

IFSO HISTORY BOOK

30 YEARS

OF ADVANCING
METABOLIC BARIATRIC SURGERY

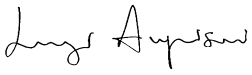
Khaled Gawdat, Editor

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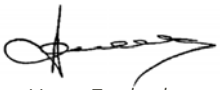
CONTRIBUTORS TO THE IFSO HISTORY BOOK

1995–2025

"This history has been enriched by the memories, experiences and contributions of those who have been part of IFSO's journey."



Luigi Angrisani



Harry Frydenberg



Francesco Angrisani



Khaled Gawdat



Henry Buchwald



Lilian Kow



Jane N. Buchwald



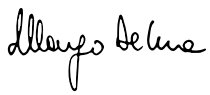
Karl Miller



Rafael Alvarez Cordero



Francesco Saverio Papadia



Maurizio De Luca



Scott A. Shikora



Nicola Di Lorenzo



Natan Zundel



Martin Fried

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CONTRIBUTORS



Luigi Angrisani, MD, FIFSO(Hon)
Associate Professor of General Surgery
Department of Public Health
University of Naples Federico II
Naples, Italy



Francesco Angrisani, MD
Resident in General Surgery & Digestive Endoscopy
Department of Surgery
University of Naples Federico II
Naples, Italy



Henry Buchwald, MD, PhD, FACS, FRCS(Hon)
Emeritus Professor of Surgery and Biomedical Engineering
Owen H. & Sarah D. Wangensteen Chair in Experimental Surgery
University of Minnesota
Minneapolis, MN, USA



Jane N. Buchwald, PhDcd
Chief Scientific Research Writer, CEO
Division of Scientific Research Writing
Director, Article of Excellence Program
Medwrite Medical Communications
Maiden Rock, WI, USA



Rafael Alvarez Cordero, MD, PhD, FACS
Founder, Honorary President
Mexican College of Surgery of Obesity and Metabolic Diseases
Mexico City, Mexico



Maurizio De Luca, MD
Full Professor
Director, Department of Surgery
Director, Complex Operative Unit of General Surgery
Ospedale di Rovigo e Trecenta
Rovigo, Italy



Nicola Di Lorenzo, MD, PhD, MEMdS, FACS, F.EAES(Hon)
Full Professor of General Surgery
Department of Surgery
Pietro Valdoni Institute
Università Sapienza - Roma
Rome, Italy



Martin Fried, MD, PhD, CSc
Full Professor
OB klinika - Center for Treatment of Obesity and Metabolic Disorders
1st Faculty of Medicine, Charles University
Prague, Czech Republic



Harry Frydenberg, AM, MD, FRACS
Consultant Emeritus
Epworth Centre for Bariatric Surgery
Box Hill
Melbourne Vic, Australia



Khaled Gawdat, MBBCH, MS, MD*
Full Professor of General Surgery
Department of General Surgery
Ain-Shams University Faculty of Medicine
Cairo, Egypt

*The great majority of photographs of individuals and events were taken and provided for the book by the Editor, Dr. Gawdat.



Lilian Kow, OAM, BMBS, PhD, FRACS
Professor
College of Medicine and Public Health, Flinders University
Clinical Director GI Surgery
Flinders Medical Centre, Southern Local Adelaide Health Network
Director, Adelaide Bariatric Centre
Flinders, South Australia



Karl Miller, MD, FACS
Professor of Surgery
University of Innsbruck
Global Medical Director, Weight Doctors, Dortmund, Germany
Consultant Surgeon, Diakonissen Private Hospital
Salzburg, Austria



Francesco Saverio Papadia, MD, FACS, FEBS (SurgOnc)
Department of Surgical Sciences and Integrated Diagnostics (DISC)
School of Medical and Pharmaceutical Sciences
University of Genoa
Clinica Chirurgica 1
IRCCS Ospedale Policlinico San Martino
Genoa, Italy



Scott A. Shikora, MD, FACS, FASMBS
Professor of Surgery, Emeritus
Formerly, Director of the Center for Metabolic and Bariatric Surgery
Harvard Medical School
Brigham and Women's Hospital
Boston, MA, USA



Natan Zundel, MD, FACS, FASMBS, FIFSO(Hon)
Clinical Professor of Surgery
University at Buffalo Department of Surgery, NY
Jackson North Medical Center
Miami, FL, USA

PRESIDENT'S FOREWORD

Thirty years ago, a group of visionary surgeons came together with a common belief: that obesity was a serious disease deserving scientific attention, multidisciplinary care, and effective treatment. At the time, metabolic bariatric surgery (MBS) was still in its infancy, often misunderstood and frequently questioned. Yet, those pioneers shared a conviction that collaboration, education, and scientific inquiry would ultimately transform the field and improve the lives of countless patients around the world.

From that vision, the International Federation for the Surgery of Obesity (IFSO) was born in 1995.

Today, as we celebrate the 30th anniversary of our Federation, we have the privilege of looking back on an extraordinary journey. What began as a relatively small network of dedicated surgeons has evolved into a truly global organization, representing thousands of professionals across every continent and serving as the leading international voice in MBS.

The story told in these pages is more than the history of an organization. It is the story of a movement. A movement that challenged misconceptions about obesity. A movement that advanced scientific understanding of metabolic disease. A movement that transformed surgical practice, improved patient safety, and helped establish obesity as a chronic disease requiring comprehensive, evidence-based treatment.

Over the past three decades, our specialty has witnessed remarkable progress. We have moved from open surgery to minimally invasive techniques, from weight-loss surgery to metabolic surgery, and from isolated national efforts to a worldwide community united by a common mission. Through research, innovation, education, and advocacy, IFSO has played a central role in shaping these developments and promoting the highest standards of patient care.

This history is also a tribute to the individuals who dedicated their time, expertise, and leadership to building our Federation: the founders, past presidents, executive boards, chapter leaders, committee members, congress organizers, researchers, educators, and healthcare professionals whose commitment helped transform an ambitious vision into a thriving international organization. Their contributions have left a lasting legacy that continues to inspire future generations.

Equally important, this book recognizes the patients whose courage and trust have driven our efforts from the very beginning. Every scientific advance, every educational initiative, every guideline, and every innovation has ultimately been directed toward one goal: improving the lives and health of people living with obesity and other metabolic diseases.

As we reflect on our achievements, we must also look forward. The landscape of obesity treatment continues to evolve rapidly. New medications, endoscopic therapies, digital technologies, and advances in personalized medicine are creating unprecedented opportunities for patient care. In recognition of this changing environment, 2025 marked a historic milestone in our Federation's evolution with the adoption of a new name: the International Federation for the Surgery and Other Therapies for Obesity. This change reflects our commitment to embracing the full spectrum of evidence-based obesity treatment while remaining firmly rooted in the scientific excellence and surgical innovation that have defined IFSO since its foundation.

The history of IFSO is far from complete. The next chapter will be written by the leaders, clinicians, researchers, and advocates who continue to advance the science and care of obesity worldwide. I am confident that the same spirit of collaboration, innovation, and dedication that guided our founders will continue to shape our future.

On behalf of the Federation, I extend my deepest gratitude to all those who have contributed to this remarkable journey. May this book serve not only as a record of our past but also as an inspiration for the years ahead.

With pride and gratitude,

Prof. Khaled Gawdat, MBBCH, MS, MD
President 2025-2026
International Federation for the Surgery and Other Therapies for Obesity (IFSO)
Full Professor of General Surgery
Department of General Surgery
Ain-Shams University Faculty of Medicine
Cairo, Egypt



PREFACE

Khaled Gawdat, MBBCH, MS, MD
IFSO President, 2025-2026

Metabolic bariatric surgery (MBS) and the history of IFSO are a great journey, built by great pioneers who endured great hardships to transform a once-marginal procedure into a mainstream specialty within which hundreds of thousands of operations are performed every year. That journey deserves to be written down, especially for the new generation of MBS surgeons and integrated health practitioners.

One of my aims for this presidential year was to gather and write the history of our Federation, as I have witnessed so many changes in IFSO and in MBS personally. This volume is the work of many hands – indeed, it presents our multicultural, multidisciplinary history in a variety of styles and from a diversity of professional and personal perspectives.

This book brings together the history of MBS procedures, the history of our official journal, *Obesity Surgery*, and the history of IFSO itself. From its founding in 1995 to today, more than thirty years of achievement in education, training, and patient care have advanced every aspect of MBS, and will continue to do so.

ACKNOWLEDGMENTS

This book is the culmination of three decades of dedication, progress, and relentless advocacy for the surgical and medical treatment of obesity worldwide. Bringing the thirty-year history of the International Federation for the Surgery and Other Therapies for Obesity (IFSO) to life has been a deeply fulfilling journey, but it is one that I could not have completed alone.

First and foremost, I extend my profound gratitude to our chapter authors. Your deep domain expertise, painstaking historical recollection, and commitment to documenting our shared scientific legacy have given this volume its substance, authority, and breadth. Thank you for taking time out of your demanding clinical and academic lives to contribute your insights.

I thank the global IFSO community - our past presidents, executive board members, chapter leaders, and member societies. Your collective vision and ceaseless efforts over the last 30 years created the very history recorded in these pages. It has been an honor to serve as your President and to document our shared legacy.

My deepest appreciation goes to the extraordinary team who worked tirelessly behind the scenes to bring this project across the finish line under an exceptionally demanding deadline: Your endurance, professionalism, and unwavering focus during this final stretch were nothing short of remarkable. This book simply would not exist without your extraordinary devotion.

I thank you all,

Khaled Gawdat, MD



Jane N. Buchwald: (IFSO Member)
A world-class scientific research writer, editor, and educator who has contributed so much to IFSO over many years. Jane worked tirelessly on editing, correcting, and shaping this manuscript into its final form. Simply put, if it were not for her extraordinary effort and dedication, this book would have never seen the light of day.



Manuela Mazzarella (IFSO Chief Operating Officer)
For her indefatigable dedication, administrative push, and sheer determination. Manuela's relentless drive was the central force that propelled us through every tight deadline, overcame every organizational barrier, and turned the vision of an available, printed volume into a tangible reality.



Stefanie D'Arco (IFSO Membership & Communication Manager)
For her diligent efforts in coordination, communication, and meticulous detail management. Stefanie played a vital role in keeping information flowing smoothly and driving the project through to completion without compromising on quality.

CHAPTER ONE

History of Metabolic Bariatric Surgery

Henry Buchwald

Metabolic Surgery

This story does not start in the beginning. It starts somewhere in the middle. Metabolic surgery existed for over fifty years before it was appreciated as a unique surgical discipline. The definition of metabolic surgery offered in 1978 defined metabolic surgery as, "the operative manipulation of a normal organ system to achieve a biological result for a potential health gain" [1]. Perhaps, the term *putatively* should be added to precede *normal*.

Over sixty years before the introduction of bariatric surgery, Albert Schinzinger, at the Congress of the German Society for Surgery, in 1889, submitted an abstract that suggested that bilateral oophorectomy would palliate metastatic breast cancer [2]. He never performed the procedure. Six years later, George T. Beatson, in England, did the first bilateral oophorectomy for metastatic breast cancer with excellent palliative outcomes. He subsequently became known as the Father of Endocrine Replacement in Cancer Management [3].

Over the next fifty years, approximately twenty metabolic surgery procedures were introduced, including splenectomy for idiopathic thrombocytopenia purpura and adrenalectomy for Cushing's hypertension. The most prolific metabolic surgery worldwide of the time was surgery for peptic ulcer disease, particularly that of the duodenum. Without knowledge of H. pylori in peptic ulcer neogenesis, surgeons resected various parts of the stomach, divided whole or selectively the perigastric vagus nerves, and lysed the pyloric sphincter, all to induce healing of the untouched pathologic lesion - the duodenal ulcer.

In 1953, bariatric surgery was originated for the treatment of severe obesity. Richard L. Varco, at the University of Minnesota, in the United States (US), performed a bypass of most of the small intestine in a patient with obesity with bowel reconstruction by an end-to-end jejunoileostomy and separate drainage of the bypassed bowel by an ileocecostomy. Varco never published his case, but it was documented in the patient's hospital file [4]. Concurrently, in Sweden, Victor Henrikson, performed a 105-cm bowel resection for the specific purpose of initiating weight loss [4]. In 1954, Kremen, Linner, and Nelson, also from the University of Minnesota, published the first definitive report of the Varco procedure [5]. Bariatric surgery, the concept of performing a surgical operation for severe obesity, was vehemently opposed by many at first; nevertheless, it started to proliferate and diversify.

Thus, one of the most prevalent surgeries of the 20th century, peptic ulcer surgery, and one of the most prevalent surgeries of the 21st century, bariatric surgery, are examples of a new surgical discipline, undefined for nearly one hundred years. The three basic past surgical principles of incisional surgery (e.g., draining fluid collections), extirpative (e.g., resecting tumors), and

incisional surgery (e.g., draining fluid collections), extirpative (e.g., resecting tumors), and reconstructive (e.g., prosthetic hip replacement) were augmented by a new discipline, operating on putatively normal organs for a metabolic gain.

Three of the most common, major human diseases – atherosclerosis, cancer, obesity – are metabolic in origin. These three afflictions are not caused by external trauma (accidents, war) or an invasive species (viruses, bacteria), but are metabolic in origin. They are manifested by innate bodily processes, governed by genetics, influenced by the environment and personal habits. They consist of the chemical dualities of anabolism, the conversion of energy to the construction of arterial plaques, malignant cells, or fat stores; and catabolism, the release of energy by the annihilation of these tissues of disease. We readily accept the anabolic *yin* for these three conditions, but the *yang* of the body curing itself is a more elusive concept to grasp. The discovery and utilization of the body's healing neurohormonal mechanisms to heal itself is the soul of the nouveau discipline of metabolic surgery.

The partial ileal bypass [6] metabolic surgery procedure, 1962-1963, was a precursor of the illumination of the cholesterol transport and receptor mechanism of low-density lipoprotein (LDL) and high-density lipoprotein (HDL) discovered by Joseph Goldstein and Michael Brown, US, 1973-1974 [7] (Nobel Laureates 1985), following the HDL research of Michel Macheboeuf, France, in 1929 [8].

The Program on the Surgical Control of the Hyperlipidemias (POSCH) trial started in 1973, with results published in 1990 in the New England Journal of Medicine, was the first major NIH-funded metabolic surgery trial. The partial ileal bypass intervention modality study group of 421, in comparison to the control group of 417, showed statistically significant reductions in overall mortality, mortality due to coronary heart disease, reductions in peripheral atherosclerotic disease, and lowering of overall mortality in the surgery subgroup with an ejection fraction over 50% [9]. In addition, sequential coronary arteriograms at 0, 3, 5, 7, and 10 years showed statistically significant actual regression of coronary atherosclerotic plaque lesions [10]. The statin trials of 1992 and thereafter augmented the metabolic surgery-derived knowledge.

Comparably, the metabolic surgery of endocrine organ resection ushered in pharmaceutical hormonal cancer therapy. The demonstration of lasting type 2 diabetes (T2D) resolution by gastric bypass (Walter Pories, US, 1995 [11]) and biliopancreatic diversion (BPD) (Nicola Scopinaro, Italy, 2011 [12]), and the elucidation of the release of the incretin hormone glucagon-like peptide-1 (GLP-1), primarily from the ileum [13], by bariatric surgery research, led to major drug industry proliferation of GLP-1 analogues for T2D and obesity therapy.

Understanding the definition of metabolic surgery, the major successful outcomes of metabolic surgery procedures, and the translation of metabolic surgery-derived knowledge to non-operative surgical advances has inspired metabolic surgery research, within and outside the peritoneal cavity. This plethora of investigations includes: transfemoral artery bilateral perirenal sympathetic nerve ablation for T2D, duodenal stimulation for T2D, carotid sinus stimulation for hypertension, single cervical vagus nerve stimulation for refractory depression, intestinal transposition for obesity and T2D, islet cell transfer to the liver for T2D, intrathecal implantable pump infusions for pain and spasticity, implantable insulin pumps for T2D and other utilizations [14].

Bariatric surgery is the most prevalent and successful metabolic surgery of the 21st century [15]. Yet, at its genesis, it was not recognized as metabolic surgery. There were two physiologic mechanisms credited for its effectiveness in causing weight reduction, and the weight reduction per se as the cause of resolution for T2D, hypertension, cardiovascular disease, etc. The procedures were said to be either restrictive, limiting caloric intake (e.g., gastric banding), or malabsorptive, limiting caloric absorption (e.g., BPD). This explanation was gradually discarded in favor of neurohormonal perturbations (e.g., GLP-1 enhancement, gastrin hormone suppression, excitement of the submucosal nerve syncytium of the intestine, vagal parasympathetic and celiac plexus sympathetic

messages to the hypothalamus and other cerebral structures) responsible for the outcomes of bariatric surgery. In essence, bariatric surgery elicited healing bodily responses by putatively normal organs. Indeed, bariatric surgery is metabolic surgery.

In recognition, in 2007, of these outcomes, the American Society for Bariatric Surgery (ASBS) changed its name to the American Society for Metabolic and Bariatric Surgery (ASMBS), and the International Federation for the Surgery of Obesity (IFSO), added to its name, "and Metabolic Disorders." In 2025, IFSO again altered its name to "International Federation for the Surgery and Other Therapies for Obesity," in recognition of the advent of multimodal obesity and T2D therapy by metabolic bariatric surgery (MBS) working in concert with pharmaceuticals.

Bariatric Surgery

The Talmud states that Rabbi Eleazor, who suffered from severe obesity, underwent an operation after being given a soporific potion wherein his abdomen, or abdominal wall, was opened and a number of "baskets of fat were removed." Though this procedure may not precisely represent MBS, and can best be classified as plastic or reconstructive surgery, it may be the first written report of a surgical operation to induce weight loss.

The jejunoileal bypass (JIB) of Varco, Kremen, Linner, and Nelson [4] was the first surgery procedure specifically designed to treat obesity and the first to demonstrate the metabolic healing outcomes the operation elicited. There were several variations of the JIB. The two most prominent were the 14-to-4 inch, end-to-side JIB, first reported by Payne and DeWind in 1969, and the 40-to-4 cm, end-to-end JIB with an ileocecostomy to drain the bypassed segment [16].

The JIB caused excellent and lasting weight loss, however, burdened by extensive early and late complications. These included electrolyte imbalances, vitamin and mineral deficiencies, diarrhea, gas bloat syndrome, oxalate kidney stones, steatohepatitis and progressive liver degeneration, cutaneous eruptions, and difficulties in mentation. The causative mechanisms postulated for these problems were the short bowel syndrome and bacterial overgrowth in the bypassed small intestine, with the elaboration of toxins and alcohol. Most of these problems could be anticipated, prevented, and treated. Nevertheless, with the advent of safer procedures, the JIB was essentially abandoned. Over time, most of the JIB patients had their procedure reversed, with or without another MBS operation being performed concurrently. There are, however, JIB patients alive today who are doing well, with excellent weight loss and minimal or no problems.

Edward E. Mason, long recognized as the "Father of Bariatric Surgery," trained at the University of Minnesota and subsequently made his bariatric surgery contributions at the University of Iowa. Mason and Ito published their landmark paper on gastric bypass in 1967 [17]. This first gastric bypass operation consisted of a horizontal gastric division with a loop gastrojejunostomy. In 1977, the gastric bypass saga returned to Minnesota, where John F. Alden did gastric cross-stapling with a loop gastrojejunostomy to drain the functioning gastric pouch [18]. Ward O. Griffen and co-workers, in the same year, once again at the University of Minnesota, reported the first gastric bypass with a Roux-en-Y gastrojejunostomy, the classic RYGB [19]. Quite independently, Pories and co-workers developed the same operation at the University of East Carolina (the Greenville Bypass) [20]. In 1994, Alan C. Wittgrove et al first reported performing the RYGB laparoscopically, thereby, transforming operative MBS [21].

The RYGB rapidly rose in popularity and replaced JIB as the MBS procedure of choice. RYGB, with a few ups and downs, has retained its prominence worldwide. Satisfaction is generally high among RYGB patients, though, over time, the failure rate is rising and the request for revisional surgery is increasing.

Gastroplasty was introduced by Printen and Mason in 1973 [22]. Their original version consisted of a partial horizontal gastric transection, leaving a greater curvature conduit. In 1981, Laws and Piantadosi made the pouch vertical and restricted the outlet with a Silastic ring [23]. One year later, in 1982, Mason described his vertical banded gastroplasty (VBG) using a Marlex mesh band through a gastric window to restrict the VBG outlet [24]. The VBG saw a rapid increase in the number of cases performed, rivalling the RYGB for dominance in the 1980s and 1990s. Unfortunately, over time, VBG patients began to regain their weight. With the ascendency of the laparoscopic adjustable gastric band, the VBG procedure became obsolete.

Scopinaro wanted to achieve the weight loss of the JIB without its complications and diarrhea. To achieve that goal, he postulated that the bypassed bowel cannot remain quasi-stagnant, but must have a continuous flow of contents to prevent bacterial overgrowth and that the 'water-wringer' terminal ileum must be preserved. Therefore, in 1979, he performed a horizontal hemi-gastrectomy with pouch drainage by a Roux limb of at least 250 cm length, joining a long biliopancreatic limb to form the common ileal segment of 50 cm [25]. When Scopinaro's BPD moved across the Atlantic in 1997, it was converted by Picard Marceau et al of Canada to a vertical sleeve gastrectomy with cross-stapling of the duodenum and an approximately 100-cm common channel [26]. The duodenal cross-stapling was, however, transitory and soon dehisced, abolishing the operative effect. In 1998, Douglas S. Hess and Douglas W. Hess of the US conceived the modern biliopancreatic duodenal switch (BPD/DS), or duodenal switch (DS), by performing a sleeve gastrectomy with pyloric preservation, duodenal division, a proximal duodenal ileostomy, and a common channel of approximately 100 cm [27].

