ± 7.6 kg/m², respectively, with 137 patients (64.6%) achieving a BMI <35 kg/m². Regarding related diseases, sustained resolution was achieved with a remission rate of 47.2% for type 2 diabetes, 36.9% for hypertension, 31.25% for dyslipidemia, and 75% for OSAS.

Conclusions: Roux-en-Y gastric bypass provides sustainable long-term weight loss and resolution of obesity-related diseases maintained for at least 20 years after surgery, showing results comparable to other studies.

Disclosure: No significant relationships.

P257 / Abs. ID 282

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

10-YEAR EXPERIENCE OF TREATING 127 PATIENTS WITH TYPE 2 DIABETES MELLITUS AFTER MINI-GASTRIC BYPASS

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Background: Laparoscopic mini-gastric bypass (OAGB) is an effective, safe and easily performed procedure. We evaluated the effectiveness of OAGB in %EWL and resolution of type 2 diabetes (T2DM) in 127 patients with a 10-year follow-up.

Objectives: We performed a retrospective analysis of prospectively collected data on 127 patients with type 2 diabetes mellitus who underwent OAGB from January 2015 to December 2015. The average age before surgery was 48.2 years (24–65 years). The average duration of type 2 diabetes mellitus was 9.45 years (3 – 18 years). The mean HbA1c before surgery was 11.6% (7.4–12.3%), the mean C-peptide level was 6.65 (1.2–11.25).

Methods: Our OAGB technique was that the gastric rauch length was 18 cm, the width was 3 cm. The diameter of the gastrojejunostomy was 3.0 cm. The gastrojejunostomy was applied along the posterior wall of the stomach. The length of the biliopancreatic loop varied from 150 to 250 cm.

Results: The analysis showed that the mean EWL was >96%. T2D resolved in 94.5% of patients (complete cessation of hypoglycemic drugs), with significant improvement in the rest (7 patients). All patients with improvement before surgery took exogenous insulin, and after surgery, there was no need for exogenous insulin, they were transferred to oral hypoglycemic drugs. Those with a shorter T2D duration (3 to 5 years) had a faster remission. Also, in patients under 50 years of age, T2D remission was achieved in all cases.

Conclusions: OAGB was effective in both %EWL and in improving glycemic control, resulting in clinical resolution or improvement of T2D. OAGB is an excellent bariatric and metabolic procedure due to its ease of performance and effectiveness.

Disclosure: No significant relationships.

P258 / Abs. ID 162

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

TIMING OF WEIGHT LOSS NADIR AND RECURRENT WEIGHT GAIN AFTER SLEEVE GASTRECTOMY OCCURS EARLIER THAN AFTER GASTRIC BYPASS

Laan Yeung[1], Colleen Tewksbury[2], Armaun Rouhi[2], Maria Altieri[2], Noel Williams[2], Kristoffel Dumon[2], Victoria Gershuni[2]
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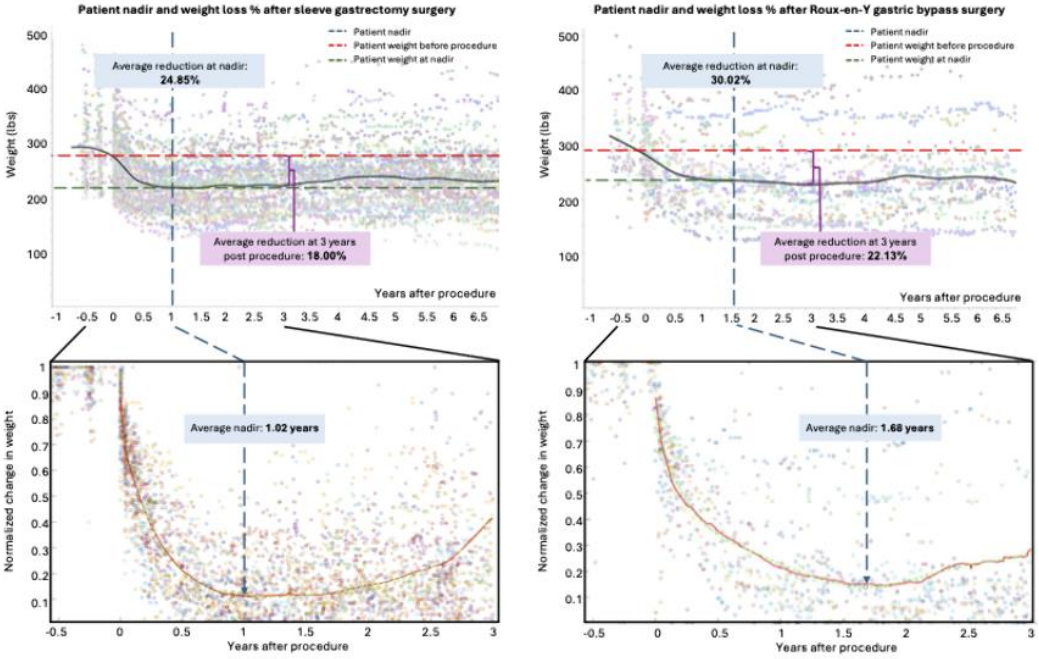
Background: Metabolic Bariatric surgery is the most effective and durable solution for weight management. While long-term data on weight change after gastric bypass (RYGB) is more readily available, less is known about the weight change dynamic after sleeve gastrectomy (SG).

Objectives: The objective of this project was to describe the procedure-specific change in weight over time in a diverse, urban population receiving care at an academic quaternary care center.

Methods: A retrospective cohort study of metabolic bariatric surgery patients from 2011 to 2019 with at least 36 months of post-operative follow-up was performed. Demographics and serial weight measurements were collected from multiple timepoints. Primary outcome was percent total weight loss (%TWL) at nadir. Weight trajectories were plotted over time and modeled to a line of best fit to determine procedure specific nadir timing and long-term %TWL. Nadir was defined as the lowest postoperative weight recorded.

Results: A total of 200 patients were included (150 SG and 50 RYGB), most were African American (54%) and female (85%) with an average age of 53 ± 13 years. Weight trajectory differed according to procedure. RYGB patients had significantly greater %TWL compared to SG (35.1 ± 11.5% vs. 28.5 ± 9.5%, $p<0.0001$). The fitted models demonstrated that SG patients achieved nadir weight at a mean of 12 months with an average recurrent weight gain of 7% from nadir to the 3-year follow-up. RYGB patients achieved nadir weight at a mean of 20 months with an average recurrent weight gain of 8%.



Conclusions: Weight loss after metabolic bariatric surgery differs by procedure. SG is associated with earlier nadir than historically seen with RYGB while RYGB patients experience significantly greater total weight loss; greater awareness of timing of nadir and expected %TWL will allow providers to develop more proactive comprehensive weight management strategies to maximize total weight loss and mitigate recurrent weight gain.

Disclosure: No significant relationships.

P259 / Abs. ID 289

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

SINGLE ANASTOMOSIS SLEEVE JEJUNAL (SASJ) BYPASS: THE 5-YEAR OUTCOMES OF A NEW SURGICAL TECHNIQUE

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Background: Single-Anastomosis Sleeve Jejunal Bypass (SASJ) is an innovative bariatric-metabolic surgery designed to achieve significant weight reduction and metabolic improvement while minimizing nutritional risks. This study evaluates the five-year impact of SASJ, focusing on weight loss durability, obesity-associated disease remission, and postoperative challenges.

Objectives: To assess the long-term efficacy and safety of SASJ in patients with severe obesity, with a particular focus on sustained weight loss, remission of related diseases, and recurrent weight gain trends.

Methods: A retrospective review of 43 patients who underwent SASJ was conducted, with a follow-up period of five years. Eligibility criteria included BMI ≥40 kg/m² or BMI ≥35 kg/m² with obesity-associated conditions. Outcomes included BMI, total weight loss percentage (%TWL), excess weight loss percentage (%EWL), and remission of type 2 diabetes (T2D), hypertension (HTN), hyperlipidemia (HLP), and gastroesophageal reflux disease (GERD) was recorded before surgery and during each follow-up visit. Recurrent weight gain (WR) was evaluated using multiple definitions. Statistical analyses included repeated measures ANOVA and chi-square tests ($p < 0.05$).

Results: At five years postoperatively, SASJ demonstrated substantial and sustained weight loss with mean BMI decreasing from 44.9±4.7 to 30.5±4.5 kg/m². The %EWL at 2 years was 82.6±19.4, at 3 years was 79.7±20, at 4 years was 77±20.6, at 5 years was 72.3±22.5, with a statistically significant trend ($p<0.001$). Remission rates were 70% for T2D, 57% for HTN, and 85% for HLP, while GERD persisted in 43%. Recurrent weight gain was observed in 18.6%–25.6% of patients, based on different definitions. No cases of malnutrition, BMI <18.5 kg/m² or acute liver failure were recorded.

Conclusions: SASJ provides effective and durable weight loss, along with high remission rates for metabolic disorders, making it a promising option in bariatric-metabolic surgery. However, long-term follow-up and lifestyle interventions are essential to mitigate recurrent weight gain. SASJ is a suitable procedure for patients with specific indications, such as a family history of gastric cancer, recurrent infection of Helicobacter pylori, past history of peptic ulcer disease, presence of intestinal metaplasia in gastroesophageal junction, patients, who do not want to lose too much of their weight, while seeking relief from T2D. Further research is needed to validate these findings in larger studies.

Disclosure: No significant relationships.

P260 / Abs. ID 498

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

METABOLIC-BARIATRIC SURGERY IN SINGAPORE: A LONG-TERM REVIEW OF OUTCOMES, SAFETY, AND EFFICACY

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Background: Metabolic-bariatric surgeries (MBS) enable substantial weight loss for obese individuals, induces remission or ameliorates obesity-related diseases, thereby improving long-term survival.

Objectives: To evaluate total body weight loss (TBWL), remission of diabetes mellitus (DM) and safety outcomes of the various types of MBS.

Methods: This study included all MBS performed at the National University Hospital and Alexandra Hospital from January 2008 to December 2023. Data collected included age, gender, related diseases , type of MBS, pre- and post-operative body mass index (BMI) and diabetes status. Exclusion criteria included procedures with small sample sizes - gastric banding (n=2), sleeve with duodenojejunal bypass (n=3), and endoscopic sleeve gastroplasty (n=4).

Results: A total of 1123 MBS were performed, of which 808 (71.38%) were sleeve gastrectomy (SG), 112 were Roux-en-Y Gastric Bypass (RYGB) and 203 were One Anastomosis Gastric Bypass (OAGB). The mean age was 43 (median 37-50) years, mean BMI was 41.9kg/m². 264 (59.68%) were female. Diabetes status was screened - 39.10% were diabetic and 26.89% were pre-diabetic. Follow-up period was 5 years for the SG and RYGB groups and 3 years for OAGB group. Weight loss outcomes were measured as percentage total body weight loss (%TBWL) yearly post-MBS. OAGB shows the highest %TBWL at first- and second-year post-surgery (29.0% and 27.8% in OAGB group vs 24.9% and 24.5% in RYGB group and 21.1% and 20.2% in SG group). Diabetes remission rates post-MBS were tracked yearly over five years, with 257 (58.54%) achieving remission at 1 year, decreasing to 92 (31.83%) at 5 years. OAGB has the highest remission rates initially (70.30% remission at 1 year vs 69.05% in the RYGB group and 50.39% in the SG group). Remission rates decrease over time. Compared to global benchmarks, our hospitalisation duration is shorter (2.0 vs 3.5 days), reoperation rate (2.3% vs 3.5%), readmission rate (2.75% vs 5.5%), minor complication rate (4.4% vs 5.5%) and major complication rate (2.75% vs 5.5%) are consistently lower.

Conclusions: Individuals who have undergone MBS demonstrated considerable weight loss, better glycaemic control and diabetes remission with measured quality of care markers comparable to international benchmarks.

Disclosure: No significant relationships.

P261 / Abs. ID 716

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

ESTABLISHING A PREDICTION MODEL FOR WEIGHT LOSS OUTCOMES AFTER LSG IN CHINESE PATIENTS WITH BMI ≥ 32.5 KGM2 USING BODY COMPOSITION DATA

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Background: Laparoscopic sleeve gastrectomy (LSG) is associated with sustained and substantial weight loss. However, suboptimal results are observed in certain patients.

Objectives: Drawing from body composition data at our center, clinically accessible predictive factors for weight loss outcomes were identified, leading to the development and validation of a preoperative predictive model for weight loss following LSG.

Methods: A retrospective analysis was conducted on the general clinical baseline and body composition data of patients (body mass index [BMI] ≥ 32.5 kg/m2) who underwent LSG between December 2016 and December 2022. Independent predictors for weight loss outcomes were selected through univariate logistic regression, random forest analysis, and multivariate logistic regression. Subsequently, a nomogram was developed to predict weight loss outcomes and was evaluated for discrimination, accuracy, and clinical utility, with validation performed in a separate cohort.

Results: A total of 473 patients with mean BMI were included. The preoperative resting energy expenditure to body weight ratio (REE/BW), fat-free mass index (FFMI), and waist circumference (WC) emerged as independent predictive factors for weight loss outcomes at one year post-LSG. These body composition parameters were incorporated into the construction of an Inbody predictive nomogram, which yielded area under the curve (AUC) values of 0.868 (95% CI: 0.826–0.902) for the modeling cohort and 0.829 (95% CI: 0.756–0.887) for the validation cohort. Calibration curves, decision curve analysis (DCA), and clinical impact curves (CIC) from both groups demonstrated the model's robust discrimination, accuracy, and clinical utility.

Conclusions: In Chinese patients with a BMI ≥ 32.5 kg/m2, the Inbody-based nomogram integrating REE/BW, FFMI, and WC offers an effective preoperative tool for predicting weight loss outcomes one year after LSG, facilitating surgical planning and postoperative management.

Disclosure: No significant relationships.

P262 / Abs. ID 889

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

METABOLIC BARIATRIC SURGERY IMPROVES PROTEINURIA IN PATIENTS WITH OBESITY WITHOUT DIABETES

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Background: Obesity is a recognized risk factor for the development and progression of chronic kidney disease. Metabolic Bariatric Surgery(MBS) has emerged as an effective therapeutic intervention for obesity, resulting in significant weight loss and improvements in associated comorbidities.

Objectives: This study investigates the impact of Metabolic Bariatric Surgery on proteinuria in patients with obesity without diabetes and the association between weight loss and proteinuria improvement.

Methods: A single center retrospective study of patients who underwent laparoscopic sleeve gastrectomy (LSG) at Chibune General Hospital from March 2019 to December 2023. The patients included age 18 -65 year-old with BMI > 32.5 kg/m² and suspected of having obesity related nephropathy. Proteinuria was determined by urine protein creatinine ratio ≥ 0.15 g/g.Diabetes kidney disease was excluded. Data were collected for a follow-up period of 1 to 5 years post-surgery.

Results: The 30 patients exclude second operation 7 patients, 1 dialysis patient and 1 IgA nephropathy. Total 21 patients were 14 female, 7 male. An average baseline weight 112 kg, BMI 39.1 Kg/m^2, weight circumference 122±14.9 cm. Baseline Urine protein to creatinine ratio 0.199±0.487 g/g At 1 year post Metabolic Bariatric Surgery there was significant decrease in 28.46 %Total weight loss(TWL), BMI decrease 6.85±22 (p-value <.001), average urine protein 0.082±0.166 %.and proteinuria improvement 76.1%(P value 0.008). There was a negative correlation R=-0.833 between %TWL and Urine protein to Creatinine ratio (p-value 0.015) and a positive correlation R=0.810 beteween weight circumference and Urine protein to Creatinine ratio (p avlue 0.0223) at 3 year after surgery.

Conclusions: Metabolic Bariatric Surgery appears to be an effective intervention for reducing proteinuria in pateints with without diabetes.

Disclosure: No significant relationships.

P264 / Abs. ID 553

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

SLEEP APNEA HYPOAPNEA SYNDROME IMPROVES WITH LAPAROSCOPIC SLEEVE GASTRECTOMY. RESULTS AFTER 150 INTERVENTIONS

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Background: Severe obese patients have associated diseases such as SAHS (28%), type II Diabetes (24%), HTA (50%) and Hypercholesterolemia (28%). All of them make the patient's daily life difficult. Sleeve gastrectomy is a relatively new, safe and increasingly popular technique worldwide. Our purpose is to know the efficacy in relation to SAHS.

Objectives: To analyze the evolution of sleep apnea in this series of patients undergoing Sleeve gastrectomy.

Methods: We performed a retrospective study in our database from 2017 to 2023 analyzing 150 patients, sex, initial BMI, presence of SAHS and other related diseases , surgical technique, postoperative BMI, EWL and studying the patients one year after surgery.

Results: SAHS was present in 28% of patients. Patients with SAHS had a higher weight (144.8 Kg) than those without (130.8 Kg) $p< 0.05$. Higher BMI, 51.7 vs. 48.8. SAHS is associated with hypertension in 55.7%. It is more frequent in men (57.95%) than in women (21.3%) with $p<0.01$. Age is a risk factor (38.8 years vs. 43.8) $p< 0.01$. Resolution is linked to excess weight loss (42.3% vs. 65.4%) or BMI (34.2 vs. 40.9) We can expect a resolution of SAHS by sleeve gastrectomy in 50% of cases. Weight loss is the main factor for improvement. Resolution of SAHS is observed between the 6th and 9th postoperative month. The results at one year are maintained at 3 years. Analyzing data from patients who underwent gastric bypass, similar results are obtained in resolution of SAHS. Female hormones seem to protect young women from SAHS.

Conclusions: Sleeve gastrectomy cures SAHS in 50% of patients with severe obesity. It is directly related to weight loss and age. We need studies with longer follow-ups.

Disclosure: No significant relationships.

P265 / Abs. ID 1094

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

WEIGHT LOSS COMPARISON BETWEEN RYGB AND OAGB AT THE CENTER FOR OBESITY AND METABOLIC DISEASES FOLLOW UP- 5 YEARS

Juan Aguilar[1], Mariana Ramírez Ceballos[2], Daniel Caiña[3], Astrid Aguilar[4]
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Background: Obesity is a chronic disease that is associated with multiple coomorbilidades, being the second leading cause of death worldwide. Declared a pandemic by the World Health Organization. Your treatment should be done in a multidisciplinary manner so as to ensure solve the biological, social, cultural, economic, family and nutritional factors of this disease.

Objectives: Determine behavioral outcomes of weight loss obtained in patients undergoing surgery with OAGB compared to patients treated with RYGB at the Center for Obesity and Metabolic Diseases. 5 years follow up

Methods: Observational, cross-sectional type retrospective in which patients were included operated bariatric surgery at the Center for Obesity and Metabolic Diseases.

Results: Patients undergoing Gastric Bypass for 2018 were in total 256, of which 54.68% (140) underwent a OAGB and 45.31% (116) RYGB. In comparing the two interventions a slightly greater reduction in the mean BMI at 5 years follow-up on the OAGB, 29.8 kg / m2 was found regarding the RYGB 31.8 kg / m2; Significant differences (p = 0.003) for the index showed initial and final body weight between groups. Finally, it was determined that the OAGB presented an "optimal" result (percentage loss of excess weight lost ≥ 50%) because on average, after 5 years of monitoring the percentage of overweight lost average was 66.6% compared to 55,

Conclusions: This paper may show that patients undergoing OAGB have greater loss of the percentage of overweight at 5 years, however the development of higher education and larger populations is needed to clarifying the differences between these two procedures and thus actually determine the type of surgery with better results for cases with obesity and associated diseases.

Disclosure: No significant relationships.

P266 / Abs. ID 1230

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

EFFICACY OF METABOLIC BARIATRIC SURGERY IN THE REMISSION OF TYPE 2 DIABETES MELLITUS: A LITERATURE REVIEW

Rodrigo Pederzoli
María Auxiliadora University, Central, Asunción, Paraguay

Background: Severe obesity has become a major public health issue over recent decades, strongly associated with multiple comorbidities, including type 2 diabetes mellitus (T2DM). Metabolic Bariatric Surgery (MBS) is currently recognized as a treatment option for both sustainable weight reduction and T2DM remission in individuals with a BMI ≥35 kg/m² with comorbidities, or ≥40 kg/m² when conservative treatment fails.

Objectives: To evaluate the efficacy of Metabolic Bariatric Surgery in achieving remission of type 2 diabetes mellitus based on an integrative literature review.

Methods: A PubMed search was conducted using the terms "bariatric surgery", "type 2 diabetes mellitus", and "gastric bypass". Inclusion criteria comprised full-text articles published between 2019 and 2024, free-access, written in English, and involving participants selected based on fasting glucose or HbA1c levels. Exclusion criteria included studies unrelated to the research question. Five articles were selected for final review.

Results: The two most common procedures analyzed were Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy (SG). According to the American Society for Metabolic and Bariatric Surgery (ASMBS), both procedures demonstrated high rates of T2DM remission. The mechanisms underlying remission include not only weight reduction, which improves insulin sensitivity and secretion and reduces blood glucose levels, but also changes in gut hormones such as GLP-1, GIP, PYY, and ghrelin. Studies also reported better outcomes with MBS compared to lifestyle interventions or pharmacologic treatments alone. Additional benefits observed included improvement in cardiovascular comorbidities, reduced micro- and macrovascular complications, and decreased need for hypoglycemic medications. Long-term optimal clinical response depends on continuous multidisciplinary follow-up.

Conclusions: Metabolic Bariatric Surgery is an effective intervention for T2DM remission in people with severe obesity. Its multifactorial mechanisms offer advantages beyond weight reduction, with substantial clinical benefits when complemented by ongoing professional monitoring.

Disclosure: No significant relationships.

P267 / Abs. ID 605

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

PREVALENCE OF OBSTRUCTIVE SLEEP APNEA-HYPOPNEA SYNDROME (OSAHS) IN PATIENTS UNDERGOING BARIATRIC METABOLIC SURGERY

Mariana Lucia Lopez Rodriguez[1], Jose Pablo Gonzalez Rojas[2], Carlos Felipe Palomino Peña[3], Gonzalo Dominguez Alvarado[4], Luis Lopez Gomez[4], Martha Ramirez[1], Diomar Andres Velasquez Castellanos[1], Mario Fernando Paez Pertuz[1]
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Background: Obstructive Sleep Apnea-Hypopnea Syndrome (OSAHS) is a respiratory disorder characterized by recurrent episodes of partial or complete collapse of the upper airway during sleep, leading to intermittent hypoxia and sleep fragmentation. Its prevalence is significantly higher in individuals with obesity. Bariatric surgery has been demonstrated as an effective strategy to reduce the severity of OSAHS in these patients; however, prior diagnosis is crucial for perioperative management and optimization of surgical outcomes. This study aims to determine the prevalence of OSAHS in pre-bariatric patients and analyze its impact on clinical decision-making.

Objectives: To determine the prevalence of OSAHS in patients with obesity eligible for bariatric surgery and its association with clinical and anthropometric variables.

Methods: A secondary anonymized database of adult patients with obesity scheduled for bariatric surgery at a specialized center was analyzed. Patients with a body mass index (BMI) ≥32 kg/m² were included. A univariate and bivariate analysis was conducted using Stata 16.

Results: A total of 512 patients were included in the study. The prevalence of OSAHS diagnosed by polysomnography was 4.26%, with a higher frequency in patients with a BMI above 35 kg/m². A greater incidence was observed in males compared to females.

Conclusions: The findings of this study reinforce the high prevalence of OSAHS in the population with severe obesity seeking bariatric surgery, underscoring the importance of timely diagnosis and management of this disorder. The significant association between BMI and OSAHS aligns with previous studies, indicating that central obesity is a key factor in airway collapse. Early identification of OSAHS in pre-bariatric patients can contribute to optimizing perioperative treatment and improving postoperative outcomes, reducing respiratory and cardiovascular complications. OSAHS is highly prevalent in patients undergoing bariatric surgery, with a strong association with obesity and its comorbidities. Early detection through screening tools and confirmatory diagnostics is essential to enhance perioperative safety and surgical outcomes.

Disclosure: No significant relationships.

P268 / Abs. ID 915

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

WHERE ARE THEY NOW? LONG-TERM WEIGHT AND WELL-BEING STATUS AFTER SLEEVE GASTRECTOMY

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Background: Sleeve gastrectomy (SG) is the most commonly performed bariatric procedure worldwide with effective short-term results. However, long-term weight regain affects up to 50% of patients, potentially compromising clinical outcomes and quality of life. Despite its prevalence, it remains undetected and poorly characterized.

Objectives: To describe clinical, anthropometric, behavioral, and self-reported outcomes in patients with varying degrees of weight regain after SG, integrating both objective data and subjective perspectives.

Methods: A cross-sectional survey was conducted in a cohort of patients who underwent SG between 2013 and 2019 at a single center (Santiago, Chile). 460 patients were contacted through email and phone to complete an online questionnaire with closed and Likert-type items. It included demographic, clinical, and anthropometric data (preoperative, 12-month, and current data), behavioral factors (physical activity, reflux, shiftwork, reproductive status), and patient-reported outcomes using 7-point Likert scales on weight loss success, quality of life, mobility, prognosis, and surgical satisfaction.

Results: A total of 128 patients (27.8%) completed the survey. The mean age was 44.6 ± 10.0 years, 86.7% were female. Preoperative BMI averaged 38.1 ± 6.1 kg/m², decreasing to 25.6 ± 4.1 kg/m² at 12 months, with a mean weight loss of 33 ± 13.5 kg. At follow-up (mean 5.6 years), 50% had regained ≥10 kg, 24.2% regained ≥25% of lost weight, and 33.5% increased ≥5 BMI points (Figure 1). Weight regain was consistently associated with lower scores in perceived quality of life (6.5 vs. 5.9 score), mobility (6.5 vs. 6.1 points), and prognosis (6.4 vs. 5.7 points) but not weight loss success (Figure 2). Physical activity showed limited impact on mobility perception. Despite these outcomes, 88.3% of respondents reported they would still recommend the surgery. Figure 1.

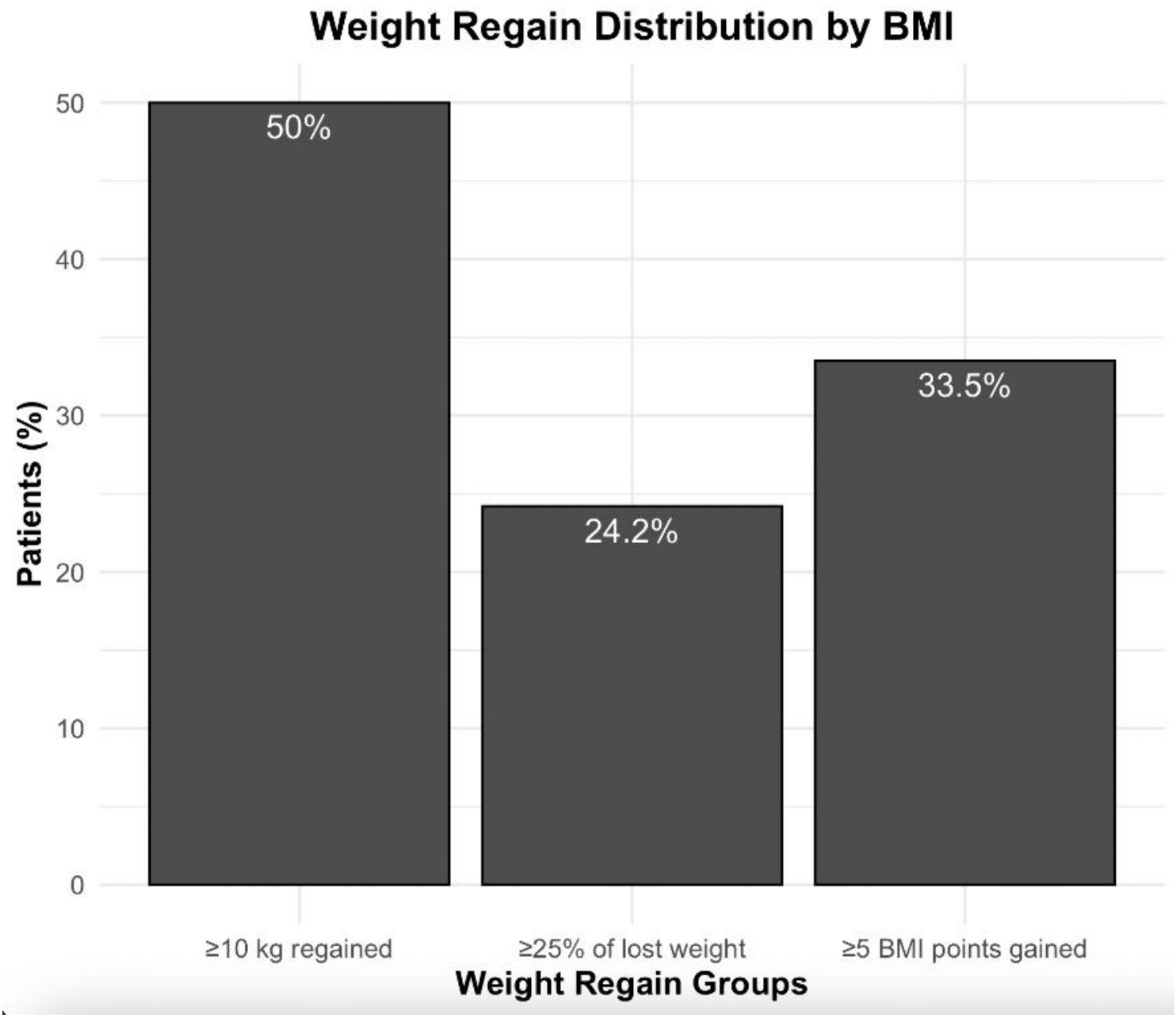
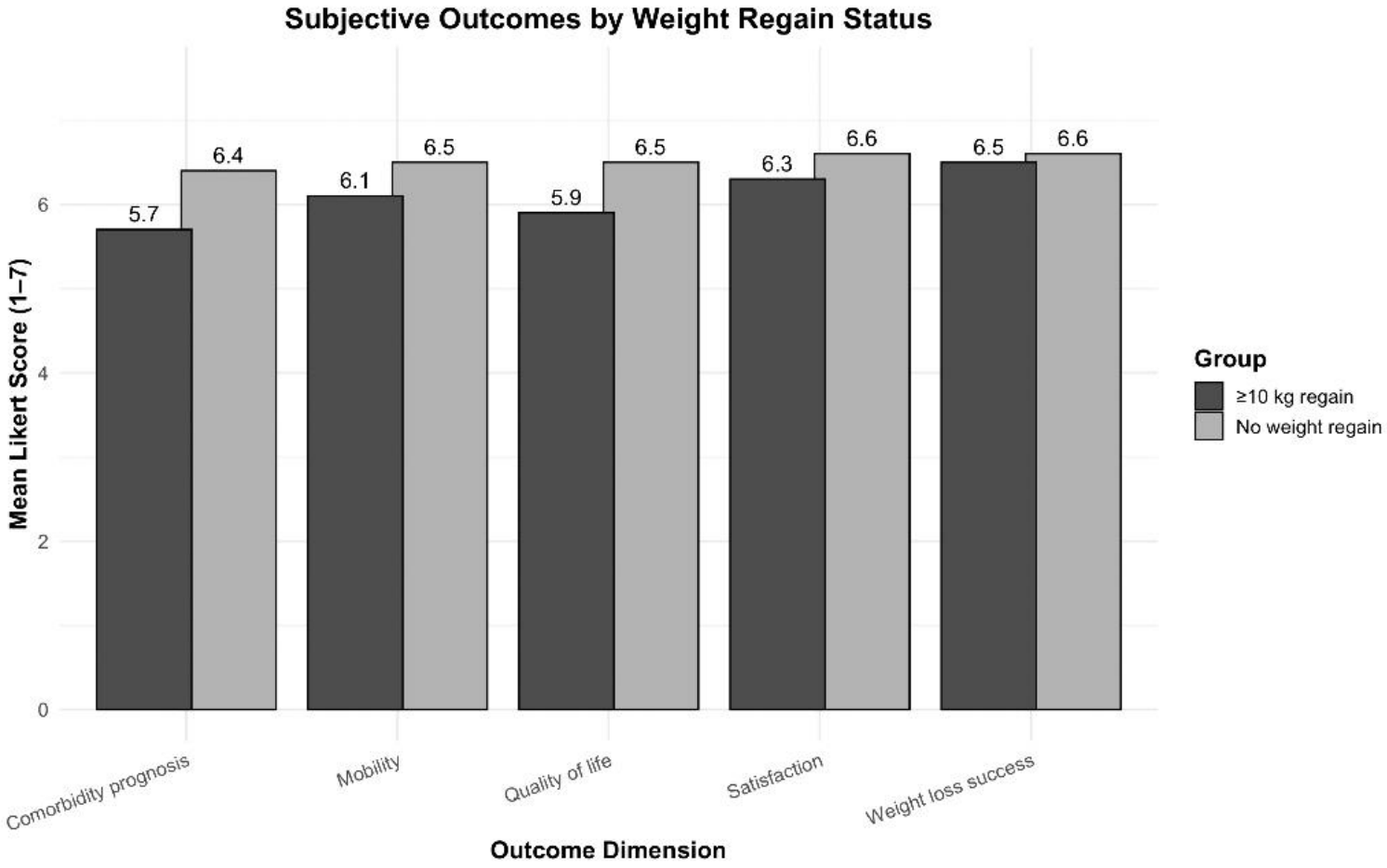

Weight Regain Distribution by BMI
Patients (%)
50
40
30
20
10
0
50%
24.2%
33.5%
≥10 kg regained
≥25% of lost weight
≥5 BMI points gained
Weight Regain Groups

Figure 2.



Conclusions: In this cohort, recurrent weight gain after sleeve gastrectomy is common and impacts both objective and patient-perceived success outcomes — but patients still value the surgery. The findings emphasize the importance of comprehensive long-term follow-up and opens the door for targeted non-surgical interventions.

Disclosure: No significant relationships.

P269 / Abs. ID 989

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

ADHERENCE TO LONG-TERM (10 YEARS) TREATMENT IN POST-METABOLIC BARIATRIC SURGERY PATIENTS

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Background: The lack of adherence can lead to suboptimal outcomes and the recurrence of comorbidities. Ensuring proper adherence to the multidisciplinary professionals involved after bariatric surgery has been a challenge since the inception of bariatric surgery in the 1950s. This study aims to demonstrate the prevalence of follow-up adherence among bariatric patients over 10 years and the excess BMI loss (% EBMIL) sustained through time.

Objectives: Our Population is patients who underwent bariatric surgery between March 2015 and March 2025 operated by our team according to an established protocol with 10-year follow-up (FU). Primary endpoints: excess BMI loss (% EBMIL), sustained of weight loss through time and prevalence to adhrence to follow-up.

Methods: Retrospective cohort study

Results: Of the initial 397 patient cohort, 27.2%, 21.2% and 13% of patients completed 1-, 5- and 10-years FU, respectively. Only 5.5% of them all sticked to regular FU throughout the 10 years. From that 5.5% (22/397) 77.3% female, mean preoperative age 33.64 (±8.5), mean preoperative BMI 37.12 (±3.9 kg/m²), mean preoperative weight 98.86 (±14.69 kg). Main endpoints according to FU as follows: mean %EBMIL 32.3%, 27% and 20.4% at 1-, 5- and 10-years FU, respectively; our mean weight was 66.9 (±9.42 kg), 72.15 (±9.8 kg) and 78.64 (±11.45 kg) at 1-, 5- and 10-years FU, respectively.

Conclusions: Our results in terms of %EBMIL and sustained weight after bariatric surgery might be compared with other published series. A more complete and longer FU is required to draw better evidence-based conclusions.

Disclosure: No significant relationships.

P270 / Abs. ID 494

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

MIDCAL CALIBRATION BAND FOR RECURRENT WEIGHT REGAIN AFTER SLEEVE GASTRECTOMY

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Clinique de la Sauvegarde, Digestive Surgery, Lyon, France

Background: Sleeve gastrectomy is an effective bariatric surgery technique, but a significant proportion of patients experience weight stagnation or recurrent weight gain in the medium to long term. In response to this limitation, conversion to Roux-en-Y gastric bypass is often proposed, although this procedure is irreversible and more invasive. To offer a less radical therapeutic alternative, the Midcal gastric band could be a potential solution to restart weight loss after a sleeve gastrectomy and this approach has not yet been studied.

Objectives: This prospective study aims to evaluate the impact of adding a Midcal ring on weight loss recovery in patients who have reached a plateau or regained weight after a sleeve gastrectomy.

Methods: This is a single-center observational study conducted on patients who experienced weight loss failure after a sleeve gastrectomy. Inclusion criteria included insufficient weight loss or recurrent weight gain after the sleeve procedure. All patients underwent the placement of a Midcal gastric calibration ring via laparoscopy. The ring, which has a fixed size once closed, was positioned around the stomach without the possibility of future adjustments. The effectiveness of this approach is evaluated based on weight loss, measured in kilograms and BMI variation. Patients are followed up in post-operative consultations at 1 month, 2 months, and 4 months to monitor their weight progression. A statistical analysis will be performed to assess weight loss evolution over the follow-up period.

Results: Seven patients were included in the study, with a preoperative mean BMI of 39.67 kg/m². At 1 month postoperatively, the average weight loss was 7 kg. Follow-ups at 2 and 4 months are ongoing to assess medium-term weight progression. One case of post-operative complication was observed, a ring slippage that required surgical removal. No other major adverse events have been reported.

Conclusions: Adding a Midcal gastric band after sleeve gastrectomy appears to be a promising alternative for patients with weight loss failure, avoiding conversion to gastric bypass. This technique, which is both reversible and surgically simple, could be an interesting option with a lower metabolic risk. However, studies with extended follow-ups and larger sample sizes are needed to confirm its effectiveness and evaluate its long-term complication profile.

Disclosure: No significant relationships.

P271 / Abs. ID 548

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

THE IMPACT OF PREOPERATIVE WEIGHT LOSS ON LONG-TERM SUCCES: 5-YEAR OUTCOMES AFTER BARIATRIC METABOLIC SURGERY

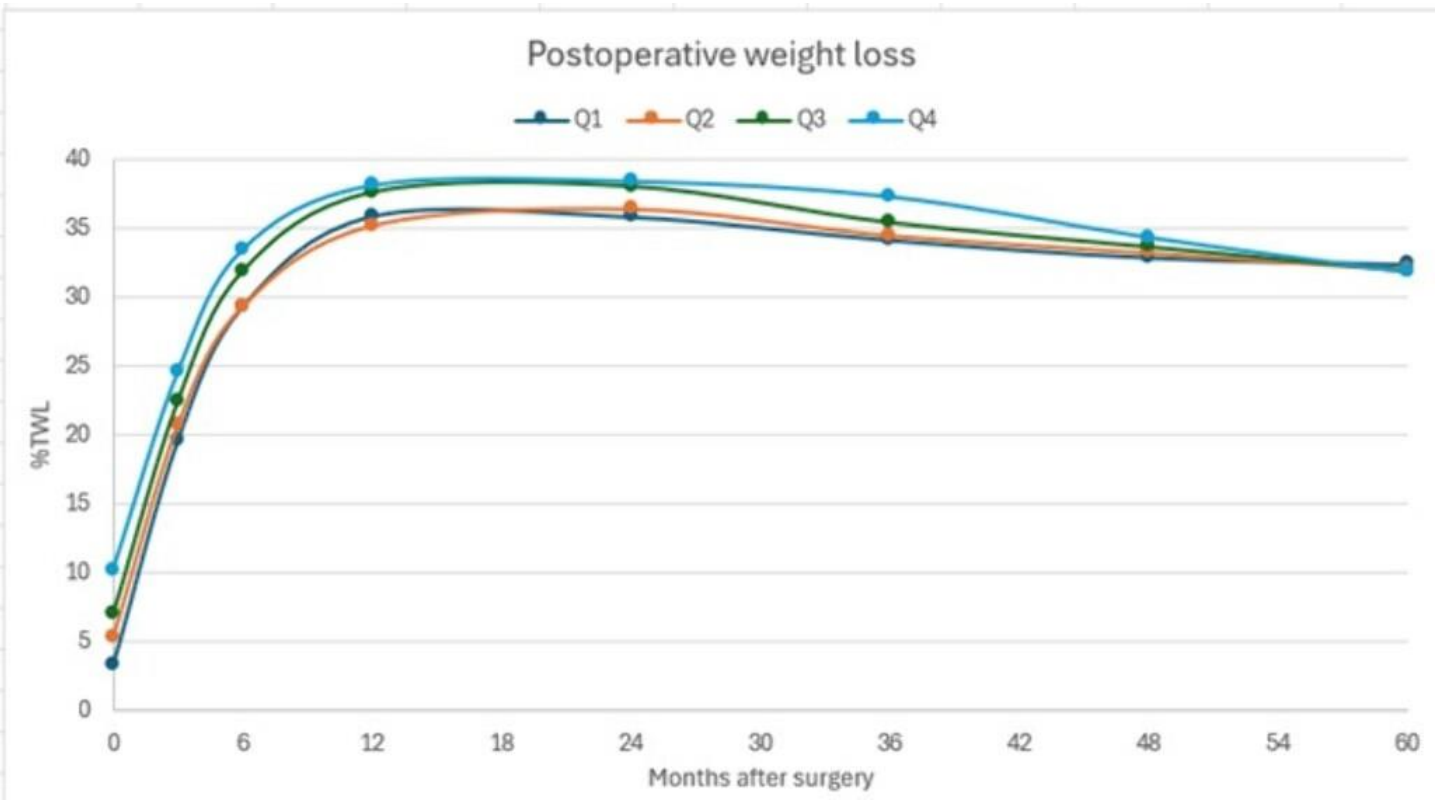
Kayleigh Van Dam[1], Cathelijne Kam[1], Geert Verkoulen[1], Pieter Broos[1], Evelien De Witte[1], Jan Willem Greve[2], Evert-Jan Boerma[1]
[1]Zuyderland Medical Centre, Surgery, Heerlen, Netherlands, [2]Maastricht University Medical Center, Nutrim, Institute For Nutrition And Translational Research In Metabolism, Maastricht, Netherlands

Background: Preoperative weight loss has been suggested as a predictor of postoperative weight loss outcomes after Bariatric Metabolic Surgery (BMS). Previous studies have evaluated the effect on short-term outcomes, however longer-term results remain limited.

Objectives: This study aims to evaluate the association between preoperative weight loss and total weight loss (%TWL) up to five years after surgery.

Methods: This is a single-center retrospective study including 765 consecutive patients who underwent primary BMS between June 2017 and august 2019. Patients were stratified into quartiles based on preoperative weight loss. Follow-up data on %TWL were analyzed at 3 and 6 months and 1, 2, 3, 4 and 5 years postoperatively.

Results:



The median age was 45 (full range 18-67) for all 765 patients. The majority was female (76.6%) and most patients underwent ring augmented Roux-en-Y Gastric Bypass (91.1%). The available follow-up data at 1 year was 97.3% and at 5 years 64.9% as all patients reached the follow-up points. The quartiles were based on preoperative weight loss with Q1 < 4.4%, Q2 = 4.4–6.17%, Q3 = 6.17–8.15% and Q4 > 8.15%. Based on these quartiles the %TWL after 1 year was 35.8 (Q1), 35.2 (Q2), 37.6 (Q3) and 38.1 (Q4). The 3-year results are 34.1% for Q1, 34.5% for Q2, 35.4% for Q3 and 37.3% for Q4. Eventually, after 5 years the %TWL was 32.4 (Q1), 32 (Q2), 31.9 (Q3) and 31.8 (Q4).

Table 1: follow-up rate and %TWL (N = 765)

Time Period	Follow-up	%TWL
3 months	762/765(99.6%)	21.8%
6 months	752/765(98.3%)	30.6%
1 year	744/765(97.3%)	36.7%
2 years	639/764(83.6%)	36.8%
3 years	598/763(78.4%)	34.8%
4 years	549/761(72.1%)	33.4%
5 years	493/760(64.9%)	32%

Conclusions: Higher preoperative weight loss was associated with greater total weight loss up to 4 years after surgery. However, at five years, the differences between quartiles diminished, suggesting a limited long-term impact. To better understand which patient groups benefit the most from preoperative weight loss, further analyses are needed to explore differences based on for example gender and obesity associated diseases. Identifying subgroups that experience the most sustained benefit could help optimize preoperative strategies and improve long-term outcomes in BMS.

Disclosure: No significant relationships.

P272 / Abs. ID 511

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

RESULTS OF OAGB IN REMISSION/ CONTROLE OF TYPE2 DIABETES MELLITUS PATIENTS WITH BMI

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Background: OAGB is a safe, effective, and reversible procedure for patients with Type II Diabetes Mellitus and severe Obesity. The current indication for OAGB is mainly applied for patients with body mass index 35 kg/m2 with comorbidity status.

Objectives: To establish the results of OAGB for remission of T2DM patients with BMI < 35 kg/m2 (Class I Obesity).

Methods: Patients submitted to Laparoscopic OAGB between September 2012 and December 2018 were analyzed after a 5 year FU. A total of 63 patients were included in the study. Mean body mass index (BMI) 31.20 kg/m 2 . Mean HbA1C was 8.93 %. Mean FBS was 241 mg/dl.

Results: Mean operating time was 75 min (+/- 15 min) was. Patients were followed up with FBS & HBA1C every 3 months, 6 months, 9 months, 1 year, 2-year, 3 year & 5 year. A total of 48 patients were available for follow up after 5 yr. Remission was defined as FBS < 120 & HBA1C < 6.0 without medications. Control was defined as FBS 120 – 150 & HBA1C 6-7. A total of 35 patients had complete remission of Type 2 DM while 13 patients had control of Type 2 DM with medications at the end of 5 yr follow up.

Conclusions: Laparoscopic OAGB is a safe and effective metabolic procedure. Several advantages such as technical simplicity, shorter learning curve, ease of revision and reversal, non-inferior weight loss and related diseases remission outcomes makes it an effective procedure when compared to Roux-en-Y gastric bypass. Our study has shown a gradual increase in remission of Type 2 DM from 15% at the end of 3 months to 72.91 % at the end of 5 year follow up. OAGB provides good, long-term control of T2DM in patients with class I obesity. Early intervention results in higher remission rates.Abstract : ed as FBS 120 – 150 & HBA1C 6-7. A total of 35 patients had complete remission of Type 2 DM while 13 patients had control of Type 2 DM with medications at the end of 5 yr follow up.

Disclosure: No significant relationships.

P273 / Abs. ID 82

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

OUTCOMES OF OMEGA LOOP GASTRIC BYPASS, 6-YEARS EXPERIENCE OF 1520 CASES

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[1]King's College Hospital NHS Trust, Emergency Surgery, London, United Kingdom, [2]Faculty of Medicine Assuite University, Bariatric Surgery, cairo, Egypt, [3]Faculty of Medicine Ain Shams University, Assuite University, cairo, Egypt

Background: Omega loop gastric bypass (OLGB) has been viewed with skepticism after the failure of the Bold Mason loop.^ During the past 15 years, a growing number of authors worldwide approved that OLGB is a safe and effective proce- dure, which appears clearly from the operative outcome and long-term follow-up of consecutive cohort studies of patients who underwent OLGB.

Objectives: The aim of this study is to evaluate the outcomes of OLGB at the bariatric center of our university hospital between 2009 and 2015.

Methods: The data of 1520 patients who underwent OLGB from November 2009 to December 2015 at our center were reviewed. Mean age was 37.15 years, mean preoperative BMI was 46.8 ± 6.6 kg/m2, mean preoperative weight was 127.4 ± 25.3 kg, and 62.7% were women. Diabetes mellitus (DM) affected 683 (44.9%) of the 1520 patients, whereas 773 of the 1520 patients (50.9%) presented with hypertension. The mean operative time was 35 min.

Results: The 1-year postoperative BMI mean decreased to 29.6 ± 3.1 kg/m2, and at the 3-year follow-up, it was 27.5 ± 3.4 kg/m2. The mean of weight decreased to 81.3 ± 16.7 kg and to 78.9 ± 16.9 kg at the 1-year and the 3- year follow-up, respectively. Mortality rate was 0.1%. Overall complications were 9.3%; 0.8% required reoperations. Early complications were encountered in 50 patients (3.3%), and the late complications rate was (6.1%).

Conclusions: In this study, greater excess weight loss was ob- served with OLGB which appeared to be a short, simple, low- risk, effective, and durable bariatric procedure.

Disclosure: No significant relationships.

P274 / Abs. ID 1093

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

EFICACIA DEL BYPASS GÁSTRICO DE UNA ANASTOMOSIS EN LA RESOLUCIÓN DE COMORBILIDADES ASOCIADAS A LA OBESIDAD: SEGUIMIENTO A 5 AÑOS

Daniel Caiña[1], Rodrigo Alba[2], Mario Benavidez[2], Cristian Caceres[1], Juan Gonzalez[2], Valeria Forero[2]
[1]Hospital de Malvinas Dr Federico Abete, Malvinas, Buenos Aires, Argentina, [2]hospital de malvinas dr Federico Abete, Malvinas, Buenos Aires, Argentina

Background: La Cirugía Bariátrica es el tratamiento más eficaz y seguro para la obesidad y sus complicaciones. La evidencia demuestra reducción de la mortalidad por todas las causas, mejoría en la expectativa y calidad de vida de los pacientes, además es una estrategia prometedora para abordar la remisión de la HTA, DBT tipo 2 y la dislipidemia. Existen altas tasas de remisión de enfermedades comórbidas después de la cirugía metabólica, la mayoría de las cuales es evidente en los primeros 2 años postquirúrgicos, seguidas de una disminución en la remisión a partir de los 5 años.

Objectives: Presentar nuestra experiencia con el Bypass Gástrico de Una Anastomosis (BAGUA) en la resolución de comorbilidades asociadas a la obesidad como hipertensión arterial, diabetes mellitus tipo 2 y dislipidemia desarrollando un seguimiento en el lapso de cinco años

Methods: Estudio descriptivo, retrospectivo, observacional. Se realizó un estudio retrospectivo en el cual se incluyeron 147 pacientes operados de BAGUA en nuestro centro durante 2017- 2018. Se realizó un seguimiento mixto basado en revisión de historias clínicas y encuestas. Expresamos los resultados en función de la remisión o no de las comorbilidades y la presencia o ausencia de complicaciones derivadas del procedimiento.

Results: De los 147 pacientes operados durante el 1 de enero de 2017 y 31 de diciembre de 2018 se logró hacer seguimiento a 70 de ellos, 54 mujeres (77%). Edad promedio de 43,7 ±11.6 años, IMC prequirúrgico de 44.9 ±6.8. La comorbilidad más frecuente fue la HTA (37%) seguida de la DM2 (27%) y la dislipidemia (21%). Cumplido el lapso de seguimiento un 63% de los pacientes diagnosticados con DM2 habían suspendido toda medicación antidiabética, lo mismo pasó con un 58% de hipertensos, por su parte el 53% de pacientes con dislipidemia preoperatoria remitieron su enfermedad.

Conclusions: El Bypass Gástrico de Una Anastomosis (OAGB) es una cirugía con adecuado efecto metabólico sobre las comorbilidades asociadas a la obesidad como la HTA, DM2 y DLP; sus efectos se siguen evidenciando en el seguimiento a cinco años.

Disclosure: No significant relationships.

P275 / Abs. ID 708

Topic: *AS42. MBS in the long-term: outcomes and results*

MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

METABOLIC BARIATRIC SURGERY IN A NORMOWEIGHT PATIENT: A CASE REPORT

Luciano Deluca[1], David Sanchez Zuazo[1], Mariana Isidori[2], Patricia De Rosa[2], Ariadna Barreiro[2]
[1]CREO Bariatrica, Codirector Medico, Buenos Aires, Argentina, [2]CREO Bariatrica, Buenos Aires, Argentina

Background: Bariatric surgery is effective in treating obesity and type 2 diabetes (T2DM) in patients with morbid obesity and in those with grade 1 obesity (BMI 30–35 kg/m²) and poor response to medical treatment. However, its effects in patients with a BMI below 25 and insulin-requiring T2DM with poor metabolic control remain unknown

Objectives: To describe the long-term evolution of a normoweight patient with T2DM and poor metabolic control after undergoing a short-limb one-anastomosis gastric bypass

Methods: A 49-year-old male with a 6-year history of insulin-requiring T2DM and poor metabolic control despite two oral antidiabetic agents and intensive insulin therapy was evaluated for surgical treatment. At baseline, he weighed 63 kg (BMI 23.7 kg/m²), with fasting glucose of 400 mg/dL and HbA1c of 14%, and had a normal nutritional profile. Type 1 diabetes (negative autoantibodies) and LADA were ruled out. A multidisciplinary team decided on a short-limb one-anastomosis gastric bypass. The patient provided informed consent, acknowledging risks, benefits, and the need for strict postoperative nutritional monitoring.

Results: A one-anastomosis gastric bypass was performed with a 150 cm biliary limb, a 20 cm gastric pouch, and a 3 cm gastrojejunal anastomosis. The postoperative course was uneventful, with liquid intake tolerated at 3 hours and hospital discharge at 18 hours. By day 7, glucose levels normalized, allowing discontinuation of basal insulin. Oral antidiabetics were stopped at 30 days, with normal glucose levels maintained. At one year, the patient weighed 60 kg (BMI 22.58 kg/m²), required no pharmacological treatment, and had an HbA1c of 6.8%, normal albumin, transferrin, and lipid profile.

Conclusions: Metabolic surgery may be a therapeutic option for normoweight or overweight patients with poorly controlled T2DM. Long-term follow-up is essential to assess disease progression and nutritional status.

Disclosure: Speaker for Ezisurg Medical

P276 / Abs. ID 743

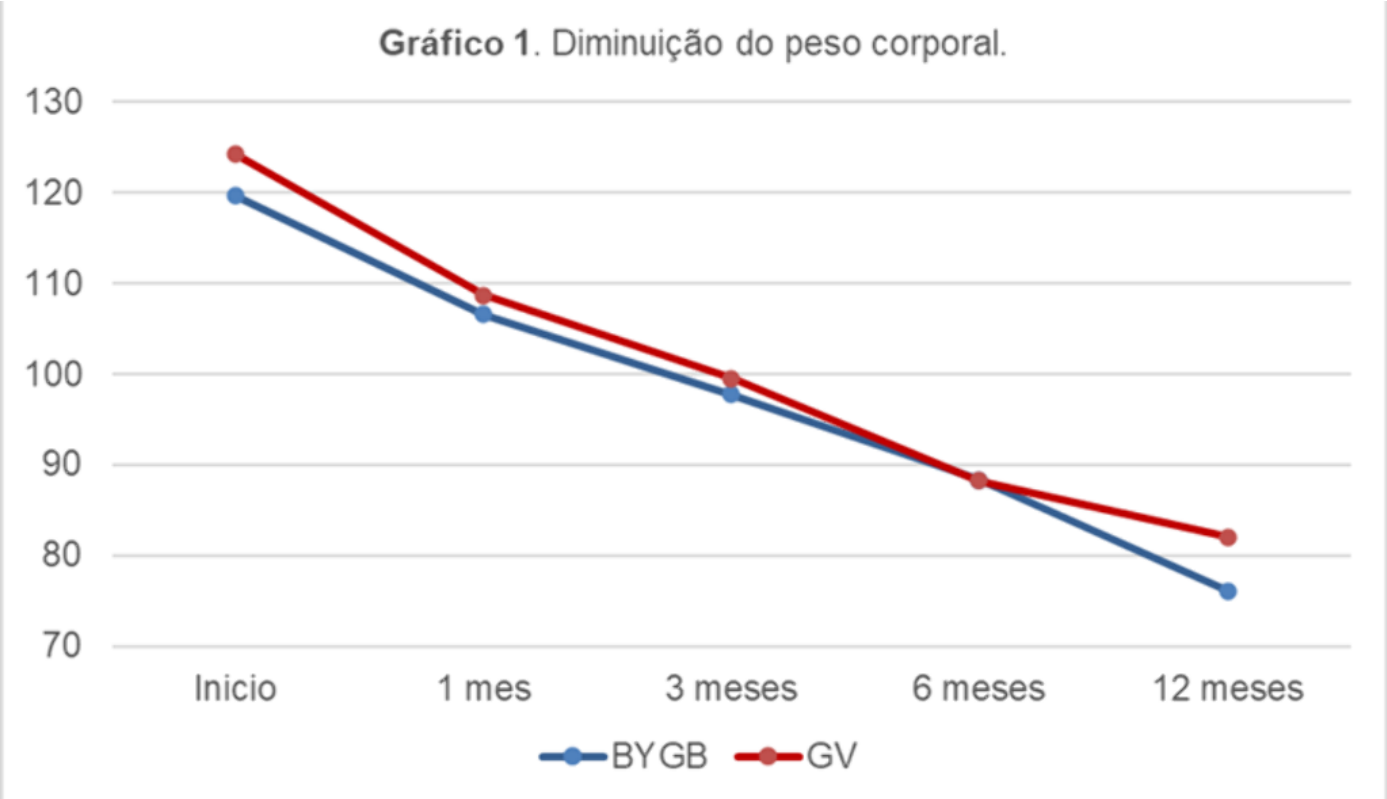
Topic: *AS42. MBS in the long-term: outcomes and results*

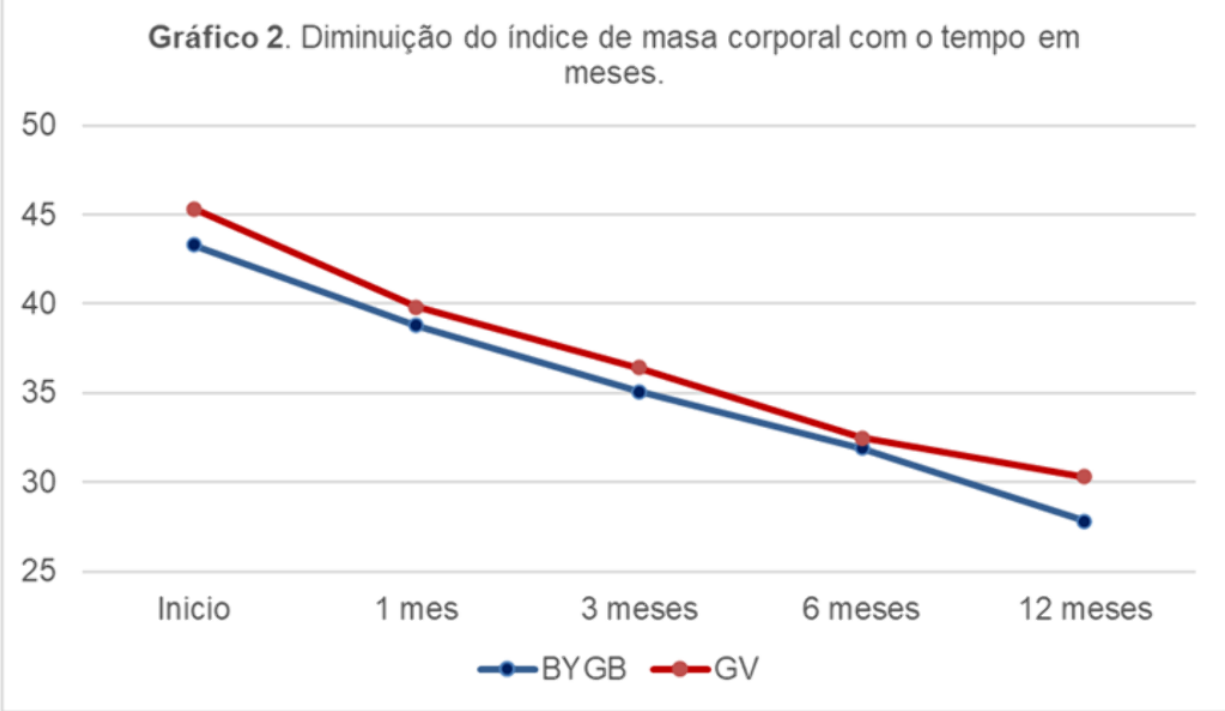
MBS IN THE LONG-TERM: OUTCOMES AND RESULTS
10-09-2025 10:00 - 19:30

GASTRECTOMÍA VERTICAL VERSUS BYPASS GÁSTRICO EN Y-DE-ROUX: ESTUDIO COMPARATIVO DE RESULTADOS EN PÉRDIDA DE PESO EN 500 PACIENTES DE RÍO DE JANEIRO

Fabian Avila Orellana[1], Guilherme Cotta Pereira[1], Igor Fernandes[1], Pablo Avila Orellana[2], Luis Cabrera Tenecela[1]
[1]Instituto Carlos Chagas, Rio de Janeiro, Brazil, [2]Universidad Catolica Cuenca, Cuenca, Ecuador

Background: La obesidad es un grave problema global asociado a diabetes, hipertensión, enfermedades cardiovasculares y cáncer. La cirugía bariátrica, especialmente gastrectomía vertical en manga (GVM) y bypass gástrico en Y-de-Roux (BGYR), es eficaz para reducir el peso corporal, aunque existe controversia sobre su efectividad comparativa a largo plazo. Este estudio compara la pérdida de peso entre ambas técnicas en pacientes de Río de Janeiro.





Variável		BGYR		G. V.		Total	
		N	%	N	%	N	%
Idade (anos)	18-39	141	56,4	70	28,0	211	42,2
	40-64	109	43,6	180	72,0	289	57,8
	Metade de	39,69±10,31		44,2±9,01		41,94±9,93	
Sexo	Fêmea	198	79,2	208	83,2	406	81,2
	Masculino	52	20,8	42	16,8	94	18,8
Peso (kg)	Metade de	119,68±23,57		124,22±25,77		121,95±24,78	
IMC (kg/m2)	Metade de	43,31±6,20		45,32±7,14		44,31±6,76	

Período decorrido	BGYR (%)	VB (%)	Estatístico
Um mês	10,72±3,50	12.06±3,09	t = -4,085,p< 0,001
Três meses	19.16±5,57	19h59±3,98	t= -0,728, p= 0,467
Seis meses	26h55±6,39	27.44±5,39	t= -0,141, p= 0,255
Doze meses	34,88±7,23	33.03±6,49	t= 1,692, p= 0,093

Objectives: Evaluar y comparar la pérdida de peso obtenida tras la gastrectomía vertical en manga (GVM) y el bypass gástrico en Y-de-Roux (BGYR), en pacientes con obesidad mórbida atendidos en múltiples hospitales de Río de Janeiro, analizando resultados a corto y largo plazo.

Methods: Estudio observacional longitudinal en 500 pacientes (250 GVM y 250 BGYR) operados entre 2019-2023 en hospitales de Río de Janeiro. Se evaluaron peso corporal e índice de masa corporal (IMC) preoperatorios y postoperatorios (1, 3, 6 y 12 meses). El análisis estadístico se realizó con SPSS v27 usando prueba t de Student ($p<0,05$).

Results: Ambos procedimientos lograron una reducción significativa del peso e IMC desde el primer mes. Inicialmente, GVM mostró mayor reducción (12,06%) que BGYR (10,72%; $p<0,001$). Al año, el BGYR tuvo una mayor reducción (34,88%) comparado con GVM (33,03%), sin diferencia estadística significativa ($p=0,093$).

Conclusions: GVM y BGYR son técnicas eficaces para la pérdida significativa de peso en obesidad mórbida. GVM ofrece resultados más rápidos al inicio, mientras que BGYR obtiene reducciones ligeramente superiores al año, aunque sin diferencias estadísticamente significativas. Ambas técnicas son opciones válidas según factores clínicos individuales.

Disclosure: No significant relationships.

P277 / Abs. ID 1120

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

GASTROINTESTINAL QUALITY OF LIFE INDEX AFTER SLEEVE GASTRECTOMY AND ONE ANASTOMOSIS GASTRIC BYPASS AT ARMED FORCES HOSPITAL MUSCAT: 06 YEARS STUDY **WITHDRAWN BY AUTHOR**

Wael Arba[1], Issam Al Rahabi[2], Mohammad Al Sibani[2]
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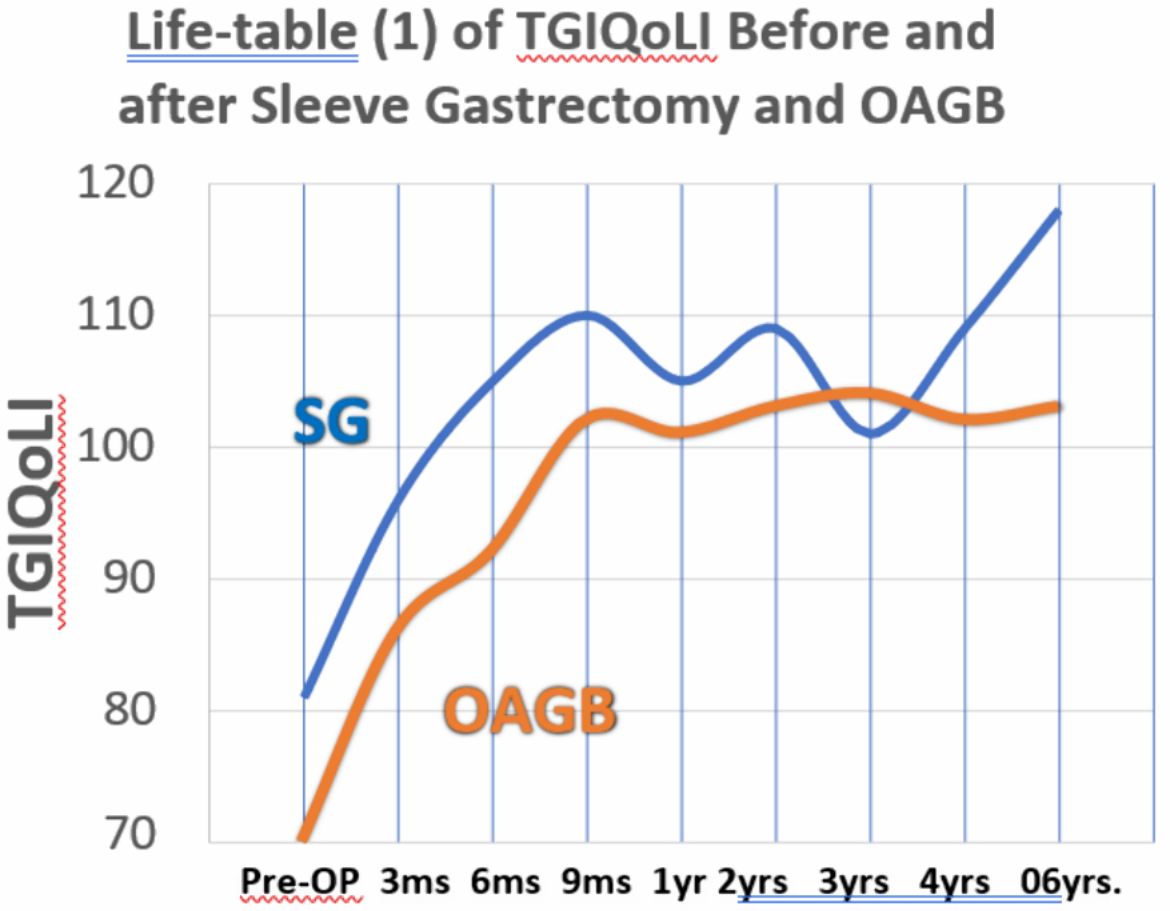
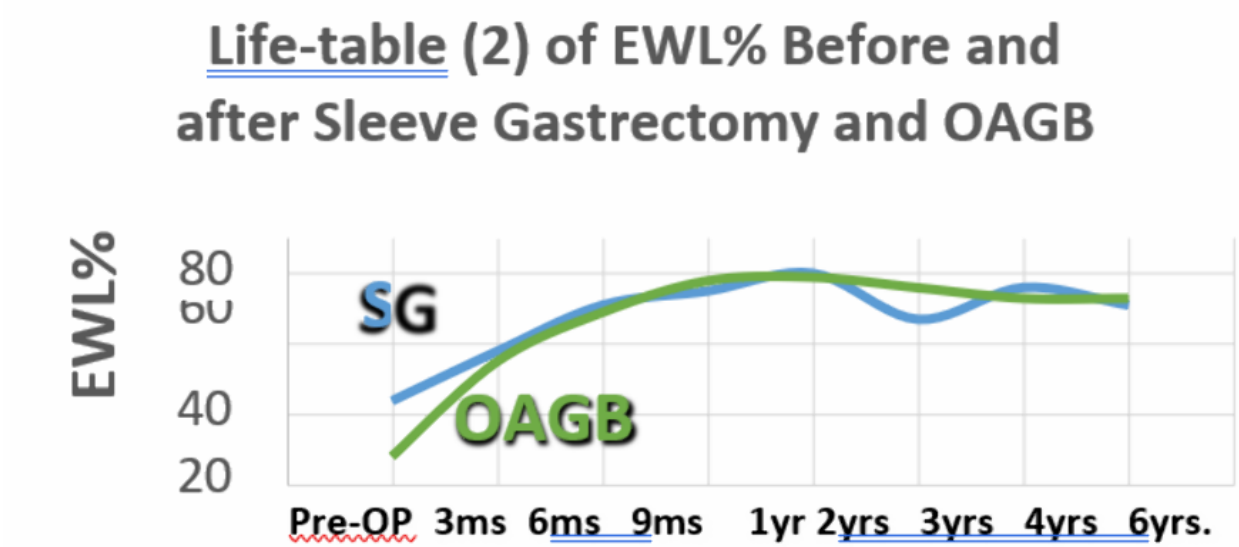
Background: Quality of life (QOL) is a multidimentional construct including: emotional wellbeing, physical , social functioning and symptoms of the disease and treatment. QOL assessment after bariatric and metabolic surgery remains controversial because it often relies on the judgment of the patient himself QOL for morbidly obese patients is worse than normal popylation (Yu PJ & al).

Objectives: The aim of this study was to analyze the Gastrointestinal Quality of Life Index (GIQoLI) scores before and after bariatric procedures with follow up of 06 years and to correlate TGIQoLI with EWL% post bariatric procedures. Also to investigate the changes in digestives symptoms post laparoscopic Sleeve Gastrectomy and One Anastomosis Gastric Bypass

Methods: A retrospective and prospective study which include data from 130 morbid obese patients. Inclusion critwria were : Age: 18-70 years de novo bariatric procedure BMI: at least 35 kg/m² Ability to give informed consent. Exclusion criteria: Conversion procedures Each patient fill the questionnaire before and after the bariatric procedure (i.e. LSG & OAGB) with time intervals of 03 months, 06 months, 01 years, 02 years, 03 years, 04 years, 05 years and 06 years; in preriod between August 2015 and January 2025. Data entry by excel program and analysis by SPSS. Continue parameters were described with means and standard deviation, while the distribution of categorized parameters were described with frequencies. Possible differences were analysis using Chi square and T-test.

Results: See life table of TGIQoLI & EWL%


Life-table (1) of TGIQoLI Before and after Sleeve Gastrectomy and OAGB
120
110
100
90
80
70
TGIQoLI
SG
OAGB
Pre-OP
3ms
6ms
9ms
1yr
2yrs
3yrs
4yrs
06yrs.



Conclusions: GIQLI is an appropriate validated and potentially useful tool for assessment and follow-up of patients after bariatric surgery and does correlate with EWL% Bariatric surgery does not only prevent unwanted digestive symptoms but also improves some digestive symptoms that were present before surgery.

Disclosure: No significant relationships.

P278 / Abs. ID 546

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

METABOLIC BARIATRIC SURGERY IN REMOTE AREAS FROM URBAN CENTERS: CLINICAL OUTCOMES AND FOLLOW-UP CHALLENGES

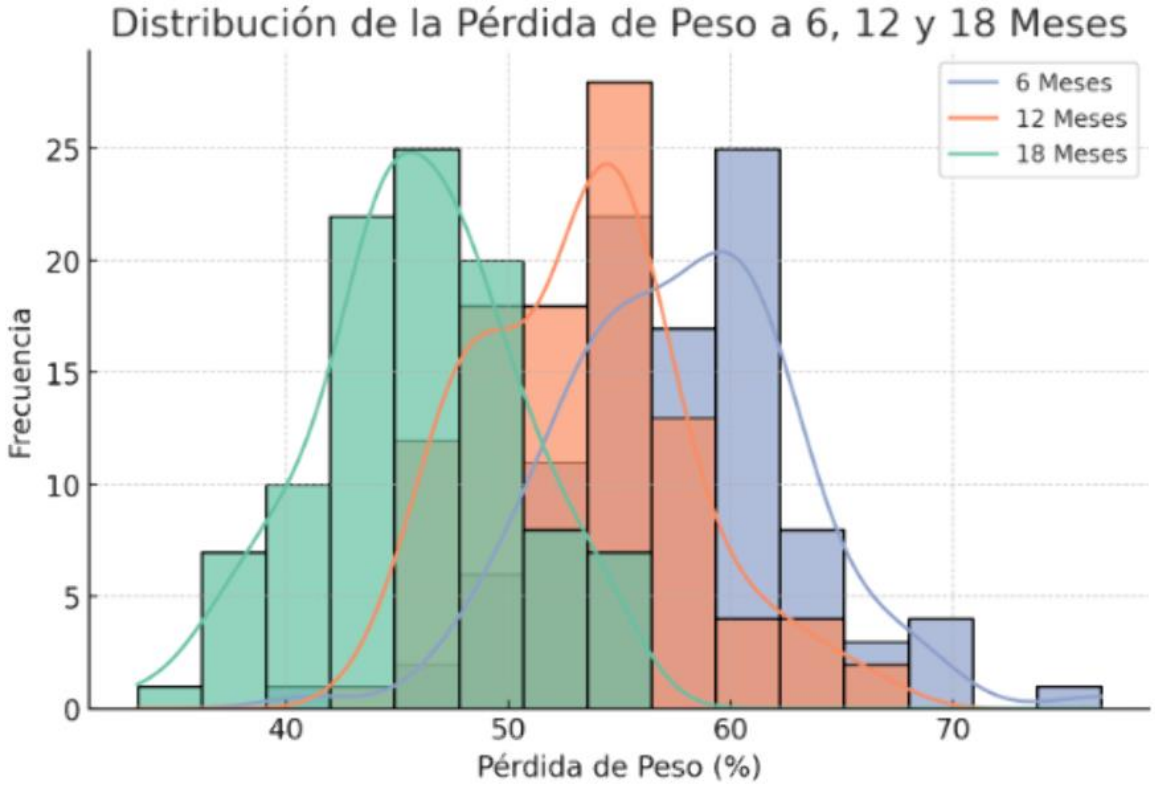
Anderson Potosi Lopez, Carlos Lopez, Reinaldo Orozco, Carlos Lopera Ramirez, Gina Parra
clinica nueva el lago, Cundinamarca, bogota, Colombia

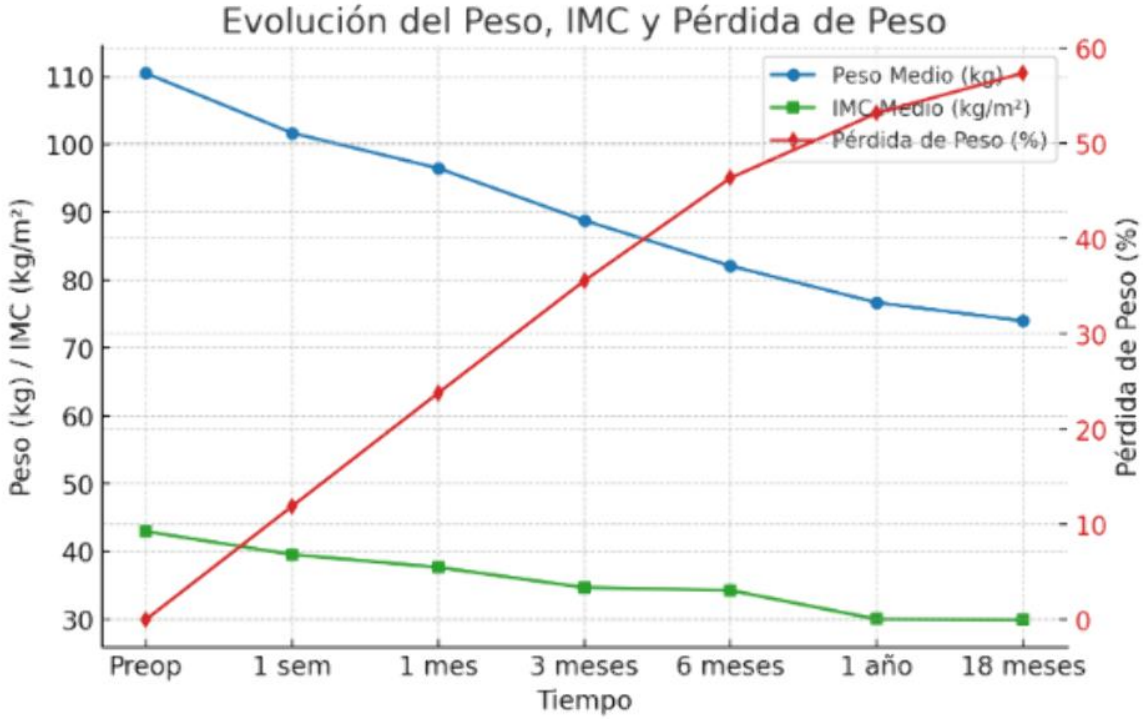
Background: Severe obesity is a major public health concern, particularly in remote areas with limited access to specialized obesity treatment. Metabolic bariatric surgery is the most effective intervention for significant weight reduction and improvement of obesity-related diseases. However, long-term success depends not only on the surgical procedure but also on adherence to preoperative and postoperative management. Limited healthcare access in remote areas may hinder follow-up, affecting outcomes. evaluates the impact of preoperative preparation and postoperative adherence on weight loss and related diseases resolution in individuals undergoing metabolic bariatric surgery in geographically isolated regions.

Objectives: To assess changes in body mass index , the resolution of related diseases , and factors associated with an optimal clinical response or complications following metabolic bariatric surgery in individuals from remote areas outside urban centers.

Methods: A retrospective cohort study was conducted on 612 individuals who underwent metabolic bariatric surgery, with follow-up for up to 18 months. Participants had a BMI ≥ 40 kg/m² or ≥ 35 kg/m² with related diseases and had completed a preoperative program lasting at least six months (including nutritional, physical activity, and psychological interventions). Demographic variables, surgical procedure types, BMI changes, and related diseases status were analyzed.

Results: The mean preoperative BMI was 42.99 kg/m². At 12 months post-surgery, the BMI decreased to 30.06 kg/m², with an average total weight loss of 53.2%. Comorbidity resolution was observed in 78% of cases, particularly in diabetes (82%) and hypertension (69%). Adherence to follow-up was lower among individuals in remote areas, negatively impacting recovery and sustained weight loss. The postoperative complication rate was 0.82%, with no reported mortality


Distribución de la Pérdida de Peso a 6, 12 y 18 Meses
6 Meses
12 Meses
18 Meses
Frecuencia
0
5
10
15
20
25
40
50
60
70
Pérdida de Peso (%)


Evolución del Peso, IMC y Pérdida de Peso
Peso Medio (kg)
IMC Medio (kg/m²)
Pérdida de Peso (%)
Peso (kg) / IMC (kg/m²)
110
100
90
80
70
60
50
40
30
Pérdida de Peso (%)
60
50
40
30
20
10
0
Preop
1 sem
1 mes
3 meses
6 meses
1 año
18 meses
Tiempo

Time	Average Weight (kg)	Weight Loss (%)	BMI (kg/m²)	Interquartile Range (kg)	BMI Interquartile Range (kg/m²)
Preoperative	110.5		42.99	22.3	6.95
1 Month	96.5	23.8	37.7	20.2	6.46
3 Months	88.8	35.6	34.72	18.4	6.00
6 Months	82.1	46.4	34.3	16.2	6.08
1 Year	76.7	53.2	30.06	17.6	5.00
18 Months	74	57.4	29.97	16.0	8.88

Conclusions: Metabolic bariatric surgery in individuals from remote areas outside urban centers demonstrates favorable outcomes in weight loss and related diseases improvement. However, adherence to follow-up remains a challenge, underscoring the need for remote healthcare strategies and structured long-term monitoring to optimize patient outcomes.

