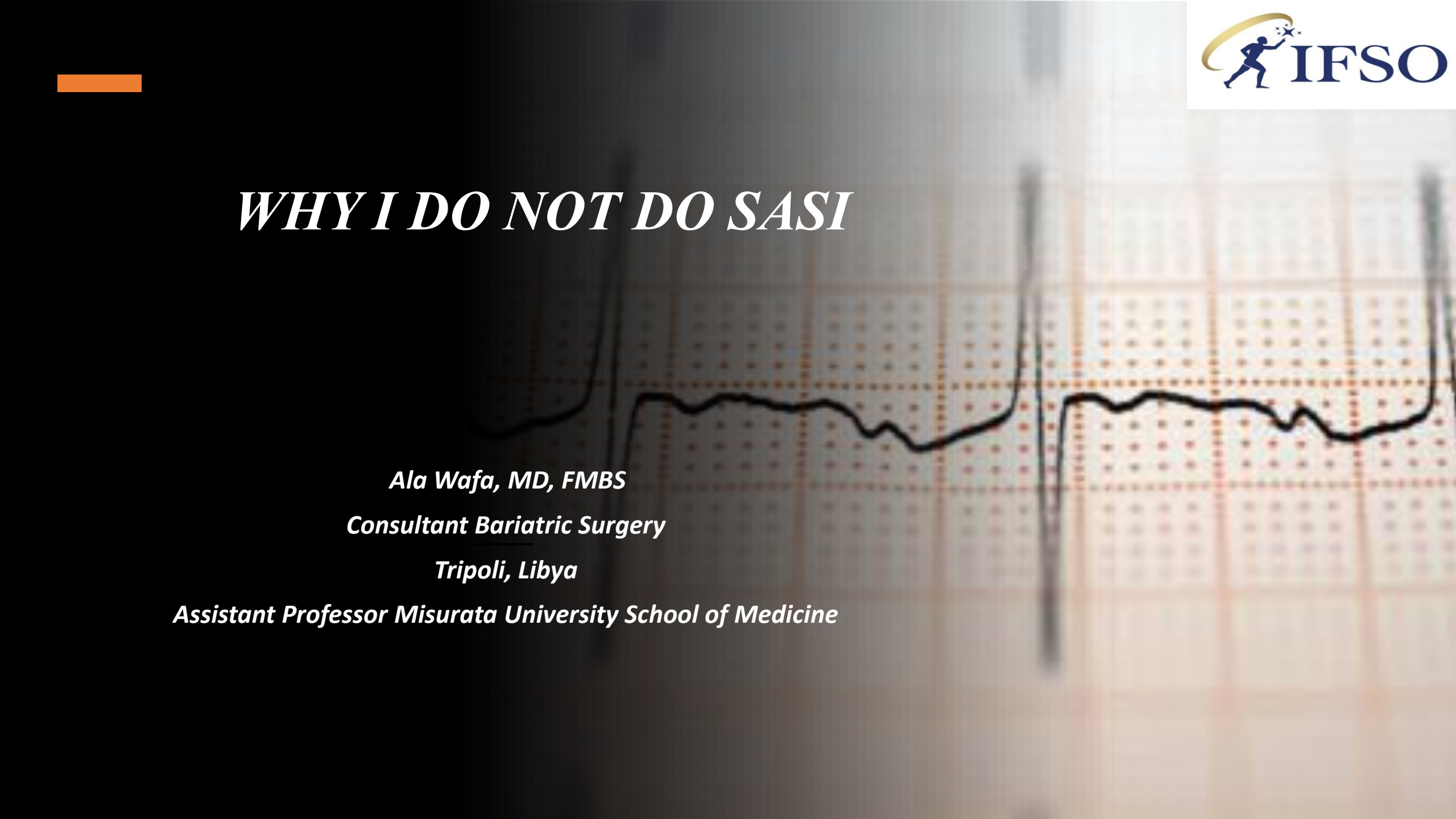
WHY I DO NOT DO SASI

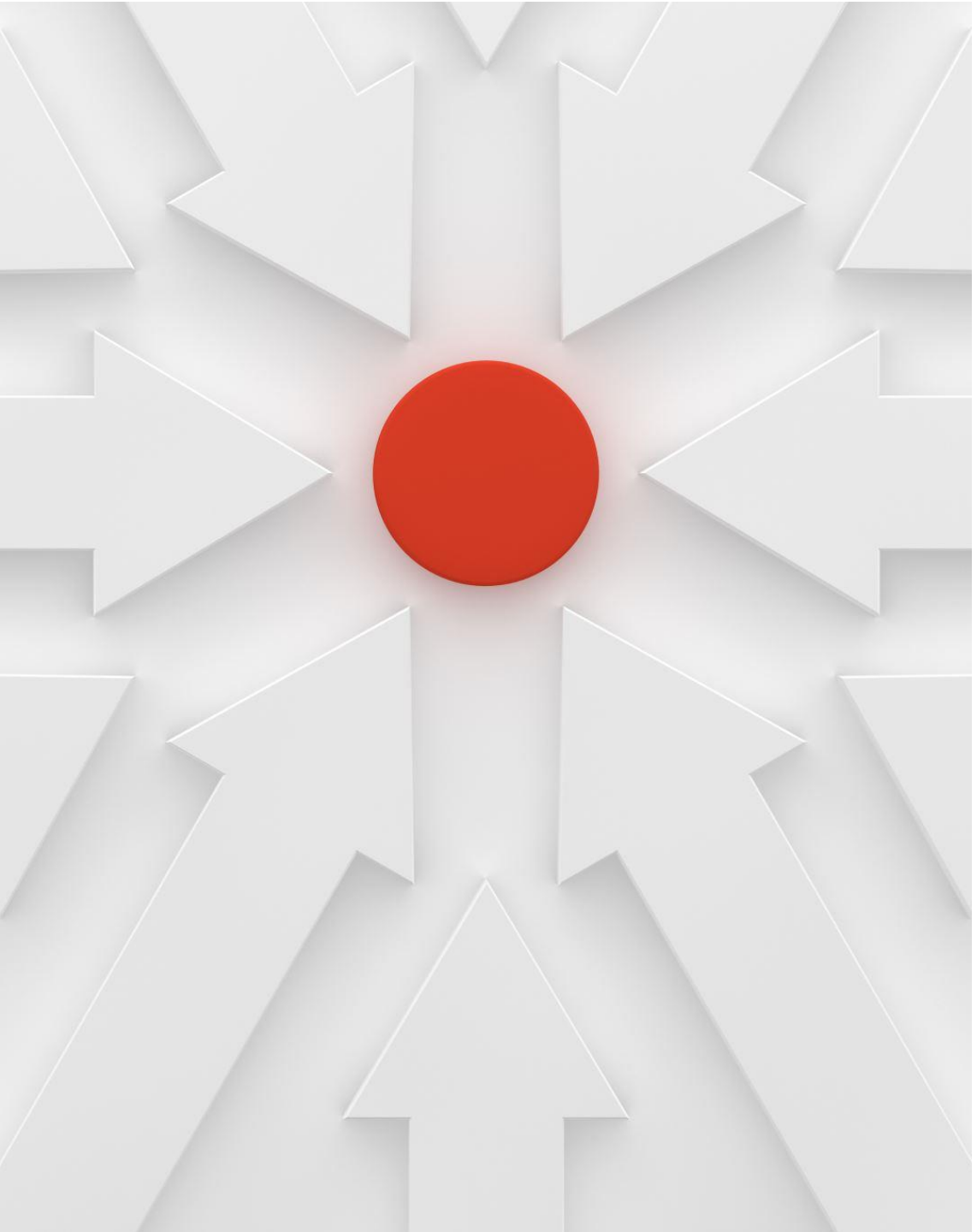


Ala Wafa, MD, FMBS

Consultant Bariatric Surgery

Tripoli, Libya

Assistant Professor Misurata University School of Medicine

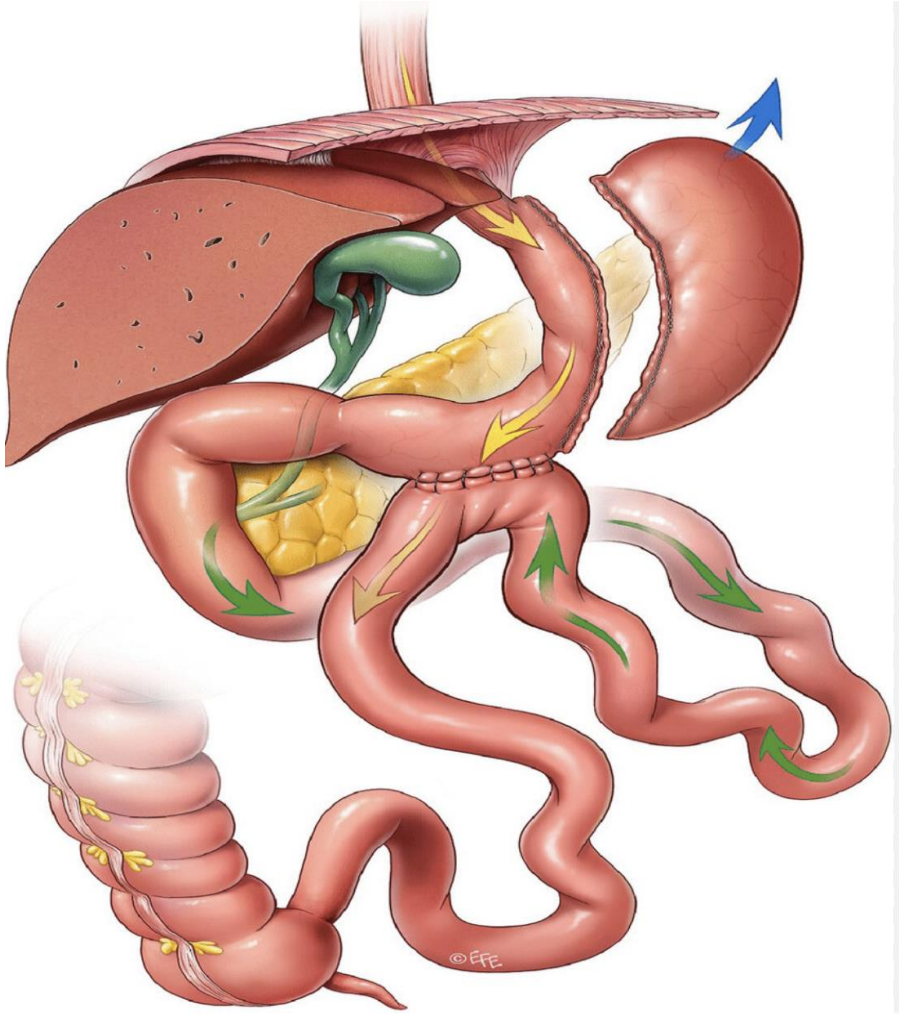


No conflict of interest


sleeve gastrectomy 44.3%
OAGB 32%
RYGB 3.8%
SADI-s 7.5%
Revision 11.8%

A new experimental procedure, a single anastomosis sleeve ileal (SASI) bypass, is a modification of Santoro's procedure, consisting of sleeve gastrectomy with transit bipartition (SG+TB).

SASI consists of sleeve gastrectomy with single gastro-ileal anastomosis.



Background

A recent position statement of the International Federation for Surgery of Obesity and related disorders (IFSO) addressed important issues on ethics and innovative procedures.

According to the document, ethics in bariatric and metabolic surgical practice is a matter of the utmost importance.

Background

Innovative procedures must have their safety and long-term efficacy based on high scientific evidence.

Including new procedures into clinical practice without following the path of safety/long-term may lead to unnecessary risk to patients and eventually undermine the reputation achieved by BMS in the last decade.

Theoretically this has shorter learning curve, shorter operative time, easier revisions.

Facilitates the performance of esophagogastroduodenoscopy postoperatively.

The efficacy and safety of SASI bypass have been demonstrated only in a few studies.

There is scarce evidence of SASI's long-term efficacy and safety.