The BPD and the DS are difficult, time-consuming operations. These procedures can also be associated with long-term protein and other nutritional deficiencies, with possible liver failure. Thus, the surgeon committed to these procedures must also be committed to life-long follow-up for these patients. In the proper hands, BPD/DS offers the most lasting weight loss and resolution of obesity associated diseases of any MBS operation.

The concept of the laparoscopic adjustable gastric band started with the nonadjustable gastric band, introduced in 1978-1983, independently by Lawrence H. Wilkinson, Marcel Molina, and Horacio E. Oria [16]. In 1986, Lubomyr I. Kuzmak patented and reported his own experience with the adjustable gastric band (AGB) [28]. Laparoscopic AGB soared in usage and was favored by both surgeons and patients in the 1990s and early 2000s. Then, long-term failure of weight loss and recurrent weight gain, as well as long-term complications (e.g., band slippage and perforation) became problematic. The use of laparoscopic AGB subsequently declined rapidly, with most AGB patients being converted to other MBS operations.

The free-standing sleeve gastrectomy (SG) was first advocated by Regan et al, in 2003, [29] and subsequently popularized by Michel Gagner [30]. Since this operation requires no bowel manipulation or anastomosis, the SG became the most frequently performed MBS operation in the 2013-2014 era. However, a disturbingly high incidence of staple line leaks in the fundus of the sleeve have been reported. This issue has stimulated an entire literature on either leak prevention by reinforcing buttressing materials or oversewing, as well on how to treat these leaks. A possibly safer alternative to SG is gastric plication, originally described as an open procedure by Tretbar et al in 1976 [31], modernized into a laparoscopic technique by Talebpour in 2006 [32], paving the way for Fried and Doležalová's validation of the procedure's durability with their 10-year outcomes [33].

Various modifications of prior MBS procedures have gained advocacy. Mathias A.L. Fobi, in 1991, introduced the banded gastric bypass to prevent outlet stretching and recurrent weight gain [34]. Andrés Sánchez-Pernaute, Antonio Torres, and others advocate an SG with a duodenoileostomy, a single-anastomosis DS (SADI-S) [35]. Several MBS innovations have been and are being assessed, including pacemaker stimulation of various "normal" organs and various bowel transpositions. An intriguing MBS addition has been the introduction of minimally invasive laparoendoscopic magnetic

compression anastomosis technique by Michel Gagner and associates, and Christopher Thompson and associates [36,37]. The challenge of pharmaceutical GLP-1 analogues to MBS will furtherstimulate the field towards simplicity, and, thereby, increased safety. It will also open a new field of thoughtful endeavor—the development of multimodal therapy combining MBS procedures with drug and lifestyle modifications to foster the most effective, safest, simplest, and lasting management of the disease of obesity and its metabolic complications.

References

1. Buchwald H, Varco RL. Metabolic Surgery; Grune and Stratton, Publ, New York; 1978.
2. Schinzinger A. Ueber carcinoma mammae. Abstract, 18th Congress of the German Society for Surgery. Beilage Zum Zentralbalt fur Chirugie. 1889; 16:55-56.
3. Beatson GT. On the treatment of inoperable cases of carcinoma of the mamma: suggestions for a new method of treatment, with illustrative cases. Lancet. 1896; 2:104-7.
4. Buchwald H, Avidor Y, Braunwald E, et al. Bariatric surgery: a systematic review and meta-analysis. JAMA. 2004; 292:1724–37.
5. Kremen AJ, Linner LH, Nelson CH. An experimental evaluation of the nutritional importance of proximal and distal small intestine. Ann Surg. 1954; 140:439-44.
6. Buchwald H. Lowering of cholesterol absorption and blood levels by ileal exclusion: Experimental basis and preliminary clinical report. Circulation. 1964; 29(5):713-20.
7. Brown MS, Goldstein JL. Familial hypercholesterolemia: defective binding of lipoproteins to cultured fibroblasts associated with impaired regulation of three-hydroxy-3-methylglutaryl coenzyme A reductase activity. Proc Natl Acad Sci USA. 1974; 71:788-92.
8. Macheboeuf M. Recherchs surs les phosphoamino lipides et les sterides du serum et du plasma sanguins. Bul Soc Chim Biol. 1929; 11:268-293.
9. Buchwald H, Varco RL, Matts JP, et al. Effect of partial ileal bypass surgery on mortality and morbidity from coronary heart disease in patients with hypercholesterolemia. Report of the Program on the Surgical Control of the Hyperlipidemias (POSCH). N Engl J Med. 1990; 323(14):946-55.
10. Buchwald H, Matts JP, Fitch LL, et al. Changes in sequential coronary arteriograms and subsequent coronary events. JAMA. 1992; 268(11):1429-33.
11. Pories WJ, Swanson MS, MacDonald KG, et al. Who would have thought it? Ann Surg. 1995; 222(3):339-52.
12. Scopinaro N, Adami GF, Marinari GM, et al. Biliopancreatic diversion. World J Surg. 1988; 22:936-46.
13. Buchwald H, Dorman RB, Rasmus NF, et al. Effects on GLP-1, PYY, and leptin by direct stimulation of terminal ileum and cecum in humans: implications for ileal transposition. Surg Obes Relat Dis. 2014; 10(5):780-6.
14. Buchwald H. The evolution of metabolic/bariatric surgery. Obes Surg. 2014; 24:1126-35.
15. 8th IFSO Global Registry Report. url: www.ifso.com/pdf/8th-ifso-registry-report-2023.pdf (2023).

16. Buchwald H, Buchwald JN. Evolution of operative procedures for the management of morbid obesity 1950-2000. Obes Surg 2002; 12:705-17.
17. Mason EE, Ito C. Gastric bypass in obesity. Surg Clin North Am. 1967; 47:1345-52.
18. Alden JF. Gastric and jejuno-ileal bypass. A comparison in the treatment of morbid obesity. Arch Surg. 1977; 112:799-806.
19. Griffen WO Jr. Gastric bypass for morbid obesity. Surg Clin North Am. 1979; 59:1103-12.
20. Flickinger EG, Pories WJ, Meelheim HD, et al. The Greenville gastric bypass progress report at 3 years. Ann Surg. 1984; 199:555-62.
21. Wittgrove AC, Clark GW, Temblay LJ. Laparoscopic gastric bypass, Roux-en-Y: preliminary report of five cases. Obes Surg 1994; 4:353-7.
22. Printen KJ, Mason EE. Gastric surgery for relief of morbid obesity. Arch Surg. 1973; 106:428-31.
23. Laws HL, Piantadosi S. Superior gastric reduction procedure for morbid obesity: A prospective, randomized trial. Ann Surg. 1981;193(3):334-40.
24. Mason EE. Vertical banded gastroplasty for obesity. Arch Surg. 1982;117:701-706.
25. Scopinaro N, Gianetta E, Civalleri D. Biliopancreatic bypass for obesity: II. Initial experiences in man. Br J Surg. 1979;4:353-7.
26. Marceau P., Hould FS, Simard S, et al. Biliopancreatic diversion with duodenal switch. World J Surg. 1998; 22(9):947-54.
27. Hess DW, Hess DS. Biliopancreatic diversion with a duodenal switch. Obes Surg. 1998; 8:267-82.
28. Kuzmak LI. Silicone gastric banding: a simple and effective operation for morbid obesity. Contemp Surg. 1986; 28:13-38.
29. Regan JP, Inabet WB, Gagner M, et al. Early experience with two stage laparoscopic Roux-en-Y gastric bypass as an alternative in the super-obese patient. Obes Surg. 2003;13:861–4
30. Milone L, Strong V, Gagner M. Laparoscopic sleeve gastrectomy is superior to endoscopic intragastric balloon as a first stage procedure for super-obese patients (BMI ≥ 50). Obes Surg. 2005;15(5):612-7.
31. Tretbar LL, Taylor TL, Sifers EC. Weight reduction. Gastric plication for morbid obesity. J Kansas Med Soc. 1976;77(11):488-490.
32. Talebpour M and Amoli BS. Laparoscopic total gastric vertical plication in morbid obesity. J Laparoendo Adv Surg Techniques. 2007;17(6):793-798.
33. Dolezalova K, Sramkova P, Fried M. Laparoscopic gastric plication in the treatment of obesity and metabolic disorders: 10-years results. Cas Lek Cesk. 2020;159(3-4):144-6.
34. Fobi MA. Why the operation I prefer is Silastic ring vertical banded gastric bypass. Obes Surg.1991; 1:423-6.
35. Sánchez-Pernaute A, Rubio MÁ, Cabrerizo L, et al. Single anastomosis duodenoileal bypass with sleeve gastrectomy (SADI-S) for obese patients. Surg Obes Relat Dis. 2015;11(5):1092-8.
36. Gagner M, Abuladze D, Buchwald JN, Almutlaq L. First-in-human side-to-side duodeno-ileal bipartition for weight loss and type 2 diabetes with the swallowable biofragmentable magnetic anastomosis system. J AM Coll Surg. 2025;241(2):146-59.
37. Kaur A, Shaikh S, Rueda SCV, et al. Magnetic compression anastomosis in gastrointestinal surgery: a systematic review of early human experience. Surg Endosc. 2026; https://doi.org/10.1007/s00464-026-12956-6.

CHAPTER TWO

The Pioneers
The Three Fathers - Mason, Scopinaro, Buchwald

Jane N. Buchwald, Francesco Saverio Papadia

Section 1: Father of Bariatric Surgery: Edward E. Mason, MD, PhD, FACS

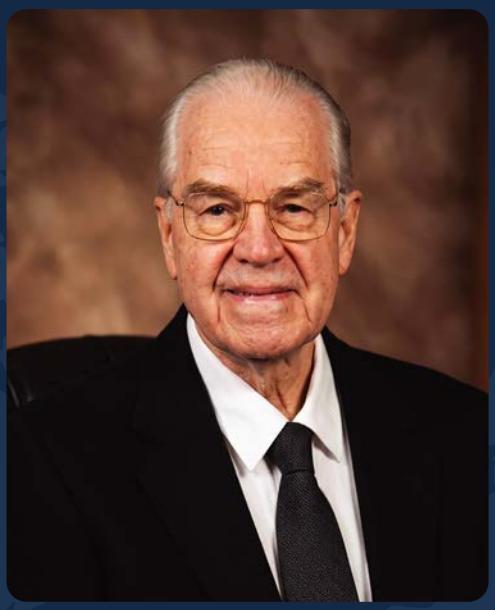
Jane N. Buchwald

At the University of Minnesota, Dr. Owen H. Wangensteen, Chair of Surgery, suggested to young Edward Mason during his residency, from 1949-1953, that he study a high gastric restriction procedure to treat peptic ulcer disease. The operation was not successful in attaining that aim, but Mason remembered that it caused marked weight loss. Mason may or may not have known about Dr. Richard L. Varco's first jejunoileal bypass (JIB) for obesity in 1953 [1]; however, he was certainly familiar with the cardinal 1954 JIB paper by Kremen, Linner, and Nelson [2]. Indeed, Kremen persuaded Mason to perform a JIB on two patients with weight gain after ventral hernia repair dehiscence. The side effects of the JIB experience disenchanted Mason towards the operation. When on staff at the University of Iowa, in 1963, Mason, in association with Dr. Chikashi Ito from Japan, revolutionized metabolic bariatric surgery (MBS) by the introduction of gastric-reducing surgery specifically for the management of severe obesity [3]. From 1973-1981, he introduced and extended the concept of an anastomosis-free gastroplasty [4].

On the 28-29th of April, 1977, Mason organized the initial Gastric Bypass Workshop at the University of Iowa; sixty people attended. Mason held the second meeting of the workshop on May 24-25, 1978, newly named the Bariatric Surgery Colloquium. In June of 1983, the group was renamed the American Society for Bariatric Surgery (ASBS) with Dr. Mason its first President (1983-1985) [5]. In 1996, he founded the International Bariatric Surgery Registry [6]. Truly, Dr. Mason deserves recognition as the "Father of Bariatric Surgery."

Always precocious, Edward Mason was born on October 16, 1920 in a taxicab on the way to the hospital in Boise, Idaho. His mother, Dora E. Mason, was a teacher and a talented sculptor; his father, Edward F. Mason, a professor of photojournalism. Edward's genes and upbringing may have invested him with manual dexterity, a love of academic research, and the capacity for creation and communication. In 1929, the Masons moved from Idaho to Iowa City. In 1939, Edward entered the University of Iowa for an accelerated education, having enlisted in the United States Navy. He received his BA in 1943 and his MD in 1945. In 1945, Mason entered surgical internship at the University of Minnesota followed by two years in the Navy at the Wadsworth Veterans Hospital in Leavenworth, Kansas [7].

The three pioneers of metabolic bariatric surgery



Edward Mason



Nicola Scopinaro



Henry Buchwald

Mason complemented his indoor life at the university with his great love of the outdoors. It was on a canoe trip that he met his eventual life partner, Dordana Fairman, who at the time was a master's student in dietetics. Ironically, while Edward was treating patients with obesity, Dordana cared daily for extremely lean patients with anorexia. They married in 1944, and the Mason family continued in their outdoor tradition of camping trips in the north woods of Minnesota. The Mason dynasty consists of three sons, one daughter, nine grandchildren, and thirteen great-grandchildren [7].

Mason was a man with a high activity level, manifested by long, brisk walks and avid photographic endeavors, and above all, swimming. As is often remarked, until the age of ninety-six, he swam a half mile at noon every day in the Iowa university facilities; this distance translates to thirty-five laps in a standard twenty-five-yard pool. During their later years, Dordana was his constant companion at academic meetings. In 2015, after seventy-one years of marriage, Mason's beloved life partner and friend died [7]. When, in 2020, at the age of 100, Dr. Mason died, his ashes were interred with Dordana's in the Oakland Cemetery, Iowa City [8].

From its inception, MBS was opposed by the public as well as by many in medicine, although today it represents an assortment of operative procedures that are among the most frequently performed. Due to the modified Mason gastric bypass, which employs staplers [9] and a Roux limb [10,11], plus the advocacy of the organizations founded by Dr. Mason, MBS has prevailed and expanded to 600,000-700,000 operations performed worldwide annually. Dr. Mason believed, presciently, that acceptance and utilization of MBS in most western nations beyond the 1-2% of patients with class II and III obesity was dependent on simplicity, and, thereby, increased safety with fewer complications and side effects. Thus, he advocated against his own gastric bypass by introducing gastroplasty [4], which avoided two (Roux-limb) anastomoses, or at least one (loop), anastomosis.

When various MBS investigators ascertained that the MBS enhancement of glucagon-like peptide-1 receptor agonist (GLP-1) secretion promoted resolution of type 2 diabetes and mitigation of obesity, Dr. Mason was one of the first to draw attention to the isolation of GLP-1 in Gila monster venom, and the potential of synthetic GLP-1 to complement MBS, or avert the need for it.

The sixty individuals that were drawn to Dr. Mason's Gastric Bypass Workshop in Iowa in 1977 inaugurated the first MBS organization led by Dr. Mason in 1983. The now-named American Society for Metabolic and Bariatric Surgery (ASMBS), in 2026, consists of nearly 5,000 dedicated members from the US and Canada. Many accolades were bestowed on Dr. Mason during his lifetime, including the Distinguished Alumni Award, University of Iowa, and the Distinguished Alumni Award from his academic roots, the University of Minnesota. He received the ASMBS Foundation Outstanding Achievement Award in 2005, and the prestigious Medallion for the Advancement of Surgical Care from the American Surgical Association in 2013. He was immensely pleased to give the 26th ASMBS Mason Lecture in 2014; few people are invited to give a coveted lecture named in their honor. Numerous tributes to Dr. Mason appeared in various peer-reviewed journals including, in 2021, one from Dr. Henry Buchwald, who proclaimed Dr. Mason the Father of Bariatric Surgery [8].

Dr. Mason remained intellectually active well into his late nineties. From drafting his 200 peer-reviewed articles and the publication of the first of five books, Computers in Medicine (1964), through his last, A Fat Chance: A Surgical Paradigm of Obesity and Type-2 Diabetes, published posthumously in 2021, Mason enjoyed the process of writing. In the last chapter of the autobiography of his life and the history of MBS, Dr. Mason bids all of us farewell [7].

References

1. Buchwald H, Buchwald JN. Evolution of operative procedures for the management of morbid obesity 1950-2000. Obes Surg. 2002;12:705-17. https://doi.org/10.1381/096089202321019747
2. Kremen A, Linner J, Nelson C. An experimental evaluation of the nutritional importance of proximal and distal small intestine. Ann Surg. 1954 Sep;140(3):439-48. doi: 10.1097/00000658-195409000-00018. PMID: 13198079; PMCID: PMC1609770.
3. Mason EE, Ito C. Gastric bypass in obesity. Surg Clin North Am. 1967 Dec;47(6):1345-51. doi: 10.1016/s0039-6109(16)38384-0. PMID: 6073761.
4. Mason EE. Vertical banded gastroplasty for obesity. Arch Surg. 1982 May;117(5):701-6. doi: 10.1001/archsurg.1982.01380290147026. PMID: 7073493.
5. Edward E. Mason, Presidential Address, ASMBS Meeting, 2014, Boston.
6. Standards Committee, American Society for Bariatric Surgery. Guidelines for reporting results in bariatric surgery. Obes Surg. 1997 Dec;7(6):521-2. doi: 10.1381/096089297765555322. PMID: 9730513.
7. Mason EE. A Fat Chance: A Surgical Paradigm of Obesity and Type-2 Diabetes. RM Mason, ed. Dordana Mason Publishing, 2021.
8. Buchwald H. Tribute to Edward E. Mason: a 100-year life of dedication. Surg Obes Relat Dis. 2021;17;835-836.
9. Alden JF. Gastric and jejunoileal bypass. A comparison in the treatment of morbid obesity. Arch Surg. 1977 Jul;112(7):799-806. doi: 10.1001/archsurg.1977.01370070011001. PMID: 880023.
10. Griffen WO Jr, Young VL, Stevenson CC. A prospective comparison of gastric and jejunoileal bypass procedures for morbid obesity. Ann Surg. 1977 Oct;186(4):500-9. doi: 10.1097/00000658-197710000-00012. PMID: 907395; PMCID: PMC1396298.
11. Flickinger EG, Pories WJ, Meelheim HD, Sinar DR, Blose IL, and Thomas FT. The Greenville gastric bypass: progress report at three years. Ann Surg. 1984 May;199(5):555-62.

Section 2: Father of IFSO: The Visionary from Genoa, Nicolo Scopinaro, MD

Francesco Saverio Papadia

Introduction: A Surgeon Who Lived Twice

When Nicola Scopinaro stood before the IFSO World Congress in Genoa in May 2000 and delivered his one-hour opening lecture, he called it "My Way." It was not arrogance but rather a quiet statement of fact from a man who had already lived a life that would have filled several books. By the time he turned fifty, he had invented the most effective operation for severe obesity, the biliopancreatic diversion (BPD, the Scopinaro Procedure); became one of the first to recognize that MBS could cure type 2 diabetes (T2D) even in patients who were not with severe obesity; survived two near fatal accidents (one while parachuting, another while driving his car); earned his pilot's license; traveled the world as an invited speaker; and, importantly, founded a scientific society, the International Federation for the Surgery of Obesity (IFSO). And yet, as Luigi Angrisani wrote, "for Nicola, this was the second round."

Scopinaro was a surgeon and scientist of broad culture and fierce passion. He was as much at home reciting Dante from memory as leading a room of surgeons. To those who worked beside him, he was much more than a list of achievements: he was a mentor, a friend, and a man who made everyone around him believe that they, too, could contribute something meaningful. Nicola Scopinaro was not only a pioneer of metabolic bariatric surgery (MBS), but the visionary who united the world in the fight against obesity.

The Genesis of the Biliopancreatic Diversion (1973–1976)

The Failure of Earlier Approaches

In the early 1970s, the surgical treatment of severe obesity was caught between two inadequate extremes. The jejunoileal bypass (JIB), introduced by Payne and DeWind in 1954, produced good weight loss by creating massive, indiscriminate malabsorption, but it came at a terrible price: protein malnutrition, electrolyte imbalances, liver failure, and bacterial overgrowth in the excluded bowel. By the mid 1970s, the JIB was being abandoned worldwide. Scopinaro, trained in the rigorous physiological tradition of the University of Genoa (where his father, Professor Domenico Scopinaro, had been a renowned internist), saw the problem with unusual clarity. What was needed was selective malabsorption: a way to reduce the absorption of calories from fats and starches while preserving the absorption of proteins, vitamins, and minerals.

The Scopinaro Solution: Combining Restriction and Selective Malabsorption

Between 1973-1976, Scopinaro and his team worked systematically in the laboratory in the animal model to understand and perfect the novel technique. The operation had two components, acting at different times. First, a limited distal gastrectomy created a small stomach pouch of about 200-300 ml with a wide, non-restrictive stoma. This induced a temporary reduction in food intake, allowing rapid initial weight loss. Unlike gastroplasty, the wide stoma meant that patients did not vomit if they ate slightly more. After a few months, appetite returned to near normal.