Disclosure: No significant relationships.

P279 / Abs. ID 73

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

ASSOCIATION BETWEEN CHANGES IN TOTAL MUSCLE MASS (TMM) ON BIOELECTRICAL IMPEDANCE ANALYSIS (BIA) AND WEIGHT LOSS EFFECT AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY (LSG)

Kohei Uno, Takashi Oshiro, Kazuhide Sato, Naoko Fukushima, Keita Takahashi, Takahiro Masuda, Keigo Hara, Takanori Kurogochi, Masami Yuda, Muneharu Fujisaki, Fumiaki Yano, Ken Eto
Jikei University School of Medicine, Surgery, Tokyo, Japan

Background: LSG drastically affects body composition. However, studies focusing on the association between the changes in the pre-and postoperative muscle mass and postoperative results are limited.

Objectives: The aim of this study is to evaluate the changes of BIA parameters after LSG and the association total muscle mass (TMM) with weight loss effect.

Methods: This retrospective study included 34 consecutive patients who underwent both LSG and a BIA consecutively. We investigated changes in the body composition on the BIA, and correlation between muscle mass (TMM [kg] and percentage of TMM [%TMM, %]) and percentage of total weight loss (%TWL). We also calculated the rate of change in the %TMM (%TMM 12 months after surgery / %TMM before surgery) to evaluated correlation between the longitudinal changes in %TMM and %TWL. The %TWL was calculated as follows: (weight pre-surgery – post-surgery) / weight pre-surgery × 100 (%). Continuous variables are expressed as medians and interquartile ranges. The Mann–Whitney U test was used to compare continuous variables between groups. Spearman correlation coefficient was used to test the association between two ranked variables. Statistical significance was set at $p<0.05$.

Results: The cohort included 18 females, with a median age of 46 years, and the %TWL 12 months after surgery was 30.9%. The fat mass (FM), percentage of FM, TMM, total body water (TBW) decreased from pre- to postoperatively (51.9 vs. 30.2 kg, 50.2 vs. 41.2%, 52.4 vs. 44.0 kg, 41.3 vs. 35.3, $p<0.001$, $p<0.001$, $p=0.068$, $p=0.037$, respectively), whereas the %TMM and %TBW increased (47.0% vs. 55.4%, 37.9 vs. 47.6%, $p<0.001$, $p<0.001$, respectively). %TMM and the rate of change in %TMM positively correlated with %TWL ($rs=0.5$, $rs=0.61$, $p<0.001$, $p=0.003$, respectively) whereas TMM did not correlated with %TWL ($rs=-0.26$, $p=0.148$).

Conclusions: %TMM and the rate of change in %TMM were potentially predictor for weight loss effect after LSG. These parameters are useful for patients' education after LSG on the importance of protein intake and exercise.

Disclosure: No significant relationships.

P280 / Abs. ID 527

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

ANALYSIS OF THE 10-YEAR OUTCOMES OF SLEEVE GASTRECTOMY AND MINI ONE ANASTOMOSIS GASTRIC BYPASS: A SINGLE CENTRE STUDY REPORT FROM THE INDIAN SUB-CONTINENT

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Background: Few reports have compared laparoscopic Sleeve Gastrectomy (LSG) to Laparoscopic Roux-en-Y procedure (LRNY). This study aims at comparing the 10-year follow-up results of one anastomosis gastric bypass (OAGB or omega gastric bypass (OGB)) and LSG in terms of weight loss, recurrent weight gain, complications, and resolution of related diseases.

Objectives: The aim of this study was to compare the results of Sleeve Gastrectomy and OAGB with regard to weight loss, resolution of Obesity related diseases and recurrent weight gain.

Methods: A total of 452 patients underwent Sleeve Gastrectomy at the institute during the period of study. These patients were matched in age, gender, preoperative weight, and BMI to 225 patients who underwent OAGB in the same time period. The results were compared.

Results: Follow-up was achieved in 104 OAGB patients vs 158 LSG patients up to 10 years. The mean BMI for the OAGB and LSG group was 48 ± 6.4 and 38 ± 3.2 kg/m(2), respectively. The average percentage of excess weight loss (%EWL) for OAGB vs LSG was 75 vs 68 % at 1 year and 55 vs 47 % at 10 years respectively. Post-op gastro-esophageal reflux disease (GERD) was seen in 1.5 % OAGB patients and marginal ulcer was diagnosed in 2 patients. GERD was seen in 15 % post-LSG patients.

Conclusions: Both OAGB and LSG are safe, short, and simple operations. Weight loss is similar in OAGB and LSG in the first years, but lesser %EWL with LSG at 10 years. Post- op GERD & recurrent weight gain after 5 years is more common after LSG.

Disclosure: No significant relationships.

P281 / Abs. ID 968

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

MATCHED COHORT OF BMI AND WAIST HIP RATIO AS A PREDICTOR FOR DIABETES RESOLUTION IN INDIAN POPULATION A RETROSPECTIVE STUDY OF 291 PATIENTS

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Background: - The Indian subcontinent is known for its low BMI population with diabetes. BMI does not differentiate between fat and lean mass or account for differences in body fat distribution. As a result, some individuals with a BMI in the so-called normal or overweight range (eg, 18·5–29·9 kg/m² in individuals of European descent) could have excess body fat and be at increased risk of obesity-related morbidity. For example, BMI can underestimate fat mass in the elderly, in individuals who have lost bone or muscle mass, and in people of certain ethnicities (eg, Asian populations), leading to underdiagnosis of obesity.(1,2) Alternative measures, such as waist circumference or body fat percentage, might be more accurate for the detection of excess adiposity and, therefore, as measures of obesity-related health risks.47 For example, many population studies have shown that within every BMI category considered, the larger the waist circumference, the greater the morbidity or mortality risk. (3)

Objectives: to determine a better predictive value for diabetes remission by analysing postoperative Hba1c values with BMI and waist hip ratio in matched cohort.

Methods: In a single centre a retrospective analysis of 291 patients was done they were divided into cohorts of similar BMI. Each cohort was separately compared for the relationship between waist hip ratio and HbA1c at 0, 3,6,9 and 12 months.

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi- Square	163*	2	922
Likelihood Ratio	160	2	923
N for Valid cases	291		
*** 0 cells have have expected count less than 5. The minimum expected count is 5.17**			

Results: It was observed that in a group of patients with BMI matched cohort the higher the waist hip ratio, more is the chances of diabetes remission postoperatively. P value was found to be <0.0001

Conclusions: waist hip ratio will be a very good predictor of diabetes remission compared to BMI.

Disclosure: No significant relationships.

P282 / Abs. ID 1232

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

INITIAL EXPERIENCE IN A PROVINCIAL CLINICAL CENTER WHERE METABOLIC BARIATRIC SURGERY HAD NOT PREVIOUSLY BEEN PERFORMED

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[1]Clínica Andes Salud el Loa, Calama, Chile, [2]Clinica Colonial, Cirugia, Santiago, Chile, [3]RED SALUD, Prat, santiago, Chile

Background: Obesity represents a significant public health issue in Chile, with over 74% of the adult population presenting excess weight. Bariatric surgery has become a validated and effective treatment, both for weight reduction and for controlling associated comorbidities. This study presents the initial outcomes of bariatric surgeries performed in a provincial center where such procedures were previously unavailable.

Objectives: To analyze the initial surgical and clinical outcomes obtained during this early implementation stage.

Methods: An observational, retrospective, and descriptive study was conducted of patients undergoing bariatric surgery in a provincial clinical center between June 2023 and February 2025. Demographic data, type of procedure, and postoperative complications were recorded.

Results: A total of 204 bariatric surgeries were performed: 167 sleeve gastrectomies (81.8%) and 37 Roux-en-Y gastric bypasses (18.1%). In 2023, 35 patients were operated on (27 sleeves, 8 bypasses); in 2024, 121 patients (108 sleeves, 13 bypasses); and 48 patients in the first two months of 2025. A greater proportion of women underwent surgery in both techniques. Three postoperative complications were recorded: one case of intestinal ischemia due to laparoscopic port-site hernia, one case of portomesenteric thrombosis, and one subcapsular hepatic hematoma.

Conclusions: The implementation of a bariatric surgery program in a provincial center has proven feasible and safe, with a high surgical volume in a short time and a low complication rate. These results support the expansion of bariatric surgery to regional centers to improve access and equity in obesity treatment in Chile.

Disclosure: No significant relationships.

P283 / Abs. ID 713

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

RELATIONSHIP BETWEEN WEIGHT LOSS AND SELF-PERCEPTION OF QUALITY OF LIFE FOLLOWING LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS.

Gustavo Castro[1], Laís Macedo[1], João Victor Ferri[2], Isabella Vulcanis[1], Diancarlos Andrade[1], José Alfredo Sadowski[2], Eduardo Bastos[3], João Caetano Marchesini[4]
[1]Faculdades Pequeno Principe, Curitiba, Brazil, [2]Hospital Marcelino Champgnat, Curitiba, Brazil, [3]Santa Casa de Misericordia, Marília, Brazil, [4]Clinica Marchesini, Department Of Bariatric Surgery, Curitiba, Brazil

Background: Weight loss (WL) is the most commonly used data to measure the results of metabolic and bariatric surgery (MBS). According to the Brazilian Society of Bariatric and Metabolic Surgery (SBCBM) Position Statement, at least 20% total WL must be achieved to be considered successful, but a universally accepted consensus is still up in the air. Conversely, other parameters can also measure the outcome of a bariatric procedure, such as quality of life (QoL) and improvement or remission of comorbidities.

Objectives: To assess whether there is any relationship between the amount of weight lost after laparoscopic Roux-en-Y gastric bypass (LRYGB) and self-perceived improvement in quality of life (QoL).

Methods: Medical records of patients who underwent LRYGB between January 2017 and December 2019 with a minimum follow-up of 3 years were retrieved. The data obtained in the subgroups made up according to %TWL, age and time elapsed since surgery were compared with the self-perceived QoL by means of Short Form Survey 36 (SF-36) questionnaire.

Results: 95 individuals (71.6% female) with an average age of 45 years and an average postoperative (PO) follow-up of61.1 months were enrolled. The mean pre- and postoperative weight was 114 kg and 73.4 kg, respectively, and the mean percentage of total weight loss (%TWL) was 35.6%. The comparison between the data from the medical records and the self-perceived QoL assessment showed that D1 (physical functioning) was the best scored domain, while D3 (pain) was the worst. There was a significant improvement of the D4 (general health) domain in patients with %TWL greater than 30% ($p<0.05$), D7 (role emotional) and D8 (mental health) domains in patients older than 45 years ($p<0.05$) and better results in D7 (role emotional) domain in patients over 5 years since surgery.

Conclusions: Greater weight loss, older age and longer time since surgery showed a better self-perceived improvement in QoL after LRYGB in some assessment domains, both physical and emotional.

Disclosure: No significant relationships.

P284 / Abs. ID 188

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

CLINICAL IMPLICATIONS OF ESOPHAGEAL MOTILITY DISORDERS AFTER METABOLIC BARIATRIC SURGERY

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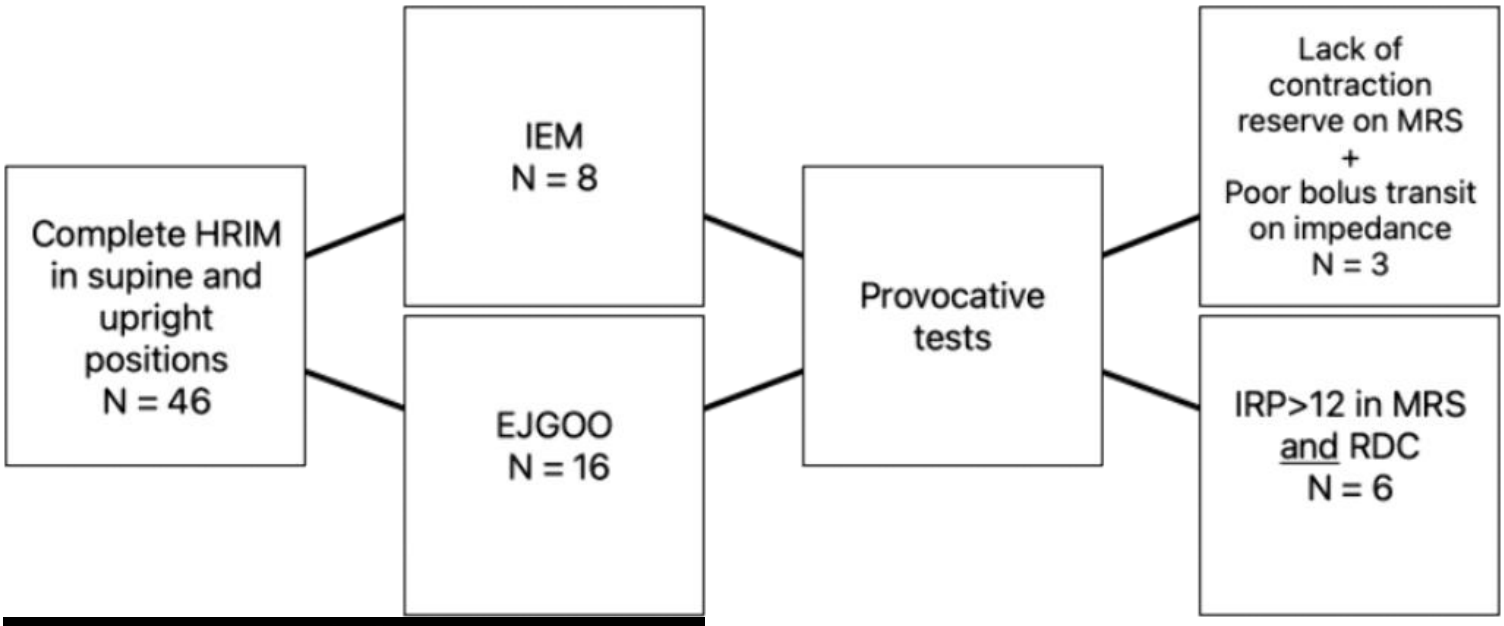
Hospital de Clinicas de Porto Alegre, Porto Alegre, Brazil

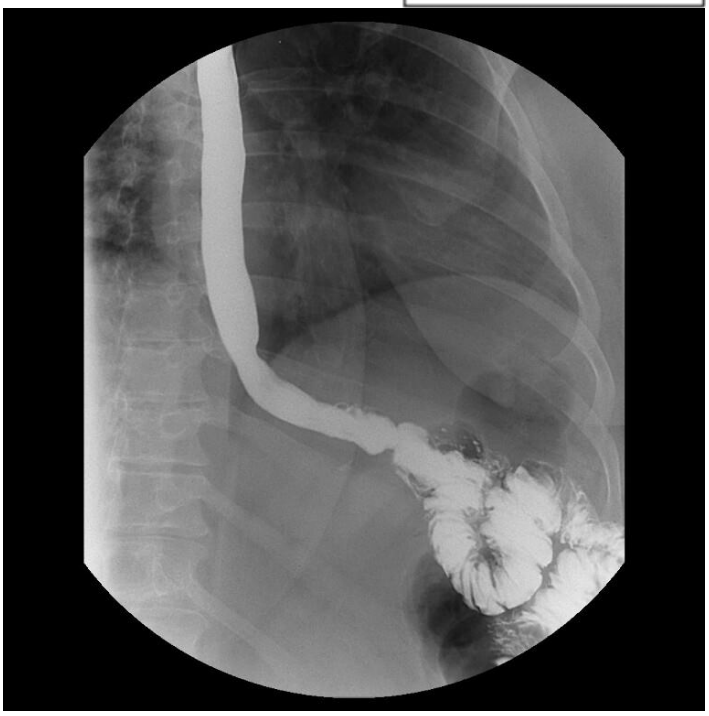
Background: Patients with severe obesity present with a high prevalence of esophageal motility disorders, but there is no correlation with dysphagia. There is growing interest in understanding the implications of metabolic bariatric surgery on esophageal physiology. While it is recognized that metabolic bariatric surgery modifies the anatomy of the esophagogastric junction, there is limited data regarding the clinical relevance of these postoperative alterations. Moreover, classifications and protocols for manometric evaluation are continuously evolving, potentially leading to discrepancies among research publications.

Objectives: This study aims to prospectively assess the characteristics of esophageal motility disorders in patients planning to undergo metabolic bariatric surgery, according to the CCv4.0 protocol, and correlate them with postoperative dysphagia.

Methods: The manometric evaluation was conducted on metabolic bariatric surgery candidates at the Hospital de Clínicas de Porto Alegre between 2022 and 2024, following the fourth version of the Chicago Classification protocol, which includes various positions and provocative maneuvers to confirm diagnoses of dysmotility. The patients were monitored for 90 days after surgery to assess dysphagia occurrence.

Results: High-resolution manometry was performed on 46 metabolic bariatric surgery candidates with an average body mass index of 46.5 kg/m2. Esophagogastric junction outflow obstruction was diagnosed in 16 (34.8%) patients, and ineffective esophageal motility in 8 (17.4%) patients. None of the individuals reported symptoms preoperatively. Out of the 46 initially included patients, 44 underwent metabolic bariatric surgery, 23 (52.3%) undergoing gastric bypass and 21 (47.7%) undergoing sleeve gastrectomy. A single patient diagnosed with esophagogastric junction outflow obstruction reported dysphagia after gastric bypass. Subsequent investigation showed a barium esophagogram with a narrow passage of 9.7mm in the lower esophageal sphincter (figure 2). Upper gastrointestinal endoscopy revealed no alterations or anastomotic stricture. The patient was oriented to stay on a soft diet for a longer period than the protocol and gradually introduce solids.Within three months, the patient reported improvement in dysphagia and fully adapted to the solid diet.





Conclusions: In conclusion, although patients with severe obesity exhibit a high prevalence of esophageal motility disorders, there were no clinical consequences observed after metabolic bariatric surgery during the follow-up period. Further research is essential to elucidate the long-term impact of metabolic metabolic bariatric surgery on esophageal function.

Disclosure: No significant relationships.

P285 / Abs. ID 622

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

OUR INITIAL EXPERIENCE WITH LONG POUCH MGB IN PATIENTS WITH MORE THAN 60 BMI.

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Shalamar Institute of Health Sciences, Metabolic And Bariatric Surgery, Lahore, Pakistan

Background: Severe obesity (BMI ≥60) poses significant challenges for surgical weight loss. OAGB has emerged as a promising option. This study reports our initial experience with long pouch OAGB in BMI >60 patients.

Objectives: To present our results of long pouch OAGB in terms of weight loss and comorbidities resolution in severe obesity with BMI>60

Methods: Retrospective review of 50 consecutive patients with severe obesity (BMI ≥60) undergoing long pouch OAGB between January 2022 and June 2023. Primary outcomes: percentage of total weight loss (%TWL), comorbidity resolution, and complication rates.

Results: Mean BMI: 65.4 ± 4.8. Mean age: 42.6 ± 10.4. 72% female. Mean follow-up: 12 months. - %TWL at 6 months: 81.3 ± 4.2% - %TWL at 12 months: 65.8 ± 10.1% -EWL at 6 months 81.4+/- 4.2 EWL at 12 months 28.5+/- 3.5% - Comorbidity resolution: 80% (T2DM), 75% (hypertension), 60% (sleep apnea) - Major complication rate: 10% (leakage, bleeding) - Mortality rate: 0%

Conclusions: Our initial experience suggests long pouch OAGB is a safe and effective treatment for patients with (BMI ≥60), offering significant weight loss and comorbidity resolution. Further studies are needed to confirm long-term outcomes and optimize patient selection.

Disclosure: No significant relationships.

P286 / Abs. ID 114

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

RESULTS AND SURGICAL EXPERIENCE IN BARIATRIC AND METABOLIC SURGERY FROM THE PROGRAM OF OBESITY, METABOLIC BARIATRIC SURGERY AT THE MACIEL HOSPITAL. MONTEVIDEO URUGUAY

Silvana Lapi[1,2], Marisel Bentancor[2], Mauro Perdomo[2], Gustavo Bruno[2], María Brandolino[2], Pablo Valsangiacomo[2], Gustavo Rodriguez Temesio[2], Emilia Altamirano[2], Andrea Vaucher[1], Rodrigo Hernández[2]
[1]Hospital Maciel, Montevideo, Montevideo, Uruguay, [2]Hospital Maciel, Montevideo, Uruguay

Background: The World Health Organization (WHO) has established that obesity is a non-communicable epidemic disease and the largest worldwide. Overweight and obesity people are among the top ten health risk factors.Uruguay appears as one of the countries where the percentage of this disease has increased most rapidly in the last ten years. Bariatric and Metabolic Surgery (BMS) has achieved benefits in the control of this disease and its related diseases.

Objectives: Determine the effectiveness of bariatric surgery in patients with obesity grade 4 or more, belonging to the Program of Obesity, Bariatric and Metabolic Surgery of the Maciel Hospital,from January 1st 2016 to December 31st 2024,to assess surgical procedures and results to different comorbidities.

Methods: Retrospective analysis of a database collected prospectively from January 1,2016 to December 31,2024, including all patients treated by the team of the Program for Obesity, Bariatric and Metabolic Surgery at Maciel Hospital. The study included all patients participating in the Program who had Roux-en-Y Gastric Bypass or sleeve gastrectomy during the mention period.

Results: 399 patients were analyzed with follow-up at the year of the surgery.The average age was 40.08 years,84.2% were women.The mean for BMI at the begining of the programme was 52.33,dropping to 31.84 per year. There was a statistically significant reduction in BMI,diabetes mellitus,arterial hypertension,dyslipidemia and obstructive sleep apnea syndrome at the postoperative year. Comparing the sleeve gastrectomy and Roux-en-Y Gastric Bypass found significant differences in the variables studied. Analyzing Diabetes Mellitus,in the preoperative sample it was present at 37.41%,falling to10.20%.If we segment by procedure, the impact was more than twice as high in Roux-en-Y Gastric Bypass than for sleeve gastrectomy(RR 2.67 vs 1.12). For patients with hypertension, a decrease was identified(χ 2=61.798,p<0.001),which determined that the preoperative sample identified 3.74 times more hypertensive than the year after surgery.The Roux-en-Y Gastric Bypass showed a greater impact on the control of this related disease . Dyslipidemia(χ 2=53.561,p<0.001),and OSAHS(χ 2=15,213),showed an improvement of these related disease with no difference between the procedures.

Conclusions: BMS is effective in the control of obesity and its related diseases. Being an effective therapeutic tool. Comparing the sleeve gastrectomy and Roux-en-Y Gastric Bypass found significant differences in the variables studied.

Disclosure: No significant relationships.

P287 / Abs. ID 895

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

OAGB, INITIAL EXPERIENCE IN COYHAIQUE REGIONAL HOSPITAL, AYSÉN, CHILE

Claudio Vallejos Olavarria, Elisabeth Reichmann Valdivia, Jaime Zamarín Morales, Andres Torrealba Aranguiz
Hospital Regional Coyhaique, Cirugía, Coyhaique, Chile

Background: The Aysén region in Chile has the highest obesity rate of the country. There is little national experience, and none publicated series of national patients submitted to OAGB, despite it being a validated technique of metabolic bariatric surgery. The local program of bariatric surgery has implemented the OAGB as an alternative to patients who apply to surgery. In this job we show our experience since it has been implemented 6 years ago.

Objectives: Introduce to the national and internacional comunity our experience with OAGB, first in Chile. Contribute to the knowledge of a bariatric surgery technique that may be added to the ones currently supported by the local health insurance.

Methods: Clinical records review of patients submitted to OAGB between years 2019 and 2024 in Coyhaique Regional Hospital (HRC). Data description of demographic characteristics of the patients, evolution of comorbidities after surgery, variation of weight over time, aparition of gastroesophagical reflux or cancer, complications asociated to the intervention and patients satisfaction after surgery.

Results: Since the implementation of OAGB as an alternative for bariatric surgery in HRC 33 patients has been submitted to it. 7 were men and 26 women. Average BMI preoperatory was 43,16, and 114,68 Kg average weight. Average age of the set was 41,6 years old. 1 Has been shown a complication, perianastomotic leakage that required reintervention. 6 of the 33 procedures were revisional in patients that had weight gain after a vertical gastrectomy. All patients had weight loss after surgery, long term follow up is required though. None has required a revisional surgery. In the short term follow up there's no reported gastroesophageal reflux or cancer until march 2025.

Conclusions: The local experience of OAGB has been good, showing be a safe technique, reproducible, with a low rate of complications with and optimal clinical response. OAGB is a widely used technique over the world, safe, with promising long term results, however, a long term follow up and a greater number of patients are required to draw further conclusions. With long term ressults it could be an alternative to be added to the bariatric surgery techniques practiced in Chile.

Disclosure: No significant relationships.

P288 / Abs. ID 490

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

IMPACT OF BARIATRIC SURGERY ON LIPID PROFILE AND USE OF STATINS

Natasha Smiliansky, Luciana Viviano, Agustina Torres, Franco Peverelli, Andrea Vaucher, Pablo Valsangiacomo, Gustavo Rodriguez Temesio, Gustavo Bruno
Hospital Maciel, Obesity And Bariatric Surgery Program, Montevideo, Uruguay

Background: Obesity and associated dyslipidemia are a cardiovascular risk factor (CVR) whose incidence is increasing. They are responsible for the main cardiovascular complications and mortality. Dyslipidemias are frequently underdiagnosed and undertreated, especially in obese patients. Bariatric surgery (BS) is a tool that has shown a reduction in cardiovascular complications and an increase in survival of obese patients.

Objectives: To analyze the type of dyslipidemia and the use of statins in patients with obesity and their change after BS

Methods: Observational, prospective and analytical study. Patients from the Obesity and Bariatric Surgery Program (OBSP) of a Public Hospital in Montevideo were included, from November 2014 to March 2019. Clinical and paraclinical variables were studied including statin use, type of dyslipidemia, and CVR calculation (risk calculator Hearts-OPS) before and one year after BS.

Results: 115 patients were studied, 87% (101) were women, with a median age of 42 (IQR 15) years and pre-surgery BMI 53 (IQR 10.2) gr/m2. 34.8% of patients were diagnosed with high or very high CVR, 59% had low risk. 86.6% had dyslipidemia, 34.8% had hypercholesterolemia and 20.5% had atherogenic dyslipidemia. One year after BS, these values showed an increase in HDL-C ($p<0.001$) and decrease in TG ($p<0.001$). No significant changes were observed in LDL-C. Prior surgery, 41% of patients were taking statins, while one year postoperatively this decreased to 20% ($p<0.001$).

Conclusions: Dyslipidemia frequently occurs in patients with obesity. BS has a great impact on the lipid profile of obese patients and especially on the profile of atherogenic dyslipidemia. Raising awareness of the effects of BS is essential for understanding this procedure as a metabolic treatment for obesity aimed at reducing CVR.

Disclosure: No significant relationships.

P289 / Abs. ID 565

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

SLEEVE VS. GASTRIC BYPASS: A 12-MONTH COMPARATIVE STUDY ON QUALITY OF LIFE AND METABOLIC OUTCOMES IN INDIAN BARIATRIC PATIENTS

Beena Arora[1], Atul Peters[2], Anupa Siddhu[3], Mohammed Nooruddin[2], Priyanka Priyadarshini[4], Yogesh Gautam[2]
[1]Max Smart Super Speciality Hospital, Bariatric, Minimal Access And Robotic Surgery, Delhi, India, [2]Max Smart Superspeciality Hospital, delhi, India, [3]University of Delhi, delhi, India, [4]Lincoln American University, georgetown, Guyana

Background: Metabolic bariatric surgery is a proven tool to aid sustainable weight loss. Quality Of Life (QOL) is considered the true measure for the effectiveness of metabolic bariatric surgery.

Objectives: To assess and compare QOL outcomes in Indian patients undergoing different bariatric surgical procedures uptil 1 year.

Methods: A prospective longitudinal study was conducted on 76 Indian metabolic bariatric surgery patients from February 2018 to August 2019, categorized into two groups: laparoscopic sleeve gastrectomy (LSG, n = 38) and laparoscopic gastric bypass (LGBP, n = 38). Anthropometric parameters were assessed using the Tanita MC-780, while QOL was evaluated using the validated Bariatric Quality of Life (BQL) questionnaire. Measurements were taken at baseline and at 3, 6, and 12 months postoperatively. Statistical analyses were performed using SPSS v24.0.

Results: In LSG group at baseline 44.7% patients reported 'bad' QOL, whereas, 82.3% patients reported 'very good' QOL at 12 months ($p<0.001$). At baseline in LGBP group 47.4% patients reported 'bad' QOL, whereas, 89.3% patients reported 'very good' QOL at 12 months ($p<0.001$). There was no significant difference between both the groups for distribution of patients as per grades of QOL at baseline and 3, 6 and 12 months post-surgery. Both surgeries were equally effective in improving QOL. At baseline, BMI was comparable between groups (LSG: 44.4 ± 6.9 kg/m², LGBP: 44.1 ± 9.2 kg/m²; $p=0.895$). Both groups experienced significant BMI reductions at 12 months ($p<0.001$, ANOVA), with LGBP showing greater excess BMI loss percentage (%EBMIL) at 3 and 12 months ($p<0.05$). Related diseases resolution was evident, with a steady decline in T2DM, HTN, OSA, joint pains, and gout in both groups. At 12 months, no patient required insulin or diuretics, and the number of patients on anti-hypertensives, anti-depressants, and painkillers significantly decreased. LGBP patients had a higher prevalence of diabetes and hypertension at baseline and continued to have more patients on anti-hypertensives at 6 months.

Conclusions: Both LSG and LGBP significantly improved QOL and metabolic health in Indian patients, with comparable outcomes. Metabolic bariatric surgery effectively reduces related diseases, medication use, and body weight, transforming life quality over 12 months.

Disclosure: No significant relationships.

P290 / Abs. ID 111

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

THE EFFECT OF SLEEP ON SUCCESSFUL WEIGHT LOSS AFTER METABOLIC BARIATRIC SURGERY.

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Background: Metabolic Bariatric Surgery is the most effective method of sustained weight loss in morbidly obese patients. Despite this, up to 30% of patients fail to lose an adequate amount of weight for the surgery to be considered successful. Healthy sleep s been shown to sustain weight loss. As it is unclear which factors influence weight loss following metabolic bariatric surgery, this study aims to assess the impact of sleep duration and quality.

Objectives: To assess the relationship between sleep duration and weight loss following metabolic bariatric surgery To investigate whether continuous positive airway (CPAP) use in OSA can improve Wt. Loss outcome following metabolic Bariatric surgery.

Methods: Retrospective database review, 241 patients who underwent metabolic bariatric surgery in Bon Secours Hospital and also undertaken a sleep study between June 2008-June 2023. Percentage excess wright loss was calculated at 6 and 12 months post surgery. Statistical significance between pre and post surgery values were tested using the pair t test. Linear regression analysis was used to identify independent predictors of wt loss following surgery.

Results: A BMI>60kg/m2 was reported in 75 of 872 (8.6%) patients at time of surgery; 74.7% female, age 44.3 (range 21 – 66) years. Obstructive Sleep Apnoea was present in 60 (92%) patients [35 (58%) with AHI>30] and OHS reported in 3 (4%). Sleep studies were mainly polygraphy (95%), no overnight capnometry, arterial blood gas analysis in 8 (10.7%), and echocardiogram in 100% [2 (2.7%) had an elevated pulmonary artery pressure (>25mmHg)]. Sleeve gastrectomy was performed in 54 (72%), the remainder had a gastric bypass. The median length of stay was 4 days (range 3 to 24 days). Repeat sleep studies were recorded in 22 (29.3%) 6 months post-operatively and AHI improved from 50.4 (30.7) to 17.1 (4.7) [mean(SD)]. Positive Airways Pressure was discontinued in 86% following surgery.

Conclusions: This data indicated that sleep duration and presence of OSA were not significant factors impacting %EWL after metabolic bariatric surgery in this patient population. Gastric bypass surgery type and absence of hypertension were associated with great weight loss after metabolic bariatric surgery.

Disclosure: No significant relationships.

P291 / Abs. ID 136

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

EFFECT OF PSYCHOLOGIC AND BEHAVIOURAL FACTORS ON WEIGHT LOSS AFTER METABOLIC BARIATRIC SURGERY

Shanmuga Kannan, Daniel Tan, Mariam Abed, Mdtanveer Adil, Aruna Munasinghe, Omer Al-Taan, Farhan Rashid, Vigyan Jain, Douglas Whitelaw, Periyathambi Jambulingam
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Background: The outcomes of metabolic bariatric surgery including long-term weight loss in individuals with obesity vary based on several pre-operative factors.

Objectives: This study explores how demographic, psychological, and behavioural variables affect weight loss, focusing on percentage total weight loss (%TWL) at 3-, 6-, 12- and 24-months after metabolic bariatric surgery.

Methods: This study analysed data from 129 consecutive patients who underwent metabolic bariatric surgery between June and December 2022. Data included demographics, anthropometric measures, psychological conditions, behavioural factors, medications, and type of surgery. Descriptive statistics was used to analyse the cohort, and Pearson/Spearman correlations assessed continuous relationships. ANOVA and Box plots were used to evaluate and visualise the effect of predictive factors on weight loss. Multivariate linear regression model was used to identify independent predictors of %TWL at 3, 6, 12 and 24 months, with significance set at $p < 0.05$.

Results: The mean age of the cohort was 50.7 ± 11.77 years with female preponderance (77.5%). Mean %TWL was 14.3% at 3 months, 22.0% at 6 months, 28.3% at 12 months, and 29.4% at 24 months following surgery. Roux-en-Y Gastric Bypass (RYGB, 77.5%) was commoner than sleeve gastrectomy (22.5%). %TWL at 3, 6, 12 and 24 months ($p = 0.045$, <0.01, <0.01 and <0.01 respectively) was higher with RYGB and was only factor had significant difference at all points. Tricyclic anti-depressants use, and alcohol intake showed negative effect on long-term weight loss at 24 months ($p = 0.012$ and 0.010 respectively), while other anti-depressants and smoking did not have any effect. Pre-operative weight loss through multi-disciplinary approach has strong correlation ($p=0.029$) and significant impact ($p=<0.01$) on post-operative weight loss. No significant effects were found for diet type, occupation, or other psychological and medication variables.

Conclusions: This study highlights that post-operative weight loss following metabolic bariatric surgery is significantly influenced by compliance with the pre-operative weight loss program. Among other factors, RYGB demonstrated a positive impact on weight loss outcomes while tricyclic antidepressant (TCA) use and alcohol intake were associated with poorer post-operative weight loss results.

Disclosure: No significant relationships.

P292 / Abs. ID 145

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

GASTROJEJUNOSTOMY IN ROUX EN Y GASTRIC BYPASS: HAND SEWEN ANASTOMOSIS OR LINEAR STTAPLED ANASTOMOSIS?

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Background: Laparoscopic Roux-en-Y gastric bypass (RYGB) is a highly effective surgical intervention for the treatment of morbid obesity, demonstrating durable weight loss and improvement in obesity-related comorbidities. Within this procedure, construction of the gastrojejunostomy (GJ) is a critical step. However, direct comparisons of these techniques remain relatively scarce, particularly with regard to complication profiles (e.g., anastomotic leaks, stenosis, bleeding, and marginal ulcers) and operative efficiency.

Objectives: This study aims to assess the clinical outcomes of patients who underwent RYGB with either the LSA or HSA at our institution between 2019-2023, with a focus on comparing complications rates and operative times.

Methods: A retrospective review of a prospectively maintained database was conducted at a single institution. Patients undergoing primary RYGB from January 2019 to December 2023 were included. Two cohorts were compared: HSA versus LSA for the GJ. Demographic data, operative times, and postoperative complications (including anastomotic leaks, hemorrhage, stenosis, and marginal ulcers) were recorded and analyzed.

Results: A total of 376 patients were enrolled (267 HSA and 109 LSA). Both groups were similar in age and body mass index. Operative time was significantly longer in the HSA group (mean 95 ± 25 minutes) compared to LSA (79 ± 26 minutes; $p<0.001$). Postoperative hemorrhage at the GJ site was low and comparable between groups. Although not statistically significant, the incidence of GJ stenosis was higher in the HSA group (3.4%), effectively managed with endoscopic dilations. Conversely, marginal ulcers were more common in the LSA group (4.6% vs. 0.7%; $p=0.012$). No significant differences were observed in overall reoperations or leak rates, and both techniques had acceptable safety profiles.

Conclusions: Both HSA and LSA are safe and effective options for GJ construction in RYGB. While LSA offers shorter operative times, HSA may reduce the risk of marginal ulcers. These findings underscore the importance of tailoring the choice of anastomosis to individual patient risk factors and surgeon experience. Further prospective studies are warranted to confirm these observations and optimize surgical outcomes.

Disclosure: No significant relationships.

P293 / Abs. ID 203

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

IMPACT OF METABOLIC BARIATRIC SURGERY ON PATIENTS WITH TYPE 2 DIABETES: EXPERIENCE IN A SINGLE CENTER IN CHILE

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Background: Type 2 diabetes mellitus (T2DM) is a chronic metabolic disorder characterized by hyperglycemia due to insulin resistance and/or impaired insulin secretion. Its strong association with obesity increases the risk of cardiovascular, renal, and metabolic complications. In Chile, 9.3% of the population has prediabetes or diabesity. Metabolic Bariatric Surgery (MBS) has been recognized as an effective strategy for improving glycemic control and achieving T2DM remission in obese patients. However, more data are needed to evaluate its outcomes in specific populations.

Objectives: To determine the remission rate of T2DM according to the American Diabetes Association (ADA) criteria and evaluate changes in metabolic and anthropometric parameters six months after MBS.

Methods: A retrospective study was conducted on 12 patients diagnosed with diabesity (T2DM and obesity) who underwent MBS in 2024 at Clínica Alta Salud, Punta Arenas, Chile. Preoperative and postoperative (six-month) metabolic parameters were analyzed, including: Anthropometric measurements: Body weight (kg) and Body Mass Index (BMI, kg/m²) Metabolic markers: Fasting glucose levels (mmol/L) and HbA1c levels (%) C-peptide levels (for insulin secretion assessment) Paired t-tests were used to evaluate differences between preoperative and postoperative values.

Results: At six months post-surgery, significant metabolic and anthropometric improvements were observed:

Parameter	Baseline	6 months post-MBS	Change (Δ)
Body weight (kg)	103.76 ± 16.68	80.05 ± 14.5	-23.75 ± 5.01
BMI (kg/m²)	41.77 ± 5.88	32.18 ± 5.05	-9.58 ± 2.00
Fasting glucose (mmol/L)	120.24 ± 36.81	82.62 ± 8.22	-37.83 ± 40.18
HbA1c (%)	6.85 ± 1.69	5.58 ± 0.33	-1.28 ± 1.76

A significant proportion of patients met the ADA criteria for T2DM remission, demonstrating the effectiveness of MBS as a metabolic intervention.

Conclusions: Metabolic Bariatric Surgery is a highly effective intervention for glycemic control and weight loss in patients with diabesity. Significant reductions in body weight, BMI, fasting glucose, and HbA1c were observed six months post-surgery, with a high remission rate of T2DM. These findings support MBS as a valuable therapeutic strategy for obesity-

related diabetes management. Further research with larger cohorts and longer follow-up periods is needed to assess the long-term sustainability of these metabolic benefits.

Disclosure: No significant relationships.

P294 / Abs. ID 613

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

PREVALENCE OF METABOLIC SYNDROME BEFORE AND AFTER METABOLIC BARIATRIC SURGERY AS ASSESSED BY HOMA-IR

Carlos Felipe Palomino Peña[1], Luis Lopez Gomez[2], Mariana Lucia Lopez Rodriguez[3], Gonzalo Dominguez Alvarado[2], Jose Pablo Gonzalez Rojas[4], Diomar Andres Velasquez Castellanos[3], Martha Ramirez[3], Mario Fernando Paez Pertuz[3]
[1]Universidad Autónoma de Bucaramanga, Bucaramanga, Colombia, [2]Universidad Autonoma de Bucaramanga, Surgery, Bucaramanga, Colombia, [3]Universidad Autónoma de Bucaramanga, Santander, Bucaramanga, Colombia, [4]Universidad Autonoma de Bucaramanga, Santander, Bucaramanga, Colombia

Background: Metabolic syndrome (MS) is a cluster of metabolic abnormalities that substantially elevate the risk of cardiovascular disease and type 2 diabetes mellitus. Bariatric surgery has emerged as an effective intervention for resolving MS, primarily through the improvement of insulin resistance, as quantified by HOMA-IR.

Objectives: To determine the prevalence of MS before and after bariatric surgery and to analyze its association with changes in HOMA-IR.

Methods: This observational, retrospective, and longitudinal study involved patients with severe obesity who underwent bariatric surgery. Metabolic variables were assessed preoperatively and at 6 and 12 months postoperatively. HOMA-IR values and the prevalence of MS were compared at each time point.

Results: A total of 180 patients were included. The prevalence of MS was 35% preoperatively, decreasing to 7% at 6 months and 0.5% at 12 months post-surgery. A statistically significant reduction in HOMA-IR ($p<0.05$) was observed, along with marked improvements in metabolic parameters.

Conclusions: Bariatric surgery significantly reduces the prevalence of MS and enhances insulin sensitivity. These findings reinforce its critical role in the management of obesity and associated metabolic comorbidities, contributing to a reduced cardiovascular risk. Long-term studies are warranted to evaluate the sustainability of these effects.

Disclosure: No significant relationships.

P295 / Abs. ID 795

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

"HOW COPIAPÓ, 126.000 INHABITANTS, REACHED WORLD-CLASS METABOLIC BARIATRIC SURGERY OUTCOMES BETWEEN 2022 - 2025: THE IMPACT OF PUBLIC POLICY"

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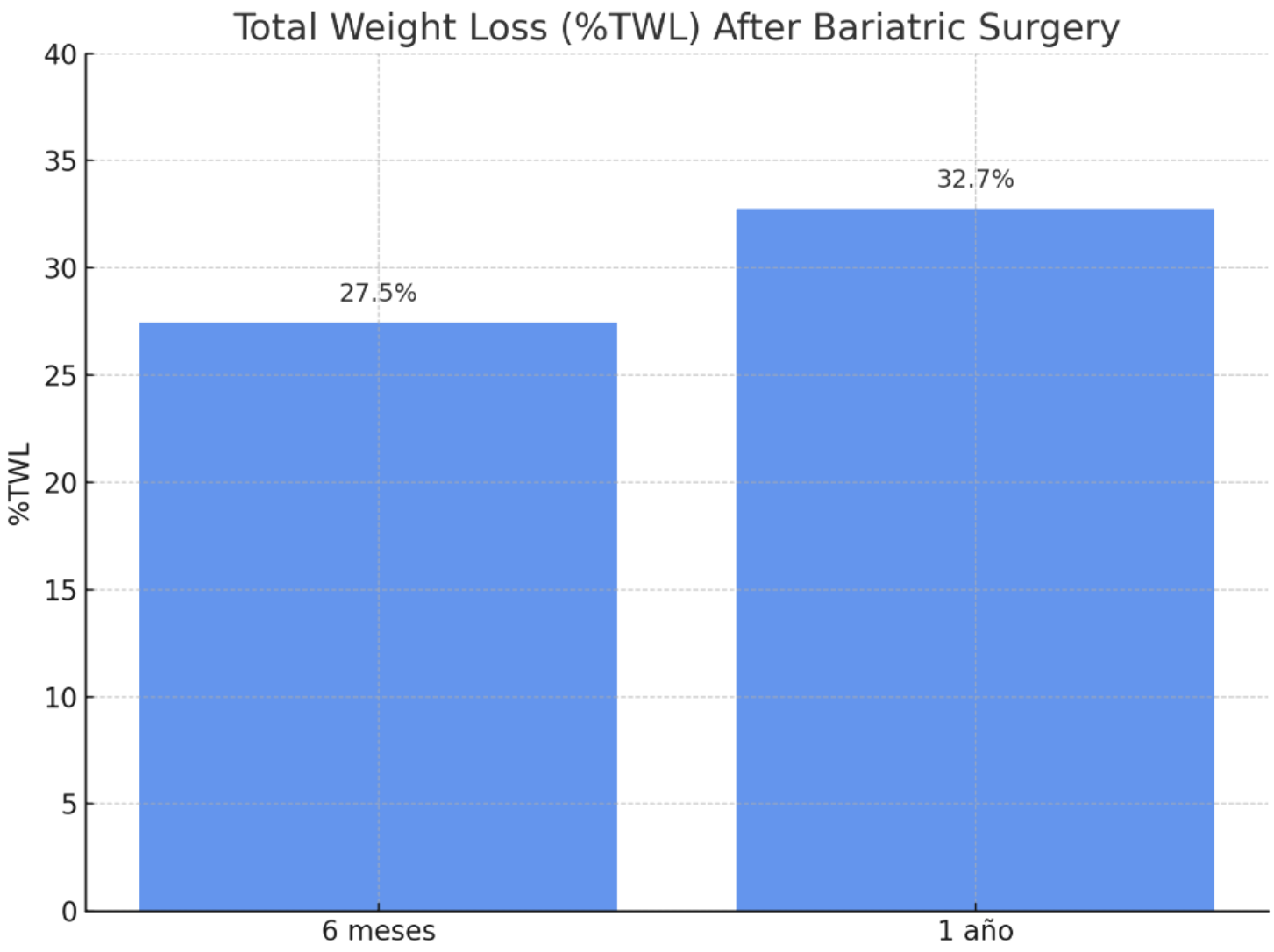
[1]CLINIFIT, Bariatric Surgery, COPIAPO, Chile, [2]clinifit, Bariatric Surgery, copiapo, Chile, [3]clinifit, Bariatric Surgery, Copiapo, Chile

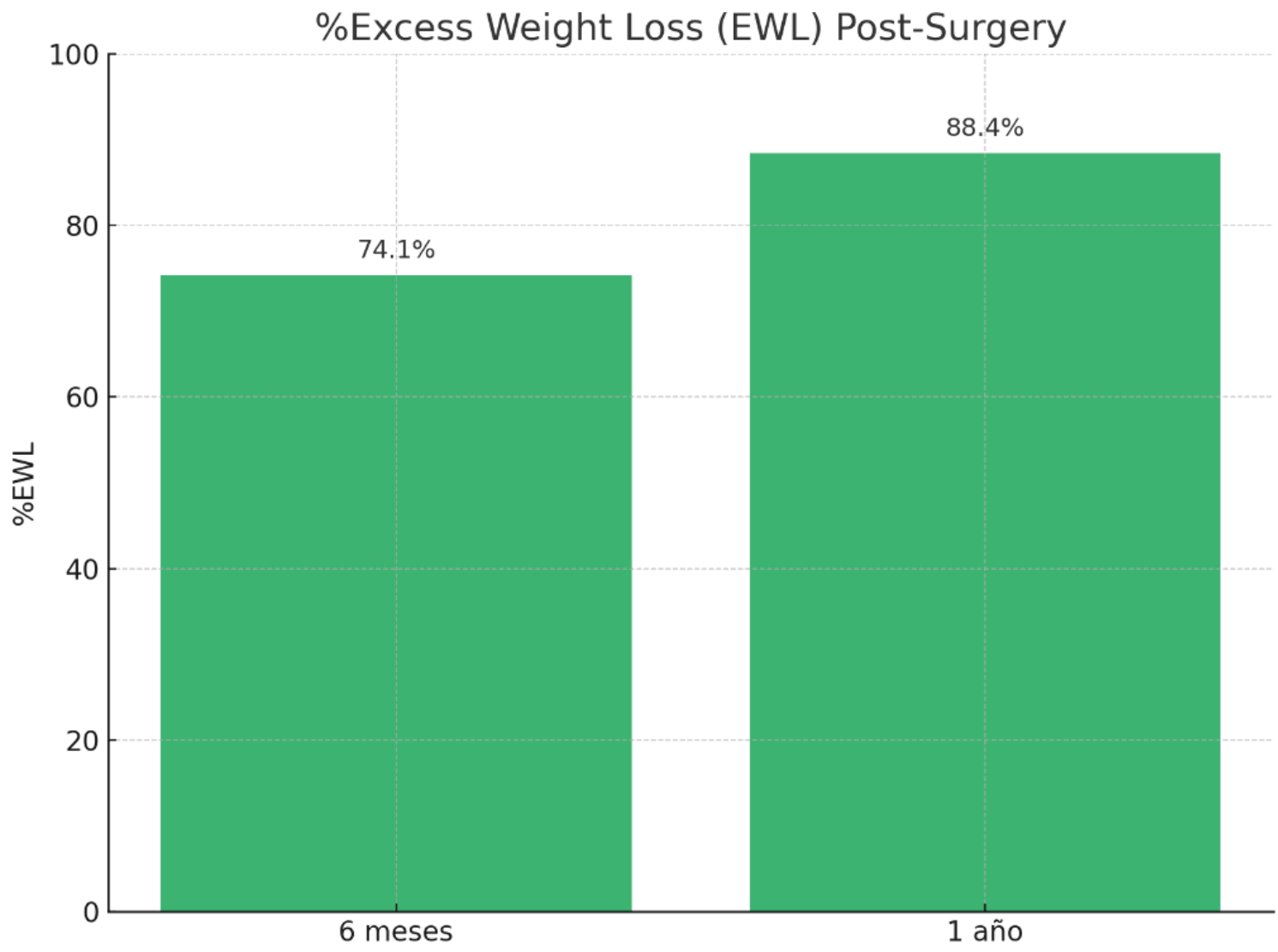
Background: Bariatric surgery is an effective obesity treatment, but access remains limited in many regions. In Chile, the Diagnostic-Related Group Payment (PAD) policy by FONASA (chilean health-care system), introduced in 2022, improved access by offering fixed copayments for surgery. In Copiapó (population 176,000), this policy led to a significant increase in bariatric surgeries, achieving outcomes comparable to those in developed countries despite local resource constraints. This retrospective study analyzes surgeries performed from 2022-2025, evaluating procedure numbers, types, patient demographics, and outcomes. Results are compared with metrics from advanced healthcare systems like the U.S. and Brazil to assess the PAD policy's impact.

Objectives: To analyze the impact of public health policy on the outcomes, access, and volume of bariatric surgeries in Copiapó between July 2022 -January 2025, comparing regional surgical indicators with those from developed nations.

Methods: A retrospective observational study was conducted using data from 840 patients who underwent bariatric surgery between July 2022 and January 2025 in Copiapó. Data included demographics, type of surgery, initial BMI, follow-up BMI at 3, 6, and 12 months, and complications. Annual surgical rates per 100,000 inhabitants were calculated. Effectiveness was measured using EWL and TWL, along with BMI reduction and complication rates. Results were compared with international benchmarks (USA and Brazil)

Results: A total of 840 bariatric surgeries were performed between July 2022 and January 2025, averaging 279 procedures per year. The annual surgical rate in Copiapó reached 159 per 100,000 inhabitants, surpassing rates reported in the United States (78.5) and Brazil (18.8). The cohort showed a female predominance (77.5%) with a mean age of 36 years and an average initial BMI of 39.7. Effectiveness was further evaluated using %EWL and %TWL. The overall complication rate was low, with 2.4% of patients experiencing hemorrhage, 1.8% internal hernias, and no reported mortality.


Total Weight Loss (%TWL) After Bariatric Surgery
%TWL
0
5
10
15
20
25
30
35
40
27.5%
32.7%
6 meses
1 año



Conclusions: TWL: 27.5% at 6 months, 32.7% at 1 year;EWL: 74.1% at 6 months, 88.4% at 1 year. The implementation of PAD program in Copiapó resulted in world-class bariatric surgery outcomes and access within a public health framework. These results demonstrate that effective policy, rather than resource abundance alone, can drive high-quality surgical care in emerging settings.

Disclosure: No significant relationships.

P296 / Abs. ID 421

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

SHAPING THE FUTURE OF OBESITY SURGERY: COMPARATIVE ANALYSIS OF OAGB AND RYGB IN METABOLIC CONTROL

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Background: Obesity is a growing chronic disease affecting millions worldwide. It is associated with conditions such as type 2 diabetes and hypertension, as well as linked to insulin resistance (IR), a metabolic imbalance that leads to hyperglycemia. Diagnostic indices such as the Homeostatic Model Assessment (HOMA-IR) and the triglyceride-glucose (TyG) index are accessible alternatives for identifying IR. Metabolic bariatric surgery, such as Roux-en-Y Gastric Bypass, has demonstrated efficacy in controlling obesity and IR. The One Anastomosis Gastric Bypass (OAGB) technique has also shown promising results, although further studies are still required.

Objectives: To analyze the impact of OAGB on insulin resistance and lipid profile, compared with a control group undergoing RYGB.

Methods: A retrospective longitudinal analysis was conducted evaluating 80 patients who underwent OAGB between 2017 and 2023, compared to a control group (RYGB) matched by BMI, sex, and age. The HOMA-IR and TyG indices were used to assess the preoperative and postoperative periods of metabolic bariatric surgery.

Results: In patients who underwent OAGB, HOMA-IR showed a significant reduction between the preoperative and postoperative periods [3.72 (0.63–15.11) vs. 1.49 (0.41–8.26)]. A similar trend was observed for TyG [4.53 (4.13–4.93) vs. 4.33 (3.98–4.69)]. The average interval between examinations was 3.6 years. In patients who underwent RYGB, HOMA-IR also showed a significant reduction between the preoperative and postoperative periods [4.40 (0.34–16.4) vs. 1.20 (0.19–7.72)], and similarly for TyG [4.49 (4.03–5.29) vs. 4.35 (3.95–5.41)]. The average interval between examinations was 3.6 years.

Conclusions: Conclusion: This study provides pioneering evidence, using the HOMA-IR and TyG scores, that the OAGB technique is comparable to the RYGB technique in controlling insulin resistance and improving lipid profile. This evaluation gains additional significance in light of the new diagnostic criteria for obesity recently proposed by several societies, demonstrating improvements in metabolic markers following metabolic bariatric surgery.

Disclosure: No significant relationships.

P297 / Abs. ID 382

Topic: *AS25. Measurement of quality outcomes after MBS*

MEASUREMENT OF QUALITY OUTCOMES AFTER MBS
10-09-2025 10:00 - 19:30

QUALITY OF LIFE AFTER ONE ANASTOMOSIS GASTRIC BYPASS IN SHORT TERM

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Background: Studies evaluating quality of life after single-anastomosis gastric bypass (OAGB) in the short term are currently scarce. OAGB metabolic bariatric surgery techniques have suggested that the patient may present more symptoms of bile reflux and possibly more intense intestinal symptoms such as diarrhea, due to the larger intestinal bypass. However, to what extent these symptoms are related to the patient's quality of life in the postoperative period.

Objectives: To analyze the quality of life in individuals undergoing OAGB less than one year after delivery, associating it with gastrointestinal symptoms.

Methods: We interviewed 11 patients who underwent metabolic bariatric surgery OAGB in less than 1 year, asking about their usual complaints and quality of life, physical activity, gastrointestinal symptoms, use of multivitamins and levels of satisfaction with the treatment. The sample had an average age of 46 years, with a mean BMI (SD) of 55 Kg/m² (~6) before surgery and after 9 months of the mean BMI (SD) of 36Kg/m² (~4).

FEATURES	Total (n=11)
	media (DP)
Age (years)	46,0 (13,0)
Height (cm)	166,0 (0,1)
Starting Weight (kg)	152,0 (30,0)
IMC initial (Kg/m^2)	55,0 (6,0)
Present Weight (kg)	101,0 (19,0)
Present IMC (Kg/m^2)	36,0 (4,0)
Procudere time (months)	9 (3,0)

Results: Approximately 64% of patients who underwent One Anastomosis Gastric Bypass do not present gastrointestinal symptoms, 100% of the sample uses multivitamins daily, practices physical activity and is completely satisfied with metabolic bariatric surgery to treat obesity.

Technical Features		Total (n=11) n(%)
Gender		
	Male	4 (27,3)
	Female	7 (63,6)
Physical Exercises		
	Yes	11 (100,0)
	No	
Gastrointestinal Symptoms (nausea/vomiting/reflux/diarrhea)		
	Yes	4 (36,4)
	No	7 (63,6)
Multivitamins		
	Yes	11 (100,0)
	No	
Level of satisfaction with treatment		
	Completely satisfied	10 (90,9)
	unsatisfied	1 (9,1)

Conclusions: We can conclude that despite the existence of gastrointestinal symptoms in the postoperative period, it was not possible to verify a significant association between the variables, showing that the quality of life in this group was not related to the symptoms.

Disclosure: No significant relationships.

P298 / Abs. ID 809

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

SLEEVE GASTRECTOMY AND TRANSIT BIPARTITION: OUR PRELIMINARY EXPERIENCE

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Background: SG+TB is a metabolic procedure described more than 10 years ago and widely used in Latin america. In the last few years we have introduced this technique in accordance with physio-metabolic principles described by Santoro.

Objectives: Evaluate the preliminary results of this procedure analizing weight loss, BMI and EWL and comorbidities resolution

Methods: In the Department of General Surgery -Ceccarini Hospital Riccione 13 patients underwent a SG+TB between February 2025 and March 2025, including 9 females and 4 males. One of the procedures was a redo surgery (after sleeve gastrectomy with suboptimal clinical response). All procedures were performed laparoscopically excect one which was converted due to adhesions. Initial weight, BMI and EW were respectively 142 kg, BMI 52 and EW 82 kg. OSAS with cpap was present in 8 patients, DM in 4 patients and arterial hypertension in 7 pts

Results: Median operation time was 135 minutes (in 6 pts SG+TB was associated with other procedures such as cholecistectomy, direct umbilical hernia repair and hiatoplasty). No intraoperative complications occurred. Average hospital stay was 3 days and all patients performed a contrast gastric enema before discharge. After 30 days body weight, BMI and EWL were respectively 124 kg, 46 and 15% (follow up was performed on 10 patients), and complications occurred in 3 patients (Clavien-Dindo 1) After 6 months body weight, BMI and EWL were respectively 96 kg, 35 and 52% (follow up performed on 7 pts) and no complications occurred. After 1 year body weight, BMI and EWL were respectively 73 kg, 28 and 73% (follow up performed on 4 pts) and no complications occurred. In terms of comorbidity resolution, 1 patient no longer had OSAS, 1 no longer had DM and 1 no longer had arterial hypertension.

Conclusions: SG+TB introduces a new definition of bariatric surgery: the metabolic surgery, that overcomes the principles of mechanical restriction and malabsorbtion introducing the concepts of functional restriction and gut activity correction. Results in terms of rapid weight loss and remission or major improvements of comorbidities are widely known. Our preliminary results although limited by a small study population and short follow up are in line with literature

Disclosure: No significant relationships.

P299 / Abs. ID 567

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

NISSEN SLEEVE GASTRECTOMY : EXPERIENCE OF TWO FRENCH PRIVATE BARIATRIC CENTRES.

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Background: The sleeve gastrectomy (SG) is the most performed metabolic bariatric surgery procedure in France and worldwide. The main complication is Gastroesophageal Reflux (GERD). Recently, the Nissen sleeve gastrectomy (NSG) has shown a reduction in GERD frequency compared to the conventional SG. This study aims to evaluate the results in terms of weight, morbidity, and effectiveness on GERD and to demonstrate real-world experience in initiating an NSG program by surgeons experienced in reflux surgery and metabolic bariatric surgery within two private centers.

Objectives: The objective was to evaluate the rate of acute surgical complications, total weight loss and patients with clinical GERD after six months.

Methods: This study is a retrospective analysis of a prospective data collection from two private centers that started a Nissen Sleeve program from March 2023 to March 2025, including 215 patients. The data collection was conducted according to the protocol established by the Nissen Sleeve study of Prof. Claire Blanchard, CHU of Nantes.

Results: We recorded 215 patients. Nine surgical revisions were necessary (4.2%), including five Nissen valve perforations (2.3%) that were treated by conversion to a conventional sleeve. There were no gastric fistulas. Four valve dilations (1.9%) occurred. Two cases of dysphagia were reported (0.93%). The total weight loss was 7% at one month and 18% at six months. The rate of gastroesophageal reflux requiring continued use of PPIs was 2.3% at six months.

Conclusions: The NSG is a procedure that must be well standardized. It reduces the incidence of GERD compared to the SG. The morbidity is estimated at 4-6% in the hands of experienced bariatric surgeons, including the learning curve phase. It provides a reasonable alternative to the Roux En Y gastric bypass for patients suffering from obesity GERD.

Disclosure: No significant relationships.

P300 / Abs. ID 802

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

NEW OAGB MODIFICATION WITH ELONGATED GASTRIC POUCH

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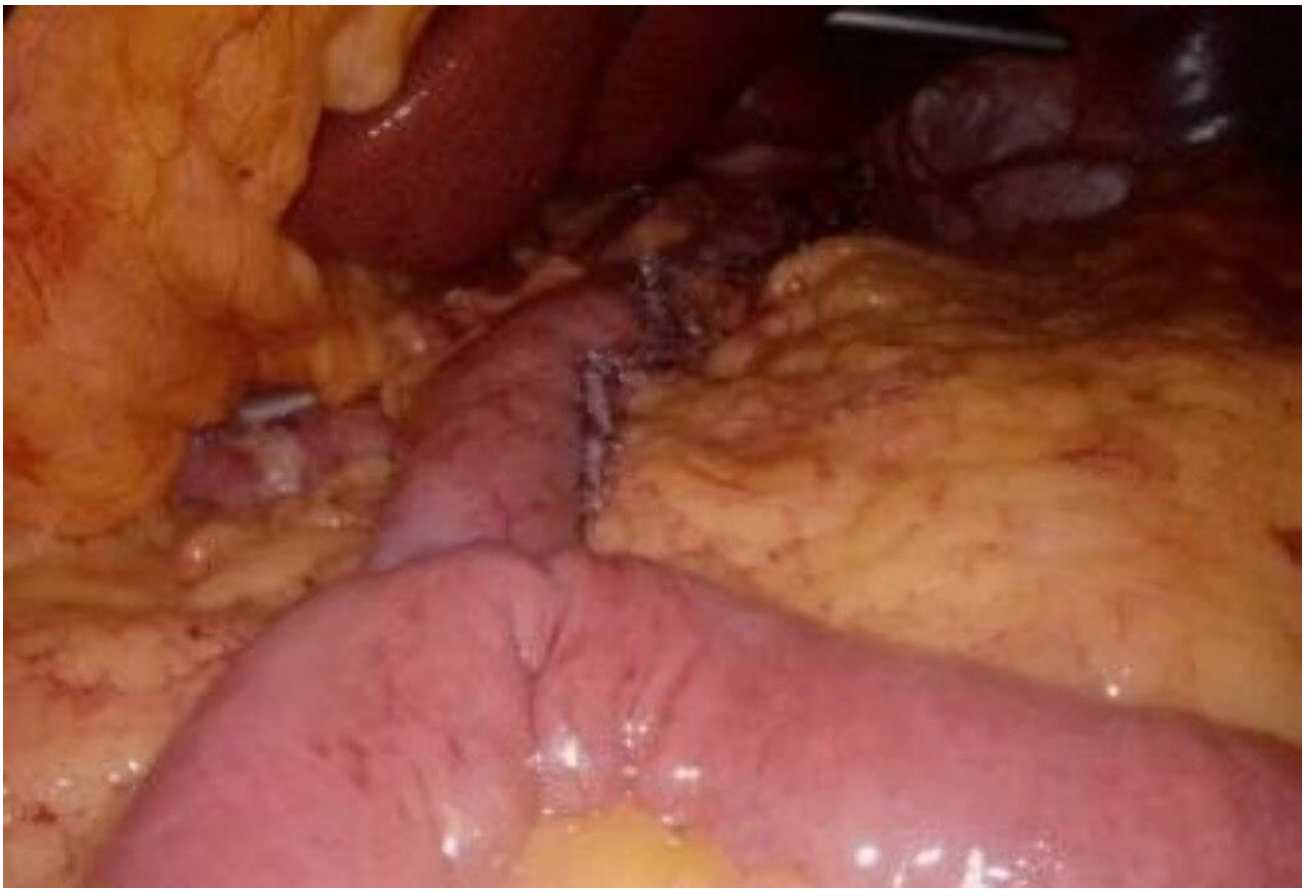
Surgut District Clinical Hospital, Surgical Department #2, Surgut, Russian Federation

Background: The study describes the technique and results of a modified OAGB with elongated pouch.

Objectives: The objectivies of study: to prove the safety of the new method and to evaluate the short-term and two-year results.

Methods: The surgical technique is universal and does not depend on BMI or other factors. The first step is to mobilize the stomach along the greater curvature. Then, a window is created in the lesser omentum below the crow's foot. The stomach is separated in the antrum by two stappling suturings from the greater curvature towards the lesser curvature. A 36-39 Fr bougie is inserted. A narrow long pouch is formed from the greater curvature to the angle of His by 4-5 stappling suturings. The length of the pouch is 24-30 cm. Then, a hand-sewed anastomosis is formed. The length of the pouch is always so long that the anastomosis is located below the transverse colon. This eliminates nocturnal and other bile reflux. A narrow long pouch creates a restrictive effect as in SG. Transfer of the anastomosis from the area with increased acidity to the level of the greater curvature of the stomach is the prevention of marginal ulcers.



A retrospective assessment of the short and long-term (6-24 months) treatment results of patients (n=250) was conducted. Follow-up for more than 1 year was 200 cases, follow-up for more than 1 year was 100 cases. The average age of patients was 43.5±9.8 years. The average BMI was 44.3±6.7. Metabolic syndrome was found in 169 (67.6%). DMT2 was 37 (14.8%). There were 34 patients who smoked (13.6%). GERD was found in 63 (25.2%).

Results: The analysis showed the absence of significant early complications, better results in EWL and remission of DMT2. In the long-term period, endoscopy and the GIQLI questionnaire were performed. No cases of bile reflux were detected. Marginal ulcers were detected routinely 2, uncomplicated.

Conclusions: The modificated OAGB is safe as a primary surgical procedure in patients with severe obesity. This operation successfully combines restriction and hyposorption mechanisms, promising potential is presented in minimization of traditional OAGB complications (bile reflux and GEA ulcers) with a better metabolic effect.

Disclosure: No significant relationships.

P301 / Abs. ID 819

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

PARAGASTRIC NEURAL BLOCKADE IN CONTROLLING PAIN, NAUSEA, AND VOMITING AFTER METABOLIC BARIATRIC SURGERY

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Background: Despite advances in pharmacological and endoscopic treatments for obesity, bariatric surgery remains the most effective method for treating these patients, particularly those with severe obesity. As a result, the number of such procedures has nearly quintupled in recent years. One of the main challenges is managing early post-surgical pain. Although multimodal analgesia is administered to patients, it primarily targets somatic pain, while visceral pain—caused by autonomic impulses and manifesting as abdominal discomfort, nausea, and vomiting—often goes unaddressed. Given the pathophysiology and gastric innervation, new analgesic treatments have been proposed to alleviate these symptoms. One innovative and underexplored approach is intraoperative laparoscopic para-gastric blockade with local anesthetics. This technique aims to block the vagal afferent branches at the gastric level, preventing stimulation at the medullary bulb, specifically within the vomiting center. Additionally, it helps relax the gastric muscle, thereby reducing intragastric pressure, particularly in patients undergoing sleeve gastrectomy

Objectives: The aim of this study is to describe our para-gastric block technique, its effect on early postoperative pain, its impact on nausea and vomiting, and the potential complications associated with the procedure in patients undergoing bariatric surgeries such as SADIS, gastric bypass, and sleeve gastrectomy.

Methods: At our center, several surgeons routinely perform this procedure. We will describe our technique, considering both anatomical and pharmacological aspects. The goal is to evaluate the pain scale within the first 24 hours post-surgery, the number of emetic episodes, the presence of nausea, and the complications associated with the block in patients undergoing bariatric surgery.

Results: We found that patients undergoing intraoperative laparoscopic para-gastric block with local anesthetic experience fewer episodes of vomiting, less nausea, and an improvement in early postoperative pain, with no evidence of significant complications associated with the procedure.

Conclusions: Our goal is to provide more information on the effectiveness and safety of this innovative analgesic technique, which could improve the quality of life for patients postoperatively and, potentially, reduce costs through shorter hospital stays and lower use of analgesic medications.

Disclosure: No significant relationships.

P302 / Abs. ID 877

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

COMPARISON OF OUTCOMES, COMPLICATIONS, AND OBESITY-RELATED COMORBIDITIES BETWEEN ROUX-EN-Y AND LOOP RECONSTRUCTION IN LAPAROSCOPIC SLEEVE GASTRECTOMY WITH DUODENOJEJUNAL BYPASS

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Yotsuya Medical Cube, Weight Loss And Metabolic Surgery Center, Tokyo, Japan

Background: Bariatric surgery, including sleeve gastrectomy combined with duodenal-jejunal bypass (Sleeve DJB), is a widely used intervention for severe obesity. However, the optimal reconstruction method following Sleeve DJB—either Roux-en-Y reconstruction (RYR) or loop reconstruction (LR)—remains uncertain in terms of postoperative outcomes, weight loss, and comorbidity resolution. This study aims to compare the surgical outcomes, perioperative complications, and improvement in obesity-related comorbidities between these two reconstruction techniques.

Objectives: This study will evaluate the postoperative weight loss, resolution of obesity-related comorbidities, and complication rates in 330 patients with severe obesity who underwent laparoscopic Sleeve DJB at our institution between April 2007 and March 2025. The primary aim is to determine the differences in weight loss, comorbidity resolution (including type 2 diabetes and hypertension), and postoperative complications (such as leakage and infection) between RYR and LR.

Methods: Patients who underwent Sleeve DJB with either RYR or LR reconstruction are identified from medical records. Data on weight loss (excess weight loss percentage), comorbidity improvement, and complications (leakage, infection, etc.) are collected from patient charts at least 1 year post-surgery. Statistical analysis will compare the outcomes between the two groups, adjusting for baseline characteristics.

Results: Data collection and analysis will focus on comparing postoperative weight loss, resolution of comorbidities, and complication rates between the RYR and LR groups.

Conclusions: The results of this study will provide valuable insights into the safety and efficacy of RYR and LR in combination with Sleeve DJB for severe obesity.

Disclosure: No significant relationships.

P303 / Abs. ID 230

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

THREE-PORT LAPAROSCOPIC SLEEVE GASTRECTOMY FOR SEVERE OBESITY

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Background: Sleeve gastrectomy is traditionally performed with the aid of 5 to 7 abdominal trocars. We aim to present our experience concerning laparoscopic sleeve gastrectomy for severe obesity, with a more minimal invasive approach, using three ports-trocars.

Objectives: Laparoscopic Sleeve Gastrectomy (LSG) is traditionally performed using 5 to 7 abdominal trocars. By reducing the number of trocars, parietal trauma, pain and hernia risks can be minimized. We present our 10-year experience from March 2014 to March 2024 concerning LSG for severe obesity using three trocars, with emphasis on a simple suture-based trocar-free liver retractor.

Methods: Three trocars are typically used: one 10-mm periumbilical optical trocar and two 12-mm trocars on the midclavicular lines. A suture is percutaneously inserted and fixed to the right crus of the diaphragm. Careful traction lifts the left hepatic lobe offering better surgical field and access to the gastroesophageal junction. A gauze is used to protect liver parenchyma from possible injury. Furthermore, sectioning and stapling of the stomach is performed before the gastroepiploic division, reducing the need of another left sided trocar.

Results: All the patients had an uncomplicated recovery. No liver injury or wound problem was mentioned.

Conclusions: The placement of a suture at the right crus of the diaphragm can reduce the number of trocars, leading to less postoperative pain, risk of hernia and better cosmetic outcome without compromising the safety of the operation or the rate of postoperative complications.

Disclosure: No significant relationships.

P304 / Abs. ID 362

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

SAFETY OF INDOCYANINE GREEN-ASSISTED GASTRIC SLEEVE AFTER FAILED BARIATRIC GASTRIC EMBOLIZATION (CASE REPORT)

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Background: Both have a history of BGE in 2021 and 2023, with selective occlusion of the left gastric artery with 300-500 micron polyvinyl alcohol particles (figure 1), with initial weight (kg)/BMI of 89/37 and 93/36 respectively, with loss of 4 and 10 kg in 8 weeks, with subsequent regain to initial weight in 6 months.

figure 1

Objectives: To determine the safety of indocyanine green (IG)-assisted gastric sleeve (GS) after failed bariatric gastric embolization (BGE) (case report).

Methods: This is a prospective longitudinal study, from 2024-2025, reporting 2 cases of female patients operated on and followed by the author, aged 23 and 49 years. All with informed consent, adequate renal functionalism and no iodine allergies are reported. Case 1 does not present arteriography control, while the other case if, with a report of selective occlusion of the left gastric artery. Both with multiple consultations to bariatric surgeons where they decided not to operate, due to high risk of complications. A GS assisted with IG (fluorecessnte vital dye) at a dose of 0.1mg/kg of weight

was performed intravenously, using a laparoscopic tower with near infrared fluorescence (NIR), at the end of the gastrectomy, observing good green staining throughout the extension of the GS (figure 2).

figure 2

Results: Average time of surgery after BGE was 2 years. Case 1 is 9 months after surgery with an excess weight loss of 69%, with a current weight of 62 kg and a BMI of 25. Case 2 is 6 months after surgery with an excess weight loss of 63%, with a current weight of 75 kg and a BMI of 28. None of them presented adverse effects to the IG, a hospitalization time of 2 days, no complications to date, and they are still on their bariatric follow-up plan.

Conclusions: IG-assisted GS after failed BGE is a safe, reproducible, and well-tolerated technique by patients; however more data is needed to provide better results.

Disclosure: No significant relationships.

P305 / Abs. ID 979

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

A SAFE TECHNIQUE FOR INTRA-OPERATIVE LEAK TEST AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY

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Background: Staple line leak (up to 7 %) is a serious complication of sleeve gastrectomy. Intraoperative methylene blue and air leak tests are routinely used by many surgeons to evaluate for leak, though controversial. This traditional test (TT) using nasogastric tube (NGT) may also be risky for adverse effect of staple line injury

Objectives: Orogastric tube (OGT) if combination with a Forgarty or Forgarty like device can perform 100% leak test with Nearly Zero leak rate

Methods: The primary outcome was time for test procedure, success rate of test, operation time, and leak rate between theTraditional Test (TT) and Safe Test (ST) groups. ST do not need to put nasogastric tube for leak test but we use OG for this purpose. Univariate and multivariate analyses were done for comparison.

Results: A total of 180 laparoscopic sleeve gastrectomy were included; routine intraoperative TT leak tests were performed in 90(50%) cases, while ST was carried out in another 90(50%). In this cohort study, we will show clearly that ST procedure is reliable and safe for this routine work. We may also demonstrate that air leak test can be a standard technique for leak test intra-operatively .

Conclusions: ST for leak test is convenient, time saving, reliable, 100% success rate with probably good prediction for postoperative leak after sleeve gastrectomy in comparison with TT. So we suggest routine use of this technique if we still can not give up such concept of doing leak test after resection or anastomosis .

Disclosure: No significant relationships.

P306 / Abs. ID 369

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

EARLY AND INTRAOPERATIVE OUTCOMES OF ENDOSCOPIC SLEEVE GASTROPLASTY (ESG) IN A HIGH VOLUME CENTER.

Cesar Quiroz Guadarrama[1], Felipe Giron[2], Gontrand Lopez Nava[3], Martin Rojano Rodriguez[3], Natan Zundel[4]
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Background: Endoscopic Sleeve Gastroplasty (ESG) has emerged as a minimally invasive bariatric procedure with promising outcomes in weight loss and metabolic improvement. High-volume centers are critical in assessing the procedure's safety and efficacy, providing a benchmark for its integration into routine practice. This study evaluates the early and intraoperative outcomes of ESG in a high-volume bariatric center during 2024.

Objectives: To describe the patient characteristics, clinical experience, and early intraoperative outcomes of Endoscopic Sleeve Gastroplasty (ESG) in a high-volume bariatric center in 2024.

Methods: A retrospective observational study was conducted using a prospectively maintained database. The study included all patients who underwent ESG between January and December 2024. Data collected included baseline demographics, intraoperative findings, and postoperative outcomes. Variables analyzed comprised operative time, procedural details, complications, and endoscopic findings. Statistical analyses were performed as appropriate to variable characteristics.

Results: Out of 472 procedures performed, 400 ESG cases were analyzed after excluding five cases due to incomplete records. The cohort comprised 31.25% males and 68.75% females, with a mean age of 36.76 ± 8.9 years. The mean preoperative body mass index (BMI) was 36.07 ± 5.1 kg/m². A total of 405 ESGs were completed, with a mean operative time of 36.37 minutes. Early intraoperative complications included bleeding requiring adrenaline injection (1.75%) and submucosal hematoma (0.5%). No reinterventions were required, and the mean hospital stay was 6.3 hours. No other early complications were observed.

Conclusions: ESG performed in a high-volume center demonstrated favorable safety profiles with minimal early complications, short operative times, and rapid recovery periods. These findings reinforce ESG as an effective and safe option for minimally invasive bariatric treatment in experienced settings.

Disclosure: No significant relationships.

P307 / Abs. ID 772

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

CREATION OF SIDE-TO-SIDE COMPRESSION ANASTOMOSIS USING BIOFRAGMENTABLE MAGNETIC ANASTOMOSIS TO ACHIEVE DUODENO-ILEOSTOMY OR GASTRO-ILEOSTOMY IN ADULTS WITH OBESITY AND TYPE 2 DIABETES MELLITUS.

Michel Gagner
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Background: Conventional techniques for immediate intestinal anastomoses use enterotomy and sutures (handsewn technique) or staples, resulting in known serious risks of anastomotic bleeds, leaks, obstruction, and infection. Magnetic anastomosis devices cause a gradual formation of an anastomosis around a compression device (delayed anastomosis). This eliminates the need for enterotomy and leaving sutures or staples at the site of a surgically created anastomosis and their attendant risks. Linear Magnets were developed to provide a side-to-side small bowel anastomosis without crossing the intestine and leaving no foreign material.

Objectives: Provide comparisons between two study populations (using an all-metal 32 mm vs absorbable 39-50 mm) in support of the safety and efficacy of magnetic compression anastomosis.

Methods: Adults (18 to 65 years) with BMI 30-50 kg/m^2) with or without type 2 diabetes mellitus (T2DM defined as HbA1c 6.5%), with no plan to perform a concurrent sleeve gastrectomy at the study procedure, were enrolled. Magnets of 32, 39, and 50 mm were delivered by endoscopy or swallowed. Laparoscopy was necessary to measure small bowel length and close mesenteric defects.

Results: Of 204 patients operated on, 17 had a gastric magnet (70 or 80 mm), and others had a bowel linear magnet. Of 105 patients analyzed, 24 patients had a 32 mm magnet, and 81 patients had either a 39 or 50 mm with an absorbable flange.

