

Updates on Bariatric Medicine and Surgery

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BARIATRIC SURGERY AND OBESITY MEDICINE

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Disclosures

- Eli Lilly – Speaker
- Intuitive – honorarium

TREATMENTS FOR OBESITY

Treatment	Weight Loss	Weight Regain
Diet and Exercise	5-10%	85%

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TREATMENTS FOR OBESITY

Indications for AOM:

BMI >30kg/m²

BMI >27kg/m² with an obesity associated co-morbidity

7 Medications are FDA Approved for Obesity



- Phentermine (Adipex, Lomaira)
- Orlistat (Xenical)
- Naltrexone/Bupropion (Contrave)
- Phentermine/topiramate (Qsymia)
- Liraglutide (Saxenda)
- Semaglutide (Wegovy)
- Tirzepatide (Zepbound)

TREATMENTS FOR OBESITY

Treatment	Weight Loss	Weight Regain
Diet and Exercise	5-10%	85%
Medication	10-20%	-
Surgery	20-30%	20%

Old Bariatric surgery guidelines

BMI >40

BMI 35-39.9 WITH an obesity associated comorbidity (DMII, HTN, OSA, HLD, etc)

New Bariatric surgery Guidelines

BMI >35

BMI 30-34.9 WITH an obesity associated comorbidity (DMII, HTN, OSA, HLD, etc)

BMI >27.5 for Asian descent

Insurances: Buckeye, VA, Caresource BMI 30-34.9 w/
uncontrolled DMII

Surgery vs. Medication?

- Depends on their **insurance** (Government insurances have 0 weight loss medication coverage)
- Depends on their **starting BMI** (many of the GLP-1 agonist trials, mean BMI 37)
- What does patient want?

Surgery vs. Medication?

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5' 7", 290lbs, BMI 45


20% weight loss

232lbs, BMI 36

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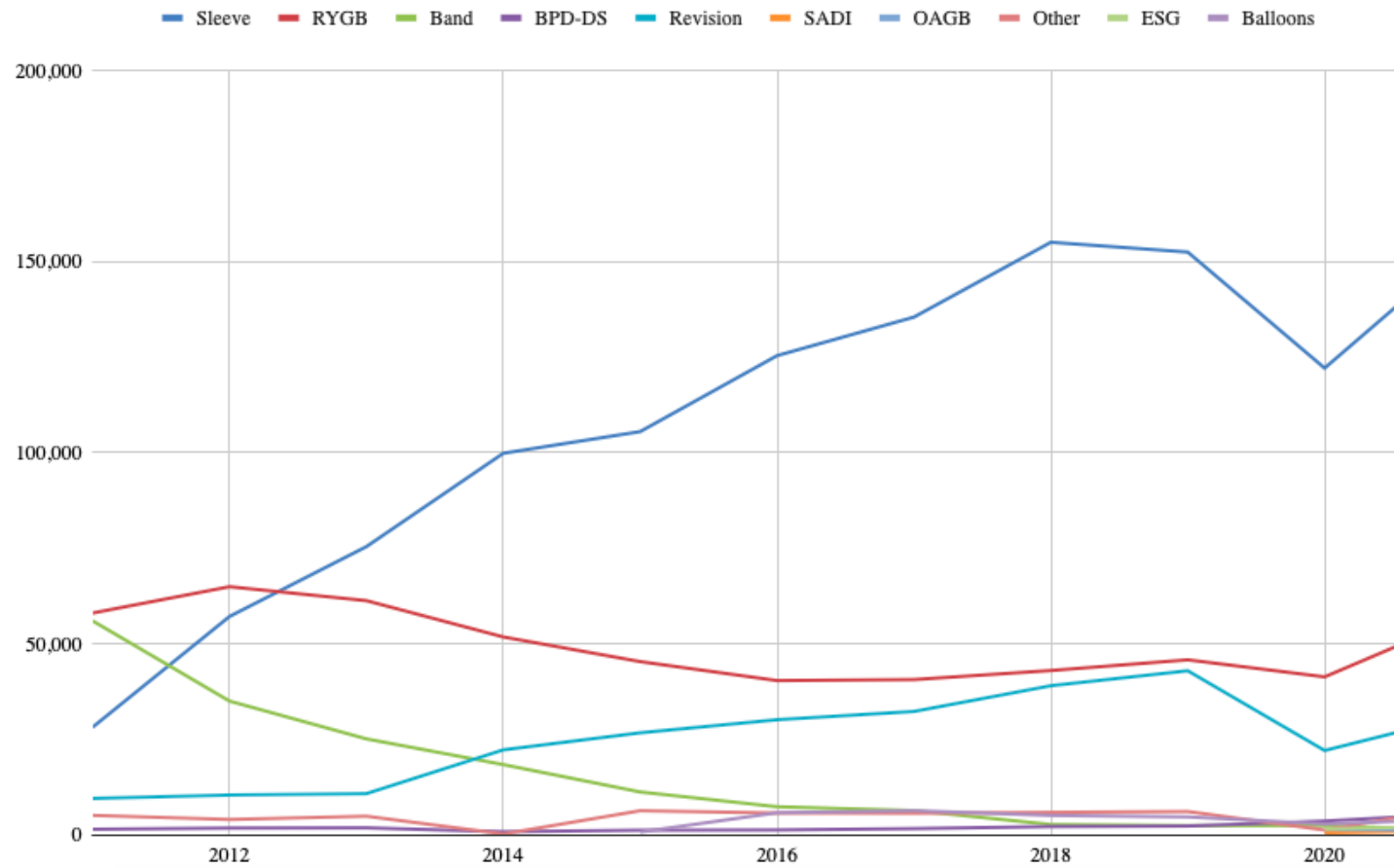
CURRENT TREATMENT MODEL