Second, a long biliopancreatic limb diverted the duodenum and proximal jejunum so that bile and pancreatic juices met food only in the distal ileum, 50 cm from the ileocecal valve. This meant that fats and complex carbohydrates, which require bile and pancreatic enzymes for absorption, were poorly absorbed, while proteins, water, minerals, and most vitamins were absorbed normally in the proximal alimentary limb. Selective malabsorption was achieved. The first BPD in a human patient was performed in May 1976 at the University of Genoa [1]. The weight loss was dramatic, 85% of

excess weight on average, and, crucially, weight loss was maintained for decades. In the first long-term follow up of 40 patients observed for more than ten years, average recurrent weight gain was <1% of the weight lost [2].

Managing the Price of Efficacy

Scopinaro was honest about the trade-off. To guarantee excellent weight loss in nearly all patients, he deliberately designed the BPD to be "a little too effective" for a minority. About 7% of patients experienced a single episode of protein malnutrition within the first year, requiring short-term intravenous supplementation. In 3% of patients, the malabsorption was excessive and permanent, requiring a simple revisional operation to lengthen the common channel, after which, nutrition normalized without recurrent weight gain. As Scopinaro wrote in the 1980s, "The final result is a lean and healthy person in one hundred percent of cases." The only routine supplements needed were calcium to prevent bone demineralization and iron for menstruating women. No other operation for obesity had ever produced such consistent, long-term results with manageable side effects.

Uniting the World: The Founding of IFSO (1995)

By the early 1990s, bariatric surgery was still a fragmented field. Dietitians, endocrinologists, psychiatrists, and surgeons often worked in isolation, and some openly questioned whether surgery had any role in treating obesity. Scopinaro believed that obesity was a multifactorial disease, biological, psychological, and social, and that no single discipline could solve it alone. In 1995, in Stockholm, he convened a small group of international leaders and founded IFSO. He became its first president. The goal was not just to create a surgical society, but to build a global, interdisciplinary community that included physicians, nutritionists, psychologists, and basic scientists. IFSO grew rapidly, and Scopinaro's vision of collaborative, evidence-based MBS became the global standard of care. He later founded the IFSO European Chapter and remained Honorary President of both organizations until his death.

Embracing Laparoscopy: The Naples Symposium (1999)

Scopinaro was a master of open surgery, and initially he was skeptical about the ability of laparoscopy to perform complex gastrointestinal operations. But he was also a true scientist: open to evidence and ready to change his mind. And, as those who knew him well understood, he loved competition. He was a champion parachutist, a pilot, a man who thrived on challenges. He did not fear being surpassed; he welcomed it, because it meant the field was advancing.

Luigi Angrisani recalls meeting Nicola Scopinaro in 1995 in Todi, a small medieval town in Umbria, during a hands-on course on the laparoscopic gastric band. Many young Italian laparoscopic surgeons were there, eager to learn. He was there as a witness of the national and international surgical academy. Listening to his presentations, the young surgeons were extremely impressed by his rigorous modern scientific method. Although he was somewhat skeptical about laparoscopy for complex operations, he accepted Luigi Angrisani's proposal to organize the First International Symposium on Laparoscopic Obesity Surgery under IFSO's auspices. It was held in Naples in March 1999, and was the beginning of a new era.

The meeting was attended by surgeons from 27 countries. It brought together the "old guard" of open MBS, Edward Mason, Lloyd MacLean, and others, with the "young foxes" of laparoscopy. In May 2000, the IFSO World Congress in Genoa was another triumph, with Scopinaro's "My Way" lecture as its moral centerpiece.

The First Laparoscopic Standard BPD: A Lesson in Leadership

Francesco Saverio Papadia recalls that, after the 1999 Naples Symposium, in 2000, Scopinaro led the effort to develop the laparoscopic technique for the standard BPD. He was the first surgeon in those early cases, with the Genoa team, Giuseppe Marinari, Giovanni Camerini, and Papadia, working alongside him. The initial attempts were difficult; during the first two or three procedures, despite Scopinaro's leadership, the team was forced to convert to open laparotomy because of technical challenges.

At that time, Professor Scopinaro left for the annual meeting of the American Society for Bariatric Surgery (ASBS). The three younger surgeons, however, operated on the remaining candidate patient and succeeded in performing the first complete laparoscopic standard BPD in the world. In almost any surgical department, a chief who finds that his assistants have performed a major, high-risk innovation in his absence would be furious. Papadia and his colleagues were trepidant, anxious, expecting a *lavata di capo* (severe reprimand). When they called Scopinaro to deliver the news, he was not angry. Instead, he took the podium at the ASBS meeting and announced –not that he had done it– but that his collaborators had performed the world's first laparoscopic standard BPD, giving full credit to Marinari, Camerini, and Papadia. He celebrated their success as if it were his own, because in his mind it was the success of the team and the success of the field.

For Papadia, that moment was unforgettable. He had seen Scopinaro's courage in the face of a broken parachute and his calmness under surgical pressure, but this was something else: a grandeur of spirit that put the glory of the team above his own ego: a true leader.

Beyond Obesity: Metabolic Surgery for Type 2 Diabetes

Even as the BPD was proving its power in severe obesity, Scopinaro and his team had noticed early on (as early as 1986) something extraordinary. Patients with T2D who underwent BPD became normoglycemic within days, long before any significant weight loss. Something was happening that could not be explained by restriction or malabsorption alone.

Scopinaro's group systematically studied this effect. They showed that BPD could achieve remission of T2D in nearly 90% of patients, and that the effect persisted for decades. Moreover, they demonstrated in a series of landmark papers from 2005–2014 that BPD could resolve diabetes even in patients with a BMI < 35 kg/m² and even in those with a BMI of 25-30 kg/m², patients with overweight, not obesity [3]. This was heretical at the time; T2D was supposed to be managed with drugs, not surgery. Scopinaro's work laid the foundation for the concept of MBS as a primary treatment for T2D, later validated by randomized controlled trials, such as the Surgical Treatment and Medications Potentially Eradicate Diabetes Efficiently (STAMPEDE) trial (Schauer et al, 2012). In recognition of this contribution, Scopinaro received the ASBS Foundation's Outstanding Achievement Award in 2006 and he was invited to lecture at the world's most prestigious institutions.

A Polyhedric Personality: The Man Behind the Surgeon

Nicola Scopinaro was not only a great surgeon but a man of extraordinary range. He spoke fluent English and French. His classical education gave him a lifelong command of Italian literary culture; he could recite Dante and the Latin classics from memory. He was a competitive parachutist, winning six Italian championships and a world championship medal. In 1977, his parachutes malfunctioned, and he fell at nearly 100 km/h. While falling, he did not scream or look up – the surest way to die, he said. Instead, he thought about how to distribute the impact across his legs and pelvis to protect his internal organs. He survived with 13 fractures, but no injury to his abdomen, heart, or lungs.

That moment exemplified the calmness and composure that defined his surgical decision making. He was equally at home in the sea. He loved scuba diving in front of Genoa's outer breakwater, the diga foranea, where he would fish for lobsters, aragoste. He owned a Boston Whaler, a small but rugged boat that reflected his practical, no nonsense approach to leisure. His first wife, Claude, was French, and from that marriage he had a daughter, Caroline. Following in her father's footsteps, Caroline became a gynecologist, a quiet continuation of the Scopinaro medical dynasty that began with his father.

He drove fast cars and, latterly, a Porsche 993 Carrera 2, a masterpiece of pure engineering with no electronic driving aids, only a mechanical limited slip differential, a six-speed manual gearbox, and air and oil cooling. He flew his own airplane across Italy. He enjoyed good wine and long dinners with his IFSO friends. He fought for his ideas with incredible strength and enthusiasm. With the same style and enthusiasm, he appreciated the pleasures of life.

The Porsche, the Rain, and the Flight to Riyadh

In 2003, at the height of the Second Gulf War, Scopinaro was invited as a guest of honor to Riyadh, Saudi Arabia. Security at airports was extreme, with hours long delays. He asked Francesco Saverio Papadia, then a surgical resident who had worked with him for five years, to drive him from Genoa to Milan Malpensa airport in his beloved Porsche 993, a car he rarely used. Papadia calculated that they needed to leave by five or six in the morning. Scopinaro calmly said, "No, eight o'clock." When Papadia arrived to pick up Scopinaro, he discovered that the front boot lock was broken; more time was lost driving to a Porsche dealer for a quick repair. Then a torrential rain began. On the autostrada, Scopinaro drove flat out, rarely dropping below 160 km/h, peaking above 230 km/h. Forty minutes later, they arrived at Malpensa. Scopinaro stepped out of the car, unflustered, elegant, perfectly at ease, and caught his flight on time. The resident, still terrified from the near-death experience, drove the Porsche back, barely engaging fourth gear…

That was Nicola Scopinaro: a man who could fall from the sky with a broken parachute and think his way to survival, drive a rear wheel drive Porsche through a flood at 230 km/h and arrive unruffled, and face a thousand surgeons with a lecture called "My Way" – without a hint of arrogance, only the quiet confidence of someone who had truly lived. He was not reckless. He was fearless.

Choosing a Mentor: A Personal Recollection

Papadia recalls that he came to Scopinaro not through a romantic idea about his professorial stature, but through rational calculation. Papadia's father, a gynecologist who knew both Nicola and his father, gave him four criteria for choosing a mentor: First, choose a young mentor, at most in their fifties; surgical careers are long, and one needs someone who will protect and guide you for many years. Second, he must be a true leader in his field, not a local celebrity but someone recognized internationally. Third, he should not have too many assistants your own age competing for the same cases so that you leave space to grow. Fourth, ideally the mentor's co-workers will be 10-15 years older than you. That way there is mutual gain: you will start doing the work they no longer wish to do, and everyone benefits.

Papadia took a worksheet and applied these criteria to the professors at the University of Genoa. Only one name emerged that fit all criteria: Nicola Scopinaro. Papadia went to Scopinaro and asked to work under his guidance for his medical thesis. Scopinaro said yes without fanfare. Papadia privately considered this a *matrimonio di convenienza*, a marriage of convenience and mutual interest. Then, he got to know the man beyond the worksheet. Scopinaro was demanding but generous, rigorous but warm, very funny in private, a world class scientist who never made you feel small. What began as calculation transformed into genuine love and respect. He became not just a mentor, but a friend. Scopinaro was indeed the optimal choice by every measure.

A Lasting Legacy: The Scientific Method Above All

Scopinaro was elected Honorary Fellow of the American College of Surgeons, an honor held by fewer than one hundred living surgeons worldwide, and was the first Honorary Member of multiple national MBS societies. But, his greatest legacy lies not in a single operation or society, but in the systematic, scientific way he approached MBS. He treated obesity as a disease to be understood at the physiological level, not merely a technical problem to be solved with a mechanical solution. He studied the BPD, and the body's response to it, with the rigor of a physiologist, publishing continuously from his first experimental work in 1973 until his final years.

A search of the medical literature reveals the astonishing breadth of his contribution. From 1966-2020, his name appears on more than 220 indexed publications. The timeline of his research output shows not a flash of isolated genius but a lifelong commitment to systematic inquiry: a steady stream of articles from the 1970s well into the 2010s. He published on everything from the detailed mechanisms of nutrient absorption after BPD to the long-term outcomes of T2D remission, from liver histology in obesity to the psychological effects of weight loss.

The numbers tell only part of the story. What matters is the method: the careful observation, hypothesis-driven experimentation, honest reporting of both successes and complications, willingness to revise his own operation based on evidence, and the insistence that results be reproducible in other hands. He did not simply invent an operation, but created a framework for understanding how surgical alteration of the gastrointestinal tract could produce profound metabolic benefits, a discipline that now underpins the entire field of MBS.

The 50 Year Reckoning: Honoring the Full Truth

The extraordinary 50-year follow-up of the original BPD cohort was possible only because of foresight. From the very first patient in 1976, he established a prospective, meticulously detailed database, a rarity in an era when long term outcomes were often anecdotal. More importantly, he infused in his mentees the same scientific rigor, ensuring that the database would be maintained and analyzed long after he was gone. In 2026, five years after his death, the original pioneer cohort of BPD patients, operated between 1976-1979, reached a potential follow up of 50 years. The team at University of Genoa recently published the longest ever follow up study of any MBS procedure in the *Annals of Surgery* [4].

The findings were sobering and essential. The 85 patients (70 women, 15 men) had a mean preoperative age of 35 years and a mean BMI of 42.2 kg/m². All cause mortality was 29.4% (25 of 85). Compared to the age matched Italian general population, the standardized mortality ratio was 2.62 (95% CI 1.71-3.86), meaning that mortality remained significantly elevated, similar to that of non-operated Italians with severe obesity. Importantly, between one-third and two-fifths of all deaths were directly or possibly related to the BPD procedure itself, including deaths from progressive protein malnutrition occurring 15, 21, 30, and 37 years after the original operation, and deaths from postoperative complications of revisional surgery as late as 25 years postoperatively.

On the other hand, weight loss was sustained and even progressive: percent total weight loss increased from 31% at one year to 39% at more than 40 years. Remission of T2D was universal and durable. However, the price was a high and persistent burden of nutritional complications. The prevalence of any nutritional complication rose from 13% at one year to 86% at more than 40 years. Revisions for malnutrition or intractable diarrhea were required in 20% of patients, with revisions occurring up to 26 years after the initial procedure.

These findings do not diminish Scopinaro's achievement. On the contrary, they honor it. He was the first to admit that BPD was "a little too effective" for some patients, and he always insisted on life-long follow-up. The half century data confirm that he was right: hypoabsorptive surgery offers

unparalleled metabolic benefits, but those benefits come with life-long risks that must be managed with the same scientific rigor that he brought to every aspect of his work. His legacy is not a perfect operation – no such thing exists – but a method: to innovate boldly, to measure meticulously, to report honestly, and to let the data speak, even when the truth is difficult.

Enduring Influence

Nicola Scopinaro died on the night of 28 October 2020, in Genoa. He left behind more than 3500 operated patients, over 500 scientific publications, more than 700 invited lectures, and a generation of surgeons trained in his methods [5]. He was the founder and Honorary President of the Italian Society of Obesity Surgery (SICOB), of IFSO, and of the IFSO European Chapter. He was Co-Editor-in-Chief of *Obesity Surgery*, the official journal of IFSO.

His greatest legacy is the intellectual framework he gave us: that obesity is a disease, not a moral failing; that effective treatment requires an interdisciplinary approach; that surgery can be both powerful and safe when based on rigorous physiology; that a surgeon can be a scientist, an athlete, a pilot, an epicurean, and a kind friend, all at once; and that the truth, however uncomfortable, must always be pursued and honored.

Edward Mason, Nicola Scopinaro, and Henry Buchwald are rightly called the three pioneers of MBS. But for those of us who knew him, Scopinaro was more than a pioneer. He was *il nostro maestro* - our teacher and our model.

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References

1. Scopinaro N, Gianetta E, Civalleri D, Bonalumi U, Bachi V. Bilio-pancreatic bypass for obesity: II. Initial experience in man. Br J Surg. 1979;66(9):618-620.
2. Scopinaro N, Gianetta E, Adami GF, et al. Biliopancreatic diversion for obesity at eighteen years. Surgery. 1996;119(3):261-268.
3. Scopinaro N, Adami GF, Papadia FS, et al. Effects of biliopancreatic diversion on type 2 diabetes in patients with BMI 25 to 35. Ann Surg. 2011;253(4):699-703.
4. Papadia FS, Adami GF, Roscelli C, Cassano M, De Cian O. Biliopancreatic diversion for severe obesity: a 50-year cohort study on survival, weight loss, control of metabolic comorbidities, nutritional morbidity, and late revisions. Ann Surg. 2026 May 8. doi: 10.1097/SLA.0000000000007087. Epub ahead of print.
5. Buchwald H. Nicola Scopinaro: A Celebration of His Life. Obes Surg. 2021;31(3):911-912.

Section 3: Father of Metabolic Surgery: Henry Buchwald, MD, PhD, FACS, FRCS(Hon)

Jane N. Buchwald

In 1978, in a book titled, Metabolic Surgery, Henry Buchwald, MD, PhD defined metabolic surgery as "the operative manipulation of a normal organ system to achieve a biological result for a potential health gain" [1]. This definition was first exemplified in the late nineteenth century by bilateral oophorectomy to mitigate metastatic breast cancer [2,3]; practiced in the early twentieth century in multiple procedures, primarily, gastric surgery for duodenal ulcer disease; and extended in 1953 by the advent of metabolic bariatric surgery (MBS) [4,5]. In 1962-1963, Buchwald disrupted medical therapeutics by introducing the partial ileal bypass (PIB) operation for hyperlipidemia (the Buchwald Procedure) [6], which gave rise to numerous current surgeries within, and outside of the peritoneal cavity for resolution of type 2 diabetes, hypertension, obesity, refractory depression, and other metabolic maladies. Buchwald's insight demonstrated that the body not only inflicts metabolic diseases on itself, but has the neurohormonal means to mitigate them by mechanisms that can be elicited by surgery. This observation added a fourth domain, metabolic surgery, to the recognized disciplines of incisional, extirpative, and reconstructive surgery. Buchwald has been recognized as the "Father of Metabolic Surgery."

Henry's ancestors originated in a small town in old Austria/Hungary, Hercegszöllős, before moving to Vienna, Austria. In the 1880s, a segment of the family emigrated to the United States (US), a cross-Atlantic union that was crucial to saving the lives of Henry and his parents later, during World War II. After surviving World War I, Henry's father, Andor, married Renée Franzos, whose family was from Galicia (now in Ukraine) and Poland. Henry[3] was an only child, born June 21, 1932. In 1938, Andor's photography store, a business owned by a Jewish family, was demolished by the Nazis. Andor wrote to their American relatives to request visas to come to the US; yet, only Henry and his mother, Renée, were Austrian and allowed entry. Andor was placed on a waitlist for ten months. During this time, Andor returned to Hercegszöllős where he was hidden in attics and barns by the good Catholic neighbors of his youth at their own, and their families' peril of death. Except for family, friends, and good fortune, Henry may not have escaped the Holocaust, or, indeed, lived beyond his sixth birthday.

In the US, Henry and his mother lived with his aunt and grandmother under the elevated train tracks at 125th Street, Harlem, Manhattan. They then joined another aunt in Sheepshead Bay, Long Island where Henry's mother pasted glitter onto greeting cards for the uncle's firm, earning one penny per card. The school system had no knowledge of Henry's existence, and he spent his seventh year unloading fish on the ocean docks for a salary of two fresh fish to bring home each day. When Andor finally received his visa and arrived in the US, he sold neckties from a suitcase in Manhattan for years before being able to work as a jeweler.

When the Buchwalds moved to Flatbush, Brooklyn, at that time the toughest borough of New York City, Henry started school one year late. At age eight, when the family lived in Upper Manhattan, in the Inwood area, he joined a group of boys that called themselves the 'Wolf Pack'. He learned to play softball, and his lifelong love of athletics was ignited. When not in school, he worked as a summer lifeguard and senior boys' counselor at an athletic camp. Henry participated in varsity soccer at the Bronx High School of Science, varsity swimming at Columbia College, boxing, and rowing; later, as an adult he played tennis, ran marathons, and lifted weights. In middle and older age, Henry loved to horseback ride and vacationed in an Arizona ranch where he participated in cattle roundups.

In 1953, Henry graduated first in his class from Columbia College, returning as valedictorian after his first year on 'professional option' at Columbia's College of Physicians and Surgeons. On June 6, 1954, Henry married Emilie Daisy Bix, the daughter of another immigrant family that escaped Austria after surviving Kristallnacht. Emilie was in her first year of college, and he, in his first year of medical

school. Emilie became a professor of English Literature at the University of Minnesota and founder/editor-in-chief of two publishing companies. The Buchwalds have four daughters and six grandchildren, and in 2026, celebrated seventy-two years of marriage. In 1956, during medical school, while performing research over the summer, Henry built the first microscopic histamine analyzer. In 1957, he graduated medical school at the top of his class; interned in surgery at Columbia Presbyterian Medical Center; and served on combat status in the Air Force as Base Flight Surgeon from 1958-1960 at Strategic Air Command, Offutt AFB, Omaha, Nebraska.

In 1960, Henry entered the residency program at the University of Minnesota, led at that time by three surgical greats, Drs. Owen H. Wangensteen, Richard L. Varco, and Walton C. Lillehei. On completing residency, Henry became an Assistant Professor. After promotion to Full Professor, he was awarded the Owen H. and Sarah Davidson Wangensteen Chair in Experimental Surgery. He never left Minnesota and retired as Emeritus Professor at the age of 90 in July, 2022. In addition to defining the concept of metabolic surgery, Buchwald is recognized as a surgeon; a lipid and atherosclerosis researcher; metabolic surgery innovator, researcher, and advocate; biomedical engineer and inventor; educator; and author.

Buchwald performed over 10,000 operations and was known for his technical excellence, lack of complications, and dedicated patient care. He invented the PIB metabolic surgery operation to lower cholesterol, demonstrating its biochemical and physiologic rationale in the laboratory and clinic [6]. The PIB was the intervention modality in the first metabolic surgery randomized controlled trial sponsored by the National Institutes of Health, the $65 million-funded Program on the Surgical Control of the Hyperlipidemias (POSCH). This study was the first to demonstrate that marked reduction in cholesterol levels significantly reduced overall mortality, and mortality due to coronary heart disease, as well as peripheral atherosclerotic disease; and, it was the first to demonstrate an increase in life expectancy [7]. In addition, it was the first demonstration of actual coronary lesion regression subsequent to cholesterol lowering [8]. In MBS, his work in elucidating the source and existing mechanism for ileal glucagon-like peptide-1 (GLP-1) secretion was a precursor of the widespread availability of GLP-1s from the pharmaceutical industry [9]. Buchwald was also co-inventor of the first implantable drug infusion pump and the now-ubiquitous surgically implanted infusion port, in addition to a peritoneovenous shunt, one-way catheters, and an apparatus to measure oxygen transport. He holds over twenty bioengineering patents, and was the co-founder of the Department of Bioengineering at the University of Minnesota.