Characteristic	Clinical Study (39mm or 50mm Magnet) (n=81)	Study GTM-001 (32mm, all-metal) (n=24)
Age (years): Mean (SEM)	45.0 (1.1)	44.9 (1.5)
Female: n (%)	55 (67.9%)	23 (95.8%)
Body Weight (kg): Mean (SEM)	97.8 (1.6)	105.3 (4.4)
Body Mass Index (kg/m^2): Mean (SEM)	34.8 (0.5)	39.4 (1.3)
Type 2 diabetes mellitus (T2DM): n (%)	26 (32.1%)	1 (4.2%)
Baseline HbA1c (%): Mean (SEM)	6.2% (0.2%)	5.3% (0.1%)
Prior Sleeve Gastrectomy (SG) or Endoscopic Sleeve Gastroplasty (ESG) 12 months n (%)	58 (71.6%)	24 (100%)

Adverse events were mostly grade I and II (Clavien -Dindo), between 12-15% for grade III and none for grade IV and V. EWL% at 60 days was 11, 21 and 39% (for 32mm, 39mm, and 50mm).

Conclusions: A larger anastomosis gave better weight loss results.

Disclosure: Minority Stock ownership of GT Metabolic

P308 / Abs. ID 539

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

BEYOND THE STOMACH: A CASE OF DUODENAL MIGRATION FOLLOWING SWALLOWABLE INTRAGASTRIC BALLOON PLACEMENT

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Background: Intragastric balloon devices are a temporary, restrictive mechanism used for weight loss in patients with obesity. The swallowable, non-endoscopic intragastric balloon has gained popularity due to its minimally invasive nature. However, though rare, serious complications may arise. This case report describes a unique case of duodenal migration of a non-endoscopic intragastric balloon, emphasizing its diagnosis and management.

Objectives: To report a rare case of duodenal migration of a non-endoscopic intragastric balloon, highlighting the clinical presentation, diagnostic approach, and surgical management of this complication.

Methods: A 38-year-old female with a BMI of 25.2 kg/m² underwent non-endoscopic intragastric balloon placement in an outpatient clinic. The day after the procedure, she presented to the emergency department with upper abdominal pain and a right upper quadrant bulge, without guarding or rebound tenderness. An abdominal CT scan revealed migration of the balloon into the second part of the duodenum (D2), causing deviation of the pancreas and gallbladder. Due to the high risk of perforation, the patient underwent exploratory laparoscopy and intraoperative upper endoscopy, which confirmed the migrated balloon and allowed its removal.

Results: Postoperatively, the patient was managed with a nasogastric tube, total parenteral nutrition, and intravenous antibiotics. Follow-up CT scan and endoscopy showed resolution of the pseudo-diverticulum in D2 with granulated mucosa. Enteral feeding was gradually reintroduced, and the patient was discharged three weeks later, fully recovered and without complications.

Conclusions: Although non-endoscopic intragastric balloons are a minimally invasive weight loss strategy, complications such as migration can require surgical intervention. This case highlights the importance of early recognition and intervention to prevent serious outcomes. Close post-procedure monitoring is essential to ensure patient safety and timely complication management.

Disclosure: No significant relationships.

P309 / Abs. ID 545

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

HOW TO ADDRESS POST-ROUX-EN-Y GASTRIC BYPASS LATE DUMPING IN A PATIENT WITH A HISTORY OF NISSEN FUNDOPLICATION CONVERTED TO BYPASS FOR OBESITY

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Background: Reversal of Roux-en-Y gastric bypass (RYGB) may be indicated for possible side effects such as malnutrition, intolerance, dumping syndrome, or late dumping. Reversal can however induce significant gastro-esophageal reflux disease (GERD).

Objectives: We report the case of a 55 years old Caucasian woman, who had undergone conversion of Nissen fundoplication performed for GERD (Grade B) into RYGB because of recurrent reflux, though Grade A esophagitis and increasing obesity (37.5 kg/m^2 BMI). She developed invalidating symptoms of late dumping syndrome and severe diarrhea. Pre- and postoperative evaluation an eso-gastroscopy with esophagitis grade evaluation. Treatment consisted of physiologic reversal of the RYGB, by reimplantation of the alimentary limb into the remnant stomach.

Methods: Pre-reversal endoscopy showed Grade A esophagitis. Oral glucose test demonstrated severe hypoglycemia persisting till 120 min post-ingestion and clinical symptoms of hypoglycemia (Whipple triad) (40 to 53 mg/dl). Three months after reversal the diagnostic tests had significantly improved, both in terms of glucose metabolism and GERD symptoms. At 22 months after surgery, the patient still did not suffer from diarrhea anymore, her glycemic profile was stable under antidiabetic medications and her BMI raised to 29 kg/m^2.

Results: Pre-reversal endoscopy showed Grade A esophagitis. Oral glucose test demonstrated severe hypoglycemia persisting till 120 min post-ingestion and clinical symptoms of hypoglycemia (Whipple triad) (40 to 53 mg/dl). Three months after reversal the diagnostic tests had significantly improved, both in terms of glucose metabolism and GERD symptoms. At 22 months after surgery, the patient still did not suffer from diarrhea anymore, her glycemic profile was stable under antidiabetic medications and her BMI raised to 29 kg/m^2.

Conclusions: Reversal of Roux-en-Y gastric bypass by incorporation of the alimentary limb between the gastric pouch and the gastric remnant seems to successfully address the dual issue of post-RYGB late dumping and preventing GERD, the different mechanisms involved will be explained latter in this paper.

Disclosure: No significant relationships.

P310 / Abs. ID 1114

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

BARIATRIC REVISION WITH SADI-GPWII IN A PATIENT WITH RECURRENT WEIGHT GAIN AFTER SLEEVE GASTRECTOMY

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Background: We present the case of a female patient with class III obesity and a history of sleeve gastrectomy 8 years prior, who experienced recurrent weight regain exceeding 100% of the weight previously lost. the patient underwent a revisional procedure with SADI-GPWii. Objective To assess the efficacy and safety of SADI-GPWii as an innovative revisional bariatric technique, Materials and Methods 34-year-old female patient, 113 kg, BMI: 40.5 kg/m², with an excess weight of 42 kg. with multiple Comorbidities ,Gastric Plication without Internal Invagination Duodeno-Ileal Bypass: anastomosis at 250 cm from the ileocecal valve. Results 12 months: weight 82 kg, BMI 29.8, EWL%: 73%, TWL%: 27.4%, total weight lost: 31 kg. Remission of morbitidies with improved adherence to the nutritional follow-up. No postoperative complications. Conclusion SADI-GPWii appears to be a safe and effective revisional bariatric procedure, with outcomes comparable to those of SADI-S Multicenter studies are needed

Objectives: To assess the efficacy and safety of SADI-GPWii as an innovative revisional bariatric technique, comparing its outcomes with those reported in the literature.

Methods: 34-year-old female patient, 113 kg, BMI: 40.5 kg/m², with an excess weight of 42 kg. Comorbidities included obesity-related respiratory syndrome, mild obstructive sleep apnea, poorly controlled anxiety, polyarthralgia, grade II hepatic steatosis, and dyslipidemia. On March 7, 2024, the following procedures were performed: Gastric Plication without Internal Invagination (Wii): dissection of the greater curvature, plication of the fundus, anterior and posterior walls with Prolene 0 suture, surget closure, and a 46 Fr Duodeno-Ileal Bypass: end-to-side anastomosis at 250 cm from the ileocecal valve. Surgical time: 130 minutes, without intraoperative complications.

Results: Immediate postoperative course: 24 hours in intermediate care, discharged at 48 hours. At 12 months: weight 82 kg, BMI 29.8, EWL%: 73%, TWL%: 27.4%, total weight lost: 31 kg. Remission of respiratory symptoms, anxiety, and dyslipidemia, with improved adherence to the nutritional follow-up. No postoperative complications reported.

Conclusions: SADI-GPWii appears to be a safe and effective revisional bariatric procedure, with outcomes comparable to those of SADI-S (Sánchez Pernaute, 2019; Puy, Villalonga; Verhoeff, Mocanu, 2022; Wu A, Tian J, 2018). Multicenter studies are needed to further validate this therapeutic option after failed Sleeve Gastrectomy.

Disclosure: No significant relationships.

P311 / Abs. ID 612

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

IMPACTO METABÓLICO DEL BYPASS GÁSTRICO LAPAROSCÓPICO EN Y DE ROUX Y DEL BYPASS ILEAL DE UNA ANASTOMOSIS. ESTUDIO COMPARATIVO.

Ronnie Villasmil[1], Jose Espinola[1], Miguel Santeliz[1], Jesus Morán[1], Tania Younes[2], Angela Molina[3]
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Background: El bypass gástrico laparoscópico en Y de Roux (BGYR) es una técnica ampliamente probada y estandarizada demostrando alta eficacia en la pérdida de peso, remisión de comorbilidades y baja tasa de complicaciones. Recientemente se ha introducido el bypass ileal de una anastomosis (SASI), una nueva técnica descrita inicialmente por Mahdy, tomando en cuenta los principios biomecánicos de bomba gástrica, modificada por Santoro incluyendo el concepto de bipartición intestinal obteniendo remisión de comorbilidades y apuntando objetivos adaptativos y neuroendocrinos.

Objectives: Evaluar el impacto metabólico de las cirugías de BGYR y SASI. Asimismo, cuantificar los valores de IMC antes y un año postoperatorio y comparar los parámetros bioquímicos obtenidos pre y postoperatorio, según sexo y tipo de procedimiento.

Methods: Se trató de un estudio descriptivo, comparativo y longitudinal. La muestra estuvo conformada por 30 pacientes de ambos sexos, mayores de 18 años, sometidos a cirugía de BGYR y SASI durante el período comprendido entre enero 2023-febrero 2024 con seguimiento de un año posterior a la cirugía. Para la recolección de datos se revisaron los expedientes clínicos de dichos pacientes. La estadística fue descriptiva calculando media y desviación estándar, se utilizó la prueba estadística de “t” de Student para comparar las variables pre y post quirúrgicas. Para la comparación de parámetros al año postoperatorio se empleó el estadístico no paramétrico U de Mann–Whitney. con nivel de confianza de 95% y significancia $p<0,05$.

Results: No hubo diferencias postoperatorias significativas ($p>0,05$) entre los grupos de BGYR y SASI con respecto a los niveles de colesterol total y triglicéridos, transaminasas hepáticas, HbA1c y péptido C. El IMC promedio en mujeres se redujo a 27,8 kg/m², y hombres de 30,1 kg/m², con un promedio de IMC postoperatorio de 28,3 kg/m² (±3,5). El grupo BGYR alcanzó mediana de 27 kg/m², y el grupo de SASI, mediana de 30 kg/m², siendo esta diferencia no estadísticamente significativa ($p = 0.128$).

Conclusions: Ambas técnicas quirúrgicas muestran resultados clínicos óptimos en el control y remisión de comorbilidades metabólicas y disminución del IMC con baja tasa de complicaciones.

Disclosure: No significant relationships.

P312 / Abs. ID 962

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

EARLY OUTCOME OF GASTRIC PERORAL ENDOSCOPIC MYO-NEUROTOMY (POEM-N): A NOVEL ENDOSCOPIC BARIATRIC PROCEDURE

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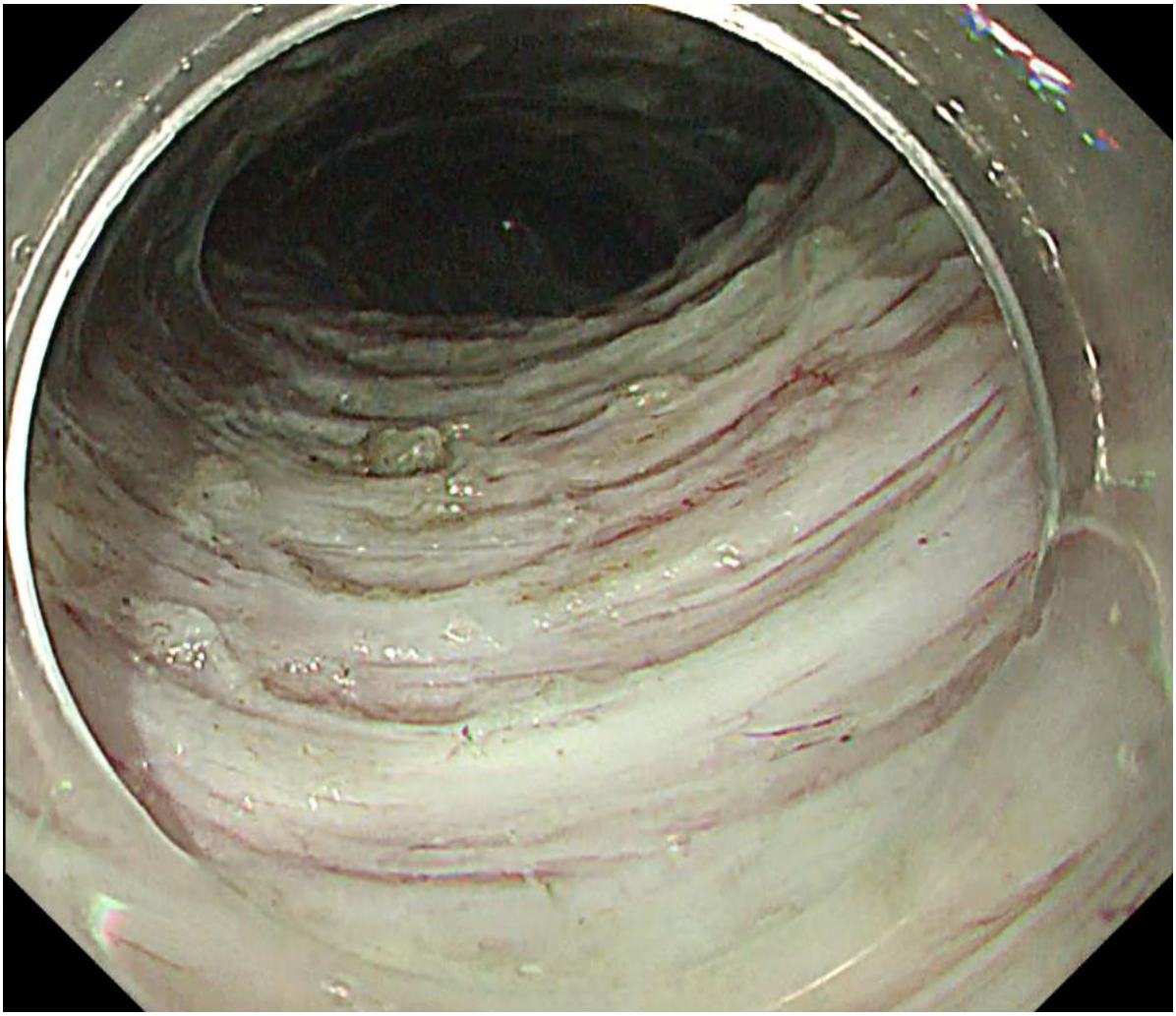
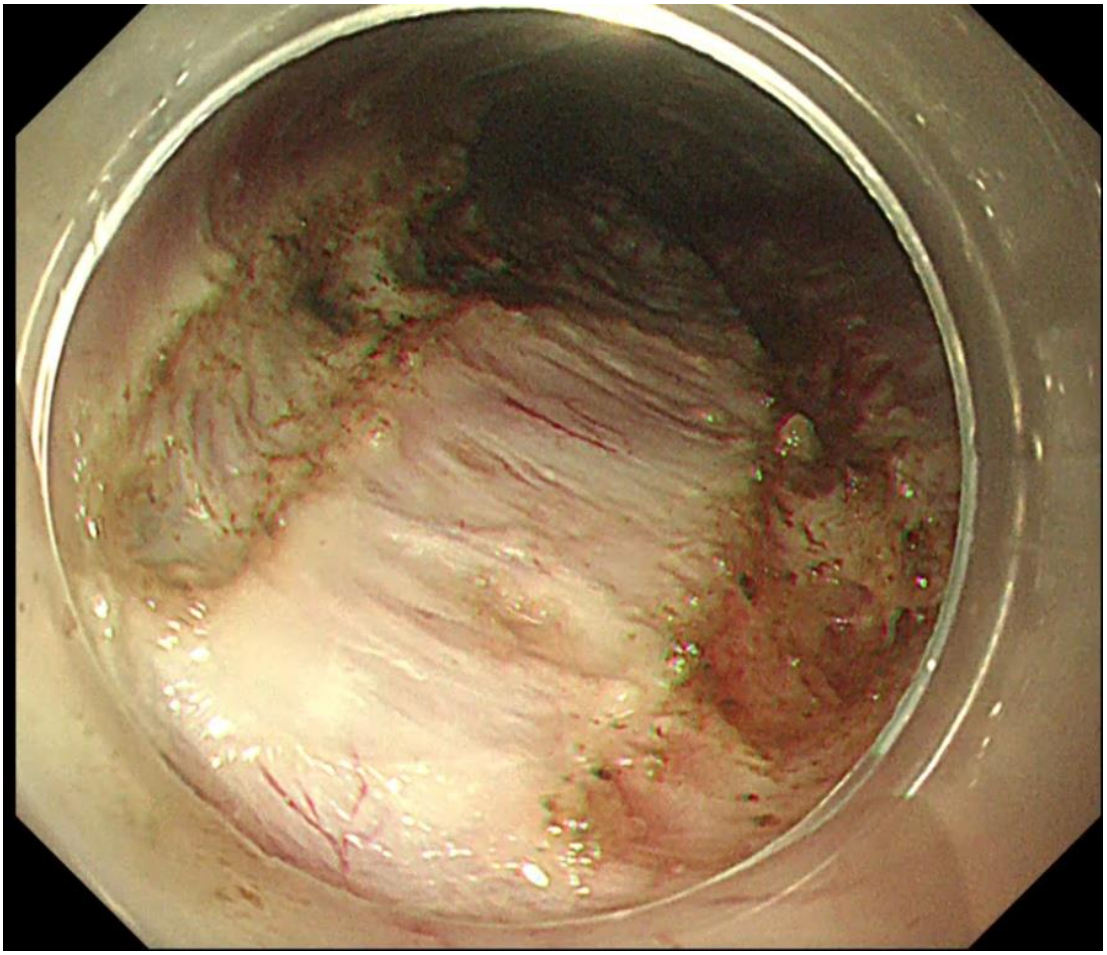
Background: Previous preclinical studies have demonstrated that POEM-N performed at the greater curvature antrum is both safe and feasible. Its ability to induce gastric deformity and delayed gastric emptying by targeting the Auerbach's plexus suggest its potential to be an effective bariatric procedure.

Objectives: To assess the safety and effectiveness of POEM-N as a bariatric intervention for promoting weight loss and improving comorbidities.

Methods: A 49-year-old male patient, weighing 100 kg with a BMI of 32.3, presented with hypertension managed with two antihypertensive medications, severe obstructive sleep apnoea, and gastroesophageal reflux disease treated with regular proton pump inhibitor. He declined bariatric surgery and was contraindicated for endoscopic sleeve gastroplasty due to a family history of gastric cancer. The POEM-N procedure was performed under general anaesthesia using therapeutic esophagogastroduodenoscopy with a disposable attachment and carbon dioxide insufflation. A mucosal incision was made at the greater curvature, opposite the level of the angular incisura. Submucosal dissection and tunnelling were carried out at the greater curvature of the antrum using a triangle tip electrosurgical knife, extending up to 2 cm proximal to the pyloric ring. This was followed by two longitudinal incisions of the circular muscle (myo-neurotomy), each measuring 8 cm and spaced 3 cm apart. Finally, the mucosal entrance was closed with endoscopic clips.





Results: The procedure lasted 90 minutes and was uneventful, with no postoperative pain or nausea reported. The patient was discharged on postoperative day 2. At the three-month follow-up, the patient's body weight decreased from 100 kg to 88.8 kg, representing a total weight loss of 11.2%. Additionally, the patient was able to discontinue all antihypertensive medications, experienced improved sleep quality with no snoring, and stopped proton pump inhibitor therapy without experiencing acid reflux.

Conclusions: POEM-N appears to be a safe and effective endoscopic intervention for weight loss and comorbidity improvement in patients with obesity. Further studies with larger cohorts are warranted to validate these findings and explore the long-term effects of POEM-N.

Disclosure: No significant relationships.

P313 / Abs. ID 108

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

ROUX-EN-Y GASTRIC BYPASS PLUS TRANSIT BIPARTITION (RYGB-TB) A NOVEL APPROACH WITH GASTROESOPHAGEAL REFLUX BENEFITS AND PRESERVES ENDOSCOPIC ACCESS TO THE ENTIRE STOMACH AND BILIARY SYSTEM.

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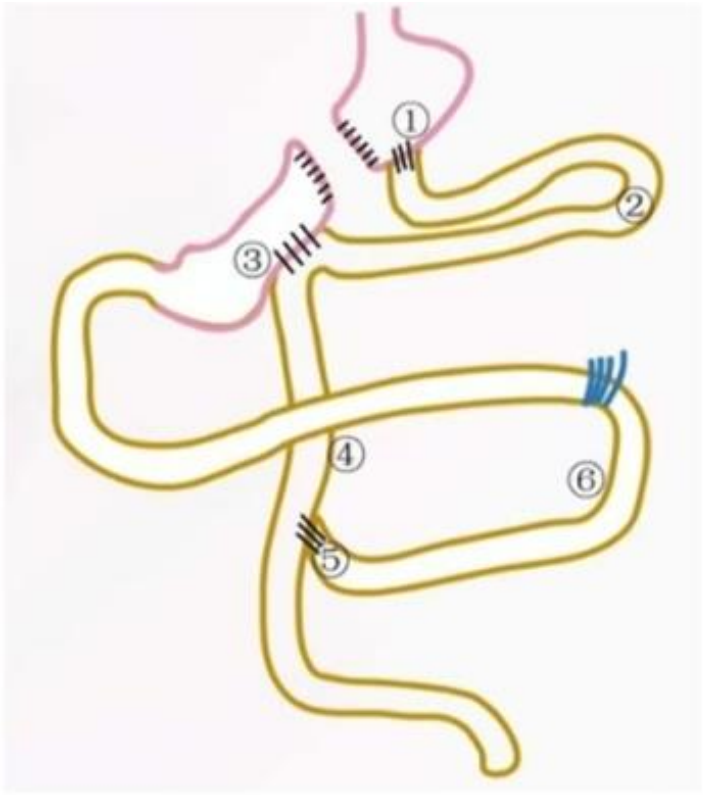
Background: Sleeve Gastrectomy (SG) and Roux-en-Y Gastric Bypass (RYGB) are the most commonly used surgical methods for obesity , but both SG and RYGB gastric Bypass have corresponding shortcomings. Sleeve Gastrectomy with Transit Bipartition (SG-TB) can effectively improve or treat obesity-related diseases, but it is not as effective as the RYGB procedure in treating GERD.

Objectives: The Roux-en-Y gastric bypass with transit bipartition (RYGB-TB) was recommended for patients with preoperative Barrett's esophagus, severe GERD (GERD-Q >8), or de-novo GERD after failed metabolic bariatric surgery when maintaining endoscopic access to the entire stomach and biliary system is essential.

Methods: Surgical procedure: The surgery was performed through 5 trocar-ports (12 mm, 10 mm, 10 mm, 5 mm, 5 mm). A 15 ml gastric pouch was created from the proximal sleeve; then, a 100 cm antecolic Roux limb was constructed with a 1.5 cm gastrojejunal anastomosis. The jejunojejunal anastomosis, performed 50 cm distal to the duodenojejunal flexure, was stapled to a size of 5 cm. For TB, an additional anastomosis at the remnant sleeve, 25 cm below the gastric pouch, was created with a 3 cm anastomosis size. The mesenteric and Petersen's defects were closed to complete the procedure (Fig. 1 and 2).

Results: Patient history: Male, 38 years old, body weight 77.7 kg, BMI 26.8 kg/m^2, blood pressure 106/67 mmHg, hemoglobin A1c 5.1%. The operative time was 187 min, and intraoperative blood loss was 30 ml. The patient was discharged on postoperative day 2, and no complication was reported within 30 days after surgery.

Conclusions: RYGB-TB is a promising new procedure that offers potential benefits for treating GERD and allows easy endoscopic access to the entire stomach and biliary system.



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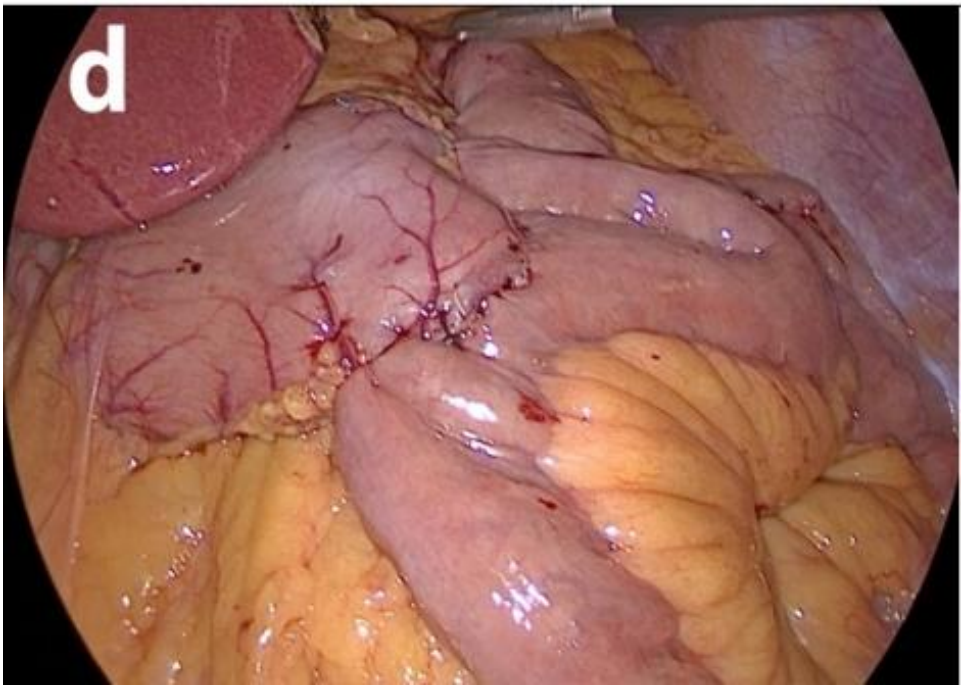

Disclosure: No significant relationships.

P314 / Abs. ID 221

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

TAILORED SADI -S WITH STAPLED ANASTOMOSIS: HOW & WHY I DO IT?

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Background: Many practicing surgeons have bad experience regarding severe malnutrition, aneamia, hypoalbumenaemia and excessive weight loss when performing SASI bypass, and counting 300 cm starting from ileoceacal valve . This is why many centers started doing what is called SASJ counting from ligament of treitz to eliminate these problems . Scarce data is available in the literature about this isuue . OAGB is a common procedure, it is simple internationally recognized and has low incidence of malnutrition, but other issues like bile reflux, marginal ulcers and dumping remain of great concern. SADI S is an appealing procedure, no dumping, no ulcers, and no bile reflux .It is a simple one anastomosis procedure, endorsed by IFSO. Many Asian centers perform SADJB-SG due to high incidence of gastric cancer. No remnant stomach is an important concern. Dr. Antonio Torres commented on this Asian modification of SADI S as a good surgical option.

Objectives: To demonstrate feasibility of the procedure SADJB-SG and discuss the potential benefits of adopting such procedure for our patients.

Methods: USING STANDARD 5 PORT TECHNIQUE, SLEEVE GASTRECTOMY OVER A 50 FR BOUGIE, THE DUEDENAL DISSECTION, DEVISION OF THE FIRST PART, THE DUEDENOJEJENOSTOMY BYPASSING THE PROXIMAL 13 OF TOTAL BOEWL LENGTH.

Results: RESULTS OF THIS TECHNIQUE WILL BE DISCUSSED IN FURTHER STUDIES

Conclusions: SADJB-SG is the asian modification of SADI S. It is feasible with no fears of malnutrition or severe vitamin deffiency. stapled anastomosis is less technically demanding than hand sewn anastomosis, with less risk of complications: i.e. leaks and strictures.

Disclosure: No significant relationships.

P315 / Abs. ID 226

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

SADI S : HOW I DO DUEDENAL DISSECTION & STAPLED ANASTOMOSIS

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Background: SADI S is an appealing procedure: single anastomosis bypass procedure indorsed by IFSO, with almost no dumping, no marginal ulcers, and no bile reflux. The most 2 critical techniqual difficulties regarding this operation Duodenal dissection: should be meticulous to avoid injury to important nearby structures (CBD, HEPATIC ARTERY) and ensure having a good length of duodenum for the anastomosis. Stapled anastomosis without sacrificing the right gastric artery: stapled anastomosis proved to be less time consuming, less techniqually demanding, less leak and stricture rates. Preserving the right gastric artery helps ensure good function of the pylorus.

Objectives: TO DEMONSTRATE TECHNIQUAL TIPS & TRICKS IN DUEDENAL DISSECTION DURING SADI S OPERATION

Methods: USING THE STANDARD 5 PORT TECHNIQUE, DUEDENAL DISSECTION IS CARRIED OUT TAKING CARE NOT TO INJURE THE IMPORTANT STRUCTURES, ENSURE GOOD BLOOD SUPPLY FOR THE TRANSECTED DUEDENUM AND IN THE SAME TIME OBTAINING A GOOD STUMP FOR THE ANASTOMOSIS. STAPLED ANASTOMOSIS CAN BE DONE MORE EASILY AND IS LESS TIME CONSUMING , LESS TECHNIQUALLY DEMANDING AND HAS LOWER COMPLICATION RATES.

Results: ADEQUATE LENGTH OF DUEDENAL STUMP OBTAINED FOR THE ANASTOMOSIS WITH GOOD BLOOD SUPPLY

Conclusions: METICULOUS DISSECTION RESULTS IN ADEQUATE LENGTH OF DUEDENAL STUMP FOR ANASTOMOSIS, STAPLED ANASTOMOSIS IS BETTER REGARDING COMPLICATION RATES

Disclosure: No significant relationships.

P316 / Abs. ID 629

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

EVOLUTION AND STRATEGIES IN THE DEVELOPMENT OF A SAFER PROCEDURE: GASTRIC SLEEVE AT A CENTER OF EXCELLENCE IN OBESITY.

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[1]Fundacion Santafe de Bogota, Bogota, Bogotá, Colombia, [2]Fundacion Santafe de Bogota, Bogotá, Colombia, [3]Universidad del Rosario, Bogotá, Colombia, [4]Jackson North Medical Center, Miami, United States of America

Background: Obesity is a chronic disease with high prevalence and a global public health problem. According to the World Health Organization (WHO), its prevalence has nearly tripled in recent decades, with over 650 million adults affected. Bariatric surgery is currently the most effective option for managing severe obesity and its comorbidities, with vertical sleeve gastrectomy standing out for its effectiveness in weight reduction and improvement of metabolic diseases. However, vertical sleeve gastrectomy is not without complications, including gastroesophageal reflux, fistulas, stenosis, and postoperative hemorrhages. Optimizing the surgical technique is crucial to minimize these risks and improve short-, medium-, and long-term outcomes. In this context, implementing strategies such as epiploplasty, reconstruction of the His angle, and gastropexy of the neo-greater curvature can contribute to a safer and more effective procedure. This study describes the evolution and technical modifications adopted at a center of excellence in obesity with the aim of optimizing the safety and outcomes of vertical sleeve gastrectomy, which is not free from complications.

Objectives: To describe the implementation of new surgical strategies at a center of excellence in obesity in performing vertical sleeve gastrectomy.

Methods: A retrospective observational study with a prospective database of patients from a center of excellence in obesity who underwent vertical sleeve gastrectomy, where different technical modifications to the procedure are described in search of reducing complications in the short, medium, and long term. These modifications include epiploplasty, reconstruction of the His angle, and gastropexy of the neo-greater curvature.

Results: Description of the modifications made to the vertical sleeve gastrectomy technique

Conclusions: The different modifications made over time at our center of excellence can be used and presented as a viable option with good results in patients undergoing vertical sleeve gastrectomy.

Disclosure: No significant relationships.

P317 / Abs. ID 651

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

FEWER INCISIONS, MORE INNOVATIONS: GASTRIC SLEEVE TECNIQUE WITH MULTIPORT DEVICE AND MAGNETIC ASSISTANCE

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Background: Female patient with moderate obesity and a history of vicious keloid scarring.

Objectives: To make known resources that help to minimize the number of gastric sleeve injuries.

Methods: This is an explanatory audiovisual material of a gastric sleeve surgery in the year 2024 performed by the author on a 26 year old female patient from Colombia. In order to minimize the number of wounds, a magnet system composed of an external magnet, a small hook that does not cause damage with its magnetized end, and a needle holder with special non-magnetized material that facilitates the mobilization of the internal magnet, for the function of lifting the left hepatic lobe and expose the esophageal hiatus and avoid making the subxiphoid wound. A multiport device was also used in order to introduce 2 or more forceps without the need to make wounds in the abdominal wall. With this new resource, the gastric sleeve was completely performed in compliance with the standard technique.

Results: The surgical time was 90 minutes, number of wounds performed (2), early ambulation on a scale of 6 hours, postoperative pain on a scale of 1/10, medical discharge in 24 hours, no complications, is in his sixth month of follow-up with an excess weight loss of 65%, denies gastroesophageal reflux.

Conclusions: The realization of the gastric sleeve with magnetic assistance and a multiport device is a valid alternative to minimize abdominal wall injuries, with multiple benefits such as: better aesthetics, less risk of infections, hernias and keloids, with little pain and rapid return to daily activities.

Disclosure: No significant relationships.

P318 / Abs. ID 1020

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

SINGLE ANASTOMOSIS SLEEVE ILEAL (SASI) BYPASS IN TOTAL SITUS INVERSUS.

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Centro de Cirugia Bariatrica Dr. Marcelo Palma, Parana, Paraná, Argentina

Background: Bariatric and metabolic surgery is currently the most effective treatment for obesity, reducing morbidity and mortality and improving the long-term quality of life of patients suffering from it. Single anastomotic sleeve ileal bypass (SASI) is a novel metabolic bariatric surgery alternative for patients with obesity and type 2 diabetes. It is based on OAGB and the Santoro procedure, in which a sleeve gastrectomy is followed by a single gastroileal anastomosis.

Objectives: To demonstrate that, despite the technical difficulties that a patient with total situs inversus presents, single anastomosis sleeve ileal (SASI) surgery can be performed.

Methods: This is the case of a 48-year-old female patient with severe obesity and total situs inversus, BMI (body mass index) of 45. She has high blood pressure and type 2 diabetes diagnosed 8 years ago, treated with insulin. No surgical history. Complementary studies show structural alterations compatible with total situs inversus. After the preoperative multidisciplinary evaluation, surgery is decided: "single anastomosis sleeve ileal." Surgical time is 90 minutes. No drainage is left in the abdominal cavity. The patient is discharged after 24 hours.

Results: The patient currently has a BMI of 28, with remission of her associated diseases.

Conclusions: In conclusion, we can say that the SASI bypass represents a novel and very useful technique for patients with severe obesity and type 2 diabetes. An adequate pre-surgical study is of utmost importance to diagnose situs inversus and thus better plan the surgical procedure. Although this anatomical alteration poses a technical difficulty, it is not a contraindication; and with the appropriate precautions, satisfactory results can be achieved.

Disclosure: No significant relationships.

P319 / Abs. ID 1098

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

SIMPLIFIED BYPASS, A NEW SYSTEMATIZATION.

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[1]INDO, Instituto Nacional De Diabetes Y Obesidad, Cochabamba, Bolivia, [2]Hospital Civil de Guadalajara Juan I Menchaca, Generaly Surgery, guadalajara, Mexico

Background: Gastric bypass is a well-known technique, and in this work, we demonstrate a different systematization where we first perform the entire stapling routine, allowing for better understanding by young surgeons or residents, and then closing the gaps and Petersen's space in two planes. This facilitates improved ergonomics of the technique and reduces surgical time.

Objectives: The objective of this work is to present a revised systematization of the gastric bypass procedure that emphasizes a step-by-step approach for better understanding, particularly for young surgeons or residents. This method aims to improve the ergonomics of the technique, streamline the procedure, and reduce overall surgical time, making it more accessible and efficient for trainees and surgeons.

Methods: We initially perform the entire stapling routine, ensuring clear and structured execution to enhance the learning experience for young surgeons or residents. Once the stapling is completed, we proceed with the closure of any gaps and Petersen's space in two planes. This systematic approach is designed to optimize the ergonomics of the procedure, allowing for a more controlled and efficient execution. By streamlining the steps and reducing unnecessary complexities, this method aims to improve the surgical workflow, ultimately reducing the overall surgical time and enhancing the training process for trainees.

Results: The revised systematization of the gastric bypass procedure demonstrated significant improvements in both the learning process for young surgeons and overall surgical efficiency. By completing the stapling routine first, residents and trainees were able to better understand the flow of the procedure, leading to enhanced comprehension and technique execution. The subsequent closure of gaps and Petersen's space in two planes resulted in improved ergonomics, reducing surgeon fatigue and optimizing workflow. Additionally, the method led to a measurable reduction in surgical time, streamlining the procedure without compromising safety or effectiveness. This approach proved to be an effective teaching tool while also improving operational efficiency.

Conclusions: The systematization of gastric bypass procedure enhances the training of young surgeons and the efficiency of the operation. This approach not only optimizes workflow but also serves as an effective teaching method, promoting better surgical outcomes and more efficient training for residents and young surgeons.

Disclosure: No significant relationships.

P320 / Abs. ID 1112

Topic: *AS04. Novel metabolic bariatric procedures*

NOVEL METABOLIC BARIATRIC PROCEDURES
10-09-2025 10:00 - 19:30

REVERSE ANTRECTOMY IN VERTICAL GASTRECTOMY

Carla Marina Cruz Rocha[1], Edwin Claros Canseco[1], Anibal Cruz Senzano[1], Tito Grageda Soto[1], David Alvarez Chavez[2], Maria Del Carmen Torres Gonzalez[2], Alonso Hernadez Orozco[2]
[1]INDO, Instituto Nacional De Diabetes Y Obesidad, Cochabamba, Bolivia, [2]Hospital Civil de Guadalajara Juan I Menchaca, Generaly Surgery, guadalajara, Mexico

Background: Vertical gastroplasty has become a common technique in the treatment of obesity due to its apparent simplicity during surgical execution. The present systematization aims to demonstrate the technical ease of creating the gastric pouch, leaving the antrectomy for the end of the surgery.

Objectives: The objective of this systematization is to demonstrate the technical ease and improved ergonomic approach in performing vertical gastroplasty for obesity treatment. We propose a modified technique in which the gastric pouch is created first, with antrectomy reserved for the final stages of the surgery. Ensuring a controlled antrectomy that prevents complications like GERD and weight regain.

Methods: This systematization of vertical gastroplasty involves several key steps to optimize surgical efficiency and minimize complications. The procedure begins with the creation of the gastric pouch, leaving the antrectomy for the final stage. The first clipping is performed frontally and vertically, directed towards the hiss angle, to improve ergonomics and prevent twisting or narrowing at the angular incisure, the most delicate area of the procedure. Following the third clipping, the gastric fundus is not released from its natural support in the splenic area. A retrogastric tunnel is then created using bypass molds to prevent narrowing near the esophagus. Clips are applied under direct vision, minimizing the risk of a hiss angle fistula. The final clipping is performed with a 60mm black load as close to the pylorus as possible after positioning a 32fr Fouchet tube in reverse (retrogastrically), ensuring a controlled antrectomy.

Results: The modified vertical gastroplasty technique demonstrated improved ergonomics and efficiency during surgical execution. This approach successfully avoided leaving the antrum excessively long or wide, reducing the likelihood of GERD and weight regain in patients. Overall, this technique provided a safer, more controlled procedure with improved outcomes.

Conclusions: The revised systematization of vertical gastroplasty provides a safer and more efficient approach, improving surgical ergonomics and reducing complications. By carefully managing clipping techniques, creating a retrogastric tunnel, and ensuring optimal antrectomy, this method minimizes the risks of narrowing, fistulas, GERD, and weight regain, leading to better patient outcomes.

Disclosure: No significant relationships.

P321 / Abs. ID 519

Topic: *AS51. OAGB: bile reflux and risk of cancer*

OAGB: BILE REFLUX AND RISK OF CANCER
10-09-2025 10:00 - 19:30

GASTRIC VALVE FOR BILE REFLUX PREVENTION IN ONE-ANASTOMOSIS GASTRIC BYPASS: A CLINICAL CASE

Ylham Annaorazov, Zhenis Sergazin, Ulzhan Mukanova, Ibrakhim Abdugapparov, Zhassur Tursunbayev, Zarina Annaorazova
Khoja Akhmet Yassawi International Kazakh-Turkish University, Medicine, Turkistan, Kazakhstan

Background: One-Anastomosis Gastric Bypass (OAGB) is a widely used bariatric procedure known for its effectiveness in weight loss and metabolic improvement. However, bile reflux remains a recognized postoperative complication, potentially leading to gastritis, esophagitis, and long-term complications such as Barrett's esophagus. In patients with preexisting cardia insufficiency and excessive visceral fat, traditional anti-reflux procedures such as standard fundoplication may be technically challenging or inadequate.

Objectives: To present a clinical case where a novel gastric valve technique was performed as an alternative to standart FundoRing in a patient with preoperative cardia weakness and excessive visceral fat.

Methods: We present the case of a 48-year-old patient who reported heartburn, belching, dysphagia, intolerance to solid food, and epigastric pain after meals for the past four years, with progressive worsening over the last year. Esophagogastroduodenoscopy (EGD) revealed gastric cardia insufficiency. Due to excessive visceral fat, standard FundoRing fundoplication was considered technically challenging. Therefore, intraoperative modifications were made, including lower diaphragmatic cruroplasty and the creation of an anti-reflux valve using native gastric pouch tissue

Results: The initially planned FundoRing OAGB was modified intraoperatively due to significant visceral fat. Lower diaphragmatic cruroplasty was performed and an anti-reflux valve using native gastric pouch tissue were performed successfully. No intraoperative or postoperative complications occurred, and the patient was discharged on postoperative day 2. At 3- and 6-month follow-ups, reflux symptoms resolved completely, endoscopy showed no bile reflux

Conclusions: This case demonstrates that the gastric valve technique may serve as a viable alternative to standard fundoplication in patients with excessive visceral fat and preoperative cardia weakness. This approach provides a minimally invasive and effective solution for bile reflux prevention in OAGB patients. Further studies are needed to assess long-term outcomes and broader applicability of this technique in metabolic bariatric surgery.

Disclosure: No significant relationships.

P322 / Abs. ID 1271

Topic: *AS51. OAGB: bile reflux and risk of cancer*

OAGB: BILE REFLUX AND RISK OF CANCER
10-09-2025 10:00 - 19:30

INCIDENCIA Y CARACTERIZACIÓN DEL REFLUJO BILIAR EN PACIENTES POST BYPASS GÁSTRICO DE ÚNICA ANASTOMOSIS (BAGUA): ESTUDIO PROSPECTIVO

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Background: El (BAGUA) es una técnica bariátrica para el tratamiento de la obesidad mórbida, pero su diseño anatómico ha generado dudas sobre el reflujo biliar en el esofago. En nuestro centro tenemos 10 años de estar realizando OAGB con la tecnica del Dr. Carbajo, y no hemos tenido que revertir ningun paciente con esofagitis o reflujo intratable. Se presentan datos de los analisis de endoscopias realizadas 5 años despues de OAGB/carbajo para evidenciar la no presencia de esofagitis en pacientes post BAGUA

Objectives: Determinar la incidencia de reflujo biliar y describir sus características clínicas y endoscópicas en pacientes sometidos a bypass gástrico de única anastomosis (BAGUA) a los 5 años postoperatorios.

Methods: Estudio prospectivo observacional realizado entre enero de 2020 y enero de 2025. Se incluyeron pacientes adultos sometidos a BAGUA primario. Todos los pacientes recibieron una endoscopía digestiva alta 5 años después de la cirugía. El diagnóstico de reflujo biliar se confirmó mediante visualización directa de eosfago y presencia de bilis en el estómago o esófago

Results: Se evaluaron 210 pacientes (edad media 37 ± 9 años, 70% mujeres). La incidencia de reflujo biliar confirmado fue del 15.2% (n = 32). Entre ellos, el 60% no presentaba ningun sintoma síntomas de pirosis o acidez, sabor amargo en la boca, tos crónica, ni vomitos biliares espontaneos nocturnos. El 30% de los casos mostró signos leves de esofagitis en endoscopía (clasificación de Los Ángeles grado A-B). No se encontró asociación significativa entre reflujo biliar y porcentaje de exceso de peso perdido (%EWL). Sin embargo, una longitud de asa biliopancreática menor de 200 cm se asoció a mayor riesgo de reflujo biliar en el pouch gastrico (p = 0.01). Unicamente fue visible bilis en el esofago de 10 pacientes los cuales no presentaban signos clinicos de esofagitis y estamos en esperas de las biopsias realizadas con motivos de estudio histologico.

Conclusions: El reflujo biliar tras BAGUA , tecnica de Carbajo (pouch 18cm, mecanismo antireflujo 12cm , anastomosis LL de de 4cm, medicion de todo el intestino delgado) es infrecuente y no hay evidencia estadistica importante en nuestros pacientes de esofagitis por reflujo a 5 años.

Disclosure: No significant relationships.

P323 / Abs. ID 864

Topic: *AS51. OAGB: bile reflux and risk of cancer*

OAGB: BILE REFLUX AND RISK OF CANCER
10-09-2025 10:00 - 19:30

EARLY COMPLICATION FOLLOWING OAGB: OBSTRUCTION CAUSED BY A RETROGASTRIC HEMATOMA

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Background: 36-year-old female, with a BMI of 38.1, with a history of hypertension and prediabetes, previous surgeries: 2 cesarean sections, bilateral tubal ligation.

Objectives: Clinical case presentation

Methods: An OAGB is performed, with 150 cm measured from the Treitz angle. The stomach is stabilized with a 36 FR orogastric tube, a gastric division is performed using a linear stapler, and the pouch and native stomach are invaginated. The jejunal loop is elevated, a gastro-jejunostomy is performed with a linear stapler, and the anastomosis is closed with barbed suture. A negative pneumostatic test is conducted, hemostasis is verified, and the ports are closed.

Results: Six hours after surgery, she presents vomiting once. Vital signs: BP 160/100 mmHg, HR 76 bpm, temperature 36.5°C, SpO2 98%, abdomen with wounds without bleeding, soft and painless, no signs of peritoneal irritation. Two hours later, she vomits again, blood pressure remains high, and the rest of the vital signs are within normal parameters. At 3 a.m., she starts experiencing severe back pain, which is alleviated with analgesia. At 6 a.m., she reports pain in the chest and shoulders. A contrast swallow study is requested, showing partial passage of contrast into the jejunum, suggesting possible torsion of the loops. The patient continues with nausea, and a decision is made to reoperate. During reoperation, hemoperitoneum is found and aspirated, with adhesions observed between the biliopancreatic loop and the common channel causing partial obstruction and gastric pouch dilation. The space is irrigated, and clots in the retrogastric space are aspirated. No active bleeding is observed. The invaginated plane of the anastomosis is released, and the biliopancreatic loop is fixed adjacent to the gastro-jejunostomy. The native stomach and the common channel loop are fixed posterior to the gastro-jejunostomy at the gastric antrum. Hemostasis is verified, a hemostatic agent is applied, a drain is placed, and the wound is closed.

Conclusions: The postoperative course is uneventful, and she is discharged the following day. She is seen for a follow-up consultation one week later, where she is found to be pain-free, with normal vital signs, tolerating oral intake, and the drain is removed.

Disclosure: No significant relationships.

P324 / Abs. ID 30

Topic: *AS17. Obesity Management Medication (OMM): indications, role and future perspectives*

OBESITY MANAGEMENT MEDICATION (OMM): INDICATIONS, ROLE AND FUTURE PERSPECTIVES
10-09-2025 10:00 - 19:30

TOPICAL APPLICATION OF GENETICALLY ENGINEERED EXOSOMES OFFERS A NON-INVASIVE APPROACH TO SUBCUTANEOUS FAT REDUCTION

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EonVeLab Co., Limited, Suzhou, China

Background: The rising prevalence of obesity has become a pressing global health issue. While metabolic bariatric surgery is an option, it carries significant risks of complications and severe side effects, leading to growing interest in non-invasive methods for reducing localized subcutaneous fat. Notably, emerging GLP-1 drugs have shown effectiveness in promoting fat loss. However, their widespread adoption is limited by a high rate of adverse effects, such as nausea, vomiting, diarrhea, constipation, an increased risk of gastrointestinal disorders and pancreatitis, and unintended muscle loss. Additionally, the need for injectable administration further reduces patient compliance. Exosome-based therapeutics, as topical treatments, offer a promising alternative, providing greater convenience and improved tolerability.

Objectives: To develop a safe and effective exosome-based therapy for subcutaneous fat reduction, engineered exosomes were utilized.

Methods: We developed genetically engineered exosomes, MVR-EX105, loaded with three exogenous bio-functional proteins, FGF-21, IL-27, and activin receptor (ACVR2B)—to target subcutaneous fat reduction. The in vivo efficacy was evaluated using zebrafish and mouse models, followed by human efficacy testing.

Results: In the zebrafish model, MVR-EX105 significantly promoted lipolysis in the yolk sac after 24 hours of exposure. In a diet-induced obesity (DIO) mouse model, topical application of MVR-EX105 to the abdomen twice weekly for four weeks resulted in a notable reduction in body weight and abdominal circumference, without affecting food intake. By day 30, adipocyte size was reduced, and fat content decreased by 4.5%. Additionally, muscle content increased by 4%, while blood glucose and low-density lipoprotein-cholesterol (LDL-C) levels were downregulated. In the human efficacy study, 36 participants aged 23–54 years (50% male, 50% female) applied the treatment topically every three days for four weeks. By day 28, abdominal circumference reductions ranged from 0.2 to 8.7 cm, with an average decrease in abdominal volume of 183.9 cm^3.

Conclusions: MVR-EX105 demonstrates significant efficacy in reducing subcutaneous fat without muscle loss, offering a promising non-invasive approach to obesity management. These findings provide a strong foundation for the future clinical development of exosome-based therapeutics in metabolic health.

Disclosure: No significant relationships.

P325 / Abs. ID 1027

Topic: *AS17. Obesity Management Medication (OMM): indications, role and future perspectives*

OBESITY MANAGEMENT MEDICATION (OMM): INDICATIONS, ROLE AND FUTURE PERSPECTIVES
10-09-2025 10:00 - 19:30

TO STUDY THE THERAPEUTIC EFFICACY OF ORAL SEMAGLUTIDE IN TYPE 2 DIABETES MELLITUS AND PATIENTS WITH OBESITY IN INDIA.

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Background: The incidence of type 2 diabetes mellitus & Obesity is rapidly increasing globally. The management of patients with T2DM should focus not only on lowering blood glucose levels but also on preventing complications. Obesity in T2D is associated with an increased risk of several comorbidities – Renal Disease, Retinopathy, Heart disease, Cancer, Depression, OSA. GLP1RA are a class of medications utilized in the treatment of type 2 diabetes and obesity. Oral Semaglutide, technological innovation allowing for the first time the efficacy and safety of GLP-1 RA in an oral tablet.

Objectives: To study the therapeutic efficacy of oral semaglutide in patients with type 2 Diabetes and obesity in india

Methods: Total 100 type 2 diabetes mellitus & patients with obesity attending our clinic were included. It was a single blind randomized study. All stable 100 patients received oral semaglutide 3 mg, 7 mg, 14 mg. Inclusion criteria: Type 2 diabetes patients≥18 years of age, Obesity BMI ≥ 30, eGFR ≥30 mL/min/1.73m2. Exclusion Criteria: Type 1 DM, GDM. Primary end point was change from baseline in HbA1C at 12 weeks. Secondary end points included change in: (FPG) fasting plasma glucose, % change in BW (body weight), % change in visceral fat, change in BMI, Change in Waist Circumference (cm), SBP (systolic blood pressure), LDL cholesterol and TG (triglycerides). Adverse event (AE) reports used for safety assessment.

Results: In our study upto 1.5 % HbA1c reduction at 12 weeks. Significant reduction in BW, FPG, SBP, LDL and TG, BMI, WC were observed ($p<0.001$). The serious adverse event and Adverse event-related discontinuations was low. No hypoglycemia. There appears to be a very low risk of pancreatitis associated with oral semaglutide treatment. No dose adjustment required in CKD, CLD, elderly patients. Significant Reduction in – any end point related to diabetes, deaths related to diabetes ,myocardial infarction, microvascular complications, diabetes related health cost , NASH, NAFLD.

Conclusions: Our study suggests that oral semaglutide is a very good GLP1 RA in view of body weight reduction, BMI, and glycemic control in type 2 diabetes mellitus & patients with obesity in India. So, for living healthy life control blood sugar, cholesterol, blood pressure & maintain weight.

Disclosure: No significant relationships.

P326 / Abs. ID 554

Topic: *AS17. Obesity Management Medication (OMM): indications, role and future perspectives*

OBESITY MANAGEMENT MEDICATION (OMM): INDICATIONS, ROLE AND FUTURE PERSPECTIVES
10-09-2025 10:00 - 19:30

ONE YEAR OUTCOMES OF ORAL SEMAGLUTIDE ON SUBOPTIMAL CLINICAL RESPONSE AND RECURRENT WEIGHT GAIN POST-METABOLIC BARIATRIC SURGERY

Mohammed Nooruddin[1], Atul Peters[2], Yogesh Gautam[2], Beena Arora[3], Priyanka Priyadarshini[4]
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Background: This study aims to evaluate the potential of oral semaglutide, a glucagon-like peptide-1 (GLP-1) receptor agonist, in addressing suboptimal clinical response or recurrent weight gain in patients who have undergone metabolic bariatric surgery.

Objectives: The primary objective is to assess the effect of semaglutide on weight reduction and maintenance in patients with suboptimal post-bariatric outcomes. Secondary objectives include evaluating improvements in metabolic parameters (e.g., glycemic control), quality of life, and the drug's tolerability and compliance.

Methods: This prospective clinical study is being conducted from April 2024 to June 2025 to evaluate the potential of semaglutide in patients experiencing recurrent weight gain or insufficient weight loss following metabolic bariatric surgery. Patients aged >18 years who underwent metabolic bariatric surgery at least 12 months prior and have experienced either recurrent weight gain of ≥10% from the nadir weight or insufficient weight loss (defined as <20% of Total weight loss) will be eligible for the study. Key exclusion criteria include expectant mothers, history of semaglutide use, contraindications to GLP-1 receptor agonists, or uncontrolled medical conditions (e.g., severe cardiovascular disease). All enrolled patients will receive oral semaglutide, starting at a dose of 3 mg daily, and titrated to a maximum of 14mg daily based on tolerance and response The following data will be collected at baseline, and specified follow up period: 1. Weight and Body Mass Index (BMI): monthly 2. Percentage of Total Weight Loss (%TWL): monthly 3. Metabolic Parameters: Blood samples will be collected to assess fasting glucose, HbA1c, and liver function tests at baseline, mid-study and the end of the study. 4. Adverse Events: Participants will be asked about potential side effects or adverse events, including gastrointestinal symptoms, hypoglycemia etc., at regular follow-ups 5. Medication Compliance: Adherence to semaglutide will be assessed at regular follow-ups.

Results: Data will be analysed at the end of the study period

Conclusions: Will be based on the results

Disclosure: No significant relationships.

P327 / Abs. ID 689

Topic: *AS17. Obesity Management Medication (OMM): indications, role and future perspectives*

OBESITY MANAGEMENT MEDICATION (OMM): INDICATIONS, ROLE AND FUTURE PERSPECTIVES
10-09-2025 10:00 - 19:30

ANALYSIS OF ANTHROPOMETRIC MEASUREMENTS AFTER A NON-ENDOSCOPIC GASTRIC BALLOON IN PERUVIAN PATIENTS WITH OBESITY

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Background: Obesity is a multifactorial disease which encompasses different categories. The intragastric balloon can be useful as a weight loss alternative for patients that do not match the criteria for a metabolic and bariatric surgery. It is a less invasive device that can help by its own to lose weight or as a prior therapy to lose initial weight in preparation of a surgery. The gastric balloon is reported to help loose from 10 to 15 % of total weight.

Objectives: To analyze the outcomes of patients after using a non-endoscopic intragastric balloon by comparing different anthropometric variables.

Methods: A retrospective analysis of 556 patients that used a non-endoscopic intragastric balloon at the same institution under one physician from 2021 to 2024. We collected the data from the first consult and every month afterwards until the fourth month. We used as variables weight, BMI, muscle mass (kg) and body fat (%).

Results: A total of 556 patients were included, 68% were female with a mean weight of 87.3 kg, BMI of 31.4, muscle mass of 54.3 kg and bodyfat at 30.5%. By the end of the fourth month the average weight loss was 10.6% of the total weigh with a reduction of 10.8% in BMI. There was a 12.2% loss of body fat and 5.1 % of muscle mass.

Conclusions: The results obtained indicate that there is a beneficial weight loss that is primarily associated with fat loss. Our findings are backed up by those reported in the literature. We encourage fellow physicians to consider this alternative for people that might not be eligible for a bariatric surgery or are looking for a less invasive device.

Disclosure: No significant relationships.

P328 / Abs. ID 361

Topic: *AS23. Obesity, MBS and abdominal wall hernias*

OBESITY, MBS AND ABDOMINAL WALL HERNIAS
10-09-2025 10:00 - 19:30

PORT CLOSURE IN METABOLIC BARIATRIC SURGERY: COMPARISON OF TECHNIQUES FOR THE PREVENTION OF ABDOMINAL HERNIAS.

Milton Alberto Muñoz-Leija[1], Jesús Gabriel Rosales-Vázquez[2], Armando Magdaleno Joya Munguía[1], Enrique Rosales-Castañeda[1], María Fernanda Martínez-Zarazua[1], Carlos Zerrweck[1], Gabriel Rosales-Pérez[3], Guillermo Álvarez-Valdés[3]
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Background: Patients can be challenging to close properly after laparoscopic metabolic bariatric surgery. Different closure techniques may have different rates of closure-related complications, but evidence is sparse.

Objectives: To compare four closure techniques in Metabolic and Bariatric Surgery: No Closure vs. Conventional Closure (vicryl sutures) vs. Carter-Thomason vs. M-Close.

Methods: The study is prospective. All patients had laparoscopic sleeve gastrectomy surgery with at least one 12 mm trocar port. This port closure was performed by different surgeons in each study group. Follow-up was at 1 day, 1 week, 1 month, and 6 months, 12 months and 18 months post-op in all patients.

Results: The four groups were comparable on most patient characteristics, yet the post-op outcomes differed (Table 1). Among the 57 No-Closure patients, four needed emergency surgery for incarcerated or strangulated hernias, and another eight had elective surgery for hernias. Five of the 53 Conventional Closure patients had ventral repair of incisional hernia. Among the 31 Carter-Thomason patients, one had ventral repair of incisional hernia, and another two had additional surgery for device-related perforation of the ileum or jejunum. None of the 118 M-Close patients had additional surgery related to the closure.

Table 1.- Patient Characteristics and Outcomes.

Variables	No Closure (n=57)	Conventional Closure (n=53	Carter-Thomason (n=31)	M-Close (n=118)
Sex: female	72%	66%	84%	70%
Age: median	40	39	41	42
BMI: median	38.1	35.6	39.2	38
BMI: range	31.6-43.6	30.1-43.9	33.4-49.8	30.0-52.3
Smokers	30%	38%	26%	56%
Surgery for hernia: n(%)	12 (21%)	5 (9%)	1(3%)	0 (0%)

Conclusions: The four study groups should be compared cautiously. Nonetheless, all patients should be closed, because “no closure” has too high a risk of hernia. A larger prospective randomized multicenter study is being planned to provide stronger evidence on which closure technique provides the best patient safety.

Disclosure: No significant relationships.

P329 / Abs. ID 745

Topic: *AS23. Obesity, MBS and abdominal wall hernias*

OBESITY, MBS AND ABDOMINAL WALL HERNIAS
10-09-2025 10:00 - 19:30

COMPLEX VENTRAL HERNIAS WITH LOSS OF DOMAIN IN PATIENTS WITH SEVERE OBESITY: ROLE OF BARIATRIC PROCEDURES IN A PHASED APPROACH

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Background: INTRODUCTION: Severe obesity and its related health conditions are significant risk factors for the formation of abdominal hernias, making their repair more challenging and increasing the risks during surgery. When repairing hernias that involve loss of domain (LoD), there is an added concern of developing abdominal compartment syndrome. Implementing a staged approach, which includes an initial weight loss procedure, may help reposition the herniated viscera, improve associated health conditions, and prevent abdominal compartment syndrome during the later stages of the repair.

Objectives: To evaluate a multistep treatment strategy that entails initial Laparoscopic Sleeve Gastrectomy (LSG) followed by open repair in the treatment of complex hernias with LoD in patients with severe obesity.

Methods: Retrospective analysis of all patients (n = 50) with morbid obesity and hernias with LoD treated in a staged concept between April 2019 and December 2024 in SVDU MIRC , Vadodara .

Results: The median initial body mass index was 45 kg/m^2. All hernias were recurrent incisional hernias with ≥2 failed repairs. No major complications occurred during or after LSG. After a median of 180 days, the second stage at a median body mass index of 33.6 kg/m^2 was performed. No bowel resections were needed. The only major perioperative complication was pneumonia in 4 patients (8%). Within 24 months (6–68) after the second step, there were 5 reoperations (small recurrence [2], infected seroma [2], and infected mesh [1]. One patient was lost to follow-up after 2 years.

Conclusions: A multistep approach to treat massive hernias with LoD in patients with severe obesity is safe and effective. LSG as initial weight loss procedure addresses LoD successfully without a need for further preoperative measures to condition for hernia repair.

Disclosure: No significant relationships.

P330 / Abs. ID 431

Topic: *AS23. Obesity, MBS and abdominal wall hernias*

OBESITY, MBS AND ABDOMINAL WALL HERNIAS
10-09-2025 10:00 - 19:30

SAFETY OF LAPAROSCOPIC SLEEVE GASTRECTOMY IN PATIENTS WITH SEVERE OBESITY AND LARGE COMPLEX INCISIONAL ABDOMINAL WALL HERNIAS WITH LOSS OF DOMAIN

Anna Carolina Batista Dantas[1], Denis Pajecki[1], Abel Fernandes Murakami[2], Thiago Menezes Baraviera[3], Daniel De Oliveira[1], Claudio Vianna Birolini[2], Marco Santo[1]
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Background: The literature recommends that patients with complex abdominal wall hernias (CAWH) and severe obesity should be managed with staged treatment, undergoing metabolic and bariatric surgery (MBS) before hernia repair. However, CAWH with loss of domain (LOD) presents a more challenging situation.

Objectives: This study presents the safety of Laparoscopic Sleeve Gastrectomy (LSG) in patients with CAWH and LOD.

Methods: Retrospective cohort of unselected consecutive patients with CAWH and LOD defined based on Tanaka and Sabbagh's criteria who underwent LSG from 2016 to 2023. We documented a 90-day complication rate according to the Clavien-Dindo classification.

Results: Sixteen patients, aged 55 ± 10.6 years with a mean BMI of 41.75 ± 4.75 kg/m^2, met the inclusion criteria. The median hernia sac volume (HSV) was 3331.0 ml (IQR 2647.25 - 3616.25), achieving a median volume ratio of 44.69 % (IQR 33.58 - 55.69) and 30.88 % (IQR 25.14 - 34.70) according to Tanaka's and Sabbagh's criteria, respectively. There were no intraoperative complications or conversions. Three patients experienced major 90-day complications, with two requiring reoperations. There was no 90-day mortality.

Conclusions: LSG in patients with severe obesity and CAWH with loss of domain is a challenging procedure and should be performed by surgical teams with expertise in both MBS and the repair of complex hernias.

Disclosure: No significant relationships.

P331 / Abs. ID 331

Topic: *AS23. Obesity, MBS and abdominal wall hernias*

OBESITY, MBS AND ABDOMINAL WALL HERNIAS
10-09-2025 10:00 - 19:30

ROBOTIC VS. LAPAROSCOPIC VENTRAL HERNIA REPAIR IN OBESE PATIENTS: A COMPARATIVE ANALYSIS FROM THE MENA REGION

Gabriela Restrepo-Rodas[1], Juan Barajas Gamboa[2], Ahmed Ali[1], Nouran Nada[1], Juan Pantoja[1], Juan Lopez Meyer[1], Carlos Abril[1], John Rodriguez[1], Daniel Guerron[1]
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Background: Patients with obesity undergoing ventral hernia repair face increased risks of complications and recurrence. While robotic surgery offers potential advantages, comparative data with laparoscopic methods in obese populations from the Middle East and Northern Africa (MENA) region are limited.

Objectives: This study compares perioperative and postoperative outcomes of robotic versus laparoscopic ventral hernia repair in patients with obesity.

Methods: An IRB-approved retrospective analysis was conducted on patients with BMI ≥ 30 kg/m2 who underwent ventral hernia repair from 2019 to 2024. Robotic cases were matched with laparoscopic cases, randomly selected from a larger cohort to ensure comparability based on BMI.

Results: The study included 20 robotic and 55 laparoscopic cases, with no significant differences in age, BMI, or related diseases ($p > 0.05$). Robotic surgery had longer operative times (195.1 ± 84.4 min vs. 92.6 ± 54.4 min, $p < 0.01$) (Table 1). Hospital length of stay was similar (robotic: 1.75 ± 1.2 days vs. laparoscopic: 1.6 ± 1.4 days, $p = 0.71$). Pain-related complications were lower in the robotic group (0% vs. 25%, $p = 0.01$), while seromas were more frequent (15% vs. 2%, $p = 0.02$). Recurrence rates were identical at 5% ($p = 0.93$). Table 1: Postoperative Outcomes

Variable	LAP (N=55)	ROBOT (N=20)	p value
Operative Time (Mean, SD, min)	92.6 ± 54.4	195.1 ± 84.4	< 0.01
Length of hospital stay(Mean, SD, days)	1.6 ± 1.4	1.75 ± 1.2	0.71
Complications within 30 days			
Pain	14 (25%)	0 (0%)	0.01
Seroma	1 (2%)	3 (15%)	0.02
Hematoma	2 (4%)	0 (0%)	0.38
Others	1 (2%)		0.54
Emergency department visits	4 (7%)	4 (20%)	0.11
Reoperation	0 (0%)	1 (5%)	0.09
Complications after 30 days			
Seroma	4 (7%)	0 (0%)	0.21

Follow up Days	225.2 ± 273	318.4 ± 220	0.17
Recurrency	3 (5%)	1 (5%)	0.93

Conclusions: Robotic ventral hernia repair in patients with obesity demonstrated fewer pain-related complications but longer operative times compared to laparoscopic repair. These findings provide valuable insights for optimizing surgical techniques in the MENA region, where obesity rates are rising. Further research is needed to refine approaches for this high-risk population.

Disclosure: No significant relationships.

P332 / Abs. ID 58

Topic: *AS23. Obesity, MBS and abdominal wall hernias*

OBESITY, MBS AND ABDOMINAL WALL HERNIAS
10-09-2025 10:00 - 19:30

CAUSAL RELATIONSHIP OF OBESITY AND ADIPOSITY DISTRIBUTION ON RISK OF VENTRAL HERNIA

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Background: Ventral hernia (VH) is a common surgical disease. Previous studies suggested that obesity is an important risk factor for VH. However, the causal relationship between fat distribution and the risk of VH is still unclear.

Objectives: This study used Mendelian randomization (MR) to evaluate their causal relationship.

Methods: We used the body mass index (BMI), body fat percentage, and body fat mass to represent general obesity and utilized the volume of abdominal subcutaneous adiposity tissue, visceral adiposity tissue, waist circumference, hip circumference, and waist-to-hip ratio to represent abdominal adiposity. The data were extracted from the large-scale genome wide association study of European ancestry. We used two-sample MR to infer causality, using multivariate MR to correct the effects of confounding factors.

Results: Increased BMI, body fat percentage, body fat mass, visceral adiposity tissue, waist circumference, and hip circumference rather than subcutaneous adiposity tissue or waist-to-hip ratio, were causally associated with a higher risk of VH. The results of multivariate MR suggested that body fat percentage was causally associated with a higher risk of VH after adjusting for body mass index, diabetes, and smoking.

Conclusions: General obesity, increased visceral adiposity tissue, waist circumference, and hip circumference rather than subcutaneous adiposity tissue or the waist-to-hip ratio were causally associated with a higher risk of VH. These findings provided a deeper understanding of the role that the distribution of adiposity plays in the mechanism of VH.

Disclosure: No significant relationships.

P333 / Abs. ID 233

Topic: *AS23. Obesity, MBS and abdominal wall hernias*

OBESITY, MBS AND ABDOMINAL WALL HERNIAS
10-09-2025 10:00 - 19:30

STAGED SLEEVE GASTRECTOMY FOLLOWED BY REPAIR OF GIANT INCISIONAL HERNIA AND CONCOMITANT ABDOMINOPLASTY IN A PATIENT WITH SEVERE OBESITY

Stephen Ng, Shirley Liu, Simon Wong
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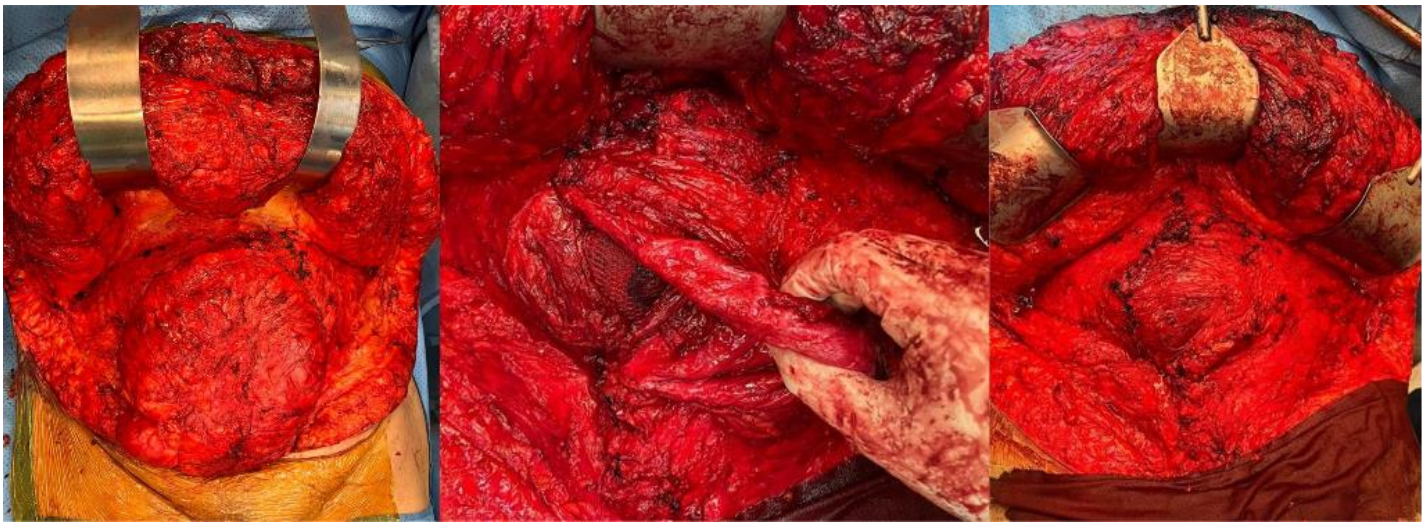
Background: A 60-year-old woman with severe obesity (weight: 122.2 kg, BMI: 46.6) and multiple related diseases, including hypertension, severe obstructive sleep apnoea (OSA), and fatty liver, was referred to our clinic. She had history of total abdominal hysterectomy and reported intermittent right-sided abdominal pain, accompanied by abdominal asymmetry. CT abdomen showed a large incisional hernia beneath lower midline scar with loss of domain and a fascial defect size of 11x14cm.

Objectives: Here we outline the strategies and surgical techniques used to manage a complex incisional hernia in a patient with severe obesity.

Methods: Laparoscopic sleeve gastrectomy (LSG) was first performed with modified port placement. After one year, during which the patient achieved a 54.4% excess body weight loss (EBWL), we repaired the giant incisional hernia using posterior component separation and peritoneal flap coverage, along with simultaneous abdominoplasty. A transverse incision was made below the waist line, and the skin flap was elevated. The large hernia sac was dissected out and opened. We performed posterior component separation and transversus abdominis release, extending the dissection laterally to the psoas muscles and inferiorly to the Space of Bogros and Retzius. A composite mesh was placed in the preperitoneal/retrorectus space and secured with trans-fascial stitches. The anterior fascia was closed partially, and the residual defect at the center was covered with a peritoneal flap. Finally, we performed the abdominoplasty, removing 3 kg of subcutaneous tissue and skin.



Results: There were no postoperative complications after either surgery. Two years later, patient maintained 66.6% EBWL with significant improvements in her hypertension and OSA. There was no hernia recurrence. She reported high satisfaction with her surgical results, including cosmetic outcomes, and enjoyed a better quality of life.

Conclusions: This demonstrates an effective approach to managing complex ventral hernias in patients with severe obesity. LSG is a straightforward and effective procedure, making it the preferred first-stage option to reduce perioperative morbidity and the risk of hernia recurrence. The use of a peritoneal flap for closing fascial defects is a valuable technique in a surgeon's toolkit for addressing giant hernias. Additionally, concomitant abdominoplasty may be considered for patients with excess skin following successful metabolic bariatric surgery.

Disclosure: No significant relationships.

P334 / Abs. ID 807

Topic: *AS23. Obesity, MBS and abdominal wall hernias*

OBESITY, MBS AND ABDOMINAL WALL HERNIAS
10-09-2025 10:00 - 19:30

REPAIR OF INCISIONAL HERNIA AND DIASTASIS RECTI BY ENHANCED-VIEW TOTALLY EXTRAPERITONEAL TECHNIQUE IN PATIENT WITH SEVERE OBESITY

Stephen Ng, Simon Wong
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Background: A 69-year-old male with a history of laparoscopic sleeve gastrectomy in 2012 and subsequent weight recurrence. His latest body weight was 97 kg, with a BMI of 36. The patient declined a revisional bypass due to concerns about further surgery. The patient reported progressive swelling around the epigastric scar accompanied by dull pain. Ultrasound confirmed an incisional hernia with two fascia defects (3 cm each, 1 cm apart). Physical examination revealed the presence of co-existing incisional hernia and diastasis recti.

Objectives: This video demonstrates the repair of concomittant incisional hernia and diastasis recti in a patient with severe obesity using the Enhanced-view Totally Extraperitoneal (eTEP) technique, which is a minimally invasive retromuscular approach.

Methods: The retrorectus plane was entered with optical trocar. Pneumoextraperitoneum was created and the space is further developed. Posterior rectus sheath was incised at 1cm lateral to linea alba to enter the preperitoneal space. Crossover of midline and incision of contralateral posterior rectus was performed to access the contralateral side of retrorectus space. Camera was switched to epigastric port and posterior rectus sheath was divided from cranial to caudal direction till hernia was reached. Hernia sac was opened and contect was reduced. Posterior rectus shealth was further divided till 4cm away from distal edge of hernia. Posterior rectus sheath was then repaired with barbed sutures. Anterior fascia defect of hernia was closed to reduce risk of seroma. Plication of linea alba was performed for the diastasis recti. Prolene mesh was placed at retrorectus space after haemostasis was confirmed. Operation was completed with closure of wounds.

Results: Postoperatively, the patient had an uneventful recovery, resuming diet immediately after surgery. There was no significant wound pain, and he was discharged home the following day. Follow-up at one month showed no seroma, and at one year, no recurrence of hernia was noted.

Conclusions: The eTEP approach is a feasible minimally invasive technique for ventral hernia repair, allowing for the simultaneous correction of incisional hernia and diastasis recti. This method may be beneficial in patients with obesity, where intra-peritoneal space may be limited by significant visceral fat.

Disclosure: No significant relationships.

P335 / Abs. ID 142

Topic: *AS03. Obesity, MBS and women's health*

OBESITY, MBS AND WOMEN'S HEALTH
10-09-2025 10:00 - 19:30

RETINOL-BINDING PROTEIN 4, AN ADIPOKINE, TRIGGERS APOPTOSIS IN PANCREATIC B-CELLS IN THE CONTEXT OF OBESITY TYPE 2 DIABETES.

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Background: Pancreatic β-cell apoptosis plays a decisive role in the progression of type 2 diabetes. Free retinol-binding protein 4 (apo-RBP4), a significant adipokine in type 2 diabetes, has been implicated in insulin resistance and the pathogenesis of type 2 diabetes. However, the mechanisms underlying its induction of β-cell apoptosis remain unclear. STRA6, the only known specific membrane receptor for RBP4, is expressed on β-cells and mediates the inhibitory effects of RBP4 on insulin synthesis.

Objectives: This study reveals the role of apo-RBP4 in promoting pancreatic β-cell apoptosis, providing new insights into the mechanisms by which apo-RBP4 contributes to the development and progression of diabetes.

Methods: 1、We detected Serum retinol binding protein 4 content, retinol binding protein 4 / retinol ratio and glycosylated hemoglobin content in obese patients with type 2 diabetes before and after metabolic bariatric surgery. 2、Different concentrations of RBP4 were used to stimulate MIN6 cells, and the cell growth status was observed at different time points；Observeing the effect on the function of MIN6 in islet β cells after silencing or overexpressing the receptor STRA6 ；and the effect of apo-RBP4 treatment on the function of MIN6 in islet β cells and after knocking out or overexpressing the receptor STRA6. 3、To construct apo-RBP4 overexpressing and silencing apo-RBP4 mice, and to observe the pancreatic function of mice.

Results: Our results suggest that elevated circulating RBP4 levels were inversely correlated with pancreatic b-cell apoptosis in obesity T2D mice across different glycemic stages. The GSIS of islet cells isolated from RBP4 overexpressing mice was significantly reduced, while the GSIS of shRBP4 AAV injected mice was significantly restored. In addition, reducing circulating apo-RBP4 levels can effectively restore b-cell dysfunction and improve hyperglycemia in diabetic mice. Moreover, decreasing circulating RBP4 level could effectively restore b-cell dysfunction and ameliorate hyperglycemia in obesity T2D mice.

Conclusions: These observations reveal the role of apo-RBP4 in promoting the apoptosis of pancreatic b cells, which provides a new perspective for further understanding the role of apo-RBP4 in promoting the development of diabetes.

Disclosure: No significant relationships.

P336 / Abs. ID 732

Topic: *AS03. Obesity, MBS and women's health*

OBESITY, MBS AND WOMEN'S HEALTH
10-09-2025 10:00 - 19:30

IMPACT OF PALMITOLEIC ACID (16:1N7) ON THE METABOLIC REGULATION OF ISOLATED ADIPOCYTES FROM WOMEN WITH OBESITY AND PREDIABETES

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Background: The monounsaturated fatty acid palmitoleic (16:1n7), or lipokine, emerges as a promising nutrient for adipose tissue health. Research in rodents, in vitro and in vivo, highlights its benefits for metabolic balance, anti-inflammatory properties, and obesity-related condition prevention. However, a gap remains regarding specific studies on 16:1n7 in humans, particularly in obesity.

Objectives: To examine the influence of palmitoleic acid n7 on the modulation of metabolic function in adipocytes extracted from the omental adipose tissue of women with obesity and prediabetes.

