OSPEDALI DEI COLLI
MONALDI - COTUGNO - C.T.O.

Tutto quello che bisogna sapere su OAGB

Indicazioni

Pasquale Mugione

Azienda Ospedaliera dei Colli
Ospedale Monaldi
Napoli
UOC Chirurgia Generale

1997:

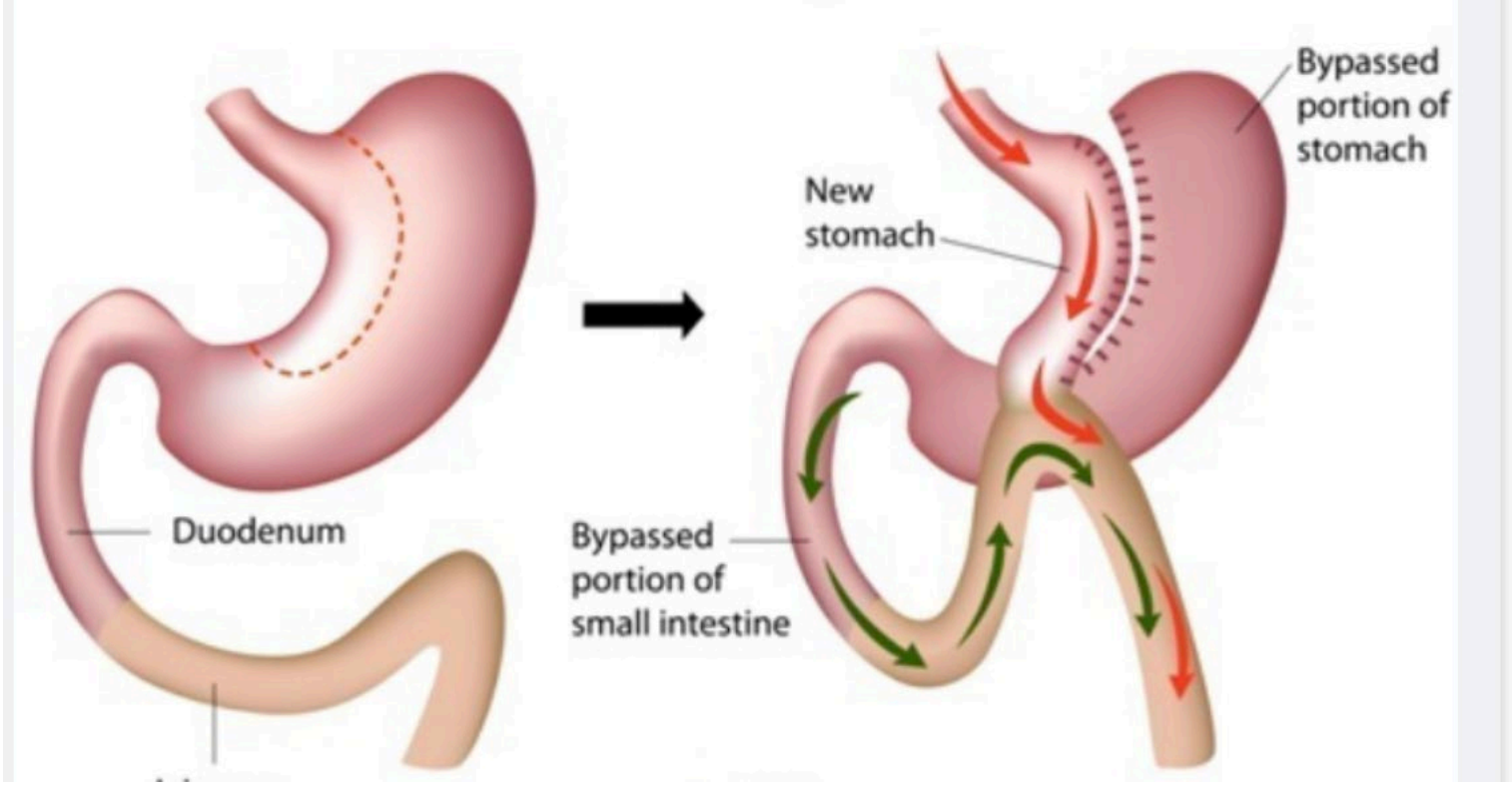
R.Rutledge

MGB

Home › Obesity Surgery › Article

The Mini-Gastric Bypass: Experience with the First 1,274 Cases

Published: 01 June 2001



1997: mini gastric bypass (MGB)