Dr. Buchwald is the author of more than 360 peer-reviewed medical publications and has written and contributed to more than 100 books. He served as Co-Editor-in-Chief of the *Obesity Surgery* journal and currently writes a bimonthly column for General Surgery News. In his 2022 book, *Healthcare Upside Down: A Critical Examination of Policy and Practice,* Dr. Buchwald explores the failures of the US healthcare system, including how it serves the administrators of the system as opposed to patients [10]. His second trade nonfiction book, *Don't Tread On Me*, will be published in the Fall of 2026.

Buchwald is the past president of five surgical organizations, including the American Society for Metabolic and Bariatric Surgery (ASMBS) and the International Federation for the Surgery and Other Therapies for Obesity (IFSO). He has received a number of awards and honors in recognition of his clinical and scholarly accomplishments, including induction as an Honorary Member into the Royal College of Surgeons of England; the Jacobson Innovation Award from the American College of Surgeons; and the Gold Medal for Achievement in Research from Vagelos College of Physicians and Surgeons. In June, 2025, he was honored with a tribute to his surgical and scholarly contributions (Festschrift) during the annual ASMBS meeting. In September, 2026, he will be named an "Icon in Surgery" by the American College of Surgeons. Now in his 90s, Buchwald continues to be an advocate and contributor to the principles of metabolic surgery.

References

1. Buchwald H, Varco RL. Metabolic Surgery; Grune and Stratton, New York; 1978.
2. Schinzinger A. Ueber carcinoma mammae. Abstract, 18th Congress of the German Society for Surgery. Beilage Zum Zentralbalt fur Chirugie. 1889;16:55-6.
3. Beatson GT. On the treatment of inoperable cases of carcinoma of the mamma: suggestions for a new method of treatment, with illustrative cases. Lancet. 1896;2:104-7.
4. Buchwald H, Buchwald JN. Evolution of operative procedures for the management of morbid obesity 1950-2000. Obes Surg. 2002;12:705-17.
5. Kremen AJ, Linner LH, Nelson CH. An experimental evaluation of the nutritional importance of proximal and distal small intestine. Ann Surg. 1954;140:439-44.
6. Buchwald H. Lowering of cholesterol absorption and blood levels by ileal exclusion: experimental basis and preliminary clinical report. Circulation. 1964;29(5):713-20.
7. Buchwald H, Varco RL, Matts JP, et al. Effect of partial ileal bypass surgery on mortality and morbidity from coronary heart disease in patients with hypercholesterolemia. Report of the Program on the Surgical Control of the Hyperlipidemias (POSCH). N Engl J Med. 1990;323(14):946-55.
8. Buchwald H, Matts JP, Fitch LL, et al. Changes in sequential coronary arteriograms and subsequent coronary events. JAMA. 1992;268(11):1429-33.
9. Buchwald H, Dorman RB, Rasmus NF, et al. Effects on GLP-1, PYY, and leptin by direct stimulation of terminal ileum and cecum in humans: implications for ileal transposition. Surg Obes Relat Dis. 2014;10(5):780-6.
10. Buchwald H. Healthcare Upside Down. A Critical Examination of Policy and Practice. Springer Nature Publishing, Switzerland, 2022.

CHAPTER THREE

The Birth and Growth of IFSO: From the First Meeting to a Global Federation of Chapters

Martin Fried, Karl Miller, Henry Buchwald, Rafael Álvarez Cordero, Natan Zundel, Harry Frydenberg, Lilian Kow, Khaled Gawdat

A Global Need for Unity in Metabolic Bariatric Surgery

Martin Fried and Karl Miller

The early 1990s represented a period of profound transformation in the understanding and treatment of obesity. Metabolic bariatric surgery (MBS) was rapidly evolving from a niche discipline into an increasingly recognized therapeutic option for severe obesity and its related diseases. On different continents, pioneering surgeons were refining operative techniques, publishing early outcomes, and demonstrating that surgical intervention could achieve meaningful and sustained weight loss, while improving obesity-related diseases. Despite this progress, the field remained fragmented. Scientific exchange was largely confined to national or regional meetings, and opportunities for meaningful international collaboration were limited.

In Europe, the International Obesity Surgery Symposium, led by Nicola Scopinaro, was already established as an important forum for scientific discussion. In North America, the annual meeting of the American Society for Bariatric Surgery (ASBS) brought together an expanding surgical community committed to advancing the field. However, no single organization existed to unite experts globally, establish shared scientific standards, test emerging techniques and technologies, or represent the growing discipline on an international level. Surgeons and researchers realized that a truly global scientific platform for MBS was urgently needed.

Even in these early years, many leaders in the field understood that collaboration with physicians, endocrinologists, nutrition specialists, psychologists, and other healthcare professionals would be essential to research in the field and improvement of patient care. The seeds of the multidisciplinary philosophy that would later shape IFSO were being planted.

Minneapolis 1994: The First Conversations

An important inflection point occurred during the 11th Annual Meeting of the American Society for Bariatric Surgery (ASBS), held in Minneapolis, Minnesota, from 8-11 June, 1994. Although the official scientific program focused on the latest advances in MBS, equally significant discussions were taking place informally among international participants. Approximately twenty-five MBS surgeons from outside the United States (US), including fifteen from Europe, gathered to discuss the possibility of

establishing an international scientific federation dedicated to obesity surgery. The discussions reflected a growing consensus: while national societies were essential, the increasing complexity and scientific importance of obesity treatment demanded a broader scope and structure. The Minneapolis ASBS meeting did not mark the official birth of IFSO, but it represented the beginning of a shared vision - one that would soon evolve into a global federation that could advance clinical excellence, surgical and surgical research education, and patient advocacy.

Stockholm 1995: The Foundation of IFSO

Momentum continued to build throughout the following year through a series of discussions among leaders in MBS. In 1995, during the 9th International Obesity Surgery Symposium in Stockholm, Sweden, these efforts culminated in the founding of a new international organization, the International Federation for the Surgery of Obesity (IFSO).

At the inaugural meeting, Nicola Scopinaro, whose leadership and commitment to international scientific collaboration had already profoundly influenced the field, was elected the first, and honorary lifetime President of IFSO. He was joined by an international leadership group representing multiple regions of the world:



Nicola Scopinaro
ITALY
President



George Cowan
USA
Secretary-Treasurer



Mervyn Deitel
CANADA
Vice President



Martin Fried
Czech Republic
Vice President



Andrew Jamieson
Australia
Vice President

The founding Executive Board also included Rafael Alvarez Cordero (Mexico), Arthur Garrido Jr. (Brazil), Ross Fox (USA), Roberto Tacchino (Italy), Lars Backman (Sweden), Ingmar Naslund (Sweden), Mitiku Belachew (Belgium), Eliezer Avinoach (Israel), D. Van Nostrand (USA), and Emanuel Hell (Austria) [Fig. 1].



Fig. 1. Early founders, Stockholm 1995, on the eve of IFSO's founding

From right:
Santo Bressani Doldi
on the podium,
Camillo Docimo,
Maurizio De Luca,
Franco Favretti,
George Cowan,
Rafael Alvarez Cordero,
Nicola Scopinaro
standing at microphone



From left:
Jean Mouiel,
Luigi Angrisani



From Left:
Mervin Deitel,
George Cowan,
Luigi Angrisani,
Lloyd MacLean





Khaled Gawdat at microphone, Nicola Scopinaro, Marina Brondo



Khaled Gawdat walking with colleagues in Via Caracciolo



From left: Luigi Angrisani, George Cowan, Nicola Scopinaro



From left: First row, Edward Mason, Luigi Angrisani; Second Row, Moshe Dudai, Carlos Ballesta Lopez, Santo Bressani Doldi



From Left: Emanuel Hell, Vernon Vincent, Karl Miller



From left: Luigi Angrisani, Beniamino Tesauro, Nicola Scopinaro



Antonio Catona on the Podium



Front row: Vernon Vincent, Second row: Carla Della Corte Angrisani, Alan Wittgrove

The First IFSO International Congress: Prague, Czech Republic (1996)

Martin Fried

A Gathering of Global Pioneers: The Path to Prague

Following the historic founding of the IFSO organization in 1995 in Stockholm, the newly elected IFSO Executive Board voted unanimously for the 1st IFSO Congress to be held in September 1996 in Prague, Czech Republic. The congress was scheduled to run in close continuity with the 10th International Symposium on Obesity Surgery, under the Congress Presidency of Dr. Martin Fried [Fig. 2].

Throughout 1996, as preparations for the Prague congress intensified, Prof. Scopinaro provided invaluable personal assistance to the local organizing committee. Working in tandem with Congress President Martin Fried, Scopinaro constructed the scientific program and gathered a spectacular roster of international speakers and attendees. Despite a very compressed timeline to organize an international meeting of this scale, the 1st IFSO Congress took place and was an unqualified success, attracting more than 250 dedicated participants representing every continent.

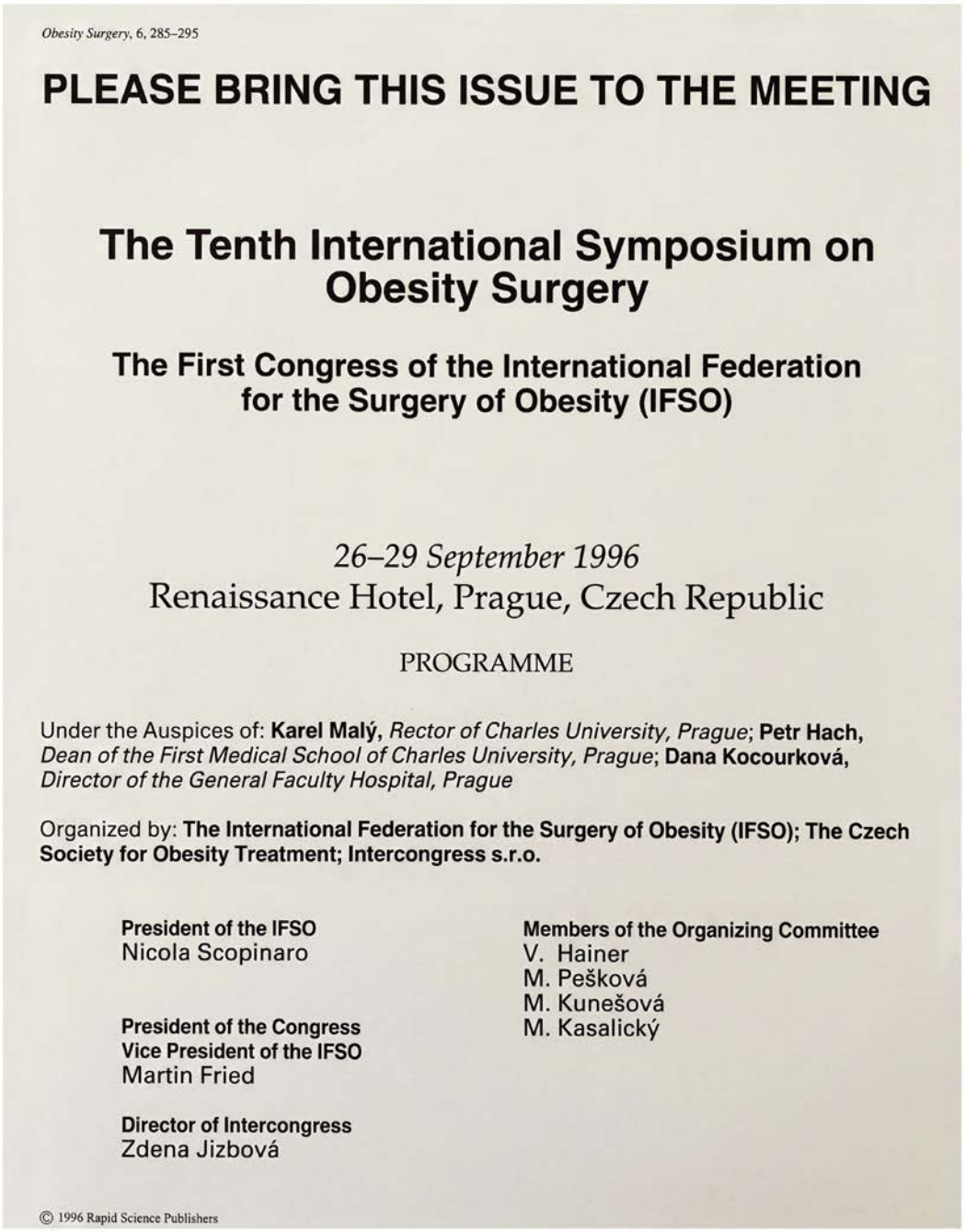
The Congress drew the world's MBS leaders and prominent non-surgical counterparts to deliver lectures. Among the active participants who shaped the scientific discourse were: G. Adami, Luigi Angrisani, Aniceto Baltasar, Mitiku Belachew, Robert Brolin, Cynthia Buffington, Luca Busetto, G-B Cadiere, G. Camerini, J. Capella, George Cowan, Jr., Jerome Dargent, Mervyn Deitel, Maurizio De Luca, C. Doherty, Franco Favretti, P. Forestieri, P. Forsell, R. Fox, Vincent Frering, D. Friedman, Jan Willem Greve, V. Hainer, Emanuel Hell, G. Hellers, Jacques Himpens, Andrew Jamieson, Isao Kawamura, I. Kuzmak, M. Lucchese, Lloyd MacLean, John Melissas, Karl Miller, I. Näslund, M. Peskova, Walter Pories, Nicola Scopinaro, Yuri Yashkov, and many others.

The 1st IFSO Congress in Prague represented the initial formal gathering of surgeons, clinical researchers, and integrated health professionals under the official IFSO banner. In addition to surgeons, the local Organizing Committee was composed of at least one-third non-surgeons, including Dr. Vojtech Hainer, who would later serve as a President of the European Association for the Study of Obesity (EASO). The local and national importance of the congress was underscored by being conducted under the auspices of several prominent Prague academicians, the Rector of Charles University, the Dean of the 1st Medical Faculty of Charles University, and the Director of the General Faculty Hospital in Prague.

The scientific program of the inaugural 1996 IFSO World Congress in Prague ran across three days (September 27–29) and featured 64 presentations organized into topic sessions, including Vertical Banded Gastroplasty, Biliopancreatic Diversion, Physiology of Obesity Surgery, Jejunoileal Bypass and Gastric Bypass, Integrated Approaches in Obesity Surgery, New Techniques in Obesity Surgery, and Gastric Banding. Presenters came from more than a dozen countries, reflecting the young field's international breadth even at its first meeting.

Core Achievements and Legacy

The primary objectives of the inaugural meeting were fully realized, cementing several pillars of the MBS specialty: establishing IFSO's role as an international scientific and educational body for obesity and other metabolic therapies, creating an open forum for sharing cutting-edge knowledge on emerging surgical techniques and long-term clinical outcomes, promoting global standards of excellence and safety for MBS procedures, and fostering cross-border, multidisciplinary collaboration and research networks. The inclusive operating framework of the 1st IFSO World Congress united surgeons, physicians, and integrated health professionals in a collaborative mission to develop, research, standardize, and advocate for holistic metabolic patient care.



Obesity Surgery, 6, 285–295

PLEASE BRING THIS ISSUE TO THE MEETING

The Tenth International Symposium on Obesity Surgery

The First Congress of the International Federation for the Surgery of Obesity (IFSO)

26–29 September 1996
Renaissance Hotel, Prague, Czech Republic

PROGRAMME

Under the Auspices of: **Karel Malý,** *Rector of Charles University, Prague*; **Petr Hach,** *Dean of the First Medical School of Charles University, Prague*; **Dana Kocourková,** *Director of the General Faculty Hospital, Prague*

Organized by: **The International Federation for the Surgery of Obesity (IFSO); The Czech Society for Obesity Treatment; Intercongress s.r.o.**

President of the IFSO
Nicola Scopinaro

President of the Congress
Vice President of the IFSO
Martin Fried

Director of Intercongress
Zdena Jizbová

Members of the Organizing Committee
V. Hainer
M. Pešková
M. Kunešová
M. Kasalický

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Fig. 2. The official invitation to the 1st IFSO International Congress in Prague, 1996.

The European Chapter (IFSO-EC)

Martin Fried

At the turn of the millennium, a group of European surgeons focused on metabolic bariatric surgery (MBS), most of whom were personally involved in establishing IFSO, began discussions about the specific needs of MBS surgeons and patients throughout Europe. The informal group worked to develop initial surgical treatment algorithms and guidelines in relation to the regulatory and economic governance of European countries. Toward that aim, beginning in 2002, numerous meetings of active and determined MBS practitioners in Europe took place, eventually resulting in the formal organization of the European Chapter of IFSO, a regional subgroup under the umbrella of the global IFSO organization. Early participants included Nicola Scopinaro (Italy), Martin Fried (Czech Republic), Luigi Angrisani (Italy), Jerome Dargent (France), Jan Willem Greve (The Netherlands), Jacques Himpens (Belgium), Jean-Marc Chevallier (France), Luc Lemmens (Belgium), John Melissas (Greece), Michel Suter (Switzerland), Rudolf Weiner (Germany), Yuri Yashkov (Russia). The chapter was unofficially established in 2004 and became officially recognized by the IFSO Executive Board at the IFSO World Congress in Maastricht, Netherlands in 2005.

The first elected officers of the IFSO-EC in 2004 were: Nicola Scopinaro (Honorary President), Martin Fried (Executive Director, President of the 1st IFSO-EC Symposium-Prague 2004), and Jerome Dargent (IFSO-EC President-Elect).

In the following years these IFSO-EC Presidents were:



Jerome Dargent
FRANCE
2006–2008



Luc Lemmens
BELGIUM
2008–2010



Rudolf Weiner
GERMANY
2010–2012



Yuri Yashkov
RUSSIA
2012–2014



Alberic Fiennes
UNITED KINGDOM
2014–2016



Michel Suter
SWITZERLAND
2016–2018



Gerhard Prager
AUSTRIA
*2018–2021



Jean-Marc Chevallier
FRANCE
2021–2023



Nicola Di Lorenzo
ITALY
2023–2025



Paulina Salminen
FINLAND
2025-2027

*Gerhard Prager - time extended due to COVID-19

The birth of IFSO-EC was not as smooth as it may have appeared. In the beginning, there were substantial doubts about such a move, particularly among IFSO Executive Board members. They were uncertain whether such a move might weaken IFSO broadly, which then was only gradually gaining strength. At that point, former ASBS President and IFSO Executive Board member, Professor Henry Buchwald (US) was able to bring about a diplomatic and pragmatic accord that bridged different opinions and facilitated the further growth and strength of the primary IFSO organization and what became its evolving subgroups, organized around the regulations and cultural realities of diverse global geographic regions. Subsequently, Henry Buchwald was elected IFSO President during this turbulent period of IFSO's existence (2003 and 2004). As a result of Professor Buchwald's negotiations and peacemaking capabilities, IFSO-EC was finally established without a major breach within the IFSO Executive Board.

Interestingly, the concept of IFSO-EC was strongly supported by our European non-surgical colleagues who had been gathered exclusively until then around the European Association for Study of Obesity (EASO), led then by EASO President Vojtech Hainer (Czech Republic). Thus, it was not by chance that the inaugural IFSO-EC Symposium, wherein the IFSO-EC was unofficially organized in 2004, was held as a joint Congress with EASO's European Congress of Obesity (ECO) in Prague, Czech Republic. From 2004 to 2017, IFSO-EC Congresses were conducted every other year when the global IFSO Congresses were held outside of Europe. Since 2017, IFSO-EC Congresses have taken place in Europe annually.

IFSO-EC and/or EASO's ECO Congresses held in Europe since 2004:

- 2004: Joint EASO European Congress of Obesity (ECO) with 1st IFSO-EC Congress Prague, Czech Republic
- 2006: 2nd IFSO-EC Congress/European Combined Meeting of Bariatric and Plastic Surgery Lyon, France
- 2008: 3rd IFSO-EC Congress Capri, Italy
- 2010: 4th IFSO-EC Congress Lausanne, Switzerland
- 2011: European Obesity Medico-Surgical Workshop by EASO and IFSO-EC Munich, Germany
- 2012: 5th IFSO-EC Congress Barcelona, Spain
- 2013: European Obesity Medico-Surgical Workshop organized as a satellite event of EASO ECO and IFSO-EC Liverpool, United Kingdom
- 2014: 6th IFSO-EC Congress Brussels, Belgium
- 2016: 7th IFSO-EC Congress and EASO ECO Gothenburg, Sweden -European Obesity Summit (EOS)/joint event
- 2017: 1st IFSO-EC Symposium Naples, Italy
- 2018: 8th IFSO-EC Congress Athens, Greece
- 2019: 2nd IFSO-EC Symposium Lyon, France
- 2020: Virtual IFSO-EC Conference (due to COVID-19)
- 2021: 9th IFSO-EC Congress Prague, Czech Republic
- 2022: 10th IFSO-EC Congress and EASO ECO Maastricht, Netherlands Zoom Forward/joint event
- 2023: 11th IFSO-EC Congress Zurich, Switzerland
- 2024: 12th IFSO-EC Congress Vienna, Austria
- 2025: 13th IFSO-EC Congress Venice, Italy
- 2026: 14th IFSO-EC Congress Malaga, Spain

A primary IFSO-EC goal was to establish cooperation with other multidisciplinary specialties in the field of obesity management. In 2008, and updated in 2014, Interdisciplinary European Guidelines on Metabolic and Bariatric Surgery were jointly created and published by the Bariatric Scientific Collaborative Group (BSCG) composed of members of the Executive Boards of IFSO-EC and EASO. In 2025, guidelines based on a modified Delphi consensus statement from EASO, IFSO-EC, and ECPO provided recommendations from healthcare professionals and people living with obesity on

safe practices for MBS and medical tourism. These documents serve as examples of IFSO-EC multidisciplinary and multi-organizational scientific cooperation.