Methods: Using isolated adipocytes from omental adipose tissue of women with obesity and prediabetes, cells were treated in vitro with palmitoleic acid (16:1n7, 200 µM), palmitic acid (16:0, 200 µM), or vehicle (ethanol 0.05%), for 48 hours. Cultures were maintained in DMEM/F12 medium with 10% FBS, 100 U/mL penicillin, and 100 µg/mL streptomycin at 37°C, 5% CO_2, with or without the treatments. Cells were analyzed for metabolic functions. Study approved by HUCAM Ethics Committee, protocol 5.517.685. Data analysis was performed using one-way ANOVA, $p<0,05$.

Results: Initially, we performed cytotoxicity tests to determine the appropriate concentration for in vitro treatment, observing that fatty acid concentrations up to 300 µM were not toxic to the cells. No alterations were observed in basal or isoproterenol-stimulated lipolysis among the groups; however, a reduction in the mRNA expression of the lipolytic enzyme ATGL was found in the 16:1n7 group compared to the other groups. Additionally, treatment with 16:1n7 increased the gene expression of the glucose transporter GLUT4 by 48% compared to the control and by 30% compared to 16:0; increased CPT1a expression by 29% compared to the vehicle and by 22% compared to 16:0; and reduced iNOS expression by 33% compared to the vehicle and by 23% compared to 16:0.

Conclusions: Treatment with the 16:1n7 fatty acid demonstrated metabolic benefits by increasing the expression of key genes involved in glucose and fatty acid uptake and oxidation. Additionally, it reduced the expression of the pro-inflammatory enzyme. These findings suggest that 16:1n7 may play a positive role in modulating energy metabolism and reducing inflammatory processes, with potential therapeutic implications for conditions related to metabolic dysfunction, such as obesity and its comorbidities.

Disclosure: No significant relationships.

P337 / Abs. ID 572

Topic: *AS03. Obesity, MBS and women's health*

OBESITY, MBS AND WOMEN'S HEALTH
10-09-2025 10:00 - 19:30

ROUX-EN-Y GASTRIC BYPASS AS A PROTECTIVE FACTOR FOR WOMEN WITH MENOPAUSE AFTER TOTAL HISTERECTOMY WITH BILATERAL OOFORECTOMY

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Background: Obesity is a multifactorial chronic disease that affects 13% of the population. It´s more common in women with or without menopause, so in the last years, it´s an interesting topic, since it has been shown that excess adiposity has a significant impact on several health indicators. Gastric bypass (RYGB) has proven to be effective not only in weight loss, but also in improving metabolic parameters and hormonal function. Therefore, it is important to study whether metabolic bariatric surgery in women with menopause provides hormonal and metabolic benefits, and if it´s a protective factor during this transition process in women's lives.

Objectives: Evaluate if the Roux-en-Y gastric bypass is a protective factor for menopause in patients with obesity after total hysterectomy without ovarian preservation.

Methods: Observational, descriptive and retrospective study with 32 women undergoing BYGR before laparoscopic hysterectomy and bilateral oophorectomy, defining surgical menopause.

Results: In this study was observed that 87.5% of the women, presented hepatic steatosis, 78.1% hyperinsulinemia and 53.1% sleep apnea before RYGB, with complete reversal of this related diseases after surgery. Although an increase percentage of anemia was evidenced in this group (43.8%), in response to the oral supplementation difficulty, nutritional disabsorption and recurrent genital bleeding due to underlying uterine pathology. After total hysterectomy and bilateral oophorectomy, an excellent anemia control was observed, without recurrence of the related diseases shown before RYBG. In the study was shown that the weight loss was maintained after hysterectomy with %TWL 36±7.4kg and %EWL 83.7±23.7kg and %TxR was negative -4.02±12.24. There was only one patient presenting recurrent weight gain. The 78.12% of the women in this study, did not present symptoms of menopause.

Conclusions: It was observed that RYGB is effective in reducing obesity and associated diseases. It can be considered the RYGB as a protective factor in menopause, since 96.9% of patients did not regain weight after menopause and 78.12% did not presented symptoms, suggesting this metabolic bariatric surgery as an effective therapeutic option for this group patients.

Disclosure: No significant relationships.

P338 / Abs. ID 281

Topic: *AS03. Obesity, MBS and women's health*

OBESITY, MBS AND WOMEN'S HEALTH
10-09-2025 10:00 - 19:30

BODY COMPOSITION CHANGES IN THE FIRST MONTHS AFTER METABOLIC BARIATRIC SURGERY IN WOMEN: A SINGLE-CENTER STUDY IN SANTIAGO, CHILE

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Background: Metabolic Bariatric surgery is an effective treatment for obesity, leading to significant weight loss and improvements in metabolic health. However, understanding changes in body composition during the first months post-surgery is crucial to assess the quality of weight loss and its long-term implications.

Objectives: Analyze weight and BMI reduction in the first months post-metabolic bariatric surgery. Evaluate impact on body composition, particularly fat mass and lean mass changes.

Methods: A retrospective analysis was conducted on seven women (age 34.14± 9.23) who underwent metabolic bariatric surgery (two sleeve gastrectomy SG and five gastric bypass GBP). Body composition was assessed before surgery and at four months postoperatively with BIA (inbody 370s).

Results: At four months post-surgery, patients experienced a significant reduction in body weight (-18.34 ± 4.22 kg). Most of the weight loss was attributed to fat mass (-14.07 ± 3.58 kg), while fat-free mass also showed a reduction of 5.71 ± 4.17 kg. Specifically, skeletal muscle mass decreased by 3.09 ± 2.03 kg, indicating that, although fat loss was the predominant component of weight reduction, there was also a measurable loss of lean tissue.

Changes in body composition at 4 months after bariatric surgery.

	at baseline	at 4 month	Δ
Weight (kg)	98.96 ± 18.69	80.61 ± 18.03	-18.34 ± 4.22
BMI (kg/mt2)	38.14 ± 6.29	31.08 ± 6.40	-7.06 ± 1.40
Fat mass (kg)	51.11 ± 13.09	37.04 ± 13.28	-14.07 ± 3.58
Fat free mass (kg)	47.97 ± 6.99	42.26 ± 5.88	-5.71 ± 4.17
skeletal muscle mass (kg)	26.31 ± 4.15	23.23 ± 3.55	-3.09 ± 2.03

Mean ± SD

Conclusions: Metabolic bariatric surgery results in significant reductions in total body weight, with fat mass being the primary component lost. However, skeletal muscle loss remains a concern, emphasizing the need for tailored nutritional and exercise strategies to support muscle preservation. When comparing weight and body composition changes between GBP and SG, no significant differences were found, but continuous evaluation is essential to optimize dietary and supplementation approaches for each patient. Further research with larger cohorts is needed to explore long-term body composition changes and their impact on metabolic health.

Disclosure: No significant relationships.

P339 / Abs. ID 484

Topic: *AS03. Obesity, MBS and women's health*

OBESITY, MBS AND WOMEN'S HEALTH
10-09-2025 10:00 - 19:30

BODY SIZE MISCONCEPTIONS AND METABOLIC BARIATRIC SURGERY ELIGIBILITY AMONG HOSPITAL EMPLOYEES

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Background: Self-perceived body size is often underestimated by individuals with obesity, including those who would qualify for metabolic bariatric surgery (MBS).

Objectives: In this study, we have: 1) compared self-perceptions of body size to body mass index (BMI) among hospital healthcare employees, 2) assessed the proportion of the population eligible for MBS, according to ASMBS and IFSO 2022 indications for MBS, and 3) identified workplace and lifestyle contributors to MBS eligibility.

Methods: The study population included 338 healthcare employees from a tertiary hospital. Of these, 80% were females and 89% nurses. All participants completed a survey containing questions pertaining to body size, demographics, health status, work shift, age, gender, and lifestyle (exercise, sleep, stress, meal timing). BMI was defined by height (m2)/weight (kg). MBS eligibility was a BMI ≥35 or BMI=30-34.9 with Type 2 diabetes or metabolic diseases nonresponsive to therapy.

Results: Among the participants surveyed, 57% 'perceived' their body size as thin or normal, 32% as overweight, 10% obese, and 1% severely obese. According to BMI, only 26% were within the range of normal (BMI≥18.5-24.9), 32% overweight (BMI≥25-29.9), 41% obese (BMI ≥30) with 10% severely obese (BMI≥40). According to the indications for MBS, 19.9% of employees qualified for MBS including 30.4% of employees working nightshift and 16.4% dayshift. Factors statistically ($p<0.05$) associated with, or contributing to, obesity and MBS eligibility were age, physical activity, sleep, and co-existing metabolic diseases.

Conclusions: In conclusion, despite employment in healthcare, hospital staff underestimate their own body size, even though many would qualify for MBS. The findings underline the need for staff education on obesity causes and treatment, including surgery.

Disclosure: No significant relationships.

P340 / Abs. ID 442

Topic: *AS03. Obesity, MBS and women's health*

OBESITY, MBS AND WOMEN'S HEALTH
10-09-2025 10:00 - 19:30

URIC ACID-TO-HDL CHOLESTEROL RATIO (UHR) IS A NOVEL MARKER FOR HYPERANDROGENEMIA IMPROVEMENT POST LSG

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Background: 减肥手术仍然是病态肥胖持续减轻体重的最有效干预措施，同时改善肥胖相关并发症，如高雄激素血症。尿酸与高密度脂蛋白胆固醇比值 （UHR） 已与代谢综合征相关，但其对术后高雄激素血症的治疗意义仍未确定。

Objectives: 本研究调查了 UHR 在减肥手术后 3 个月随访中预测高雄激素血症改善的预后有效性。

Methods: In this retrospective cohort analysis, 1,042 patients (18-65 years) undergoing LSG were initially screened, with longitudinal data collected at 3-month postoperative intervals. Following rigorous eligibility assessment, 392 participants constituted the final analytical cohort. Standardized assays quantified serum uric acid, high-density lipoprotein cholesterol, sex hormone profiles, and comprehensive metabolic/anthropometric indices. Hyperandrogenemia improvement was operationally defined as FAI reduction below 6.4% at 3-month postoperative evaluation. ROC curve analysis was employed to identify predictors of FAI normalization (<6.4%)

Results: Multivariable adjustments revealed UHR independently correlated with FAI levels. Multiple linear regression modeling identified preoperative UHR as an independent determinant of female postoperative FAI (β=0.295, $p<0.05$). At the optimal cutoff (UHR>15.14%), the classifier demonstrated 84.4% sensitivity and 56.9% specificity, yielding an AUC of 0.765 ($p<0.001$).

Conclusions: 这些发现将 UHR 定位为 LSG 后高雄激素血症改善风险分层的具有成本效益的生物标志物。

Disclosure: No significant relationships.

P341 / Abs. ID 1075

Topic: *AS03. Obesity, MBS and women's health*

OBESITY, MBS AND WOMEN'S HEALTH
10-09-2025 10:00 - 19:30

EVALUACIÓN Y SEGUIMIENTO A LARGO PLAZO DE PERDIDA DE PESO EN PACIENTES INTERVENIDOS CON CIRUGÍA BARIÁTRICA EN UN SISTEMA DE SALUD PÚBLICO

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Background: La obesidad según la OMS es la acumulación excesiva-energética en forma de grasa, con efectos adversos en la salud. En Argentina, la prevalencia de obesidad es 14,8%, obesidad severa 2,7% y obesidad mórbida 0,8%.En casos graves la cirugía reduce el peso entre 60 y 70% de excedente en doce meses y se mantiene en el tiempo hasta entre 75% y 90% a dos años según la técnica quirúrgica. La misma no está exenta de complicaciones: infecciones, hemorragias y fugas, con posteriores efectos secundarios: vómitos, dolor, diarrea, reflujo gastroesofágico, déficits vitamínicos y elementos esenciales.

Objectives: Observar el descenso de peso y efectos secundarios al año y seis años luego de Bypass Gástrico de una anastomosis (OAGB), Bypass Gástrico de dos anastomosis (RYGB) y Manga Gástrica en nuestro Centro.

Methods: Estudio descriptivo retrospectivo observacional

Results: Se analizaron 225 pacientes, con seguimiento en cinco años poseemos 62 como muestra, con 51 femeninos (82%) y 11 (18%) masculinos, edad promedio de 41,82 ±10,85 años. Peso prequirúrgico promedio de 113,7 ± 22,83 kg, para OAGB 123,95 ± 19,57 kg, similar RYGB 123 ± 24,02 kg y 90 ± 13,74 kg para manga gástrica. IMC prequirúrgico promedio de 42,47 ± 7,04 kg/m^2 similar en las tres técnicas. El porcentaje de exceso de peso perdido al primer año fue 69,25 % para OAGB y de 57,55 % para RYGB y MANGA GASTRICA de 66,12 %, valores contrastados para seis años en 64,37 % para OAGB, 54,39 % para RYGB y 52,89 % para la MANGA GASTRICA

Conclusions: En los tres grupos se observó pérdida progresiva de peso a los 6 años de seguimiento, sin embargo, el Bypass Gástrico de una Anastomosis (OAGB) es más efectiva y se sostiene a largo plazo, respectivamente al año y a seis años (% EPP 69%). La Manga Gástrica en el seis año presenta reganancia de peso con respecto a las demás técnicas quirúrgicas.

Disclosure: No significant relationships.

P342 / Abs. ID 707

Topic: *AS03. Obesity, MBS and women's health*

OBESITY, MBS AND WOMEN'S HEALTH
10-09-2025 10:00 - 19:30

PRISE EN CHARGE D'UN TWIST GASTRIQUE APRES SLEEVEGASTRECTOMIE CHEZ UNE PATIENTE DE 18 ANS

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Background: PATIENTE DE 18 ANS OBESITE FAMILIALE(MERE ET TANTE OBESE OPEREES DE SLEEVE) OBÈSE MORBIDE DEPUIS 6 ANS APRÈS DIVORCE DE SES PARENTS 130 kg pour 1,71m IMC EGAL A 45 POIDS IDEAL ESTIME A 78 KG EW DE 52 KG BILAN PLURIDISCIPLINAIRE ET RCP FAVORABLE À L'INDICATION D'UNE SLEEVEGASTRECTOMIE Sténose médio gastrique franchissable difficillement avec un gastroscope pédiatrique. Le TOGD confirme une sténose médio-gastrique avec passages filiformes en aval et opacification intestinale. TWIST GASTRIQUE POST SLEEVE AVEC STENOSE PHYSIOLOGIQUE ET NON COMPLÈTEMENT MÉCANIQUE MISE EN PLACE D'UNE ENDOPROTHÈSE DE TYPE DIABOLO UNE PREMIÈRE FOIS LE 18/12/2023 EVOLUTION FAVORABLE AVEC alimentation sémi-liquide bien tolérée. Le 23/01/2024 Nouvelle endoscopie qui montre une migration distale de l'endoprothèse . HYPERTHERMIE après changement de l'endoprothèse avec hémocultures positives au SERRATIA TRAITÉE par CEPHALOSPSORINES 7 JOURS APPARITION D'UN DNID en cours d'hospitalisation La classification ENDOSCOPIQUE DES TWIST APRES SLEEVEGASTRECTOMIE proposée se compose de trois degrés : Degré I : rotation douce de la ligne d'agrafe sans rétrécissement significatif de la lumière gastrique ; Degré II : rotation modérée de la ligne d'agrafe, conduisant à une zone focale de rétrécissement fixe qui nécessite des manœuvres supplémentaires pour sa transposition ; Degré III : rotation sévère de la ligne d'agrafe entraînant une sténose, avec une difficulté accrue de transposition ou un blocage complet

Objectives: TRAITEMENT PAR BY PASS EN ROUX EN Y

Methods: PATIENTE DE 18 ANS OBESITE FAMILIALE(MERE ET TANTE OBESE OPEREES DE SLEEVE) OBÈSE MORBIDE DEPUIS 6 ANS APRÈS DIVORCE DE SES PARENTS 130 kg pour 1,71m IMC EGAL A 45 POIDS IDEAL ESTIME A 78 KG EW DE 52 KG BILAN PLURIDISCIPLINAIRE ET RCP FAVORABLE À L'INDICATION D'UNE SLEEVEGASTRECTOMIE

Results: TRAITEMENT ENDOSCOPIQUE EN BAS AGE

Conclusions: LE SEUL TRAITEMENT EFFICACE EST LA CONVERSION EN BY PASS DE TYPE ROUX EN Y APRÈS ÉCHEC DE UN TRAITEMENT ENDOSCOPIQUE .

Disclosure: No significant relationships.

P343 / Abs. ID 794

Topic: *AS03. Obesity, MBS and women's health*

OBESITY, MBS AND WOMEN'S HEALTH
10-09-2025 10:00 - 19:30

LAPAROSCOPIC GASTRIC SLEEVE POST SPLENECTOMY. A CASE REPORT.

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Background: The main surgical problem associated with a history of abdominal surgery appears to be the formation of peritoneal adhesions, which can occur in up to 93% of cases. Although a history of abdominal surgery influences operative time, a history of abdominal surgery prior to sleeve gastrectomy has not been shown to be associated with increased perioperative risk, a higher rate of reoperation, readmission rates, or an increased hospital stay. Similarly, they do not significantly influence the effects of bariatric treatment measured at 6 months postoperatively in terms of %WL, %EWL, and %EBMIL.

Objectives: To demonstrate the surgical technique performed on a patient scheduled for laparoscopic gastric sleeve surgery, with a history of exploratory laparotomy with splenectomy. Major open abdominal surgery is not a contraindication for bariatric surgery.

Methods: We are presenting a case of a 37-year-old male patient with a diagnosis of grade II obesity and a BMI of 38 (kg/m²). He had a surgical history of exploratory xiphopubic laparotomy. He was a candidate for laparoscopic gastric sleeve surgery, the procedure was scheduled for 03/02/2025 and the procedure was performed with the following intraoperative findings: multiple adhesions, stomach and transverse colon completely adherent to the anterior abdominal wall. The patient was then firstly performed with adhesiolysis and the stomach was lowered to its natural position. The surgery was performed without apparent complications, it was completed in a time of 38 minutes.

Results: A laparoscopic gastric sleeve was performed without transoperative complications in a patient with an abdomen severely affected by adhesions from the previous surgery. The patient was discharged home the next day, tolerating oral administration with a liquid diet and active ambulation.

Conclusions: It is safe and effective to perform bariatric procedures in patients who have previously undergone abdominal surgery. Prior abdominal surgery should not be a contraindication to laparoscopic bariatric surgery. This video corroborates that major open surgery is not a contraindication for bariatric surgery, thus confirming that we should not rule out patients who require MBS to improve their current health, for fear of having a technically difficult and very demanding surgery for the surgeon.

Disclosure: No significant relationships.

P344 / Abs. ID 1272

Topic: *AS40. Plastic and reconstructive surgery after MBS*

PLASTIC AND RECONSTRUCTIVE SURGERY AFTER MBS
10-09-2025 10:00 - 19:30

PSYCHOSOCIAL IMPACT ON QUALITY OF LIFE, AND LEVEL OF SATISFACTION AFTER DERMOCUTANEOUS FLAP TREATMENT AS A SEQUEL OF POST-BARIATRIC SURGERY OBESITY

Daniel Caiña, Estefania Rosero, Daiana Novo, Arianna Madero, Adrian Mollo, Agustin Caiña
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Background: The optimal clinical response to bariatric surgery depends on changes in habits and lifestyle of patients with obesity; many do not achieve their goals due to factors related to self-esteem, acceptance, and postoperative satisfaction. The flap is a post-bariatric sequelae treated with abdominoplasty. The aesthetic results can lead to changes in individual and psychosocial perception.

Objectives: The objective is to demonstrate the psychosocial impact on quality of life and satisfaction in bariatric patients following abdominoplasty.

Methods: Sample of 42 bariatric patients who underwent abdominoplasty in 2022-2023. A descriptive, cross-sectional study in two stages, with descriptive analysis. MAII and BAROS questionnaires (adapted).

Results: were obtained in two stages: before and after abdominoplasty, with an overall result of >90% improvement in general mood, satisfaction with physical, occupational, social, and sexual activities, and body image perception, >80% improved adherence to diet and exercise. The statistical association <1 demonstrated that abdominoplasty improves the outcomes of the series studied.

Conclusions: Bariatric surgery is successful when accompanied by a change in the patient's lifestyle and habits, focusing on diet and exercise to ensure long-lasting results. This may be linked to the level of satisfaction, self-esteem, and acceptance of a new body image in previously patients with obesity. This study has shown that changes in body image perception and psychosocial reintegration of the patient improve the quality of life and satisfaction level following reconstructive surgery within the framework of interdisciplinary treatment. In turn, it improves adherence to and compliance with all the medical team's instructions, since this bodily change would motivate the patient to improve both their physical and mental status.

Disclosure: No significant relationships.

P345 / Abs. ID 130

Topic: *AS40. Plastic and reconstructive surgery after MBS*

PLASTIC AND RECONSTRUCTIVE SURGERY AFTER MBS
10-09-2025 10:00 - 19:30

COMPREHENSIVE TREATMENTS FOR GENERALIZED SKIN LAXITY FOLLOWING WEIGHT REDUCTION SURGERY: A PRECISE AND FORMAL PERSPECTIVE

Xin Cui
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Background: Currently, obesity has emerged as a pressing global societal concern, subsequent to rapid weight loss, generalized skin laxity presents a significant issue affecting patients' quality of life and psychological well-being. While skin laxity plastic surgery is well-established in foreign countries, its practice in China remains relatively nascent.

Objectives: To develop and evaluate a comprehensive body contouring protocol for Chinese patients with post-bariatric skin laxity, focusing on modified surgical techniques for different body regions.

Methods: A tailored surgical plan is devised to address varying degrees of laxity in different body regions following metabolic bariatric surgery. The plan includes procedures such as abdominoplasty, breast lift, upper arm laxity dermatoplasty, thigh laxity dermatoplasty, lateral chest and back laxity dermatoplasty. Notably, abdominoplasty, as the primary concern for post-weight loss patients, is modified from the standard approach. The modifications involve an expanded excision area, lowered incision placement, wider separation range, and maximum removal of loose skin. Subsequent stages include breast lift, performed using the modified vertical scar method or inverted T method to restore breast position and shape, along with thigh laxity dermatoplasty using transverse or T-shaped incisions for optimal correction of laxity. All plastic surgeries are conducted with meticulous layer-by-layer tension-reducing sutures and incisional super-tension-reducing sutures. Postoperative care involves scar paste and tension-reducing tape, supplemented with laser and injection-based antiscarring treatments when necessary, resulting in minimal scar proliferation.

Results: The implementation of the modified surgical plan and comprehensive postoperative antiscarring treatments yielded satisfactory outcomes in terms of body contour and incisional scarring for the majority of patients. A small subset of patients required continued anti-scarring treatment due to more pronounced scarring.

Conclusions: Compared to Asians, postoperative scars of European and American patients are typically less conspicuous. As a result, European and American surgeons may not prioritize incision placement and scar visibility during various skin excision surgeries. However, the modified abdominoplasty, breast lift, and limb laxity dermatoplasty presented in this study are better suited for East Asian patients, considering the emphasis on inconspicuous incision locations and scar minimization. These procedures prove effective in addressing generalized skin laxity following weight reduction surgery in this demographic.

Disclosure: No significant relationships.

P346 / Abs. ID 1095

Topic: *AS40. Plastic and reconstructive surgery after MBS*

PLASTIC AND RECONSTRUCTIVE SURGERY AFTER MBS
10-09-2025 10:00 - 19:30

IMPACTO PSICOSOCIAL DE CALIDAD DE VIDA Y NIVEL DE SATISFACCION DESPUES DEL TRATAMIENTO DEL COLGAJO DERMOCUTANEO COMO SECUELA DE LA OBESIDAD POS CIRUGIA BARIATRICA

Daniel Caiña[1], Daiana Novo[2], Arianna Madero[1], Estefania Rosero[1], Adrian Mollo[1]
[1]Hospital de Malvinas Dr Federico Abete, Malvinas, Buenos Aires, Argentina, [2]hospital de malvinas dr Federico Abete, Malvinas, Buenos Aires, Argentina

Background: El éxito de la cirugía bariátrica depende del cambio de hábitos y del estilo de vida del paciente obeso; muchos no llegan a la meta por factores en la autoestima, aceptación y satisfacción del postoperatorio. El colgajo es una secuela postbariátrica que se trata mediante abdominoplastia. Los resultados estéticos pueden generar cambios en la percepción individual y psicosocial.

Objectives: El objetivo es mostrar el impacto psicosocial, en la calidad de vida y satisfacción en pacientes bariátricos poste

Methods: Muestra de 42 pacientes bariátricos operados de abdominoplastia 2022-2023. Estudio descriptivo transversal en 2 tiempos, analítica descriptiva. Cuestionario MAII y BAROS (adaptados).

Results: Se obtuvo en 2 tiempos: antes y despues de la abdominoplastia con un resultado global >90% de mejoría respecto al estado de animo general, satisfacción en actividades físicas, laborales, sociales, sexuales y percepción de su imagen corporal. En >80% mejor adherencia a dieta y ejercicio. La asociación estadística <1, demuestra que la abdominoplastia mejora las series estudiadas.

Conclusions: La cirugía bariátrica es exitosa siempre que esté acompañada con un cambio del estilo y hábito de vida del paciente, enfocada en la dieta y el ejercicio para que sus resultados perduren en el tiempo, esto puede estar ligado con el nivel de satisfacción, la autoestima y la aceptación de una nueva imagen corporal del paciente previamente obeso. Se ha demostrado en el presente estudio que los cambios en la percepción de la imagen corporal y la reinserción psicosocial del paciente, mejora la calidad de vida y el nivel de satisfacción posterior a la realización de la cirugía reparadora en el marco de un tratamiento interdisciplinario. A su vez, mejora la adherencia y el cumplimiento de todas las indicaciones del equipo médico, ya que este cambio corporal motivaría al paciente a mejorar tanto su estatus físico como mental

Disclosure: No significant relationships.

P347 / Abs. ID 835

Topic: *AS40. Plastic and reconstructive surgery after MBS*

PLASTIC AND RECONSTRUCTIVE SURGERY AFTER MBS
10-09-2025 10:00 - 19:30

CLOSED INCISION NEGATIVE PRESSURE THERAPY DRESSING USE IN BODY CONTOURING POST MASSIVE MBS: SURGEON AND PATIENT EXPERIENCE

Sally Ng, Min Zhang
Austin Health, Department Of Plastic Surgery, Melbourne, Australia

Background: This presentation aims to explore the benefits of using closed incision negative pressure threapy (ciNPT) dressing in patients undergoing body contouring procedures post-massive weight loss. By creating a closed, sealed environment, the ciNPT dressing provides negative pressure that promotes wound healing, reduces edema, and minimizes the risk of seroma formation. Evidence suggests that the application of ciNPT results in a faster rate of wound healing compared to traditional dressings, with reduced incidence of seroma which is a common complication in body contouring procedures.

Objectives: Body contouring surgery after massive weight loss is a critical step in optimizing physical appearance and improving quality of life. However, the procedure is often complicated by postoperative challenges such as dehiscence risk, delayed wound healing, seroma formation, and patient discomfort. This presentation aims to evaluate an integrated dressing for use with closed incision negative pressure therapy (ciNPT) during body contouring surgery post massive weight loss.

Methods: A retrospective chart review was performed for 30 body contouring procedures patients that used ciNPT for incision management. Antibiotics were administered as needed. The ciNPT was placed intra-operatively and the ciNPT unit delivered continuous subatmospheric pressure (-125mmHg). Dressing were changed every 14 days. Phone consults occurred at Day 7 and post-op checks were at Day 14. Clinical outcomes evaluated were the incidence of surgical site infection, dehiscence and/or seroma. A patient feedback form was administered to assess patient related outcomes.

Results: Thirty patients underwent different types of body contouring procedure (abdominoplasty, brachioplasty and thighplasty). The total number of sites were recorded with the average duration of the ciNPT. The rate of incisional breakdown, seroma, haematoma at Day 14 and Day 20 were noted. Most patients using ciPNT dressing reported no hindrance to daily activities.

Conclusions: In these body contouring surgery patients, ciNPT dressing provided the support to the incision and surrounding soft tissue to help minimise infection risk and reduce the incident of wound dehiscence and seroma.

Disclosure: No significant relationships.

P348 / Abs. ID 286

Topic: *AS40. Plastic and reconstructive surgery after MBS*

PLASTIC AND RECONSTRUCTIVE SURGERY AFTER MBS
10-09-2025 10:00 - 19:30

FLEUR DE LIS ABDOMINOPLASTY, INDICATIONS, TECHNIQUES AND OUR EXPERIENCE IN THE ASC

Eric Harris
Transform Weight Loss, Lynnwood, United States of America

Background: With popularity of metabolic bariatric surgery and now GLP-1 analogs, practitioners are seeing an increasing number of patients to correct deformities after weight loss. Patients who have lost significant weight have special challenges to correct the excess and laxity of the truncal soft tissue. A variety of techniques including lipo-abdominoplasty, standard abdominoplasty, reverse abdominoplasty and total body lift have all been used successfully; however, when presented with a patient that has significant circumferential excess of their skin envelope, these techniques can leave persistent laxity of the abdominal wall tissues. Fleur De Lis Abdominoplasty can address the horizonal excess that can be troublesome for these patients. We describe the indications, our current techniques and outcomes as well as pitfalls of this complex technique when performed in the ambulatory surgical center

Objectives: Review indications, techniques, complications and outcomes of outpatient FDL abdominoplasty to assess safety and patient satisfaction.

Methods: Retrospective review of operative details, postoperative outcomes and patient satisfaciton.

Results: Complications were minimal and minor and patient satisfaction was high

Conclusions: Fleur de Lis abdominoplasty is a valuable tool for the surgeon when presented with significant soft tissue excess of the abdominal wall. It can be performed safely as an outpatient case with good result and patient satisfaction.

Disclosure: No significant relationships.

P349 / Abs. ID 341

Topic: *AS40. Plastic and reconstructive surgery after MBS*

PLASTIC AND RECONSTRUCTIVE SURGERY AFTER MBS
10-09-2025 10:00 - 19:30

COMPLICATED PETERSEN'S HERNIA IN THE IMMEDIATE POSTOPERATIVE PERIOD OF 360° ABDOMINOPLASTY, CAUSE OR COINCIDENCE?

Juliana Posse, Juan Mendoza, Juan Ignacio Uasuf
PLENUS, San Miguel De Tucumán, San Miguel de Tucumán, Argentina

Background: Bariatric gastric bypass surgery is an effective treatment for severe obesity, achieving significant weight loss. The transition from open to laparoscopic techniques has improved safety, although the incidence of complications, such as internal hernias, has increased, with incidence rates ranging from 1% to 9.7%. The clinical presentation is often nonspecific, which can lead to significant morbidity and mortality, especially between the first and second years, when weight loss is most pronounced. After 18 to 24 months, most patients have stopped losing weight, which is why it is considered the optimal time for body contouring surgery. An overall complication rate of 21% has been reported in the postoperative period of abdominoplasty surgery, describing that post-bariatric patients are at higher risk than non-post-bariatric patients (43% versus 12%).

Objectives: Objective: To present a rare case of intra-abdominal complications following abdominoplasty related to an internal Petersen hernia.

Methods: A detailed review of the patient´s clinical history, surgical findings, and postoperative course was performed. A literature search was also conducted to ontextualize this rare case.

Results: Clinical case: A 41-year-old woman with a history of laparoscopic gastric bypass 2 years prior to consultation was undergoing immediate postoperative 360° abdominoplasty. She was admitted to the emergency department with severe abdominal pain and signs of hemodynamic instability. CT studies revealed a possible internal hernia. During emergency surgery, a Petersen hernia with intestinal loop involvement (2.3 m) was identified. The necrotic segments were resected, and intestinal transit was reconstructed by shortening the biliary loop to lengthen the common loop, thus avoiding severe malabsorption syndrome. This case emphasizes the importance of early recognition of postoperative complications, since intestinal reconstruction in these patients is a major challenge.

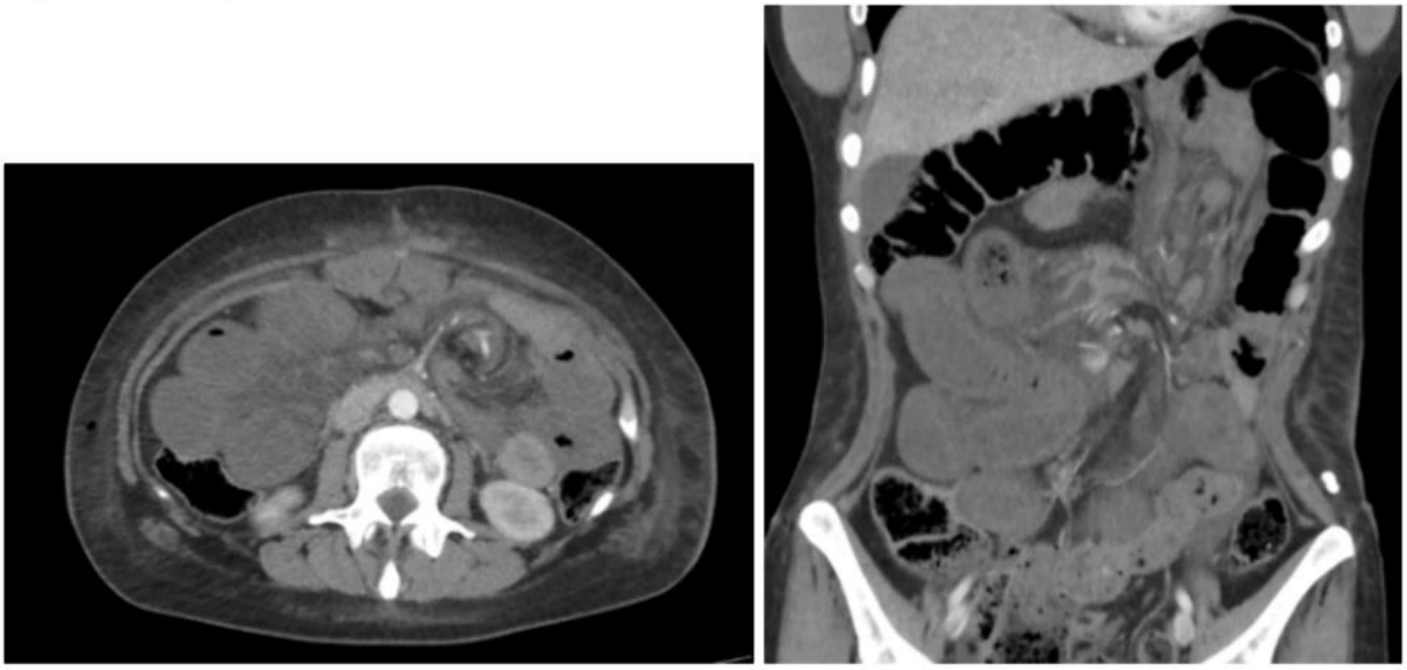

Imagen 1. Tomografía de abdomen con contraste endovenoso. A. Proyección axial, B. Proyección coronal.

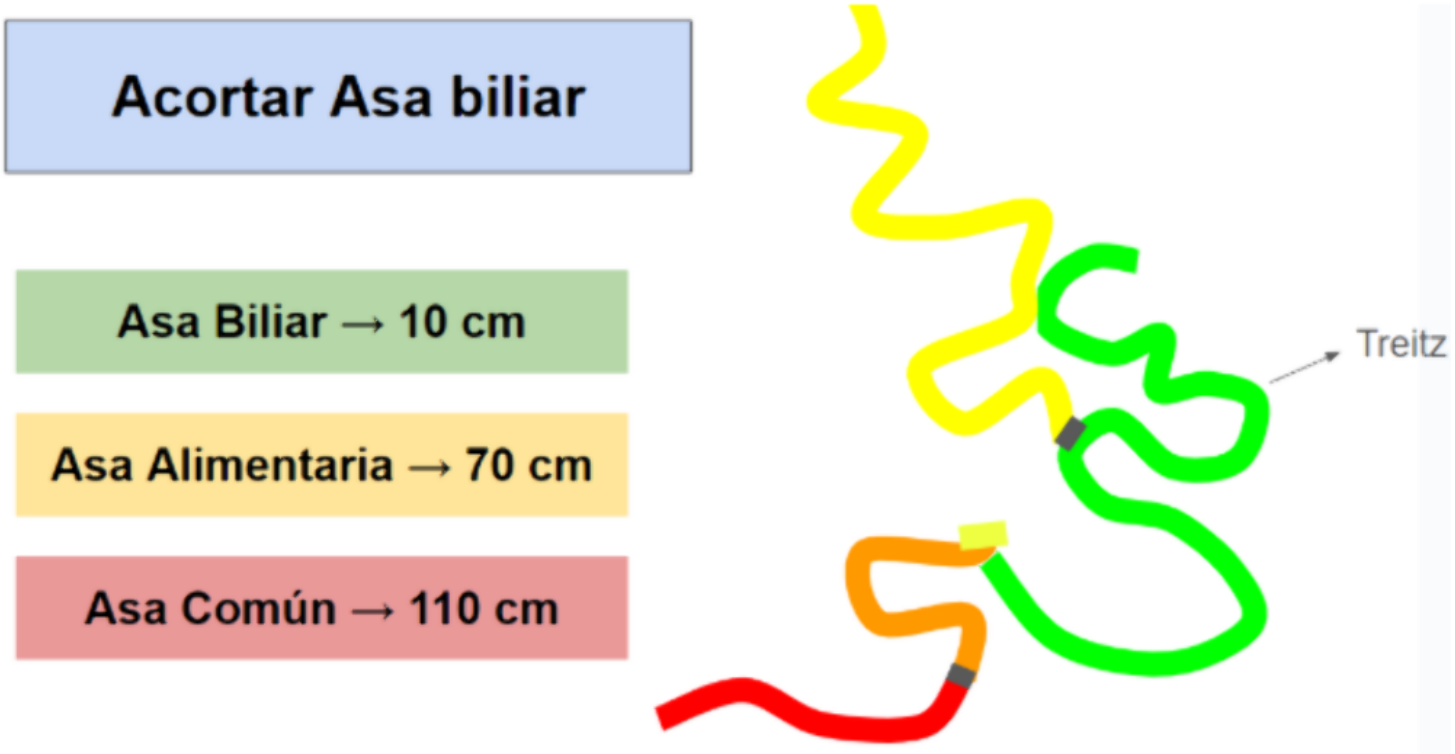

Imagen 3. Ilustración de reconstrucción de tránsito.

Conclusions: In patients undergoing gastric bypass who present with nonspecific abdominal pain, a diagnosis of internal hernia should be considered. Routine closure of the mesenteric spaces is recommended to reduce the likelihood of these hernias occurring, as the incidence of these hernias is reduced to 1.1%, according to reports in the literature.

Disclosure: No significant relationships.

P350 / Abs. ID 1241

Topic: *AS37. Post-operative venous thromboprophylaxis in MBS*

POST-OPERATIVE VENOUS THROMBOPROPHYLAXIS IN MBS
10-09-2025 10:00 - 19:30

INITIAL EXPERIENCE WITH EXTENDED RIVAROXABAN PROPHYLAXIS AFTER METABOLIC BARIATRIC SURGERY IN A PROVINCIAL CLINICAL CENTER

Christofer Albornoz[1], Pablo Marin Perez[2], Marco Schulz[3]
[1]Clínica Andes Salud el Loa, Calama, Chile, [2]Clinica Colonial, Cirugia, Santiago, Chile, [3]RED SALUD, Prat, santiago, Chile

Background: Venous thromboembolism (VTE) remains a significant complication after bariatric surgery. Recent studies suggest that extended postoperative prophylaxis may reduce its incidence. Rivaroxaban, a direct oral anticoagulant, offers convenient administration and a favorable safety profile. This study reports the initial experience of a provincial center in Chile where all bariatric patients received 20-day rivaroxaban prophylaxis.

Objectives: Venous thromboembolism (VTE) remains a significant complication after bariatric surgery. Recent studies suggest that extended postoperative prophylaxis may reduce its incidence. Rivaroxaban, a direct oral anticoagulant, offers convenient administration and a favorable safety profile. This study reports the initial experience of a provincial center in Chile where all bariatric patients received 20-day rivaroxaban prophylaxis.

Methods: Venous thromboembolism (VTE) remains a significant complication after bariatric surgery. Recent studies suggest that extended postoperative prophylaxis may reduce its incidence. Rivaroxaban, a direct oral anticoagulant, offers convenient administration and a favorable safety profile. This study reports the initial experience of a provincial center in Chile where all bariatric patients received 20-day rivaroxaban prophylaxis.

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Conclusions: Venous thromboembolism (VTE) remains a significant complication after bariatric surgery. Recent studies suggest that extended postoperative prophylaxis may reduce its incidence. Rivaroxaban, a direct oral anticoagulant, offers convenient administration and a favorable safety profile. This study reports the initial experience of a provincial center in Chile where all bariatric patients received 20-day rivaroxaban prophylaxis.

Disclosure: No significant relationships.

P351 / Abs. ID 51

Topic: *AS37. Post-operative venous thromboprophylaxis in MBS*

POST-OPERATIVE VENOUS THROMBOPROPHYLAXIS IN MBS
10-09-2025 10:00 - 19:30

APIXABAN VERSUS LMWH FOR EXTENDED DVT PROPHYLAXIS AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY IN OBESE INDIVIDUALS AFFECTED BY OBESITY: A PILOT RANDOMIZED CONTROL TRIAL.

Prasanna Ramana Arumugaswamy, Manjunath Pol
All India Institute of Medical Sciences New Delhi, Surgical Disciplines, New Delhi, India

Background: Venous thromboembolism (VTE), including deep vein thrombosis (DVT) and pulmonary embolism (PE), posessignificant risks in patients affected by obesity undergoing metabolic bariatric surgery, with VTE rates ranging from 0.3%-2.2% and PErates around 1%. Obesity increases VTE risk due to venous stasis, endothelial dysfunction, andhypercoagulability. While low-molecular-weight heparin (LMWH) is the standard for prophylaxis, novelanticoagulants like apixaban offer a convenient oral option with a favorable profile. However, their comparativeefficacy and safety in patients affected by obesity after laparoscopic sleeve gastrectomy (LSG) remain unclear, warrantingclinical trials to optimize postoperative DVT prophylaxis and improve outcomes in this high-risk population.

Objectives: This prospective randomized control trial will include patients aged 18–65 with a BMI of 35–60 undergoinglaparoscopic sleeve gastrectomy (LSG). Exclusion criteria include BMI > 60, smoking history, clotting disorders,prior VTE, malignancy, pregnancy, uncontrolled hypertension, and refusal to participate. Thirty participants pergroup will be randomized using permuted block randomization. Group A will receive LMWH (0.6 mlsubcutaneously once daily for 14 days), while Group B will receive apixaban (2.5 mg orally twice daily for 30days), starting postoperative day 2. All patients will undergo standardized preoperative workup, bariatricprocedure, and perioperative VTE prophylaxis with DVT pumps and heparin up to day 1. Outcomes include theincidence of VTE events, cost analysis, bleeding events, weight loss (%EWL, TWL), and resolution of related diseases.

Methods: This prospective randomized control trial will include patients aged 18–65 with a BMI of 35–60 undergoinglaparoscopic sleeve gastrectomy (LSG). Exclusion criteria include BMI > 60, smoking history, clotting disorders,prior VTE, malignancy, pregnancy, uncontrolled hypertension, and refusal to participate. Thirty participants pergroup will be randomized using permuted block randomization. Group A will receive LMWH (0.6 mlsubcutaneously once daily for 14 days), while Group B will receive apixaban (2.5 mg orally twice daily for 30days), starting postoperative day 2. All patients will undergo standardized preoperative workup, bariatricprocedure, and perioperative VTE prophylaxis with DVT pumps and heparin up to day 1. Outcomes include theincidence of VTE events, cost analysis, bleeding events, weight loss (%EWL, TWL), and comorbidity resolution.

Results: 23 patients underwent metabolic bariatric surgery and completed a 3-month follow-up. The majority of them werefemale. 9 patients underwent laparoscopic Single anastomosis sleeve jejunal bypass, and 14 underwentlaparoscopic sleeve gastrectomy. 12 patients were in group A and 11 in group B. There were no VTE events ineither group. However, in the apixaban group, 2 patients had significant ecchymosis, which was resolved bystopping the drug. There were no bleeding events that required hospital admission in both groups.

Conclusions: Apixaban may be a definitive and safe alternative to injectable LMWH from the convenience point of view.

Disclosure: No significant relationships.

P352 / Abs. ID 317

Topic: *AS37. Post-operative venous thromboprophylaxis in MBS*

POST-OPERATIVE VENOUS THROMBOPROPHYLAXIS IN MBS
10-09-2025 10:00 - 19:30

SAFETY AND EFFICACY OF ROUTINE VENOUS THROMBOEMBOLISM PROPHYLAXIS IN METABOLIC BARIATRIC SURGERY: A RETROSPECTIVE ANALYSIS OF 625 CASES

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Background: Although rare, venous thromboembolism (VTE) is a serious but potentially preventable complication of bariatric surgery. In China, the use of VTE prophylaxis in metabolic bariatric procedures is not standardized, with only 24% of institutions (from 29 centers) routinely implementing prophylactic measures. The primary barriers to routine use include concerns about bleeding complications and a perceived low prevalence of VTE. However, when VTE occurs, it can lead to significant morbidity and is challenging to manage.

Objectives: This study aimed to evaluate the safety and effectiveness of routine VTE prophylaxis in metabolic bariatric surgery, focusing on the incidence of VTE and bleeding complications.

Methods: A retrospective analysis was conducted on 625 patients who underwent metabolic bariatric surgery with routine VTE prophylaxis. The prophylactic regimen included anticoagulation starting 1 day preoperatively and continuing from postoperative day 1 until discharge. The primary outcomes assessed were the prevalence of VTE and bleeding complications. All surgeries involved reinforcing the staple line with sutures to minimize bleeding risk.

Results: No cases of VTE were observed among the 625 patients who received routine prophylaxis. Only one patient (0.16%) experienced a bleeding complication, which was managed conservatively without surgical intervention.

Conclusions: Routine VTE prophylaxis is both safe and effective in metabolic bariatric surgery when combined with meticulous surgical technique, including staple line reinforcement. The absence of VTE events and the low rate of bleeding complications support the adoption of standardized VTE prophylaxis protocols in bariatric surgical practice in China. Standardizing this practice could enhance patient safety and reduce the risk of potentially debilitating VTE complications.

	Use of Routine VTE Prophylaxis (n=625)
Age, y	32.2 ± 11.1
Gender, female %	64.8%
Height, cm	166.3 ± 8.5
Weight, kg	102.1 ± 20.3
BMI, kg/m2	36.7 ± 5.4
Prevalence of: Diabetes Hypertension	 32.8% 43.8%
Types of Procedure: Sleeve Gastrectomy Sleeve Gastrectomy + Cholecystectomy Gastric Bypass	 89.1% 3.3% 7.6%
Methods of VTE Prophylaxis	1 day preoperatively + POD 2 until discharge
Prevalence of Related Postoperative Complications	Bleeding 1 VTE 0

Disclosure: No significant relationships.

P353 / Abs. ID 1070

Topic: *AS37. Post-operative venous thromboprophylaxis in MBS*

POST-OPERATIVE VENOUS THROMBOPROPHYLAXIS IN MBS
10-09-2025 10:00 - 19:30

PORTOMESENTERIC AND SPLENIC VEIN THROMBOSIS AFTER SLEEVE GASTRECTOMY: TWO CASES IN PATIENTS WITH THROMBOPHILIA

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Background: Portomesenteric and splenic vein thrombosis (PMVT) is a rare but potentially severe complication following laparoscopic sleeve gastrectomy (LSG). It is reported in less than 0.5% of patients undergoing LSG, but can have fatal outcomes. Early diagnosis is critical to prevent progression to intestinal ischemia or portal hypertension.

Objectives: To describe two cases of PMVT following LSG and to discuss diagnostic and therapeutic considerations, emphasizing the role of thrombophilia.

Methods: We report two patients who developed abdominal pain within the first 2–3 weeks after LSG. Imaging studies confirmed thrombosis involving the portal, superior mesenteric, and splenic veins. Both underwent laboratory evaluation for thrombophilia and received therapeutic anticoagulation without surgical intervention.

Results: Case 1: A 29-year-old male with a BMI of 35 at initial evaluation, and a history of childhood nephrectomy and Perthes disease, presented with severe epigastric pain 16 days postoperatively. Laboratory tests revealed elevated CRP (6.99 mg/L) and D-dimer (2.45 mg/L), with normal lactic acid levels and WBC count. Abdominal MRI demonstrated complete thrombosis of the portal vein, intrahepatic branches, and splenoportal trunk. He was treated with enoxaparin and showed favorable clinical evolution. Thrombophilia testing revealed a heterozygous G20210A prothrombin gene mutation. He was discharged on oral anticoagulation for three months with hematology follow-up. Case 2: A 44-year-old female with a BMI of 27.5 and chronic oral contraceptive use developed abdominal pain on postoperative day 9. An initial ultrasound suggested portal vein thrombosis. Laboratory findings showed leukocytosis (17,400/mm³), CRP of 17.62 mg/dL, and D-dimer of 4.70 µg/mL. CT angiography confirmed thrombosis of the portal, mesenteric, and splenic veins. She was started on enoxaparin and monitored in intermediate care. Her clinical course was favorable, and she was discharged on day 5 with continued subcutaneous anticoagulation. Thrombophilia testing revealed decreased antithrombin III levels (14.9 mg/dL), and she was switched to rivaroxaban for three months.

Conclusions: PMVT should be suspected in patients with abdominal pain within 2–4 weeks postoperatively. Among over 315 LSG cases performed, we report a 0.3% incidence of PMVT. While obesity and surgery are known risk factors, these cases emphasize the need to investigate individual genetic or environmental predispositions to guide long-term management.

Disclosure: No significant relationships.

P354 / Abs. ID 219

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

OUTCOMES OF REVISIONAL VERSUS PRIMARY GASTRIC BYPASS: A PROPENSITY SCORE-MATCHED ANALYSIS

Tamar Tsenteradze[1], Agustina A Pontecorvo[2], Enrique Elli[1]
[1]Mayo Clinic, Advanced Gi And Bariatric Surgery, Jacksonville, United States of America, [2]Mayo Clinic, General Surgery, Jacksonville, United States of America

Background: Although metabolic bariatric surgery provides patients with disease-free, healthy years, in some cases, revision surgery may be necessary due to persistent weight issues or complications from the initial procedure.

Objectives: This study compares the complexity of postoperative outcomes between pure and revisional bariatric surgeries.

Methods: For this study, we used propensity score matching (PSM) in a 2:1 ratio, matching patients based on demographics, related diseases, and the closest model fit. Non-parametric tests (Chi-square, Mann-Whitney U, and Kruskal-Wallis) were used for data analysis due to the non-normal distribution. Body mass index (BMI) and total body weight loss (TWL) were assessed immediately before surgery and at 6- and 12- months postoperatively and compared through subgroup analysis.

Results: A total of 378 patients were included in the study. with 252 undergoing primary robotic gastric bypass and 126 undergoing sleeve-to-gastric bypass conversion (99 robotic, 27 laparoscopic approach). Analysis showed that procedure time and hospital stay were longer in patients undergoing conversion surgery, with statistically significant differences (p-value < 0.001 and p-value 0.039, respectively). The early rehospitalization rate was higher in patients undergoing conversion surgery (p-value = 0.002), as was the rate of late complications (p-value = 0.002). There was significant reduction in mean %TBWL of 6 months 23.279 (+6.259%), and 12 months 29.526(+10.135) in patients undergoing primary gastric bypass surgery compared to patients undergoing conversion surgery with 14.425 (+6.808) and 17.819 (+ 9.125) mean %TBWL respectively (P value <0.001).

Conclusions: Our findings suggest that conversion surgeries are associated with longer procedure times, extended hospital stays, higher risk of early rehospitalization, late complications, and lower mean %TBWL.

Disclosure: No significant relationships.

P355 / Abs. ID 495

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

SINGLE-ANASTOMOSIS DUODENO-ILEAL BYPASS WITH SLEEVE GASTRECTOMY (SADI-S) IS POST -SLEEVE GASTRECTOMY (SG), SINGLE CENTERED RETROSPECTIVE COHORT STUDY OVER 12 MONTHS FOLLOW-UP

Mohamed Elkaseer[1], Mahmoud Elsafty[2]
[1]Al-Azhar University Faculty of Medicine, Surgery Department, Cairo, Egypt, [2]Tanta University, Intern Surgery, Tanta, Egypt

Background: SADI-S is a promising rising option for revisional surgeries following sleeve gastrectomy and that can be more favorable for patients suffering from inadequate weight loss or recurrent weight gain.

Objectives: To assist the surgical technique, outcomes and complications in patient underwent SADI-S as revisional surgery post-sleeve gastrectomy in 12 months follow-up period.

Methods: Our study was conducted at a single-centered recruited 15 patients who underwent SADI-S post SG. patient weight pre-and post-operative was obesity related diseases and complications. The main outcomes include (TWL) resolution of related diseases and post operative complications in the 12 months period of follow up.

Results: The findings demonstrated significant weight loss and notable improvements in metabolic health over a 12-month follow-up period. The procedure resulted in an average excess weight loss (EWL) of 80%, highlighting its effectiveness in addressing inadequate weight loss or recurrent weight gain after the initial bariatric intervention. Additionally, total weight loss (TWL) was substantial and contributed to meaningful improvements in obesity-related diseases. The majority of patients experienced either significant improvement or complete resolution of conditions such as type 2 diabetes, hypertension, and obstructive sleep apnea.

Conclusions: SADI-S is a promising option in the field of revisional surgeries and it showed significant results in the term of weight loss and resolution of related diseases as a primary bariatric procedure as well as revisional option. However, it's crucial to evaluate various factors related to the technique including operative time, complication rates and patient reported outcomes in considering SADI-S as revisional option post SG or other primary bariatric intervention.

Disclosure: No significant relationships.

P356 / Abs. ID 1029

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

OAGB AS REVISIONAL SURGERY AFTER RESTRICTIVE BARIATRIC SURGERY WEIGHT

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Hospital Angeles Valle Oriente, Monterrey, Mexico

Background: Restrictive bariatric surgery remains the most frequently performed surgery as a treatment for severe obesity, gastric sleeve (GS) being the most done. Suboptimal clinical response is one of the factors to consider in the medium and long term in those patients, and can be up to 40% after GS after ten years and up to 80% in gastric plication (GP) and adjustable gastric band (AGB). OAGB has been proposed as an effective and safe option to improve weight loss and metabolic control in these patients.

Objectives: The primary objective of this study is to analyze the perioperative results of the revision from restrictive surgeries (SG/AGB/GP) to OAGB due to Suboptimal clinical response; and secondarily to evaluate the impact on weight loss and the remission or improvement of metabolic comorbidities in the short term, compared to other revisional surgeries alternatives as RNY gastric bypass.

Methods: Retrospective study with prospective follow-up of 96 patients operated on 4 year period (2020-2024) who suffer Suboptimal Clinical Response after primary restrictive bariatric surgery (GS=56, AGB=33, GP=6). We evaluate operative details, morbidity and mortality, weight loss and comorbidities outcomes.

Results: We report the results of the patients who were revised to OAGB and show the outcome in body mass index (BMI) and excess weight loss (EWL) and also comorbidities improvement. So does the complication rate.

Conclusions: This study will provide evidence on the efficiency, safety and feasibility of performing OAGB in patients with Suboptimal Clinical Response and its status compared to other revisional surgery alternatives (RYGB)

Disclosure: No significant relationships.

P357 / Abs. ID 376

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

LAPAROSCOPIC REVISION AFTER ONE ANASTOMOSIS GASTRIC BYPASS (OAGB): A 4-YEARS EXPERIENCE IN A SINGLE HIGH-VOLUME BARIATRIC SURGERY CENTER IN NORTHERN ITALY

Paolo Gentileschi[1,2], Luigi Eduardo Conte[2], Michela Orsi[2], Emanuela Bianciardi[2], Michela Campanelli[1], Domenico Benavoli[1], Giulia Griguolo[3], Bruno Sensi[2]
[1]Department of Bariatric and Metabolic Surgery, Maria Cecilia Hospital, GVM Care and Research, Cotignola, Italy, [2]University of Rome "Tor Vergata", Rome, Italy, [3]Unità di Chirurgia Endocrina, Ospedale Isola Tiberina - Gemelli Isola, Rome, Italy

Background: One Anastomosis Gastric Bypass (OAGB) is increasingly performed for obesity, despite limited long-term data on its advantages and complications. Revision is required for recurrent weight gain, biliary reflux, stenosis, marginal ulcer, or excessive malabsorption. This study analyzes OAGB revisions over four years at a high-volume bariatric center.

Objectives: The primary outcome was major postoperative complications after OAGB revision. Secondary outcomes included revisional success, intraoperative complications, and BMI at 3 months, 1 year, and 2 years in patients with recurrent weight gain. Revisional success was defined as percent excess weight loss (%EWL) >40% for recurrent weight gain patients, symptom resolution for reflux, stenosis, or ulcer, and nutritional reconstitution for malabsorption.

Methods: Sixty-eight patients (47 female, 21 male) underwent OAGB revision from January 2020 to October 2024. Mean BMI at revision was 35 kg/m² (SD ±8) for the entire study population and 44 kg/m² (SD ±7) in the recurrent weight gain group. Revision indications were recurrent weight gain (51.5%), bile reflux (29.4%), marginal ulcer (7.4%), malabsorption (5.9%), and stenosis (5.9%). Pre-revision related diseases included hepatic steatosis (4 patients), type 2 diabetes (5 patients), hypertension (14 patients), and obstructive sleep apnea (1 patient). Previous bariatric procedures before OAGB included 14 gastric banding, 5 sleeve gastrectomy, and 4 cases of gastric banding followed by sleeve gastrectomy.

Results: All procedures were performed with a laparoscopic approach. Procedures included Biliary-Pancreatic Limb lengthening (47%), conversion to RYGB (29.4%), redo of gastro-jejunal anastomosis (13.3%), Biliary-Pancreatic Limb shortening (5.9%), and pouch resizing (4.4%). Postoperatively, minor bleeding (2.9%), melena (1.5%), and fistula (1.5%) occurred, all managed conservatively. Mean hospital stay was 3.6 days (range: 2–10). Late complications (>3 months) included bile reflux (4.4%), incisional hernia (2.9%), and severe protein malabsorption (1.5%). With a mean follow-up of 20 months (range: 4–48), 98.5% improved clinically. One patient (1.5%) required additional surgery for pouch stenosis and excessive malabsorption. Mean follow-up BMI was 27.8 kg/m² overall and 32 kg/m² in the recurrent weight gain group, with significant BMI reduction in this subgroup.

Conclusions: All surgical approaches for revision after OAGB are safe and effective in resolving the clinical indication for revision. Further studies are necessary to confirm these findings.

Disclosure: No significant relationships.

P358 / Abs. ID 933

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

INDICATIONS AND OUTCOMES OF CONVERSION METABOLIC BARIATRIC SURGERY: A RETROSPECTIVE ANALYSIS FOCUSED ON GASTROESOPHAGEAL DISEASE AND WEIGHT EVOLUTION

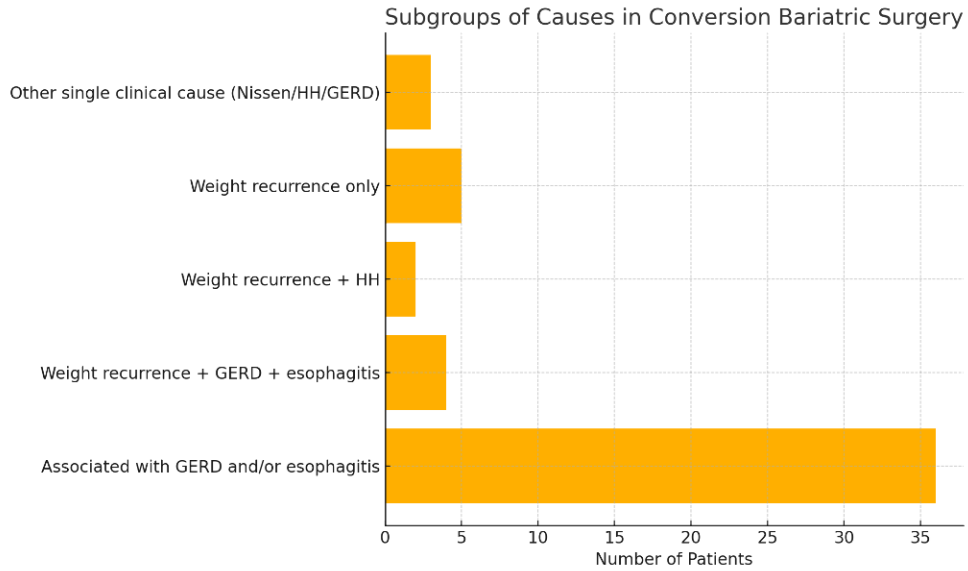
Vanessa Maturana[1], Ismael Court[2], Percy Brante[2], Julio Antonio Jimenez Lillo[3], Juan Contreras[2], Jorge Bravo[1]
[1]Clínica Santa María, Santiago, Chile, [2]Clínica Santa María, Cirugía, Providencia, Chile, [3]Hospital Luis Tisne / Clinica Santa María, Cirugia, Santiago, Chile

Background: Conversion bariatric surgery has gained relevance in recent years due to the growing number of patients experiencing complications or suboptimal outcomes following primary bariatric procedures. This trend is driven by the widespread adoption of surgical techniques, recurrence of weight gain, reappearance of metabolic comorbidities, and development of gastroesophageal reflux (GERD), esophagitis, or hiatal hernia (HH). Recent studies report that up to 30% of these patients may require surgical conversion, with Roux-en-Y gastric bypass being the most commonly used technique. The aim of this study is to analyze institutional experience with conversion gastric bypass, evaluating its indications, impact on weight evolution, and resolution of clinical symptoms, to contribute to a better understanding of the role of this intervention in patients previously treated with sleeve gastrectomy.

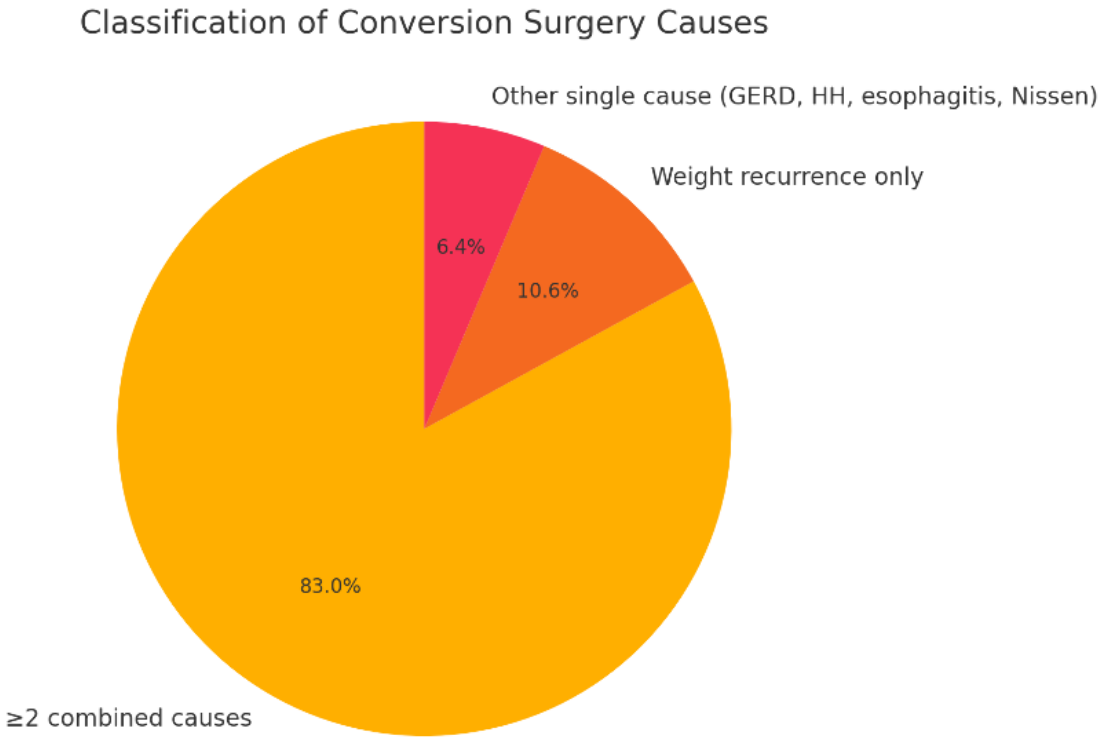
Objectives: To characterize patients undergoing conversion bariatric surgery during 2024, describing: surgical indication causes, weight evolution, sex distribution, frequency and combination of clinical causes, resolution of gastrointestinal symptoms and their endoscopic correlation, and subgroup comparisons.

Methods: A descriptive and comparative analysis was performed using a retrospective database. Patients were classified according to revision indication (clinical, recurrent weight gain, or combined), and frequency statistics and means were calculated. Average weight loss was compared by indication type. Tables and graphs were used to summarize the findings. The analysis included individual review and validation of each clinical record.

Results:



The average weight gain after the first surgery was +20.6 kg. Mean weight loss after conversion to bypass was −13.0 kg. The group included 47 patients underwent conversion bariatric surgery during the 2024, 20 women and 27 men. 42 out of 47 patients underwent surgery for clinical causes (GERD, HH, esophagitis), with a 100% symptom resolution rate. Only 5 patients were operated on solely for recurrent weight gain. In the comparison of weight loss by cause: - Weight regain only: 16.1 kg - Weight regain + clinical cause: 14.4 kg - Clinical cause only: 9.8 kg



Conclusions: Revisional bariatric surgery demonstrated high clinical effectiveness, especially in resolving gastroesophageal symptoms. Isolated weight regain cases were infrequent, suggesting appropriate surgical indication. These results support conversion bypass as an effective strategy for addressing functional or anatomical complications following sleeve gastrectomy.

Disclosure: No significant relationships.

P359 / Abs. ID 358

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

LAPAROSCOPIC REVISION AFTER ONE ANASTOMOSIS GASTRIC BYPASS (OAGB): A 4-YEARS EXPERIENCE IN A SINGLE HIGH-VOLUME METABOLIC BARIATRIC SURGERY CENTER IN NORTHERN ITALY

Paolo Gentileschi[1], Luigi Eduardo Conte[1], Michela Orsi[1], Emanuela Bianciardi[1], Michela Campanelli[2], Giulia Griguolo[3], Domenico Benavoli[2], Bruno Sensi[1]
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Background: One Anastomosis Gastric Bypass (OAGB) is increasingly performed for obesity, despite limited long-term data on its advantages and complications. Revision is required for recurrent weight gain, biliary reflux, stenosis, marginal ulcer, or excessive malabsorption. This study analyzes OAGB revisions over four years at a high-volume bariatric center.

Objectives: The primary outcome was major postoperative complications after OAGB revision. Secondary outcomes included revisional success, intraoperative complications, and BMI at 3 months, 1 year, and 2 years in patients with recurrent weight gain. Revisional success was defined as percent excess weight loss (%EWL) >40% for recurrent weight gain patients, symptom resolution for reflux, stenosis, or ulcer, and nutritional reconstitution for malabsorption.

Methods: Sixty-eight patients (47 female, 21 male) underwent OAGB revision between January 2020 and October 2024. Mean BMI at revision was 35 kg/m² (SD ±8) and 44 kg/m² (SD ±7) in the recurrent weight gain group. Revision indications were recurrent weight gain (51.5%), bile reflux (29.4%), marginal ulcer (7.4%), malabsorption (5.9%), and stenosis (5.9%). Pre-revision related diseases included hepatic steatosis (4 patients), type 2 diabetes (5 patients), hypertension (14 patients), and obstructive sleep apnea (1 patient). Previous bariatric procedures included gastric banding (14), sleeve gastrectomy (5), and gastric banding followed by sleeve gastrectomy (4).

Results: All procedures were performed with a laparoscopic approach. Procedures included Biliary-Pancreatic Limb lengthening (47%), conversion to RYGB (29.4%), redo of gastro-jejunal anastomosis (13.3%), Biliary-Pancreatic Limb shortening (5.9%), and pouch resizing (4.4%). Postoperatively, minor bleeding (2.9%), melena (1.5%), and fistula (1.5%) occurred, all managed conservatively. Mean hospital stay was 3.6 days (range: 2–10). Late complications (>3 months) included bile reflux (4.4%), incisional hernia (2.9%), and severe protein malabsorption (1.5%). With a mean follow-up of 20 months (range: 4–48), 98.5% improved clinically. One patient (1.5%) required additional surgery for pouch stenosis and excessive malabsorption. Mean follow-up BMI was 27.8 kg/m² overall and 32 kg/m² in the recurrent weight gain group, with significant BMI reduction in this subgroup.

Conclusions: All surgical approaches for revision after OAGB are safe and effective in resolving the clinical indication for revision. Further studies are necessary to confirm these findings.

Disclosure: No significant relationships.

P360 / Abs. ID 804

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

ENDOSCOPIC SLEEVE GASTROPLASTY AS A RESCUE PROCEDURE AFTER METABOLIC BARIATRIC SURGERY: A 12-MONTH FOLLOW-UP

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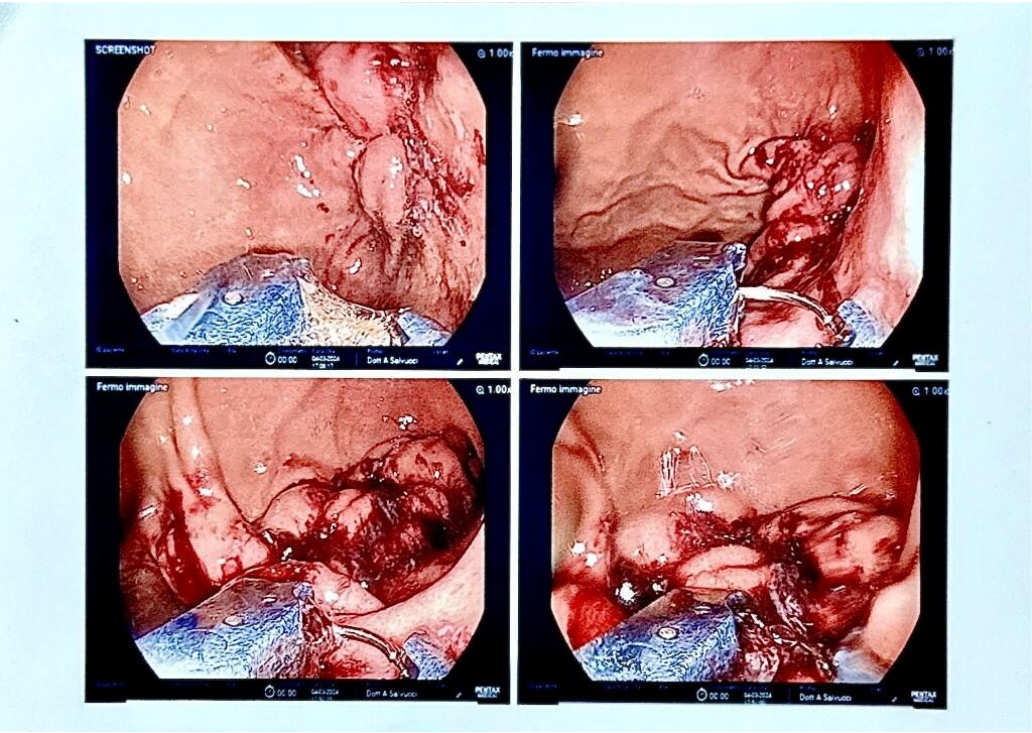
Background: Revisional bariatric procedures are increasingly performed to manage recurrent weight gain and complications following primary interventions. Endoscopic Sleeve Gastroplasty (ESG) represents a minimally invasive alternative, particularly in patients with multiple prior surgeries.

Objectives: To evaluate the effectiveness and safety of ESG as a rescue procedure in a patient with mild obesity who had previously undergone Sleeve Gastrectomy (SG) and OAGB. Primary endpoints included weight loss, symptom resolution and quality of life improvement over a 12-month follow-up.

Methods: A 40-year-old female (BMI 31, weight 74.5 kg, height 1.55 m) presented with dyspepsia, gastroesophageal reflux (GERD), and vomiting. She had undergone SG in 2015, later converted to OAGB (2022) due to suboptimal clinical response. In 2024, she sought evaluation for ESG due to persistent symptoms and recurrent weight gain. Preoperative workup included laboratory tests, barium swallow, and esophagogastroduodenoscopy (EGDS), which showed an enlarged gastric pouch with bile reflux. ESG was performed using an Overstitch device, with two sutures reinforcing the gastrojejunal anastomosis and reducing pouch volume. Postoperative care included dietary modifications and structured follow-up at 1, 6, and 12 months with clinical and endoscopic assessments.

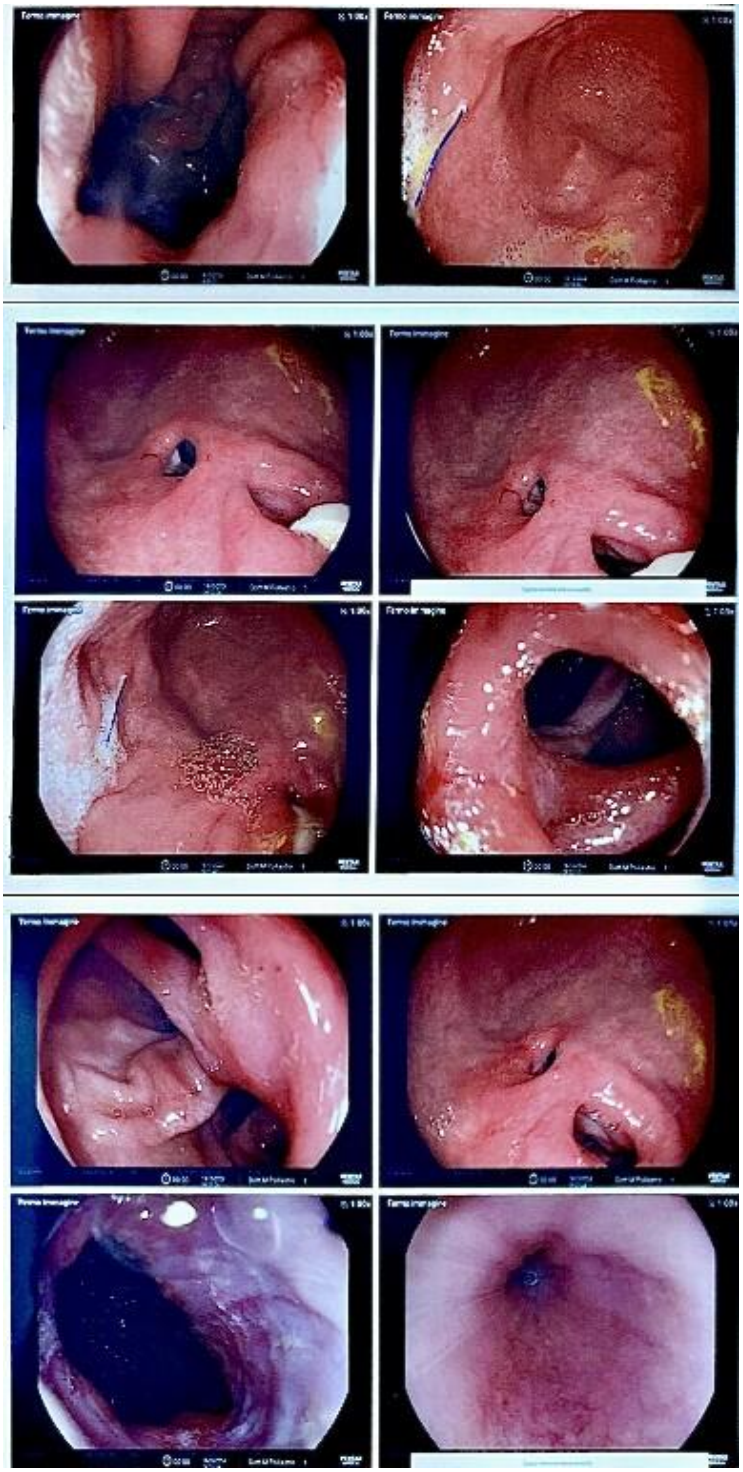


[Intraoperative endoscopic view of the ESG procedure. The Overstitch device is used to place sutures, reducing the gastric pouch volume and reinforcing the gastrojejunal anastomosis.]

Results: ESG was successfully completed without perioperative complications. The patient experienced progressive weight reduction and symptom improvement. EGDS at 6 and 12 months confirmed an intact suture line, absence of leaks and adequate gastric emptying.

Parameter	Pre-ESG	6-Months	12-Months
Weight (kg)	74.5	71.2	68.3
BMI	31.0	29.6	27.9
RGE episodes	Frequent	Reduced	Occasional
Vomiting	Intermittent	Rare	Rare

SF-36 Domains	Baseline	12-Months	Δ (%)
Physical Functioning	55	67	+22%
Energy	40	50	+25%
Vitality	42	51	+21%
General Health	48	57	+18%



[Endoscopic view 6 months post-ESG. The image shows the gastrojejunal anastomosis with a mucosal bridge (likely a TORe outcome) and residual intramucosal sutures from the previous ESG procedure.]

Conclusions: ESG was a safe and effective revisional procedure, leading to significant weight loss, symptom relief and improved quality of life. Endoscopic follow-up confirmed anatomical stability, reinforcing the role of ESG in managing recurrent weight gain post-bariatric surgery.

Disclosure: No significant relationships.

P361 / Abs. ID 1132

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

FROM ONE-ANASTOMOSIS GASTRIC BYPASS TO ROUX-EN-Y GASTRIC BYPASS: CAUSES AND POSTOPERATIVE COMPLICATIONS OF A SINGLE CENTER STUDY

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Background: Bariatric surgery emerges as a rapid and effective solution for obesity and its related co-morbidities. With long-term follow-up for one-anastomosis gastric bypass (OAGB), several complications arise that might necessitate surgical correction including a revision to normal anatomy or conversion to Roux-en-Y gastric bypass (RYGB).

Objectives: The primary study objective was the causes of the conversion of OAGB to RYGB. Secondary objectives included BMI, TWL%, EWL % , 30-days postoperative complications and mortality.

Methods: Between June 2020 to June 2022, we retrospectively reviewed medical records of patients who had OAGB at our institution and later had a conversion to RYGB and followed up for 2 years. Exclusion criteria included if less than 18 years old, having previous upper gastrointestinal surgeries other than OAGB, having contraindications for abdominal insufflation, and not fit for general anesthesia

Results: A total of 65 patients were included. Several indications for conversion to RYGB exist; however, predominant cause was biliary reflux n=28 (43.1%) followed by marginal ulcer n=20 (30.8%). Two patients had surgical site infection. Four patients had respiratory tract infections. Two patients had intraluminal bleeding while one patient had intrabdominal (extraluminal bleeding). Both patients were managed conservatively, One patient had jejuno-jejunal anastomotic site stricture that was managed by surgical revision. One patient had anastomotic leakage with localized collection drained percutaneously.Weight and BMI after 1 year were statistically lower compared with weight and BMI before RYGB.

Conclusions: Laparoscopic conversion to RYGB from OAGB is a safe effective surgical procedures with a low rate of complications.

Disclosure: No significant relationships.