2002: one anastomosis gastric bypass (OAGB)

Single anastomosis gastric bypass (SAGB)

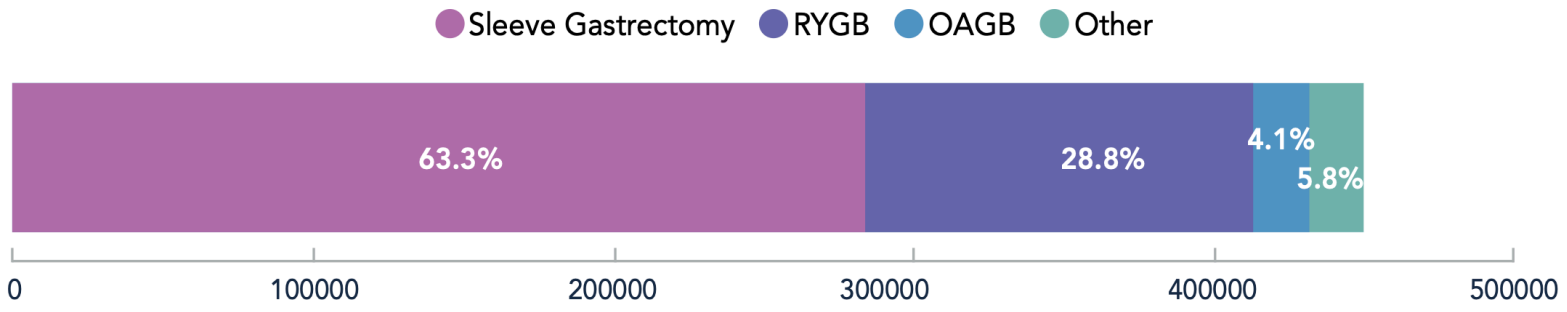
Omega loop gastric bypass (OLGB)

2013: mini gastric bypass-one anastomosis gastric bypass (MGB-OAGB)

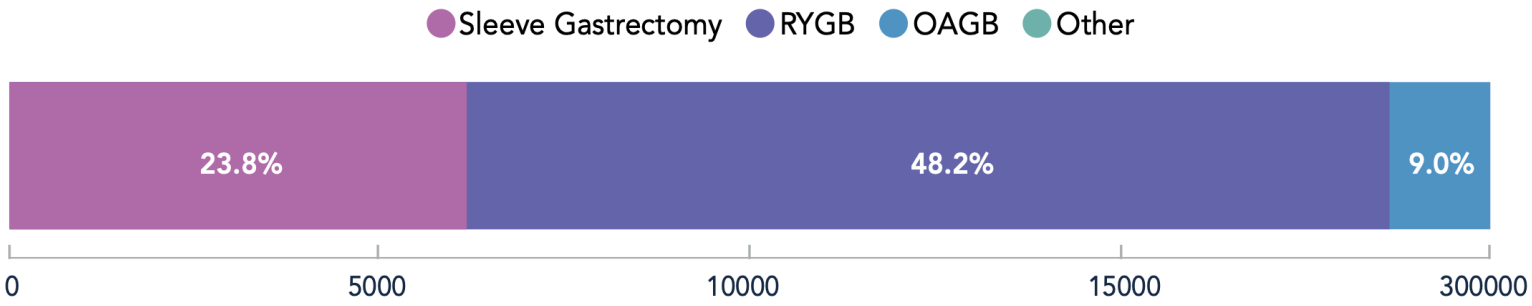
2018 IFSO position statement: one anastomosis gastric bypass (OAGB)

IFSO

8TH GLOBAL REGISTRY REPORT



Primary procedure types (n=449,583).