In 2008, EASO launched *Obesity Facts: the European Journal of Obesity*, which is recognized separately from IFSO and IFSO-EC's official journal, *Obesity Surgery*. These excellent, highly regarded journals facilitate ongoing dissemination of MBS scientific knowledge among surgical and non-surgical obesity professionals.

IFSO-EC is composed of national MBS societies across Europe, the Middle East, and Africa. Member countries include Austria, Azerbaijan, Belgium, Bulgaria, Czech Republic, Finland, France, Germany, Greece, Hungary, Israel, Italy, Kazakhstan, Lithuania, Netherlands, Norway, Poland, Portugal, Romania, Russia, Slovenia, South Africa, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom, and Uzbekistan, along with individual members from several countries without a national society. IFSO-EC is an integral part of IFSO, acting in alignment with the bylaws of IFSO but with distinct officers and an Executive Council and assembly structure. As of 2026, IFSO-EC comprises 32 member societies and a total of 3,200 individual members.

The ideas and principles of the founders and participants of the IFSO European Chapter have been fulfilled and expanded over more than two decades. Shortly after the creation of IFSO-EC in 2004, other IFSO sub-chapters emulating the EC model were established. In 2026, IFSO-EC is one of five regional chapters of IFSO that each include numerous individual member nations around the globe.



The North American Chapter (IFSO-NAC) and ASMBS

Henry Buchwald

The North American Chapter of IFSO (IFSO-NAC), comprising the United States and Canada, works in close partnership with the American Society for Metabolic and Bariatric Surgery (ASMBS). Canadian surgeons have participated in ASMBS as individual members since the society's inception in 1983. In April 2015, the national nomination of the Canadian society (CABPS) into the IFSO-NAC was approved. The president of IFSO-NAC is elected from the US and the Member at large, from Canada.

The first society dedicated to the discipline of MBS was organized by Dr. Edward E. Mason in 1977 at the University of Iowa. It was called the Gastric Bypass Workshop. Sixty people attended, and yet the meeting lost money. A second meeting was held on May 24-25, 1978, again in Iowa City, and met with greater success. The society was renamed the Bariatric Surgery Colloquium. The tradition of annual meetings was now established. In June of 1983, for the first time, the society did not meet in Iowa City but in St. Louis, Missouri. During that meeting, the society was renamed the American Society for Bariatric Surgery (ASBS) and elected Dr. Mason as its first President (1983-1985). Dr. Mason's vision and persistence had prevailed. In recognition that bariatric surgery was metabolic surgery (see chapter 1), the ASBS, in 2007, became the American Society for Metabolic and Bariatric Surgery (ASMBS). The original membership of 60 individuals had grown to 5,000.

The mission of the ASMBS is to enhance the wellbeing of individuals affected by obesity and associated illnesses through the progression of MBS techniques and other medical interventions. The organization's vision is to elevate global health and quality of life by significantly reducing the impact of obesity and its associated illnesses worldwide. A unique feature of ASMBS is its Integrated Health (IH) section consisting of nurses, dietitians, social workers, psychologists, and other interested parties involved in the multidisciplinary team care of the MBS patient. The key activities of this society are education and research, providing continuing medical education (CME)-accredited training, annual meetings, and research support, as well as advocacy and patient resources.

The structure of the ASMBS consists of: the Board of Directors, the governing body consisting of the President, Vice President, Past President, and Directors-at-Large; the Corporate Council, a partnership group of industry leaders supporting the Society's mission and providing financial support. There are also several committees, including the annual Program Committee.

Many notable surgeons from North America have served as Presidents of ASMBS and have made landmark contributions to the discipline. The maintenance of structural integrity and continuance was most ably performed by its first Executive Director, Georgeann Mallory, and her successor, Diane Enos, in association with their superb staff. Annual meetings of the society are held at different locations in North America.

In 1991, Dr. Mervyn Deitel (Canada) started, financed, and served as Editor-in-Chief of *Obesity Surgery*, the first official ASBS journal. Springer Publications acquired *Obesity Surgery* in 2005 as the official journal of IFSO, under Co-Editors-in-Chief Henry Buchwald and Nicola Scopinaro. Currently, the journal is under the leadership of Editor-in-Chief Dr. Scott Shikora. In January 2005, the official journal for ASMBS became the newly inaugurated *Surgery for Obesity and Related Diseases* (SOARD). Its first Editor-in-Chief was Dr. Harvey J. Sugerman; its current Editor-in-Chief is Dr. Raul Rosenthal.

The North American Chapter is an integral part of IFSO.



The Latin American Chapter (IFSO LAC)

Rafael Álvarez Cordero, Natan Zundel

In 1995, when professor Nicola Scopinaro gathered metabolic bariatric surgery (MBS) surgeons to create the International Federation for the Surgery of Obesity (IFSO), two Latin American surgeons were present: Professor Arthur Garrido from Brazil, and Professor Rafael Álvarez Cordero from México. MBS surgeons from Latin America organized together to present their surgical experiences in the early 1960s, and the Sociedade Brasileira de Cirurgía Bariátrica e Metabólica (SBCBM) and the Mexican College of Bariatric Surgery were created.

In the following years, surgeons from Argentina, Colombia, Venezuela, etc., presented their experiences in General Surgery Congresses. The creation of IFSO-Latin American Chapter (IFSO-LAC) was proposed and accepted in the IFSO World Congress in Tokyo in 2004 on the initiative of Arthur Garrido, MBS surgeon from Brazil. The creation of IFSO-LAC was recognized in a meeting of surgeons and professionals dedicated to MBS during the 1st IFSO-LAC Congress in Iguazzu, Brazil, March 10, 2005; representatives of 14 Latin American countries were already present and appointed, for Interim President, Rafael Álvarez Cordero (México). On April 27, 2007, during the second IFSO-LAC Congress in Cancún México, the first General Assembly was held with representatives from 18 Latin American countries, who examined and approved their bylaws:

"The Latin American Chapter of the International Federation for the Surgey of Obesity (IFSO-LAC) is an integral part of the Federation, acting in alignment with its bylaws and other official documents with special focus and interest in MBS activities in Latin América. The President and Executive Director, with the support of the Executive Council, General Council, and General Assembly, take charge of operating the IFSO-LAC."

Over the next years, 17 individual Latin American Societies were created: Sociedad Argentina de Cirugía de la Obesidad (SACO), Sociedad Boliviana de Cirugía Comité Cirugía Bariátrica y Metabólica (SBCCCM), Sociedad Chilena de Cirugía Bariátrica y Metabólica (SCCBM), Asociación Colombiana de Obesidad y Cirugía Bariátrica (ACOCIB), Sociedad Dominicana de Cirugía Bariátrica y Metabólica (SODOCIMEB), Sociedad Ecuatoriana de Cirugía Bariátrica y Metabólica (SECBAMET), Asociación de Cirugía Endoscópica de El Salvador (ACEDES), Asociación de Cirugía Bariátrica y Metabólica de Guatemala (ACBMG), Honduras Bariatric Surgery Association (HBSA), Asociación Panameña de Cirugía Bariátrica (APCB), Sociedad Paraguaya de Cirugía Bariátrica y Metabólica (SPCBM), Asociación Peruana de Cirugía Bariátrica y Obesidad severa (APCBEM), Sociedad Uruguaya de Cirugía Bariátrica y Metabólica (SUCBM), Venezuelan Society of Obesity Surgery (SOVCIBAM), as well as the Brazilian and Mexican societies already mentioned.

Most of these societies have common bylaws: Each fellow should have obtained a specialization in General Surgery, and special training in MBS. Three letters from members of the individual's MBS society, a curriculum vitae, and commitment to follow the Ethical Guidelines of surgery are required to become a fellow/member.

Local, regional, national, and international meetings have created a multilingual IFSO association with the basic objective of helping people with obesity and related diseases to improve or resolve their medical conditions. Many surgical techniques have been developed by members of IFSO that utilize open, laparoscopic, endoscopic, and robotic approaches that enable surgeons to provide good results for their patients, and to report and discuss positive and complicated outcomes in their meetings.

In addition, IFSO-LAC has a variety of activities to obtain positive results for patients in the fight against obesity and its associated disorders. IFSO-LAC coordinates its efforts with other medical societies specializing in metabolic disease, and collaborates with health ministries to educate patients and prevent obesity, and IFSO-LAC aligns with companies that aid in this mission by

providing equipment and medication. We are very proud of the results of the IFSO-LAC chapter and continue to undertake research and provide expert surgical care to patients because the problem of obesity and associated metabolic disorders is global, and we want to offer a global solution.

Presidents of IFSO-LAC

Presidents of IFSO-LAC are elected by the General Assembly for a two-year term with no re-election, while Executive Directors are elected for two years and may be reelected once, helping to ensure continuity on the Board.

Since the inception 12 Presidents have been elected.

2005-2007 Rafael Alvarez Cordero (Interim)
2007. 2009 Rafael Alvarez Cordero. - Mexico
2009-2011 Luis Ibanez – Chile
2011-2013 Carlos Casalnuovo – Argentina
2013-2015 Natan Zundel – Colombia
2015-2017 Jose Antonio Lopez Corvala - Mexico
2017-2019 Ricardo Cohen- Brazil
2019-2022 Estuardo Behrens- Guatemala (a prolonged term due to COVID-19 pandemic)
2022-2024 Luis Poggi- Peru
2024-2026 Sergio Aparicio- Bolivia
2026-2028 Caetano Marchesini- Brazil

IFSO-LAC Meetings

The IFSO-LAC Chapter organizes a meeting every two years, hosted by one of its member national societies. Unlike in some other chapters, the president of IFSO-LAC has not always also served as president of the LAC meeting; at times a different colleague has led the congress.

2005 Foz de Iguazu, Brazil – Arthur Garrido
2007 Cancún, México – Rafael Álvarez Cordero
2009 Viña del Mar, Chile – Luis Ibáñez
2011 Cartagena de Indias, Colombia – Rami Mikler / Natan Zundel
2013 Cuzco, Peru – Ramiro Carbajal
2015 Los Cabos, México – Natan Zundel / José Antonio López Corvalá
2017 Santa Cruz de la Sierra, Bolivia – Sergio Aparicio / Ricardo Cohen
2019 Buenos Aires, Argentina – Mario Antozzi / Estuardo Behrens
2024 Lima, Peru – Dick Manrique
2026 Cartagena de Indias, Colombia – Luis Ernesto López

Since the creation of IFSO-LAC, three achievements stand out. Five members of the Chapter have also served as IFSO Global Presidents: Arthur Garrido, Rafael Álvarez Cordero, Natan Zundel, Almino Ramos, and Ricardo Cohen. Today, IFSO-LAC is the second-largest chapter in global IFSO, after IFSO-NAC. Under the direction of Natan Zundel, with the support of then-IFSO-LAC President Estuardo Behrens, IFSO-LAC developed a one-year MBS Fellowship program for Latin American countries in 2021, encompassing participating universities, national societies, IFSO-LAC, and regional professorial certification. The program began in Tijuana, México, and four years later has graduated more than 120 Fellows from 14 different LAC countries, expanding to five programs in México and additional programs in Chile and El Salvador. Current IFSO global President Khaled Gawdat is now drawing on this experience to help establish a similar fellowship program in IFSO-MENAC.

IFSO-LAC looks forward to continuing its work within the Chapter and in close partnership with global IFSO, always on behalf of its patients.



The Asia Pacific Chapter (IFSO-APC)

Harry Frydenberg and Lilian Kow

The Asia Pacific region was involved in the early stages of the development of metabolic bariatric surgery (MBS) worldwide.

Dr Michael Long, an early initiator of MBS with a strong interest in weight-loss weight-loss surgery in Melbourne, Australia performed the first MBS operation together with Dr Harry Frydenberg in 1974. The procedure was a jejuno-ileal bypass. This early procedure was to be soon abandoned due to the side effects of high morbidity and mortality associated with the blind-loop syndrome. Further MBS operative procedures developed include the vertical banded gastroplasty (VBG) with the Australian version of a long gastroplasty distinguished by a vertical staple line and stitches around the lower end to create a stoma, rather than the American version wherein a hole was punched through the stomach.

The popularity of the VBG persisted into the 1980s until the first fixed, and then later, adjustable gastric band was introduced. The first Australian MBS society, the Obesity Surgical Society of Australia and New Zealand (OSSANZ) was founded in 1984 with Dr. Ron Elmslie (Adelaide) as first president. This inaugural meeting was held in Pokolbin, NSW, Australia with a small number of health professionals from New Zealand and Australia interested in the surgical treatment of severe obesity. OSSANZ continued to meet regularly to discuss developments in obesity surgery. In 1993, OSSANZ hosted an international meeting in Echuca, Victoria with international visitors including Nicola Scopinaro (Italy), Mitiku Belachew (Belgium), Mal Fobi (US), George Cowan (US), and Ingmar Naslund (Sweden) cementing global friendship and collaboration. Thereafter, in 1995, when the IFSO was formed in Stockholm, Sweden, OSSANZ was one of IFSO's founding nation members.

Taiwan was the first of the other countries in the Asia Pacific region to become involved in MBS, doing so as early as 1974; it was not until the early 1980s that the rest of the region followed. In Japan, Taiwan, Korea, Malaysia, Singapore, and Hong Kong, the operations performed were gastric partitioning or adjustable gastric banding. The adjustable gastric band was introduced by Dr. Lubomyr Kuzmak, a Ukrainian-American surgeon, initially as an open procedure at the International Bariatric Symposium held in Echuca, Victoria, Australia in 1993. This meeting was organised by Dr. Andrew Jamieson, an early proponent of MBS from Melbourne, Australia. It was at this landmark meeting that Asia Pacific surgeons were introduced to doyens of MBS from Europe and the US, including Dr. Scopinaro, Dr. Fobi, and Dr. Naslund.

Laparoscopic adjustable gastric banding started in the Asia Pacific region after Dr. Belachew performed the first human laparoscopic placement of the adjustable gastric band on 1st September 1993 at the CHU, Huy, Belgium. Professor Belachew went on to host numerous international gastric band workshops and travelled the world teaching the surgical technique and presenting his data. The adjustable gastric band became the most popular procedure in the Asia Pacific region for the following two decades.

Professor Wei Jei Lee (Taiwan), in 2005, outlined in an article in *Obesity Surgery* (in the 2005 June-July issue) when MBS was performed in the Asia Pacific region: It was as early as 1974 in Taiwan, followed by Japan in 1982 and Singapore in 1987. Dr. Kawamura (Japan) once said, "I performed bariatric surgery in 1982 because such operations were necessary due to an increasing number of severely obese people." And he was right. Back in the 1980s, obesity was not considered a disease. It was the epoch-making but much-needed surgery by Dr. Kawamura that changed the status of research, and the development of surgical techniques for the treatment of severe obesity in Japan and Asia. Countries like India, Hong Kong, Philippines, Korea, and Thailand did not start performing MBS until after the turn of the century.

After the introduction of the VBG in 1980 by Professor Ed Mason, Professor Kai-Mo Chen performed the first gastric partition in Taiwan in 1981, and, in Japan, the first was performed by Professor Isao Kawamura in 1982, and in Singapore by Dr. Thiow Kong Ti in 1987.

Dr. Isao Kawamura hosted an International MBS Meeting in 1992 in Kyoto, Japan, with discussions of vertical banded gastroplasty and fixed bands, and other procedures, and this conference was highlighted by geisha at the Gala Dinner tables where Dr. Kawamura sang a wonderful version of "Some Enchanted Evening," a song from the musical "South Pacific", on karaoke.

The first laparoscopic gastric band in India was demonstrated by Dr. Harry Frydenberg by invitation from Professor Pradeep Chowbey in New Delhi, India, in 2002 at the Sir Ganga Ram Hospital, an old British colonial hospital. By 2003, the Sir Ganga Ram Hospital had built a new hospital facility consisting of 20 surgical theater suites. South Korea started their MBS program in 2003. The program increased significantly over the next 10 years with its major procedure, the adjustable gastric band, followed by Roux-en-Y gastric bypass and sleeve gastrectomy.

It was in Seoul, Korea that the Asia Pacific Bariatric Surgery Group (APBSG) was founded in October 2004, and the first Asia Pacific Bariatric Consensus Meeting was held in February 2005 in Taipei, Taiwan. In 1995, the concept for the International Federation for the Surgery of Obesity was codified in Stockholm, Sweden; thereafter, many Asia Pacific surgeons attended IFSO world congresses, presenting their data and experiences from the region. The concept of an IFSO Asia Pacific Chapter (IFSO-APC) came about in around 2008-2009 after much discussion and many meetings with the leaders at that time of the APMBSS society, the local Asia Pacific Metabolic Bariatric Surgical group at the time.

In a meeting in Kuala Lumpur, Dr. Frydenberg met with Professor Chowbey, Professor Kawamura, and Professor Lee and the local Malaysian society to negotiate the formation of the IFSO-APC. This face-to-face meeting allowed leaders from the Asia Pacific region to "trust" the IFSO proposal to form the chapter which would include the APMBSS Society, which to this day has a close association with IFSO-APC.

In September-October 2008, IFSO-APC was founded, and its constitution passed by the IFSO Executive Board at the IFSO World Congress in Argentina. The first IFSO-APC meeting was held in March 2009, together with the Australian OSSANZ meeting in Cairns, Australia. This was attended by 150 people with representatives from India, Japan, HK, Taiwan, Singapore, UAE, Africa, the US, UK, and Europe. IFSO-APC is one of five IFSO chapters with member countries across the Asia Pacific region, including: Australia-New Zealand, China, Hong Kong, India, Iran, Indonesia, Japan, Korea, Malaysia, Philippines, Singapore, Sri Lanka, Taiwan, and Thailand.

Presidents of the Asia Pacific Chapter



Harry Frydenberg
Melbourne, Australia
2008–2010



Isao Kawamura
Tokyo, Japan
2010–2011



Pradeep Chowbey
New Delhi, India
2011–2013



Wei-Jei Lee
Taichung, Taiwan
2013–2015



Lilian Kow
Adelaide, Australia
2015–2017



Muffazal Lakdawala
Mumbai, India
2017–2019



Kazunori Kasama
Tokyo, Japan
2019–2021



Cunchuan Wang
Guangzhou, China
2021–2023



Asim Shabbir
Singapore
2023–2025



Ahmad Aly
Melbourne, Australia
2025–2027



Echuca meeting 1993: Nicola Scopinaro with his singing companions



Echuca meeting 1993: Mitiku Belachew, Luc Lemmons, Harry Frydenberg



Cairns 2009: Harry Frydenberg, Lilian Kow, Rob Fris, Muffi Lakdawala,
Pradeep Chowbey, Mal Fobi, Isao Sasaki



Cairns 2009: Isao Kawamura, Harry Frydenberg, Muffazal Lakdawala,
John Dixon, Kazunori Kasama



The Middle East and North African Chapter (IFSO-MENAC)

Khaled Gawdat

Growth, Leadership, and Regional Impact of the IFSO MENA Chapter

The Middle East and North African (MENA) region is a geographic bridge between Africa and Asia that, while not a single geographic entity, shares a unified cultural identity through similar languages, religions, and traditions. The International Federation for the Surgery of Obesity Middle East and North African Chapter (IFSO-MENAC) is the youngest chapter in IFSO, founded in 2017, and currently includes 12 member countries. Although geographically part of the broader region, Israel, South Africa, and Turkey remain members of the European Chapter.

Origins and Precursor Societies (1999-2016)

The foundational idea for a regional chapter began in 1999 when the Egyptian Society for Bariatric Surgery (ESBS), led by metabolic bariatric surgery (MBS) pioneer Professor Khaled Gawdat, and the Kuwaiti Society for Bariatric Surgery, led by then-Minister of Health Dr. Mohammad AlJarallah, joined IFSO as national societies. Because many countries in the region lacked surgery societies beyond the scope of general surgery, they were unable to join IFSO directly. To resolve this, the Egyptian and Kuwaiti societies applied to create a Pan Arab society affiliated with IFSO, ensuring that practitioners of MBS across the entire region could unite under one umbrella.

The IFSO Executive Board and General Council approved these applications. Over the following years, as IFSO expanded globally, other nations in the region joined, including the United Arab Emirates (2008), Saudi Arabia (2009), Lebanon (2012), Jordan (2015), and Iraq (2019). Initially, these countries joined the IFSO-APC or IFSO-EC until a dedicated regional framework could be established.

Working toward united representation, two distinct precursor societies were formed: (1) the Gulf Obesity Surgery Society (GOSS): Formed during a 2012 meeting in Dubai, GOSS included the Gulf countries (Saudi Arabia, Kuwait, United Arab Emirates, Qatar, Bahrain, and Oman), with Mohammad AlJarallah serving as its first president. Their inaugural conference was held in Kuwait in 2013. And, (2) the Pan Arab Society for Metabolic and Bariatric Surgery (PASMBS): Formed in 2015 for the remaining MENA countries (Egypt, Lebanon, Jordan, Iraq, and Libya), with Khaled Gawdat serving as its first president. PASMBS held its first conference in Cairo in 2016.