P362 / Abs. ID 1024

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

REVISIONAL METABOLIC BARIATRIC SURGERY FOR A 12-YEAR-OLD ROUX-EN-Y GASTRIC BYPASS

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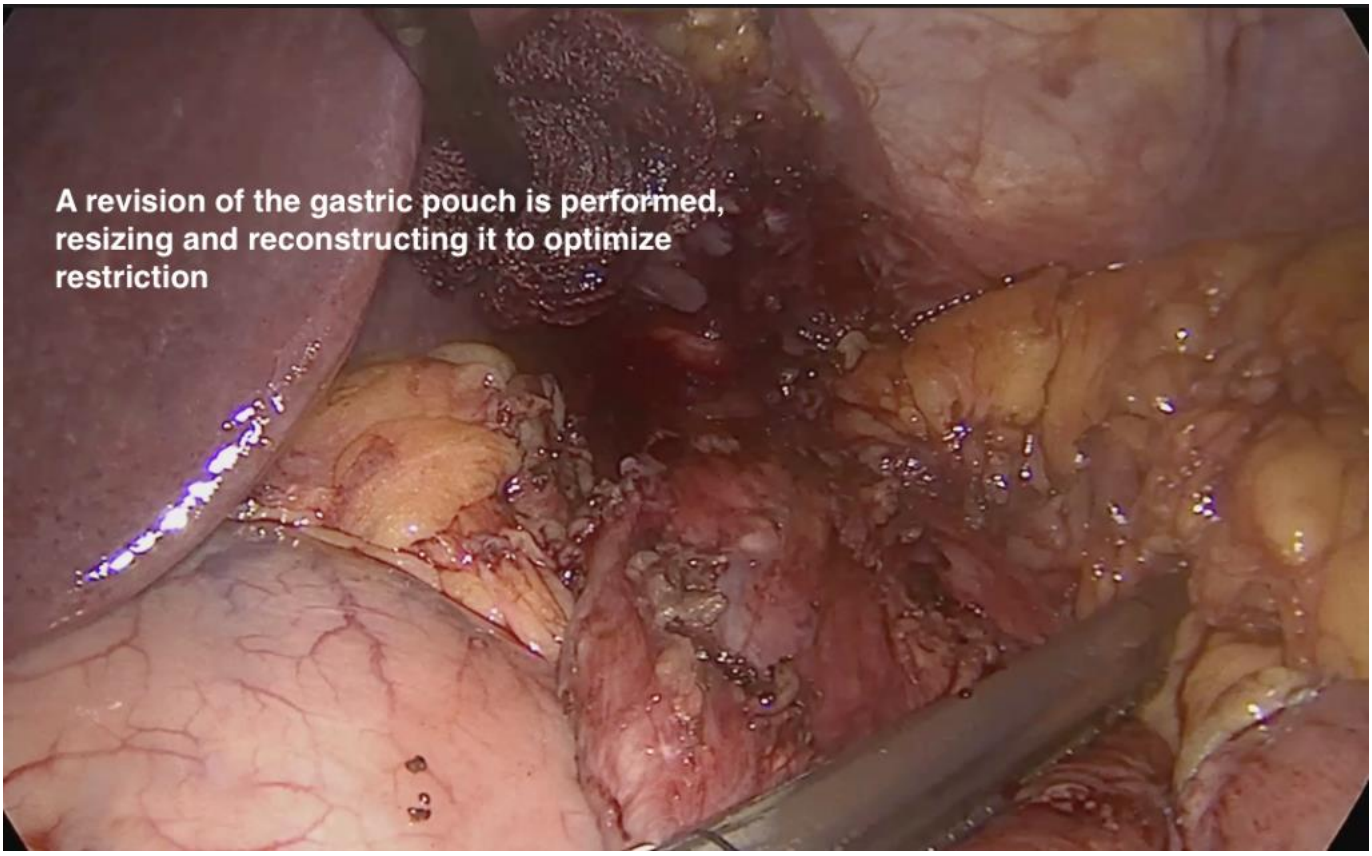
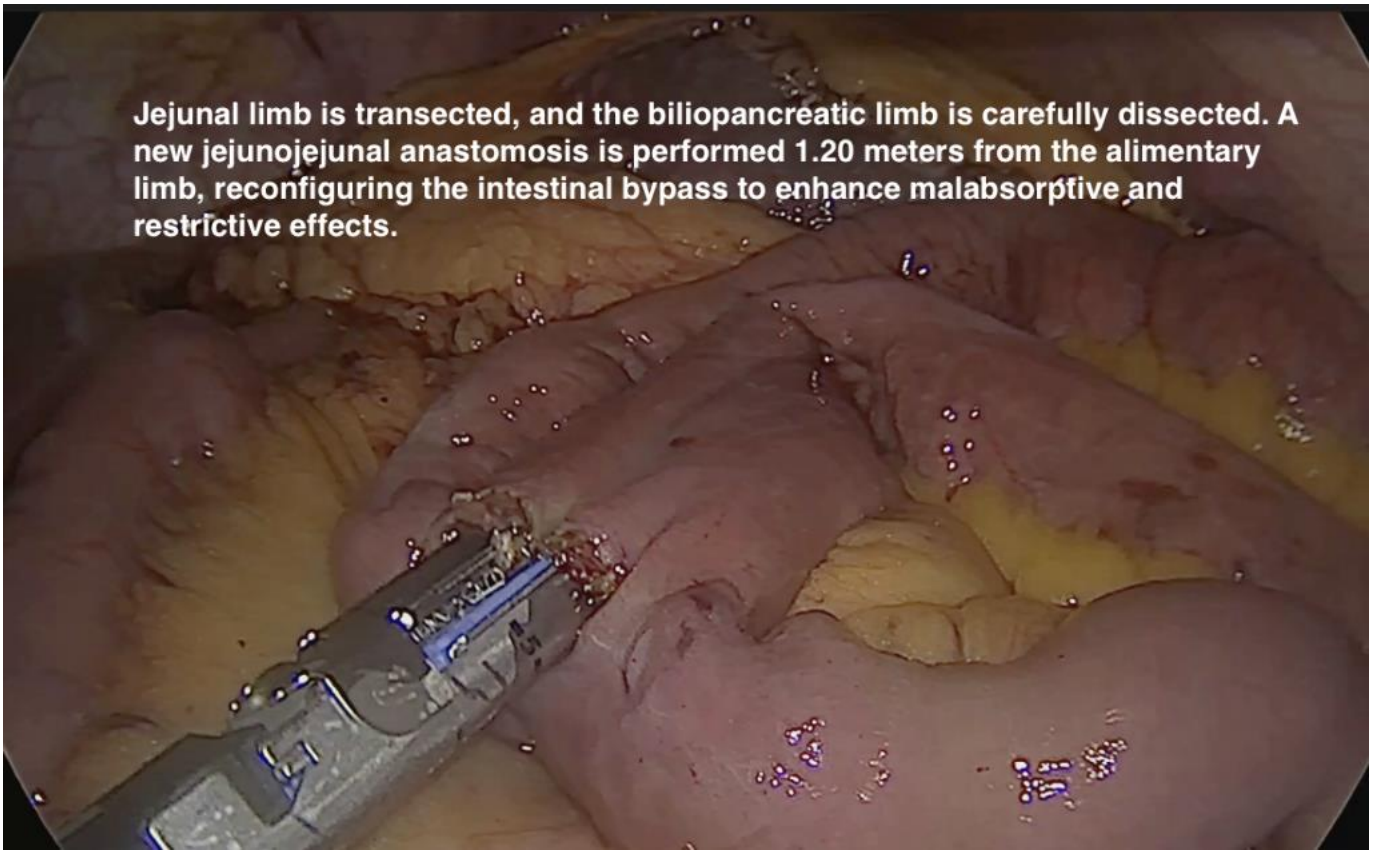
Background: Roux-en-Y gastric bypass (RYGB) is a commonly performed bariatric procedure that combines restrictive and hypoabsorptive mechanisms. However, recurrent weight regain post-RYGB is a recognised challenge, often attributed to gastrojejunal anastomotic dilatation, pouch or alimentary limb adaptation, and metabolic or behavioural factors, leading to the re-emergence of comorbidities.

Objectives: To present the case of a patient who underwent a revisional surgery for recurrent weight regain of a 12-year-old Roux-en-Y gastric bypass.





Methods: A 47-year-old female patient with a history of Roux-en-Y gastric bypass performed 12 years ago presents for consultation due to weight regain. Her weight prior to surgery was 129 kg, with a BMI of 51. Two years post-surgery, she achieved a total weight loss (TWL) of 84%, with a BMI of 27. Three years after the surgery, the patient experienced a twin pregnancy, during which recurrent weight regain was reported, reaching a weight of 112 kg.She rejoined the multidisciplinary team (clinical, nutrition, psychology, psychiatry, and physical activity) to initiate obesity treatment. A treatment with liraglutide was started, which was maintained for only a few months, leading to a suboptimal clinical response of 105 kg. Pre-surgical studies were requested, including a serial gastroduodenal endoscopy, complete laboratory workup, bone densitometry, and ultrasounds, all of which were within normal limits.A decision was made to proceed with revisional gastric bypass surgery

Results: Two years post-operatively, the patient exhibits a total weight loss (TWL) of 27%, with a weight of 82 kg and a BMI of 32. Control laboratory tests reveal no evidence of multivitamin deficiencies. A serial esophagogastroduodenal study, ultrasound, and bone densitometry all show normal results. The patient is currently adhering to a daily multivitamin supplement

Conclusions: Recurrent weight regain following Roux-en-Y gastric bypass can occur due to physiological and lifestyle factors, including pregnancy. Multidisciplinary management is essential, but in some cases, revisional surgery may be necessary. Revisional surgery led to moderate weight loss (TWL of 27% at two years), indicating its role as a potential but limited intervention for weight regain.

Disclosure: No significant relationships.

P363 / Abs. ID 316

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

REMOVAL OF GASTRIC BAND VIA 2-STEP PROCEDURE: CASE REPORT

Jose Fernando Gonzalez Moreno, Alberto Michel Macareno, Jesus Antonio Gil Gamez, Jorge Antonio Chucuan Garcia, Carlos Eduardo Sanchez Calderon
Obesity Not For Me, Tijuana, Baja California, Mexico

Background: Obesity is a growing global health issue nand the diseases associated with obesity are gaining attention worldwide. Metabolic bariatric surgery for severe obesity is associated with significant weight loss and reduced mortality. Prior to 2019, the most commonly performed metabolic bariatric surgery in some parts of the world was gastric band. However, the use of gastric bands have declined globally due to frequent long-term complications. Patients undergoing revisional surgery after gastric band do so because of complications, insufficient weight loss, or recurrent weight gain. A known complication is the intraluminal erosion of the prosthetic material. The removal of the gastric band can be performed via open surgery, laparoscopy, and endoscopy. Generally, complications such as band erosion or gastric perforation following gastric banding warrant a 2-step revisional procedure. However, if the surgery is performed due to insufficient weight loss or recurrent weight gain, a 1-step procedure may be considered.

Objectives: The objective is to demonstrate that the endoscopic approach is safe; additionally, to establish that the 2-step management is safe, contemplating performing a Roux-en-Y Gastric Bypass.

Methods: A 55-year-old female patient, with an adjustable gastric band placement in 2010 and a BMI of 36.7, was decided to undergo gastric band removal in 2 steps.

Results: Initially through endoscopic removal using a hydrophilic guide until its rupture, followed by extraction with a loop and grasper forceps and subsequently performing a Roux-en-Y gastric bypass in a second surgical stage.

Conclusions: The endoscopic approach for gastric band extraction is considered an adequate treatment strategy regardless of the variability of exposure to the gastric lumen, thereby avoiding unnecessary surgical intervention and reducing operative risks. It should be noted that if band erosion is present, a 2-step procedure should be considered. In conclusion, the endoscopic intervention is a technically viable, safe, and effective approach for treating gastric band erosion. Moreover, a 2-step management is indicated when there is at least 50% erosion of the band, and performing a Roux-en-Y gastric bypass as a revisional metabolic bariatric surgery for weight loss and resolution of related diseases shows apparently better results.

Disclosure: No significant relationships.

P364 / Abs. ID 231

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

SINGLE-STAGE LAPAROSCOPIC ADJUSTABLE GASTRIC BAND REMOVAL AND SLEEVE GASTRECTOMY

Vasileios Drakopoulos, Eleni Mavrodimitraki, Maria Brakoulia, Nikolaos Mamidas, Konstantinos Polyzois, Nikolaos Mamakos, Vassiliki Stamatoukou, Despoina Iordanidi, Maria Iliopoulou, Eleni Raka, Vasiliki Tseliou, Aikaterini Paraskeva, Panagiotis Metaxas, Michael Psarologos, Maria Sotiropoulou, Stylianos Kapiris
Evangelismos General Hospital, 3rd Surgical Department & Laparoscopic Unit, Athens, Greece

Background: Revision or modification after Laparoscopic Adjustable Gastric Band placement are often necessary in cases of severe band-related complications, inadequate weight loss or recurrent weight gain. Inflammation and foreign body reaction make the procedure of band removal technically demanding.

Objectives: Laparoscopic Adjustable Gastric Band (LAGB) related complications often require revision or modification with band removal and/or conversion to Laparoscopic Sleeve Gastrectomy (LSG) or Roux-en-Y Gastric By-pass (RYGB). The optimal method of revision remains controversial. Single-stage removal and LSG or RYGB seems to be safe and efficient, while others suggest a two-stage approach. We present our 10-year experience from March 2014 to March 2024 concerning simultaneous LAGB removal and LSG.

Methods: All patients underwent preoperative endoscopy and barium swallow, with no sign of stomach perforation, erosion or severe band slippage. We emphasize on a case of a 41-year-old male, who had undergone two operations of gastric band placement. The first band had developed slippage, while the second one infection without erosion. However, a successful single-stage definitive LAGB removal and LSG was achieved.

Results: No severe postoperative complications were mentioned, while no conversion to open surgery was required. Mean weight loss in the first year was 70% of the excess weight. .

Conclusions: Simultaneous laparoscopic gastric band removal and sleeve gastrectomy for severe obesity seems to be safe and efficient, especially in cases of absence of gastric erosion.

Disclosure: No significant relationships.

P365 / Abs. ID 1099

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

5 YEARS FOLLOW-UP OF ONE ANASTOMOSIS GASTRIC BYPASS AS CONVERSION SURGERY OF LAPAROSCOPIC ADJUSTABLE GASTRIC BAND

Juan Aguilar[1], Mariana Ramírez Ceballos[2], Daniel Caiña[3], Astrid Aguilar[4]
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Background: Obesity is one of the main public health problems in the world. Bariatric surgery has proven its effectiveness in reducing and controlling weight but at the same time it can fail to achieve its objective. Laparoscopic Adjustable Gastric Band (LAGB) was technique performed in the 90s as a restrictive alternative to the bypass that quickly become very popular, however long-term studies reveal that up to 61% of patients later required another bariatric procedure due to weight regain or complications

Objectives: To describe the result of the One Anastomosis Gastric Bypass (BAGUA-OAGB) as conversion surgery at 5 years of the procedure, after the demonstrated failure of LAGB

Methods: Observational, prospective, longitudinal and descriptive monitoring study of patients with obesity operated initially with LGBA and subsequent conversion surgery of BAGUA-OAGB, taking a sample of 150 patients of which 21 met the inclusion criteria

Results: it was found that 5 years after the BAGUA-OAGB procedure, 85,71% of the patients achieved control in weight reduction, compared to the LAGB patients that did not achieve the goal during the follow-up period of more than 2 years.

Conclusions: The intervention trough BAGUA-OAGB as conversion surgery in patients with persistence of their obesity, achieved at 5 years a significant weight reduction with OR of 0.25 and p = 0.0006, showing thus statistical significance.

Disclosure: No significant relationships.

P366 / Abs. ID 157

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

REVISIONAL SURGERY: HIATAL HERNIA AFTER RYGB WITH HERNIATED GASTRIC POUCH REDUCTION AND CRUROPLASTY

Diego Sánchez-Pereda, Mauricio Sierra-Salazar, Samuel Ordoñez-Ortega, Carlos Pérez-Padrón, Luis Guillermo Gallegos-Portillo, Melba Rivera-Felix
National Institute for Medical Sciences and Nutrition Salvador Zubirán, Bariatric Surgery, Mexico City, Mexico

Background: Revisional surgery for a herniated gastric pouch following Roux-en-Y gastric bypass (RYGB) represents a complex field within metabolic bariatric surgery. This complication, can significantly impact patient outcomes by presenting with symptoms such as abdominal pain, dysphagia, and, in severe cases, ischemia due to compromised blood supply. The etiology is multifactorial, often related to technical aspects of the primary procedure, the effects of rapid and sustained weight loss altering tissue planes and anchoring structures, or subsequent anatomical changes predisposing the pouch to migration. Accurate preoperative assessment is critical. The revisional procedure usually entails careful reduction of the pouch, cruroplasty, and when necessary, reconstruction of the pouch to restore its functional anatomy. The inherent technical challenges, including dense adhesions and altered anatomical landmarks, underscore the importance of performing these revisions in high-volume centers with specialized expertise in complex bariatric reoperations.

Objectives: The primary objective of this video is to delineate the critical steps involved in revisional surgery for a herniated gastric pouch following Roux-en-Y gastric bypass.

Methods: We present the case of a 53-year-old female who underwent RYGB in 2014 and immediately began with dysphagia after surgery, this dysphagia was worsening over time until she came to our institution in January 2025. As part of Work-Up, we performed an upper endoscopy that revealed a sliding hiatal hernia, with no other relevant findings. Thoracoabdominal CT confirmed gastric pouch herniation and ruled out other pathologies. Barium Swallow supported the previous findings. The patient was scheduled for revisional surgery.

Results: During surgery, fully herniated gastric pouch was found with accompanying adhesions at the hiatus. Adhesiolysis and gastric pouch reduction were performed, followed by cruroplasty. The postoperative course was uneventful, the patient tolerated a liquid diet the day after surgery and was discharged on postoperative day four. At a follow-up visit two weeks later she was asymptomatic with full resolution of dysphagia.

Conclusions: Revisional surgery for a herniated gastric pouch following RYGB requires meticulous preoperative planning, precise intraoperative technique, and vigilant postoperative care. This presentation has outlined the essential steps necessary to safely address this complex complication, underscoring the value of specialized expertise and a multidisciplinary approach in optimizing patient outcomes.

Disclosure: No significant relationships.

P367 / Abs. ID 222

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

DISTALIZATION POST OAGB... HOW LONG IS TOO LONG?

Ahmed Yousry
Sahel Teaching Hospital, Surgery, Cairo, Egypt

Background: Bowel limb length in single anastomosis bypass procedures is a matter of debate. Patients have different bowel lenghts so bypassing a fixed length bowel limb for all of them will end in heterogenous results. We advocate counting the total bowel length in all patients and bypassing 35% ot total bowel length.

Objectives: TO DEMONSTRATE THE IMPORTANCE OF COUNTING TOTAL BOWEL LENGTH IN ALL BYPASS PROCEDURES

Methods: IN THIS VIDEO I PRESENT A CASE OF INADEQUATE WEIGHT LOSS AND RECURRENT WEIGHT GAIN AFTER OAGB. INTRAOPERATIVE THE TOTAL BOWEL LENGTH WAS 720 CM, THE ANASTOMOSIS WAS DONE AT 130 CM. DISTALIZATION TO 300 CM RESULTED IN EXCELLENT WEIGHT LOSS WITH NO NUTRITIONAL DEFFIENCIES.

Results: GOOD WEIGHT LOSS WITH NO NUTRITIONAL DEFFFICIENCIES.

Conclusions: COUNTING THE TOTAL BOWEL LENGTH HELPS MAKING GOOD DESCISIONS FOR BOWEL LIMB LENGTH IN BYPASS PROCEDURES, RESULTING IN ADEQUATE WEIGHT LOSS WHILE AVOIDING NUTRITIONAL DEFFIECIENCIES.

Disclosure: No significant relationships.

P368 / Abs. ID 251

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

SADI-S TO RYGB DUE TO SEVERE PROTEIN MALNUTRITION, WITH KWASHIORKOR SYNDROME.

Carlos Petrola[1], Daniel Herms[2], Pablo López[2], Laura Prades[2], Cristina Miñarro[2], Clara Pañella[2], Ana Ciscar[2], Nares Arroyo[2], Andreea Ciudin[2], Ramon Vilallonga[1]
[1]Hospital Universitari Vall d´Hebron, Endocrine, Bariatric And Metabolic Surgery, Barcelona, Spain, [2]Hospital Universitary Vall d´Hebron, Barcelona, Spain

Background: Metabolic bariatric surgery is a highly effective treatment for severe obesity and its associated diseases. However, certain procedures, such as the single anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S), may lead to complications, including severe protein malnutrition, particularly in high-risk patients. Timely identification and management of these complications, including revisional surgery, are critical to optimize patient outcomes and prevent life-threatening sequelae.

Objectives: We present the case of a 61-year-old female with a history of hypertension and triple-positive antiphospholipid syndrome (APS) on warfarin therapy, and severe obesity (BMI 51). The patient underwent a sleeve gastrectomy in 2022, which resulted in an inadequate therapeutic response. By 2023, her BMI had decreased to 43, prompting conversion to a single anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S).

Methods: In September 2024, the patient presented to the emergency department with dyspnea on minimal exertion, peripheral edema, and ascites. Laboratory findings revealed severe anemia and proteinenergy malnutrition consistent with Kwashiorkor syndrome, including marked hypoalbuminemia and undetectable prealbumin levels. Imaging studies (CT scan) showed significant left pleural effusion, pericardial effusion, ascites, and severe third-spacing. Upper endoscopy revealed grade D esophagitis, while contrast studies demonstrated no anatomical abnormalities. The patient was admitted for nutritional optimization with parenteral support, diuretic therapy, and blood transfusions. After 4 weeks of preparation, revisional surgery was performed, converting SADI-S to a Roux-en-Y gastric bypass (RYGB) with hiatal hernia repair.

Results: The procedure was uneventful, and the patient was discharged on postoperative day 3. At a 2-month follow-up, the patient demonstrated significant improvement, with nutritional markers returning to normal ranges and no evidence of complications.

Conclusions: This case highlights the importance of close nutritional monitoring following metabolic bariatric surgery, particularly in high-risk patients. Revisional surgery from SADI-S to RYGB, combined with comprehensive preoperative optimization, can be a successful therapeutic strategy for addressing severe protein malnutrition and associated complications.

Disclosure: No significant relationships.

P369 / Abs. ID 253

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

REVISIONAL METABOLIC BARIATRIC SURGERY IN A PATIENT WITH ROUX-EN-Y GASTRIC BYPASS: LAPAROSCOPIC HIATAL HERNIA REPAIR WITH POSTERIOR CRURAL CLOSURE AND NISSEN FUNDOPLICATION USING THE GASTRIC REMNANT

Carlos Petrola[1], Cristina Miñarro[2], Clara Pañella[2], Ana Ciscar[2], Nares Arroyo[2], Pablo López[2], Daniel Herms[2], Alba Rojano[2], Vanesa Flores[2], Andreea Ciudin[2], Ramon Vilallonga[1]
[1]Hospital Universitari Vall d´Hebron, Endocrine, Bariatric And Metabolic Surgery, Barcelona, Spain, [2]Hospital Universitary Vall d´Hebron, Barcelona, Spain

Background: Revisional metabolic bariatric surgery is the fastest-growing field in the specialty. The most common indications include recurrent weight gain, complications from the primary procedure, or recurrence of metabolic disorders, highlighting the chronic nature of obesity.

Objectives: The objective of this case is to illustrate the effectiveness of an anti-reflux technique—Nissen fundoplication—using the gastric remnant of a patient with a Roux-en-Y gastric bypass, as part of revisional metabolic bariatric surgery in which a hiatal hernia was also repaired through posterior crural closure.

Methods: We present the case of a 48-year-old male with no significant medical history and an initial BMI of 59 kg/m² before undergoing a Roux-en-Y gastric bypass in 2017. His BMI dropped to 40 kg/m² at six months and stabilized at 21 kg/m². Over the years, he developed complications requiring multiple surgeries: correction of a Petersen's defect hernia in 2019, revisional surgery in 2023 for gastrojejunal anastomosis reconstruction and hiatal hernia repair, and later, management of an abdominal wall hematoma. Due to persistent reflux, a second revisional surgery was planned in 2024. This video details hiatal repair with crural closure and an anti-reflux technique adapted to the altered anatomy of a Roux-en-Y gastric bypass patient.

Results: The patient's postoperative course was uneventful, with a favourable recovery. He was discharged 72 hours after surgery and showed adequate clinical progress during subsequent outpatient follow-ups. At his six-month follow-up, he remained asymptomatic for reflux and exhibited good tolerance to an oral diet.

Conclusions: Nissen fundoplication using the gastric remnant is an effective and safe alternative for revisional metabolic bariatric surgery in selected patients with a history of Roux-en-Y gastric bypass, hiatal hernia, and GERD. Its simplicity, low complication rates, and positive impact on patient quality of life and symptom resolution make it an optimal and original option, particularly for patients with persistent reflux symptoms.

Disclosure: No significant relationships.

P370 / Abs. ID 270

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

ONE ANASTOMOSIS GASTRIC BYPASS REVERSAL: AN INTRAOPERATIVE SURPRISE

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Background: Severe malnutrition is a recognized, albeit uncommon, complication following one anastomosis gastric bypass (OAGB).

Objectives: To describe a case of OAGB reversal due to malnutrition

Methods: A 33-year-old female presented 14 months post-OAGB with a 102kg weight loss, resulting in a BMI of 18.4, and symptoms of early satiety and persistent nausea. Preoperative evaluation, including upper endoscopy and imaging, revealed no mechanical obstruction. The patient underwent laparoscopic OAGB reversal.

Results: Laparoscopic reversal to normal anatomy was performed.During surgery, dense adhesions were identified at the gastroesophageal junction, necessitating resection. Pathological examination of the resected tissue revealed a retained surgical sponge in proximity to the previous anastomosis.

Conclusions: OAGB reversal can be an effective intervention for severe malnutrition. This case underscores the importance of a thorough intraoperative exploration and highlights the potential for retained foreign bodies as a contributing factor to post-OAGB complications.

Disclosure: No significant relationships.

P371 / Abs. ID 307

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
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REVISIONAL SURGERY FOR GASTRIC BYPASS: THE ROLE OF DISTALIZATION

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Background: Recurrent weight gain after Roux-en-Y gastric bypass (RYGB) remains a challenge in metabolic bariatric surgery. Revisional procedures, including distalization of the gastric bypass, have been proposed as effective strategies to enhance weight loss in selected patients. This case report presents the surgical management and outcomes of a patient who underwent gastric bypass distalization due to significant recurrent weight gain.

Objectives: To describe the surgical approach and clinical outcomes of gastric bypass distalization in a patient with recurrent weight gain following a conventional RYGB.

Methods: We report the case of a 44-year-old woman with a history of RYGB performed 20 years ago. Her initial body mass index (BMI) was 52 kg/m², with a nadir of 26 kg/m² at 18 months postoperatively. She was referred to our unit due to recurrent weight gain, presenting with a current BMI of 44 kg/m². The patient denied symptoms of gastroesophageal reflux disease (GERD) or other associated complaints. A revisional laparoscopic surgery with distalization of the bypass was performed.

Results: The procedure was successfully conducted laparoscopically. Intraoperative assessment of the intestinal limbs revealed an initial configuration with an alimentary limb of 100 cm, a biliopancreatic limb of 30 cm, and a common channel of 450 cm. Surgical reconstruction included resection of the "candy cane" and a new limb configuration consisting of a 100 cm alimentary limb, a 280 cm biliopancreatic limb, and a 200 cm common channel. The patient had an uneventful postoperative course. At six months of follow-up, she exhibited significant weight loss, reaching a BMI of 36 kg/m², with no reported adverse events.

Conclusions: Gastric bypass distalization is a viable surgical strategy for managing recurrent weight gain in post-RYGB patients. However, it requires meticulous planning and precise execution to minimize the risk of nutritional deficiencies and surgical complications. Careful evaluation of intestinal limb configurations and individualized surgical approaches are essential to optimize outcomes and mitigate potential adverse effects, such as severe malnutrition or short common channel syndrome.

Disclosure: No significant relationships.

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REVISION SURGERY: TYPE I DISTALIZATION OF ROUX-EN-Y GASTRIC BYPASS

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Background: A 39-year-old female patient with a history of Roux-en-Y gastric bypass for type 3 obesity in 2013, who reached her nadir weight of 56 kg at 12 months. She reports that since 2020, she has experienced recurrent weight gain due to high consumption of hypercaloric foods. Additionally, she has developed de novo systemic hypertension, which is why she sought medical consultation.

Objectives: A 39-year-old female patient with a history of Roux-en-Y gastric bypass for type 3 obesity in 2013, who reached her nadir weight of 56 kg at 12 months. She reports that since 2020, she has experienced recurrent weight gain due to high consumption of hypercaloric foods. Additionally, she has developed de novo systemic hypertension, which is why she sought medical consultation.

Methods: A 39-year-old female patient with a history of Roux-en-Y gastric bypass for type 3 obesity in 2013, who reached her nadir weight of 56 kg at 12 months. She reports that since 2020, she has experienced recurrent weight gain due to high consumption of hypercaloric foods. Additionally, she has developed de novo systemic hypertension, which is why she sought medical consultation.

Results: She is currently 3 months post-surgery, reports feeling well, adherent to the diet recommended by nutrition, continues taking her antihypertensive medication, and has lost 12.5 kg, with a %TWL of 13.75

Conclusions: The distalization of Roux-en-Y gastric bypass is a surgical option aimed at improving outcomes for patients who have experienced recurrent weight gain or who have not achieved adequate weight loss after the initial surgery. It is important to note that distalization is not without risks, and its success depends on proper patient selection, a thorough evaluation of their medical and surgical history, and adequate postoperative follow-up.

Disclosure: No significant relationships.

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ROBOTIC-ASSISTED REVERSAL OF ROUX-EN-Y GASTRIC BYPASS DUE TO SEVERE POSTPRANDIAL HYPOGLYCEMIA

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Background: Severe postprandial hypoglycemia is a rare but debilitating complication of Roux-en-Y gastric bypass (RYGB), with an estimated prevalence of <1%. This condition is often refractory to medical and nutritional therapy, necessitating surgical intervention in select cases. Robotic platforms provide enhanced visualization and precision, making them valuable in complex revisional bariatric procedures.

Objectives: To reverse a Roux-en-Y-Gastric bypass due to postprandial hypoglycemia.

Methods: A 39-year-old female with a BMI of 19.3 presented with recurrent hypoglycemia 18 months after RYGB, unresponsive to conservative management. Following multidisciplinary evaluation, robotic-assisted reversal of the RYGB was performed. The case was completed laparoscopically with robotic assistance. Briefly, after lysis of dense adhesions, a suture liver retraction was performed. The anatomy was delineated revealing an antecolic/antegastric roux-en-Y gastric bypass with a 120 cm roux limb and a 70 cm biliopancreatic limb. The gastrojejunal anastomosis was identified and transected proximally. Then, an end-to-side handsewn gastro-gastrostomy anastomosis was performed in one layer using an external outer layer to decrease tension. A leak test was completed, and a partial roux resection was performed with robotic staplers.

Results: The surgery was completed in 195 minutes with minimal blood loss and no intraoperative complications. The patient resumed diet postoperatively and was discharged on day 2 without issues. At follow-up, she reported complete resolution of hypoglycemic episodes, and no recurrent weight gain.

Conclusions: Robotic-assisted reversal of RYGB is a feasible and effective treatment for recalcitrant hypoglycemia when non-surgical options fail. This case highlights the utility of robotic platforms in managing complex revisional bariatric surgeries, though further studies are needed to validate this approach.

Disclosure: No significant relationships.

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Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
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AN ALTERNATIVE TECHNIQUE OF REVERSAL OF ROUX-EN-Y GASTRIC BYPASS: THE SMALL BOWEL LIMB TRANSPOSITION

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Background: RYGB has demonstrated to provide long-term satisfactory weight loss and to significantly improve quality of life and related diseases . However, long-term complications can happen and sometimes re-interventions are required. In very few cases, reversal to normal anatomy may be for gastric bypass malnutrition, severe dumping syndrome, postprandial hypoglycemia, excessive weight loss, and recurrent marginal ulcer.

Objectives: To present an alternative technique of reversal of RYGB.

Methods: We present the video report of a 43-year-old woman suffering from severe malnutrition and multiple vitamin deficiencies. The patient had a RYGB 2 years ago. Her initial weight was 97 kg with a body mass index of 39 kg/m^2. She presented for multiple vitamin deficiencies and severe malnutrition despite supplementation. Her weight was 46 kg, a body mass index of 18 kg/m2, and albumin at 21 g/l. After a period of parenteral nutrition, we decided in a multidisciplinary staff to perform a reversal of the RYGB back into normal anatomy.

Results: One of the controversies regarding reversal of RYGB remains the technical challenge and the need to resect the gastrojejunal anastomosis and perform a gastrogastric anastomosis on a small gastric pouch. We present an alternative technique of reversal of RYGB. This technique offers 3 advantages. First of all, there is no need to dissect or resect the gastrojejeunal anastomosis. This dissection might be difficult as the gastrojejunal anastomosis might be adherent to the residual stomach. Second, there is no need to do a gastrogastric anastomosis on a tissue that was dissected and at risk of devascularization, therefore, avoiding a gastric leak. Third, the 2 anastomoses performed are technically easy and done on healthy non-inflammatory tissue. In this video, we present step-by-step the reversal of RYGB. We constated that the length of the Roux limb = 150 cm, biliopancreatic limb = 50 cm, and common channel > 4 m. The operative time was 62 min. Postoperative course was uneventful and the patient was discharged on postoperative day 4.

Conclusions: We present an alternative technique of reversal of RYGB. There is no need to dissect or resect the gastrojejunal anastomosis. The 2 anastomoses performed are technically easy and done on healthy non-inflammatory tissue.

Disclosure: No significant relationships.

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REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
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TECHNICAL ASPECTS IN GASTRIC SLEEVE CONVERSION BASED ON PREOPERATIVE FINDINGS.

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Background: This video is describing the tactical variations we have before a Sleeve gastrectomy, according to the preoperative findings or syntoms.

Objectives: Explain the best way to do a revisional surgery with less long terms complications, according to the case.

Methods: Patients from different situations, different complications after a Sleeve gastrectomy.

Results: All the patients tha we present, had the remission of their Sleeve gastrectomy complication.

Conclusions: Every patient is different, and each complication has its indication for revision surgery.

Disclosure: No significant relationships.

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Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

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CONVERSION OF A SINGLE ANASTOMOSIS DUODENOILEAL BYPASS (SADI) TO A RESECTIVE ROUX-EN-Y GASTRIC BYPASS (RRYGB)

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Background: A 39-year-old female patient with a history of laparoscopic cholecystectomy in 2015 and bariatric surgery in 2020 with a BMI of 38. Four months postoperatively, she became pregnant. She was under evaluation by a hematologist due to severe iron deficiency anemia (hemoglobin 6 g/dL). She was referred to our unit for an upper gastrointestinal endoscopy. •Clinically, the patient reported daily severe gastroesophageal reflux and postprandial vomiting at least three times per week.

Objectives: • To describe the clinical and endoscopic presentation of a patient with postoperative complications following a SADI-S procedure. • To evaluate the role of endoscopy in identifying gastric stricture and gastroesophageal reflux in post-SADI-S patients. • To analyze the feasibility and safety of laparoscopic conversion from SADI-S to a resective gastric bypass as a treatment for mechanical and functional complications. • To emphasize the importance of multidisciplinary follow-up in assessing the patient's nutritional and metabolic outcomes.

Methods: A case of severe gastric stricture and reflux post-SADI-S was evaluated via upper endoscopy. Laparoscopic conversion to resective gastric bypass was performed, including hiatal closure, new gastric pouch creation, and gastrojejunal and entero-enteric anastomoses. The procedure was video-documented. Follow-up included clinical, endoscopic, and metabolic assessments, showing symptomatic improvement and hematologic stability.

Results: ·Adequate oral intake from postoperative day 1. ·No gastroesophageal reflux or postprandial vomiting. ·No postoperative complications. ·Hematological follow-up at 8 months: Hb 11.3 g/dL, Hct 35.4%. ·Improved quality of life. ·Histological confirmation of Ménétrier's disease.

Conclusions: 1.The conversion of SADI-S to laparoscopic resective gastric bypass is a viable strategy for patients with mechanical or functional complications post-SADI, such as severe stricture and significant gastroesophageal reflux. 2.The presence of a severe gastric stricture with a twist at the incisura can have a detrimental impact on the patient's quality of life, potentially requiring surgical revision. 3.Long-term multidisciplinary follow-up is essential to assess metabolic efficacy, nutritional status, and overall quality of life outcomes in these patients.

Disclosure: No significant relationships.

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REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
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ASSISTED SINGLE-PORT CONVERSION FROM SLEEVE GASTRECTOMY TO ROUX-EN-Y GASTRIC BYPASS: HOW WE DO IT

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Background: People with severe obesity who initially underwent sleeve gastrectomy may later require a conversion procedure due to problems such as gastroesophageal reflux, recurrent weight gain, or a suboptimal clinical response. Conversion metabolic-bariatric surgery plays a crucial role in managing these patients, offering a new mechanism of action to enhance weight loss and address obesity-related complications. Minimally invasive approaches like the single-port technique have gained attention for their potential to reduce surgical trauma, improve cosmetic outcomes, and accelerate recovery.

Objectives: This video aims to present a step-by-step demonstration of a conversion surgery from sleeve gastrectomy to Roux-en-Y gastric bypass using an assisted single-port approach. We emphasize on the technical details that ensure the procedure is both feasible and reproducible, focusing on port placement, hepatic retraction, and anatomic adjustments.

Methods: The conversion is carried out through a 2 cm umbilical incision, which accommodates both a 12 mm and a 5 mm reconditioned port. An additional 5 mm left paraumbilical trocar is inserted to facilitate manipulation. Hepatic retraction is achieved using a mobile retractor made of a silastic band with two hooks—one anchored to the right diaphragmatic pillar and the other to the inferior aspect of the diaphragm—allowing for optimal liver exposure without the need for an extra trocar. Key steps, including gastric pouch creation, jejunal limb measurement, and gastrojejunal anastomosis, are highlighted.

Results: Our experience shows that the assisted single-port conversion technique is both feasible and reproducible. This approach provides effective visualization and access to critical structures despite the limited entry points. The potential for bleeding and hernia are reduced with this approach. It also offers promising cosmetic benefits by reducing visible scarring and the number of incisions, which may enhance patient satisfaction.

Conclusions: Single-port conversion from sleeve gastrectomy to Roux-en-Y gastric bypass is a safe and effective metabolic-bariatric procedure. It reduces incisional trauma and has the potential for less complications and superior cosmetic outcomes while maintaining surgical efficacy. However, this technique requires significant expertise, making thorough training essential for its successful implementation.

Disclosure: No significant relationships.

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Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
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A SIMPLE TECHNIQUE OF GASTRIC POUCH RESIZING FOR INADEQUATE WEIGHT LOSS AFTER ROUX-EN-Y GASTRIC BYPASS

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Background: Recurrent Weight gain after Roux-en-Y gastric bypass (RYGB) is increasingly reported in the literature Debs et al. Surg Obes Relat Dis (2016). Laparoscopic resizing of the gastric pouch and the gastrojejunal anastomosis is an accepted surgical option.

Objectives: The aim of this video is to present a simple technique of en bloc resection.

Methods: We present the case of a 42-year-old woman with a BMI of 44 kg/m^2 who underwent laparoscopic RYGB in 2007. In 2015, she regained weight till reaching a BMI of 38 kg/m^2. 3D CT volumetry was performed that showed a pouch volume of 220 cm^3 and a gastrojejunal anastomosis diameter of 20 mm.

Results: There are often a lot of adherences between the gastric pouch and the residual stomach, which makes the dissection difficult and tedious, with the possibility to devascularize the residual stomach and lead to a gastric fistula from this residual stomach. We present in this video a simple technique of gastric pouch resizing that consists of en bloc resection of the gastric pouch, the residual stomach, and ± the gastrojejunal anastomosis. We recommend this technique in case of severe adherences and inability to identify a cleavage plane between the excess gastric pouch and the resected stomach.

Conclusions: Insufficient weight loss or recurrent weight gain after RYGBP is becoming more frequently encountered. As a result, revisional surgery will be more frequently performed. This simple technique allows an easier dissection across healthier tissues and is easier to perform in the presence of severe adherences between the gastric pouch and the residual stomach.

Disclosure: No significant relationships.

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REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
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CONVERSION OF GASTRIC BYPASS TO SADI-S IN CHILE

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Background: In the recent years, there has been a global increase in primary bariatric surgeries, and consequently, revisional surgeries have doubled. There are different surgical techniques to approach these patients; however, Roux-en-Y Gastric Bypass (RYGB) after a sleeve gastrectomy (SG) failure is the most popular option. There is limited evidence regarding efficient alternatives in the case of RYGB failure, and this is when SADI-S should be considered as a revisional surgery option. A case of conversion from RYGB to SADI-S in Chile is presented, along with follow-up after 4 years.

Objectives: The primary objective is to describe the patient's evolution with a 4-year follow-up. The secondary objective is to analyze different variables by comparing them with other surgical alternatives.

Methods: The reported case is a 47-year-old male patient, diagnosed with grade 3 obesity (weight: 200 kg; BMI: 56.2 kg/m²), without other related diseases. The individual underwent open RYGB in 2007, but experienced recurrent weight gain after 4 years and discontinued his medical follow-up. After resuming medical follow-up in 2016 (weight: 162 kg; BMI: 45.8 kg/m²), the patient received multidisciplinary treatment. Despite adherence to treatment, the patient could not reduce further weight. A multidisciplinary committee evaluated the case in 2018, and decided to convert the RYGB to a SADI-S. The variables to be analyzed are anthropometric data (weight, high, BMI, %EWL, %TBWL), and other such as gastroesophageal reflux. From the blood tests, the variables to be assessed are glucose, insulin, HOMA, TSH, T4L, creatinine, uric acid, total cholesterol, triglycerides, LDL, HDL, calcium, iron, albumin, vitamin B12, vitamin D, hematocrit, hemoglobin, leukocytes, platelets, AST, alkaline phosphatase, ALT, and GGT.

Results: During the postoperative period, the patient progressed favorably without gastroesophageal or biliary reflux; was discharge on the third day, and has not presented dumping episodes yet. The patient has an EWL of 50.4%, a TBWL of 16.6% and has lost 22 kilograms, with a current BMI of 31.1 kg/m² at 4-years post-surgery.

Conclusions: The SADI-S as a revisional surgery worked effectively in terms of weight loss and resolution of related diseases in this patient with RYGB recurrence.

Disclosure: No significant relationships.

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Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

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ROBOTIC ASSISTED LAPAROSCOPIC CONVERSION OF SLEEVE GASTRECTOMY TO GASTRIC BYPASS WITH GASTRIC SLEEVE POUCH RESECTION

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Background: Sleeve gastrectomy (SG) is a widely performed bariatric procedure, but complications such as redundant pouch formation, gastroesophageal reflux disease (GERD), and insufficient weight loss can arise. These issues may negatively impact long-term outcomes and sometimes necessitate revisional surgery.

Objectives: Identify and manage potential postoperative complications, such as anastomotic stricture, marginal ulcers, and recurrence of hiatal hernia. Review expected outcomes following SG to RYGB conversion, including weight loss, resolution of GERD, and symptom control. And to review the assestment of the remanent of the gastric pouch in sleeve gastrectomy and conversion to RYGB

Methods: A 49-year-old female patient with a history of sleeve gastrectomy presented with persistent reflux symptoms, a hiatal hernia, grade D esophagitis, and insufficient weight loss. A revisional gastric bypass (RYGB) was performed, along with resection of the redundant fundus.

Results: The patient had an uneventful postoperative recovery with minimal blood loss. She was discharged the day after surgery. Significant improvements were observed in both reflux symptoms and weight management following the procedure.

Conclusions: Revisional surgery, such as gastric bypass with fundus resection, can be an effective strategy for patients experiencing inadequate weight loss and reflux following sleeve gastrectomy. This case emphasizes the importance of addressing long-term complications in metabolic bariatric surgery and demonstrates that revision procedures can improve both functional outcomes and weight loss.

Disclosure: Yevhen Pavelko md has a proctoring agreement with intuitive surgical. Chandra Hassan is a Intuitive Surgical and Medtronic proctor. Francesco Bianco is a consultant for Intuitive surgical, Medtronic, Ascensus surgical, Virtual incision and Sovato. Diego M

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LAPAROSCOPIC REVERSAL OF A VERTICAL BAND GASTROPLASTY WITH A GASTROGASTROSTOMY: A TWO-CASE SERIES

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Background: Vertical band gastroplasty (VBG) was a popular weight loss procedure in the 1980s and 90s but has fallen out of favor due to the availability of less invasive restrictive procedures as well as high incidence of complications such as band erosion and migration, staple-line disruption, and stenosis [1,2]. Failed VBG is usually managed with a revision to Roux-en-Y Gastric Bypass (RNYGB) or reversal with a gastrogastrostomy [2-4]. We present two cases of patients who developed symptomatic stenosis after undergoing VBG and underwent a laparoscopic revision with a gastrogastrostomy.

Objectives: To present two patients with remote VBG complicated by dysphagia due to underlying stricture successfully treated with a laparoscopic gastrogastrostomy

Methods: Case 1: A 71-year-old man with a vertical band gastroplasty 40 years prior presented with progressively worsening symptoms of dysphagia, solid food intolerance, reflux, and weight loss. A work-up with upper endoscopy revealed a stricture at his band site and a large pouch with gastric bezoar, and no ulcers. Case 2: A 64-year-old woman with a vertical band gastroplasty 19 years also presented with worsening dysphagia as well as nausea, vomiting and reflux. Both patients underwent a laparoscopic revision with extensive lysis of adhesions, gastrogastrostomy and intraoperative endoscopy.

Results: The patients tolerated the procedure well and had an uncomplicated recovery. They are now more than one year removed from surgery, with complete resolution of dysphagia.

Conclusions: A strictured vertical band gastroplasty can be safely managed with a laparoscopic gastrogastrostomy.

Disclosure: No significant relationships.

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SEREVE OBESITY ALWAYS A CHALLENGE

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Background: SEVERE OBESITY IS A CHALLENGE IN MANY DIFFERENT WAYS. IN ADDITION TO THE TECHNICAL DIFFICULTY GIVEN MULTIPLE COMORBIDITIES , PHYSICAL AND ORGANIC LIMITATIONS, THE SURGEON OFTEN DEALS WITH WEIGHT LOSS AT OPTIMAL LEVELS BUT WITH A STILL VERY HIGH BMI. SO WHAT SHOULD WE DO? WHICH TECHNIQUE TO CHOOSE? WHICH APPROACH TO ADOPT IN THE FACE OF THE NUMEROUS POSSIBILITIES IN THE WORLD OF SEVERE OBESITY.

Objectives: OUR OBJECTIVE IS TO SHARE AN ATYPICAL CASE OF SEVERE OBESITY, IN WHICH WE HAD TO DEAL WITH DIFFICULTIES IN THE INTRAOPERATIVE PERIOD AND ADOPT A NEW PROCEDURE TO COMPLETE THE PRIMARY SURGERY.

Methods: ANALYSIS OF ELECTRONIC MEDICAL RECORDS ASSOCIATED WITH PREOPERATIVE, INTRAOPERATIVE AND POSTOPERATIVE MONITORING

Results: THE CLINICAL OUTCOMES CONTINUE TO EVOLVE . SO FAR, FOUR MONTHS AFTER SURGERY , A TOTAL WEIGHT LOSS OF APROXIMATELY 22% HAS BEEN RECORDED.

Conclusions: THE PURPOSE OF THIS CASE PRESENTATION IS TO DISCUSS THE DIFFERENT SURGICAL STRATEGIES IN THE MANAGEMANT OF SEVERE OBESITY.

Disclosure: No significant relationships.

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Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

REVISION SURGERY: GASTRIC SLEEVE TO MODIFIED ROUX-EN-Y BYPASS

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Background: Cirugia revisiónal en hombre de 41 años con antecedentes de manga gástrica laparoscópica en 2019. Con significativa reganancia de peso. IMC preoperatorio de 61 kg/m². Dado que el procedimiento metabólico primario no logró un control de peso adecuado, se indicó la conversión a bypass gástrico Roux-en-Y.

Objectives: Evaluar la conversión de manga a bypass en recuperación de peso. Identificar desafíos quirúrgicos y el rol de la endoscopia. Destacar la importancia del enfoque individualizado. Compartir experiencias y conocimientos en el manejo de casos bariátricos complejos para contribuir al desarrollo profesional en la especialidad.

Methods: Al acceder a la cavidad abdominal, se observará un síndrome adhesivo significativo. Se realizó adhesiólisis para liberar las estructuras. Al intentar introducir la sonda orogástrica, no fue posible, por lo que se decidió realizar una endoscopia intraoperatoria. Debido al engrosamiento de la pared gástrica, que impidió el paso de la grapadora para remodelar el reservorio gástrico, se decidió sustituir la bolsa por una plicatura gástrica. Durante la intervención quirúrgica inicial, se midió una rama biliopancreática de 150 cm y se construyó una yeyunoyeyunostomía, con una rama alimentaria de 100 cm. Antes de la anastomosis, se movilizó la rama y se verificó su ascenso para asegurar una anastomosis sin tensión. Debido al engrosamiento del remanente gástrico, que impidió el paso de la grapadora, junto con la presencia de múltiples clips del procedimiento previo, se decidió realizar una plicatura guiada por endoscopia. Se colocó un drenaje en la cavidad abdominal. El paciente tuvo una evolución postoperatoria sin complicaciones, permaneciendo hospitalizado durante 24 horas. Tras una recuperación satisfactoria, fue dado de alta en condición estable para seguimiento ambulatorio. El drenaje se retiró a las 48 horas y actualmente se encuentra en seguimiento por el equipo multidisciplinario.

Results: El paciente tuvo una evolución postoperatoria sin complicaciones, permaneciendo hospitalizado durante 24 horas. Tras una recuperación satisfactoria, fue dado de alta

Conclusions: La conversión de manga a bypass Roux-en-Y es eficaz en recuperación de peso. Las adherencias y el engrosamiento gástrico requirieron plicatura guiada por endoscopia. El procedimiento fue exitoso, sin complicaciones, destacando la importancia del enfoque individualizado y la endoscopia intraoperatoria en cirugía bariátrica de revisión.

Disclosure: No significant relationships.

P384 / Abs. ID 697

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

REVISIONAL SURGERY ON OAGB

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Background: The patient of this case is a female 53 years old with the diagnosis of obesity (BMI of 43.2 kg/m2), the previous surgeries had failed and the patient requires surgical treatment. Major illnes: 1.-Hypertension: 15 years of evolution. 2.-Obesity: 23 years of evolution. -Surgical procedures: 1.-open colocation of no adjustable gastric band (hand-made), 17 year ago. 2.-Open revisional surgery: retire of the gastric band and realization of one anastomosis gastric bypass; 7 years ago.

Objectives: -Show the options available in revisionall surgery on patients who had previous OAGB surgery.

Methods: -This is a report of a clinical case on video. -In this patient we made a revional laparoscopic surgery, we made a new OAGB preserving the previous anastomosis,by makng a new anastomosis in the ileum and posterior elongation of the loop, then we conected the loop with de previos pouch at 250 cm of the Treitz ligament. The previos surgery had a loop of 100 cm, wich was the reason of the regainig of weight.

Results: The patient´s surgery had no complications, and actually have a succesfull loose of weight.

Conclusions: This is a good option en reviosional surgery in patients who had previous OAGB and don´t have a succesfull loose of weight, in this surgery we avoid risk by preserving the previos anastomosis and making a new one in a safest area of the ileum.

Disclosure: No significant relationships.

P385 / Abs. ID 731

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

CONVERSION OF THE ONE ANASTOMOSIS GASTRIC BYPASS TO THE ROUX-EN-Y GASTRIC BYPASS, WITH RE-CREATION OF GASTROJEJUNAL ANASTOMOSIS DUE TO SEVERE ULCERATION.

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Background: A 41-year-old female with a BMI of 26.1, chronic abdominal pain, symptoms of bile reflux, and no chronic comorbidities was admitted to the general and oncological surgery department following an assessment at the bariatric outpatient clinic for the conversion of One Anastomosis Gastric Bypass (OAGB) to Roux-en-Y Gastric Bypass (RYGB). She underwent the initial OAGB in another country in 2019. In 2020, she was hospitalised and treated conservatively for a perforated gastrojejunal (GJ) anastomosis ulcer. In 2022 and twice in 2024, she was treated surgically due to perforation of the GJ in Poland. After her last surgery, she was referred to our clinic. During the outpatient preparation, necessary imaging, endoscopic, and laboratory tests were carried out. Prehabilitation and support in quitting smoking were offered.

Objectives: Our goal was the surgical treatment of chronic ulceration in the gastro-intestinal anastomosis refractory to conservative treatment and bile reflux.

Methods: The patient was managed following our standard perioperative ERASB protocol. During the surgery, adhesiolysis was performed, the GJ anastomosis was located with an ulcer drilling towards the remnant stomach, and a large gastric pouch was identified. A cut-out of the GJ anastomosis and pouch resizing were undertaken. New GJ and JJ anastomoses were created. The length of the biliopancreatic limb was 150 cm, and the alimentary limb was 75 cm. The mesenteric defect and Petersen's space were closed with non-absorbable sutures. A liquid diet was introduced on the day of surgery with good tolerance. The patient was discharged on the first postoperative day.

Results: During follow-up visits after surgery, the patient's condition was stable. The chronic abdominal pain and bile reflux symptoms diminished. A follow-up gastroscopy showed a normal appearance of the GJ anastomosis with no signs of ulceration.

Conclusions: For patients experiencing ulceration from GJ anastomosis that does not respond to conventional treatment after OAGB, along with symptoms of bile reflux, a surgical conversion to RYGB, accompanied by adequate outpatient preparation, may represent a promising option.

Disclosure: No significant relationships.

P386 / Abs. ID 774

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

GETTING OUT OF A PINCH: MANAGEMENT OF A SLEEVE TWIST

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Background: Sleeve gastrectomy is a common bariatric procedure, but complications such as reflux, dysphagia, and regurgitation can be debilitating to patients and severely impede their quality of life. Revisional surgery is the best management. This case highlights the unique presentation of both a twisted sleeve and a hiatal hernia and its management in terms of revisional bariatric surgery.

Objectives: 1) To demonstrate management of a complicated revisional bariatric patient that can be comonly sen in the community with a twisted sleeve as well as a hiatal hernia complicated by a replaced left hepatic artery. 2) Highlight the importance of preoperative evaluation while emphasizing the role of laparoendoscopic evaluation as the best for diagnosis and therefore guide intraoperative decisionmaking in conversion to Roux en Y gastric bypass and repair of the hiatal hernia in this complex revisional case. 3) To discuss the challenges revisional bariatric surgeons encounter.

Methods: A 42-year-old female presented with severe reflux, daily regurgitation, dysphagia, and mild weight regain following a sleeve gastrectomy. Preoperative evaluations, including CT imaging, revealed a “folded stomach,” while upper gastrointestinal series demonstrated a small sliding hiatal hernia with mild reflux. Gastric emptying studies showed rapid gastric emptying. Endoscopy noted a 3 cm hiatal hernia and gastritis without stricture.

Results: After performing a standard jejunojejunostomy and mesenteric defect closure, we proceeded with adhesiolysis to correct the twisted sleeve anatomy. The dissection was complicated along the lesser curvature due to the existence of a replaced left hepatic artery. This altered our approach to the hiatus and we proceeded to complete the dissection from the left side. Intraoperative endoscopy was pivotal for guiding dissection, confirming intra-abdominal positioning of the gastroesophageal junction, and ensuring complete resection of the retained fundus. A 5 cm gastric pouch was created in the region of the freed upper sleeve and gastrojejunostomy was performed under laparoscopic and endoscopic visualization.

Conclusions: This case emphasizes the challenges of managing twisted sleeves with hiatal hernias. Preoperative imaging and endoscopy aid diagnosis, but laparoscopic exploration and intraoperative endoscopy remain the best for revisional bariatric surgery, ensuring optimal outcomes.

Disclosure: Dr Lutfi – Consultant for Olympus and Medtronic. Gore – educational grant. Dr Sarran – Consultant for Intuitive. Dr Quinteros - Consultant for Applied Medical, Medtronic and THD America.

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Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

CATASTROFIC MALNUTRITION AFTER METABOLIC BARIATRIC SURGERY. A CASE REPORT OF ROUX EN Y REVERSAL SURGERY

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Background: The Roux en Y Gastric Bypass continues to be an effective tool that is often used in the surgical management of obesity. However, it is not exempt of risks one of which is severe malnutrition after the procedure. In this group of patients, a reversal of the anatomy may be considered.

Objectives: Present the case of a patient who underwent gastric bypass reversal due to severe malnutrition at our institution

Methods: We are presenting a male patient,37 years old, with previous history of morbid obesity and high blood pressure, who in 2023 went through a metabolic surgery in a different hospital, a Roux en Y Bypass was made, that needed to be converted to open surgery because of severe adhesions in the abdomen Previous to the surgery he weighed 160 Kg with a body mass index of 45 Kg/mt2 6 months later the patient starts with fatigue, asthenia and generalized edema. He was evaluated by a gastroenterologist who ordered exams and consulted surgery. In the exams anemia and severe malnutrition were diagnosed. His weight at the time was 66 Kg with a BMI 18 Kg/m2 with generalized edema. The patient was hospitalized to optimize nutrition. A computerized tomography was performed in which we found: Abundant free intra-abdominal fluid, anasarca, and ascites. Also an Endoscopy was performed in which no stenosis of the gastro yeyuno anastomosis was found. An exploratory laparoscopy was performed in which we found that the biliary loop measures 2 meters and the alimentary loop is approximately 70 cm, which explains the patient's nutritional complications. Therefore reversal of the Roux en Y Gastric Bypass was performed.

Results: The patient had a favorable post operative outcome, with progressive oral food intake. In the outpatient medical appointments he has gained back weight, reaching 101 Kg and aa BMI of 28 Kg/mt2. Maintaining appointments for psychological and nutritional support to maintain a healthy weight.

Conclusions: Gastric bypass reversal is an uncommon intervention of significant technical complexity. It should be considered in select patients, after evaluation by a multidisciplinary team, as it is an effective alternative for correcting severe malnutrition.

Disclosure: No significant relationships.

P388 / Abs. ID 813

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

REVISIONAL SURGERY IN A PATIENT WITH HISTORY OF LAPAROSCOPIC SLEEVE GASTRECTOMY AND ROUX-EN-Y GASTRIC BYPASS DUE TO RECURRENT WEIGHT GAIN; VIDEO CASE REPORT

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Background: laparoscopic sleeve gastrectomy (LSG) is the most frequently performed bariatric surgery globally. This is primarily due to its straightforward procedure and positive results. However, it is important to note that there is a risk of recurrent weight gain following LSG, ranging from 9% to 91%, depending on the definitions used (1). When recurrent weight gain occurs, Roux-en-Y gastric bypass (RYGB) is often considered a viable alternative. However, it is worth noting that reports indicate a recurrent weight gain rate of approximately 15% to 35% following RYGB too (2). Different surgical modifications have been proposed to address this issue (3). The conversion of Roux-en-Y gastric bypass (RYGB) to biliopancreatic diversion with duodenal switch (BPD/DS) is considered the least common bariatric conversion surgery, accounting for only 0.9% of cases (4).

Objectives: The patient is a 42 year old female who underwent laparoscopic sleeve gastrectomy (LSG) 11 years ago. Due to recurrent weight gain, she subsequently underwent conversion to Roux-en-Y gastric bypass (RYGB) 7 years ago. However, she has now presented again with complaints of recurrent weight gain, with a BMI of 54.2 kg/m2.

Methods: The planned approach for her is a two-step conversional surgery from RYGB to biliopancreatic diversion with duodenal switch (BPD/DS), with the first step involving the conversion of RYGB to sleeve gastrectomy. At the 3 month follow up, her BMI reduced to BMI= 45 kg/m2.

Results: In situations where recurrent weight gain occurs despite prior restrictive and hypoabsorptive metabolic bariatric surgeries, biliopancreatic diversion (BPD) is considered one of the most effective options. However, performing a redo surgery after two previous procedures, particularly in patients with severe obesity, can present significant challenges and technical difficulties.

Conclusions: It is crucial for a bariatric surgeon to possess the skills and expertise necessary to manage and convert between different types of restrictive and hypo absorptive surgeries. This enables them to address recurrent weight gain effectively and provide the best possible outcomes for their patients.

Disclosure: No significant relationships.

P389 / Abs. ID 827

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

CONVERSION FROM ENDOSCOPIC SLEEVE GASTROPLASTY TO LAPAROSCOPIC SLEEVE GASTRECTOMY: A SAFE AND FEASIBLE APPROACH

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Background: Endoscopic sleeve gastroplasty (ESG) has emerged as a minimally invasive alternative for patients with class I–II obesity. However, in cases of suboptimal clinical response or recurrent weight gain, surgical conversion to laparoscopic sleeve gastrectomy (LSG) may be indicated. Limited data exist on the feasibility and safety of this conversion, particularly regarding intraoperative findings and technical challenges.

Objectives: To describe a case of successful surgical conversion from ESG to LSG in a patient with recurrent weight gain and metabolic syndrome, and to assess the feasibility and postoperative outcomes of this approach.

Methods: A 38-year-old woman with a body mass index (BMI) of 34 kg/m² and metabolic syndrome presented for evaluation three years after undergoing ESG. Although she initially responded to the procedure, she experienced full weight regain over time. Due to a suboptimal long-term response, surgical conversion to LSG was indicated. Intraoperative findings revealed several transmural fixation elements—metallic anchoring components—distributed along the gastric wall, with no evidence of fibrosis, adhesions, or anatomical distortion. The procedure was performed laparoscopically with intraoperative endoscopic guidance. The greater curvature was fully mobilized using a bipolar energy device, including complete fundus dissection. An endoscope was used instead of a bougie for real-time calibration and assessment of the gastric sleeve. Stapling was performed with a linear stapler, and the staple line was reinforced with metallic clips.

Results: The procedure was completed without complications. The patient tolerated oral liquids well and was discharged on postoperative day one. At follow-up, she reported no pain, showed appropriate weight loss progression, and successfully advanced through the dietary protocol.

Conclusions: Conversion from ESG to LSG is a feasible and safe option in selected patients with recurrent weight gain or suboptimal metabolic response. Intraoperative endoscopy enhances procedural safety and allows real-time sleeve calibration. The absence of fibrosis facilitates a straightforward laparoscopic approach. This case supports the role of surgical conversion in the multidisciplinary management of obesity when endoscopic techniques fail to achieve long-term goals.

Disclosure: No significant relationships.

P390 / Abs. ID 829

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

LAPAROSCOPIC CONVERSION OF SINGLE ANASTOMOSIS SLEEVE ILEAL (SASI) BYPASS TO ROUX-EN-Y GASTRIC BYPASS (RYGB) AND HIATUS HERNIA REPAIR

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Background: The Single Anastomosis Sleeve Ileal (SASI) bypass is an emerging bariatric procedure, but some patients may require conversion due to complications like malnutrition, bile reflux, or suboptimal clinical response. Roux-en-Y Gastric Bypass (RYGB) remains the best revisional option.

Objectives: This video demonstrates the technical steps and key considerations in converting SASI to RYGB, highlighting strategies to manage anatomical challenges and optimize outcomes.

Methods: We present a laparoscopic approach for SASI-to-RYGB conversion, detailing critical steps: adhesiolysis,hiatal hernia repair, pouch creation, jejunojejunostomy, and restoration of intestinal continuity. Emphasis is placed on preserving bowel length and ensuring proper limb measurements.

Results: The video illustrates a successful conversion in a patient with refractory bile reflux, GERD and severe protein and vitamin deficiencies post-SASI. Key findings include shorter operative time due to meticulous pre-planning, minimal complications, and resolution of symptoms at follow-up.

Conclusions: Conversion from SASI to RYGB is feasible and effective with careful surgical technique. This video serves as a valuable educational resource for bariatric surgeons managing revisional cases.

Disclosure: No significant relationships.

P391 / Abs. ID 879

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

CAN SASI WORSEN PRE-EXISTING GERD? A LAPAROSCOPIC REVISIONAL CASE VIDEO.

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Background: A 37-year-old female (BMI 39.9 kg/m²) underwent single anastomosis sleeve-ileal (SASI) bypass at our institution 13 months prior for obesity and symptomatic GERD. Preoperative endoscopy showed LA-grade B esophagitis. A tailored SASI was performed with a 300cm common channel and 4cm sleeve-ileal anastomosis. The postoperative course was uneventful, and she was discharged on POD-3 after normal upper GI fluoroscopy. She achieved satisfactory weight loss, with BMI values of 36.0Kg/m² at 1 month and 30.5 at 1 year. GERD symptoms improved but did not disappear. Follow-up endoscopy and manometry were non-diagnostic, prompting revisional surgery.

Objectives: To demonstrate the operative strategy employed to address persistent GERD symptoms following SASI, while preserving the bariatric and metabolic benefits of the initial procedure.

Methods: Exploratory laparoscopy revealed a functionally obstructed sleeve-ileal anastomosis. We converted the SASI into a long-pouch Roux-en-Y gastric bypass. The procedure involved division of the original common channel to create a 50cm alimentary (Roux) limb and a 250 cm common channel. A 5cm stapled gastrojejunal anastomosis was fashioned between the gastric pouch and the Roux limb. Key video steps: --Visualization of the previous sleeve-ileal anastomosis. --Adhesiolysis. --Inability to advance a 36Fr bougie across the anastomosis. --Creation of a long gastric pouch by dividing the sleeve cephalad to the sleeve-ileal anastomosis. --Take-down of the previous sleeve-ileal anastomosis. --Creation of a stapled pouch-jejunal anastomosis. --Measurement of a 50cm Roux limb, creation of a stapled jejunojejunal anastomosis. --Division of the intervening jejunum to complete the Roux-en-Y configuration.

Results: The postoperative course was uneventful, and the patient was discharged on POD-3. At one-month follow-up, she was asymptomatic and had a BMI of 27.8Kg/m².

Conclusions: Laparoscopic conversion of SASI to long-pouch Roux-en-Y gastric bypass is a feasible and effective option for managing persistent GERD due to gastro-ileal anastomotic stenosis. Takedown of the obstructed anastomosis and reconstruction with a standard Roux-en-Y configuration resolved symptoms while preserving bariatric benefit. SASI shows promising results in weight loss and GERD improvement, as demonstrated in another work at this Congress. However, technical issues—such as anastomotic stenosis—may undermine its optimal clinical response. Accurate interpretation of outcomes and careful evaluation of symptoms are essential for timely, appropriate management.

Disclosure: No significant relationships.

P392 / Abs. ID 912

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

GASTRO-GASTRIC FISTULA AFTER RYGB: A CAUSE OF HYPOGLYCEMIA AND INDICATION FOR REVISIONAL SURGERY

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Background: Gastro-gastric fistula (GGF) is a rare but significant complication following Roux-en-Y gastric bypass (RYGB), often associated with recurrent weight gain and metabolic disturbances such as refractory hypoglycemia. This case presents a 54-year-old male with prior successful RYGB (March 2022), achieving initial weight loss (BMI 40 → 28) but later developing nocturnal hypoglycemic episodes with neuroglycopenic symptoms (confusion, diaphoresis) one year postoperatively. Multidisciplinary evaluation ruled out insulinoma and dumping syndrome. Upper GI series and endoscopy confirmed a gastro-gastric fistula, likely contributing to nutrient hypohypoabsorption and aberrant insulin secretion. Despite intensified psychonutritional therapy, persistent symptoms warranted surgical revision. The patient underwent fistulectomy with pouch revision. At 6-month follow-up, hypoglycemic episodes resolved completely, supporting GGF as the underlying etiology.

Objectives: Highlight a Rare Complication: Illustrate gastro-gastric fistula (GGF) as an underrecognized cause of refractory hypoglycemia and recurrent weight gain after RYGB. Demonstrate Diagnostic Workup: Emphasize the multidisciplinary approach (endoscopy, imaging, biochemical testing) to differentiate GGF from insulinoma, dumping syndrome. Showcase Surgical Indications: Explain why revisional surgery (over medical/nutritional management alone) was indicated for this anatomic complication. Detail Surgical Technique: Provide a step-by-step visual guide to fistula resection and pouch revision, highlighting key technical challenges (e.g., adhesions, vascular preservation).

Methods: Provide a step-by-step visual guide to fistula resection and pouch revision, highlighting key technical challenges (e.g., adhesions).

Results: At 6-month follow-up, hypoglycemic episodes resolved completely, supporting gastro-gastric fistula as the underlying etiology.

Conclusions: Links gastro-gastric fistula to hypoglycemia, a less emphasized complication. Emphasizes multidisciplinary exclusion of other causes (e.g., insulinoma). Includes 6-month follow-up for efficacy.

Disclosure: No significant relationships.

P393 / Abs. ID 1002

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

ENDOSCOPIC REVISION OF ROUX-EN-Y GASTRIC BYPASS FOR RECURRENT WEIGHT GAIN

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Background: Roux-en-Y Gastric Bypass (RYGB) is a widely recognized and established surgical procedure for weight loss and management of obesity. However, in some cases, patients may experience complications suboptimal clinical response after RYGB surgery. In such cases, endoscopic revision may be considered as a less invasive alternative to a repeat surgical procedure. As it associated with less complication. Endoscopic suturing: In this procedure, sutures are placed in the stomach pouch to reduce its size and restrict food intake.

Objectives: In this video we demonstrate how to revised to RYGB to Endoscopically.

Methods: 43-year, female underwent RYGB, Initial weight was 111kg, nadir weight was 69 kg and weight regain then weight regain of 11kgs (80 kg) at 48 months after the initial procedure.

Results: Revision surgery to ESG was done and at two months follow up patient had lost 11kgs

Conclusions: Endoscopic sleeve gastroplasty is good option after Roux-en-Y Gastric Bypass for management of complications. Endoscopic revision of RYGB is generally considered to be safe and effective.

Disclosure: No significant relationships.

P394 / Abs. ID 1016

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

OAGB TO D-OAGB CONVERSION SURGERY DUE TO BILE REFLUX: AN ALTERNATIVE TO RGYB

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Background: Growing epidemic of obesity and the increase in MBS has led to a resurgence of interest in biliary reflux because anatomical alterations may be refluxogenic.Renewed interest in biliary reflux has arisen especially after a particular bypass surgery used for patients with obesity such as the one anastomosis gastric bypass (OAGB), which is now the third most common bariatric and metabolic surgery procedure performed worldwide. By avoiding the second anastomosis associated with Roux-en-Y gastric bypass (RYGB), OAGB is said to be easier and avoids the potential complications associated with enteroenterostomy, but exposes the gastric reservoir to biliary reflux. Revision surgery is inevitable after OAGB. Conversión from OAGB to RGYB seems to be the most done alongside. Actually D- OAGB appears as effective procedure for patients with symptomatic GERD.

Objectives: The main objective of this presentation is to present the patient's revision surgery, which resulted in a successful conversion from an OAGB to a D-OAGB in a 37-year-old patient who presented symptoms of GERD following a OAGB..

Methods: We present the case of a 37-year-old female patient who underwent OAGB with good initial results. One year after surgery, the patient presented with symptoms of GERD. A thorough clinical evaluation was performed, complemented by blood tests and endoscopy, and the presence of biliary reflux was confirmed by pH impedance analysis. At that time, it was decided to perform laparoscopic revision surgery. After completing the exploration of the abdominal cavity, the anastomosis was assessed for good condition. It was dissected. Once dissected, the afferent loop was dissected and divided with an endostapler. The small intestine was counted, and the new lateral-lateral anastomosis was created with a violet-loading endostapler. Finally, the gap in the anastomosis is closed with a continuous 4-0 polypropylene suture.

Results: The immediate postoperative results were good. The patient was discharged home 24 hours after surgery. In the long term, the patient did not experience any symptoms of GERD and continues to be monitored by the surgical team.

Conclusions: In this case, D-OAGB is an effective procedure for patients with GERD for optimal clinical response and remission of comorbidities with a low risk of malnutrition.

Disclosure: No significant relationships.

P395 / Abs. ID 1018

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

SURGICAL REINTERVENTION - SLEEVE TO GASTRIC BYPASS

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Background: A 48-year-old male presenting with gastroesophageal reflux in the late postoperative period following sleeve gastrectomy, along with significant weight gain and an associated coagulopathy. A surgical re-approach was performed to convert the previous sleeve gastrectomy into a gastric bypass, ensuring adequate remission of the patient's symptoms.

Objectives: Elucidating laparoscopic alternatives for the treatment of gastroesophageal reflux in patients who have previously undergone sleeve gastrectomy.

Methods: Surgical reintervention – laparoscopic gastric bypass.

Results: Complete remission of symptoms.No complications following the procedure.

Conclusions: Gastric bypass surgery presents itself as a safe and effective alternative for the treatment of gastroesophageal reflux, especially in patients who have undergone previous procedures.

Disclosure: No significant relationships.

P396 / Abs. ID 1069

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

BARICLIP REMOVAL FOR CHRONIC PAIN

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Background: BARICLIP is a device used for weight loss management. However, in some cases, patients may require its removal due to complications such as chronic pain or migration.

Objectives: To report the case of a 32-year-old female patient with a body mass index (BMI) of 29.5 who underwent BARICLIP removal due to untretable chronic pain.

Methods: The patient, who had undergone initial bariatric surgery with BARICLIP in 2019 , underwent a revisional laparoscopic procedure in August 2023 for device removal. Preoperative upper gastrointestinal endoscopy showed a tunneled stomach and corporal gastritis. The surgical approach followed the principles of a standard laparoscopic sleeve gastrectomy. Intraop findings: BARICLIP slipped to lateral near greater curvature, perigastric adhesions were carefully dissected using energy devices, and the BARICLIP was successfully removed. The total operative time was 60 minutes, and the procedure was completed without complications and well tolerated.

Results: The patient was discharged within 24 hours postoperatively. Follow-up assessments showed no abdominal pain or other complications.

Conclusions: BAROCLIP removal is a safe procedure when performed in patients experiencing chronic pain unresponsive to medical management. Timely surgical intervention should be considered to improve patient quality of life.

Disclosure: No significant relationships.

P397 / Abs. ID 1134

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

BARICLIP REMOVAL FOR CHRONIC PAIN

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[1]CLC, Cirugía, Santiago de Chile, Chile, [2]Clinica Las Condes, Cirugia Bariatrica, SANTIAGO DE CHILE, Chile

Background: BARICLIP is a device used for weight loss management. However, in some cases, patients may require its removal due to complications such as chronic pain or migration.

Objectives: To report the case of a 32-year-old female patient with a body mass index (BMI) of 29.5 who underwent BARICLIP removal due to untretable chronic pain.

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Results: The patient was discharged within 24 hours postoperatively. Follow-up assessments showed no abdominal pain or other complications.

Conclusions: BARICLIP removal is a safe procedure when performed in patients experiencing chronic pain unresponsive to medical management. Timely surgical intervention should be considered to improve patient quality of life.

Disclosure: No significant relationships.

P398 / Abs. ID 1192

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

REVISIONAL MBS: INDICATIONS, OPTIONS AND ROLE FOR ENDOSCOPY
10-09-2025 10:00 - 19:30

CONVERSION SURGERY, RETAINED GASTRIC FUND

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Background: CLINICAL CASE: CONVERSION SURGERY A 27-year-old female patient with a history of gastric sleeve surgery in 2016 presented with a complaint that she had not been able to lose weight after surgery. She currently weighs 122.6 kilograms, is 1 meter 74 centimeters tall, and has a body mass index of 40.5. Preoperative studies were requested, and a conversion surgery was performed from gastric sleeve to a simplified Roux-en-Y gastric bypass. Outcome The patient was progressing well. He is tolerating a liquid diet. A water-soluble contrast swallow was performed – with no evidence of leakage. The patient was discharged 48 hours after the procedure. Follow-up with the interdisciplinary team was provided. Conclusion Bariatric conversion surgery is a surgical procedure that corrects or improves a previous bariatric surgery. Retained gastric fundus prevents the patient from optimal clinical response. This type of surgery can correct suboptimal weight loss or resolve complications from the original bariatric surgery.

Objectives: To make known the possible errors committed during a bariatric procedure, their clinical presentation and possible surgical solutions.

Methods: Description of the clinical picture, recording of the surgical procedure, report of clinical history after conversion surgery, follow-up

Results: Outcome The patient was progressing well. He is tolerating a liquid diet. A water-soluble contrast swallow was performed – with no evidence of leakage. The patient was discharged 48 hours after the procedure. Follow-up with the interdisciplinary team was provided.

Conclusions: Conclusion Bariatric conversion surgery is a surgical procedure that corrects or improves a previous bariatric surgery. Retained gastric fundus prevents the patient from optimal clinical response. This type of surgery can correct suboptimal weight loss or resolve complications from the original bariatric surgery.

Disclosure: No significant relationships.

P399 / Abs. ID 368

Topic: *AS21. Robotic surgery: indications, pros and cons*

ROBOTIC SURGERY: INDICATIONS, PROS AND CONS
10-09-2025 10:00 - 19:30

COMPARATIVE ANALYSIS OF ROBOTIC AND LAPAROSCOPIC TECHNIQUES IN ONE ANASTOMOSIS GASTRIC BYPASS: A PILOT STUDY ON SURGICAL OUTCOMES IN 50 PATIENTS

Mario Musella[1], Antonio Franzese[2], Gerardo D'Amato[1], Carolina Bartolini[1], Vincenzo Schiavone[1], Alessandra D'Ambrosio[1], Lucrezia Borrelli[1]
[1]Federico II University of Naples, Naples, Italy, [2]Federico II University of Naples, Department Of Advanced Biomedical Sciences, University Of Naples “federico Ii” – Italy, Naples, Italy

Background: Severe obesity poses a substantial health burden, often necessitating surgical intervention when conservative management proves ineffective. One Anastomosis Gastric Bypass (OAGB) has emerged as a reliable bariatric procedure. In recent years, robotic-assisted surgery has gained traction due to its potential advantages over conventional laparoscopic techniques. However, comparative data on the outcomes of robotic versus laparoscopic OAGB remain scarce.

Objectives: This pilot study aims to evaluate the surgical outcomes of robotic versus laparoscopic OAGB, focusing on safety, feasibility, and postoperative recovery. The primary endpoints include operative duration, intraoperative and postoperative complications, postoperative pain, and length of hospital stay.

Methods: A retrospective analysis was conducted on 50 patients who underwent OAGB at the Bariatric and Endocrine-Metabolic Surgery Unit, University of Naples "Federico II," between January 2024 and December 2024. Twenty-five patients underwent robotic OAGB utilizing the Da Vinci Xi® system, while a matched cohort of twenty-five patients underwent laparoscopic OAGB. Propensity score matching was applied to ensure comparability between groups based on demographic and clinical characteristics. Collected data included demographic parameters, intraoperative variables, postoperative pain (assessed using the Visual Analog Scale), complications (graded according to the Clavien-Dindo classification), and length of hospital stay. Statistical analyses were performed to compare the two approaches.

Results: Baseline demographic characteristics were comparable between groups. The robotic-assisted procedure exhibited a longer mean operative time (116.9 ± 19.7 min vs. 108.7 ± 10.48 min; $p = 0.07$), though this difference was not statistically significant. No intraoperative complications or conversions to open surgery were recorded. Patients in the robotic group reported significantly lower postoperative pain scores on postoperative days 1 and 2 ($p = 0.001$ and $p = 0.035$, respectively). Furthermore, the robotic cohort had a significantly shorter mean hospital stay (4.3 ± 3.5 days vs. 5.6 ± 7.6 days; $p = 0.032$). No significant differences were observed regarding postoperative nausea, vomiting, or overall complication rates.