Revisional procedures (n=19,814).

OAGB strenghts on RYGBP

- Less demanding technical challenges
- Shorter operative time
- Shorter learning curve
- Significant EWL and resolution rate for type II diabetes

Obesity Surgery
https://doi.org/10.1007/s11695-017-3070-2

ORIGINAL CONTRIBUTIONS

The First Consensus Statement on One Anastomosis/Mini Gastric Bypass (OAGB/MGB) Using a Modified Delphi Approach

Kamal K. Mahawar[1] · Jacques Himpens[2] · Scott A. Shikora[3] · Jean-Marc Chevallier[4] · Mufazzal Lakdawala[5] · Maurizio De Luca[6] · Rudolf Weiner[7] · Ali Khammas[8] · Kuldeepak Singh Kular[9] · Mario Musella[10] · Gerhard Prager[11] · Mohammad Khalid Mirza[12] · Miguel Carbajo[13] · Lilian Kow[14] · Wei-Jei Lee[15] · Peter K. Small[1]

OAGB/MGB is an acceptable mainstream surgical option for suitable patients seeking bariatric or metabolic surgery.	Agree 100.0% ($n = 101$)	NA	Consensus
Surgeons performing OAGB/MGB do not need to take approval from institutional review boards.	Agree 75.25% ($n = 76$)	NA	Consensus
OAGB/MGB can no longer be regarded as a new or experimental procedure.	Agree 96.04% ($n = 97$)	NA	Consensus
OAGB/MGB is an acceptable surgical option for suitable young adults.	Agree 95.05% ($n = 96$)	NA	Consensus
OAGB/MGB is an acceptable surgical option for suitable elderly patients (> 70.0 years of age).	Agree 70.3% ($n = 71$)	Agree 85.15% ($n = 86$)	Consensus
OAGB/MGB is an acceptable surgical option for suitable patients with severe gastro-oesophageal reflux disease (GERD) requiring daily medication.	Agree 63.37% ($n = 64$)	*Agree 69.31% ($n = 70$)*	No consensus
OAGB/MGB is the preferred surgical option for suitable patients with severe psychiatric disorders because of the ease of reversibility.	Agree 50.5% ($n = 51$)	*Agree 54.46% ($n = 55$)*	No consensus
OAGB/MGB is an acceptable surgical option for suitable patients with mild to moderate GERD.	Agree 86.14% ($n = 87$)	NA	Consensus
OAGB/MGB is an acceptable surgical option for suitable patients with large hiatus hernia (> 4.0 cm).	Agree 66.34% ($n = 67$)	Agree 75.25% ($n = 76$)	Consensus
OAGB/MGB is an acceptable surgical option for suitable patients with mild to moderate hiatus hernia (≤ 4.0 cm).	Agree 89.11% ($n = 90$)	NA	Consensus
OAGB/MGB is not recommended for patients with Barrett's oesophagus.	Agree 60.4% ($n = 61$)	*Agree 66.34% ($n = 67$)*	No consensus
OAGB/MGB is not recommended for patients with Crohn's disease.	Agree 79.21% ($n = 80$)	NA	Consensus
Smokers should be advised to cease smoking prior to OAGB/MGB as there is a higher risk of marginal ulcer and other complications in smokers.	Agree 98.02% ($n = 99$)	NA	Consensus
OAGB/MGB is an acceptable surgical option in vegetarian patients.	Agree 79.21% ($n = 80$)	NA	Consensus
OAGB/MGB is an acceptable surgical option in suitable patients with Child-Pugh class A cirrhosis of the liver without portal hypertension.	Agree 67.33% ($n = 68$)	Agree 75.25% ($n = 76$)	Consensus