Establishment and Early Leadership (2016-2018)

In a landmark meeting in November, 2016, in Cairo, held during the ESBS meeting, GOSS and PASMBS agreed to join forces to apply for the IFSO-MENA Chapter. The IFSO General Council formally approved the application in 2017. Initially formed by six countries—Kuwait, the United Arab Emirates, and Saudi Arabia from GOSS; and Egypt, Lebanon, and Jordan from PASMBS—the chapter later expanded to include Libya, Iraq, Tunisia, Bahrain, Oman, and Pakistan. Formal elections to appoint the Executive Board and Officers of the MENAC were held in Dubai in December 2017. From April 12-13, 2019, the 1st IFSO-MENAC meeting was held in Kuwait City, Kuwait (Salman Al Sabah, President); October 30-31, 2020, the 2nd meeting was convened as a virtual congress due to COVID-19 (Waleed Bukhari, President); the 3rd meeting, May 11-14, 2022, was held in Al Khobar, Saudi Arabia (Prof. Mirza Gari, President); and the 4th, December 12-14, 2024, in Cairo, Egypt (Khaled Gawdat, President).

Maturation, Digital Transformation, and Regional Impact (2018-2025)

Following its establishment, IFSO-MENAC entered a period of rapid growth, bringing together a diverse region with different healthcare systems, economic realities, and levels of surgical maturity. Success depended heavily on strong leadership to transform a shared vision into meaningful collaboration.

The chapter's evolution was driven by its successive Presidents. Dr. Abdelrahman Nimeri: As the first President, Dr. Nimeri played a pivotal role in building governance structures, strengthening relationships among national societies, and establishing MENAC as the recognized regional voice within the global IFSO community. Prof. Mirza Gari: Leadership then transitioned to Prof. Mirza Gari, who consolidated and expanded educational and scientific activities. MENAC provided a crucial collaborative platform for professionals addressing the region's uniquely high rates of obesity and type 2 diabetes by promoting evidence-based treatments, multidisciplinary care models, and international best practices. Prof. Khaled Gawdat: Under Prof. Gawdat's leadership, MENAC became one of the most active regional chapters within IFSO. Regional professionals saw increased visibility globally through expanded participation in World Congresses and collaborative projects. This era also embraced a rapid digital transformation, utilizing educational webinars, virtual conferences, and online training to maintain engagement and support professional development despite the disruptions of the COVID-19 pandemic. Representing the emergence of a new generation of regional leaders, Prof. Ali Khammas continued the chapter's evolution, bringing together healthcare professionals committed to improving metabolic disease treatment across the region. President-Elect Aayed Qahtani: Prof. Qahtani is set to lead the chapter into its next developmental phase.

Scientific Gatherings and Legacy

Beyond scientific excellence, IFSO-MENAC successfully fostered a shared regional identity among countries with varying cultures and healthcare environments, providing a framework for knowledge and innovation to cross borders. The chapter actively engages its community through scientific gatherings, having held three biennial meetings in Kuwait, Saudi Arabia, and Egypt, with the next scheduled for December, 2026, in Bahrain.

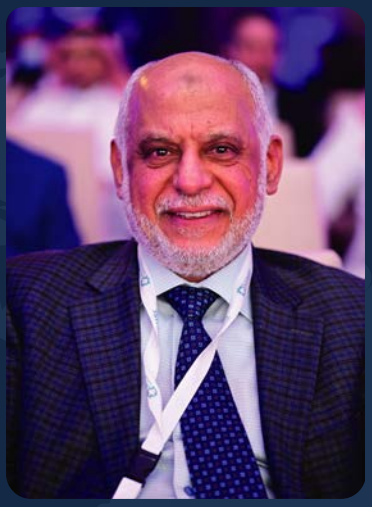
By 2025, less than a decade after its creation and coinciding with IFSO's thirtieth anniversary, MENAC had evolved from an ambitious initiative into a mature, dynamic chapter. It stands today as a clear testament to IFSO's international vision: a regional community united by a shared commitment to advancing the care of patients living with obesity and metabolic disease.



First IFSO MENAC executive board meeting and elections Dubai IFSO



Khaled Gawdat
EGYPT



Mohammad AlJarallah
KUWAIT



Abdelrahman Nimeri
USA



Khalid Mirza Gari
KSA



Ali Khammas
UAE



Aayed Al Qahtani
KSA

CHAPTER FOUR

The Laparoscopic Revolution in Metabolic Bariatric Surgery

Luigi Angrisani, Francesco Angrisani, Francesco Saverio Papadia, Nicola Di Lorenzo, Maurizio De Luca

Laparoscopic techniques are now the standard of care for metabolic bariatric surgery (MBS) procedures worldwide. This brief account traces the early stages of this remarkable transformation, in which Professor Luigi Angrisani was a participant at the end of the last century.

In 1995, a meeting between Angrisani and Professor Nicola Scopinaro initiated a professional relationship that quickly evolved into a close friendship. The occasion was the first hands-on MBS course on the Lap-Band™, sponsored by the Inamed company, held in Todi, a small medieval town in Umbria, central Italy. At that time, Scopinaro was already a giant in the field, internationally renowned, and Angrisani, a young and enthusiastic "laparoscopic surgeon" eager to learn more about obesity.

Dr. Alan Wittgrove had already demonstrated the feasibility of laparoscopic Roux-en-Y gastric bypass (RYGB), the Lap-Band was beginning its rise to prominence, and laparoscopic vertical banded gastroplasty (VBG) was being performed in only a few centers. MBS, itself, was still a niche field, and most surgeons considered obesity a relative contraindication for laparoscopic approaches. In January 1996, Angrisani initiated a laparoscopic surgery obesity program at the Department of Surgery of Federico II University in Naples, performing adjustable gastric banding (AGB). Over the following three years, he chaired a national meeting that gathered the Italian experience in this field, with the active participation of Scopinaro and many leading Italian surgeons. The Lap-Band device had been approved for marketing in Europe and worldwide, but not in the United States (US). Suboptimal results of trials conducted in the US were not well received by the the Food and Drug Administration (FDA), which denied approval at that time, preventing its commercialization there.

Meanwhile, laparoscopic surgery for obesity was expanding rapidly, with exponential growth resembling "another French Revolution," as it was referenced colloquially, that followed the prior introduction of laparoscopic cholecystectomy in Germany and France. It was a period of unprecedented enthusiasm in general surgery. Strong support also came from international companies that introduced new devices, systems, and technologies; they promoted courses, meetings, and congresses globally to foster continuous education and updates in the evolving field. As laparoscopy spread across all disciplines of abdominal surgery, more than 90% of MBS procedures performed globally were AGB operations, which were broadly indicated for nearly all patients with obesity.

Despite his deep respect for Nicola as a man, scientist, and surgeon, Angrisani was convinced that laparoscopic techniques would eventually replace open surgery for all MBS procedures. Scopinaro

predicted no future for the Lap-Band in obesity treatment, and anticipated only limited adoption of minimally invasive techniques in MBS, given the complexity of these patients and procedures.

Another major topic of discussion between Scopinaro and Angrisani was the potential risk associated with the rapid spread of MBS procedures among surgeons lacking specific expertise in obesity as a discipline. After nearly two years of lively discussions on this point, they conceived the idea of bringing together the pioneers of open surgery, the "old guard," with the emerging experts in laparoscopic technique. Since the IFSO World Congress was already scheduled for Genoa, Italy in 2000, Scopinaro decided to organize this meeting in Naples, Italy in March, 1999. The initial name of the meeting was Minimally Invasive Bariatric Surgery (MIBS), later changed by Scopinaro to the First International Symposium of Laparoscopic Obesity Surgery (ISLOS).

The symposium was co-chaired by Scopinaro and Angrisani and was sponsored by the Italian Society of Metabolic and Bariatric Surgery (SICOB), the International Federation for the Surgery of Obesity (IFSO), the Italian Society of Endoscopic Surgery (SICE), and the European Association of Endoscopic Surgery (EAES). It took place at the Continental Hotel in Naples from March 18-20, 1999 [Fig. 1]. The event also received strong support from international medical companies, which immediately recognized the great potential of this emerging field.



Fig. 1. Program cover, First International Symposium on Laparoscopic Obesity Surgery (ISLOS)

Scopinaro invited leading figures from IFSO, which had recently held its first congress in Prague in1996 under the presidency of Professor Martin Fried. Angrisani focused on identifying and inviting surgeons worldwide who were already performing laparoscopic surgery. The meeting gathered more than 250 participants from 25 countries, with an outstanding faculty, for a two-and-a-half-day program [Fig. 2]. The agenda covered all aspects of the modern multidisciplinary approach to MBS patient selection and management.



Fig. 2. Countries represented at the 1st ISLOS, Naples, 1999.

Laparoscopic AGB was extensively discussed, including the Lap-Band placed via perigastric dissection above the bursa omentalis, and the Swedish Band positioned using the pars flaccida technique. A particularly interesting session focused on laparoscopic VBG. Originally developed by Professor Edward Mason (US) via laparotomy, this operation, with a stapled but non-divided gastric pouch, represented the precursor of modern sleeve gastrectomy.

At the time, several highly skilled teams in Italy and Europe were performing this complex procedure laparoscopically. It involved delicate dissection along the lesser curvature of the stomach and the angle of His. However, the original Mason technique could not be replicated laparoscopically due to the lack of a thoraco-abdominal B-type stapler among minimally invasive instruments. This was a limitation that, to our knowledge, still exists. Thus, the laparoscopic version used was the modification proposed by Professor Lloyd MacLean, in which the gastric pouch was fully stapled and divided from the excluded stomach. Both Mason and MacLean moderated the meeting session but appeared somewhat detached from the technical debate. Despite prompting from participants, discussion remained limited. Unfortunately, no debate meant no excitement.

The most remarkable session of the meeting was the invited lecture by Dr. Alan Wittgrove on "New Technologies and Robotics in Laparoscopic Obesity Surgery." Angrisani vividly remembers him demonstrating a 3D camera helmet on stage, which he routinely used. In 1998, Angrisani had

attended the American Society of Bariatric Surgery (ASBS) annual congress in San Diego, where he completed training in laparoscopic gastric bypass under Drs. Wittgrove and Clark and visited their operating room. Wittgrove was using the Automated Endoscopic System for Optimal Positioning (AESOP™), a voice-controlled robotic arm designed to manipulate the laparoscopic camera. This system, developed by Computer Motion Inc., was followed by the Hermes™ and Zeus™ systems, which, together, laid the foundation for modern robotic-assisted surgery, eventually leading to the Intuitive company's Da Vinci™ system. Angrisani strongly encouraged Wittgrove to highlight this technology in his lecture. With remarkable clarity and simplicity, Wittgrove explained that, 27 years earlier, he had anticipated the two major advances that came to define modern minimally invasive surgery: 3D visualization and robotics.

The First ISLOS meeting in Naples, in March 1999, marked a pivotal moment in the field that represented the official beginning of the laparoscopic revolution in MBS. During the meeting, the IFSO Board, under the presidency of Professor George Cowan, invited Angrisani to chair the next ISLOS symposium within the IFSO World Congress. The ISLOS Symposium continued for the following four years until its São Paulo, Brazil meeting in 2002, when the IFSO Board decided to discontinue ISLOS, considering that the transition from open to minimally invasive surgery was complete.

Surgery, by its very nature, is a craft shaped by the manipulation of biological tissues using mechanical instruments and is therefore in constant evolution. Great leaders are thinkers who recognize potential in younger individuals and support their development. Nicola Scopinaro mentored many and played a key role in the creation of this revolutionary event that ushered modern laparoscopic technique into MBS.

CHAPTER FIVE

The Obesity Surgery Journal

Scott A. Shikora

Introduction

The journal, *Obesity Surgery*, was founded in 1991, predating IFSO, and has grown and matured to become the preeminent international publication in the specialty of bariatric surgery, later, metabolic bariatric surgery (MBS). Most of the credit for the creation and early financing and support for the journal must be given to Mervyn Deitel, MD, a prominent gastrointestinal and MBS surgeon [1]. Dr. Deitel fought almost singlehandedly to create a bariatric journal at a time when there were no outlets for publishing MBS papers. The journal survived an early near bankruptcy to become a successful global publication with a circulation over 10,000 subscribers.

Dr. Deitel first came up with the concept for a MBS journal in 1990. At that time, there were no peer-reviewed surgical journals that recognized MBS. The traditional surgical journals often refused to publish MBS papers. Furthermore, Deitel believed that the newly created bariatric surgical society, the International Federation for the Surgery of Obesity and Metabolic disorders (IFSO)–renamed in 2025 to the International Federation for the Surgery and Other Therapies for Obesity [4]– needed to have its own journal. He believed that it should serve as a central repository in MBS for publishing scientific evidence and clinical guidelines, and to act as a forum for surgeons to communicate with one another. Surprisingly, at that time many senior MBS surgeons also did not support the creation of an MBS journal; they thought that MBS was a part of general surgery and that MBS papers would be published in established, peer-reviewed surgical journals. That turned out not to be the case.

Most peer-reviewed surgical journals did not recognize MBS papers and their editors did not think that the field of MBS was a legitimate surgical subspecialty. For these reasons, it was increasingly clear to Deitel that IFSO would need to create and support its own journal. Shortly thereafter he successfully convinced the IFSO leadership to support and fund the journal to represent IFSO members. The new journal was named *Obesity Surgery (OBSU)*.

After creating OBSU, Dr. Deitel tried to find a suitable publisher and met with several international publishing houses. Unfortunately, at that time, none were interested. Eventually, Rapid Communications (RCO), a new publisher located in Oxford, England, agreed to be the official publisher for the pioneering journal. This company had experience in medical publishing, and its scope was predominantly international and multidisciplinary.

In the beginning, *OBSU* did not receive many submitted papers for publication consideration. In the first four years, the journal only published 4 issues per year. As the journal grew in popularity, the need for more published papers mandated that the journal be published more frequently. From 1991-1995, 4 (quarterly) issues were published; from 1996-2005, 6 (bi-monthly) issues annually, and from 2006 to the present, 12 issues (monthly) have been published annually. Early issues covered all

aspects of the surgical treatment and management of obesity, including original research articles, review papers, case reports, Letters to the Editor, videos, technique innovations, perioperative management, long-term outcomes, surgical complications, and the psychosocial dimensions of obesity and its treatment.

Despite its maturation and growth, the young journal was functioning at a significant financial loss. RCO was ultimately sold to International Thomson Publications, and then sold again to Lippincott-Williams & Wilkins [2]. Unfortunately, the journal continued to run at a loss, and in September 1999, Lippincott-Williams & Wilkins decided to cease publication of the journal. Instead of letting the journal fail, Deitel purchased it himself and assumed full control of its publications and operation. He successfully saved the journal from bankruptcy, and it subsequently became financially successful.

Deitel was the owner, Editor-in-Chief, and publisher of the journal. From his private office he performed all of the functions needed to publish a proper journal, including the manuscript review, copyediting, issue design, printing, advertising, poly-bagging, mailing, and subscriptions. He personally edited over 2,500 articles, many requiring time-consuming, skillful English language correction. Lastly, he abstracted every article, dating back to the first issue in 1991, and put them all on the internet so that they were available online for all subscribers.

The first publication in *OBSU* was an editorial written by Dr. George Cowan, predicting the future of MBS [3]. Over time, the number of manuscripts submitted for consideration for publication steadily increased. In 2004, a rift developed over control of the Editorial Board between Dr. Deitel and some senior members of the American Society for Bariatric Surgery (ASBS, now the American Society for Metabolic and Bariatric Surgery, ASMBS), the largest national society member of IFSO, closely aligned with IFSO's North American Chapter (IFSO-NAC). The ASBS leadership did not think that the owner of a peer-review journal should have publishing influence over the Editorial Board. Ultimately, both sides agreed to sell the journal to the ASBS; yet, both sides could not agree on the price. The ASBS decided not to purchase *OBSU*, and instead, to create its own MBS journal. *OBSU* remained the official journal of IFSO but the North American and Brazilian chapters of IFSO ended their relationships with *OBSU* and created a new journal, titled, *Surgery for Obesity and Related Diseases*.

Since the founding in 1991 of *OBSU*, the field of MBS has grown exponentially, driven by several factors. Most notably, the successful conversion from traditional open-access surgery to laparoscopic surgery played a key role in broadening *OBSU's* base of interest. Other significant improvements included the enhanced efficacy of MBS operations and the popularity of the sleeve gastrectomy, which became the most commonly performed MBS procedure in the world [5]. Wider interest in MBS also resulted in an exponential increase in the number of research manuscripts submitted to *OBSU* and an increase in the number of its publications. In addition, there was also improvement in the quality of the manuscripts submitted to the journal, as demonstrated by the voiced opinion of readers, and by increased subscriptions, and an enhanced impact factor (IF) of 3.4.

In 2005, Springer Nature, the second largest scientific publisher in the world, with thousands of highly ranked journals and books, purchased *OBSU*. This move guaranteed the long-term success of the journal. Springer Nature has been its publisher ever since.

At present, the journal is quite large. Over 1,000 manuscripts are submitted yearly for peer-review assessment. The journal also reviews surgical videos and conducts interviews of authors regarding recently published manuscripts. Currently, *OBSU* has over 500 clinicians reviewing submissions. To handle the growth in global submissions the Editorial Board was enlarged to 80 editors, and the number of Associate Editors, was expanded from 29 to 50.

The Editors-in-Chief

Since its founding in 1991, *OBSU* has had only five Editors-in-Chief, two of them Co-Editorships: Mervyn Deitel, MD and George S. M. Cowan, Jr., MD: 1991-2008 – Founding Editors and Co-Editors-in-Chief; and Henry Buchwald, MD, PhD and Nicola Scopinaro, MD: 2008-2011 – Co-Editors-in-Chief, then Editors Emeritus; and Scott A. Shikora, MD: 2011- present – Editor-in-Chief. Springer Nature, who owned *OBSU*, decided to take the Editorial Board in another direction, and, following their service as Co-Editors-in-Chief, Drs. Buchwald and Scopinaro stepped down. In August 2011, after a thorough search, Dr. Scott A. Shikora, a prominent MBS surgeon and Professor of Surgery was named as the journal's fifth Editor-in-Chief, a position he continues to hold today.

Accomplishments and Accolades

Shortly after taking over ownership of the journal, Dr. Deitel was successful in obtaining indexing in in the Journal Citations Report (JCR). The journal in now also indexed in PubMed, and the Web of Science. It has consistently maintained an IF of above 3, which placed *OBSU* in the top quartile of English-speaking surgery journals. In the past year, the journal had over 2 million articles downloaded from the internet. This placed *OBSU* 10th for downloads from English-speaking surgical journals.

Authors have also shown satisfaction with the journal. On a recent author survey, 97% of authors who published papers in *OBSU* rated their *OBSU* experience as positive. Every year, writing teams consisting of qualified IFSO members are chosen and tasked by the IFSO Executive Board to research a specific topic important to IFSO and write a scholarly peer-reviewed position statement. These statements function as IFSO's official position on those topics. Approximately 3-6 statements are written and published yearly. Examples of these position statements include the 2020 IFSO Position Statement on Barrett's Esophagus [6], and the 2022 Position Statement on Innovation and Ethics [7]. These papers were instrumental in improving and unifying MBS care worldwide.

In 2020, a very significant and consequential paper on indications for MBS was co-written by ASMBS and IFSO and co-published in *Obesity Surgery and Surgery for Obesity and Related Diseases* [8]. The previous guidelines were created in 1991 by the U.S. National Institutes of Health (NIH). These guidelines were based heavily on body mass index (BMI) and clinician experience. The NIH criteria were scientifically weak and significantly outdated. In addition, data of sufficient rigor (randomized trials and meta-analyses) had been published in order to develop evidence-based criteria for MBS. A writing team was assembled comprised of members of both ASMBS and IFSO. The new evidence-based criteria that they developed are slowly replacing the NIH criteria in practice, guiding treatment of millions of lives worldwide.

Conclusions

The *Obesity Surgery* journal has had an interesting trajectory from its inception in 1991 to its current status in 2026 as a premier journal for all issues pertaining to MBS. The journal is currently healthy and strong. The future is bright.

References

1. Deitel M, Shikora S. Mervyn Deitel—biography. Obes Surg. 2016;26:707-708.
2. Zarif A. The economics of scientific publishing. Yale J Biol Med. 2023;96:267-273.
3. Cowan GS Jr. The future of bariatric surgery. Obes Surg. 1992;2:169-176.
4. International Federation for the Surgery and Other Therapies for Obesity (IFSO). About IFSO: Our mission and multimodal approach to obesity. IFSO website. Published 2025. Accessed August 4, 2026. https://www.ifso.com/about-ifso/
5. Corrêa EL, Cotian LFP, Lourenço JW, et al. Overview of the last 71 years of metabolic and bariatric surgery: content analysis and meta-analysis to investigate the topic and scientific evolution. Obes Surg. 2024;34:1885-1908.
6. Fisher OM, Chan DL, Talbot ML, et al. Barrett's oesophagus and bariatric/metabolic surgery—IFSO 2020 position statement. Obes Surg. 2021;31(3):915-934.
7. Haddad A, Kow L, Herrera MF, et al. Innovative bariatric procedures and ethics in bariatric surgery: the IFSO position statement. Obes Surg. 2022;32:3217-3230.
8. Eisenberg D, Shikora SA, Aarts E, et al. 2022 American Society of Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO): indications for metabolic and bariatric surgery. Obes Surg. 2023;33(1):3-14.