Preoperative medications -> Surgery -> postoperative weight loss medication

Current insurance coverages

Insurance	Weight loss medication	Weight loss surgery
Caresource, Buckeye, Medicaid, Medicare	No (Medicare will cover Wegovy for CAD)	Yes
Premier Anthem	No	Yes
VA	Varies	Yes
Other Commercial Ins	Varies	Varies

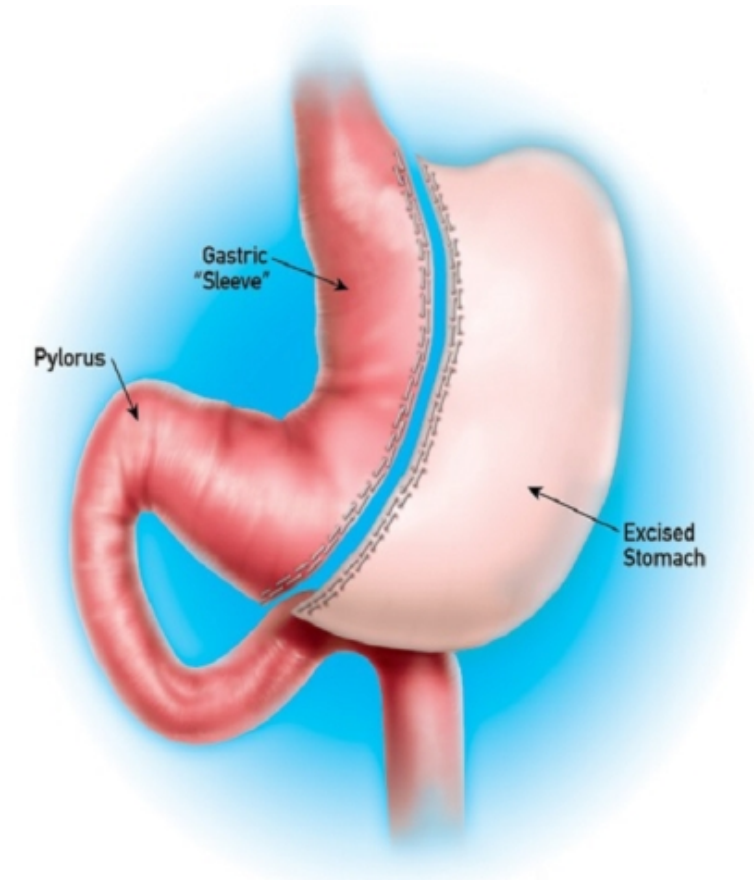
Surgery types



SURGICAL PROCEDURES

LAPAROSCOPIC SLEEVE GASTRECTOMY