Obesity Surgery
https://doi.org/10.1007/s11695-017-3070-2

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- *accetable surgical option for:*
    - *suitable young adults*
    - *suitable elderly patients*
    - *suitable patients with mild to moderate hiatus hernia (<4 cm)*
    - *vegetarian patients*
    - *Child A cirrhosis of the liver (without portal hypertension)*

-*smokers have higher risk of marginal ulcer and other complications*

Obesity Surgery
https://doi.org/10.1007/s11695-017-3070-2

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No consensus

…for patients with:

severe GERD…

severe psychiatric disorders…

large hiatus hernia

Barret's oesophagus

Obesity Surgery
https://doi.org/10.1007/s11695-020-04519-y

ORIGINAL CONTRIBUTIONS

IFSO (International Federation for Surgery of Obesity and Metabolic Disorders) Consensus Conference Statement on One-Anastomosis Gastric Bypass (OAGB-MGB): Results of a Modified Delphi Study

Almino C. Ramos[1] · Jean-Marc Chevallier[2] · Kamal Mahawar[3] · Wendy Brown[4] · Lilian Kow[5] · Kevin P. White[6] · Scott Shikora[7] · IFSO Consensus Conference Contributors

- *can be recommended for super-obese (BMI>50)/moderate obesity with diabetes*
- *appropriate procedure for all ages over 24 y*
- *appropriate revisional option after LSG without severe GERD*
- *appropriate revisional option after GB*
- *not recommended for active smokers*
- *contraindicated for Child C liver disease, Barrett's esophagus, IBD, grade C esophagitis,*

Surgical Endoscopy
https://doi.org/10.1007/s00464-020-07555-y

GUIDELINES

Clinical practice guidelines of the European Association for Endoscopic Surgery (EAES) on bariatric surgery: update 2020 endorsed by IFSO-EC, EASO and ESPCOP

Nicola Di Lorenzo[1] · Stavros A. Antoniou[2,3] · Rachel L. Batterham[4,5] · Luca Busetto[6] · Daniela Godoroja[7] · Angelo Iossa[8] · Francesco M. Carrano[9] · Ferdinando Agresta[10] · Isaias Alarçon[11] · Carmil Azran[12] · Nicole Bouvy[13] · Carmen Balaguè Ponz[14] · Maura Buza[15] · Catalin Copaescu[15] · Maurizio De Luca[16] · Dror Dicker[17] · Angelo Di Vincenzo[6] · Daniel M. Felsenreich[18] · Nader K. Francis[19] · Martin Fried[20] · Berta Gonzalo Prats[14] · David Goitein[21] · Jason C. G. Halford[22,23] · Jitka Herlesova[20] · Marina Kalogridaki[24] · Hans Ket[25] · Salvador Morales-Conde[11] · Giacomo Piatto[16] · Gerhard Prager[18] · Suzanne Pruijssers[13] · Andrea Pucci[4,5] · Shlomi Rayman[21] · Eugenia Romano[22,23] · Sergi Sanchez-Cordero[26] · Ramon Vilallonga[27] · Gianfranco Silecchia[8]

Received: 24 February 2020 / Accepted: 7 April 2020

One anastomosis procedures	OAGB may offer greater short-term weight loss compared to RYGB, gastric plication, adjustable gastric banding and sleeve gastrectomy. Long-term comparative data are, however, lacking. The effect on nutritional deficiencies remains controversial	Position statement