Henry Buchwald presenting in Madrid IFSO



Scott A. Shikora

CHAPTER SIX

IFSO Presidents and World Congresses

Scott A. Shikora

Introduction

The International Federation for the Surgery of Obesity (IFSO) was founded in 1995 by Professor Nicola Scopinaro and a group of like-minded surgeons. In 2025, the name was changed to the International Federation for the Surgery and Other Therapies for Obesity. Since its founding, 27 surgeons have been elected and served as president of IFSO. Twelve presidents came from the European chapter, five from the IFSO-NAC, five from IFSO-LAC, four from IFSO-APC, and one from IFSO-MENAC. Our current president, Khaled Gawdat is the first president from the newest IFSO Chapter, the Middle East North African Chapter. All of the presidents were and continue to be very accomplished, and have positively benefitted the organization.



01 - Nicola Scopinaro 1996-1998 Italy

The IFSO organization was founded by Professor Nicola Scopinaro, an innovative surgeon with a longstanding interest in metabolic bariatric surgery (MBS). Scopinaro studied the effects of small intestinal resection and/or bypass. This research resulted in the development of the biliopancreatic diversion procedure; this operation involved a partial gastrectomy and a long intestinal bypass that was extremely effective in achieving significant weight loss and improvement in the associated metabolic conditions. In addition to his research and clinical practice, Scopinaro was a prolific author and a leader. Without his determined efforts, IFSO may never have been founded in 1995 and organized its first World Congress in 1996. In gratitude for his far-sighted and resourceful efforts, he was selected as IFSO's inaugural president, and also given the tribute, "Honorary President for Life."



02 - George SM Cowan Jr. 1998–1999 USA

Professor Cowan, second IFSO President, was also a past president of the American Society of Bariatric Surgery (now the American Society for Metabolic and Bariatric Surgery [ASMBS]), at the time, the leading obesity surgical society in the world. Cowan was a member of the Board of Directors of the American College of Nutrition, and received the Claxton Award from the American Association of University Professors. Dr. Cowan authored or co-authored over 250 scientific publications, including four books, one of which, Intravenous Hyperalimentation, was the first book published on intravenous nutrition.

Under his leadership, IFSO forged foundational organizational bylaws and issued early guidance statements, including the indications for obesity surgery, and also the qualifications required to be an MBS surgeon. Cowan also co-founded the *Obesity Surgery* journal with Professor Mervyn Deitel. *Obesity Surgery* became the official journal of IFSO. Cowan was the chair of IFSO's Board of Trustees and the International Obesity Surgery Task Force. He received the IFSO Gold Medal Award for his outstanding service to the field. During his time in office, IFSO grew from five national and multi-national societies to 23 societies, representing 43 nations around the world.



03 - Emanuel Hell 1999-2000 Austria

One of the pioneers of MBS globally, Professor Hell wrote and published the first book on MBS in the German language. He presided over the 1999 IFSO World Congress held in Salzburg, Austria. Hell considered the problem of the highly fragmented MBS data across Europe, noting that countries tracked patient outcomes often using completely different metrics. By standardizing European-wide data collection and building the infrastructure for multi-country clinical data sharing, he established the foundation that allowed MBS surgeons to track complication rates, and eventually, to measure early and long-term safety globally. In addition, multi-country data tracking helped demonstrate to health ministries and insurance providers that MBS was a highly effective, legitimate intervention rather than a cosmetic treatment. Hell's early work set the stage for the much-later development of the IFSO Global Registry that, today, aggregates data on hundreds of thousands of MBS procedures worldwide.



04 - Andrew Jamieson 2000-2001 Australia

Professor Jamieson was a pioneering MBS surgeon who was instrumental in the formation of the Obesity Surgical Society of Australia and New Zealand (OSSANZ). He was the principal organizer of the seventh International Symposium for Obesity Surgery (ISOS) meeting, that predated IFSO. During his presidency, Jamieson's leadership was instrumental in stabilizing the structure and politics of the young IFSO organization. His care, and steady hand helped to facilitate the growth of the newly formed IFSO despite global cultural barriers that might have prevented its flourishing. After his presidency, he helped steer long-term policy, and harmony, on the IFSO Board of Trustees. As Foundation Associate Editor of Obesity Surgery from 1991-2003, Jamieson helped to establish the peer-review rigor that defined the reporting of MBS outcomes. Jamieson was a founding member of the Asia Pacific chapter of IFSO.



05 - Martin Fried 2001-2002 Czech Republic

Professor Fried has been involved in MBS since the 1990s, and has been a leader in MBS in the Czech Republic. In 1993, he became the first surgeon in the world to perform a laparoscopic non-adjustable gastric banding procedure. He led local task forces to safely introduce standard laparoscopic protocols across clinics in Eastern Europe. In 1995, Fried was one of the founding members of IFSO, and was elected as the first congress president of the initial IFSO World Congress in Prague. He was later elected IFSO President, and has continued to serve in a leadership role as Chair of the Board of Trustees, and in officially establishing the European Chapter of IFSO. Professor Fried helped to found the European Association for the Study of Obesity (EASO), and was one of the MBS scientists to create the Interdisciplinary European Guidelines on Surgery of Severe Obesity, and the Interdisciplinary European Guidelines on Metabolic and Bariatric Surgery in 2008 and 2013, respectively. Fried also helped to organize the first Joint Congress of IFSO-EC and EASO, the European Obesity Summit (EOS 2016) in Gothenburg, Sweden.



06 - Aniceto Baltasar 2002-2003 Spain

Professor Baltasar has been a leader and innovator in MBS in Spain and in Latin America, where he performed the first laparoscopic gastric bypass. In 2000, in Europe, he performed the first laparoscopic duodenal switch, and in 2002, the first laparoscopic sleeve. Baltasar was instrumental in the farsighted guidance of several surgical societies. He founded the Spanish Bariatric Society (SECO) in 1997, and became its Honorary President in 2002. During his IFSO Presidency, Baltasar worked to bridge the gap between Spanish and Latin American surgical societies, deepening the international connection between the two Spanish-speaking regions and enriching the international character of IFSO. Baltasar also helped to standardize international surgical curricula and the criteria for safe execution of procedures, particularly that of the duodenal switch. Beyond his presidential term, Baltasar provided leadership again from 2000-2011 as Associate Editor for *Obesity Surgery*, furthering its academic rigor in peer-reviewed reporting standards.



07 - Henry Buchwald 2003-2004 USA

Professor Buchwald's career has passed the 60-year mark and is going strong. After serving in the U.S. Air Force as a Flight Surgeon, he completed his medical training at the University of Minnesota, remaining there through his career as a practicing surgeon-scientist, research innovator, teacher and biomedical inventor. Buchwald has been referred to as an academic giant: A prolific writer (over 300 publications), Buchwald is credited with creating the term "metabolic surgery," and has been called the Father of Metabolic Surgery. Among his research works, a primary advance in medicine and surgery is the Program on the Surgical Control of the Hyperlipidemias (POSCH) trial. The National Institutes of Health (NIH) awarded him the largest investigator-initiated grant to date (>$60 million); Buchwald and associates published multiple early outcomes; the 17-year results were published in the *New England Journal of Medicine* and presented at the annual meeting of the American College of Surgeons. The POSCH trial conclusively demonstrated that a distal intestinal bypass could lower cholesterol, resulting in a reduction of cardiac events and improvement in life expectancy.

As one of very few past presidents of both ASMBS and IFSO, as well as past Co-Editor-in-Chief of Obesity Surgery, Buchwald worked to leverage his global platform to transform how the medical community viewed "weight-loss surgery," and to clarify

that bariatric surgery is metabolic surgery, and metabolic surgery resolves, or markedly improves, a plethora of physiological diseases, e.g. type 2 diabetes and hyperlipidemia. Coinciding with his presidency, Professor Buchwald published the first of several highly cited MBS meta-analyses that demonstrated the systemic benefits of MBS on obesity-associated conditions. Beyond his IFSO presidency, Buchwald helped to guide the organization's long-term strategy as Chair of the Board of Trustees.



08 - Arthur Garrido 2004-2005 Brazil

Professor Garrido is considered a pioneer of MBS in Brazil, where his career has spanned more than 7,000 operations for obesity. He founded the Brazilian Society of Bariatric Surgery (now the Brazilian Society of Bariatric and Metabolic Surgery [SBCBM]) and served as its first president. During his IFSO presidency, Garrido expanded its membership significantly by fully integrating the Latin American MBS societies into the organization. He launched the First Latin American Symposium in Iguazu Falls in 2005, laying the foundation for the creation and formal bylaws of the Latin American Chapter of IFSO (IFSO-LAC). Garrido augmented IFSO's focus on a multidisciplinary framework, bringing more internists, nutritionists, psychologists, and physical therapists into the IFSO academic fold to aid in optimizing obesity treatment over the long term. In addition to his IFSO presidency, he served the organization as treasurer, and sat on its Board of Trustees. He received the IFSO Lifetime Membership Award in recognition of his contributions to the field. Garrido's influence as a mentor to generations of Brazilian and Latin American surgeons endures in an award established in his name, presented annually at the Brazilian Congress of Bariatric and Metabolic Surgery.



09 - Jan Willem Greve 2005-2006 Netherlands

Professor Greve trained in general surgery at Maastricht University Hospital and completed a PhD there in 1990 on the prevention of complications in obstructive jaundice, becoming professor of surgery at Maastricht University in 1994. He co-founded the Benelux Association of Bariatric Surgeons (BABS) and served as its president from 2000-2004, and was a member, then chair, of the Dutch Guideline on Obesity Surgery Committee. He co-organized the third and tenth IFSO World Congresses and served as IFSO's Executive Director from 2006- 2009. During his IFSO presidency, the organization changed its name to the International Federation for Surgery of Obesity and Metabolic Disorders. Together with Harry Frydenberg, Greve established the IFSO website and secured the ifso.com domain. He negotiated the publishing agreement with Springer for the *Obesity Surgery* journal, in addition to opening IFSO's first professional office. He was later named an Officer in the Order of Oranje-Nassau for his national and international work in MBS. Currently, Greve chairs the IFSO Board of Trustees.



10 - Ioannis (John) Melissas 2006-2007 Greece

Professor Melissas founded the Greek Society for Bariatric Surgery in 1998 and served as its first president. During his IFSO presidency, he brought the Greek society formally into IFSO and organized the sixth IFSO World Congress in Chania, Crete. He represented IFSO before a meeting of European Union health ministers that classified severe obesity as a chronic disease meriting surgical treatment under national health systems, a milestone for insurance coverage across Europe. His research demonstrated accelerated gastric emptying and altered gut-hormone secretion after laparoscopic sleeve gastrectomy, helping to clarify the procedure's mechanism of action. As president, Melissas authored the definitive IFSO Guidelines for Safety, Quality, and Excellence, and established the organization's first Accreditation Committee, facilitating IFSO's evaluation of MBS surgeons and clinics. Melissas chaired IFSO's committee on MBS Centers of Excellence for several years and continues to serve on the Scientific Board of the European Accreditation Council for Bariatric Surgery (EAC-BS).



11 - Rafael Alvarez Cordero 2007-2008 Mexico

Professor Alvarez Cordero is one of the pioneers of MBS in Mexico and a mentor to generations of surgeons across Latin America. He founded the Mexican Society for the Surgery of Obesity (now the Mexican College of Bariatric Surgery and Metabolic Diseases) and served as its Honorary President. A founding member of IFSO, he served as the organization's first Executive Director, and was the organizer and President of the second IFSO World Congress in Cancún. In his Presidency of IFSO, and beyond, Professor Cordero was known as a constant guardian of ethics in surgical medicine, and of ethical decision-making within the IFSO organization. Cordero was later named an IFSO Honorary Life Member. He was also a founding member of ASMBS. Beyond IFSO, Alvarez Cordero has written a long-running weekly newspaper column for major Mexican publications, bringing medical topics to a general



12 - MAL Fobi 2008-2009 USA

Born in Cameroon, Professor Fobi came to the United States in 1966 and trained in surgery at King/Drew Medical Center in Los Angeles, where he later became Chief of the General Surgery Division. In 1981, he opened the Center for Surgical Treatment of Obesity, where he would treat more than 12,000 patients, and host an annual international symposium on the surgical treatment of obesity that helped lay the direct groundwork for IFSO's founding in 1995. In 1989, he introduced the Silastic ring (banded) gastric bypass, known as the Fobi Pouch, combining elements of the Roux-en-Y gastric bypass and vertical banded gastroplasty. Fobi was a founding member of ASMBS, and a past president of the ASMBS Foundation. He served as organizer of the 15th IFSO World Congress in Long Beach, CA, and as chairman of the IFSO Board of Trustees from 2013-2015. Known for operating on numerous celebrity patients, he was often called the "surgeon to the stars," while also funding education and medical supplies for numerous young people, and founding a school for deaf children in his home village in Cameroon.



13 - Harry Frydenberg 2009-2010 Australia

Professor Frydenberg built an MBS career spanning decades at the Epworth Centre for Bariatric Surgery in Melbourne. He was the founding president of the IFSO Asia-Pacific Chapter (IFSO-APC) and a Past President and Honorary Life Member of the Obesity Surgical Society of Australia and New Zealand (now ANZMOSS). Beyond his IFSO presidency, he served as IFSO's Secretary/Treasurer, was named an IFSO Life Member, and continues to serve on its Board of Trustees. Frydenberg co-organized the 2006 IFSO World Congress in Sydney, and in 2024 returned to lead the organization's Melbourne World Congress as Congress Co-President alongside Ahmad Aly. He received the Member of the Order of Australia (AM) for his



14 - Karl Miller 2010-2011 Austria

Professor Miller has practiced general surgery for more than three decades, the majority of it devoted to MBS. He performed Austria's first laparoscopic gastric band placement in 1992 and is credited with developing the "pars flaccida" technique for gastric band placement, a circular stapling technique for gastric bypass, and endoluminal approaches to obesity surgery, all considered groundbreaking contributions to the surgical treatment of obesity and metabolic diseases. Academically, he served as the long-time Head of the Department of Surgery at the Hallein Clinic in Salzburg and was a full Professor of Surgery at the Paracelsus Medical University. Miller founded the Austrian Society for the Surgery of Obesity and Metabolic Disorders, serving as its president for 15 years, going on to serve as the President of IFSO from 2010-2011. During his IFSO presidency, he was a driving force behind the creation and expansion of the IFSO Global Registry, pressing for standardized international data collection. He later organized and presided over the 20th IFSO World Congress in Vienna in 2015.



15 - Antonio Torres 2011-2012 Spain

Professor Torres trained in both general/digestive surgery and thoracic surgery in Madrid and Málaga before becoming Professor of Surgery at Complutense University of Madrid, and Chief of the General and Digestive Surgery Service at Hospital Clínico San Carlos. He served as president of the Spanish Bariatric Society, SECO, from 2007-2011, and as IFSO's European Representative to the General Council before his IFSO presidency. He later chaired the IFSO Board of Trustees from 2015-2019 and organized and presided over the 2019 IFSO World Congress in Madrid. At his home department, Torres played a leading role, alongside colleague Andrés Sánchez-Pernaute, in developing the single anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S), a hypoabsorptive procedure designed to cause fewer nutritional deficiencies than the standard laparoscopic duodenal switch.



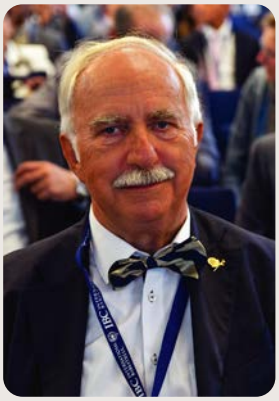
16 - Pradeep Chowbey 2012-2013 India

Professor Chowbey trained in laparoscopic technique in Singapore in 1989 and went on to perform the first laparoscopic cholecystectomy in North India. In the mid-1990s, he established one of the first dedicated departments of minimal access surgery in the Asian subcontinent, at Sir Ganga Ram Hospital in Delhi. Widely known as "the surgeon of the Dalai Lama," Chowbey also operated on Indian presidents and senior officials as Honorary Surgeon to the President of India and the Indian Armed Forces. Chowbey served as President of the Asia-Pacific Chapter of IFSO and of the Obesity & Metabolic Surgery Society of India. He organized and presided over the 2012 IFSO World Congress in New Delhi, inaugurated by the Dalai Lama, where he assumed the office of President of IFSO 2012–2013. During his presidency, he launched international campaigns urging global health ministries to recognize obesity as a metabolic disease. In recognition of his leadership, he received the IFSO-APC Visionary Leadership Award, and in 2002, he was awarded the Padma Shri, one of India's highest civilian honors.



17 - Luigi Angrisani 2013-2014 Italy

Professor Angrisani has been a leading figure in Italian MBS for decades. In 1999, together with his mentor and friend, Nicola Scopinaro, he chaired the First International Symposium of Laparoscopic Obesity Surgery (ISLOS) in Naples. Elected President of the Italian Society of Obesity Surgery (SICOB) in 2006, he served in that role from 2008-2010, before serving as President of IFSO from 2013-2014. During his IFSO presidency, he was a primary champion for early-career surgeons, heavily supporting the foundation and integration of the "Young-IFSO" chapter. He also chaired and authored major international clinical consensus statements, including widely cited updates on managing patients with a high body mass index. Building on the global survey inaugurated by Scopinaro and Buchwald, Angrisani has carried forward the recurring IFSO Worldwide Survey, summarizing global trends in MBS, one of the most cited series of papers published in *Obesity Surgery*. The Italian Society of Surgery awarded Angrisani the Ettore Ruggieri Prize in 2018 for his two decades of research on gastroesophageal reflux and obesity. He later chaired the IFSO Board of Trustees from 2019-2020, and organized and presided over the 2023 IFSO World Congress in Naples.



18 - Rudolf Weiner 2014-2015 Germany

Professor Weiner was among the founders of laparoscopic obesity surgery in Germany, leading the MBS department at Krankenhaus Sachsenhausen in Frankfurt that became the first in the country to earn national and international Center of Excellence certification. A long-serving leader of the German Society for Surgery of Obesity, Weiner served as its president from 2005-2013. He was President of the IFSO European Chapter (IFSO-EC) from 2010-2012, and organized and presided over the 2011 IFSO World Congress in Hamburg. Following his regional leadership, he assumed the office of organizational President of IFSO from 2014-2015. Weiner has authored several German-language textbooks on obesity surgery and served on the editorial boards of *Obesity Surgery, Obesity Facts*, and other journals. In 2014, he moved to Sana Klinikum Offenbach, where he founded a new Clinic for Obesity and Metabolic Surgery, which was also certified as a Center of Excellence.



19 - Natan Zundel 2015-2016 USA

Professor Zundel trained in Bogotá, Colombia, where he served as a consultant for the Fundación Santa Fe de Bogotá, before relocating to the US. He holds academic appointments as Clinical Professor of Surgery at both Florida International University and the University at Buffalo, New York, and serves as Medical Director of the Bariatric and Metabolic Institute at Jackson North Medical Center in Miami, Florida. Considered one of the top laparoscopic surgeons in the world and a dedicated educator, Zundel has served as a founding, active, or honorary member of surgical societies in more than 45 countries. He was President of the World Congress of Endoscopic Surgery in 2012 and President of the IFSO Latin American Chapter (IFSO-LAC) from 2013-2015, organizing and presiding over the sixth IFSO Latin American Congress in Los Cabos, Mexico. Following his regional leadership, he served as the President of IFSO from 2015-2016, later receiving the IFSO Surgical Innovator Award and an IFSO Life Membership in 2022. His expansive leadership also includes serving as President of the International Federation of Societies of Endoscopic Surgeons (IFSES) from 2020 to 2023 and as Governor of the American College of Surgeons, South Florida Chapter.



20 - Kelvin Higa 2016-2017 USA

Professor Higa trained at UCLA and built a career as a pioneer of minimally invasive and revisional MBS in California's Central Valley, performing the region's first laparoscopic gastric bypass in 1998. He is globally renowned for developing the "Higa technique," a fully hand-sewn gastrojejunal anastomosis designed to reduce stricture rates, and for his mastery of complex revisional procedures. He served as President of ASMBS from 2007-2008, as well as president of its California chapter and its Foundation. Higa served as President of IFSO from 2016-2017. Academically, he serves as Clinical Professor of Surgery at UCSF Fresno, directing the fellowship program. Higa has received the ASMBS Foundation Lifetime Achievement Award and Lead Award for Excellence in Clinical Care, along with the IFSO President's Award, and holds honorary memberships in surgical societies across Mexico, Spain, Colombia, and India, including as Honorary President of Sri Aurobindo Medical College.



21 - Jacques Himpens 2017-2018 Belgium

Professor Himpens trained in Leuven, Belgium, and in New York before beginning a distinguished career devoted to advancing laparoscopic technique and international surgical leadership. He served as President of IFSO from 2017-2018, a role reflecting his immense impact on the field, and he continues to chair the Senior Advisory Board of the IFSO-EC. In October 1992, he assisted in the world's first laparoscopic adjustable gastric band procedure, and in 1997, he performed the world's first robotic laparoscopic surgery, a cholecystectomy using the "Mona" prototype robot. He performed the first laparoscopic gastric bypass in Belgium in 1999, followed by the country's first laparoscopic sleeve gastrectomy and first biliopancreatic diversion with duodenal switch. Himpens has performed over 15,000 MBS operations. Renowned as a prolific educator, Himpens dedicated much of his career to proctoring and mentoring surgeons across Europe, performing over 100 live demonstration surgeries at congresses to train the next generation of MBS specialists. He founded the MBS unit at St. Blasius Hospital in Dendermonde, and currently serves as an Emeritus Clinical Professor and staff member at the Delta CHIREC Hospital in Brussels. On behalf of his immense global contributions, Himpens was honored as an IFSO Life Member, and also the ASMBS Outstanding Achievement and International Awards.