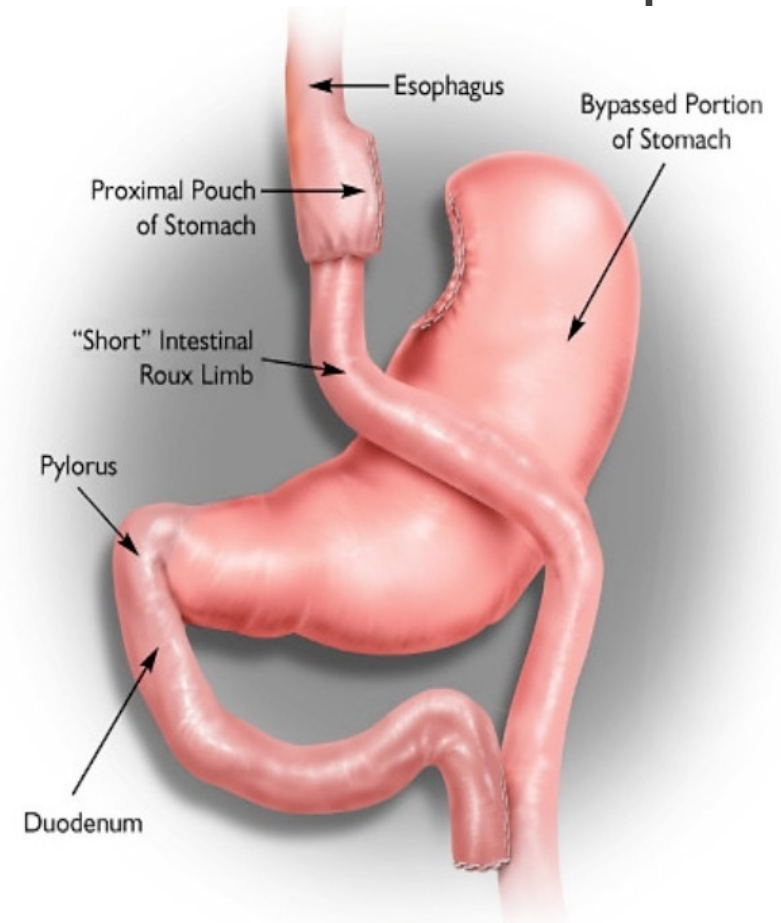
- Started in the 2000's
- 75% of stomach removed
- Not reversible
- Excellent weight loss
- Very low complication rate
- Can worsen gastric reflux



SURGICAL PROCEDURES

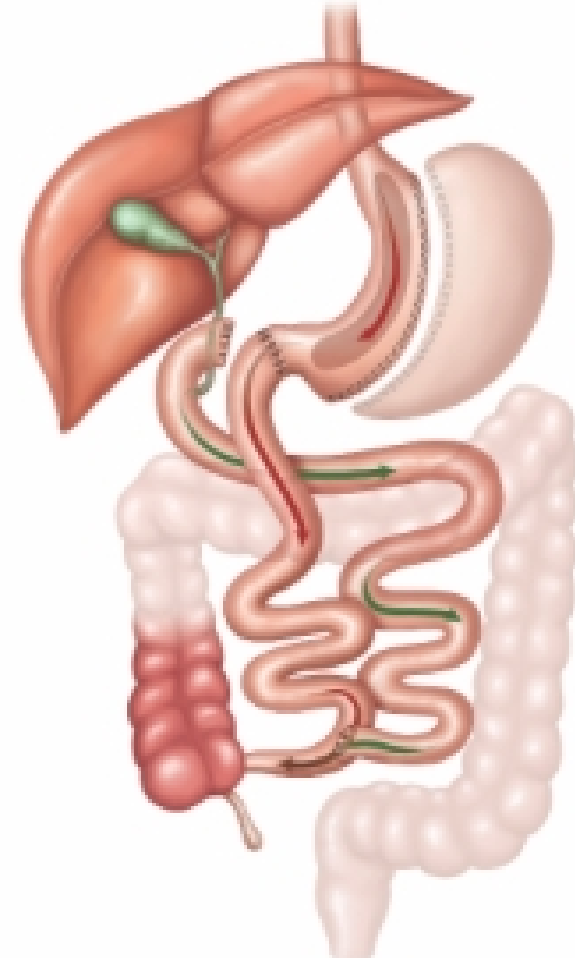
ROUX-EN-Y GASTRIC BYPASS

- Started in 1960's
- Creates a small gastric pouch
- Intestinal limb attached to pouch
- First portion of intestine is "bypassed"
- More affective for diabetes and gastric reflux