LINEE GUIDA DELLA SICOB SOCIETÀ ITALIANA DI CHIRURGIA DELL'OBESITÀ E DELLE MALATTIE METABOLICHE

La terapia chirurgica dell'obesità e delle complicanze associate

	TIPOLOGIA DI INTERVENTO		
21	Si suggerisce, nel caso di trattamento chirurgico del diabete, di preferire nei pazienti con obesità di classe I (BMI tra 30 e 34.9 Kg/m^2) e DM2 non controllato interventi di RYGB, LABG o SG. Altri interventi, quali OAGB e BPD, sono ugualmente indicati sulla base di evidenze indirette.	Debole a favore	Molto bassa
22	Si raccomanda, nel caso di trattamento chirurgico del diabete, di preferire nei pazienti con obesità di classe ≥ II (BMI ≥35 Kg/m^2) e DM2 non controllato, interventi di RYGB anche funzionale e OAGB e sue varianti. Altri interventi, quali SG, LABG, BPD, BPD-DS, SADI-S, SAGI, BPBI e plicatura gastrica (GCP) sono ugualmente indicati sulla base di evidenze indirette.	Forte a favore	Alta
23	Non ci sono evidenze che consentano di preferire un intervento di chirurgica metabolico-bariatrica per il trattamento dell'obesità di classe I (BMI tra 30 e 34.9 Kg/m2) ed almeno una comorbidità non controllata.	Debole né a favore né contro	Molto bassa
24	Si raccomanda, nel caso di trattamento chirurgico dell'obesità, di preferire nei pazienti con obesità di classe ≥ II (BMI ≥35 Kg/m^2) ed almeno una comorbidità, interventi di RYGB anche funzionali, DS e BPD. Altri interventi, quali OAGB e sue varianti, SADI-S, SAGI, SG,	Debole a favore	Moderata
	VGB, BPBI, LAGB sono ugualmente indicati seppur siano disponibili meno evidenze di efficacia sugli outcome critici. Interventi di GCP sono da considerarsi solo in caso in cui la sicurezza sia prioritaria, rispetto all'efficacia.		

Indications for OAGB

- For BMI >35 with diabetes
- For ages over 24 y
- Redo surgery after LSG (with severe GERD) and after GB

Contraindications

- Barrett’s Esophagus
- IBD
- Severe GERD
- Child C liver disease


GRAY AREA
RIGHT
WRONG

Obesity Surgery
https://doi.org/10.1007/s11695-019-04276-7

REVIEW

Indications, Operative Techniques, and Outcomes for Revisional Operation Following Mini-Gastric Bypass-One Anastomosis Gastric Bypass: a Systematic Review