Conclusions: These preliminary findings suggest that robotic-assisted OAGB is a viable and safe alternative. However, larger prospective studies are warranted to validate these results and assess long-term outcomes and cost-effectiveness.

Disclosure: No significant relationships.

P400 / Abs. ID 1228

Topic: *AS21. Robotic surgery: indications, pros and cons*

ROBOTIC SURGERY: INDICATIONS, PROS AND CONS
10-09-2025 10:00 - 19:30

POST-OPERATIVE PULMONARY COMPLICATIONS FOLLOWING ROBOTIC MAJOR GYNAECOLOGICAL SURGERY- A SINGLE-CENTRE RETROSPECTIVE ANALYSIS

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Background: Post Operative Pulmonary Complications (PPCs) are associated with increased length of stay, morbidity and mortality. The reported incidence of PPCs is broad, and varies according to patient profile, recording modality, and type of surgery. Robotic and Robotic-Assisted techniques are allowing complicated operations to be performed as Minimally-Invasive Surgery, reducing complications and length of stay.

Objectives: Our hospital (Glasgow Royal Infirmary, Glasgow, Scotland) introduced a robotic service for major gynaecological operations in March 2021. We aimed to audit the incidence of PPCs; secondary aims were the association between Body Mass Index (BMI) and PPCs, as well as other factors associated with PPCs.

Methods: We conducted a retrospective chart audit of all patients who underwent robotic major gynaecological surgery in our institution from March 2021 to March 2024 inclusive. Data was collected on age, BMI, presence of respiratory comorbidity, peak inspiratory pressure, peak intraoperative inspired O2, and presence of PPC. We used the European Perioperative Clinical Outcome (EPCO) definitions of PPCs.

Results: Sample: 368 patients underwent robotic major gynaecological surgery during the study period- 10 patients required conversion to open surgery, whilst no data on BMI was available for 2 patients. We therefore included 356 patients in the analysis. The mean BMI was 33.7 (range 19-64) and the mean age was 63.7 years (range 29-87). PPCs: The overall incidence of PPCs was 8.7% (31/356 patients). Patients with PPCs tended to be older, have a higher BMI, and were more likely to have respiratory comorbidities than those without PPCs:

	PPCs (31)	No PPCs (325)
Mean BMI	37.78	33.28
Mean Age	68.87	63.25
Pulmonary Comorbidities	15 (48.39%)	115 (35.38%)

	PPCs	No PPCs	*Marginal Row Totals*
BMI 40+	12 (7.14) [3.31]	70 (74.86) [0.32]	82
BMI<40	19 (23.86) [0.99]	255 (250.14) [0.09]	274
Marginal Column Totals	31	325	356 (Grand Total)

The chi-square statistic is 4.7069. The *p*-value is .030042. Significant at $p < .05$.

There was a significant association between a PPCs and a BMI ≥40 (p= 0.03). There was no significant association between age and PPCs, or presence of a respiratory comorbidity and PPCs. Patients with PPCs had a higher average length of stay (3.97 days post operatively) compared to those without (1.33 days post operatively)

Conclusions: The overall incidence of PPCs was 8.7%. We found a significant association between BMI ≥40 and the presence of PPCs in Major Robotic Gynaecological Surgery. This was associated with increased length of stay post operatively.

Disclosure: No significant relationships.

P401 / Abs. ID 46

Topic: *AS21. Robotic surgery: indications, pros and cons*

ROBOTIC SURGERY: INDICATIONS, PROS AND CONS
10-09-2025 10:00 - 19:30

ROBOTIC VERSUS LAPAROSCOPIC TECHNIQUE IN METABOLIC BARIATRIC SURGERY: MATCH-PAIR-ANALYSIS OF THE FIRST 50 ROBOTIC CASES IN A GERMAN SINGLE CENTER

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Klinikum Suedstadt Rostock, Visceral Surgery, Rostock, Germany

Background: Todays standard access for surgical bariatric procedures are laparoscopic techniques. In Germany only 5.7% of gastric bypasses (RYGB) and 1.2% of Sleeve-Gastrectomies (SG) are performed robotically, worldwide at most in 13% of bariatric procedures. In our German Center we started robotic metabolic bariatric surgery in March 2023 using the Da Vinci® Xi surgical system. Study aim was to show feasibility and safety of this technique, particularly in implementations phase.

Objectives: To show that robotic metabolic bariatric surgery can be performed safely even in the first 50 cases of robotic surgery.

Methods: From March 2023 to September 2024 in total 175 bariatric procedures were performed. After exclusion of patients with revisional surgery we conducted a Match-Pair-Analysis for 50 patients with robotically and 90 laparoscopically performed procedures (Propensity score matching 1:1 by age, gender, BMI and procedure).

Results: We analyzed two study groups, robotic group (RG) and laparoscopic group (LG). RG contained 29 RYGB and 21 SG, same for LG. Proportion male / female was 30% to 70%, average value for age 43.3 years and 48.7 kg/m² for BMI. There were no significant differences between the groups detected, apart from a significantly shorter duration of surgery in LG (88.5 min vs. 73.3 min, p= 0,0037263). No differences were identified concerning hospital readmission, length of stay and Morbidity (3% in both study groups, Clavien-Dindo classification II-V). Mortality was zero in total. At first follow up after 3 months average weight loss was 26.4kg (p=0,644060271).

Conclusions: After the first 50 cases of robotic metabolic bariatric surgery in our center we summarized this technique to be safe and feasible especially compared to laparoscopic surgery.

Disclosure: No significant relationships.

P402 / Abs. ID 248

Topic: *AS21. Robotic surgery: indications, pros and cons*

ROBOTIC SURGERY: INDICATIONS, PROS AND CONS
10-09-2025 10:00 - 19:30

ROBOTIC APPROACH IN REVISIONAL METABOLIC BARIATRIC SURGERY: A SINGLE CENTRE PROSPECTIVE COHORT STUDY

Carlos Petrola[1], Ramon Vilallonga[1], Natalia Kwiatkowska[2], Daniel Herms[3], Nares Arroyo[3], Nair Fernandes[3], Itzel Zarate[3], Ana Ciscar[3], Clara Pañella[3], Itxarone Bilbao[2]
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Background: The escalating utilization of metabolic surgery has corresponded with a rise in patients undergoing subsequent bariatric revisional surgery. Existing evidence indicates that revisional surgery may improve both the management of obesity and obesity-related diseases.

Objectives: Evaluate the utility and outcomes of robot-assisted surgery in the context of revisional bariatric procedures.

Methods: We performed a retrospective analysis of the prospectively maintained database of patients who underwent robotic revisional metabolic bariatric surgery at our unit. Our study included the type of surgery performed, the total operative time, overall morbidity, hospital stay, and any 30-day postoperative complications.

Results: 48 patients were included, 70.8% were women with a mean age of 48 years and a mean BMI of 36.2 kg/m2. The most common surgical procedure performed was conversion from sleeve gastrectomy (SG) to gastric bypass (RYGB), in addition 9 patients underwent conversion from SG to single anastomosis duodeno-ileal bypass (SADIS). Furthermore two patients required reoperation of gastric bypass due to gastro-gastric fistula. All surgeries were performed by robotic approach, the mean total operative time was 167 minutes, and the mean length of hospital stay was 2,1 days. We identified only one complication within 30 days postoperatively, which required reoperation due to gastro-gastric fistula. The remaining hospital stays were uneventful.

Conclusions: Our findings indicate that revisional robotic metabolic bariatric surgery is effective and comparable in key outcomes to laparoscopic procedures. For more complicated surgeries such as RYGB, robotic surgery may be advantageous for patients in terms of lower rates of complications and shorter hospital stays. In contrast, the revisional SG robotic approach does not differ significantly from the laparoscopic approach.

Disclosure: No significant relationships.

P403 / Abs. ID 379

Topic: *AS21. Robotic surgery: indications, pros and cons*

ROBOTIC SURGERY: INDICATIONS, PROS AND CONS
10-09-2025 10:00 - 19:30

EFFECTS OF TOTALLY ROBOTIC VERSUS LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS (RYGB) ON POSTOPERATIVE PAIN AND OPIOID NEEDS

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[1]AdventHealth, Bariatrics, Celebration, United States of America, [2]AdventHealth, Bariatric, Celebration, United States of America

Background: Pain management with opioids increase addiction risk and delay recovery from associated side-effects (nausea, vomiting, respiratory depression). The robotic platform, with its 3-D vision, tremor control, improved ergonomics, and remote center technology, may reduce tissue trauma, pain and opioid needs in comparison to conventional laparoscopy.

Objectives: The primary objective of this study was to compare peri- and postoperative pain and opioid requirements of age-, gender-, BMI-matched patients following totally (ROB) versus laparoscopic (LAP) RYGB. The secondary objective was to compare early surgical outcomes of ROB versus LAP RYGB.

Methods: The study was a retrospective analysis of RYGB surgeries performed totally ROB or LAP by a single surgeon. The study population included 88 age-, gender-, BMI-matched RYGB patients who were under identical ERABS, multimodal pain management, and discharge protocols. Measurements were patient characteristics, operative (Op) times, length of hospital stay (LOS), perioperative and 30-d postoperative complications and readmissions. Pain management was assessed by pain scores (Numerical Rating Scale 0-10) and opioid needs (Morphine Milligram Equivalent; MME) in the perioperative ambulatory care unit (PACU) and over the first 24 h on the hospital UNIT.

Results: Patient characteristics (age, BMI, gender, number of obesity-associated diseases) were nearly identical between the ROB and LAP RYGB patients. Surgical outcomes were improved with the LAP vs. ROB approach. ROB Op times were less than LAP, i.e. 104 min ROB and 114 min LAP, p=0.005); ROB LOS was significantly shorter (1.12 d ROB vs. 1.40 d LAP, p=0.004); and 30-d readmissions and complications were fewer (ROB readmissions=1, LAP=5; ROB major complications=0, LAP=3, chi sq p=0.04). PACU pain scores (high and average) were lower with the ROB vs. LAP approach as were opioid requirements (5.3 MME ROB and 12.4 MME LAP, p=0.001). Pain scores of ROB and LAP RYGB patients on the UNIT did not differ although, with the ROB approach, there was a strong trend (p=0.049) toward lower opioid needs (3.6 MME ROB vs. 6.4 MME LAP).

Conclusions: The totally robotic platform improves surgical outcomes and, in comparison to conventional laparoscopy, reduces pain and opioid needs following RYGB.

Disclosure: No significant relationships.

P404 / Abs. ID 747

Topic: *AS21. Robotic surgery: indications, pros and cons*

ROBOTIC SURGERY: INDICATIONS, PROS AND CONS
10-09-2025 10:00 - 19:30

REDUCED COMPLICATIONS AND POSTOPERATIVE BLEEDS WITH TOTALLY ROBOTIC VERSUS LAPAROSCOPIC PRIMARY METABOLIC BARIATRIC SURGERY (MBS)

Cynthia Buffington[1,2], Dennis Smith[1,2], Ciara Lopez[1,2], Sharon Krzyzanowski[1,2]
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Background: The robotic platform, with its enhanced 3D visualization, increased freedom of movement, and tremor filter improves surgeon precision, reducing the risk for major complications, including postoperative bleeds (POB) and gastrointestinal leaks.

Objectives: 1) to examine perioperative and 30-day surgical outcomes, including the incidence of 30-day major complications, bleeds and leaks with primary MBS performed totally robotic (ROB) and 2) to compare these outcomes with conventional laparoscopy (LAP).

Methods: The study was a retrospective analysis of 997 primary surgeries performed by a single surgeon: 409 Roux-en-Y gastric bypass (RYGB), 513 sleeve gastrectomy (SG), 75 duodenal switch (DS). Surgeries were anatomically identical, differing only in approach (ROB, LAP). All patients were under the same Discharge and Early Recovery After Bariatric Surgery (ERABS) protocols. Outcome measures were patient characteristics (age, BMI, health status), operative times, length of hospital stay (LOS), and incidence of 30-d major complications, including POB and leaks.

Results: Characteristics of patients within the surgery groups (RYGB, SG, DS) did not differ by approach. For the RYGB and SG, the ROB platform, in comparison to conventional laparoscopy, was associated with significantly ($p<0.01$) lower operative times ($p<0.0001$), LOS (<0.0001), and 30-day surgical outcomes ($p=0.001$). Major 30-d complication rates for the RYGB+SG cases averaged 1.4% ROB vs. 5.1% LAP, $p=0.0010$; for RYGB, 1.7% ROB vs. 5.9% LAP, $p=0.0221$; and for SG, 1.1% ROB vs. 4.6% LAP, $p=0.016$. Of the major complications, POB were the most common for LAP surgeries. The ROB platform, however, substantially reduced POB, i.e. incidence rates RYGB+SG= 0.15% ROB vs. 2.91% LAP, $p<0.0001$; RYGB=0.34% ROB vs. 3.4% LAP, $p=0.011$; and SG=0% ROB vs. 2.5% LAP, $p=0.002$. No leaks occurred with ROB or LAP RYGB or SG. According to the early DS findings, surgical approach had no effect on operative times nor incidence for leaks (1 event/approach). The ROB, however, was associated with a faster rate of hospital recovery (LOS=1.2 d vs. 1.4 d, $p<0.0001$) and absence of POB (0% ROB vs. 5.6% LAP).

Conclusions: In accordance with improved surgical precision, the robotic approach for MBS enhances postoperative recovery and substantially reduces postoperative bleeds.

Disclosure: Dr. Dennis Smith is a Preceptor for Intuitive

P405 / Abs. ID 371

Topic: *AS21. Robotic surgery: indications, pros and cons*

ROBOTIC SURGERY: INDICATIONS, PROS AND CONS
10-09-2025 10:00 - 19:30

ROBOT-ASSISTED ONE ANASTOMOSIS GASTRIC BYPASS: HOW WE DO IT

Mario Musella[1], Antonio Franzese[2], Gerardo D'Amato[1], Carolina Bartolini[1], Vincenzo Schiavone[1], Alessandra D'Ambrosio[1], Lucrezia Borrelli[1]
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Background: Severe obesity is a growing global health concern, and One Anastomosis Gastric Bypass (OAGB) has emerged as an effective surgical option. Robotic-assisted techniques offer potential advantages in precision and ergonomics.

Objectives: This study aims to demonstrate the technical feasibility and potential benefits of robotic OAGB using the Da Vinci Xi® system showing some of ours most used tricks.

Methods: The procedure was performed with the patient in a 20° anti-Trendelenburg position. Pneumoperitoneum was established at 14-16 mmHg. Trocar placement included one 8-mm optical trocar positioned approximately twenty-five centimeters from the xiphoyd and three additional robotic trocars along a perpendicular line to the xipho-umbilical axis. A 5-mm trocar was placed in the epigastric region for liver retractor. A 10-mm assistant trocar was placed on the left side. Robotic instruments and robotic stapler were utilized for gastric pouch creation and jejunal anastomosis 180-220 cm from the Treitz ligament.

Results: The robotic approach allowed for precise dissection, stable anastomosis, and effective intraoperative assessment. The video illustrates key surgical steps and highlights the advantages of robotic-assisted metabolic bariatric surgery.

Conclusions: Robotic OAGB is a safe and feasible technique, offering improved surgical precision and ergonomics. Further studies are needed to assess long-term clinical outcomes.

Disclosure: No significant relationships.

P406 / Abs. ID 400

Topic: *AS21. Robotic surgery: indications, pros and cons*

ROBOTIC SURGERY: INDICATIONS, PROS AND CONS
10-09-2025 10:00 - 19:30

FULLY ROBOTIC SLEEVE GASTRECTOMY USING COMPLETE GASTRIC STAPLE LINE BIOABSORBABLE REINFORCEMENT

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[1]CHU de Nice, Nice, France, [2]HEAL Academy, Athens, Greece

Background: The increasing global prevalence of obesity has led to the widespread adoption of metabolic bariatric surgery as a safe and effective treatment for severe obesity. Laparoscopic sleeve gastrectomy (LSG) has become the most commonly performed procedure worldwide. The introduction of robotic platforms has provided enhanced precision and control, making robotic sleeve gastrectomy (RSG) an emerging alternative. However, intraoperative bleeding from the gastric staple line is a recognized concern in RSG. The use of complete gastric staple line bioabsorbable reinforcement may mitigate this issue and improve perioperative outcomes.

Objectives: This video aims to describe a fully robotic sleeve gastrectomy (RSG) technique utilizing complete gastric staple line bioabsorbable reinforcement to demonstrate its feasibility and potential benefits in reducing intraoperative bleeding and improving patient outcomes.

Methods: A fully robotic sleeve gastrectomy was performed using the Da Vinci Xi surgical system. The patient was positioned supine, and four trocars were placed along a horizontal line below the xiphoid process. Following docking, dissection of the greater curvature was performed, preserving critical vascular structures. A 38-French calibration bougie was used, and gastric transection was executed using robotic staplers with Gore Seamguard reinforcement. A leak test with methylene blue confirmed staple line integrity. Operative time, intraoperative blood loss, and early postoperative outcomes were assessed.

Results: The procedure was completed successfully with an operative time of 180 minutes and minimal blood loss (<10 mL). The patient had an uneventful recovery, requiring only simple oral analgesics. No staple line leaks, bleeding, or other complications were observed. The patient was discharged on postoperative day 1 and, at the one-month follow-up, demonstrated a 10 kg weight loss and discontinued Type II diabetes medication, indicating early metabolic benefits.

Conclusions: Fully robotic sleeve gastrectomy with complete gastric staple line bioabsorbable reinforcement is a feasible and effective approach that may reduce intraoperative bleeding and improve surgical outcomes. This technique has the potential to enhance the safety of RSG by decreasing operative time and complications. Further prospective randomized studies are needed to validate its role as a standard practice in metabolic bariatric surgery.

Disclosure: No significant relationships.

P407 / Abs. ID 586

Topic: *AS21. Robotic surgery: indications, pros and cons*

ROBOTIC SURGERY: INDICATIONS, PROS AND CONS
10-09-2025 10:00 - 19:30

FULLY-ROBOTIC ROUX-EN-Y GASTRIC BYPASS: A VIDEO PRESENTATION

Fahad Alghareeb[1], Imed Ben Amor[1], Panagiotis Lainas[2], Patrick Baque[1]
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Background: Roux-en-Y gastric bypass (RYGB) is one of the most effective bariatric procedures for treating severe obesity and its associated diseases. The rise of robotic surgery has enhanced precision, ergonomics, and safety in this complex procedure. The objective of this video presentation is to demonstrate the technique of a fully robotic Roux-en-Y gastric bypass performed exclusively by a single surgeon, without an assistant.

Objectives: The objective of this video presentation is to demonstrate the technique of a fully robotic Roux-en-Y gastric bypass performed exclusively by a single surgeon, without an assistant.

Methods: A detailed demonstration of the fully robotic Roux-en-Y gastric bypass is presented. The surgical steps include trocar placement, liver retractor positioning, creation of the gastric pouch, division of the greater omentum, construction of the Y-limb and jejunojejunostomy, gastrojejunostomy, and closure of mesenteric defects.

Results: The 100% robotic Roux-en-Y gastric bypass provides enhanced visualization and improved instrument maneuverability, facilitating the creation of anastomoses. The use of robotics reduces the risk of strictures and fistulas due to more precise suturing. Although operative time may be slightly longer, preliminary data suggest a reduction in complications and optimized postoperative recovery.

Conclusions: A fully robotic Roux-en-Y gastric bypass is a safe and effective alternative to laparoscopy, offering advantages in precision and surgical safety. Further studies are needed to assess long-term benefits and cost-effectiveness. This video aims to enhance surgical training and promote the adoption of robotics in metabolic bariatric surgery.

Disclosure: No significant relationships.

P408 / Abs. ID 857

Topic: *AS21. Robotic surgery: indications, pros and cons*

ROBOTIC SURGERY: INDICATIONS, PROS AND CONS
10-09-2025 10:00 - 19:30

GASTRIC SLEEVE REVISION WITH INTESTINAL OBSTRUCTION DUE TO DIAPHRAGMATIC AND HIATAL HERNIA

Jorge Bravo[1,2], Marcelo Yáñez[1,2,3], Julio Jiménez[1,2,3], Eduardo Bravo[4], David Bravo[4], Ismael Court[1], Juan Contreras[1,2]
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Background: Technology is advancing steadily. We must be able to use and combine the tools it provides for the benefit of our patients. Furthermore, bariatric and metabolic surgery is growing worldwide. So are their long-term complications and revisional surgeries. We present a very interesting case in which revisional surgery is combined with the repair of a hiatal hernia and a diaphragmatic hernia in the same surgical procedure, using a robotic approach. In addition, for the preoperative study, virtual case discussions were used through the metaverse with surgeons from other countries, as well as 3D image reconstruction. The advantages of robotic surgery allowed for a successful outcome for this complex patient.

Objectives: The objectives of this report are twofold. First, to present the combined use of technologies for the benefit of the patient. Second, to present a complex case of revision surgery associated with the repair of a hiatal and a diaphragmatic hernia, successfully performed using the advantages of robotic surgery.

Methods: 39-year-old woman who underwent laparoscopic sleeve gastrectomy 8 years ago. She progressively developed gastroesophageal reflux. The previous year, while pregnant, she suffered an episode of intestinal obstruction, which was resolved without surgery. After the cesarean section, she continued to experience reflux, frequent vomiting, and a new episode of intestinal obstruction. A complete preoperative study was performed. The case was discussed through the metaverse with surgeons from other countries, with 3D image reconstruction and a robotic approach.

Results: The surgical time was 170 mins. There were no intraoperative or postoperative complications. Pacient was discharged the 3 day post op. Good evolution, with follow up at 6 months, without reflux or abdominal pain.

Conclusions: - We present a very rare case of revisional bariatric surgery associated with the repair of two hernias. - The use of combined technologies is highlighted, such as virtual case discussion associated with robotic surgery for the resolution of complex cases such as this one. - The advantages of robotic surgery allow for improved vision and performance of revision surgery and the repair of both hiatal and diaphragmatic hernias.

Disclosure: No significant relationships.

P409 / Abs. ID 1143

Topic: *AS21. Robotic surgery: indications, pros and cons*

ROBOTIC SURGERY: INDICATIONS, PROS AND CONS
10-09-2025 10:00 - 19:30

VERTICAL BANDED GASTROPLASTY AND LAP BAND IN SAME PATIENT CONVERSION TO ROBOTIC ROUX-Y GASTRIC BYPASS

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Background: Robotic surgery is increasingly gaining strength in its use in bariatric revision surgery, since due to its characteristics it demonstrates great advantages in complex cases. We present a revision case of a patient who has two previous bariatric surgeries, vertical ringed gastroplasty and gastric band, which were removed in our surgical time and converted to robotic Roux-en-Y gastric bypass.

Objectives: The objective of the video is to demonstrate the use of the robot in complex revision surgery, as in this case: a patient with a BMI above 50 and a double band (gastric band and vertical gastroplasty ring).

Methods: We present the case of a 47-year-old woman with a history of type 2 diabetes mellitus, high blood pressure, and sleep apnea, with a history of open vertical banded gastroplasty in 1997 and subsequent placement of an open gastric band without removal or remodeling of the previous surgery.

Results: An R-RYGB procedure was performed with a biliopancreatic loop 2 meters from the Treitz and a 70 cm alimentary loop, total intestine 6 meters, completely robotic with 4 arms, with the use of indocyanine green, as well as the use of Sureform blue cartridges to create a gastric pouch and anastomosis with white cartridges. The patient was discharged 24 hours after the procedure.

Conclusions: Robotic surgery in bariatric revision surgery is highly useful for making surgery even safer. In addition to being convenient for obtaining better results in complex surgeries, the use of technology is also beneficial for the surgeon in these types of cases, which can be exhausting due to the time involved.

Disclosure: No significant relationships.

P410 / Abs. ID 276

Topic: *AS22. Robotic surgery: round up of newer devices*

ROBOTIC SURGERY: ROUND UP OF NEWER DEVICES
10-09-2025 10:00 - 19:30

ROBOTIC ROUX-EN-Y GASTRIC BYPASS WITH HIATAL HERNIA REPAIR USING THE HUGO RAS SYSTEM: OUR FIRST CASE.

Susan Valderrama Chacón[1,2], Rafael Díaz Del Gobbo[3], Mercè Güell[3], Roser Farre Font[3], Sara Pardo Lopez[3], Meritxell Font Prat[3], Malina Caraiman Gall[3], Paula Sánchez Niño[3], Pablo Collera[3], Gabriel Díaz Del Gobbo[3]
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Background: Robotic-assisted surgery has advanced significantly, offering improved precision and ergonomics. The Hugo™ Robotic-Assisted Surgery (RAS) platform, introduced in 2022, features an open console with four individual-arm carts, providing a greater range of motion. Its safety and feasibility in bariatric and metabolic surgery are still under evaluation, and its current use is mainly limited to hybrid procedures.

Objectives: To present our first case using the Hugo RAS platform for a robotic Roux-en-Y gastric bypass (RYGB) with hiatal hernia repair, evaluating its feasibility, safety, and short-term outcomes.

Methods: A 51-year-old woman with class III obesity (BMI 42), metabolic related diseases (prediabetes, hepatic steatosis, and obstructive sleep apnea), and gastroesophageal reflux disease (GERD) with a small hiatal hernia underwent robotic-assisted RYGB with hiatal hernia repair. Surgical technique: The procedure was performed using the Hugo RAS system, with robotic arms a trocar placement strategy optimized appropriate robot performance while maintaining assistant surgeon accessibility to the surgical field. Hiatal dissection: The esophagogastric junction was mobilized, combining robotic with beside surgeon dissection using scissors with monopolar advanced energy and blunt dissection. The hiatal defect was closed with a non-absorbable polyfilament suture. Gastric bypass creation: A perigastric approach was implemented, a retrogastric tunnel was dissected and a gastric pouch was formed using sequential stapling. A 100 cm biliopancreatic limb and a 150 cm alimentary limb were measured. Gastrojejunal anastomosis was performed using a double-layer barbed suture technique. Jejunojejunal anastomosis: Created by a beside surgeon with a mechanical stapler, followed by enterotomy closure using barbed sutures. The mesenteric and Petersen defects were closed with non-absorbable monofilament sutures. Intraoperative assessment: An upper endoscopy confirmed the integrity of the anastomoses.

Results: Docking time: 5 minutes Console time: 196 minutes (3h 27m) No intraoperative or postoperative complications. At 3-month follow-up: No reflux symptoms. Excess weight loss (%EBWL): 56.32%.

Conclusions: Hugo RAS system represents an emerging robotic platform with potential advantages in minimally invasive bariatric and metabolic surgery. Our first case may suggest that robotic RYGB with hiatal hernia repair is a feasible and safe procedure with comparable outcomes to other robotic platforms. Further studies are needed to validate these findings on a larger scale.

Disclosure: Dr Pablo Collera is consultant for Medtronic but its not relevant for this video

P411 / Abs. ID 1077

Topic: *AS22. Robotic surgery: round up of newer devices*

ROBOTIC SURGERY: ROUND UP OF NEWER DEVICES
10-09-2025 10:00 - 19:30

GASTRIC BYPASS WITH MEDTRONIC'S HUGO™ RAS MODULAR ROBOTIC PLATFORM

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Background: Resumen Este documento presenta la primera experiencia mundial con la plataforma robótica HUGO RAS para realizar un bypass gástrico. El objetivo fue evaluar la viabilidad clínica de la cirugía de bypass gástrico asistida por HUGO-RAS y analizar la configuración de acoplamiento propuesta y sus posibles variaciones.

Objectives: Objetivo: Las plataformas robóticas se han probado y utilizado en todo el mundo para realizar diversos procedimientos quirúrgicos durante más de dos décadas. Nuestro objetivo es demostrar nuestra experiencia global con la nueva plataforma HUGO Ras. Evaluar la viabilidad clínica del bypass gástrico asistido por HUGO Ras. Evaluar el sistema de acoplamiento propuesto y sus posibles variaciones.

Methods: Método: Paciente masculino de 46 años con obesidad grado 1 y antecedentes de dislipidemia, hígado graso y diabetes mellitus tipo 2.

Results: Under general anesthesia, the patient was placed in the supine position. A pneumoperitoneum with left subcostalis was performed. Trocars were introduced under direct vision for the four-arm setup. Examination revealed fatty liver and abundant visceral fat. A dissection of the angle of His was performed with ligasure, dissection of the lesser curvature to create the gastric pouch below the second vascular arcade using 1 45mm purple filler and 3 80mm purple fillers with seamguard. Pouch of approximately 50cc. Treitz identification and section at 100cm with a 60mm cream filler with seamguard. Antecolic ascent of the antegastric and gastro-vejunal anastomosis was performed without tension with a 45mm cream filler calibrated at 25mm without seamguard and double-plane gap closure with 3/0 vloc under a 28fr calibration catheter. Entire anastomosis at 1200c with an 80mm cream filler without seamguard and double-plane gap closure of 3/0 vloc, closure of the mesenteric and Petersen gap with continuous non-absorbable 2/0 vlock. Methylene blue test showed no leaks and good passage (of both anastomoses).

Conclusions: Although it is too early to draw definitive conclusions, gastric bypass with Hugo™ RAS is feasible, safe, and effective. We believe this will usher in a new era of robotic surgery adoption, with a lessening of the monopoly of a single RAS platform and a broader reach across the population that will benefit a greater number of people.

Disclosure: No significant relationships.

P412 / Abs. ID 1082

Topic: *AS22. Robotic surgery: round up of newer devices*

ROBOTIC SURGERY: ROUND UP OF NEWER DEVICES
10-09-2025 10:00 - 19:30

ROBOT-ASSISTED RESECTIVE RYGB AND HIATAL HERNIA REPAIR WITH ABSORBABLE MESH

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Background: P.P., 48 years old. Evaluated in the clinic for symptoms of GERD, heartburn, regurgitation, and retrosternal pain for 8-9 months, which have worsened. History: Surgical: Cholecystectomy 20 years ago, two cesarean sections. Morbidity: Insulin resistance, Hashimoto's hypothyroidism. Family history: Father + Gastric Cancer. Allergies: -. Weight: 100 kg. Height: 1.60 BMI: 40. Paraclinical Tests: Endoscopy: Sliding hiatal hernia, congestive pangastropathy, multiple sessile gastric body polyps, severe duodenal gastric reflux. Biopsy: Hyperplastic polyps Labs: Normal gastrinemia, mixed dyslipidemia, insulin resistance. Colonoscopy: Normal. Ultrasonography: Hepatic steatosis, cholecystectomy. DXR: 4 cm hiatal hernia, severe GERD. Plan: Resective gastric bypass. Robot-assisted hiatal hernia repair with absorbable mesh. Docking 15 minutes, surgery time 150 minutes, Patient begins oral tolerance at 6 hours, 2 days of hospitalization.

Objectives: To describe surgical technique of robotic-assisted resective gastric bypass and hiatal hernia repair surgery.

Methods: intervention procedure

Results: Patient with 6-month follow-up, 70% excess weight loss, no GERD, normal metabolic tests.

Conclusions: Robot-assisted bariatric surgery is challenging, however the advantages of esophageal hiatus dissection and complex hernia repair are demonstrated.

Disclosure: No significant relationships.

P413 / Abs. ID 262

Topic: *AS15. Role of ERAS protocol in MBS*

ROLE OF ERAS PROTOCOL IN MBS
10-09-2025 10:00 - 19:30

NURSING INVOLVEMENT IN ERAS FOR BARIATRIC AND METABOLIC SURGERY

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Background: Enhanced Recovery After Surgery (ERAS) is a comprehensive approach aimed at ensuring rapid and safe postoperative recovery, with reported benefits such as reduced complication rates and shorter hospital stays. Since 2016, our institution has been implementing bariatric and metabolic surgery (BMS) through a multidisciplinary team-based approach, gradually expanding its scope. Many patients undergoing BMS have multiple obesity-related diseases, including diabetes, hypertension, and obstructive sleep apnea, necessitating specific perioperative nursing considerations. This study reports on the nursing involvement in ERAS within our institution and the strategies used for its organization.

Objectives: To identify challenges encountered during the establishment of the bariatric nursing team and the measures taken to address them, as well as to discuss future challenges.

Methods: Compared to other healthcare professionals, nurses are involved in a wide range of tasks across multiple departments, including outpatient clinics, hospital wards, operating rooms, and ICUs. Due to the large number of nurses and their diverse work locations, communication was initially difficult. Additionally, differences in shift schedules (with a two-shift system and inconsistent weekly schedules) and the nationwide shortage of nurses in Japan made routine participation in bariatric conferences challenging. To address these issues, a nurse coordinator (NC) system was introduced within the nursing department to enhance communication.

Results: The NC played a central role in understanding the overall structure of care and collaborated with core nursing staff from each department. This facilitated better coordination with other healthcare professionals, allowing for the creation of standardized protocols and guidelines.

Conclusions: Patient-centered multidisciplinary care is essential in ERAS. By coordinating communication and collaboration across the four nursing departments involved, the NC system contributed to improving the overall quality of team-based medical care.

Disclosure: No significant relationships.

P414 / Abs. ID 475

Topic: *AS15. Role of ERAS protocol in MBS*

ROLE OF ERAS PROTOCOL IN MBS
10-09-2025 10:00 - 19:30

OUTCOME OF INTRA-OPERATIVE CELIAC PLEXUS BLOCK USING PERI-CRURAL TECHNIQUE IN PATIENTS UNDERGOING BARIATRIC-METABOLIC SURGERY- A RANDOMISED CONTROL TRIAL

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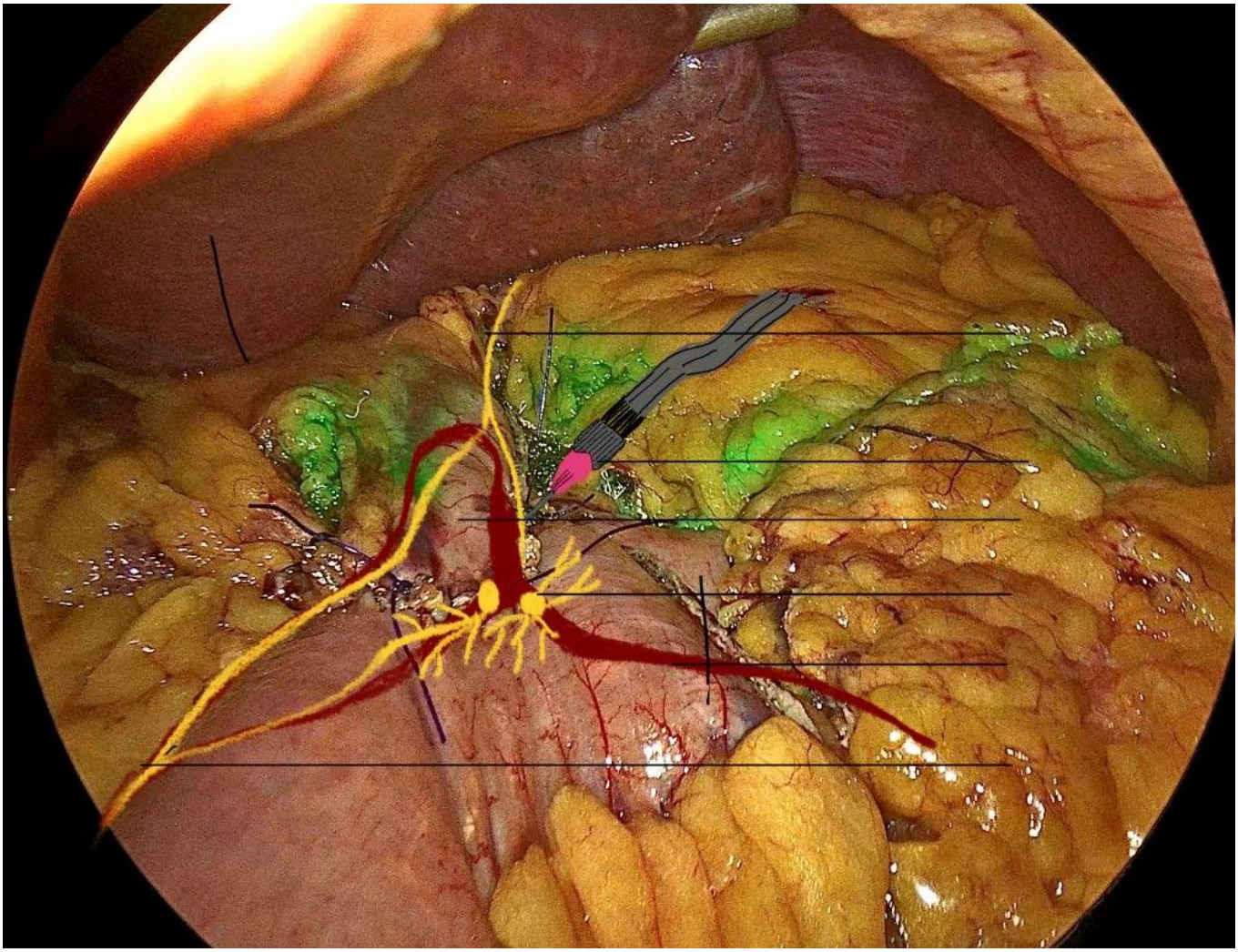
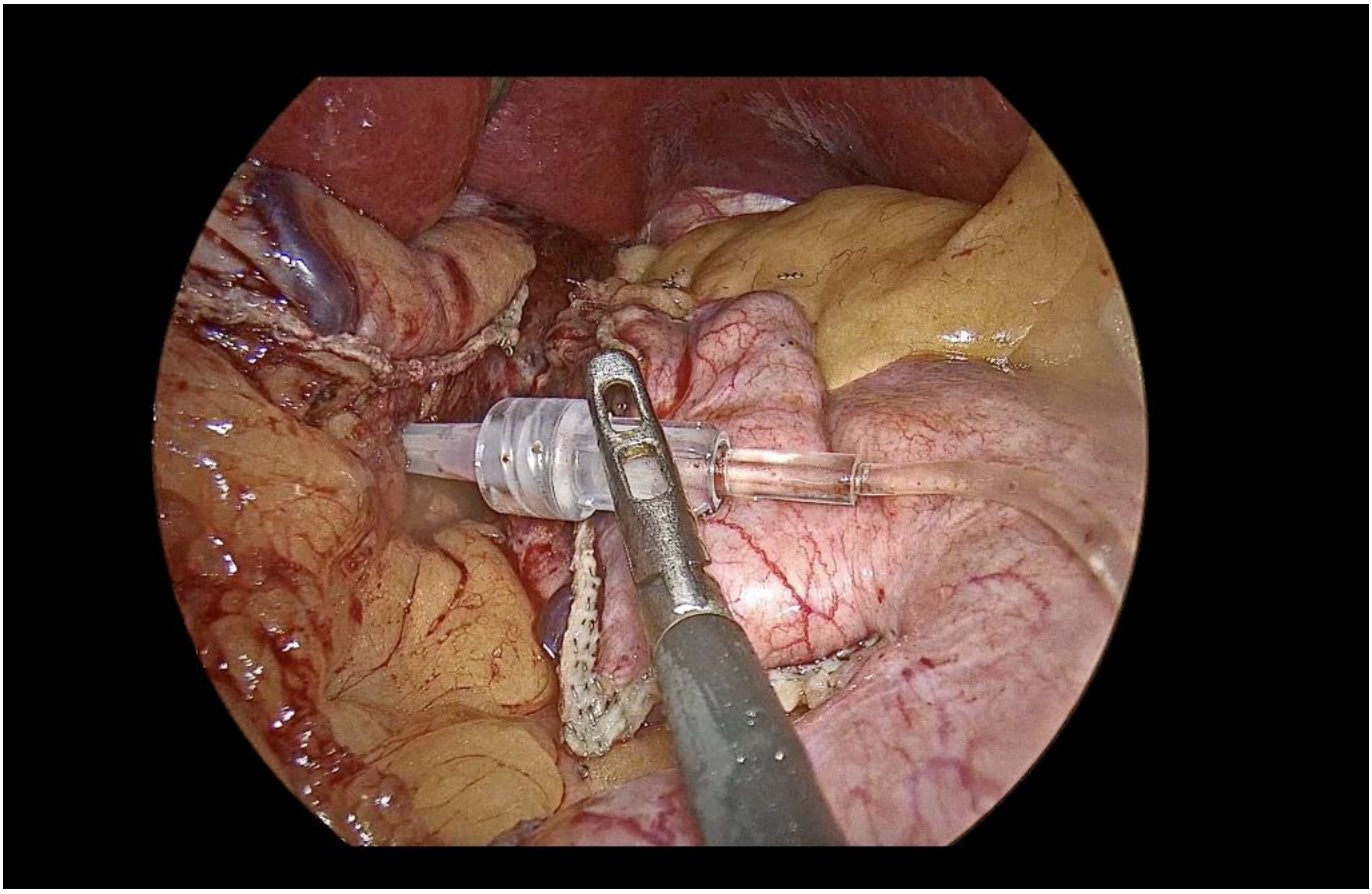
Background: In patients undergoing bariatric-metabolic surgery like Sleeve Gastrectomy and Roux en Y Gastric Bypass (RYGB), following Enhanced Recovery After Surgery (ERAS) protocol is highly advised for comfort and satisfactory outcome. However issues such as visceral pain and post operative nausea vomiting tend to compromise recovery of the patients especially after Laparoscopic sleeve gastrectomy. The usage of an intra-operative peri-crural autonomic nerve blockage administered around the celiac plexus offers significant reduction in post-operative pain, Post Operative Nausea Vomiting (PONV) and dysphagia. This can enhance patient recovery, satisfaction, reducing hospital stay and overall healthcare expenditure. Moreover, effective control of PONV with reduced opioid usage contribute to patient comfort.

Objectives: To assess the outcomes of intra-operative celiac plexus block in patients undergoing bariatric-metabolic surgery.

Methods: The present study is a randomised control trial performed on 340 patients admitted in the bariatric and metabolic surgery department of a tertiary care centre in Western India from September 2024 to February 2025. 340 patients were divide in group 1- which received the block and group 2- that didnot receive the block. All 340 patients received tablet Aprepitant 125 mg, Gabapentin 300mg and Paracetamol 500mg the night before surgery and tablet Aprepitant 80 mg, Gabapentin 300mg and Paracetamol 500mg in the morning on the day of surgery. Intraoperative blockade was given using a combination of lignocaine 2% with Bupivacaine 0.5% of 10ml each. Injected at the lateral border of the left crus 2cm posterior to the gastric pouch created. 1 ml Indocyanine Green dye was added to the block to determine the location of infiltration.





Results: Of the 340 patients, who underwent bariatric-metabolic surgery,

	Group 1 n=170	Group 2 n=170
Mean age	41	44
SD of age	11.334	12.047
Mean BMI	46.113	44
Pain absent	143	47
PONV absent	150	71

The length of the hospital stay was significantly reduced in most of the patients from group 1.

Conclusions: The use of the Intra-operative celiac axis block results in more effective analgesia and significant reduction in PONV in patients undergoing bariatric-metabolic surgery.

Disclosure: No significant relationships.

P415 / Abs. ID 767

Topic: *AS15. Role of ERAS protocol in MBS*

ROLE OF ERAS PROTOCOL IN MBS
10-09-2025 10:00 - 19:30

OUTCOME OF ULTRASOUND GUIDED ERECTOR SPINAE PLANE BLOCK IN PATIENTS UNDERGOING LAPAROSCOPIC METABOLIC BARIATRIC SURGERY IN TERTIARY CARE HOSPITAL OF PESHAWAR

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Background: Obesity represents major disease burden and health care challenges.Obesity is associated with serious conditions.Bariatric surgery represents effective and sustainable treatment.Ultrasound-guided Erector Spinae Plane Block (ESPB) innovative regional anesthesia tecchnique.

Objectives: The aim of this study is to compare the outcome of ultrasound guided erector spinae plane block (ESPB) in patients undergoing laparoscopic bariatric surgery versus group of laparoscopic bariatric surgery patients not availing ultrasound guided ESPB.

Methods: This study conducted in the department of General Surgery, Hayatabad medical complex Peshawar from January 2021 to December 2023. A total of 50 patients aged 18 to 65 years with a body mass index (BMI) of 43±8 kg/m2 were randomly allocated into two groups. 25 Patients (50%) received bilateral ESPB using 20 mL bupivacaine 0.25% while 25 (50%) patients were assigned to control group.

Results: All the 50 patients underwent laparoscopic Bariatric surgery. Out of 50 patients 35 (70%) patients availed Laparoscopic Sleeve Gastrectomy (LSG), and 15 (30%) patient have undergone Gastric Bypass (GB) surgery. 18 (51.4%) LSG and 7 (46.7%) GB patients have availed Bilateral Ultrasound guided ESPB. While 17 (48.6%) LSG, 8 (53.3%) GB patients we're included in the control group. Out of 25 ESPB patient group only 1 (4 %) patient has been observed to have post operative pain of 5.0±1.0 VAS score at awake. He was administered 100mg Tramadol injection at awake. While rest of the 24 (96%) ESPB patients have lower VAS Score at awake, at 12-hour, and at 24-hour post-op. The ESPB VAS score at awake is 3.0±1.0, 2.0±1.0 at 12-hours, and 1.0±1.0 at 24 hours post-op. ESPB patients received a single dose of tramadol injection at awake. Oral analgesic required at 12-hours post-op while no analgesic is required at 24-hours post-op. On the contrary, the control group patients VAS Score is 7.0±1.0 at awake, 6.0±1.0 at 12-hours and 5.0±1.0 at 24-hours post-op. Control Group required analgesia in the form of tramadol injection at awake, at 12-hours and at 24-hours post-op.

Conclusions: Conclusion: Bilateral ultrasound-guided ESPB appears to be a simple and very effective technique in lowering post-operative pain resulting in decreased analgesia administration in patients with obesity undergoing laparoscopic bariatric surgery.

Disclosure: No significant relationships.

P416 / Abs. ID 547

Topic: *AS15. Role of ERAS protocol in MBS*

ROLE OF ERAS PROTOCOL IN MBS
10-09-2025 10:00 - 19:30

OUTCOMES OF ERAS PROTOCOL USING CELIAC GANGLIA BLOCK IN AMBULATORY BARIATRIC-METABOLIC SURGERY

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Background: Traditionally bariatric-metabolic surgery is performed in an inpatient setting the average length of stay is from 24 hours to 72 hours. Recently ambulatory surgery or outpatient surgery is becoming increasingly common for cost cutting strategies. The ERAS protocol has improved the ability to perform same day surgery but the outcomes for the addition of Celiac Ganglia blocks has yet to be established for different types of bariatric-metabolic surgery and revisional surgery.

Objectives: To study the impact of ERAS protocol with Celiac Ganglia blocks on length of stay, post operative pain, satisfaction score, and postoperative nausea in patients undergoing bariatric-metabolic surgery.

Methods: After establishing the criteria and protocol we performed 657 bariatric-metabolic surgeries and revisions from 2020 to 2025 at an ambulatory surgery center. NIH criteria was used as an indication for surgery. Retrospective analysis of prospectively collected data from these surgeries (gastric sleeve, gastric bypass, duodenal switch, SADI and revisions) was performed.

Results: The mean age of our patients was 43 years and mean BMI was 38.4. All surgeries were performed laparoscopically with no conversion to open utilizing ERAS protocol incorporating a Celiac Ganglia block. No mortality reported in our series. Patients stayed on average for 2 hours 5 minutes in PACU. 2% of patients required narcotic pain meds on PO day 0, 18% on POD 1, 8% POD 2, and 0% POD 7. 22% of patients required antiemetics on PO day 0, 8% on POD 1, 4% POD 2, and 1% POD 7. The average satisfaction score was 9.8 out of 10.

Conclusions: Our data suggests that incorporating a Celiac Ganglia block with ERAS protocol for bariatric-metabolic surgery has a significant impact on outcomes which enables one to do same day surgery with minimal requirement of narcotics and nausea medications and high patient satisfaction.

Disclosure: No significant relationships.

P417 / Abs. ID 1083

Topic: *AS15. Role of ERAS protocol in MBS*

ROLE OF ERAS PROTOCOL IN MBS
10-09-2025 10:00 - 19:30

"BENEFICIOS DEL MANEJO ANESTÉSICO CON ANESTESIA TOTAL ENDOVENOSA (TIVA) EN CIRUGÍA BARIÁTRICA: EXPERIENCIA DE UN CENTRO BARIÁTRICO"

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Background: La cirugía bariátrica presenta desafíos para los anestesiólogos, especialmente en el período perioperatorio. La anestesia total endovenosa (TIVA) se ha probado como una técnica beneficiosa en el postoperatorio inmediato, ayuda a reducir el riesgo de náusea y vómito, mejora el control del dolor y acelera la recuperación cognitiva, permitiendo un egreso temprano, favorece la deambulación, el inicio de la vía oral y el destete de oxígeno suplementario.

Objectives: El objetivo del presente trabajo es comparar la experiencia que se ha tenido en nuestro centro bariátrico con la implementación de esta técnica anestésica, con los beneficios que se encuentran reportados en la literatura.

Methods: Estudio observacional transversal en el centro bariátrico Cirugía Bariátrica CDMX con 45 pacientes sometidos a procedimientos quirúrgicos bariátricos entre enero y marzo de 2024, bajo TIVA. Inclusión: IMC >35, procedimiento quirúrgico bariátrico, TIVA, sin distinción de sexo. Exclusión: no deseo de participar, IMC <30, cirugías combinadas o anestesia balanceada. Variables: sexo, tiempo quirúrgico, tiempo anestésico, náusea y vómito, IMC, tiempo de despertar tras suspender Propofol, dolor postoperatorio inmediato y al egreso hospitalario (ENA) y tiempo de egreso. Análisis descriptivo e inferencial para describir las características de la muestra y establecer relaciones entre las variables, comparado a los beneficios reportados en la literatura.

Results: Población inicial 45 pacientes, 12 excluidos (procedimientos mixtos), 33 pacientes para el análisis (23 mujeres, 10 hombres), edad promedio 40 años, IMC promedio de 39.4 kg/m². Se realizaron 11 MG, 13 BG, 7 biparticiones, 1 SASI, 1 conversión. Tiempo quirúrgico promedio 86.48 minutos. Tiempo anestésico promedio 113 minutos. Tiempo de despertar 12.9 minutos. ENA al egreso inmediato 3, y al egreso a domicilio de 0.86, todos los egresos dentro de las primeras 24 horas postoperatorias, 3 casos a las 12 horas. Náusea en el 27%, no vómito.

Conclusions: Los resultados obtenidos coinciden con la literatura. Se observó una baja incidencia (27%) de náusea y vómito postoperatorios, buen control del dolor y egreso hospitalario temprano. Es necesario recopilar más información sobre los beneficios de esta técnica anestésica en pacientes bariátricos, como la estabilidad hemodinámica y la menor depresión respiratoria postanestésica, para obtener una visión más completa de sus ventajas.

Disclosure: No significant relationships.

P418 / Abs. ID 143

Topic: *AS15. Role of ERAS protocol in MBS*

ROLE OF ERAS PROTOCOL IN MBS
10-09-2025 10:00 - 19:30

A META-ANALYSIS OF THE APPLICATION EFFECT OF ENHANCED RECOVERY AFTER SURGERY (ERAS) CONCEPT IN BARIATRIC AND METABOLIC SURGERY PATIENTS

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Background: 肥胖已成为中国严重的公共卫生问题，严重威胁居民健康，并呈现出年轻化的趋势。最新的流行病学数据显示，超过 50% 的成年人和近 20% 的儿童和青少年目前面临超重或肥胖问题。根据 2024 年世界肥胖地图集，2020 年，全球 42% 的成年人（约 22 亿人）超重或肥胖，预计到 2035 年这一比例将上升到 54%（33 亿）。对于病态肥胖和相关代谢合并症的患者，减肥和代谢手术因其显着而持久的减肥效果、代谢改善和可接受的安全性而成为公认的有效治疗方法。随着加速康复术后 （ERAS） 概念在外科领域的广泛应用，减肥和代谢手术通过多学科协作模式优化了围手术期管理，并已成为标准化的 ERAS 途径。现有研究表明，ERAS 方案可以缩短术后住院时间，降低术后并发症的发生率，提高患者的术后生活质量和满意度。同时，ERAS 理念的推广有助于减少术后医疗资源的消耗，从而降低整体医疗成本。本研究采用荟萃分析方法，系统整合 ERAS 在减肥和代谢手术中的应用临床证据，旨在为优化围手术期管理策略提供循证支持。

Objectives: 系统评价加速康复术后 （ERAS） 概念在接受减肥和代谢手术患者中的临床应用和有效性。

Methods: 系统检索了中英文数据库，包括 Cochrane 图书馆、乔安娜布里格斯研究所 （JBI） 循证医疗保健数据库、Embase、PubMed、Web of Science、CINAHL、中国国家知识基础设施 （CNKI）、万方数据库、VIP 数据库和中国生物医学文献数据库 （CBM）。检索期涵盖从数据库建立到 2024 年 12 月 25 日的出版物。两名受过系统培训的研究人员独立进行文献筛选、质量评估和数据提取。使用 RevMan 5.3 软件进行荟萃分析，二分类变量使用比值比 （OR），连续变量使用平均差 （MD），两者均以 95% 置信区间 （CI） 表示。

Results: 共纳入 16 项研究，涉及 3,576 名患者。荟萃分析结果显示，与传统围手术期管理相比，ERAS 组显著降低住院时间 [MD = -1.40， 95% CI （-1.82， -0.99），P < 0.00001]、术后恶心呕吐发生率 [OR = 0.44， 95% CI （0.21， 0.92），P = 0.03] 和住院费用 [MD = -8,061.24， 95% CI （-12,925.10， -3,197.38），P = 0.001]。两组术后并发症发生率 [OR = 0.82， 95% CI （0.63， 1.07）， P = 0.14]、30 天再入院率 [OR = 0.87， 95% CI （0.60， 1.26）， P = 0.46] 和再手术率 [OR = 0.73， 95% CI （0.34， 1.59）， P = 0.43] 差异无统计学意义。

Conclusions: ERAS 方案可有效优化减肥和代谢手术患者围手术期管理，显著缩短住院时间、术后恶心呕吐发生率和医疗费用，而不会增加术后不良事件的风险。 鉴于现有研究的异质性和方法学局限性，建议未来的多中心、大样本研究以进一步验证其有效性。

Disclosure: No significant relationships.

P419 / Abs. ID 752

Topic: *AS14. Role of methodology in MBS*

ROLE OF METHODOLOGY IN MBS
10-09-2025 10:00 - 19:30

CENTER OF EXCELLENCE: A COMPREHENSIVE APPROACH TO OBESITY CARE AND OVERCOMING OBSTACLES IN WEIGHT LOSS PROGRAMS

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Background: Obesity is a global epidemic with serious health consequences, including metabolic disorders, cardiovascular disease, and reduced quality of life. Effective obesity management requires a multidisciplinary approach integrating medical, nutritional, psychological, and surgical interventions. Centers of Excellence (COEs) in obesity care have emerged as specialized institutions providing comprehensive, evidence-based treatment. However, challenges such as patient adherence, long-term weight maintenance, and access to care persist. This study evaluates the role of COEs in optimizing obesity management and overcoming obstacles in weight loss programs.

Objectives: To assess the impact of a multidisciplinary COE approach on obesity treatment outcomes. To identify key challenges in weight loss programs and strategies to enhance patient adherence and long-term optimal clinical response. To evaluate the effectiveness of integrating medical, behavioral, and surgical interventions in obesity management.

Methods: A systematic review of literature and analysis of data from COEs specializing in obesity care were conducted. Patient outcomes, including weight loss, metabolic improvements, and quality-of-life changes, were assessed. Key challenges such as patient compliance, psychological factors, and access to specialized care were examined. The effectiveness of different interventions, including lifestyle modifications, pharmacotherapy, and bariatric surgery, was compared.

Results: COEs significantly improved weight loss outcomes, with higher patient adherence rates compared to non-specialized programs. Multidisciplinary approaches combining diet, exercise, psychological support, and medical/surgical interventions resulted in better metabolic control and long-term weight maintenance. Key obstacles included psychological barriers, socioeconomic factors, and limited access to specialized care. Strategies such as patient education, structured follow-up, and individualized treatment plans improved adherence and sustainability of weight loss. Bariatric surgery, when integrated with preoperative and postoperative multidisciplinary care, yielded superior long-term results.

Conclusions: Centers of Excellence play a vital role in providing comprehensive obesity care, leading to improved weight loss outcomes and long-term optimal clinical response. A multidisciplinary approach that includes medical, psychological, and surgical strategies is essential for overcoming barriers in weight loss programs. Addressing patient adherence, psychological challenges, and access to care is critical for sustainable obesity management. Future advancements should focus on enhancing patient-centered care and expanding access to specialized treatment.

Disclosure: No significant relationships.

P420 / Abs. ID 326

Topic: *AS14. Role of methodology in MBS*

ROLE OF METHODOLOGY IN MBS
10-09-2025 10:00 - 19:30

A MULTIDISCIPLINARY APPROACH TO PERIOPERATIVE PAIN MANAGEMENT IN PATIENTS WITH LAPAROSCOPICALLY ASSISTED SLEEVE GASTRECTOMY

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Background: At the same time, it can also identify patients with complex pain and patients with related diseases , conduct prospective planning, implement preoperative intervention, and early specialist management. However, for obese patients, with special physiological and psychological characteristics, and postoperative pain is more likely to cause a complex physiological and psychological reaction, which delays the time of getting out of bed and causes insufficient tidal volume of respiration, which directly affects the postoperative rehabilitation process. Therefore, the goal of postoperative analgesia after metabolic bariatric surgery is not only to reduce pain, but also to promote the recovery of gastrointestinal function through oral eating in the early stage.

Objectives: 1. Improved the pain management level of clinical nurses, and the passing rate after training reached 100%. 2. Reduce the incidence of moderate and severe pain after LSG operation by 80%. 3. Increase pain efficacy by 80%. 4. Standardize pain management procedures after sleeve gastrectomy and promote them.

Methods: 1.Establish a multidisciplinary team 2.Organize personnel training 3.Implementation of baseline review 4.Literature retrieval and strategy making 5.Implement plans, such as standardizing pain assessment, improving clinical staff's understanding of pain, the application of non-drug analgesic methods, and rational use of analgesic drugs

Results: At 4, 8, 12 and24h after surgery, the pain scores of the two groups gradually decreased, and at 4, 8 and 12 h after surgery, the pain scores of the observation group were lower than those of the control group, with statistical significance ($P<0.05$); 24 h after surgery, there was no significant difference in pain scores between the two groups ($P>0.05$). The recovery time of bowel sound, the first postoperative exhaust time and the first postoperative defecation time in the observation group were earlier than those in the control group, and the length of hospitalization was shorter than that in the control group, the difference was statistically significant($P<0.001$).There was no significant difference in the total incidence of adverse reactions between the two groups ($P>0.05$).

Conclusions: The application of multidisciplinary pain management program in perioperative analgesia during perimorperitoneoscopically assisted loci resection is significant,which can reduce postoperative pain and promote recovery of patients with high safety.

Disclosure: No significant relationships.

P421 / Abs. ID 940

Topic: *AS14. Role of methodology in MBS*

ROLE OF METHODOLOGY IN MBS
10-09-2025 10:00 - 19:30

SITUS INVERSUS IN LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS

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Background: Situs inversus is a rare congenital condition characterized by a mirror-image arrangement of the internal organs. It is an autosomal recessive hereditary disorder, with an incidence of approximately 1 in 10,000 people in the general population. Doing a laparoscopic Roux-en-Y gastric bypass in a patient with this condition is a great challenge.

Objectives: To present the case of a woman with situs inversus who underwent MBS and to show the changes made to facilitate the procedure.

Methods: We use videos obtained from laparoscopy tower. Additionally we introduced some infographics to explain the arrangements that were made for the surgery which were different from the habitual procedure.

Results: We show the arrangements made and the laparoscopic procedure itself.

Conclusions: Situs inversus is an extremely rare condition. The surgical treatment of a patient with such characteristics always presents a challenge. In this case, we were able to demonstrate that performing a laparoscopic gastric bypass is possible by implementing certain modifications that facilitated the procedure.

Disclosure: No significant relationships.

P422 / Abs. ID 104

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

RYGB: MECHANISM OF ACTION, IMPACT ON OBESITY-RELATED MEDICAL CONDITIONS AND LONG-TERM WEIGHT LOSS
10-09-2025 10:00 - 19:30

PRADER-WILLI SYNDROME AND GASTRIC BYPASS: SUSTAINABLE WEIGHT LOSS WITH LONG TERM RESULTS FOR UP TO 20 YEARS

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Background: The obesity associated with Prader-Willi syndrome (PWS) results from a chronic imbalance between energy intake and expenditure due to hyperphagia, decreased physical activity, reduced metabolic rate and an inability to vomit. Obesity control is notoriously difficult; thus, the role of metabolic bariatric surgery in PWS remains controversial as long-term data are lacking.

Objectives: To evaluate the outcomes of bariatric surgery in Prader-Willi syndrome (PWS)

Methods: This is a retrospective study on PWS patients who received metabolic bariatric surgery and multidisciplinary follow-up programs for obesity control. Outcomes on weight reduction and resolution of related diseases were evaluated.

Results: Between June 2002 and June 2016, three PWS patients (two males and one female) with mean age of 32 years (range 25-38) underwent Laparoscopic Roux-en-Y Gastric bypass (LRYGB) in our unit. All patients have completed follow-up to-date. There is no lost-to-follow-up in this study. The best mean percentage of total weight loss (%TWL) was achieved at 5 years (48.4 ± 7.1). Successful weight loss has been seen in all three patients in their consecutive consults up to their last follow up. The mean %TWL were 47.4% at 5 years, 27.6% at 10 years, 37% at 15 years, and 41.5% at 20 years. At 7 years the mean %EWL 83.85%; at 10 years the mean %EWL was 77.3% and 65.7% at 20 years. The trend of weight changes was similar in all patients. Changes in obesity-related diseases were seen in all three patients. Type 2 diabetes mellitus (T2DM) remission in 50%; Obstructive sleep apnoea-syndrome (OSAS) in 33.3%; and complete remission (100%) in hypertension and dyslipidemia. There was no mortality.

Conclusions: Metabolic bariatric surgery produced notable and sustainable weight loss and resolutionof related diseases in PWS. This study suggests that metabolic bariatric surgery can be performed in PWS patients along with multidisciplinary long-term follow up.

Disclosure: No significant relationships.

P423 / Abs. ID 701

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

RYGB: MECHANISM OF ACTION, IMPACT ON OBESITY-RELATED MEDICAL CONDITIONS AND LONG-TERM WEIGHT LOSS
10-09-2025 10:00 - 19:30

A COMPARISON OF LAPAROSCOPIC SLEEVE GASTRECTOMY AND LAPAROSCOPIC ROUX-AND-Y GASTRIC BYPASS IN SUB-SAHARAN AFRICA

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Background: Seventy percent of females in South Africa (SA) are either overweight or with obesity with the leading cause of death being metabolic disease. In recent years two multidisciplinary metabolic and bariatric surgery (MBS) units have been established in the public sector in SA. There are no previous comparisons of laparoscopic sleeve gastrectomy (SG) and laparoscopic roux-and-y gastric bypass (RYGB) from Sub-Saharan Africa.

Objectives: We compare loss of weight and resolution of comorbidities in patients undergoing SG vs LRYGB in low resource setting to ascertain whether international outcomes remain applicable. Additional endpoints included quality of life, short- and long-term complications, and mortality.

Methods: This was a prospective observational descriptive study of all patients undergoing SG or RYGB in a multidisciplinary MBS team in a single tertiary government hospital in Cape Town, South Africa from February 2018 to August 2022. All patients are followed up at 2 weeks, 3 months, 6 months and thereafter annually.

Results: Over 4.5 years 166 patients underwent SG (n=84, 50.6%) or RYGB (n=82, 49.4%) with 144 (86.7%) being female. At 5 years 27 patients (16%) were lost to follow-up. Percentage excess body mass index loss (%EBMIL) was not significantly different at 1 year and 2 years for SG (47.00%, 44.65%) vs RYGB (56.26%, 58.08%). Gastro-oesophageal reflux disease remission at 5 years was worse after SG with 2 patients (2.4%) requiring reoperation. One death occurred on day 3 after RYGB due to an acute myocardial infarction.

Conclusions: Laparoscopic SG and RYGB performed in a Sub-Saharan African patient population are comparable with international reports with regards to weight loss, resolution of comorbidities and complications. Future research should continue to focus on outcomes in low-resource settings where obesity is becoming the main driver of mortality.

Disclosure: No significant relationships.

P424 / Abs. ID 453

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

RYGB: MECHANISM OF ACTION, IMPACT ON OBESITY-RELATED MEDICAL CONDITIONS AND LONG-TERM WEIGHT LOSS
10-09-2025 10:00 - 19:30

COMPARATIVE EFFICACY OF BARIATRIC SURGERY IN PATIENTS WITH AND WITHOUT DIABETES: A PROPENSITY SCORE-MATCHED COHORT STUDY

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Background: Bariatric surgery is a well-established treatment for obesity and diabetes; however, evidence of its metabolic benefits in non-diabetic obese populations remains insufficient. This study systematically compared the postoperative metabolic outcomes between these groups using propensity score matching to evaluate the potential for expanding surgical indications.

Objectives: A total of 177 obese patients (98 non-diabetic and 79 diabetic) who underwent bariatric surgery at Shanghai Tenth People's Hospital were included.

Methods: Propensity score matching (1:1 ratio, caliper value 0.1) balanced the baseline differences in age, sex, and BMI, yielding 67 matched pairs. Repeated-measures analysis was performed to compare weight loss (BMI and excess weight loss [EWL]), metabolic improvements, and related diseases remission at 3, 6, and 12 months postoperatively.

Results: After matching, baseline characteristics were comparable (age: 32.3 vs. 33.8 years; BMI: 39.4 vs. 38.7 kg/m²; sex distribution: 29.9% vs. 32.8% male; all P > 0.05). At 12 months post-surgery, non-diabetic patients exhibited significantly greater reductions in BMI (−12.88 ± 3.97 vs. −10.89 ± 3.53 kg/m², P = 0.011) and uric acid levels (−88.90 ± 77.24 vs. −57.89 ± 77.20 μmol/L, P = 0.050). In contrast, diabetic patients demonstrated superior improvements in insulin resistance (HOMA-IR: −8.73 ± 8.05 vs. −4.73 ± 3.41, P = 0.002) and liver function (ALT: −72.04 ± 65.86 vs. −37.26 ± 35.77 U/L, P = 0.002; AST: −30.50 ± 35.23 vs. −17.49 ± 20.00 U/L, P = 0.029). However, weight loss efficacy (EWL: 90.7% vs. 82.1%; P > 0.05); improvements in lipid profiles (TG, TG/HDL ratio, LDL, TC, HDL), insulin, C-peptide, GGT levels; and remission rates of hypertension, hyperuricemia, and dyslipidemia showed no intergroup differences (all P > 0.05).

Conclusions: The metabolic benefits of bariatric surgery are independent of preoperative diabetic status. Patients without diabetes exhibited greater reductions in BMI and superior uric acid control, highlighting the broader metabolic benefits of this intervention in non-diabetic populations.

Disclosure: No significant relationships.

P425 / Abs. ID 160

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

RYGB: MECHANISM OF ACTION, IMPACT ON OBESITY-RELATED MEDICAL CONDITIONS AND LONG-TERM WEIGHT LOSS
10-09-2025 10:00 - 19:30

NON-ALCOHOLIC FATTY LIVER DISEASE AND ITS RELATIONSHIP WITH METABOLIC SYNDROME IN THE PREOPERATIVE PERIOD – A RETROSPECTIVE STUDY

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Background: BACKGROUND: The growth of severe obesity is considered a public health's main issue. Along with this, there is an increase chronics diseases' prevalence. Among them, we can highlight non-alcoholic fatty liver disease and metabolic syndrome.

Objectives: OBJECTIVE: To verify the connection between non-alcoholic fatty liver disease and metabolic syndrome in the preoperative period of patients underwent metabolic bariatric surgery.

Methods: METHODS: This is a retrospective, descriptive, and cross-sectional study with a quantitative approach. The research was done with samples obtained from a clinic database in the period 2018-2019 (group 1) and 2020-2021 (group 2), in which all patients included in the study underwent bariatric/metabolic surgery. The variables were gender, age, biochemical parameters (glucose, HDL cholesterol, AST, ALT, and triglycerides), blood pressure and anthropometry (weight and body mass). The diagnosis of NAFLD was obtained by the parameters of MS, through the protocol of the National Cholesterol Education Program's Adult Treatment Panel III, updated by the American Heart Association; and the National Heart, Lung, and Blood Institute. For all data the results were considered significant ($p<0.05$).

Results: RESULTS: A total of 246 patients were evaluated, with the sample consisting of 85% women. The average age found in the population was (G1: 41.3±9.7 and G2: 42.3±9.2) Years old. The average weight among them was (G1: 117.0±22.6 and G2: 114.7±20.7) kg, and the average BMI value was (G1: 44.0±10.3 and G2: 42.8±6.2) kg/m2 in the preoperative period. 51.5% (n=126.7) of the patients were diagnosed with NAFLD, arterial hypertension (G1: 50% and G2: 46.6%), altered dyslipidemic levels (G1: 76% and G2: 66.4%), and altered glycemic levels (G1: 60% and G2: 57.6%) of the patients with metabolic syndrome.

Conclusions: The results of the study demonstrated that the diagnosis of MS, and the presence of associated diseases (severe obesity, arterial hypertension, dyslipidemic levels and elevated glycemic levels) are strongly related to the presence of NAFLD. Therefore, it is extremely important to perform the metabolic bariatric surgery, as it will reduce weight, decrease hepatic, lipid and glycemic markers, resulting in a reduction of the obesity associated diseases , as well as improving the quality of life of patients, who have undergone metabolic bariatric surgery.

Disclosure: No significant relationships.

P426 / Abs. ID 574

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

RYGB: MECHANISM OF ACTION, IMPACT ON OBESITY-RELATED MEDICAL CONDITIONS AND LONG-TERM WEIGHT LOSS
10-09-2025 10:00 - 19:30

LONG TERM INCRETIN EFFECT FOR T2DM CONTROL AFTER RYGB

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Background: Metabolic bariatric surgery is the treatment of choice for individuals with severe obesity and T2DM. Roux-en-Y gastric bypass promotes weight loss in patients with severe obesity and improvement of type II diabetes and in some cases can lead to remission. Even without weight loss, an improvement in glycemic metabolism is observed in patients undergoing Roux-en-Y gastric bypass or biliopancreatic diversion few days after the operation. The action of enterohormones is relevant in the initial results also in the late evolution.

Objectives: The objective of this study is to evaluate the influence of entero hormonal secretion (GLP-1, GIP and ghrelin) on the evolution of diabetes after 3-year of RYGB.

Methods: A total of 20 patients were evaluated, divided into 2 groups, group 1 (G1) A1c less than 6% and group 2 (G2) A1c greater than 6%. Hormone secretion (ghrelin, GLP-1 and GIP) was performed at times determined from standard meal intake. Informed consent was obtained from all individual participants included in the study. All procedures performed in studies involving human participants were in accordance with the ethical standards and/or national research committee

Results: G1 had higher mean secretion at 30 and 120 minutes, [992.60 ± 806.78 vs. 407.97 ± 186.80, P=0.039] and [418.72 ± 219.11 vs. 240.14 ± 121.11, P=0.037], respectively in relation to G2. G1 presented higher GLP-1 values at 60 [724 (195 - 1483) vs. 214 (67 - 424), P=0.038], 90 [473 (200 - 943) vs. 180 (120 - 318), P=0.016] and 120 minutes [565 (278 - 770) vs. 163 (81 - 339), P=0.008] compared to G2. There was no difference between the groups in relation to ghrelin.

Conclusions: Higher secretion of GIP and GLP-1 in patients with is associate to T2DM remission. Incretin factor is important in late evolution for glycemic control.

Disclosure: No significant relationships.

P427 / Abs. ID 163

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

RYGB: MECHANISM OF ACTION, IMPACT ON OBESITY-RELATED MEDICAL CONDITIONS AND LONG-TERM WEIGHT LOSS
10-09-2025 10:00 - 19:30

COMPARISON OF TWO SUTURE TECHNIQUES IN INTRACORPOREAL HAND-SEWN GASTROJEJUNOSTOMY IN LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS: ANALYSIS OF 50 CASES

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Background: Laparoscopic Roux-en-Y gastric bypass (LRYGB) is a standardized technique in metabolic bariatric surgery. The construction of the gastrojejunostomy can be performed using various suture techniques, which may influence the incidence of complications such as leaks or stenosis. Additionally, the choice of suture technique may have an impact on postoperative nutrient absorption, gastrointestinal motility, and long-term metabolic outcomes.

Objectives: To compare the outcomes of two suture techniques for intracorporeal hand-sewn gastrojejunostomy in LRYGB patients, focusing on postoperative complications, weight loss, and metabolic improvements.

Methods: In this prospective study, 50 patients underwent LRYGB in 2024, divided into two groups of 25. Group 1 received an anastomosis using Vicryl 2-0 sutures in two layers (full-thickness and seromuscular), calibrated with a 54 Fr orogastric bougie. Group 2 received an anastomosis using absorbable V-Loc 3-0 sutures in two layers, also calibrated with a 54 Fr bougie. The incidence of anastomotic leaks, stenosis, and postoperative bleeding was assessed over an 8-month follow-up. Additionally, early metabolic outcomes, including changes in glycemic control and lipid profiles, were evaluated alongside weight loss patterns.

Results: In Group 1, one patient (4%) experienced a leak on postoperative day 8, likely at the gastric pouch staple line. Two patients (8%) developed anastomotic stenosis, requiring three sessions of endoscopic balloon dilation. In Group 2, no leaks or stenosis were observed. No cases of gastrointestinal or intracavitary bleeding occurred in either group. At 8 months, no significant difference in weight loss was observed between the groups. However, preliminary data suggest a potential correlation between suture technique and early metabolic markers, warranting further investigation with long-term follow-up

Conclusions: The use of absorbable V-Loc 3-0 sutures was associated with a lower incidence of complications compared to Vicryl 2-0 sutures, even with identical bougie calibration. While no significant differences in weight loss were noted at 8 months, additional studies with larger patient cohorts and extended follow-up are necessary to determine the impact of suture technique on long-term metabolic outcomes and weight maintenance in LRYGB patients.

Disclosure: No significant relationships.

P428 / Abs. ID 1046

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

RYGB: MECHANISM OF ACTION, IMPACT ON OBESITY-RELATED MEDICAL CONDITIONS AND LONG-TERM WEIGHT LOSS
10-09-2025 10:00 - 19:30

MINIMIZER A DEVICE FOR REDUCING ENLARGEMENT OF GASTRO-JEJUNAL ANASTOMOSIS IN GASTRIC BYPASS RECURRENT WEIGHT GAIN

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Background: The long-term weight regain in patients with gastric bypas is over 50% and in most cases is due to enlargement of the gastrojejunal anastomosis.

Objectives: Evaluate long term results of the Minimizer ringed device to reduce the diameter of G-Y anastomosis

Methods: Prospective study from January 2018 to date Adult patients with obesity (18-65 years) selection criteria with weight regain after a gastric bypass. A complete pre-op multidisciplinary study , psychologic evaluation. Ethic and concern informed Institutional approved study It was considered an enlargement of the diameter of gastrojejunal anastomosis over 2.5cmts through endoscopic evaluation (Photo 2) All cases operated by laparoscopic approach with 5 port site and intra operative endoscopic view.

Results: 24 patients, 90% women, average age 42 years, average BMI 44 and weight average of 112 kgs. Two cases remove the ring (slippage and gastric erosion with endoscopic removing) no mortality. Surgery time for one hour and discharged 24 hours post-op. The average BMI reduction at six years of follow-up was 55 % and four patients with one year of follow up the averaged BMI reduction was 85% And does not change when adjusting for obesity, age or comorbidities.

Conclusions: Minimizer a new device to reduce the diameter of G-Y anastomosis has shown an excellent weight reduction without complications

Disclosure: No significant relationships.

P429 / Abs. ID 671

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

RYGB: MECHANISM OF ACTION, IMPACT ON OBESITY-RELATED MEDICAL CONDITIONS AND LONG-TERM WEIGHT LOSS
10-09-2025 10:00 - 19:30

CARACTERÍSTICAS CLÍNICO-METABÓLICAS DE LOS PACIENTES SOMETIDOS A BYPASS GÁSTRICO EN Y DE ROUX, ENERO 2023-ENERO 2024.

Jose Espinola[1], Ronnie Villasmil[1], Miguel Santeliz[1], Jesus Morán[1], Tania Younes[2], Angela Molina[3]
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Background: La obesidad actualmente es considerada un problema de salud pública y esto es debido a las enfermedades que se encuentran asociadas a esta resaltando la diabetes mellitus tipo 2, la hipertensión arterial, cardiopatías e incluyendo la aparición de cáncer implicando un mayor riesgo de mortalidad. Venezuela no se escapa de esta realidad, actualmente el 24% de la población adulta tiene el diagnóstico de obesidad, resaltando que este porcentaje no se encuentra en ningún tipo de tratamiento debido a la falta de inclusión en sus programas de salud pública.

Objectives: Determinar las características clínico-metabólicas de los pacientes sometidos a bypass gástrico en Y de Roux. Cuantificar y comparar los valores de HbA1c, glicemia, colesterol total, triglicéridos, TGO, TGP, y péptido C; antes y un año después del procedimiento quirúrgico.

Methods: Estudio observacional, analítico, retrospectivo. La muestra estuvo conformada por 15 pacientes (10 mujeres y 5 hombres) sometidos a bypass gástrico en Y de Roux y se cuantificaron los valores bioquímicos antes de la cirugía y se compararon con los resultados de laboratorio una vez cumplieron un año de post operatorio. Se recolectaron los datos a través de la revisión de historias médicas y se presentaron los resultados por medio de tablas y gráficos representativos.

Results: En la mayoría de los pacientes se encontraron valores por encima del rango referencia antes del procedimiento quirúrgico y estos remitieron significativamente un año después de la cirugía siendo los siguientes HbA1c (%) 6,7+/-1,4 con una disminución 5,9. glicemia (mg/dL) de 122+/-22 a 89 (70-110) colesterol total (mg/dL) de 134+/-34 a 145 (120-200), triglicéridos (mg/dL)173+/-31 a 105(72-90), TGO (U/L) 57+/-15 a 28 (19-60), TGP (U/L) 59+/-14 a 29 (11-60), péptido C (nmol/L) 3,8+/-3,4 hasta 2,7 (2,1-3,1)

Conclusions: El bypass gástrico en Y de Roux se presenta como una opción altamente eficaz en la cirugía metabólica, contribuyendo significativamente a la remisión de las comorbilidades asociadas con la obesidad.

Disclosure: No significant relationships.