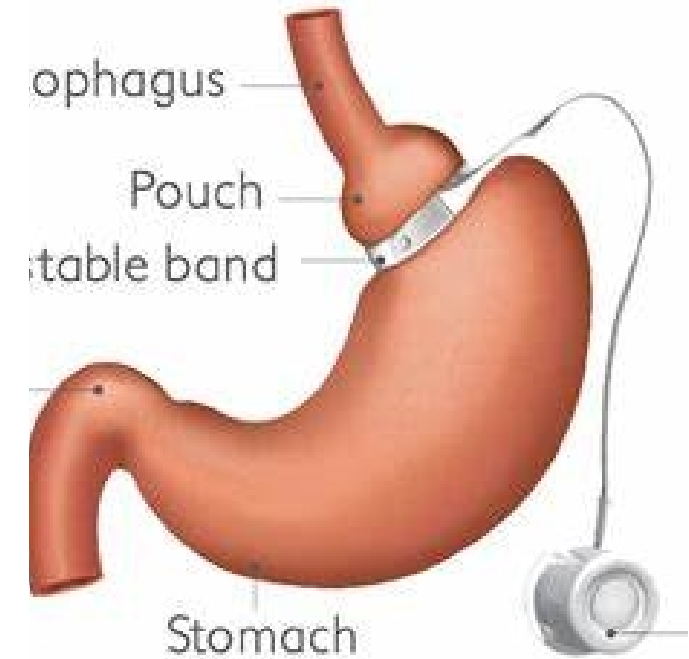
Biliopancreatic Diversion with Duodenal Switch (DS)

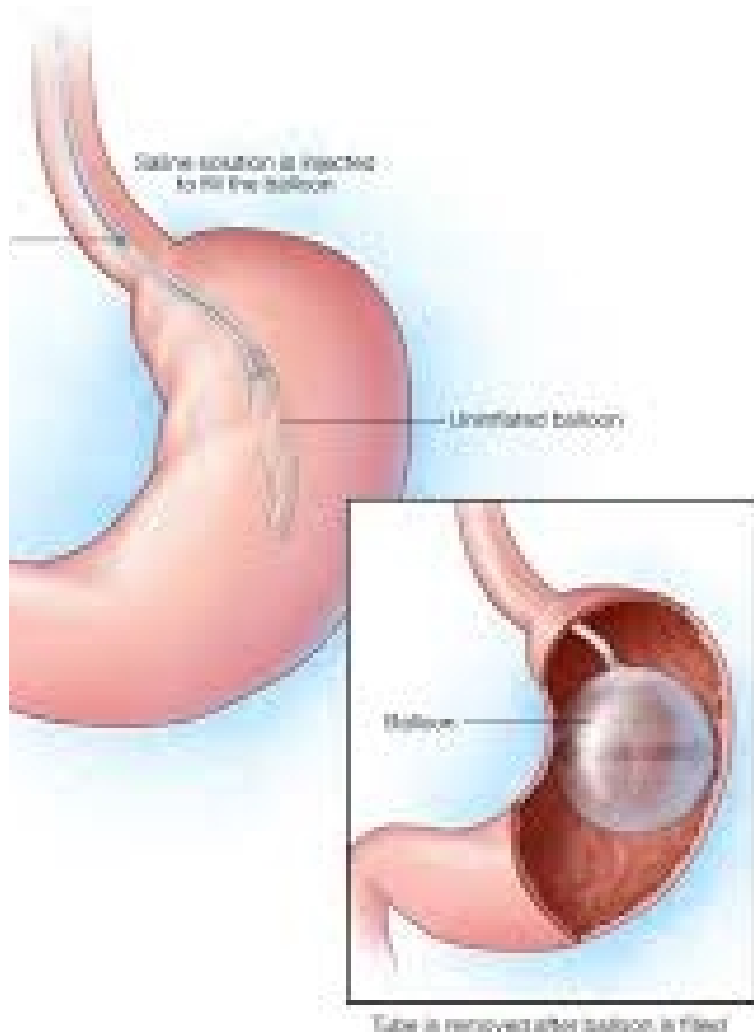
- Most malabsorptive bariatric procedure
- Often reserved for pts with BMI $>50\text{kg/m}^2$
- Highest risk procedure
- Nutritional deficiencies can be a concern



Gastric bands

- Rarely placed due to high complication rate, low weight loss
- Reasons for removal: slip, erosion, GERD, dysphagia
- If no symptoms, at minimum needs maintenance, an UGI every few years to confirm correct positioning and normal esophageal motility