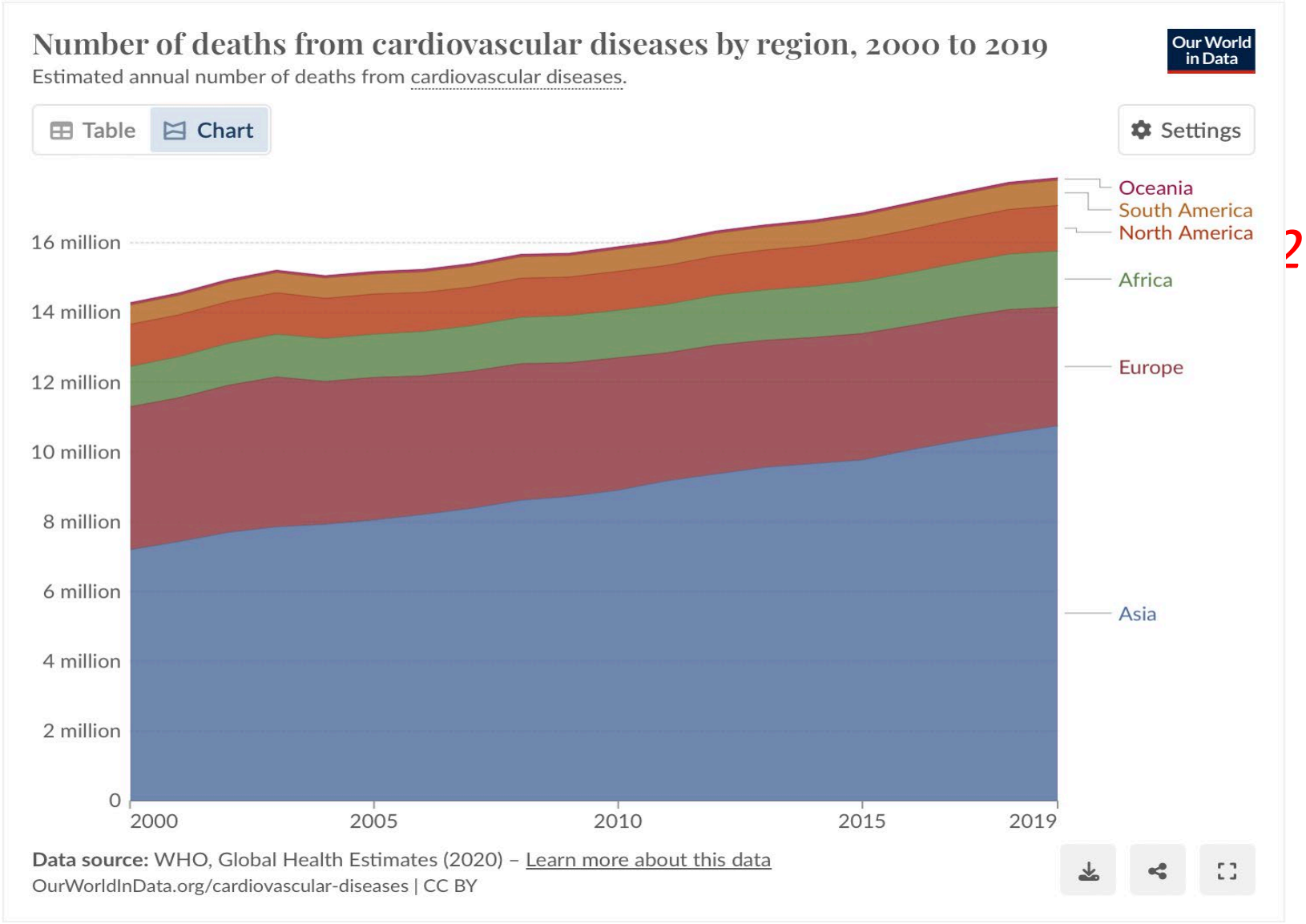
Usah Khrucharoen [1,2] · Yen-Yi Juo [1,2] · Yijun Chen [1] · Erik P. Dutson [1,2]

Indication for revision after MGB	Number of patients (%)
Severe malnutrition	46 (26%)
Chronic bile reflux	45 (25%)
Intractable marginal ulceration	13 (7%)
Insufficient weight loss	12 (7%)
Anemia	11 (6%)
Intolerance/postprandial pain	11 (6%)
Early postoperative complications (anastomotic leaks or bleeding)	8 (4%)
Afferent loop syndrome	7 (4%)
Gastrojejunal anastomotic stenosis	5 (3%)
Liver-related morbidity (ascites, elevated liver enzymes)	4 (2%)
Hypoglycemia	3 (2%)
Perforated marginal ulcers	2 (1%)
Others (diarrhea, gastrojejunal fistula, gastric remnant perforation, internal herniation)	12 (7%)

Indications and Gray areas

- *Appropr* *2020)*

…and for



Indications and Gray areas

- *The effect on nutritional deficiencies are controversial (EAES guidelines 2020)*

  - *controversial lenght of BPL*

  - *liver failure*

  - *nulliparous women?*

ELSEVIER

Surgery for Obesity and Related Diseases ■ (2019) 1–8

SURGERY FOR OBESITY AND RELATED DISEASES

Review article

Liver transplantation for bariatric surgery-related liver failure: a systematic review of a rare condition

Pietro Addeo, M.D.[a,*], Manuela Cesaretti, M.D., Ph.D.[b], Rodolphe Anty, M.D., Ph.D.[c,d], Antonio Iannelli, M.D., Ph.D.[b,c]

Obesity Surgery (2021) 31:1411–1421
https://doi.org/10.1007/s11695-021-05249-5

IFSO

ORIGINAL CONTRIBUTIONS

Check for updates

The IFSO Worldwide One Anastomosis Gastric Bypass Survey: Techniques and Outcomes?