P430 / Abs. ID 48

Topic: *AS49. RYGB: mechanism of action, impact on obesity-related medical conditions and long-term weight loss*

RYGB: MECHANISM OF ACTION, IMPACT ON OBESITY-RELATED MEDICAL CONDITIONS AND LONG-TERM WEIGHT LOSS
10-09-2025 10:00 - 19:30

CONVERSION OF RTGB TO OAGB AFTER RECURRENT WEIGHT GAIN

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Background: We present a 45-year-old female patient with no history, weight 127 kg BMI of 52, 18 years ago a gastric bypass was performed with little weight loss. A GIT with barium contrast was performed, observing a dilation of the gastric pouch that could be interpreted with a gastrogastric fistula, but it was not evidenced by endoscopy. so it is decided to plan a revision surgery In exploratory laparoscopy, adhesions are released, we introduce a 40 French calibrating tube, without passage to the stomach but it does towards the food loop, we identify the trans colonic enetroenteric anastomosis, so we conclude that a gastric bypass had been performed without gastric section a la Ward that was performed a few years ago. we decided to perform a distal OGB, Because the word OGB DISTAL, because we do a retrograde count of the intestinal loops. We identify the cecal ileus valve and count 3m of ileus We conclude the anastomosis, we cut the food loop about 60 cm below the anastomosis with the gastric bag with a golden suture of 60 Etico and we proceed to perform the entire anastomosis using again golden sutures of 60 Ethico, we leave an anastomoric mouth of four cents and we proceed to close with monofilaments according to the technique in two planes, mucomucous and sererosous. We performed a hydropneumatic test to check for closure of the anastomosis, and ended up placing a Jackson Pratt child under the liver. The patient evolved favorably and 10 days later a gastrointestinal transit was performed with barium contrast and this is the image. A small gastric bag and good passage of contrast medium are observed.

Objectives: Conversion of RYGB to OAGB after Recurrent Weight Gain.

Methods: The method used is purely observational through surgery.

Results: One year after conversion from BGYR TO OGB the patient lost 20 kilos from the initial weight.

Conclusions: The choice of a good surgical technique, plus the experience and expertise of the surgical team, guarantee a successful outcome for the patient.

Disclosure: No significant relationships.

P431 / Abs. ID 435

Topic: *AS45. SASI*

SASI
10-09-2025 10:00 - 19:30

PRELIMINARY EXPERIENCE WITH SINGLE ANASTOMOSIS SLEEVE ILEAL (SASI) BYPASS: A PROMISING NEW ERA IN METABOLIC BARIATRIC SURGERY

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Background: Single Anastomosis Sleeve Ileal (SASI) Bypass is a novel procedure recently introduced in bariatric and metabolic surgery, which, by combining neuroendocrine effects and modulation with anatomical preservation and the passage of macro/micronutrients through the digestive tract, has proven to be a procedure with a low risk of complications, effective, and safe.

Objectives: The aim of this study is to present the outcomes of patients who underwent SASI biliopancreatic bypass, evaluating its efficacy and safety over a short follow-up period at our center

Methods: A retrospective study was conducted on a cohort of obese patients who underwent SASI biliopancreatic bypass between January 2024 and December 2024. Clinical characteristics, perioperative variables, and 30-day outcomes were evaluated for all patients.

Results: A total of 58 patients, consisting of 24 men and 34 women, with an average preoperative BMI of 46.05 kg/m² and a preoperative average weight of 129.4 kg, underwent SASI biliopancreatic bypass. 74.14% of patients had OSA (Obstructive Sleep Apnea Syndrome), 50% had fatty liver, 48.28% had pre-diabetes, 31.03% had hypertension, 25.8% had fatty liver, and 20.6% had type 2 diabetes mellitus. The average weight, BMI, and %TWL (Total Weight Loss) at the first postoperative month were 112.8 kg, 41 kg/m², and 21%, respectively. A total of 20 patients completed follow-up at 6 months, with the average %TWL, weight, and BMI being 27%, 95 kg, and 34 kg/m², respectively. The complication rate at 30 days was 3.4%, with one case of portal thrombosis and one case of incarcerated umbilical hernia. There were no cases of conversion to open surgery or mortality at 30 days, and no cases of procedure reversal

Conclusions: The results of our experience are consistent with the available studies in the literature to date, demonstrating the effectiveness and safety of the procedure, with a low complication rate at 30 days. However, long-term follow-up studies are still needed to further evaluate the efficacy and impact on the resolution of related diseases.

Disclosure: No significant relationships.

P432 / Abs. ID 313

Topic: *AS45. SASI*

SASI
10-09-2025 10:00 - 19:30

ANALYSIS OF THE EFFICACY OF SLEEVE GASTRECTOMY, ONE-ANASTOMOSIS GASTRIC BYPASS, AND SINGLE-ANASTOMOSIS SLEEVE ILEAL BYPASS IN THE TREATMENT OF METABOLIC SYNDROME

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Background: 本研究的目的是评估和比较三种不同类型的减肥手术，即袖状胃切除术 (SG)、单吻合口胃旁路术 (OAGB) 和单吻合口袖状回肠旁路术 (SASI)，在治疗代谢综合征 (MS) 方面的有效性。

Objectives: The optimal approach for managing MS remains uncertain, and thus this study aimed to provide a recent analysis of the efficacy of these surgical procedures.

Methods: This retrospective study evaluated data of individuals who underwent SG, OAGB, and SASI bypass. The primary outcome measures included weight, body mass index (BMI), glucolipid metabolic index, and the occurrence of treatment-related complications within 6 to 12 months post-surgery.

Results: A total of 324 patients were included in this study. Of these, 264 patients underwent SG, 30 underwent OAGB, and 30 underwent SASI bypass. A significant decrease in weight was observed at the 6-month and 12-month marks following all three surgical procedures. Of these, patients who underwent SASI bypass exhibited the greatest reduction in weight and BMI post-surgery. Furthermore, the SASI bypass was associated with a significantly higher percentage of total weight loss (%TWL) and excess body mass index loss (%EBMIL) compared to SG and OAGB. Patients who underwent OAGB and SASI bypass demonstrated notable improvements in type 2 diabetes mellitus (T2DM). Patients who underwent SASI bypass and OAGB experienced greater postoperative comfort and reported fewer complaints of discomfort compared to the other procedure.

Conclusions: Based on the retrospective analysis of the data, SASI bypass was associated with greater reductions in weight and BMI, higher percentages of %TWL and %EBMIL, and better improvement in T2DM compared to SG and OAGB. Therefore, both SASI bypass and OAGB were found to be more effective than SG in the treatment of MS.

Disclosure: No significant relationships.

P433 / Abs. ID 290

Topic: *AS45. SASI*

SASI
10-09-2025 10:00 - 19:30

SASI BIPARTITION IN A PATIENT WITH TYPE 2 DIABETES AND MAFLD

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Background: A 36-year-old male with a history of Type 2 Diabetes Mellitus for 12 years with 3 medications, Hypertension, MAFLD, Erectile Dysfunction, and Type 2 Obesity. He had been treated for all his conditions, with unsuccessful attempts at weight loss through pharmacological treatment and lifestyle changes. A primary SASI procedure was performed considering the complexity of the case, aiming to address his multiple metabolic diseases. Technique: 4 trocars in a diamond position. Step 1: Sleeve gastrectomy using a 40 Fr bougie. Step 2: Measurement of the small intestine from the ileocecal valve to the Treitz angle, approximately 7 meters. Step 3: Opening of the antrum, starting 6 cm from the pylorus in a proximal direction. Step 4: Gastroileal anastomosis at 300 cm from the ileocecal valve, with mechanical suturing of the posterior wall and anterior closure reinforced with a 2/0 barbed suture. Step 5: Negative methylene blue leak test. The patient had a good recovery and was discharged within 24 hours. At 3 months: A weight loss of 20 kg, discontinuation of antihypertensive medication, statins, and suspension of two of the antidiabetic drugs.

Objectives: To present a SASI technique for MAFLD and T2DM as primary procedure

Methods: SASI technique in a patient with multiple metabolical disfunction.

Results: 3 months after surgery: Weight loss of 20 kilos, discontinuation of antihypertensive medication, statins and suspension of 2 of the antidiabetic drugs.

Conclusions: SASI procedure is a feasible technique, very useful in patients with multiple metabolic disorders and obesity

Disclosure: No significant relationships.

P434 / Abs. ID 500

Topic: *AS45. SASI*

SASI
10-09-2025 10:00 - 19:30

CONVERSION OF ROUX-EN-Y GASTRIC BYPASS TO SINGLE ANASTOMOSIS STOMACH-ILEAL BYPASS (SASI) AFTER SLEEVE GASTRECTOMY: A REVISIONAL APPROACH FOR SUBOPTIMAL WEIGHT LOSS AND METABOLIC CONTROL

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Background: Bariatric and metabolic surgery is the most effective treatment for severe obesity and its related diseases. However, some patients experience suboptimal clinical outcomes following primary and secondary procedures, necessitating revisional surgery. Surgical options include, behavioral modifications, endoscopic stoma reductions distalizations and conversion to SADI-s or SASI.

Objectives: To evaluate the feasibility and surgical outcomes of converting a Roux-en-Y gastric bypass (RYGB) to a Single Anastomosis Stomach-Ileal Bypass (SASI-S) in a patient with a history of sleeve gastrectomy, as a revisional strategy to improve weight loss and metabolic control.

Methods: This case presents a patient who initially underwent a laparoscopic sleeve gastrectomy (LSG) in 2012, later converted to a Roux-en-Y gastric bypass (RYGB) in 2015, The patient completed endoacopic and imaging evaluations. CT confirmed an optimal residual remnant stomach ideal for coversion. After long discussion the patient opted to undergo conversion to SASI. and subsequently required a conversion to Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy (SADI-S) due to inadequate weight loss and persistent metabolic disease.

Results: The surgery was performed laparoscopically. The procedure included identification of a common channel or eferent limb of 300 cm. Lysis od adhesion were completed with a combination of sharp dissection and electrocautery. Intraoperative indoscopy was neccesary to identify the GJ anastomosis and prepare for division fo the gastric pouch. A gastrogastric anastomosis was completed manually. A gastroileal anastomosis was completed with a 60 mm stapler. The common enterotomy was closed with absrobable braided suture. Completion endoscopy revealed patent and hemostatis anastomosis with no leak. The operative time was 210 minutes. The EBL was negligeble. The patient had an uneventful recovery and was discharged on POD 3. AShort term 30 day follow up revealed no complications.

Conclusions: SASI-S represents a viable revisional surgical option for patients with persistent obesity and metabolic disease after prior bariatric interventions. Given the complexity of the procedure we recommend to performed this procedure in high volume high complxity centers. Further studies are necessary to evaluate long-term results and determine optimal patient selection for revisional surgery.

Disclosure: No significant relationships.

P435 / Abs. ID 563

Topic: *AS45. SASI*

SASI
10-09-2025 10:00 - 19:30

SLEEVE GASTRECTOMY WITH TRANSIT BIPARTITION AND LAPAROSCOPIC TRANSGASTRIC ASSESSMENT FOR GASTRIC POLYP RESECTION—A VIDEO CASE REPORT

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Background: This video article presents the case of a 43-year-old female with severe obesity (BMI 48 kg/m²) and severe anemia (Hb 7.3 g/dL), prompting an upper GI endoscopy. The endoscopy revealed two gastric polyps: one large polyp (2.5 x 3 cm) along the greater curvature and a smaller (0.5 x 1 cm) polyp in the antrum. Both were diagnosed as chronic hyperplastic polyps. Sleeve bipartition(Single anastomosis sleeve jejunal bypass SASJ) was selected to manage her severe obesity, with a laparoscopic transgastric approach utilized to ensure precise localization and excision of the polyps.

Objectives: This case underscores the clinical utility of SG-TB not only as a metabolic procedure but also as a strategic approach for concurrent gastric pathology management. Furthermore, it highlights LTGA as a valuable intraoperative adjunct that enhances surgical precision and postoperative

Methods: This video illustrates the procedure, beginning with a laparoscopic transgastric approach to assess the exact locations of both polyps. Gastrectomy was then performed with the staple line placed medial to both polyps, ensuring they were included in the excised portion of the stomach. Following this, sleeve bipartition was completed, providing both metabolic benefits and effective lesion removal. The excised specimens were sent for histopathological analysis.

Results: The patient recovered well, with a prompt return to oral intake and minimal complications. At her 6-month follow-up, she had achieved a 28% excess weight loss and showed significant improvements in anemia and metabolic parameters. Histopathology confirmed that the large polyp along the greater curvature was neuroendocrine tumour and the smaller antral polyp wasbenign hyperplastic

Conclusions: This case demonstrated the effective integration of sleeve gastrectomy with transit bipartition and laparoscopic transgastric assessment to optimize both metabolic and oncological outcomes. The SG-TB approach facilitated significant weight loss and metabolic improvement, while LTGA allowed precise intraoperative identification and complete resection of gastric polyps. This combined technique ensured oncological safety, preserved gastric function, and enhanced postoperative recovery, reinforcing its value in the management of complex cases involving obesity and concurrent gastric pathology.

Disclosure: No significant relationships.

P436 / Abs. ID 334

Topic: *AS19. Surgical options in case of OMM failure*

SURGICAL OPTIONS IN CASE OF OMM FAILURE
10-09-2025 10:00 - 19:30

MANAGEMENT OF COMPLICATIONS FOLLOWING SLEEVE GASTRECTOMY: NON-STANDARD SOLUTIONS AND RARE TECHNIQUES

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Background: With the growing popularity of laparoscopic sleeve gastrectomy for obesity, an increasing number of patients face both early and late postoperative complications. Early complications include hemorrhage, leakage, infection, and intestinal obstruction, while late complications can involve dumping syndrome, strictures, gastroesophageal reflux, recurrent weight gain, fistula formation, cholelithiasis, and nutritional deficiencies.

Objectives: to offer a non-standard solution in the treatment of complications

Methods: A 34-year-old patient, initially treated with laparoscopic sleeve gastrectomy for obesity, was discharged in satisfactory condition. Three months later, the patient presented with fever, abdominal pain, and tachycardia. Diagnostic investigations, including endoscopy and CT imaging, revealed an intra-abdominal abscess and evidence of suture line failure near the gastroesophageal junction. The patient underwent a series of interventions: initial conservative management with drainage and antibiotics, followed by laparoscopic resection of a fistula with wedge resection of the gastric remnant, and later, endoscopic stenting using a Bariatric Megastent. Persistent leak and recurrent abscess necessitated additional drainage and, ultimately, a complex surgical revision including resection of the damaged gastric segment and a double-tract reconstruction.

Results: Following multiple surgical and endoscopic interventions, the patient’s condition stabilized. Over a five-month follow-up, there was significant clinical improvement, resumption of oral intake, a weight gain of 10 kg

Conclusions: Managing complications after sleeve gastrectomy requires a flexible, patient-tailored approach. This case underscores the importance of prompt surgical intervention for unstable patients, the selective use of endoscopic stenting in chronic leaks, and the effectiveness of double-tract reconstruction in complex cases. A multidisciplinary strategy remains essential for achieving optimal outcomes in the management of post-metabolic bariatric surgery complications.

Disclosure: No significant relationships.

P437 / Abs. ID 531

Topic: *AS19. Surgical options in case of OMM failure*

SURGICAL OPTIONS IN CASE OF OMM FAILURE
10-09-2025 10:00 - 19:30

EVIDENCE OF THE MINI-/ ONE-ANASTOMOSIS-GASTRIC-BYPASS FOR BEING A STANDARD PROCEDURE IN OBESITY AND METABOLIC SURGERY

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Background: One Anastomosis Gastric Bypass is a now becoming the standard procedure in obesity and metabolic surgery.

Objectives: The aim of this study was to evaluate the safety, efficacy and postoperative challenges of OAGB/MGB as a new procedure.

Methods: We performed 415 OAGBs between September 2012 to December 2019. The data were collected from patients' notes as well as the patients prospective data sheets. The ultimate primary measures were assessment of the safety and management of the complications. The secondary outcomes were excess weight loss and resolution of the related diseases.

Results: The type 2 diabetes mellitus (T2DM) remission rate was 65% and 78% over 1 and 3 years, respectively (HBA1C < 6.5%). 85 % of sleep apnea patients improved symptomatically and went off the continuous positive airway pressure (CPAP) machine. The mean follow-up was 5 years. Further results are to be published soon.

Conclusions: This is the largest Indian OAGB/ study to date showing safety and acceptable results for metabolic syndrome and obesity problems. OAGB/ revisional options are rectifying the morbidity and no mortality.

Disclosure: No significant relationships.

P438 / Abs. ID 312

Topic: *AS54. Training and education in MBS, role and implications of UEMS MBS examination*

TRAINING AND EDUCATION IN MBS, ROLE AND IMPLICATIONS OF UEMS MBS EXAMINATION
10-09-2025 10:00 - 19:30

ESTABLISHING A COMPREHENSIVE TRAINING AND EDUCATION PROGRAM FOR BARIATRIC AND METABOLIC SURGERY IN BEIJING

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Background: The rapid growth of bariatric-metabolic surgery in China necessitates standardized training and education to ensure quality and safety. However, variations in training programs and a lack of formalized structure pose challenges.

Objectives: To develop and implement a comprehensive, multi-tiered training and education program for bariatric-metabolic surgeons and nurses in Beijing.

Methods: Based on national guidelines and international best practices, a structured training program was designed. This included: 1) standardized on-site evaluations to identify training needs; 2) a specialized database for outcome monitoring and feedback; 3) tiered training workshops covering basic to advanced surgical techniques; 4) a structured curriculum for bariatric nurse specialization, including didactic and hands-on training; and 5) utilization of fresh frozen cadaveric training for advanced procedures.

Results: The program significantly enhanced the knowledge and skills of participating surgeons and nurses. On-site evaluations showed marked improvements in surgical standardization and patient care. The database facilitated continuous quality improvement and informed training program adjustments. The cadaveric training was highly rated, providing realistic surgical experience.

Conclusions: A comprehensive, multi-tiered training and education program effectively improves the competence and standardization of bariatric-metabolic surgery. This model, incorporating diverse training modalities, can be adapted for other regions and countries to advance bariatric surgical education.

Disclosure: No significant relationships.

P439 / Abs. ID 638

Topic: *AS54. Training and education in MBS, role and implications of UEMS MBS examination*

TRAINING AND EDUCATION IN MBS, ROLE AND IMPLICATIONS OF UEMS MBS EXAMINATION
10-09-2025 10:00 - 19:30

ENHANCING GENERAL SURGERY TRAINING: THE IMPACT OF METABOLIC BARIATRIC SURGERY ROTATIONS ON SATISFACTION AND SELF-PERCEIVED SKILLS

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Background: General surgery residency in Colombia is characterized by a high volume of patients and surgical interventions. Among the procedures performed by residents, bariatric and metabolic surgeries represent a minimal percentage, resulting in limited exposure to these procedures during general surgery training. In recent years, these interventions have gained popularity in residency training due to their complexity. Therefore, we aim to describe residents' and surgeons' perceptions of surgical skills and satisfaction after completing a rotation in a Bariatric and Metabolic Surgery service.

Objectives: We aim to determine the overall satisfaction and perceived relevance of the bariatric and metabolic surgery rotation among general surgery residents as part of their training.

Methods: A cross-sectional survey was conducted among all residents who had completed their bariatric and metabolic surgery rotations. Rotations were assessed based on operative volume, hands-on training, academic sessions, and research opportunities to determine satisfaction, self-perceived proficiency, and perceived relevance.

Results: A total of 24 residents from seven different general surgery programs were assessed. Overall satisfaction was rated at 6.6 (on a scale from 0 to 10). The mean age of residents was 30.5 ± 2.3 years. Fifty percent were third-year general surgery residents. On a scale of 0 to 10, a score of 7 was the most frequently given rating for the experience (20.8%). Hands-on training was identified as the most important aspect for improvement by 58.3% of residents. After their bariatric and metabolic surgery rotation, 45.8% of residents considered pursuing a fellowship in this field. Pearson correlation analysis revealed a direct association between resident satisfaction and opportunities for hands-on participation, surgical volume and diversity, and academic enrichment during the bariatric and metabolic surgery rotation.

Conclusions: Our findings suggest that overall satisfaction and the willingness to pursue a fellowship in bariatric and metabolic surgery were closely linked to active participation—both surgically and academically—as well as the surgical volume and diversity encountered during the rotation.

Disclosure: No significant relationships.

P440 / Abs. ID 657

Topic: *AS54. Training and education in MBS, role and implications of UEMS MBS examination*

TRAINING AND EDUCATION IN MBS, ROLE AND IMPLICATIONS OF UEMS MBS EXAMINATION
10-09-2025 10:00 - 19:30

DETERMINANTS OF SATISFACTION AND PERCEIVED COMPETENCE OF FELLOWS IN METABOLIC BARIATRIC SURGERY TRAINING PROGRAM

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Background: Obesity is a chronic disease, its prevalence has been increasing due to what is currently considered a global epidemic. The training programs for metabolic and bariatric surgery aim to prepare surgeons for a better approach and treatment for patients with obesity. IFSO Latinamerican Chapter created a fellowship training program for surgeons of different countries to contribute with the treatment of this epidemic.

Objectives: We aim to determine the overall satisfaction of the first year IFSO LAC fellowship and the expectations of the second year group.

Methods: We conducted a cross-sectional survey that included all bariatric and metabolic surgery fellows from the International Federation for the Surgery of Obesity and Metabolic Disorders Latinoamerica (IFSOLAC). Fellowship programs were assessed in 5 different hospitals for operative volume, hands-on training, academic sessions, research opportunities, and rounds to determine satisfaction and self-perceived proficiency.

Results: 34 fellows from 20 different countries were assessed. Overall satisfaction was 9,23 (Rated from 0-10), Mean age of fellows was 34.04 ± 3.2. The median time of experience as a general surgeon was 1 year. A positive association was found between operative volume and overall satisfaction t:8.12 ($p<0,01$). Research opportunity was found to be the most important aspect to improve by fellows.

Conclusions: Bariatric and metabolic surgery fellows of IFSOlac from 5 different hospitals had high satisfaction scores. Case volume and hands-on training seem to be determinant factors. Research opportunity should be considered a key component from the fellows' perspective

Disclosure: No significant relationships.

P441 / Abs. ID 1031

Topic: *AS54. Training and education in MBS, role and implications of UEMS MBS examination*

TRAINING AND EDUCATION IN MBS, ROLE AND IMPLICATIONS OF UEMS MBS EXAMINATION
10-09-2025 10:00 - 19:30

CHARACTERIZATION OF SURGICAL MORBIDITY IN BARIATRIC PATIENTS OVER TEN YEARS IN A SINGLE ACADEMIC CENTER

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Background: Bariatric surgery constitutes the most effective therapeutic approach for the management of obesity and its related comorbidities. However, postoperative complications remain a significant concern in clinical practice. Despite ongoing advancements in minimally invasive techniques and perioperative protocols, complication rates remain variable—ranging from 1% to 6% according to current evidence. These events may compromise the overall success of the intervention, and impose a substantial economic burden on patients and healthcare systems.

Objectives: To describe and analyze the prevalence, clinical characteristics, and potential factors associated with short- and long-term postoperative morbidity in patients who underwent bariatric surgery between 2015 and 2025 at a single academic institution.

Methods: A retrospective descriptive study was conducted using a clinical database of patients who underwent bariatric surgery between 2015 and 2025 at the Pontificia Universidad Católica de Chile. Extracted variables included demographic data, type of surgical procedure (sleeve gastrectomy or Roux-en-Y gastric bypass), postoperative morbidity classified according to Clavien-Dindo, length of hospital stay, and the requirement for reoperation. Statistical analyses were performed using Student’s t-test and the Chi-square test, with a significance level set at p < 0.05.

Results: Our series included 5,182 patients, 500 of whom were subtracted due to missing data (assuming a 10% loss). A total of 74.4% were female, with a mean age of 39 years and a standard deviation of 11 years. The overall incidence of complications in the sample was 1.1%. These complications were distributed as follows: hemorrhagic events (60%), anastomotic fistulas (16%), and surgical wound infection (3.6%). BMI and weight lose were not uniformly recorded.

Conclusions: This descriptive analysis demonstrates a prevalence of postoperative complications in bariatric surgery comparable to that reported in international series, with a statistically significant difference observed between Roux-en-Y gastric bypass and sleeve gastrectomy. The limited availability of BMI and other relevant clinical variables constrains the ability to determine whether these differences are attributable to variations in patient characteristics or to clinical decision-making processes. These findings highlight the value of additional studies incorporating more complete and standardized clinical datasets.

Disclosure: No significant relationships.

P442 / Abs. ID 1950

Topic: *AS54. Training and education in MBS, role and implications of UEMS MBS examination*

TRAINING AND EDUCATION IN MBS, ROLE AND IMPLICATIONS OF UEMS MBS EXAMINATION
10-09-2025 10:00 - 19:30

HEALTHCARE PROFESSIONALS' KNOWLEDGE, TRAINING, AND CONFIDENCE IN OBESITY MANAGEMENT

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Background: Obesity is a chronic relapsing disease that represents a major health crisis globally. Effective management requires addressing medical, psychological, and functional complications that impact both life expectancy and quality of life. A well-trained, multidisciplinary healthcare workforce is essential for optimal obesity care.

Objectives: This study aims to identify and evaluate training gaps among healthcare professionals working in obesity management services and assess their impact on clinical practice.

Methods: A total of 100 multidisciplinary healthcare professionals, including but not limited to dietetics, hospital specialists, surgery, nursing, and general practice working in obesity management, participated in a comprehensive online survey to assess their current training received, perceived gaps, confidence in obesity management, and the perceived impact of training on clinical practice

Results: Most respondents (81%) were female, primarily aged 35–49 years (45%). Dietitians constituted the largest group (55%), followed by doctors (20%) and nurses (13%). Only 88% worked in obesity management, and this cohort completed the remainder of the survey. Training in obesity management varied; while 44% received some education during their degree, only 12% rated it as good or excellent. Post-degree training was pursued by 27% through conferences, workshops, and online platforms, though formal advanced education was rare (8%). Training focused on nutrition and obesity bias (47%), pharmacotherapy (20%), and bariatric surgery care (18%), with only 13% receiving training in physical activity. Confidence levels in obesity management were inconsistent. While 39% felt confident overall, 35% reported felt somewhat, not very or extremely unconfident. Gaps were notable in confidence regarding exercise safety assessment (17% confident), physical activity planning (14% confident), prescribing or assessing for pharmacotherapy (27% confident), and suggesting or referring bariatric surgery (30%). These findings highlight the need for improved training to enhance competence in key obesity management areas

Conclusions: The findings highlight critical deficiencies in obesity management training among HCP, particularly in physical activity prescription, pharmacotherapy, and surgical interventions. Despite working in weight management services, many professionals expressed uncertainty regarding their knowledge and skills. The majority acknowledged that further training would significantly enhance their clinical practice and improve patient's outcomes. Strengthening multidisciplinary approaches and prioritising professional development are essential for effective obesity care

Disclosure: No significant relationships.

P444 / Abs. ID 182

Topic: *AS46. Transit bipartition: different options, rationale and outcomes*

TRANSIT BIPARTITION: DIFFERENT OPTIONS, RATIONALE AND OUTCOMES
10-09-2025 10:00 - 19:30

ANALYSIS OF SHORT-TERM EFFICACY OF LAPAROSCOPIC SLEEVE GASTRECTOMY WITH TRANSIT LOOP BIPARTITION

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Background: Laparoscopic Sleeve Gastrectomy with Transit Loop Bipartition (LSG-TLB), as an innovative bariatric and metabolic surgery, effectively reduces body weight, improves glucose metabolism and related complications in patients affected by obesity with type 2 diabetes mellitus (T2DM) without increasing postoperative morbidity. Given its promising efficacy, it has been increasingly applied in clinical practice worldwide. This study aims to retrospectively analyze the short-term clinical efficacy of LSG-TLB in treating obesity combined with T2DM.

Objectives: To evaluate the short-term weight loss outcomes, metabolic parameter improvements, and safety profile of LSG-TLB in the management of obesity with T2DM.

Methods: A retrospective analysis was conducted on 36 patients who underwent LSG-TLB at our institution from January 2023 to December 2023. Data on preoperative and postoperative (1, 3, 6, and 12 months) weight, blood glucose, nutritional status, metabolic changes, and postoperative complications were collected and analyzed.

Results: The mean age of the 36 patients was 43.5 years, with a baseline BMI of 33.9 ± 4.5 kg/m². The mean operative time was 129 ± 13.9 minutes, intraoperative blood loss was 28.3 ± 9.7 mL, and the average hospital stay was 5.8 ± 1.3 days. Significant reductions in body weight, BMI, waist circumference, and percentage of excess weight loss (%EWL) were observed at 12 months postoperatively. At 12 months, complete remission rates were as follows: 85.7% for T2DM, 72.7% for hypertriglyceridemia, 83.3% for hypercholesterolemia, and 61.5% for hyperuricemia. Postoperative complications included one case of intra-abdominal hemorrhage and one case of intestinal obstruction during hospitalization, both resolved with conservative management. Two patients developed iron-deficiency anemia at 6 months postoperatively, which improved after iron supplementation. No mortality occurred.

Conclusions: LSG-TLB demonstrates significant short-term efficacy in weight reduction and metabolic improvement for patients with obesity and T2DM, with a favorable safety profile. This study provides scientific evidence to support the clinical application of LSG-TLB. However, further large-scale, long-term follow-up studies are warranted to validate its sustained efficacy and safety.

Disclosure: No significant relationships.

P445 / Abs. ID 172

Topic: *AS46. Transit bipartition: different options, rationale and outcomes*

TRANSIT BIPARTITION: DIFFERENT OPTIONS, RATIONALE AND OUTCOMES
10-09-2025 10:00 - 19:30

ROUX-EN-Y SLEEVE GASTRECTOMY WITH TRANSIT BIPARTITION IN A PATIENT WITH NISSEN FUNDOPLICATION

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Background: Sleeve gastrectomy with transit bipartition (SG+TB), described by Santoro in 2004, is a bariatric surgical technique mainly indicated for patients with a body mass index (BMI) >50 kg/m² or poorly controlled diabetes mellitus (DM). This technique combines a sleeve gastrectomy with a gastro-ileal anastomosis and an ileo-ileal loop, without the need for duodenal exclusion, making it technically simpler. The benefits of GVBI are explained by the direct stimulation of the distal ileum by food, which promotes the release of GLP-1 and assists in early satiety. The surgical indication should be personalized according to the patient's characteristics.

Objectives: To present the surgical technique of SG+TB in a patient with a surgical history of Nissen fundoplication (NF).

Methods: A 52-year-old woman with a history of NF, achieving good control of gastroesophageal reflux disease, with a maximum BMI of 52.5 kg/m² and a current BMI of 50 kg/m², was considered for metabolic bariatric surgery after appropriate preoperative evaluation. Despite the history of NF, she was considered a candidate for SG+TB due to her elevated BMI.

Results: First, a modified SG procedure was performed, preserving the NF, followed by a manual gastro-ileal anastomosis 300 cm from the ileocecal valve and a mechanical ileo-ileal anastomosis, leaving a 50 cm alimentary loop. Systematic closure of defects was carried out, and the anastomoses were checked using methylene blue. The viability of the NF was confirmed using indocyanine green. The total surgical time was 120 minutes. The patient was discharged on the second postoperative day with good oral tolerance.

Conclusions: SG+TB is a safe and effective technique that should be considered even in patients with a history of NF, as there is no contraindication or need to reverse the NF.

Disclosure: No significant relationships.

P446 / Abs. ID 474

Topic: *AS46. Transit bipartition: different options, rationale and outcomes*

TRANSIT BIPARTITION: DIFFERENT OPTIONS, RATIONALE AND OUTCOMES
10-09-2025 10:00 - 19:30

UNDO NISSEN + TRANSIT BIPARTITION

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Background: Bariatric surgery has increasingly replaced Nissen fundoplication in the management of patients with both reflux and obesity.

Objectives: To present a case report providing valuable clinical evidence for future surgeons.

Methods: 61-year-old female with no related diseases and a body mass index (BMI) of 38.8 kg/m2, with a history of laparoscopic hiatal hernia repair with mesh and Nissen fundoplication two years prior. Despite symptomatic improvement, she persisted with overweight so we decided to perform a revisional surgery. The selected procedure in this case was the laparoscopic Undo Nissen combined with a Roux-en-Y gastric bypass.

Results: Intraoperatively, after an exhaustive adhesiolysis and the gastric valve dissection of the Nissen fundoplication to normal anatomy, we observed an avascular area on the lesser curvature at the projection of the gastric bypass pouch. We then decided to perform a sleeve gastrectomy with transit bipartition to prevent potential ischemia. The procedure was performed according to standard technique, with no intraoperative events, and the patient evolved without postoperative complications, with good pain management and oral tolerance, being discharged 24 hours after the procedure.

Conclusions: A previous fundoplication presents a technical challenge in bariatric surgery, and intestinal bipartition may be a viable alternative in patients with reflux and obesity. Further studies are needed to evaluate the efficacy and safety of intestinal bipartition in these cases.

Disclosure: Speaker for EziSurg Medical

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P447 / Abs. ID 1162

Topic: *AS46. Transit bipartition: different options, rationale and outcomes*

TRANSIT BIPARTITION: DIFFERENT OPTIONS, RATIONALE AND OUTCOMES
10-09-2025 10:00 - 19:30

STAPLING SMARTER, NOT HARDER: REDEFINING ROBOTIC BIPARTITION SURGERY

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Background: Robotic platforms, particularly the da Vinci system, offer unique advantages for complex gastrointestinal procedures, including those requiring delicate dissection, intracorporeal suturing, and precise stapling. Staple line integrity is a critical component of MBS, and the choice of staple height has become a subject of ongoing research and consensus development. Recent expert-driven consensus (Delphi method) has highlighted the acceptability of using reduced closed staple heights, such as 1.0 mm (white load), particularly when guided by stapler feedback or when buttressing is used. Here, we present a single case of robotic-assisted intestinal bipartition performed using a reduced staple height (1.0 mm), aiming to demonstrate the feasibility and safety of this approach. The surgical video highlights the technical nuances of the procedure and emphasizes the benefits of robotic assistance in optimizing outcomes.

Objectives: General Objective To present a robotic-assisted intestinal bipartition using a reduced staple height, emphasizing the technical feasibility and safety of this approach. Specific Objectives - To describe the surgical steps involved in robotic intestinal bipartition. - To evaluate the use of a reduced closed staple height (1.0 mm) in key anastomotic areas. - To illustrate the technical advantages of robotic assistance in metabolic procedures requiring precision stapling.

Methods: robotic arm 1 (12 mm), arm 2 (8 mm), arm 3 (12 mm), arm 4 (8 mm) Sleeve gastrectomy The first stapler firing was completed with a blue cartridge, and the remaining 4 firings with white cartridges. A latero-lateral gastroileal anastomosis was created between the antrum and the ileum at 300 cm from the ileocecal valve. the stapled anastomosis was completed using a white cartridge.A second simplified latero-lateral ileoileal anastomosis was created 100 cm proximal to the gastroileal site using a 6 cm white cartridge after enterotomies on both limbs.

Results: The procedure was completed robotically in 2 hours without complications. No intraoperative bleeding or leakage was observed. Staple lines were hemostatic. Anastomoses were patent and tested negative for leaks. The patient tolerated the procedure well, with no need for conversion.

Conclusions: Robotic intestinal bipartition using reduced staple height is a safe, feasible technique that enhances precision and minimizes tissue trauma, with excellent intraoperative outcomes.

Disclosure: No significant relationships.

P448 / Abs. ID 211

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

AWARENESS AND PERCEPTIONS OF METABOLIC BARIATRIC SURGERY AMONG MEDICAL TRAINEES

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Background: Metabolic bariatric surgery (MBS)

Objectives: Assess Overall Awareness: Determine the level of awareness and general knowledge regarding metabolic bariatric surgery (MBBS) among final-year medical students and house surgeons at KIMS, Bengaluru. Evaluate Formal Exposure: Quantify the extent of formal educational and clinical exposure to MBS that trainees have received during their curriculum. Examine Psychological Perspectives: Evaluate the trainees' understanding of the importance of psychological assessment in preoperative candidate selection and postoperative mental health management in bariatric patient care. Identify Educational Gaps: Identify perceived deficiencies in current medical curricula regarding the integration of mental health and psychological support within metabolic bariatric surgery training. Measure Interest in Enhanced Training: Assess the interest level among trainees for additional workshops, elective modules, or simulation-based training focused on the psychosocial aspects of bariatric care. Formulate Recommendations: Use the study findings to propose targeted curricular enhancements that can improve future bariatric patient management, emphasizing both surgical and psychological competencies.

Methods: A cross-sectional survey was administered to final-year medical students and house surgeons using an online questionnaire. Data were initially collected via an Excel-based form and reorganized into a tidy format. Responses from a pilot sample of 100 participants were extrapolated to simulate data for 500 participants. The instrument assessed demographics, formal exposure to MBS, general knowledge, and specific items addressing psychological aspects of patient care. Descriptive statistics, including counts, percentages, and extrapolated figures, were computed using Python.

Results: The majority of respondents were aged 20–30 years. Approximately 40% of respondents reported any formal exposure to MBS, while 70% correctly identified core surgical indications and complications. However, only 35% acknowledged the importance of psychological assessment in candidate selection, and 45% expressed uncertainty regarding mental health management in bariatric care. Over 55% indicated that current curricula do not adequately cover these aspects, and 70% showed interest in additional training focused on mental health support.

Conclusions: Conclusion: Our findings reveal significant educational gaps in the understanding of psychological evaluation and mental health support among future bariatric care providers. Integrating robust mental health modules into the MBS curriculum is essential to improve patient selection, adherence, and long-term outcomes.

Disclosure: No significant relationships.

P449 / Abs. ID 1237

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

METABOLIC BARIATRIC SURGERY TRAINING AND COMPLICATION MANAGEMENT: A NATIONAL SNAPSHOT SURVEY OF CURRENT PRACTICE

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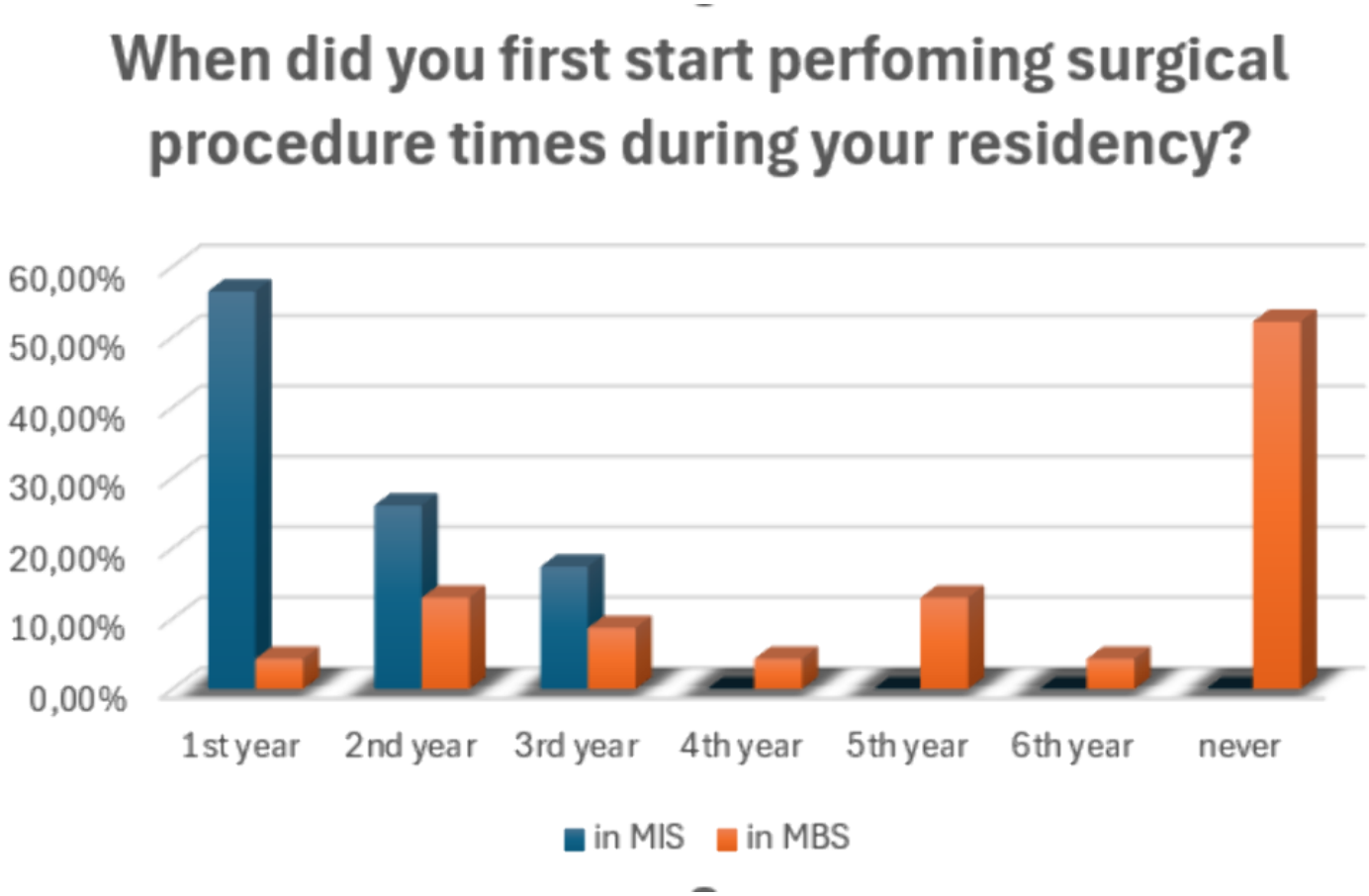
Background: Obesity, a global health epidemic, affects nearly one billion people worldwide and is associated with increasing demand for bariatric surgery. As the number of patients seeking bariatric and metabolic surgeries grows, the training of young surgeons to handle these complex procedures becomes crucial.

Objectives: This study aims to document the engagement of young surgeons in Greece with bariatric and metabolic surgeries, focusing on their experience in performing these procedures, managing complications, and treating patients with obesity. The study specifically targets surgical residents and young surgeons under the age of 45

Methods: A confidential, voluntary questionnaire was distributed to surgical residents in Greece, gathering data on their exposure to bariatric and minimally invasive surgeries. The survey assessed their involvement in these surgeries, the perceived ease of performing them, and their experience with complications, categorized by year of training. Statistical analysis was conducted to explore relationships between surgical exposure and level of training

Results: Of the 67 surveyed, 55% (37/67) had no involvement in bariatric procedures. Of those who have participated in more than 5 cases per year, 60% were in their 5th or 6th years of training. In contrast, 70% (47/67) of residents had performed at least one minimally invasive surgery, particularly in their 3rd and 4th years, with 75% of 3rd-year residents and 80% of 4th-year residents reporting ease in performing these procedures and with their initial laparoscopic case being at the first year of residency (60% (40/67)). Residents in their early years found minimally invasive surgeries easier, while those in the later years found bariatric surgeries more challenging but manageable. Regarding therapeutic LMWH administration, 60% (40/67) routinely administered it in bariatric surgeries, compared to 40% (27/67) in minimally invasive procedures. Regarding prophylactic mesh use in surgical patients with obesity, 60% of residents agreed that meshes were essential. However, only 30% (20/67) were involved in managing complications from bariatric surgeries, compared to 60% (40/67) in minimally invasive procedures



Conclusions: A significant portion of surgical residents (55%) report no involvement in bariatric surgery. The results highlight a need for more comprehensive training in bariatric surgery, especially regarding complication management, to improve outcomes as obesity rates rise globally

Disclosure: No significant relationships.

P450 / Abs. ID 337

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

COMPARATIVE PREDICTIVE VALUE OF INSULIN RESISTANCE INDICES AS SCREENING TOOLS FOR ACANTHOSIS NIGRICANS IN OVERWEIGHT AND OBESE ADULTS: A CROSS-SECTIONAL STUDY

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Background: Acanthosis nigricans (AN) is a well-recognized cutaneous marker of insulin resistance (IR) frequently observed in overweight/obese populations, often signaling underlying metabolic dysfunction. Although HOMA-IR, TyG-BMI, and METS-IR are commonly used to assess IR, their relative efficacy in predicting AN remains to be fully elucidated.

Objectives: This study aimed to evaluate these indices for AN risk stratification.

Methods: This cross-sectional study included 1,077 overweight/obese adults (BMI ≥24 kg/m²) from Shanghai Tenth People's Hospital (2010–2021). Participants were classified into AN (n=446) and non-AN (n=631) groups based on clinical criteria. Three IR indices were calculated from fasting blood parameters and BMI. Multivariable logistic regression analyses, adjusted for demographics, metabolic factors, and hormonal levels, were performed to evaluate associations between each IR index and AN. Receiver operating characteristic (ROC) curves were used to compare the predictive performances.

Results: AN patients showed significantly higher IR indices than controls (HOMA-IR: 7.11 ± 3.37 vs. 5.37 ± 3.09; TyG-BMI: 319.54 ± 43.13 vs. 293.85 ± 49.00; METS-IR: 57.74 ± 9.20 vs. 52.19 ± 9.33, P < 0.05). Multivariable-adjusted models demonstrated significant positive associations between IR indices and AN occurrence, with an adjusted odds ratio (OR) of 1.07 (95% CI: 1.01 ~ 1.14) for HOMA-IR, 1.11 (95% CI: 1.04 ~ 1.19) for TYG-BMI and 1.07 (95% CI: 1.03 ~ 1.10) for METS-IR. After full adjustment, METS-IR exhibited the strongest association with AN risk (Q4 vs. Q1: OR=4.31, 95% CI:1.92–9.69; P-trend<0.001) and the highest predictive accuracy (AUC=0.670), relative to HOMA-IR (AUC=0.643) and TyG-BMI (AUC=0.655). Subgroup analyses indicated consistent results across sex, age, and metabolic subgroups.

Conclusions: METS-IR outperformed HOMA-IR and TyG-BMI in predicting AN risk, underscoring its potential as a cost-effective screening tool. These findings highlight the utility of METS-IR for early detection and risk stratification, thereby facilitating timely intervention in overweight and obese patients.

Disclosure: No significant relationships.

P451 / Abs. ID 699

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

METABOLIC SYNDROME REMISION, FIVE YEARS AFTER SLEEVE GASTRECTOMY VRS ONE ANASTOMOSIS GASTRIC BYPASS FOR LOW BMI PATIENTS

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Background: Metabolic effect of procedures despite weight loss needs to be further described in order to safely offer Bariatric and metabolic surgery to normal weight patients of only with overweight (BMI 25-30). Ther is need of information about result with restrictive procedures as One Anastomosis Gastric Bypas (OAGB) in low BMI patients with Metabolic Syndrome.

Objectives: Compare the results of One Anastomosis Gastric Bypass with Sleeve gastrectomy procedures in patients with 25-30kg/m2 of BMI, with Metabolic Syndrome. (NCTPIII Criteria)

Methods: We prospectively evaluated patients with MS that underwent either SG (n=51) or OAGB (n=55). All patients were selected by criteria of Metabolic Syndrome . (NCTPIII Criteria). We performed an OAGB with Carbajo technic. 40fr bougie. Measuring the total bowel length, and performing in all patients the gastro intestinal anastomosis, no grater than 40% of the Treitz angle. The main Bilio pancreatic length was 1,6 mts. The main common channel was 4,6 mts.

Results: The OAGB achieved remission in a shorter period of time. Main final triglicerids after one year had no stadistical difference in both groups. And Main final HDL level was grater in OAGB group. Four patients(N=7.3%) of OAGB group presented with treatable anemia. One patient of SG group returned to Hypertension medical treatment. One patient from the OAGB group presented severe malnutrition and had to be reversed to normal anatomy, two years after. Complete, prolonged and partial remission of Diabetes was considerably greater in the OAGB. 5 years results of remission are shown in Table 1

	OAGB	%	SG	%
COMPLETE	10	18.2	0	0
PROLONGED	17	30.9	8	16
PARTIAL	18	32.7	10	20
IMPROVEMENT	8	14.5	15	29
NO REMISION	2	3.64	18	35
TOTAL	55	100	51	100

Conclusions: OAGB is a safe and reproduceable, metabolic procedure. With the adequate technic, follow-up and nutritional behavior, in patients with Class I obesity and only Overweight, we can safely be performing a procedure like

OAGB without mayor complications. Bilio pancreatic and common channel lengths are the most important factor for nutritional aspect of remission without important weight loss

Disclosure: No significant relationships.

P452 / Abs. ID 311

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

THE INFLUENCE OF FAT DISTRIBUTION ON THE PREVALENCE OF METABOLIC SYNDROME ACROSS AGE GROUPS

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Background: Obesity is a major risk factor for metabolic diseases such as type 2 diabetes (T2DM) and hypertension, and the prevalence of these conditions increases with age. However, conventional measures like body mass index (BMI) do not account for fat distribution, potentially overlooking age-related differences in risk.

Objectives: This study examined whether differences in fat distribution (visceral vs subcutaneous adipose tissue) explain disparities in metabolic disease prevalence between young adults (18–39 years) and middle-aged adults (40–60 years), beyond BMI.

Methods: We performed a retrospective observational study of 474 adults with obesity, stratified into age 18–39 (n=401) and 40–60 years (n=73). Abdominal CT scans quantified visceral (VAT) and subcutaneous (SAT) fat areas. Groups were compared on BMI, VAT, SAT, VAT/SAT ratio, and the prevalence of diabetes.

Results: Despite a statistically significant higher mean BMI (36.8 vs 34.7 kg/m², $p<0.001$) and weight (103.3 vs 95.9 kg, $p<0.05$) in the young group, middle-aged adults had significantly greater visceral fat (VAT area 235 vs 188 cm², $p<0.001$) and a higher VAT/SAT ratio (0.69 vs 0.50, $p<0.001$), but lower subcutaneous fat (373 vs 452 cm², $p<0.001$). The prevalence of type 2 diabetes and hypertension was markedly higher in middle-aged compared to young adults (48.1% vs 25.2%, and 65.8% vs 42.4%, respectively; $p<0.01$).

Conclusions: Among adults with obesity, middle-aged individuals exhibit a shift toward higher visceral fat accumulation, correlating with much higher metabolic disease rates despite similar BMI. Changes in fat distribution, rather than total weight or BMI, appears to be the more determinant of metabolic disease risk in middle age.

	Young Adult, 18-39y (n=401)	Middle Aged Adult, 40-60y (n=73)	P-value
Age, y	28.6 ± 5.8	45.7 ± 5.5	**0.0000**
Gender, female %	65.1%	60.8%	0.9340
Height, cm	166.6 ± 8.4	163.6 ± 7.5	**0.0031**
Weight, kg	103.3 ± 21.1	95.9 ± 15.3	**0.0241**
BMI, kg/m2	36.8 ± 5.3	34.9 ± 4.6	**0.0019**
Prevalence of:			
Diabetes	101 (25.2%)	34 (48.1%)	**0.0032**
Hypertension	170 (42.4%)	47 (65.8%)	**0.0145**
Dyslipidemia	159 (39.7%)	32 (41.8%)	0.5946
Heart rate	94.5 ± 15.2	88.4 ± 14.2	**0.0379**
LVEF	65.9 ± 6.2	65.7 ± 5.2	0.8520
VAT	188.3 ± 71.6	233.7 ± 102.7	**0.0005**
SAT	451.5 ± 151.3	380.4 ± 170.3	**0.0012**
V:S ratio	0.50 ± 0.68	0.66 ± 0.26	**0.0006**

Disclosure: No significant relationships.

P453 / Abs. ID 465

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

ANALYSIS OF THE MEDIUM-TERM EFFICACY OF SINGLE ANASTOMOSIS SLEEVE ILEAL BYPASS FOR GASTROESOPHAGEAL REFLUX AFTER SLEEVE GASTRECTOMY

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Background: A large number of clinical studies have shown that the incidence of gastroesophageal reflux disease after LSG surgery ranges from 25.4% to 73.9%. Gastroesophageal reflux not only causes uncomfortable symptoms such as heartburn, acid regurgitation, and chest pain in patients, but also may lead to esophagitis, esophageal stenosis, and even Barrett's esophagus and other serious complications, increasing the risk of esophageal cancer. Currently, there are many treatment methods for gastroesophageal reflux after sleeve gastrectomy, including drug therapy, lifestyle intervention, and surgical treatment. However, there is no satisfactory treatment method available at present.. Sleeve gastrectomy combined with single anastomosis sleeve ileal bypass (SASI) has the advantages of both anti-reflux and metabolic regulation through the design of preserving the integrity of the gastric antrum and duodenal pathway.

Objectives: This study aims to evaluate the medium-term efficacy of the Single Anastomosis Sleeve Ileal bypass (SASI) dual-channel surgery for gastroesophageal reflux disease (GERD) after laparoscopic sleeve gastrectomy (LSG), providing evidence for optimizing surgical strategies

Methods: Clinical data of patients with post-LSG GERD undergoing SASI bypass from January 2022 to October 2023 were retrospectively analyzed. Reflux symptoms and quality of life were assessed via gastroscopy, GerdQ, and radiography. Primary outcome was GERD remission rate (GerdQ <8); secondary outcomes included complications, weight loss (EWL%, TWL%), and nutritional status.

Results: Mean follow-up was 12.29±6.78 months. Postoperative GerdQ decreased significantly from 14.29±2.29 to 6.57±1.27 ($t = 7.586$, $P<0.001$), with 90.0% remission (9/10). The incidence of postoperative complications was 10.0% (1/10). Only one patient experienced an increased frequency of postoperative diarrhea, and the symptom resolved spontaneously without intervention. According to the Clavien-Dindo classification criteria, the complication was classified as Grade I. Weight and BMI decreased from (109.84±21.45)kg to (87.2±14.82) kg and (39.07±7.56) to (30.99±5.0), respectively ($P=0.005$). EWL% and TWL% were 57.81±32.08 and 19.87±9.64. No severe malnutrition occurred.

Conclusions: The SASI dual-channel surgery can significantly improve the reflux symptoms of patients with GERD after LSG, and has good safety. It can be used as an optional revision surgery for such patients in China. In the future, it is necessary to expand the sample size and extend the follow-up period to verify the long-term efficacy.

Disclosure: No significant relationships.

P454 / Abs. ID 349

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

PREPARATION OF BIFUNCTIONAL FIBER SCAFFOLDS THAT REMODEL ADIPOCYTES AND TRANSFORM MACROPHAGE POLARIZATION.A STUDY ON IMPROVING THE OBESITY INDUCED BY HIGH-FAT DIET IN MICE

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Background: Obesity is a global challenge with limited effective therapies. Naringin has demonstrated beneficial effects on obesity, diabetes, and metabolic syndrome. Moreover, metal ions (zinc 、 copper) can enhance naringin's bioactivity, while nanomaterial-based delivery systems improve targeting and controlled release. Based on these findings, we developed naringin nanofiber scaffolds to achieve a more effective, targeted, and adjustable intervention.

Objectives: This study aimed to evaluate the effects of these bifunctional scaffolds on adipocyte remodeling and macrophage polarization , and to elucidate the pathways that could improve the efficacy and half-life of existing treatments.

Methods: In vitro, 3T3-L1 adipocytes 、 Raw264.7 macrophages were cultured with or without the scaffolds. Measurements included the levels of triglycerides (TG), total cholesterol (TC), and adipogenic genes, assessed by qPCR, alongside evaluation of DPP4 expression. Macrophage polarization was determined via flow cytometry, and inflammatory cytokines (IL-10, IL-6, TNF-α) were quantified using ELISA. In vivo, C57BL/6J male mice were fed HFD to induce obesity and were allocated to prevention and treatment groups. Mice received weekly intraperitoneal injections of the scaffolds during or after obesity induction. Outcomes assessed included body weight, lipid metabolic indices, and inflammatory markers, with liver and adipose tissues examined via oil red O and HE staining. Glucose tolerance and insulin resistance were evaluated by GTT 、 ITT, respectively, while tissue was processed as above.

Results: In vitro, treatment with the naringin nanofiber scaffolds resulted in a reduction of lipid staining area by Oil Red O staining(42.5±3.8%vs.18.6±2.4%， $p < 0.001$)and IL-6(485.6±35.4pg/ml vs.126.7±18.9pg/ml, $p < 0.001$). In vivo, the scaffolds decreased body weight(40.07±0.98gvs.33.181±0.88g， $p < 0.001$), improved insulin sensitivity, and enhancedglucose and lipid metabolism in obese mice .Liver oil red O staining showed that the liver tissue cells of mice in the model group were stained with large red lipid droplets, the distribution range was wide, and the hepatocyte steatosis was obvious.The mice in the HE staining model group showed obvious hepatocyte enlargement, disordered arrangement, and irregular fat vacuoles, while the control group was opposite.

Conclusions: These r scaffolds modulate both adipocyte and macrophage function, thereby mitigating obesity and related metabolic disturbances. This approach holds promise as a strategy for improving current obesity treatments and facilitating early intervention.

Disclosure: No significant relationships.

P456 / Abs. ID 433

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

EVALUATION OF OPEN DRAIN USE AND ITS IMPACT ON MORBIDITY IN POSTOPERATIVE METABOLIC BARIATRIC SURGERY PATIENTS IN MEXICO CITY

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Hospital General Tlahuac, Bariatric Surgery, Mexico City, Mexico

Background: Obesity is a chronic disease associated with persistent inflammation and immune dysfunction, contributing to metabolic disorders. Bariatric and metabolic surgery (BMS) is an effective treatment, with Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy (SG) being the most common procedures. However, controversy persists regarding the use of intra-abdominal drains due to their potential association with complications such as anastomotic leaks and reoperations. While international studies suggest drains may increase morbidity without clear benefits, their use in Mexico varies significantly.

Objectives: This study evaluates the association between the use of open Penrose drains and postoperative morbidity in BMS patients, considering surgical and perioperative factors and the type of procedure performed.

Methods: A retrospective, observational, analytical, and descriptive cohort study was conducted using data from the Obesity and Metabolic Diseases Clinic of the General Hospital of Tláhuac (2013–2024). A descriptive analysis of demographic and perioperative variables was performed, comparing patients with and without postoperative complications and those with drain-related complications. Logistic regression analysis was used to identify perioperative variables influencing drain-associated complications.

Results: A total of 801 metabolic bariatric surgery patients were analyzed, with 81.15% being female and a mean age of 38.85 years. The most common procedures were laparoscopic RYGB (81.02%) and SG (15.98%). Frequent related diseases included type 2 diabetes (21.97%), hypertension (38.82%), and dyslipidemia (42.19%). The mean operative time was 156.36 minutes. While age did not significantly affect complication rates, longer surgical time and higher BMI were associated with increased risk. Notably, 51.1% of complications were diagnosed based on drain characteristics. Logistic regression indicated that having at least one related disease increased the likelihood of a drain-related complication but was not linked to reoperation risk.

Conclusions: The role of surgical drains in BMS remains controversial. Although they may aid in early complication detection, studies suggest many drain-related complications could be minimized with standardized practices and individualized patient management. Conservative strategies and patient education have shown effectiveness in reducing additional interventions. Further research is needed to establish clear guidelines for drain use in BMS.

Disclosure: No significant relationships.

P458 / Abs. ID 186

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

LAPAROSCOPIC HIATAL AND PARAOESOPHAGEAL HERNIA REPAIR IN A POST-GASTRIC BYPASS PATIENT WITH ABDOMINAL PAIN, GERD AND GASTRIC POUCH MIGRATION

Gabriel Rangel-Olvera[1], Luis Roberto Sandoval Lopez[1], Lizbeth Guilbert Vertiz[1], Antonio Marmolejo Chavira[1], Maria Fernanda Chimal Juarez[1], Bianca Alanis-Rivera[2]
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Background: Intrathoracic gastric migration (IGM) is a common long-term complication after metabolic bariatric surgery, occurring in both gastric sleeves and pouches. Symptoms include gastroesophageal reflux and gastric trapping. The exact mechanism remains unclear, but improved understanding could enhance prevention and treatment. While suture hiatoplasty is the standard for hiatal hernia repair, outcomes remain suboptimal. IGM after sleeve gastrectomy is well recognized, but its occurrence after gastric bypass is still underestimated.

Objectives: The aim of this video is to demonstrate the feasibility of the laparoscopic approach and highlight the importance of preoperative evaluation (particularly digestive physiology studies) in a patient presenting with abdominal pain and a rare case of gastric pouch migration secondary to a hiatal and paraesophageal hernia.

Methods: A diagnostic approach was conducted for a patient referred by the General Surgery department, involving a multidisciplinary team. The evaluation included imaging studies, endoscopy, pathology, and digestive physiology assessments to justify revisional surgery in a patient with refractory abdominal pain despite medical treatment.

Results: A 57-year-old female with a history of fundoplication (2007) and laparoscopic Roux-en-Y gastric bypass (2017) presented with persistent epigastric pain, nausea, and vomiting. Preoperative evaluation revealed a hiatal hernia with intrathoracic migration of the gastric pouch, pathological reflux, and a 20 mm gastrojejunostomy. Revisional laparoscopic surgery was performed, involving hiatal and paraesophageal hernia repair and closure of Petersen's space. Intraoperative findings included a 5 cm hiatal hernia, a 3 cm paraesophageal defect, adhesions, and an open Petersen's space. Estimated blood loss was 5 mL; surgical time was 3 hours. Postoperatively, the patient had an uneventful recovery. At 3 months, she achieved 43% EWL and 16.12% TWL, with no GERD symptoms or need for PPIs.

Conclusions: This case demonstrates the feasibility and the importance of preoperative workout including manometry and pHmetry; of a rare presentation of abdominal pain without typical GERD symptoms, due to Migration of the gastric pouch and concomitant hiatal and paraoesophageal hernia. The patient had a favorable recovery, with no early postoperative complications. Ongoing monitoring is planned to assess long-term outcomes, particularly regarding GERD management and weight loss maintenance post-surgery.

Disclosure: No significant relationships.

P459 / Abs. ID 354

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

TRANSUMBILICAL SINGLE-PORT PLUS ONE SLEEVE GASTRECTOMY: A SAFE AND AESTHETIC APPROACH FOR METABOLIC BARIATRIC SURGERY

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Background: Single-port laparoscopic sleeve gastrectomy (SG) offers cosmetic advantages due to reduced scarring. However, in cases where specialized instruments are unavailable, adding a small auxiliary trocar can improve safety and surgical quality while maintaining aesthetic benefits. The transumbilical single-port plus one approach allows the main incision to remain hidden within the umbilicus, with only a minimal 5mm scar at the right upper quadrant (RUQ).

Objectives: This study aimed to evaluate the feasibility and safety of transumbilical single-port plus one laparoscopic SG using a standard 5mm trocar at the RUQ for selected patients with obesity.

Methods: A 22-year-old female patient with a BMI of 36 kg/m² and a preoperative diagnosis of type-2 diabetes mellitus underwent transumbilical single-port plus one SG. The surgery utilized standard laparoscopic instruments without the need for specialized long instruments or additional liver retraction. The fundus staple line was reinforced multiple times to recreate gastric angulation, and omentopexy was performed to potentially reduce the risk of de novo gastroesophageal reflux disease (GERD).

Results: The surgery was completed in approximately 70 minutes without intraoperative complications, the need for drainage, or conversion to multiport surgery. The patient was discharged on postoperative day 3 with no adverse events. The cosmetic outcome was favorable, with the primary scar hidden within the umbilicus and only a minimal 5mm scar visible at the RUQ.

Conclusions: The transumbilical single-port plus one technique for SG is a viable and safe option for centers with limited access to specialized equipment. This approach provides enhanced cosmetic outcomes while maintaining procedural safety and efficacy, and can be feasible for selected patients.

Disclosure: No significant relationships.

P460 / Abs. ID 462

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

HERNIATED GASTRIC SLEEVE IN THORAX: REPAIR AND CONVERSION TO GASTRIC BYPASS

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Hospital Carlos Alberto Seguin Escobedo, Cirugía, Arequipa, Peru

Background: In this article we describe a case of migration of a gastric sleeve to the thorax and its surgical resolution.

Objectives: 1.Describe a case of migration of a gastric sleeve to the thorax and its surgical resolution 2. highlight the importance of pre-surgical examinations 3. highlight the importance of patient follow-up.

Methods: Experimental - it´s a video

Results: Our patiente has two months of post operative, and hasn't reflux or any other symptoms. Weight lost is 15 kilos.

Conclusions: Gastric sleeve has a high reflux rate, which, combined with hiatal pathologies, makes it a potential risk factor for esophagitis. Knowing how to correctly prescribe the initial procedure and perform revision surgery is essential.

Disclosure: No significant relationships.

P461 / Abs. ID 542

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

ATYPICAL GASTRIC SLEEVE

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Background: Clinical case presentation of atypical gastric sleeve

Objectives: Show video of clinical case of a 56-year-old female patient with a BMI of 50.2, who underwent gastric sleeve surgery and an accessory spleen was found as an intraoperative finding.

Methods: description on video

Results: description on video

Conclusions: description on video

Disclosure: No significant relationships.

P462 / Abs. ID 575

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

SUCCESSFUL WEIGHT LOSS OUTCOME WITH ONE ANASTOMOSIS GASTRIC BYPASS (OAGB) AFTER SLEEVE GASTRECTOMY INNADEQUATE WEIGHT LOSS

Pablo Lopez Luza[1], Carlos Petrola[2], Ramon Vilallonga[3], Nares Arroyo[4], Ana Ciscar[4], Clara Pañella[4], Kevin Diaz[2], Marta Colet[2], Cristina Miñarro[2]
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Background: Metabolic bariatric surgery has become a cornerstone in the management of severe obesity, with the Roux-en-Y Gastric Bypass (RYGB) long regarded as the treatment of choice due to its proven efficacy in weight loss and related diseases resolution. However, recent advancements have led to the development of the One Anastomosis Gastric Bypass (OAGB), a novel procedure that promises similar benefits with a technically simpler approach. OAGB involves a single anastomosis between the stomach and small intestine, offering a reduced risk of complications, shorter operative times, and a less complex post-operative course compared to RYGB. While both procedures share common mechanisms of weight loss, including gastric restriction and malabsorption, they differ in their surgical techniques, anatomical alterations, and potential long-term outcomes.

Objectives: The objective of this case presentation is to illustrate the effectiveness and safety of One Anastomosis Gastric Bypass (OAGB) as a revisional bariatric procedure, emphasizing its potential for significant weight loss and improvement in related diseases in patients with inadequate results from prior surgeries.

Methods: We present the case of a 51-year-old woman with Type 2 Diabetes Mellitus and no significant medical history, who initially had a BMI of 46 kg/m² prior to undergoing sleeve gastrectomy in 2021. At her 6-month follow-up, her BMI had reduced to 40 kg/m². Over the subsequent 2 years, her weight remained stable, with a slight increase in the final months, resulting in a final BMI of 41 kg/m². The case was discussed at the obesity committee, and the decision was made to proceed with revisional metabolic bariatric surgery, converting to One Anastomosis Gastric Bypass (OAGB). This video demonstrates the OAGB technique in detail.

Results: The patient's postoperative course was uneventful, with a favorable evolution. She was discharged 72 hours post-surgery and showed appropriate clinical progress during subsequent outpatient follow-up visits. At the 6-month follow-up, her BMI had reduced to 35 kg/m².

Conclusions: One Anastomosis Gastric Bypass (OAGB) is an effective and safe option for bariatric revision surgery. Its simplicity, reduced complication rates, and comparable or superior weight loss outcomes make it an optimal choice, especially for patients with inadequate weight loss following previous procedures like sleeve gastrectomy.

Disclosure: No significant relationships.

P463 / Abs. ID 619

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

COMPLICATIONS OF GASTRIC BANDING

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Background: Bariatric surgery is the most effective treatment for severe obesity and its comorbidities. However, the placement of unregulated restrictive devices, such as the so-called “bewitched gastric bands,” represents a significant risk to patients, with serious complications that may require revision surgery. We present a clinical case of a spelled gastric band with the presence of an abscessed plastron, which made it necessary to modify the surgical approach to prioritize patient safety.

Objectives: To describe the intraoperative difficulties and complications in a patient with a history of gastric banding, highlighting the importance of proper surgical management and intraoperative decision making in revision bariatric surgery.

Methods: A detailed review of the clinical history of a patient undergoing revision bariatric surgery was performed. The preoperative findings, surgical approach, transoperative complications and postoperative evolution were analyzed.

Results: During the intervention, an abscessed plastron was identified in the lesser curvature of the stomach, resulting from the chronic inflammatory reaction to the gastric banding. Due to the high risk of perforation and leakage, it was decided to proceed with the removal of the foreign material, drainage of the abscess and targeted antibiotic treatment. The postoperative evolution was favorable, with no signs of sepsis or major complications, and a new surgery was considered after resolution of the inflammatory process.

Conclusions: The presence of gastric banding represents a significant risk for patients, with potential infectious and technical complications that may hinder conversion to other bariatric procedures. Surgical management should prioritize patient safety, considering staged surgery if inflammation and risk of complications warrant it. The need to regulate and educate about the risks of bariatric procedures not endorsed by the medical community is emphasized.

Disclosure: No significant relationships.

P464 / Abs. ID 679

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

LAPAROSCOPIC ASSISTED TRANSGASTRIC ERPC MANAGMENT OF COMMON BILIAR DUCT STONES IN A PATIENT WITH PREVIOUS GASTRIC BY PASS

Alberto Ricaurte Aragón[1], Ricardo Nassar[1], Felipe Giron[1], Juan Hernandez[1], Danna Tristancho[2]
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Background: El bypass gástrico en Y de Roux (BGYR) es uno de los procedimientos más comunes a nivel mundial para el manejo de la obesidad (1). Sin embargo, representa un desafío significativo debido a que aumenta el riesgo de formación de cálculos biliares debido a la rápida pérdida de peso inicial (2), lo que aumenta la probabilidad de requerir una colecistectomía en los primeros años posteriores a la cirugía bariátrica (1). Después del BGYR, el acceso a la vía biliar no es factible debido a las marcadas alteraciones anatómicas, lo que dificulta especialmente el tratamiento de la coledocolitiasis para el equipo médico. No obstante, existen procedimientos que han demostrado ser eficaces y seguros para el tratamiento de esta afección, como la colangiopancreatografía retrógrada endoscópica asistida por laparoscopia (CPRELA).

Objectives: Reportar el caso de un paciente con antecedente de bypass gástrico que desarrolló colelitiasis y coledocolitiasis, destacando los desafíos diagnósticos y terapéuticos asociados a la anatomía alterada.

Methods: Caso clínico en vídeo.

Results: We report the case of a 53-year-old male patient with a history of gastric bypass who presented with cholelithiasis and choledocholithiasis, as confirmed by magnetic resonance cholangiography. A comprehensive clinical evaluation was conducted to determine the optimal treatment approach, which included the necessary diagnostic tests, a detailed surgical strategy, and an assessment of the patient's clinical evolution.

Conclusions: El manejo de la coledocolitiasis en pacientes con antecedente de bypass gástrico mediante CPRE transgástrica asistida por laparoscopia debe realizarse en centros con experiencia tanto en cirugía bariátrica como en endoscopia avanzada, dado que la técnica requiere una coordinación precisa entre el equipo quirúrgico y el endoscopista. 1. Petersen, BD, Nørregaard, C., Krøijer, R. et al. Laparoscopy-assisted ERCP in Patients with Gastric Bypass: No Stone Left Unremoved – A Single-Center Retrospective Cohort Study. Obes Surg 34, 2999–3004 (2024). https://doi.org/10.1007/s11695-024-07268-4 2. Frederiksen, NA, Tveskov, L., Helgstrand, F. et al. Treatment of Common Bile Duct Stones in Gastric Bypass Patients via Laparoscopy-assisted Transgastric Endoscopic Retrograde Cholangiopancreatography. Obes Surg 27, 1409–1413 (2017). https://doi.org/10.1007/s11695-016-2524-2

Disclosure: No significant relationships.

P465 / Abs. ID 867

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

GIANT PARAOESOPHAGEAL HERNIA IN SEVERE OBESITY WITH METABOLIC SYNDROME.

Theeva Krishnasamy
Hospital Al Sultan Abdullah UiTM, Surgery, Puncak alam, Malaysia

Background: Giant paraesophageal hernias (GPEH), characterized by significant herniation of the stomach and, in some cases, other intra-abdominal organs through the esophageal hiatus, present substantial surgical challenges. Laparoscopic repair, known for its minimally invasive nature, is increasingly favored and involves precise dissection, circumferential hernia sac excision, crural closure, and often an anti-reflux procedure, such as fundoplication. We present a case involving a 44-year-old female with a GPEH complicated by severe obesity (Class 3) and metabolic syndrome.

Objectives: The patient, a doctor at a community hospital with a BMI of 47, initially presented with recurrent right upper quadrant pain after consuming fatty meals. Her medical history included dyslipidemia, hypertension, and bronchial asthma, for which she used inhalers as needed. An abdominal ultrasound revealed cholelithiasis and fatty liver. Routine preoperative assessments for an elective laparoscopic cholecystectomy were performed, including a chest x-ray, which incidentally identified bowel loops in the right lung field. A subsequent CT scan of the chest and abdomen confirmed the presence of a giant paraesophageal hernia, containing the entire stomach, part of the transverse colon, the head and neck of the pancreas, and the splenic artery.

Methods: Given the complexity of her condition, including severe obesity and metabolic syndrome, we revised the treatment plan. After thorough discussions with the patient, we opted for a combined approach: laparoscopic reduction of hernia contents, excision of the hernia sac, crural repair, sleeve gastrectomy, oesophagopexy, and cholecystectomy. The patient began a very low-calorie diet two weeks prior to surgery to aid liver shrinkage.

Results: The patient’s postoperative recovery was uneventful, and she was discharged on day three. At her three-month follow-up, she was in good health, showing expected weight loss following the metabolic surgery.

Conclusions: This case underscores the critical importance of comprehensive preoperative evaluations and the need for adaptability in adjusting treatment strategies to achieve optimal patient outcomes.

Disclosure: No significant relationships.

P466 / Abs. ID 980

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

LIGAMENTUM TERES AUGMENTATION FOR HIATAL HERNIA REPAIR AFTER GASTRIC BYPASS IN SEVERE GERD: A CASE REPORT.

Ivet Goujon, Pablo Lopez Luza, Cristina Miñarro, Laura Prades, Itzel Zarate, Clara Panella, Carlos Petrola, Nares Arroyo, Ana Ciscar, Ramon Vilallonga
Hospital Universitari Vall d´Hebron, Endocrine, Bariatric And Metabolic Surgery, Barcelona, Spain

Background: Gastroesophageal reflux disease (GERD) is a common complication following gastric bypass surgery due to altered anatomy. Traditional treatments may be ineffective in these patients, prompting the need for alternative surgical approaches. One such technique, teres ligament augmentation, involves using the teres ligament to reinforce the hiatus and improve lower esophageal sphincter function. This method shows promise as a treatment for severe GERD in post-bypass patients, offering a potential solution when conventional treatments fail. This paper examines the effectiveness of teres ligament augmentation as a surgical option for managing GERD in this population.

Objectives: To demonstrate that the surgical technique of Ligamentum Teres Augmentation for hiatal hernia repair is effective and useful as a therapeutic tool in revisional bariatric surgery

Methods: A 52-year-old male patient who underwent gastric bypass 7 years ago, a process without complications. During follow-up, he developed symptoms compatible with GERD. He was preoperatively evaluated with various complementary tests such as gastroesophageal transit, which revealed a small hiatal hernia, pHmetry and manometry, esophagogram, and gastroscopy with biopsies. These tests confirmed severe GERD. The patient partially controls his symptoms with high doses of PPIs. He was evaluated by the Severe Obesity Committee, and it was decided to perform revisional bariatric surgery. A ligamentum teres augmentation was performed without complications.

Results: The patient's progression is favorable. He was discharged 48 hours after the surgical procedure. The patient showed proper improvement in his symptoms during the subsequent follow-up visits.

Conclusions: The Teres pexy associated with hiatoplasty is an accessible and useful procedure within the range of surgical techniques for revisional bariatric surgery that yields good results.

Disclosure: No significant relationships.

P467 / Abs. ID 1056

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

RECURRENT WEIGHT GAIN AFTER SUPPOSED ROUX-EN-Y GASTRIC BYPASS

Camila Bof[1], Gabriel Menaldi[2], Pedro Martinez Duartez[2], Nicolás Paleari[3]
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Background: The number of bariatric surgeries performed has been steadily increasing each year. The most frequently performed revisional procedures include Roux-en-Y gastric bypass (RYGB) and one anastomosis gastric bypass (OAGB). Revisional surgery is the fastest expanding field within bariatric surgery, reflecting a growing demand to address the complications arising from primary bariatric operations. The objective of presenting this video is to demonstrate the surgical management of a patient with weight regain and associated comorbidities following a prior gastric bypass. Through this case, we aim to highlight the indications, techniques, and considerations involved in revisional bariatric surgery, as well as emphasize the importance of an integrated approach in the evaluation and treatment of long-term complications resulting from previous bariatric procedures.

Objectives: The objective of presenting this video is to demonstrate the surgical management of a patient with weight regain and associated comorbidities following a prior gastric bypass.

Methods: Video of a clinical case

Results: We achieved a favorable postoperative outcome, providing effective weight loss and improved management of associated comorbidities, without causing malnutrition.

Conclusions: In this clinical case several revision options were evaluated. The reconstruction of the gastric pouch, without altering the alimentary, biliary, and common limbs, was deemed the most appropriate decision.

Disclosure: No significant relationships.

P468 / Abs. ID 1169

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

LAPAROSCOPIC GASTRIC BAND REMOVAL FOR GASTRIC STENOSIS

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Hospital del Bicenteario de Esteban Echeverria, Surgery, Esteban Echeverria, Argentina

Background: We present the case of a 60-year-old female patient who underwent laparoscopic gastric band placement 14 years ago. She consulted the original surgical team due to nausea and vomiting of one year's duration. An attempt was made to deflate the band, but it was unsuccessful. Over the past two months, her symptoms worsened and were accompanied by an unintentional 15-kg weight loss, prompting referral to our center. Currently, she has a 21 of BMI An upper gastrointestinal series showed gastric pouch dilation. CT scan revealed dilation of all three esophageal segments and of the gastric pouch, with contrast passing through a narrowed area. On upper endoscopy, the esophagus was filled with retained food content, which was aspirated, and significant dilation was noted. The gastric pouch was also dilated and contained food residue. We were unable to advance past the stenosis. The esophageal mucosa appeared inflamed.

Objectives: To present the resolution of a case of stenosis secondary to laparoscopic gastric banding.

Methods: Case report.

Results: We proceeded with laparoscopic band removal. Adhesiolysis was performed, followed by dissection of the band and catheter using hook cautery and Ligasure. We've performed gastro-hepatic adhesiolysis to separate the wall of the stomach from the liver. When using the hook, we always dissect above the band to avoid gastric injury. The catheter was dissected along its course to the peritoneum. The perigastric capsule formed by the band was incised and carefully resected from the anterior part of the stomach. The gastric band was removed carefully avoiding any injuries to the stomach. Through a separate incision over the subcutaneous port site, we mobilized and dissected the port. Although not shown in the video, the catheter was transected and the band was removed through the umbilical port. The patient had an uneventful postoperative course, tolerated oral intake, and reported no further nausea or vomiting.

Conclusions: Stenosis secondary to gastric banding should be considered in patients with vomiting and gastrointestinal intolerance. Surgical removal of the band is the definitive treatment.

Disclosure: No significant relationships.