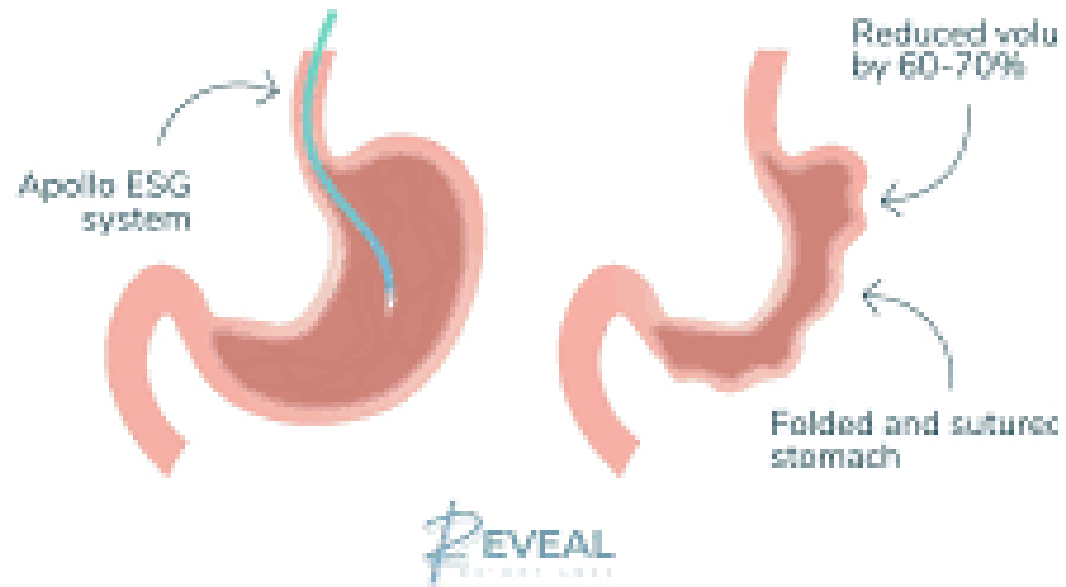


Placement of intragastric balloon.

Gastric balloons

- Need to be removed after 6 months
- 1 year weight loss approximately 10% total body weight
- Little long term data

ENDOSCOPIC SLEEVE GASTROPLASTY (ESG)



Endoscopic sleeve

- Weight loss approximately 13%-20% total body weight
- Generally less weight loss than a laparoscopic sleeve
- Recommended for high risk patients and malignant abdomens

Our surgical outcomes – 2023

N	249
Mortality	0
Leak	0
Ave Length of stay	1.1
Reoperation	1 (0.4%)
30 day Related Readmission	5 (2%)

POTENTIAL SURGERY COMPLICATIONS

Sleeve

Long term

Worsening reflux in 30%,
vast majority (95%)
manageable with
medications

Bypass

Long term

Marginal ulcer (<5%),
bowel obstructions (<1-
2%), internal hernia (<1%)

**Avoid nicotine, NSAIDS
and steroids**

Perioperative Changes to medications

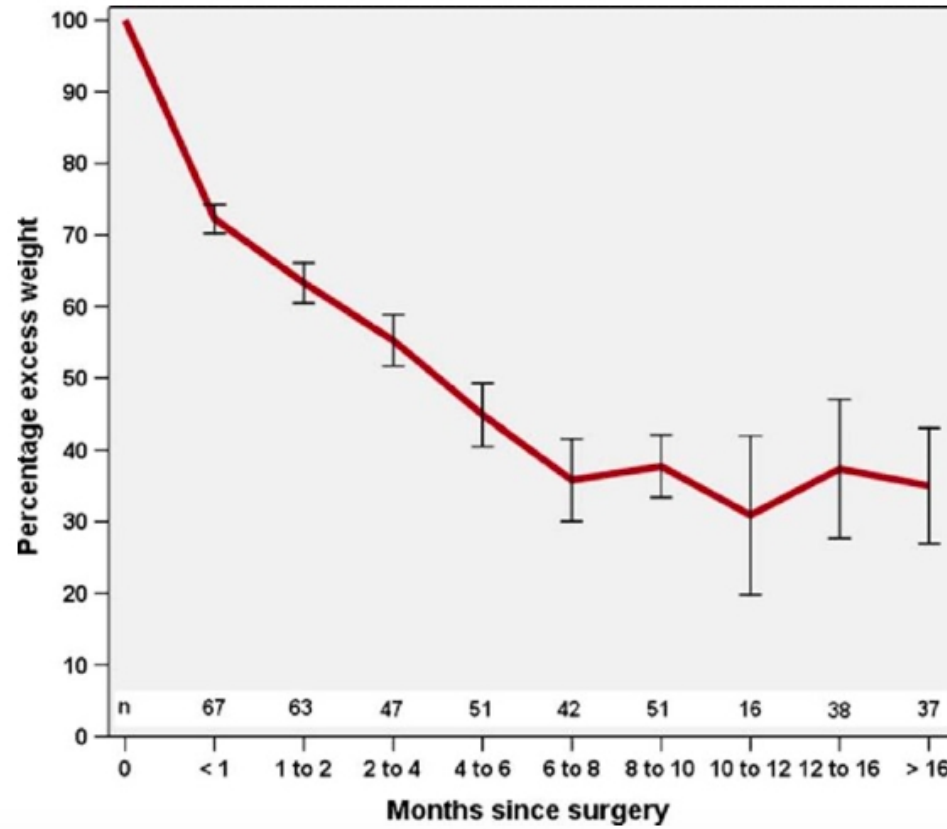
- HTN: If blood pressures normal in the hospital, will stop ACE, ARBS, and any diuretics
- DMII: if on long acting insulin and patient requires low dose insulin in the hospital, will either half long acting or ask PCP to place on a sliding scale
- Statins: will keep
- Blood thinners: will usually resume 2 days after surgery
- Most patients will get 2 weeks postop lovenox (Caprini score)