Ashraf Haddad[1] · Ahmad Bashir[1] · Mathias Fobi[2] · Kelvin Higa[3] · Miguel F. Herrera[4] · Antonio J. Torres[5] · Jacques Himpens[6,7] · Scott Shikora[8] · Almino Cardoso Ramos[9] · Lilian Kow[10] · Abdelrahman Ali Nimeri[11]

Received: 25 November 2020 / Revised: 15 January 2021 / Accepted: 20 January 2021 / Published online: 31 January 2021

Indications and Gray areas

- *Not recommended for active smokers (Ifso Consensus 2020)*

  …the majority of surgeons (78%) not offer OAGB

Obesity Surgery (2021) 31:1411–1421
https://doi.org/10.1007/s11695-021-05249-5

IFSO

ORIGINAL CONTRIBUTIONS

Check for updates

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Received: 25 November 2020 / Revised: 15 January 2021 / Accepted: 20 January 2021 / Published online: 31 January 2021

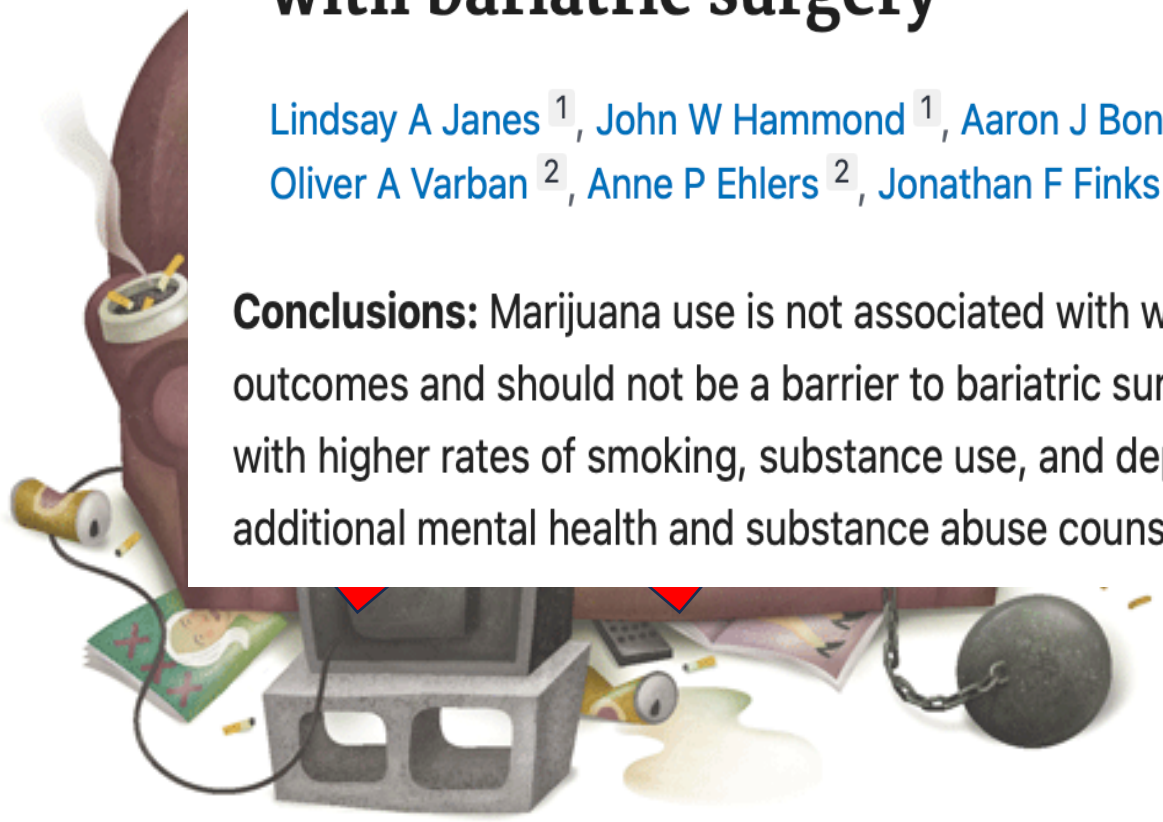
Obe

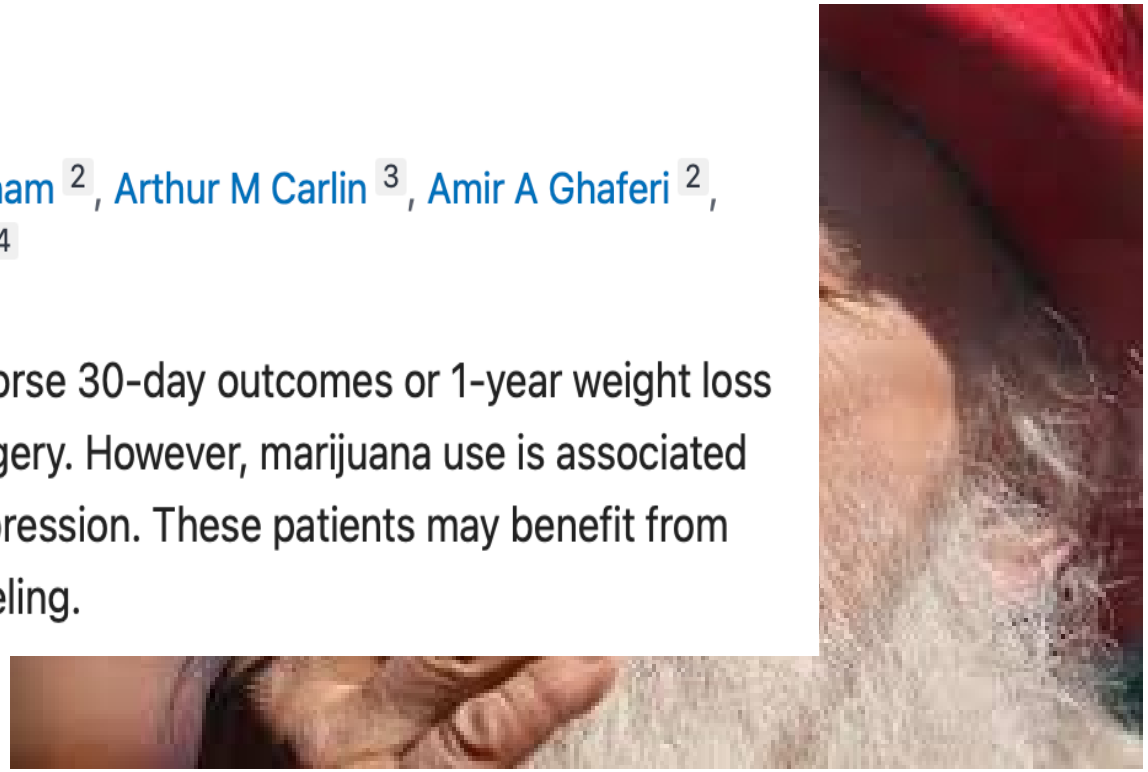
Multicenter Study > Surg Obes Relat Dis. 2023 Sep;19(9):964-970.
doi: 10.1016/j.soard.2023.02.025. Epub 2023 Mar 15.

The effect of marijuana use on short-term outcomes with bariatric surgery

Lindsay A Janes [1], John W Hammond [1], Aaron J Bonham [2], Arthur M Carlin [3], Amir A Ghaferi [2], Oliver A Varban [2], Anne P Ehlers [2], Jonathan F Finks [4]

Conclusions: Marijuana use is not associated with worse 30-day outcomes or 1-year weight loss outcomes and should not be a barrier to bariatric surgery. However, marijuana use is associated with higher rates of smoking, substance use, and depression. These patients may benefit from additional mental health and substance abuse counseling.






S.I.C.OB.
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NAZIONALE SICOB
23 - 25 MAGGIO 2024
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N A X O S
Presidente GIUSEPPE NAVARRA - Presidente Onorario LUIGI PIAZZA

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