22 - Almino Ramos 2018-2019 Brazil

Professor Ramos has specialized in bariatric surgery since 1999 and, together with Dr. Manoela Galvão Ramos, founded the Gastro-Obeso Center in São Paulo in 2002, where he remains medical director. A professor at the University of Campinas (UNICAMP) and ABC Medical University, he served as President of the Brazilian Society for Bariatric and Metabolic Surgery (SBCBM) from 2013-2014. He served as President of IFSO from 2018-2019, during which he championed the IFSO Global Registry project, working with its data partner to recruit national societies and individual surgeons to contribute their data. Ten new countries joined the Registry, resulting in a doubling of total submitted records within a year in the fifth IFSO Global Registry Report released at the 2019 IFSO World Congress in Madrid. Renowned as a master technical educator, Ramos has performed over 500 live broadcast demonstration surgeries to train international teams. He has authored more than 100 peer-reviewed publications and serves on the editorial boards of *Obesity Surgery* and *Surgery for Obesity and Related Diseases*.



23 - Lilian Kow 2019-2022 Australia

A Senior Consultant Surgeon and Clinical Professor at Flinders Medical Centre in Adelaide, Professor Kow co-founded the Adelaide Bariatric Centre in 1995. The following year, she helped pioneer laparoscopic gastric band surgery in Australia by introducing the Swedish Adjustable Gastric Band to the country. She has spent over 25 years training and examining surgeons nationally and internationally, and has served as president of both the Australian and New Zealand Metabolic and Obesity Surgery Society (ANZMOSS) and the IFSO Asia-Pacific Chapter (IFSO-APC). In recognition of her distinguished service to MBS and obesity medicine, she was awarded the Medal of the Order of Australia (OAM) in 2022. On the global stage, she became the first woman to serve as President of IFSO, holding the office for an unprecedented three-year term from 2019-2022 after the pandemic postponed the usual presidential transition. During her term, she successfully navigated the organization through the global crisis by launching the IFSO Virtual Academy, pivoting the availability of MBS education and clinical safety guidelines entirely online.



24 - Scott A. Shikora 2022-2023 USA

Professor Shikora served four years as a U.S. Air Force staff surgeon specializing in trauma, intensive care, nutrition, and resident training, and he was awarded the Air Force Meritorious Service Medal and Commendation Medal. Academically and clinically, he served as the Director of the Center for Metabolic and Bariatric Surgery at Brigham and Women's Hospital, and Professor of Surgery at Harvard Medical School. Early in his leadership career, he served as President of both the American Society for Parenteral and Enteral Nutrition (2004) and the ASMBS (2008–2009). On the global stage, he served as the President of IFSO from 2022-2023, a monumental term defined by his leadership in partnering with ASMBS to co-author and publish the historic 2022 Metabolic and Bariatric Surgery Guidelines. This vital evidence-based document replaced the 30-year-old 1991 NIH consensus criteria, and has since been adopted by healthcare networks globally to modernize MBS clinical care and insurance coverage. Shikora continues to guide international research as the longstanding Editor-in-Chief of Obesity Surgery, IFSO's official journal. His career achievements have been recognized with the 2011 Distinguished Alumni Award from Muhlenberg College, the 2015 ASMBS Foundation Outstanding Achievement Award, and the 2017 IFSO President's Award.



25 - Gerhard Prager 2023-2024 Austria

Professor Prager has led the MBS program at the Medical University of Vienna since 2004 and, in 2021, became the university's first full Professor of Bariatric Surgery. He chaired IFSO's Scientific Advisory Board from 2011-2015 and served as President of the IFSO European Chapter (IFSO-EC) from 2018-2020. His leadership path culminated in his election to IFSO President from 2023-2024. During his presidential tenure, he also presided over the IFSO-EC Congress held in Vienna in May 2024. The same year, he chaired an IFSO international consensus conference addressing the ways in which new obesity management medications, including GLP-1 receptor agonists, should be integrated in the treatment armamentarium with MBS, a guideline effort reflecting the field's rapidly changing therapeutic landscape. Over his career, Prager has performed nearly 10,000 procedures and authored more than 400 scientific publications.



26 - Ricardo Cohen 2024-2025 Brazil

Professor Cohen directs the Center for Obesity and Diabetes at Hospital Alemão Oswaldo Cruz in São Paulo, Brazil, where his research and a personal volume of over 10,000 surgeries have established him as a global pioneer in MBS, particularly for patients with type 2 diabetes who do not have severe obesity. He served as President of the Brazilian Society of Bariatric and Metabolic Surgery (SBCBM) from 2011-2012, and of the IFSO Latin American Chapter (IFSO-LAC) from 2018-2019. He organized and presided over the 2016 IFSO World Congress in Rio de Janeiro. Cohen's international leadership path culminated in his recent service to IFSO as its President from 2024-2025. A monumental figure in global medical policy, Cohen was a key coordinator for the Second Diabetes Surgery Summit (DSS-II), successfully leading the effort to integrate metabolic surgery into standard global type 2 diabetes treatment algorithms. Further, his presidential tenure was defined by guiding the consensus policies that established how modern weight-loss medications should be combined with metabolic surgery. Cohen has served as the principal investigator on landmark clinical trials examining MBS outcomes in patients with diabetes and only moderate obesity, as well as the protective effects of MBS against diabetic kidney disease. He has authored or co-authored over 100 scientific papers, editorials, and textbook chapters, and serves on the editorial boards of *Obesity Surgery, Surgery for Obesity and Related Diseases*, and other prominent journals.



27 - Khaled Gawdat 2025-2026 Egypt

After completing his medical degree, masters, and PhD in general surgery at Ain-Shams University, Professor Gawdat has been widely regarded as having pioneered MBS in Egypt, introducing it to the region in 1996. Gawdat is currently Professor of General Surgery at Ain Shams University, and recently, Chair of the Surgery Department. He has performed several thousand MBS procedures over his career, with a particular focus on revisional surgery. Gawdat pioneered the use of a small-incision open technique as a cost-effective alternative to laparoscopic MBS procedures in resource-limited settings. In 1999, he founded the Egyptian Society for Bariatric Surgery and served as its President across three terms. He helped establish the Pan Arab Society for Metabolic and Bariatric Surgery, becoming its first elected President in 2016, and playing a leading role in the formation of IFSO's Middle East and North African Chapter (IFSO-MENAC) in 2017, serving as its President as the chapter grew from six founding countries to eleven. Professor Gawdat served as the most recent IFSO President from 2025-2026, marking the first president in the organization's history from the MENA chapter. Gawdat continues to serve as an Associate and Advisory Editor of *Obesity Surgery*.

Congress Presidents

The following table represents the progression of IFSO World Congress Presidents, distinct from the IFSO organizational presidents; these individuals served to organize and conduct the major annual global meetings.

IFSO World Congress Presidents, 1996–2026

Year	No. of Participants	Location	Congress President(s)
1996	375	Prague, Czech Republic	Martin Fried
1997	400	Cancún, Mexico	Rafael Alvarez Cordero
1998	400	Bruges, Belgium	Mitiku Belachew; Jan Willem Greve
1999	450	Salzburg, Austria	Emanuel Hell; Karl Miller
2000	500	Genoa, Italy	Nicola Scopinaro
2001	550	Chania, Crete, Greece	John Melissas
2002	500	São Paulo, Brazil	Arthur Garrido Jr
2003	850	Salamanca, Spain	Aniceto Baltasar
2004	350	Tokyo, Japan	Isao Kawamura
2005	1,000	Maastricht, Netherlands	Jan Willem Greve
2006	550	Sydney, Australia	Paul O'Brien, Harry Frydenberg, John Dixon
2007	1,515	Porto, Portugal	Antonio Sergio Porto
2008	1,400	Buenos Aires, Argentina	Carlos Casalnuovo
2009	1,570	Paris, France	Jean-Marc Chevallier
2010	903	Long Beach, United States	Mal Fobi
2011	2,466	Hamburg, Germany	Rudolf Weiner
2012	1,400	New Delhi, India	Pradeep Chowbey
2013	1,720	Istanbul, Turkey	Mustafa Taskin
2014	1,988	Montreal, Canada	Michel Gagner
2015	1,594	Vienna, Austria	Karl Miller
2016	2,879	Rio de Janeiro, Brazil	Ricardo Cohen
2017	2,758	London, United Kingdom	Richard Welbourn
2018	2,469	Dubai, United Arab Emirates	Ali Khammas
2019	3,256	Madrid, Spain	Antonio Torres
2020–2021	–	–	No in-person World Congress (COVID-19 pandemic)
2022	1,169	Miami, United States	Natan Zundel
2023	3,454	Naples, Italy	Luigi Angrisani
2024	1,763	Melbourne, Australia	Harry Frydenberg, Ahmad Aly
2025	2,450	Santiago, Chile	Camilo Boza
2026	–	Toronto, Canada	Mehran Anvari

Data for 1996–2006 from: Greve JWM. Presidential report 2006: the future of the the International Federation for the Surgery of Obesity (IFSO). Obes Surg. 2006;16:1407-1411. Data for 2007–2025 from official IFSO records, courtesy of Manuela Mazzarella, IFSO Chief Operating Officer.

Conclusion

IFSO is fortunate to have had the talented leadership of both its organizational and congress Presidents. These exceptional individuals helped a fledgling surgical society find its place in the world of surgical medicine and surgical publications. IFSO grew from a small society generally ignored by other medical/surgical specialties and societies and by prestigious journals. Today, it is a large, highly respected, academic organization that defined "metabolic surgery"; guides a much-cited, high impact-factor research journal; and trailblazes treatments that improve global patient care.

CHAPTER SEVEN

The Administrative Renaissance and Era of Global Expansion (2010-2026)

Khaled Gawdat

The Structural Paradox Before 2010

In its first decade and a half, IFSO firmly cemented its reputation as a global scientific powerhouse. Driven by the dedication of its visionary founders and pioneers, the federation published landmark guidelines, established rigorous clinical standards, and facilitated an unparalleled exchange of surgical knowledge.

However, a fundamental paradox hindered the society's true potential: Despite its scientific strength, IFSO operated with a suboptimal administrative structure. Relying on volunteer-led, decentralized management meant that communication with national chapters was fragmented, revenue streams were difficult to track, and executing large-scale global initiatives proved difficult. Scientific excellence without structured institutional governance was inadequate to meet the challenges of the emerging field.

The 2010 Catalyst: A Vision for an Institution



Manuela Mazzarella
IFSO Chief Operating Officer

The critical pivot and supportive decision-making occurred in 2010 during the IFSO presidency of Dr. Harry Frydenberg. Recognizing that sustainable global influence required a professional administrative backbone, Dr. Luigi Angrisani took a decisive step: He nominated Manuela Mazzarella to serve as the Executive Secretary of IFSO. This appointment catalyzed a total transformation of the federation's operational framework.

Manuela brought a level of dedication and organizational acumen that IFSO had never previously experienced. Her presence marked the transition from a loose coalition of surgeons to a professionally managed corporate entity. Under her stewardship, the Executive Secretariat became a highly efficient central hub, seamlessly connecting the Executive Board with national society presidents across the globe.

A Phase of Rapid Growth

With Manuela directing the secretariat, IFSO entered a period of great expansion. The administrative bottlenecks that had limited the society were dismantled, leading to measurable organizational advances and prosperity.

- Membership Expansion: Regions that had previously operated in isolation were brought into the federation, and new societies officially joined the global network, resulting in a rapid increase in National Society membership.
- Revenue Growth: Standardized fee collection, transparent financial reporting, and expertly negotiated corporate partnerships resulted in significant and sustained growth in revenue.
- Institutional Milestones: This period of financial and operational stability allowed IFSO to launch large data-driven initiatives, most notably the IFSO Global Registry, which grew to encompass data that ethically aggregated hundreds of thousands of procedures globally.

The Kelvin Higa Presidency: Recognizing Excellence

The true depth of Manuela's impact was formally recognized during the presidency of Dr. Kelvin Higa. Dr. Higa, a leader known for his extraordinary vision and ability to unify the global surgical community, clearly saw that the remarkable achievements of the society were inextricably linked to Manuela's tireless dedication.

Understanding that the scope of her work had far surpassed the traditional duties of a secretary, President Higa made the strategic decision to promote her to the role of IFSO Chief Operating Officer (COO). This promotion was not merely an acknowledgment of her past contributions; it was a forward-looking move to permanently secure the federation's financial and operational future.

Expanding the Secretariat Team

As IFSO's global footprint and digital presence grew, it became clear that the secretariat needed to expand to meet the evolving demands of a modern medical society.

In 2017, the team welcomed Stefanie D'Arco, who took on the vital roles of Membership Liaison and Digital Education Coordinator. Her addition ensured that the rapidly growing roster of national societies and individual members received dedicated support, while also spearheading IFSO's push into digital educational platforms.

More recently, in 2025, the team expanded again with the addition of Ludovica Longobardo. Taking charge of social media and graphic design, Ludovica has been instrumental in modernizing the federation's visual identity and ensuring that IFSO's communications reach and engage a broader global audience.



Stefanie D'Arco
IFSO Membership Liaison and Digital Education Coordinator



Ludovica Longobardo
IFSO Social Media Manager and Graphic Designer

Sustained Prosperity and Modern Operations

Today, the IFSO organization is thriving. The continued prosperity rests squarely on the administrative and management skills of Manuela Mazzarella and her dedicated team. Together, they flawlessly orchestrate the complex daily activities of a global medical federation, from coordinating high-stakes Executive Board meetings to managing the intricate logistics of large global and chapter conferences.

The history of IFSO over the past thirty years is a testament to surgical innovation, but its survival and continuous expansion as a powerful global institution is a direct result of the administrative renaissance initiated in 2010.

CHAPTER EIGHT

IFSO Now: The Dawn of Combination Therapies and Lifelong Care

Khaled Gawdat

When the International Federation for the Surgery of Obesity was formed in Stockholm in 1995, the global landscape of metabolic bariatric surgery (MBS) care was profoundly different. Led by our visionary founding president, the late Nicola Scopinaro, we began with a singular focus: to unite surgeons worldwide in standardizing and advancing operative treatments for severe obesity. As I look back on our history, I am struck by how our federation has not only adapted to, but actively driven, the scientific awakening surrounding adiposity. Our evolution is a testament to our relentless commitment to clinical truth.

The First Paradigm Shift

From weight loss to metabolic surgery… Our first major transformation occurred when the clinical evidence became undeniable: MBS was achieving far more than mechanical weight restriction. We were observing the rapid remission of type 2 diabetes and the profound reversal of severe metabolic syndromes, often well before significant weight loss had materialized.

To accurately reflect this physiological reality, our mission and name evolved to the International Federation for the Surgery of Obesity and Metabolic Disorders. This critical shift, championed over the years by pioneering presidents who recognized the broader metabolic implications of our procedures, marked our transition from weight-loss surgeons to metabolic surgeons.

Throughout this era of rapid innovation, our official journal, *Obesity Surgery*, stood as the bedrock of our scientific community. In 2026, *OBSU* saw its impact factor (IF) increase from 3.1 to 3.4, which is a significant increase. This rise in IF moved *OBSU* to one of the highest IFs among English-language surgery journals and the highest IF for all journals dedicated to MBS. *OBSU* remains a definitive reference for MBS surgeons around the world, continuously publishing the peer-reviewed literature that heralds the surgical innovations that guided this metabolic awakening.

Standardizing Care and Expanding Access: The 2022 Guidelines

A core pillar of IFSO's mission has always been the regulation and standardization of MBS procedures through rigorous position statements and joint scientific guidelines. Historically, from 1991-2022, the criteria for patient selection were dictated by the United States National Institutes of Health (NIH). Remarkably, those initial guidelines remained static for more than 30 years, even as our surgical techniques and scientific understanding transformed.

Recognizing the urgent need to align clinical practice with contemporary data, IFSO partnered with the American Society for Metabolic and Bariatric Surgery (ASMBS) to publish the groundbreaking 2022 ASMBS/IFSO Guidelines. Backed by three decades of robust scientific evidence, this landmark joint effort fundamentally updated the indications for surgery worldwide. We successfully expanded the scope of treatment to a much broader patient population, including those with lower body mass index thresholds suffering from severe metabolic disease. By modernizing these criteria, IFSO drove a massive shift in treatment availability, paving the way for better, more equitable patient care on a global scale.

The Modern Evolution: Embracing the Full Spectrum of Care

Medical science continues to advance rapidly, and the past few years have introduced a revolution in non-surgical interventions. The advent of powerful pharmacotherapy, most notably GLP-1 receptor agonists, alongside remarkable leaps in endoscopic MBS procedures, has fundamentally altered the obesity treatment landscape.

Recognizing that surgery could no longer be viewed as an isolated endpoint, IFSO adapted once more. Last year, building on the critical momentum generated by recent past presidents such as Scott Shikora, Gerhard Prager, Ricardo Cohen, and Khaled Gawdat, our mission evolved again. We proudly became the International Federation for Surgery and Other Therapies for Obesity. This was not merely a change in nomenclature; it was a profound expansion of our scope. By bringing breakthrough drug therapies and endoscopic advances under the IFSO umbrella, we established ourselves as the comprehensive authority on evidence-based obesity interventions.

The New Era of Combination Therapy

As we define "IFSO Now," we are officially entering the era of combination therapy. The treatment of obesity and its associated diseases/disorders can no longer rely on single-modality solutions. The future of our field is synergistic. Combination therapy will be the mainstay in treating this chronic disease, utilizing strategies such as:

- Surgery and Pharmacotherapy: Deploying GLP-1s and novel medications pre- or post-operatively and also during weight loss to optimize weight-loss outcomes, manage recurrent weight gain, and sustain long-term metabolic disease remission.
- Endoscopic and Surgical Synergy: Utilizing less-invasive endoscopic procedures as primary interventions, as bridges to surgery for high-risk patients, or as tools for revisional maintenance.
- Medical and Endoscopic Combinations: Achieving significant, sustainable results by judiciously pairing powerful drugs with advanced endoscopic techniques.

A Global Footprint and Educational Reach

Today, our federation's reach and influence are unprecedented. IFSO now stands as a truly global powerhouse, boasting 78 member countries and 12,000 active members organized across five regional chapters spanning the globe. To support this large network, IFSO's educational initiatives have expanded beyond traditional borders. While our annual IFSO World Congress and the dedicated meetings of our five regional chapters remain the premier gatherings for scientific exchange, the concept of "IFSO Now" embraces a continuous, year-round model of learning.

We have aggressively expanded our digital presence, launching regular interactive webinars, dedicated YouTube channels, and educational platforms across social media to democratize MBS knowledge. Furthermore, with this global footprint comes a responsibility to ensure quality and safety. Under my presidency, I am proud to be launching a global IFSO Fellowship Program. This

initiative provides professional certification to MBS surgeons worldwide, establishing robust minimum standards for MBS trainees to ensure that every patient receives care aligned with IFSO's highest standards.

Nurturing the Next Generation: Young IFSO

None of our current achievements will matter if we do not prepare the next generation to carry them forward. Created to connect early career surgeons and integrated health professionals, the Young IFSO section has become one of the most vital components of our federation. By organizing dedicated Young IFSO congress sessions, facilitating international research collaborations, and providing mentorship programs, this vital division within IFSO stimulates its members to grow within the federation and excel in their individual careers. They represent the future leaders of our society, ensuring our continued vitality and technological fluency.

Breaking the Stigma: Advocacy Beyond the Operating Room

Finally, "IFSO Now" means recognizing that our battle against obesity is not fought solely in the clinic or the operating room, it must also be fought in the public consciousness. For too long, individuals living with obesity have been subjected to cruel societal stigma, blamed for a condition that is, in reality, a complex physiological disease. IFSO has always, but now especially, taken an active stance in patient advocacy by launching direct-to-consumer campaigns. Our goal is to educate the public, dismantle these deeply ingrained prejudices, and definitively communicate that obesity is not a personal failing or a lack of willpower; it is a disease requiring medical treatment.

Our ultimate goal is life-long patient support and sustainable disease remission. By utilizing all available treatment options, setting global standards for excellence, and advocating fiercely for our patients' dignity, IFSO is better equipped than ever to reverse the most serious global health epidemic of our time.

A New Name for a New Era

In September 2025, at its World Congress in Santiago, Chile, coinciding with the thirtieth anniversary of its founding in Stockholm, IFSO's membership approved another milestone in the Federation's evolution: a change of name from the International Federation for the Surgery of Obesity and Metabolic Disorders to the International Federation for the Surgery and Other Therapies for Obesity, as proposed by Ricardo Cohen, retaining the familiar IFSO acronym. The renaming reflected the Federation's recognition that obesity is a complex, chronic disease increasingly addressed through a comprehensive, multimodal approach—surgical, pharmacological, endoscopic, and behavioral—rather than surgery alone. Three decades after a small group of pioneering surgeons gathered to found a single international society, IFSO's identity had grown, once again, to match the breadth of the field it represents.

EPILOGUE

Khaled Gawdat



George Cowan

We owe a debt of gratitude to Professor George Cowan, IFSO's first historian. At the very beginning, Dr. Cowan had a keen sense of the potential impact of this new field and recognized the importance of writing its story.



Jaime Ponce

Dr. Jaime Ponce is the IFSO President-Elect for 2026-2027. He was President of IFSO-NAC from 2021-2024, and is the current Vice Chair of the Corporate Committee, and an active member of the Board of Trustees. Dr. Ponce is an outstanding MBS surgeon with an interest in multimodal medical care who will guide IFSO into its next chapter.



Khaled Gawdat

The current history book is an invitation to the next generation to continue chronicling the growth, contributions, and spirit of IFSO, an organization that introduced the discipline and benefits of metabolic bariatric surgery to the world.



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