Post op vitamins

- Sleeve: A, B1, B12, D, Folate, iron
- Bypass: A, B1, B12, D, Folate, iron, copper and zinc
- Duodenal switch/distal gastric bypass: should be followed by us

Expected weight loss

On average 20-30% your total body weight over the course of 1-1.5 years



Migraines
57% resolved

Obstructive sleep apnea
50-60% resolved

Hypercholesterolemia
63% resolved

Hypertension
62% to 70% resolved

Nonalcoholic fatty liver disease
37% resolution of steatosis

Type II diabetes
82% to 96% resolved

Urinary stress incontinence
44% resolved

Osteoarthritis/Degenerative joint disease
41% resolved

Depression
47% reduced

Pseudotumor cerebri
84% resolved

Asthma
69% improved

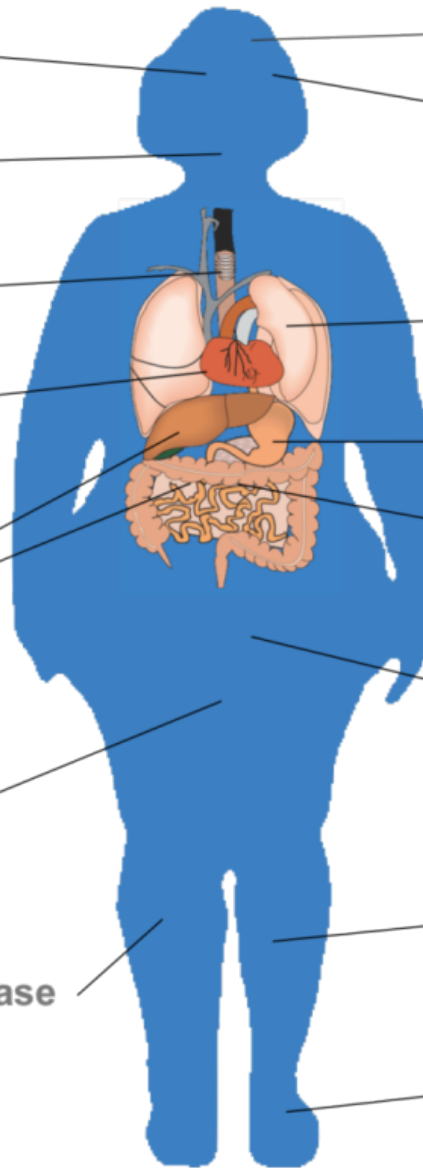
GERD
72% to 95% resolved

Metabolic syndrome
80% resolved

Polycystic ovarian syndrome
50% resolution of menstrual dysfunction
improvement in fertility

Venous stasis disease
95% resolution of venous stasis ulcers


Gout
72% resolved




Resolution observed in the confines of studies. EES has no independent data to suggest permanent resolution. See end of presentation for references.

Weight loss surgery and Cancer

Cancers linked to obesity: breast, colorectal, esophageal, kidney, gallbladder, uterine, pancreatic, and liver cancer

32%  Risk of Cancer after weight loss surgery

48%  Risk of Dying from Cancer after weight loss surgery

Questions

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Premier Weight Loss Solutions