P469 / Abs. ID 1260

Topic: *AS02. Young IFSO*

YOUNG IFSO
10-09-2025 10:00 - 19:30

REVERSION DE BAGUA A ANATOMIA NORMAL POR MALNUTRICION

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Background: INFORMACION DEL PACIENTE: MASCULINO, 38 AÑOS DE EDAD. IMC 43, MOTIVO DE CONSULTA, OBESIDAD MORBIDA GRADO III, DISLIPIDEMIA, RESISTENCIA PERIFERICA A LA INSULINA, ARTRALGIAS, HEMOGLOBINA GLICOSILADA 7.5 CIRUGIA REALIZADA: BAGUA, CONTEO DE ASAS TOTALES 7,2MTS, ASA BILIOPANCREATICA, 3MTS, ASA COMUN 4.2 MTS, TECNICA DE CARBAJO, , POUCH DE 17CM, SE REALIZO FUNDUPLICATURA DE NISSEN CON REMANENTE GASTRICO, PACIENTE CON SINTOMAS LEVES DE REFLUJO TRATABLE CON MEDICAMENTOS, ESOFAGITIS A CLASIFICACION DE LOS ANGELES EN EL 16 MESES POST BAGUA, PACIENTE PRESENTA EDEMA DE MIEMBROS INFERIORES. Y MANCHAS ROJIZAS EN MIEMBROS INFERIORES Y TORAX. ES INGRESADO TRES VECES PARA TRATAMIENTO NUTRICIONAL PARENTERAL Y ENTERAL AVANZADO. REVIERTE LOS SINTOMAS DE HIPOPROTEINEMIA Y ALBUMINA. VALORES DE ALBUMINA PERSISTEN MENOR A 2.2. CON PROTEINAS MENOR A 5, HEMOGLOBINA DE 10 PACIENTE CON ADECUADO SEGUIMIENTO NUTRICIONAL Y CON ADECUADA TOLERANCIA DE NUTRICION HIPERPROTEICA, HIPERCALORICA Y PERSISTE CON EDEMA DE MIEMBROS INFERIORES, DIFICULTAD PARA CAMINAR. EALIZAR LA REVERSION A ANATOMIA NORMAL

Objectives: DEMOSTRAR LA FACTIBILIDAD DE LA REVERSION DE UN BAGUA A ANATOMIA NORMAL TOMA DE DECISIONES EN MALA ABSORCION A PERSAR DE TENER UN LARGO DE ASA COMUN DE MAS DE 4 MTS

Methods: REVERSION A ANATOMIA NORMAL LIBERACION DE AREA DE ANASTOMOSIS GASTRO (POCH) YEYUNAL CON ENGRAPADORA LINEAL, SEPARANDO INTESTINO DELGADO DE ANASTOMOSIS CON GRAPEO DE 75MM. GASTRO (POUCH)- GASTRO ANASTOMOSIS CON GRAPEO DE 75MM CIERE DE GASTROTOMIA

Results: 6 MESES POST OPERATORIO IMC 26 SIN EDEMA ALBUMINA EN 3.4 PROTEINAS TOTALES EN 6.2 FUERZA MUSCULAR NORMAL HEMOGLOBINA GLICOSILADA 5.5 HEMOGLOBINA 13

Conclusions: LA REVERSION DE UN BAGUA A ANATOMIA NORMAL ES MAS REPRODUCIBLE QUE LA REVERSION DE UN BYPAS EN Y DE ROUX LA TOMA DE DECISIONES EN MALA ABSORCION EN PACIENTES CON ANASTOMOSIS UNICA DEBE DE REALIZARSE EN UN MOMENTO ADECUADO Y CON UN EQUIPO INTERDICIPLINARIO PARA TRATAR AL PACIENTE EN EL MOMENTO ADECUADO HAY QUE TOMAR EN CUENTA QUE EL LARGO DE ASA COMUN EN ESTE CASO ERA DE 4 METROS POR LO QUE PACIENTE TENIA UN AREA DE ABSORCIN DEL 60% DEL INTESTINO TOTAL Y AUN PERSISTIO CON PROBLEMAS DE MALA ABSORCION PROTEICO CALORICA, LO CUAL NOS IMPULSO A LA DESICION DE LA REVERSION COMPLETA

Disclosure: No significant relationships.

TV001 / Abs. ID 148

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

TOP VIDEOS
12-09-2025 08:00 - 10:00

IATROGENIC INJURY OF THE LEFT GASTRIC ARTERY DURING BYPASS REVISION, RESULTING IN TOTAL GASTRECTOMY

Alex Gandsas
Luminis Health, Surgery, Annapolis, United States of America

Background: Revisional metabolic bariatric surgery presents unique anatomical challenges, requiring precise surgical planning and adaptability

Objectives: Through this case, we illustrate key lessons in complex revisional surgery, demonstrating how surgical adaptability can lead to unexpected, yet favorable, patient outcomes.

Methods: This case describes a 30-year-old female who underwent revisional metabolic bariatric surgery for a gastrojejunostomy stricture, complicated by significant adhesions and anatomical distortion. Intraoperatively, an altered gastric bypass configuration contributed to misidentification of the left gastric artery, resulting in complete transection. Subsequent ischemic changes in the gastric pouch necessitated conversion to a total gastrectomy with esophagojejunostomy reconstruction.

Results: The patient's postoperative course was uneventful, and she was discharged on the second day after surgery. Despite the intraoperative complication, pathology unexpectedly revealed a 1.5 mm focus of signet ring cell carcinoma, a highly aggressive malignancy with poor prognosis due to its propensity for early metastasis. This incidental finding underscores the critical role of histopathological assessment in revisional procedures. Ironically, the complication that led to total gastrectomy ultimately became a life-saving intervention

Conclusions: This case highlights the importance of meticulous anatomical assessment in revisional metabolic bariatric surgery and the necessity for intraoperative flexibility when unanticipated challenges arise. Advanced surgical planning, careful adhesion dissection, and prompt recognition of vascular compromise are essential for optimizing outcomes. Additionally, this case emphasizes the value of routine histological examination in metabolic bariatric surgery, which can occasionally reveal occult malignancies.

Disclosure: No significant relationships.

TV002 / Abs. ID 246

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

TOP VIDEOS
12-09-2025 08:00 - 10:00

WHEN TIME FAILS TO HEAL: MANAGING A DELAYED CATASTROPHE AFTER SLEEVE GASTRECTOMY

Salim Abunnaja[1], Shintaro Chiba[1], Nova Szoka[1], Shailendra Singh[2], Lawrence Tabone[1]
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Background: Laparoscopic sleeve gastrectomy (LSG) is a widely performed bariatric procedure, but long-term complications, including delayed gastric leaks, remain rare. While early leaks are well-documented, a leak occurring nearly a decade after surgery is exceedingly uncommon. Delayed leaks can lead to severe complications such as splenic abscess, gastropleural fistula, and empyema, necessitating a complex, staged management approach.

Objectives: - Recognize the potential for delayed gastric leaks following laparoscopic sleeve gastrectomy (LSG), even years after surgery - Identify the clinical presentation and diagnostic findings of complex post-sleeve complications, including gastropleural fistula and splenic abscess. - Understand the importance of a staged management approach, including initial sepsis control with endoscopic and percutaneous drainage. - Review the role of subtotal gastrectomy with esophagojejunostomy as a definitive surgical solution. - Emphasize the need for multidisciplinary collaboration in managing complex post-bariatric complications.

Methods: We present a 70-year-old female, nine years post-LSG, who was admitted in septic shock with anemia and failure to thrive (BMI 20). Her medical history included prior open incisional hernia repair with mesh. Imaging revealed a delayed gastric leak with a splenic abscess and gastropleural fistula, leading to empyema. Given her critical condition, initial management focused on sepsis control, with percutaneous drainage of the splenic abscess and empyema by interventional radiology, along with endoscopic drainage of the gastric leak. Once stabilized, the patient underwent laparoscopic subtotal gastrectomy with esophagojejunostomy for definitive treatment.

Results: Postoperatively, she recovered well, tolerated enteral nutrition, and was discharged in stable condition.

Conclusions: This case highlights the uncommon but life-threatening nature of delayed leaks following LSG and their potential for severe secondary complications. The successful outcome underscores the importance of early recognition, multidisciplinary management, and a staged surgical approach in these high-risk cases. Minimally invasive techniques remain a viable option even in critically ill patients, reinforcing their role in managing complex post-bariatric complications.

Disclosure: No significant relationships.

TV003 / Abs. ID 730

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

TOP VIDEOS
12-09-2025 08:00 - 10:00

REVISIONAL BARIATRIC SURGERY: ART OF ALGORITHM

Peter Habib, Christen Chaconas, Marc Sarran, Francisco Quinteros
Chicago Institute of Advanced Surgery, Chicago, United States of America

Background: Revisional bariatric surgery for weight recurrence after Roux-en-Y gastric bypass (RYGB) presents significant challenges. This presentation explores two contrasting cases of weight recurrence following RYGB, highlighting the importance of patient-specific approaches in revisional surgery.

Objectives: The objectives of this video presentation are to demondstrate the complexity and variability of revisional bariatric surgery; to highlight the importance of patient specific approaches that are often modified intraoperatively with the assistance of intraoperative endoscopy; and finally to highlight the balance between following established algorithms applying individualized tichniques in revisional bariatric surgery.

Methods: Two cases are presented: 1. A 54-year-old female with a history of open RYGB (2004) and open hiatal hernia repair (2014), presenting with weight recurrence, loss of restriction, and severe GERD. 2. A 62-year-old male with a 23-year history of open RYGB, presenting with weight recurrence and complete loss of restriction.

Results: Case 1 underwent extensive lysis of adhesions, pouch reduction, and redo of the gastrojejunal anastomosis due to an extremely long gastric pouch and recurrent hiatal hernia. Case 2, despite preoperative imaging suggesting normal anatomy, was found to have pouch herniation. After hiatal hernia repair, small bowel distallization was performed making the total alimentary limb of 400 cm.

Conclusions: These cases demonstrate that revisional bariatric surgery requires a tailored approach based on intraoperative findings and patient-specific factors. The decision-making process involves a combination of preoperative workup, intraoperative endoscopy, and surgical expertise. While algorithms can guide decision-making, the art of revisional bariatric surgery lies in adapting to each unique scenario.

Disclosure: Dr Lutfi – Consultant for Olympus and Medtronic. Gore – educational grant. Dr Sarran – Consultant for Intuitive. Dr Quinteros - Consultant for Applied Medical, Medtronic and THD America.

TV004 / Abs. ID 279

Topic: *AS34. MBS and magnetic anastomoses*

TOP VIDEOS
12-09-2025 08:00 - 10:00

MAGNETIC DUODENO-ILEAL ANASTOMOSIS (MAGDI)

Martin Andrada[1], Jose Paredes[2], Camilo Boza[3], Ricardo Funke[2], Matias Sepulveda[3]
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Background: There are different techniques for metabolic bariatric surgery, and recently, new therapeutic options have emerged, including magnetic surgery. MagDI consists of a duodeno-ileal anastomosis using two magnetic devices: one ingested by the patient and the other placed endoscopically. The results of this technique, in terms of safety and efficacy, are very promising.

Objectives: show the new technical surgery

Methods: A female patient with a BMI of 35 (107 kg, 1.80 m) had a sleeve gastrectomy 15 years ago (initial weight: 108 kg, nadir: 78 kg), with no reflux and a normal endoscopy. Two hours before surgery, the patient ingests magnet #1, accompanied by 120 cc of mineral oil to aid peristalsis and facilitate its progression. Radiographic monitoring is performed to confirm the magnet's position. The first step of the procedure involves dissecting the duodenum. The greater omentum is then divided from its free edge. Next, the ileocecal valve is identified, and 250 cm are measured proximally. Once the target site is identified, two clips are placed on either side of the mesentery. The transverse mesocolon is then lifted to identify Treitz's angle. Using a 27-newton magnetic retrieval device, magnet #1 (previously ingested by the patient) is located and dragged to the clip-marked site, 250 cm from the ileocecal valve. The retrieval device is then replaced with a lower-force magnet, and magnet #1 is positioned in front of the duodenum. Endoscopically, magnet #2 is placed in the first portion of the duodenum. Once both magnets are aligned, they are coupled and released, allowing the anastomosis to form. Closure of the mesenteric defect is performed, completing the procedure. The patient was discharged 24 hours postoperatively without complications.

Results: One month after surgery, the patient had lost 11 kg.

Conclusions: Magnetic surgery is an innovative, safe procedure with good short-term outcomes and low rates of anastomotic complications.

Disclosure: No significant relationships.

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TV005 / Abs. ID 310

Topic: *AS45. SASI*

TOP VIDEOS
12-09-2025 08:00 - 10:00

RESOLUTION OF AN ACUTE FISTULA AFTER SASI PROCEDURE

Anabella Beatriz Sanchez[1], Ariel Ferraro[2], Clotilde Gancedo[2], Belen Loaiza[2], Augusto Bandoni[2], Jessica Medina[2], Melissa Garcia[2]
[1]Ezeiza Hospital, Surgery, Ezeiza, Argentina, [2]EZEIZA HOSPITAL, Surgery, EZEIZA, Argentina

Background: Single anastomosis sleeve ileal (SASI) bypass is a recently introduced bariatric procedure that combines the advantages of restrictive and malabsorptive operations. Leaks are a major postoperative complication after bariatric procedures and may be life-threatening. Complications such as leakage can be dangerous and should be managed properly. The leak rate after SASI has been reported in less than 1% of patients, but leak diagnosis should be done as soon as possible to prevent diffuse peritonitis and subsequent sepsis. The evaluation of a suspected anastomotic leak includes either an abdominal computed tomography (CT) evaluation with oral contrast or an upper gastrointestinal series. Notably, 60% to 80% of leaks at the GJ are diagnosed on CT, even without contrast extravasation.Different approaches for both diagnosis and treatment of leak after SASI exists and should be selected depending on the patient's hemodynamic condition, surgeon's experience, and many other factors

Objectives: We aim to discuss the management and resolution of a post-SASI fistula (from an outside surgical procedure).

Methods: We present a case report of fistula resolution following a SASI procedure.

Results: The patient experienced a favorable postoperative course. A minimally invasive approach was used to manage the gastric fistula that developed upon relaparoscopic.Hospital discharge with oral tolerance and enteral feeding supplementation via percutaneous gastrostomy. She continues postoperative follow-up in the outpatient clinic

Conclusions: The management of leaks following SASI requires a multidisciplinary team approach. The leaks can be managed successfully if detected in a timely fashion. There is no significant difference between leak incidence after primary and revisional SASI and correct surgical technique, and increasing the surgical team experience can decrease the leak rates after metabolic bariatric surgery. With the increasing popularity of this technique, it is a necessity that the management of leaks following SASI is clarified, and this question should be addressed in international guidelines in the near future.

Disclosure: No significant relationships.

TV006 / Abs. ID 922

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

TOP VIDEOS
12-09-2025 08:00 - 10:00

ENHANCING INTRAOPERATIVE JUDGEMENT: LEVERAGING ICG FOR REAL-TIME BOWEL PERFUSION ASSESSMENT

Monique Hassan
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Background: Small bowel obstruction (SBO) is a known late complication of Roux-en-Y gastric bypass, often resulting from internal hernias, adhesions, or volvulus. These patients frequently present with vague or delayed symptoms, and clinical evaluation may be complicated by altered anatomy and prior weight loss. When SBO is suspected, timely operative intervention is critical, particularly when there are signs concerning for bowel ischemia or strangulation. However, intraoperative assessment of bowel viability remains challenging and often subjective, relying heavily on visual cues such as color, peristalsis, and mesenteric pulse. In equivocal cases, surgeons may feel compelled to resect marginally perfused bowel to avoid postoperative complications, potentially leading to unnecessary loss of bowel length and associated morbidity.

Objectives: Demonstrate the use of indocyanine green (ICG) to assess for small bowel perfusion and viability is safe and feasible in challenging cases.

Methods: In this video, we present the case of a 61-year-old female patient with a remote history of gastric bypass who presented with acute SBO and intraoperative findings suggestive of ischemic small bowel. The affected segment appeared dusky and congested, raising concern for compromised viability. Indocyanine green (ICG) fluorescence angiography was employed to evaluate real-time perfusion to aid in decision-making.

Results: ICG imaging demonstrated uniform fluorescence throughout the questionable segment, confirming intact perfusion and allowing for preservation of the bowel. No resection was performed, and the patient recovered without complication.

Conclusions: This case illustrates the utility of ICG fluorescence in enhancing intraoperative judgment, reducing unnecessary resections, and supporting bowel-preserving strategies in complex post-bariatric patients. As ICG technology becomes more accessible, its role in emergent and elective surgical decision-making continues to expand.

Disclosure: No relationship that is relevant to this presentation

TV007 / Abs. ID 1185

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

TOP VIDEOS
12-09-2025 08:00 - 10:00

MANAGING BARICLIP FAILURE: LAPAROSCOPIC REMOVAL AND CONVERSION TO SLEEVE GASTRECTOMY

Pamela Hernández Arriaga[1], Ricardo Cuellar[2], Luis Morales Flores[3]
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Background: Laparoscopic vertical clip gastroplasty (BariClip) has been proposed as a reversible restrictive bariatric procedure, aiming to avoid complications associated with sleeve gastrectomy, such as bleeding, leaks, and GERD. However, its long-term efficacy remains uncertain, and complications like erosion, migration, or suboptimal clinical response may necessitate revisional surgery.

Objectives: We present the case of a 30-year-old female with no relevant past medical history who underwent a BariClip procedure in 2022. She initially achieved a 20 kg weight loss but experienced subsequent weight regain of 10 kg, presenting with a BMI of 35.8 kg/m². The patient was evaluated for revisional surgery due to suboptimal weight loss and dissatisfaction with the outcome.

Methods: Laparoscopic removal of the BariClip was performed. Intraoperatively, the clip was found encased in a dense fibrous capsule. Monopolar cautery and harmonic scalpel were used to carefully dissect the anterior and posterior aspects of the clip, similar to band explantation, with suture cutting required for full release. After safe removal, a standard sleeve gastrectomy was performed. A 36 Fr bougie was used for calibration, and thicker stapler cartridges were utilized through areas of fibrosis. The staple line was reinforced with Lembert sutures and an omentopexy was added.

Results: The patient had an uneventful postoperative course and was discharged without complications. At 1-year follow-up, her BMI had decreased to 20 kg/m², reflecting a successful revisional outcome.

Conclusions: This case highlights the feasibility and safety of BariClip removal and conversion to sleeve gastrectomy as a revisional strategy in patients with weight regain or device-related complications. As BariClip adoption increases, long-term studies and real-world outcomes will be essential to better define its role in bariatric surgery.

Disclosure: No significant relationships.

TV008 / Abs. ID 711

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

TOP VIDEOS
12-09-2025 08:00 - 10:00

ROBOTIC CONVERSION OF SLEEVE GASTRECTOMY TO ROUX-EN-Y GASTRIC BYPASS WITH HIATAL HERNIA REPAIR WITH MESH

Benjamin Clapp, Nicole Biediger
Texas Tech School of Medicine, El Paso, United States of America

Background: Sleeve gastrectomies (SG) have a failure rate of up to 20%. The main reason for conversion to another operation is reflux, and weight recidivism is second. When a patient with a SG develops reflux, it is often related to a hiatal hernia with intrathoracic migration of the the sleeve. A conversion to a Roux-en-Y gastric bypass is the best treatmetn for a SG with reflux.

Objectives: This video demonstrates a robotic approach to a SG conversion to a RYGB with a hiatal hernia repair with mesh.

Methods: The case presenation is a female patient who had a SG with hiatal hernia repair 8 years ago. She presents with reflux, a hiatal hernia and migration of the sleeve into the chest.

Results: The video demonstrates the hiatal hernia repair with mesh, and the conversion of the SG to the RYGB with technical pearls.

Conclusions: The robotic appoach is safe and effective for conversions of SG to RYGB.

Disclosure: Author BC is consultant to medtronic and intuitive

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TV009 / Abs. ID 943

Topic: *AS09. Endoscopic bariatric procedures*

TOP VIDEOS
12-09-2025 08:00 - 10:00

EXPERIENCE IN THE MANAGEMENT OF GASTROJEJUNAL ANASTOMOSIS LEAKAGE WITH ENDOVAC

Maria Rodriguez Izquierdo[1], Nadya Contreras Morales[2], Daniel Hernández Clarck[2,3], Rafael Luengas Tello[3], Carlos Barroso[3], Renzo Carpanetti Castillo[1]
[1]red salud, Cirugia Bariatrica, Santiago, Chile, [2]Redsalud Santiago Clinic, Bariatric Surgery, Santiago, Chile, [3]Clinica RedSalud, Cirugía Bariátrica, Santiago, Chile

Background: Leakage in the gastrojejunal anastomosis is an infrequent but highly severe complication in bariatric surgery, representing a significant challenge for the surgeon. These complications can lead to severe infections, sepsis, and prolonged hospital stays, considerably impacting patient recovery. With the advancement of minimally invasive techniques, new strategies have emerged to address these complications, including endoscopic vacuum-assisted therapy (Endovac), which has revolutionized the management of anastomotic leaks by offering a safe and effective solution.

Objectives: Objective: To present a clinical experience in managing a patient with gastrojejunal anastomosis leakage successfully treated with Endovac and to detail the integration of minimally invasive methods for the treatment of postoperative complications.

Methods: This is a case of a 54-year-old female patient with a history of obesity (BMI: 42), hypertension, diabetes mellitus, and smoking since adolescence. The patient underwent gastric bypass surgery and presented clinical signs of gastrojejunal anastomosis leakage on the third postoperative day. A combined management approach was initiated, consisting of diagnostic laparoscopy with drainage of the intra-abdominal collection, followed by the implementation of the Endovac system. This method involved the placement of an endoluminal negative pressure device, monitored endoscopically and supplemented with periodic replacements.

Results: The patient showed a favorable evolution following the implementation of the described approach. Three exchanges of the Endovac system were performed, achieving complete control of the filtration and its closure. The average resolution time was two to three weeks. The patient was discharged in good condition, with no additional complications reported.

Conclusions: Conclusion: The use of Endovac therapy for managing gastrojejunal anastomosis leaks proves to be a safe, effective, and minimally invasive alternative compared to traditional surgical reinterventions. This clinical case highlights the potential of this technique to improve outcomes in postoperative patients, positioning it as an innovative tool in modern bariatric surgery.

Disclosure: No significant relationships.

TV010 / Abs. ID 388

Topic: *AS04. Novel metabolic bariatric procedures*

TOP VIDEOS
12-09-2025 08:00 - 10:00

MAGNETIC JEJUNO-ILEOSTOMY-MAGJI

Michel Gagner[1], Martin Fried[2], Karin Dolezalova[2], David Michalsky[2]
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Background: The biofragmentable longitudinal magnets used for anastomosis are composed of a neodymium-iron-boron magnet and titanium components with a PGLA-Polyglactin 910 outer flange. Each system consists of a pair (two) linear magnets (50mm long x 10.2mm wide x 4.4mm thick) intended to produce gradual compression of the tissue sandwiched between the magnets, resulting in slow tissue necrosis, and peripheral healing.

Objectives: The single-center open-label study's objective was to evaluate the feasibility/performance, safety, and initial efficacy of a linear biofragmentable magnet to create side-to-side compression anastomosis to achieve jejunoileal diversion (Jejunal Bipartition).

Methods: This video demonstrates a side-to-side jejunoileal magnetic anastomosis, a bipartition, constructed as a metabolic procedure for type-2 diabetes. A 50 mm linear magnet is swallowed first, an abdominal/pelvic X-ray confirms the upper jejunum location 2 hours later, followed by a second swallowed magnet of similar shape, avoiding flexible gastroduodenoscopic positioning. After self-docking in the upper intestines, a laparoscopic-assisted procedure is commenced to measure a point at 100 cm from the Treitz's ligament on the jejunum and another 150cm in the ileum proximal to the ileocecal valve to undock and relocate the pair of magnets using laparoscopic magnetic positioning devices. The jejuno-ileal mesenteric defect is closed with a running non-absorbable suture.

Results: Short-term results reveal 100% magnet pair passage by defecation, confirming lateral-lateral small intestinal anastomosis, with T2DM improvement, similar to that achieved with the same type of staple or hand-sewn anastomosis performed routinely for several years. The magnets have not caused any bleeding, leaks or obstruction.

Conclusions: Even though the study is limited by the small number size of the studied cohort of patients and the short-term results reported, it may be concluded that the incision-less and suture-less magnetic small intestine anastomosis was minimally invasive, safe and feasible to perform. Double-swallowed magnets, at different time intervals, eliminated the need for endoscopic placement in the small intestine.

Disclosure: Michel Gagner, Stock ownership-GT Metabolic

TV012 / Abs. ID 893

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

TOP VIDEOS
12-09-2025 08:00 - 10:00

COMPLICATIONS UNCOVERED: ULCERATION AFTER OAGB

Miljana Vladimirov[1], Firas Makdesi[1], Alex Gandsas[2]
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Background: One-anastomosis gastric bypass (OAGB) has become increasingly favored in bariatric surgery for its technical ease, safety, and effectiveness in addressing severe obesity and associated comorbidities. Nevertheless, postoperative complications—particularly the development of marginal ulcers—pose an ongoing clinical challenge in the management of OAGB patients.

Objectives: This video aims to present the case of a patient who developed a significant marginal ulcer two years following a one-anastomosis gastric bypass (OAGB), along with a markedly dilated gastric pouch. Surgical management included complete resection of the gastrojejunostomy, reduction of the gastric pouch, and conversion to a standard Roux-en-Y gastric bypass.

Methods: After repairing an incidental paraesophageal hernia, the existing gastrojejunostomy was resected, and a new barbed sutured anastomosis was constructed using a seromuscular technique. This approach involved the serosal, muscular, and submucosal layers of both the gastric pouch and the jejunum, deliberately excluding the mucosa to preserve vascular integrity. The same technique was employed to create the jejunojejunostomy.

Results: There were not intraopeartive or 30 day post operative complications. The patient was started on oral liquids the day after surgery and discharged on post-operative day two.

Conclusions: In conclusion, robotic revisional bariatric surgery is a safe and effective approach. When addressing complications after a one anastomosis gastric bypass, pouch resection and resizing should be considered. Conversion to a Roux-en-Y gastric bypass remains the preferred treatment option.

Disclosure: No significant relationships.

VEP001 / Abs. ID 497

Topic: *AS04. Novel metabolic bariatric procedures*

VIDEO E-POSTER DISCUSSION 01: NOVEL PROCEDURES/REVISIONAL/ENDOSCOPIC MBS/RECURRENT WEIGHT GAIN
11-09-2025 10:05 - 10:55

HELLER MYOTOMY COMBINED WITH NISSEN SLEEVE IN AN OBESE PATIENT WITH ACHALASIA

Santiago Martin, Federico Cuenca-Abente, Javier Ithurralde, Maria Rosner, Ayelen La Torre
Hospital de Gastroenterologia "Dr. Carlos B. Udaondo", Surgery, Buenos Aires, Argentina

Background: Achalasia is a rare esophageal motility disorder, with an incidence ranging from 0.3 to 1.63 cases per 100,000 adults per year. This condition typically leads to weight loss, making its presentation in patients with severe obesity unusual and rarely reported. The coexistence of achalasia and obesity presents significant surgical challenges, as both conditions require specific interventions. Laparoscopic Heller myotomy is the surgical treatment of choice for achalasia, while sleeve gastrectomy is a common bariatric procedure for severe obesity.

Objectives: The video aims to demonstrate the feasibility and safety of the Heller myotomy combined with Nissen-Sleeve technique, highlighting its effectiveness in simultaneously treating achalasia and severe obesity through a comprehensive surgical approach.

Methods: A case is presented of a 51-year-old male patient with a history of obesity (maximum weight of 110 kg, BMI 37.6 kg/m²) and hypertension as a related disease . The patient reported progressive dysphagia and weight loss, reaching an Eckardt score of 11 points. Endoscopic and functional studies confirmed the diagnosis of type II achalasia, indicating the need for a comprehensive surgical approach to address both conditions simultaneously. The procedure was performed laparoscopically. It began with the dissection of the greater curvature of the stomach, followed by the exposure of the esophageal hiatus, to achieve complete dissection of the abdominal esophagus. A Heller myotomy was then performed. Subsequently, after proper hiatus calibration, a Nissen fundoplication was conventionally constructed. To address obesity, a 36 Fr bougie was positioned along the lesser curvature of the stomach, and a sleeve gastrectomy was performed, ensuring without compromising the integrity of the previous procedure.

Results: The procedure was performed without intraoperative complications or significant adverse events in the immediate postoperative period. The patient showed favorable progression, with adequate gradual oral tolerance. In the short term, a good symptomatic response was observed, with Eckardt score to 3 points in the postoperative follow-up. No signs of early gastroesophageal reflux symptoms or complications related to the fundoplication or sleeve gastrectomy were observed.

Conclusions: Heller myotomy with Nissen sleeve is a new, safe and feasible surgical technique for patients with achalasia and asociated obesity, providing a favorable response to dysphagia, obesity and gastroesophageal reflux

Disclosure: No significant relationships.

VEP002 / Abs. ID 862

Topic: *AS04. Novel metabolic bariatric procedures*

VIDEO E-POSTER DISCUSSION 01: NOVEL PROCEDURES/REVISIONAL/ENDOSCOPIC MBS/RECURRENT WEIGHT GAIN
11-09-2025 10:05 - 10:55

SLEEVE GASTRECTOMY IN A PATIENT WITH SEVERE POLYCYSTIC LIVER DISEASE: CASE REPORT.

Ramsés Gómez Casas[1], Rafael Luengas Tello[2], Juan Duque Seguro[2], Renzo Carpanetti Castillo[1]
[1]Red Salud, Cirugia Bariatrica, Medellin, Colombia, [2]Clínica Red Salud, Santiago, Chile

Background: Adult polycystic liver disease is a rare and benign condition characterized by the formation of multiple cysts in the liver. These cysts can become giant and affect liver function or cause symptoms due to compression. When these patients undergo bariatric surgery, it presents a technical challenge for various reasons, such as altered liver anatomy, which makes access to the stomach more difficult and reduces visibility. Additionally, there is an increased risk of bleeding due to potential liver injuries, rupture of cysts during hepatic dissection or stapling, which can lead to associated fistulas, an increased risk of infection, and possible alterations in liver function postoperatively. However, there is insufficient information and experience in the literature regarding bariatric surgery interventions in these patients.

Objectives: The objective of our study is to describe the surgical technique of sleeve gastrectomy performed in a patient with grade II obesity, which presents a technical challenge due to the presence of giant polycystic liver disease.

Methods: A 38-year-old female patient with a previous diagnosis of polycystic liver disease, associated obesity, and a BMI of 35.3, without other comorbidities, underwent bariatric surgery with a sleeve gastrectomy. During the surgery, access was made to the abdominal cavity under direct vision, revealing severe polycystic liver disease with adhesions to the omentum, which were released using advanced energy. Subsequently, careful liver retraction was performed to avoid rupture of the cysts. The stomach was identified, and a conventional vertical gastrectomy was successfully performed. The stapler line was reinforced with hemostatic clips.

Results: The procedure was performed without incidents. At the third month postoperatively, the patient showed an optimal clinical response with a BMI of 30, weight of 75 kg, and height of 158 cm.

Conclusions: There is limited information in the literature regarding patients with giant polycystic liver disease undergoing bariatric surgery. In our case, despite the technical challenges, the procedure was completed without complications and with optimal clinical response during clinical follow-up. With this case, we contribute to the literature, demonstrating that the procedure can be performed without complications when all necessary safety measures are taken to avoid injury.

Disclosure: No significant relationships.

VEP003 / Abs. ID 710

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

VIDEO E-POSTER DISCUSSION 01: NOVEL PROCEDURES/REVISIONAL/ENDOSCOPIC MBS/RECURRENT WEIGHT GAIN
11-09-2025 10:05 - 10:55

ROBOTIC REVERSAL OF ROUX-EN-Y GASTRIC BYPASS FOR MALNUTRITION

Benjamin Clapp, Nicole Biediger
Texas Tech School of Medicine, El Paso, United States of America

Background: Reversals of the Roux-en-Y gastric bypass are rarely performed. The most common reasons are malnutrition, severe dumping syndrom and excessive weight loss.

Objectives: The video demonstrates a robotic reversal of a RYGB with preservation of limb length by saving the roux limb.

Methods: This video demonstrates the gastrogastric anastomosis, as well as intestinal length preservation by utilizing the roux limb. Technical pearls are narrated throughout the case.

Results: The case was completed laparosocopically and the pateint did well and was discharged on post operative day one.

Conclusions: Robotic reversal of gastric bypass is safe and feasible.

Disclosure: consultant with medtronic and intuitive

VEP004 / Abs. ID 621

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

VIDEO E-POSTER DISCUSSION 01: NOVEL PROCEDURES/REVISIONAL/ENDOSCOPIC MBS/RECURRENT WEIGHT GAIN
11-09-2025 10:05 - 10:55

PREVIOUS NISSEN SLEEVE AND ROUX EN Y GASTRIC BYPASS CONVERTED TO MODIFIED ROUX EN Y GASTRIC BYPASS

Irene Arevalo[1], Otto Montoya[2], Carlos Rodríguez[2], Israel Arias[2], Jhony Delgado[2]
[1]Obesity El Salvador, San Salvador, San Salvador, El Salvador, [2]OBESITY EL SALVADOR, San Salvador, SAN SALVADOR, El Salvador

Background: Female, 59 years old patient. Initial weight 100 kg, BMI 39.5 kg/m2, with comorbidities prediabetes, dyslipidemia and non alcoholic fatty liver disease (NAFLD), besides acid reflux symptoms. In 2020 underwent first bariatric procedure, a Nissen sleeve gastrectomy, with suboptimal clinical response after 12 months (EWL%): 39%, (TWL%): 18.2%. In 2022 underwent 1st revisional surgery, BMI 32.3 kg/m2 . Conversion to Roux en Y Gastric Bypass preserving Nissen Fundoplication. Optimal clinical response, after 12 months, (EWL%): 57.5%, (TWL%): 26.8%, with metabolic comorbidities remission. In 2024 patient presented recurrent weight gain. At 2025: 2nd revisional surgery, BMI 34.1 kg/m2. Comorbidities: NAFLD, prediabetes and dyslipidemia.

Objectives: Describe medical and technical challenges in revisional bariatric and metabolic surgery in a patient with two previous bariatric procedures and recurrent weight gain.

Methods: Surgical Technique: 6 ports. Adhesiolysis, identification of Nissen fundoplication, gastric pouch, gastrojejunal (GJ) anastomosis with elongated candy cane (CC) 20 cm, measurement of alimentary limb (AL) 85 cm, biliopancreatic limb (BPL) 75 cm, and common limb (CL) 420 cm. Rotated jejunojejunal (JJ) anastomosis. Transoperative endoscopy was perfomed. Fundoplication release, gastric pouch reconstruction, 5 cm below gastroesophageal junction, with bougie 36 Fr. Resection of: gastric fundus, jejunal section 10 cm below AL, and previous rotated JJ anastomosis. Confection of GJ anastomosis, 30 mm linear stapler, reconsitution of intestinal transit with JJ anastomosis, and confection of new JJ anastomosis. Final limb measurement: AL 75 cm, BPL 175 cm, CL 320 cm. Mesenteric and Petersen defect clousure, saline irrigation and drainage placement.

Results: Inmediate postoperative period, early oral intake (clear liquids) and ambulation, 6 hour post surgery. 1st post operative day: Drain removal, and hospital discharge, 2nd post operative day: hospital readmission due to ileus, discharged next day after medical treatment with resolution of ileus. No hospital readmissions in 30 days post surgery.

Conclusions: Revisional surgery represents a challenge for bariatric and metabolic surgeons, due to multiple adhesions, elevated risk of complications, even more in 2nd revisional procedures, due to high difficulty level must be performed by experts. Procedure selection must be individualized from the first intervention to avoid suboptimal clinical response and the possibility of reinterventions.

Disclosure: No significant relationships.

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VEP005 / Abs. ID 1180

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

VIDEO E-POSTER DISCUSSION 01: NOVEL PROCEDURES/REVISIONAL/ENDOSCOPIC MBS/RECURRENT WEIGHT GAIN
11-09-2025 10:05 - 10:55

TWISTS AND TURNS: NAVIGATING RYGB AFTER PREVIOUS FUNDOPLICATION, RECURRENT PEH, AND UNEXPECTED INTESTINAL MALROTATION

Yung Lee, Dennis Hong
McMaster University, Hamilton, Canada

Background: Performing laparoscopic Roux-en-Y gastric bypass (RYGB) in patients with a history of Nissen fundoplication, recurrent paraesophageal hernia (PEH), and incidental intestinal malrotation presents unique technical challenges. RYGB can address not only the metabolic and anatomic concerns but also inadvertently resolves aspects of the Ladd's procedure required for malrotation correction.

Objectives: We present the case of a patient with a history of Nissen fundoplication and recurrent PEH who underwent laparoscopic RYGB. Intraoperatively, intestinal malrotation was incidentally identified after gastric pouch creation. The surgical approach was adjusted to incorporate elements of a Ladd's procedure, including reorientation of the small bowel for proper placement of the Roux limb.

Methods: We present the case of a patient with a history of Nissen fundoplication and recurrent PEH who underwent laparoscopic RYGB. Intraoperatively, intestinal malrotation was incidentally identified after gastric pouch creation. The surgical approach was adjusted to incorporate elements of a Ladd's procedure, including reorientation of the small bowel for proper placement of the Roux limb.

Results: The patient tolerated the procedure well and was discharged on postoperative day 1 without complications. The RYGB successfully addressed both the metabolic goals and elements of malrotation correction by reestablishing bowel orientation and function.

Conclusions: Performing a primary RYGB after a nissen fundoplication, recurrent PEH, as well as intestinal malrotation is feasible. RYGB inherently addresses key aspects of Ladd's procedure by widening the mesenteric base, and ensuring proper orientation of the small bowel. This highlights the dual utility of RYGB in cases where malrotation is identified intraoperatively. However, surgeons must remain vigilant intraoperatively identifying intestinal malrotation to ensure safe and functional reconstruction.

Disclosure: No significant relationships.

VEP006 / Abs. ID 768

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

VIDEO E-POSTER DISCUSSION 01: NOVEL PROCEDURES/REVISIONAL/ENDOSCOPIC MBS/RECURRENT WEIGHT GAIN
11-09-2025 10:05 - 10:55

CONVERSION OF VERTICAL BANDED GASTROPLASTY WITH GASTROGASTRIC FISTULA TO ROUX-EN-Y GASTRIC BYPASS USING A TRANSGASTRIC APPROACH FOR FISTULA MANAGEMENT

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Background: This is the case of a 44-year-old female patient with a history of vertical banded gastroplasty performed 22 years ago. She presented with epigastric pain, gastroesophageal reflux symptoms, recurrent weight gain, and chronic NSAID use. Her current BMI is 44.1. Preoperative studies showed an upper gastrointestinal X-ray with contrast passage into the gastric fundus, suggesting a gastrogastric fistula. Upper endoscopy confirmed the fistulous opening and the presence of partial gastroplasty. Based on these findings, the surgical decision was made to convert the procedure to a Roux-en-Y gastric bypass. During the surgical procedure, we encountered a complex situation due to severe adhesions from the previous surgery, making the release of the stomach from the left hepatic lobe extremely difficult. Given this challenge, an intraoperative decision was made to perform a transgastric approach for the correction of the gastrogastric fistula.

Objectives: .CONVERSION OF VERTICAL BANDED GASTROPLASTY WITH GASTROGASTRIC FISTULA TO ROUX-EN-Y GASTRIC BYPASS USING A TRANSGASTRIC APPROACH FOR FISTULA MANAGEMENT

Methods: CONVERSION OF VERTICAL BANDED GASTROPLASTY WITH GASTROGASTRIC FISTULA TO ROUX-EN-Y GASTRIC BYPASS USING A TRANSGASTRIC APPROACH FOR FISTULA MANAGEMENT

Results: CONVERSION OF VERTICAL BANDED GASTROPLASTY WITH GASTROGASTRIC FISTULA TO ROUX-EN-Y GASTRIC BYPASS USING A TRANSGASTRIC APPROACH FOR FISTULA MANAGEMENT

Conclusions: The conversion from vertical banded gastroplasty to Roux-en-Y gastric bypass is a safe and effective option for weight loss and comorbidity control in patients with failure of the primary procedure. However, this is a complex surgical procedure with a high risk of complications due to severe adhesions and anatomical alterations resulting from the previous surgery. In cases with gastrogastric fistula and severe adhesions, the transgastric approach can be a viable alternative for proper fistula identification and management, facilitating gastric reconstruction and improving surgical outcomes. The patient had a favorable postoperative recovery with good pain control. An enhanced recovery protocol was followed, including early ambulation and breathing exercises. Oral intake was started 24 hours after surgery, and the drain was removed on the third postoperative day

Disclosure: No significant relationships.

VEP007 / Abs. ID 872

Topic: *AS08. Revisional MBS: indications, options and role for endoscopy*

VIDEO E-POSTER DISCUSSION 01: NOVEL PROCEDURES/REVISIONAL/ENDOSCOPIC MBS/RECURRENT WEIGHT GAIN
11-09-2025 10:05 - 10:55

CONVERSION OF SLEEVE GASTRECTOMY TO OAGB AND HIATAL HERNIA REPAIR

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Background: Male 39 years old Medical history: Gastric balloon placement 2008 Sleeve gastrectomy 2009 First follow-up in our center July 2023 with a BMI: 80.3 (Weight 254kgs) Severe obstructive sleep apnea, Hiatal hernia and ventral hernia Surgery in our center in October 2023 with a BMI 61.9 (weight 196kg) Procedure: Conversion to OAGB and hiatal hernia repair. The patient was discharged on the 3rd postoperative day, with good food tolerance and no complications. At 10-month postoperative course he had a BMI: 32.5 (103kg) Good food tolerance and no reflux nore sleep apnea.

Objectives: Outcome of Conversion from Sleeve Gastrectomy to OAGB for Weight Regain with a BMI of 80.3

Methods: Laparoscopic surgery.

Results: At 10-month postoperative course he had a BMI: 32.5 (103kg) Good food tolerance and no reflux nore sleep apnea.

Conclusions: Conversion surgery from sleeve gastrectomy to One-Anastomosis Gastric Bypass (OAGB) represents a valid alternative for carefully selected patients.

Disclosure: No significant relationships.

VEP008 / Abs. ID 297

Topic: *AS09. Endoscopic bariatric procedures*

VIDEO E-POSTER DISCUSSION 01: NOVEL PROCEDURES/REVISIONAL/ENDOSCOPIC MBS/RECURRENT WEIGHT GAIN
11-09-2025 10:05 - 10:55

COMPILATION: CONVERSION FROM ENDOSCOPIC GASTROPLASTY TO GASTRIC SLEEVE

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Background: Two cases of conversion from endoscopic gastroplasty to sleeve gastrectomy performed using laparoscopic surgery with endoscopic assistance will be presented.

Objectives: The objetive is demostrate the use of intraoperative endoscopy as a guiding tool to prevent accidental stapling of the sutures from the previous gastroplasty.

Methods: In two separate cases, a conversion from endoscopic gastroplasty to sleeve gastrectomy is performed, demonstrating both the laparoscopic and intraoperative endoscopic perspectives.

Results: Both patients were discharged the day after surgery, hemodynamically stable, with good tolerance to a liquid diet and without abdominal pain.

Conclusions: Endoscopic sleeve gastroplasty (ESG) is an innovative, minimally invasive procedure designed to aid wight loss by reducing the size of the gastric lumen. This technique has gained ground as a viable option for patients with obesity, particulary those who are unsuitable for or reject traditional surgical interventions. In case the patient presents recurrent weight gain after ESG, a conversion to gastric sleeve can be performed. Care must be taken with the pre-gastroplasty sutures, where intraoperative endoscopy provides security and confidence.

Disclosure: No significant relationships.

VEP009 / Abs. ID 1014

Topic: *AS09. Endoscopic bariatric procedures*

VIDEO E-POSTER DISCUSSION 01: NOVEL PROCEDURES/REVISIONAL/ENDOSCOPIC MBS/RECURRENT WEIGHT GAIN
11-09-2025 10:05 - 10:55

COMPLETE SADI REVERSAL WITH LAPAROSCOPIC DUODENO-DUODENOSTOMY

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Background: The Single Anastomosis Duodeno-Ileostomy (SADI) is a bariatric procedure increasingly employed for weight loss and metabolic improvement. However, complications such as malnutrition and related afflictions can occur. Moreover, the duodenum distal to the duodeno- ileostomy becomes impossible to reach endoscopically and this may be problematic in a patient with a newly diagnosed polyposis syndrome (MUTYH-associated polyposis) that necessitates regular duodenal surveillance. In these scenarios, a surgical revision is indicated to restore gastrointestinal continuity and facilitate endoscopic monitoring while addressing hypoabsorptive symptoms.

Objectives: The primary objectives of this demonstration are to: Illustrate a systematic, minimally invasive approach to fully reversing a SADI configuration via a laparoscopic duodeno-duodenostomy. Highlight critical technical steps—including controlled division of the previous duodeno- ileostomy, precise mobilization of the proximal and distal duodenum, and end-to-end mechanical duodeno-duodenostomy.

Methods: Key steps: Evaluation of the Duodeno-Ileostomy: A comprehensive laparoscopic assessment is conducted, noting the presence of ascites and confirming that the existing anastomosis is normal in appearance with a large ileal lumen, ensuring tissue planes are appropriate for safe division. Stapling of the Duodeno-Ileostomy: The duodeno-ileostomy is divided using an EndoGIA stapler. Care is taken to avoid narrowing of the ileum or leaving duodenal tissue on its side. Mobilisation: The proximal duodenum is mobilized with blunt and ultrasonic dissection, safeguarding adjacent vascular structures. The distal duodenum is mobilized, releasing adhesions to allow tension- free alignment for the anastomosis, while maintaining mesenteric integrity and avoiding injury to the pancreas. Kocher Maneuver: Performed to medialize the duodenum, reducing tension and optimizing exposure for a secure anastomosis. Duodeno-Duodenostomy Construction: Posterior Layer: A barbed, absorbable running suture is used to approximate the proximal and distal duodenal walls, accommodating a slight size mismatch. Mechanical End-to-End Anastomosis: After creating two enterotomies, a laparoscopic stapler is introduced into both lumens to form the new duodeno- duodenostomy. Enterotomy Closure: The enterotomy is closed with a continuous absorbable running suture to restore complete integrity of the anastomosis. Intraoperative Endoscopy: An endoscope is advanced transorally into the duodenum to verify that the anastomosis is patent (approximately 2cm in diameter).No leaks or bleeding are present.

Results: The results:

Results

Intraoperative findings confirmed a well-constructed duodenal anastomosis with no immediate complications. Endoscopic evaluation demonstrated a 2 cm diameter anastomosis with an absence of leaks or hemorrhage. At the one-month postoperative follow-up, the patient denied any complications while exhibiting significant clinical improvements: resolution of intractable diarrhea and normal oral intake.

Conclusions: Conclusion

Conclusion

This video illustrates that a complete SADI reversal via laparoscopic duodeno-duodenostomy is a viable option for patients presenting with severe malnutrition and the necessity for ongoing duodenal surveillance. In most cases of malnutrition post SADI, an elongation of the common channel with revision of the duodeno-ileostomy to a more proximal duodeno-jejunostomy is usually performed. In cases where endoscopic access to the duodenum is necessary, full reversal with a duodeno-duodenostomy with intra-operative endoscopy can be performed with minimal morbidity in a minimally invasive fashion.

Disclosure: No significant relationships.

VEP010 / Abs. ID 866

Topic: *AS36. MBS and recurrent weight gain: mechanisms, prevention and treatment options*

VIDEO E-POSTER DISCUSSION 01: NOVEL PROCEDURES/REVISIONAL/ENDOSCOPIC MBS/RECURRENT WEIGHT GAIN
11-09-2025 10:05 - 10:55

RESIZING GASTRIC POUCH WITH HIATAL HERNIA AND GASTRO-GASTRIC FISTULA

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Background: A male patient underwent an open gastric bypass in 2003. In October 2023, he came to our center due to recurrent weight gain and reflux. The preoperative study, which included endoscopy and a barium swallow, showed an oversized gastric pouch, esophagitis, and a hiatal hernia. He underwent surgery at our center in December 2023 with a BMI of 48.0. He was discharged on the second postoperative day, with good food tolerance and without complications. At the one-year follow-up, he has no reflux, endoscopy showed no esophagitis, and he has a BMI of 29.7.

Objectives: The objective of this video is to demonstrate an alternative surgical approach for managing recurrent weight gain and reflux as complications resulting from gastric bypass surgery.

Methods: It is a laparoscopic approach, where we perform a pouch resizing and hiatal hernia repair.

Results: There were no postoperative complications, and at one-year follow-up, the patient has good food tolerance, no reflux, and a BMI of 29.7.

Conclusions: The laparoscopic approach to gastric pouch resizing is a valid alternative treatment in well-selected patients with recurrent weight gain and reflux following gastric bypass surgery.

Disclosure: No significant relationships.

VEP012 / Abs. ID 284

Topic: *AS22. Robotic surgery: round up of newer devices*

VIDEO E-POSTER DISCUSSION 02: TRANSPLANT/WALL HERNIAS/REFLUX
11-09-2025 10:05 - 10:55

SLEEVE GASTRECTOMY USING SINGLE STAPLING DEVICE

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Background: Sleeve gastrectomy (SG) is one of the most commonly performed metabolic bariatric surgery procedures. It involves the removal of a large portion of the stomach, creating a sleeve-like structure that significantly reduces its size. Multiple staplers are typically to ensure a consistent resection during the procedure. However, the use of a single stapler has been proposed as an alternative, potentially reducing costs and shortening operative times.

Objectives: The aim of this video is to show an alternative to the well known sleeve gastrectomy technique using a single stapling device.

Methods: This video shows a 17 year-old male with severe obesity (BMI 58.2), past medical history of ADHD, migraine, mild asthma, GERD and sleep apnea, who was followed by nutrition for 6 months and cleared for surgery. He underwent robotic assisted sleeve gastrectomy using a single stapler and a 19mm port.

Results: The operative time in this case of 110 minutes and the patient was discharged during the first postoperative day. After 6 months follow up the BMI was 46.86 and no complications have been registered.

Conclusions: We show a safe alternative to the classic sleeve gastrectomy technique avoided the use of multiple staplers and using one single stapler device that requires a 19mm port.

Disclosure: Dr. Chandra Hassan is proctor for Intuitive Surgical and Medtronic Hugo

VEP013 / Abs. ID 900

Topic: *AS22. Robotic surgery: round up of newer devices*

VIDEO E-POSTER DISCUSSION 02: TRANSPLANT/WALL HERNIAS/REFLUX
11-09-2025 10:05 - 10:55

REDUCED-PORT LAPAROSCOPIC METABOLIC BARIATRIC SURGERY PERFORMED BY A SOLO SURGEON USING MAGNETIC-ASSISTED ROBOTIC TECHNOLOGY: A CASE REPORT

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Background: Bariatric surgery is an effective treatment for severe obesity and its associated comorbidities. Conventional laparoscopic surgery typically requires multiple ports and the assistance of a second surgeon or assistant. However, advancements in technology have led to the development of robotic and magnet-assisted systems, enabling minimally invasive procedures with fewer ports and eliminating the need for a surgical assistant. Magnetic-assisted robotic technology provides an innovative solution that enhances maneuverability and visualization, allowing a solo surgeon to perform laparoscopic procedures efficiently.

Objectives: To describe the feasibility, safety, and efficacy of reduced-port laparoscopic bariatric surgery performed by a solo surgeon using magnetic-assisted robotic technology

Methods: A 20-year-old male patient with severe obesity (BMI of 39 kg/m²) and comorbidities, including metabolic syndrome, dyslipidemia, and stage 1 renal insufficiency, underwent a multidisciplinary evaluation. After multiple failed attempts at medical weight loss, laparoscopic sleeve gastrectomy was indicated. The procedure was performed using the Magnetic-Assisted Robotic Surgery system, which consists of two independent robotic arms controlled by a foot pedal. One arm manipulates a magnetic retractor for tissue retraction, while the other holds a laparoscope. A single-use magnetic grasper was inserted through a 10 mm trocar and attached to the target tissue, enabling optimal exposure for gastric dissection. The procedure was performed by a single surgeon without the need for an assistant.

Results: The surgery was completed successfully within 30 minutes. No intraoperative or postoperative device-related complications occurred. Within 30 days postoperatively, no mortality, complications, or hospital readmissions were reported.

Conclusions: The Magnetic-Assisted Robotic Technology system enables a solo surgeon to perform reduced-port bariatric surgery safely and comfortably. This platform ensures excellent visualization and tissue retraction, allowing the procedure to be completed efficiently within an appropriate operative time.

Disclosure: No significant relationships.

VEP014 / Abs. ID 887

Topic: *AS22. Robotic surgery: round up of newer devices*

VIDEO E-POSTER DISCUSSION 02: TRANSPLANT/WALL HERNIAS/REFLUX
11-09-2025 10:05 - 10:55

MAGNETIC DEVICE IN LAPAROSCOPIC SLEEVE GASTRECTOMY

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Background: The sleeve gastrectomy is the most popular procedure worldwide and is highly reproducible. With the technological advancements currently available in the field of surgery, devices have been introduced that allow for the use of fewer working ports, and bariatric surgery is no exception. Numerous studies demonstrate that it is a safe technique for the patient.

Objectives: Present a video of laparoscopic sleeve gastrectomy using a magnetic device as an innovative technique.

Methods: 37 years-old female patient with multiple failed attempts at weight loss and a diagnosis of obesity grade II with a BMI of 39.7 kg/m², associated comorbidities of prediabetes, dyslipidemia, and hepatic steatosis, who undergoes a restrictive bariatric procedure of gastric sleeve with the use of a magnetic device. The procedure begins with the placement of 3 trocars and the magnetic clamps used for traction. Resection of the omentum is performed along the greater curvature from 5 cm of the pylorus to 1 cm at the gastroesophageal junction. The gastric sleeve is calibrated, and the gastrectomy is performed with staplers, concluding with the removal of the residual stomach.

Results: Patient evolves adequately, without pain, with medical discharge at 24 hours and follow-up by a multidisciplinary team, with a weight loss of 20 kg at 6 months postoperatively.

Conclusions: The use of robotic devices in sleeve gastrectomy provides an innovative alternative that reduces surgical wounds and the incorporation of working ports, with times and recovery comparable to experienced surgeons performing conventional laparoscopic gastrectomy. Therefore, it is becoming a promising technological alternative in bariatric surgery.

Disclosure: No significant relationships.

VEP015 / Abs. ID 1087

Topic: *AS23. Obesity, MBS and abdominal wall hernias*

VIDEO E-POSTER DISCUSSION 02: TRANSPLANT/WALL HERNIAS/REFLUX
11-09-2025 10:05 - 10:55

SEVERE OBESITY AND MORGAGNI HERNIA: RESOLUTION WITH GASTRIC SLEEVE AND PROSTHETIC DIAPHRAGMATIC ANCHORING

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Background: Morgagni hernia (MH) is defined as the protrusion of abdominal viscera through an anterior retrosternal diaphragmatic defect. It is a rare type of congenital diaphragmatic hernia that rarely presents in adults, typically with atypical pulmonary and gastrointestinal symptoms.

Objectives: Nuestro objetivo es presentar la resolución quirúrgica laparoscópica de un paciente con obesidad mórbida y hernia de Morgagni gigante concomitante, mediante la realización de una manga gástrica y anclaje diafragmático con colocación de malla.

Methods: Paciente femenina de 46 años con obesidad mórbida, resistencia a la insulina, hígado graso y apnea del sueño grave. Hace cuatro meses, comenzó a experimentar disnea progresiva hasta el punto de reposo, junto con síntomas respiratorios de larga duración y disnea grave en el último mes, lo que limitó gravemente su movilidad. La espirometría reveló una disfunción restrictiva grave. La tomografía computarizada abdominal y pélvica mostró un defecto diafragmático anterior con contenido abdominal en la cavidad torácica.

Results: El paciente fue sometido a cirugía laparoscópica de manga gástrica combinada con anclaje de hernia diafragmática y colocación de malla. La exploración reveló un defecto diafragmático anterior de aproximadamente 20 cm de tamaño con contenido abdominal herniado (intestino delgado, colon y epiplón). El contenido se redujo bajo visión directa y el defecto se cerró con suturas de anclaje interrumpidas entre el diafragma y la pared anterior, seguidas de sutura continua. Luego se colocó una malla sintética. Posteriormente, se realizó el procedimiento de manga gástrica El procedimiento transcurrió sin incidentes . Recibió el alta al segundo día de hospitalización. La paciente presentó una evolución satisfactoria, con resolución de la disnea y pérdida de peso esperada.

Conclusions: Managing patients with severe obesity and a concomitant hernia is a major challenge for surgeons. Morgagni hernia is a rare condition usually identified in childhood, but occasionally found in adults. Concurrent diaphragmatic hernia repair and gastric sleeve surgery is feasible, providing immediate resolution of respiratory symptoms. Laparoscopy is associated with lower complication rates.

Disclosure: No significant relationships.

VEP016 / Abs. ID 508

Topic: *AS23. Obesity, MBS and abdominal wall hernias*

VIDEO E-POSTER DISCUSSION 02: TRANSPLANT/WALL HERNIAS/REFLUX
11-09-2025 10:05 - 10:55

LAPAROSCOPIC SLEEVE GASTRECTOMY AS A BRIDGE TO REPAIR RECURRENT GIANT EVENTRATION

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Background: Obesity is associated with numerous significant diseases and is a major risk factor for anterior abdominal wall hernias. It increases the risk of ventral hernia formation and is linked to impaired wound healing, infections, and a higher incidence of hernia recurrence. There is a direct relationship between obesity and hernia recurrence (1,3): the higher the BMI, the greater the risk of recurrence. Additionally, abdominal wall hernias in patients with obesity tend to be larger and more complex to repair. Evidence suggests that a staged approach incorporating bariatric and metabolic surgery can benefit patients with large, chronic abdominal wall hernias. Performing metabolic bariatric surgery first can induce significant weight loss, reduce complications related to hernia repair, and improve the long-term durability of the repair.

Objectives: Illustrate the role of laparoscopic sleeve gastrectomy (LSG) as a staged approach to optimize surgical conditions for repairing large, recurrent incisional hernias. Demonstrate the technical considerations and challenges of performing LSG in a patient with severe obesity and significant abdominal domain loss.

Methods: We present a 59-year-old female with diabetes mellitus, arterial hypertension, obstructive sleep apnea syndrome, and a BMI of 44. Her surgical history includes conventional cholecystectomy, umbilical herniorrhaphy, and recurrent hernioplasty. She developed a giant incisional hernia, with CT confirming significant loss of abdominal domain, including retroperitoneal organs within the hernia sac. Given the patient's severe obesity and her previous multiple recurrences of abdominal wall pathology, it was decided to offer the patient a two-stage treatment. LSG was first performed for weight reduction, followed by planned incisional hernia repair.

Results: Laparoscopic sleeve gastrectomy was successfully performed without complications. Despite anatomical challenges, the procedure was completed laparoscopically with modified port placements. Postoperative recovery was uneventful. Follow-up showed initial weight loss and improvements in glycemic control and blood pressure. The patient is progressing toward planned hernia repair after achieving optimal clinical response.

Conclusions: Metabolic bariatric surgery represents a valuable first step in the staged management of complex, recurrent incisional hernias in patients with severe obesity. By inducing significant weight loss, it helps reduce surgical risks, improve metabolic conditions, and optimize the feasibility of definitive hernia repair, ensuring better long-term outcomes.

Disclosure: No significant relationships.

VEP017 / Abs. ID 304

Topic: *AS32. MBS and the difficult abdomen*

VIDEO E-POSTER DISCUSSION 02: TRANSPLANT/WALL HERNIAS/REFLUX
11-09-2025 10:05 - 10:55

RESECTIVE GASTRIC BYPASS AFTER PYLORIC EXCLUSION

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Background: Pyloric exclusion is a surgical procedure historically used to manage complex duodenal injuries resulting from blunt abdominal trauma. While effective in acute settings, long-term complications such as altered gastric anatomy, defective gastric emptying, and metabolic sequelae are recognized. This case describes a 49-year-old patient with a history of pyloric exclusion during childhood, who presented with progressive weight gain and gastroesophageal reflux symptoms. These findings underscore the complex anatomical and functional challenges associated with prior pyloric exclusion and the need for tailored surgical intervention.

Objectives: The primary objective of this case is to describe the long-term metabolic and anatomical complications in a patient with a history of pyloric exclusion due to blunt abdominal trauma during childhood. Additionally, we aim to highlight the diagnostic approach, including imaging and endoscopic findings, and to evaluate the outcomes of a laparoscopic resective Roux-en-Y gastric bypass as a tailored surgical intervention. Finally, this report seeks to emphasize the importance of proper surgical technique, particularly in creating a well-positioned anastomosis, to prevent complications such as defective gastric emptying and to address obesity-related diseases effectively.

Methods: A series of imaging studies, including an upper gastrointestinal series, endoscopy and a computed tomography scan, were performed to evaluate gastric anatomy. It was decided to perform a laparoscopic Roux-en-Y gastric bypass to address gastric emptying defects and metabolic complications.

Results: The laparoscopic resective Roux-en-Y gastric bypass was completed without complications. During the postoperative period, a stepwise diet progression was implemented, and the patient was discharged on the second postoperative day. At 24-month follow-up, the patient achieved a total body weight loss of 26%, with a BMI reduction to 28.73. Additionally, there was significant improvement in gastric emptying, resolution of gastroesophageal reflux symptoms, and favorable metabolic outcomes, including better control of insulin resistance. The patient tolerated the procedure well, demonstrating the effectiveness of the surgical intervention in addressing both anatomical and metabolic challenges in this case.

Conclusions: This case highlights the long-term metabolic and anatomical complications associated with pyloric exclusion. The implementation of a resective Roux-en-Y gastric bypass addressed the anatomical challenges and resulted in significant weight loss and metabolic improvement.

Disclosure: No significant relationships.

VEP018 / Abs. ID 457

Topic: *AS39. MBS and reflux*

VIDEO E-POSTER DISCUSSION 02: TRANSPLANT/WALL HERNIAS/REFLUX
11-09-2025 10:05 - 10:55

LAPAROSCOPIC TOUPET-SLEEVE WITH ICG: A GREAT OPTION FOR METABOLIC BARIATRIC SURGERY WITH ANTI REFLUX MECHANISM

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Background: The two most popular bariatric surgeries worldwide are sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB). Sleeve gastrectomy has become the most commonly performed bariatric procedure globally, accounting for a significant proportion of surgeries. Sleeve gastrectomy is associated with a higher incidence of GERD compared to Roux-en-Y gastric bypass. The anatomical changes following SG, such as the creation of a tubular stomach, can lead to increased intragastric pressure and impaired EG junction barrier function, contributing to reflux. Studies have shown that SG patients often experience increased acid exposure time and reflux episodes, which are linked to proximal gastric pressurization and lower trans-esophagogastric junction pressure gradients. The laparoscopic Toupet-Sleeve surgery can be used in patients with GERD but also needs a sleeve gastrectomy, which in some studies shown a better outcome than SG patients.

Objectives: Demonstrate that this surgery is a good indication for patients with reflux, good esophageal motility, with a BMI between 27 and 30 without related diseases.

Methods: We selected a patient with a diagnosis of GERD with BMI of 29, no relevant past medical history whom was candidate for a Laparoscopic Toupe-Sleeve also using indocyanine green as a safety surgical step used frequently in our service.

Results: Patient had a good post operative recovery, with a good tolerance intake of fluids and no complications. and with a 2 month evaluation with no reflux, weight loss and without discomfort.

Conclusions: This surgery is a good indication for patients with reflux, good esophageal motility, with a BMI between 27 and 30 without related diseases . The toupet-sleeve technique has a result of weight loss and with an anti reflux mechanism no prevent de Novo GERD.

Disclosure: No significant relationships.

VEP019 / Abs. ID 902

Topic: *AS39. MBS and reflux*

VIDEO E-POSTER DISCUSSION 02: TRANSPLANT/WALL HERNIAS/REFLUX
11-09-2025 10:05 - 10:55

CONVERSION OF SLEEVE GASTRECTOMY TO GASTRIC BYPASS IN A PATIENT WITH GASTROESOPHAGEAL REFLUX AND HIATAL HERNIA: SURGICAL TECHNIQUE AND OUTCOMES

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Background: Sleeve gastrectomy (SG) is a widely used bariatric procedure; however, some patients develop gastroesophageal reflux disease (GERD) and hiatal hernia, leading to persistent symptoms and reduced quality of life. In such cases, conversion to Roux-en-Y gastric bypass (RYGB) is an effective alternative, offering reflux resolution and weight control.

Objectives: To demonstrate the surgical technique and initial outcomes of converting SG to RYGB in a female patient with GERD, hiatal hernia and BMI 30,8.

Methods: A step-by-step surgical video illustrates the laparoscopic conversion of SG to RYGB. The procedure begins with adhesiolysis and the identification of the gastric sleeve anatomy. Hiatal dissection is performed, exposing the crura, followed by hiatal hernia repair with posterior cruroplasty. A new gastric pouch is created, and a Roux limb is measured at 120 cm. Gastrojejunal anastomosis is constructed using a stapler, with subsequent enteroenteric anastomosis and mesenteric defect closure. Operative time, intraoperative complications, and early postoperative outcomes were evaluated.

Results: The procedure was completed without intraoperative complications. Surgical time was 90 minutes, and blood loss was minimal. The patient showed progressive oral tolerance, no anastomotic leaks, and resolution of reflux symptoms at four weeks postoperatively, with a body mass index reduction from 30 to 27.

Conclusions: Laparoscopic conversion of SG to RYGB is a safe and effective option for patients with GERD and hiatal hernia after sleeve gastrectomy. It provides symptom resolution, anatomical correction, and metabolic benefits. Long-term follow-up is necessary to assess sustained outcomes and weight stability

Disclosure: No significant relationships.

VEP020 / Abs. ID 384

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

VIDEO E-POSTER DISCUSSION 03: CANCER/COMPLICATIONS
12-09-2025 10:05 - 10:40

TIPS AND TRICKS IN TRANSMESENTERIC INTERNAL HERNIA

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Background: Internal hernias are a rare, but severe complication associated with metabolic bariatric surgery, it's important to know how challenging the diagnostic could be and the importance of understanding it's nature, so our patients must be treated properly.

Objectives: To present a real clinical scenario of an internal transmesenteric hernia, clinical presentation, diagnostic, laparoscopic surgical treatment, postoperative care and evolution.

Methods: We present a 68-year-old man with a previous history of gastric bypass (Roux-en-Y) performed 17 years ago. He presented to the emergency room with severe abdominal pain and signs of intestinal obstruction. An abdominal computerized tomography (CT) scan was performed, revealing a typical whirl sign, suggestive of a transmesenteric internal hernia with probable intestinal ischemia.

Results: The patient was taken to the operating room to perform a diagnostic laparoscopy, which was compatible with the radiologic diagnosis of intestinal ischemia and necrosis without perforation. The limbs were counted in a retrograde fashion from the ileocecal valve to locate the affected limb. The Y of the Roux was found to be herniated through a mesenteric defect at 5 meters. It was reduced, but there were no signs of viability, so a reference suture was placed to facilitate the reconstruction of this segment and restore the anatomy of the original procedure as much as possible. Resection of the affected bowel was performed using a stapler, resulting in an alimentary limb of 1.7 meters and a biliopancreatic limb of 50 centimeters. The first anastomosis was performed in an isoperistaltic latero-lateral fashion between the biliopancreatic and common limb, and the second anastomosis was done latero-laterally between the biliopancreatic and alimentary limbs. A perianastomotic Blake drain was placed.

Conclusions: This case illustrates the importance of perfectly understanding the anatomy of the gastric bypass and weak points in the technique, even in controversial aspects like closure of the mesenteric defects, having the experience and advanced laparoscopic training is important to handle this kind of complications and ensure proper treatment and recovery of patients that present to the ER with this complication.

Disclosure: No significant relationships.

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Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

VIDEO E-POSTER DISCUSSION 03: CANCER/COMPLICATIONS
12-09-2025 10:05 - 10:40

LAP REDO RYGBP-LL AFTER MULTIPLE FAILED BARIATRIC INTERVENTIONS: MANAGING COMPLICATIONS FROM ASGB/REMOVAL, GASTRIC SLEEVE, ENDOSCOPIC DILATION, PERFORATION, OPEN S-RYGBP FAILURE

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Background: Metabolic bariatric surgery is an effective treatment for obesity and metabolic syndrome, but complications from multiple failed interventions pose significant challenges. We present the case of a 56-year-old female with a complex surgical history, including Adjustable Silicone Gastric Banding (ASGB), ASGB removal with subsequent Sleeve Gastrectomy, and multiple complications necessitating revisional procedures.

Objectives: Resolve the patien's issues including: Hypocalcemia, hypovitaminosis, increased BMI, inability to consume anything but liquid food, consistent vomitting for a period of 2 years due to stenoses in the area of the resected ASGB and the area of the antrum proximal to the gastrojejunal anastomosis of previously unsuccesfully performed S-RYGB, impaired quality of life

Methods: Patient underwent the full preoperative check protocol highlighted by IFSO and underwent MDT consultation. It was decided that a conservative support of the patient with parenteral nutrition should be performed in order to achieve normal albumin levels and then that a laparoscopic subtotal remnant gastrectomy including the stenoses, the gastrojejunal anastomoses and a revision of the distal anastomosis resulting in a Laparoscopic REDO RYGBP-LL(Alimentary limb length 150cm, Bileopancreatic limb length 50cm) was the be perfromed.

Results: The patient experienced an uncomplicated hospital stay and was discharged on the 3rd postoperative day. The resolution of her hypocalcemia, hypovitaminosis, the return to normal feeding and eradication of constant vomiting was achieved alongside a healthy ideal BMI of 22 over time. The patient also reported an imporvement in her quality of life.

Conclusions: Good planning and an MDT approach to patients that have experienced previous complications with Bariaric and Metabolic Surgery can lead to resolution of their issues and improve their quality of life, even in the most complex situations.

Disclosure: No significant relationships.

VEP022 / Abs. ID 892

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

VIDEO E-POSTER DISCUSSION 03: CANCER/COMPLICATIONS
12-09-2025 10:05 - 10:40

STENTS FOR SLEEVE GASTRECTOMY LEAK.

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Background: The development of a staple line leak after laparoscopic sleeve gastrectomy is uncommon. The incidence has been reported at 2.1%, and the mortality rate ranges from 0.4% to 3.7%. Multiple management approaches have been developed for the development of a post-sleeve gastrectomy leak, ranging from percutaneous, endoscopic, and surgical management.

Objectives: The objective of the video below is to show that we must not forget the presence of this complication when performing a sleeve gastrectomy. After this, we must consider that there is an arsenal of postoperative management, including the use of a postoperative stent, which has the advantage of blocking the leak, allowing healing, reducing oral intake, and is a safe and effective procedure.

Methods: For this study, continuous follow-up was conducted on the patient who was indicated for sleeve gastrectomy. Video recordings of the first and second surgeries, as well as the endoscopy during which the stent was successfully placed, were recorded. A literature search was also conducted to analyze the main indications for endoscopic stenting for the treatment of leaks after sleeve gastrectomy and to compare its effectiveness.

Results: After stent placement for bariatric surgery, the patient showed improvement, allowing him to resume eating properly. Broad-spectrum antibiotic treatment was continued, and the patient showed favorable progress and was discharged on the tenth day.

Conclusions: The use of a stent as a therapeutic option has been demonstrated in multiple studies. In most studies, the established duration of the stent was 4 weeks, which was the length of time the patient had it in place. The stent has a proven efficacy of 76% according to the literature reviewed, which was demonstrated by the patient. It is suggested that comparative studies be conducted to demonstrate its efficacy compared to other options for managing leaks after sleeve gastrectomy.

Disclosure: No significant relationships.

VEP023 / Abs. ID 482

Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

VIDEO E-POSTER DISCUSSION 03: CANCER/COMPLICATIONS
12-09-2025 10:05 - 10:40

ROBOTIC REVISION FOR ANASTOMOTIC ULCER WITH FISTULA AFTER ROUX-EN-Y GASTRIC BYPASS

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Background: One of the most common bariatric surgical procedures is the Roux-en-Y Gastric Bypass and one of the complications that can occur after this procedure is ulcers at the gastrojejunostomy. These ulcers can present as severe pain and bleeding and the surgical treatment can be done open, laparosopic or with a robot approach. Robotic surgery offers advantages in precision, minimal invasiveness and improved recovery.

Objectives: The objective of this video is to show the use of the robotic approach in the surgical treatment of an ulcer near the gastrojejunostomy that requires a re anastomosis.

Methods: We present a case of a 42 year-old female who underwent a Roux-en-Y Gastric Bypass en presents with severe reflux and an EGD that shows an ulcer at the gastrojejunostomy. The decision was to perform a robotic revision of the gastrojejunostomy.

Results: The patient tolerated the procedure and was discharged in the postoperative day 1 without any surgical complication. The pathology report shows an acute ulcer near the gastrojejunostomy with fissure and fisulta formation.

Conclusions: Robot assisted redo gastrojejunostomy is a safe and effective treatment option for ulcers occuring at the gastrojejunostomy site after Roux-en-Y Gastric Bypass. This procedure offers precision and favorable outcomes.

Disclosure: Chandra Hassan is proctor for Intuitive Surgical and Medtronic Hugo

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Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

VIDEO E-POSTER DISCUSSION 03: CANCER/COMPLICATIONS
12-09-2025 10:05 - 10:40

LAPAROSCOPIC CONVERSION OF ONE ANASTOMOSIS GASTRIC BYPASS TO ROUX-EN-Y GASTROJEJUNOSTOMY FOR THE DEFINITIVE MANAGEMENT OF POSTOPERATIVE GASTRIC OUTLET OBSTRUCTION

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Background: This study explores One Anastomosis Gastric Bypass (OAGB) and its complication, gastric outlet obstruction. The study demonstrates the feasibility of robotic-assisted laparoscopic conversion to Roux-en-Y gastrojejunostomy for managing this complication.

Objectives: To demonstrate a surgical method to definitively manage postoperative gastric outlet obstruction after OAGB.

Methods: A patient who underwent laparoscopic One Anastomosis Gastric Bypass (OAGB) presented postoperatively with poor oral fluid intake, nausea, and vomiting. On postoperative day 1, an upper gastrointestinal (UGI) study demonstrated no contrast passage beyond the gastrojejunal anastomosis, indicating a gastric outlet obstruction. Follow-up KUB imaging confirmed the absence of contrast passage distally. Diagnostic laparoscopy revealed a kinked efferent limb behind the gastrojejunal anastomosis, necessitating a revisional pexy of the efferent limb to the stomach. Despite these efforts, poor oral intake persisted, and repeat UGI imaging again showed failure of contrast to pass the anastomosis. Subsequently, a robotic-assisted laparoscopic conversion was performed, converting the OAGB to a Roux-en-Y gastrojejunostomy. The procedure was conducted with trocar placements as follows: #1 trocar placed in the right lower quadrant, camera port in the supraumbilical position as arm #2, arm #3 in the midclavicular line on the left, and arm #4 in the left lateral lower quadrant. The afferent and efferent limbs were identified, mobilized, and divided with advanced bipolar energy and the endo GIA stapler. A side-to-side jejunojejunostomy was created to restore intestinal continuity, followed by division of the gastric pouch just proximal to the original anastomosis, leaving a 5 cm gastric pouch. A new stapled gastrojejunal anastomosis was formed, and a jejunojejunostomy was created three peristaltic lengths, or 60 cm, along the Roux limb. An air leak test confirmed the integrity of the staple line.

Results: The OAGB was successfully converted to a Roux-en-Y gastrojejunostomy configuration. The patient was advanced to a bariatric clear liquid diet, which was tolerated well. Her postoperative course after conversion was uncomplicated. She was discharged on postoperative day 2 after conversion to Roux-en-Y gastrojejunostomy.

Conclusions: Robotic-assisted laparoscopic conversion from OAGB to Roux-en-Y gastrojejunostomy for the complication of gastric outlet obstruction is a definitive treatment that demonstrates a safe and effective modality of management of this complication.

Disclosure: No significant relationships.

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Topic: *AS12. Management of complications after MBS and impact on MBS outcomes*

VIDEO E-POSTER DISCUSSION 03: CANCER/COMPLICATIONS
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RARE LATE COMPLICATION AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY

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Background: Laparoscopic sleeve gastrectomy (LSG) is a widely performed bariatric procedure with a low complication rate. However, late complications, such as gastric fistulas, are rare but can present diagnostic and therapeutic challenges. We report a case of a late gastric fistula occurring at an unusual location following LSG.

Objectives: To describe the clinical presentation, diagnostic approach, and management of a rare late gastric fistula after LSG, emphasizing the importance of timely intervention and endoscopic treatment.

Methods: A 55-year-old female with a history of LSG performed in September 2022 presented with postprandial vomiting and epigastric pain nine months post-surgery. Initial imaging included an upper GI series and CT scan, which revealed a fluid collection and thickening of the gastric tube. Upper GI endoscopy identified an elevated, congested area with purulent secretion at the antrum-body junction. An Over-The-Scope Clip (OTSC) was placed endoscopically to treat the fistula. Follow-up imaging included a repeat upper GI series and oral contrast-enhanced CT scan.

Results: The patient was successfully managed with bowel rest, antibiotic therapy, and endoscopic placement of an OTSC. Follow-up imaging confirmed the absence of the fistula, and the patient was discharged with gradual oral intake progression. Long-term follow-up revealed no recurrence of symptoms or complications.

Conclusions: This case highlights a rare late complication of LSG, a gastric fistula at the antrum, and demonstrates the efficacy of endoscopic management using an OTSC. Early diagnosis and appropriate intervention are crucial for optimal outcomes in such cases.

Disclosure: No significant relationships.

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Topic: *AS07. MBS and cancer*

VIDEO E-POSTER DISCUSSION 03: CANCER/COMPLICATIONS
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GASTRIC INCIDENTALOMA DURING ROUX-EN-Y GASTRIC BYPASS SURGERY

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Background: Incidental findings during bariatric surgery are uncommon but may require intraoperative decision-making to ensure optimal patient outcomes. The management of these lesions depends on their characteristics and potential clinical significance.

Objectives: We present the case of an incidental gastric lesion found during a Roux-en-Y gastric bypass (RYGB), detailing the surgical approach and final histopathological diagnosis.

Methods: A 55-year-old female with a BMI of 49 kg/m², hypertension, type 2 diabetes mellitus, and dyslipidemia underwent RYGB. A complete preoperative evaluation, including upper gastrointestinal endoscopy, showed no significant findings. Standard laparoscopic RYGB was performed.. During the procedure, a 1 cm submucosal lesion was identified on the gastric remnant, adjacent to the staple line. Given its benign appearance and lack of mucosal involvement, enucleation was performed, followed by primary gastrorrhaphy with continuous absorbable suture.

Results: The postoperative course was uneventful, except for mild gastrointestinal bleeding on the first postoperative day, which was managed conservatively. The patient was discharged on postoperative day three without further complications. Final histopathological analysis confirmed a low-grade spindle-cell mesenchymal neoplasm, highly suggestive of leiomyoma, with negative surgical margins.

Conclusions: This case highlights the importance of thorough intraoperative assessment in bariatric surgery. Despite a normal preoperative endoscopy, an incidental gastric lesion was identified and successfully managed without altering the planned procedure. Enucleation proved to be a safe and effective strategy, preserving surrounding tissue integrity while ensuring complete excision. Surgeons should remain vigilant for unexpected findings during bariatric surgery and be prepared to make intraoperative decisions that optimize patient outcomes.

Disclosure: No significant relationships.