Obesity Surgery (2024) 34:1742–1747
https://doi.org/10.1007/s11695-024-07192-7

ORIGINAL CONTRIBUTIONS

The Alarming Rate of Malnutrition after Single Anastomosis Sleeve Ileal Bypass. A single Centre Experience

Ala Wafa[1] · Ahmad Bashir[2] · Ricardo V. Cohen[3] · Ashraf Haddad[2]

Received: 13 February 2024 / Revised: 19 March 2024 / Accepted: 20 March 2024 / Published online: 27 March 2024

Aim of the Study

- The present study aims to assess the safety and efficacy of SASI bypass as a primary metabolic and bariatric surgery (MBS).

Patients and Methods

This retrospective case series was conducted by reviewing the records of 30 patients with grade 3 obesity that underwent primary SASI bypass from January 2021 to December 2021 at Aljazeera International Hospital, Misurata, in collaboration with Misurata University, Libya.

All procedures were performed by a single surgeon (AW).

Stoma size 4cm.

Common channel 300cm.

Obesity Surgery (2024) 34:1742–1747
https://doi.org/10.1007/s11695-024-07192-7

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Received: 13 February 2024 / Revised: 19 March 2024 / Accepted: 20 March 2024 / Published online: 27 March 2024

Weight loss and resolution of obesity complications

Variables	12 months after SASI%
EBWL%	92.74%
TBWL%	42.68%
T2DM	87.5%
HTN	71.4%
OSA	100%

Obesity Surgery (2024) 34:1742–1747
https://doi.org/10.1007/s11695-024-07192-7

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Received: 13 February 2024 / Revised: 19 March 2024 / Accepted: 20 March 2024 / Published online: 27 March 2024

Complications 1 year after SASI

Test	Low Hb	Low Albumin
Number of patients (%)	21(70%)	7(23.3%)
The mean result at 1 year after surgery	8.75 g/dl	3.3 g/dl

Summary of malnourished patients post SASI procedure

A total of 6 patients required revision or conversion to other procedures for persistent diarrhea, hypoalbuminemia, oral protein not tolerated?, requiring hospitalization and total parenteral nutrition (TPN) for a mean of 18.8 days (10-28).

Summary of malnourished patients post SASI procedure

One patient presented the earliest with persistant vomiting and diarreha at 3 months and was converted to Roux-en-Y gastric bypass (RYGB) at an outside facility.

The rest were converted back to LSG and discharged home in good condition on the first postoperative day (POD).

Obesity Surgery (2020) 30:837–845
https://doi.org/10.1007/s11695-019-04296-3

ORIGINAL CONTRIBUTIONS

Evaluation of the Efficacy of Single Anastomosis Sleeve Ileal (SASI) Bypass for Patients with Morbid Obesity: a Multicenter Study

Tarek Mahdy[1] · Sameh Hany Emile[1] · Amr Madyan[1] · Carl Schou[2] · Abdulwahid Alwahidi[3] · Rui Ribeiro[4] · Alaa Sewefy[5] · Martin Büsing[6] · Mohammed Al-Haifi[7] · Emad Salih[8] · Scott Shikora[9]

Published online: 16 November 2019

- Retroscpective study of 605 patients with one year follow-up.
- Size of anastomosis 3 cm, and common channel 250 cm.

Obesity Surgery (2020) 30:837–845
https://doi.org/10.1007/s11695-019-04296-3

IFSO

IFSO

ORIGINAL CONTRIBUTIONS

Check for updates

Evaluation of the Efficacy of Single Anastomosis Sleeve Ileal (SASI) Bypass for Patients with Morbid Obesity: a Multicenter Study

Tarek Mahdy[1] · Sameh Hany Emile[1] · Amr Madyan[1] · Carl Schou[2] · Abdulwahid Alwahidi[3] · Rui Ribeiro[4] · Alaa Sewefy[5] · Martin Büsing[6] · Mohammed Al-Haifi[7] · Emad Salih[8] · Scott Shikora[9]

Published online: 16 November 2019

- ***Bile reflux 5.3%.***
- ***Diarreha 2.5% with no hypoalbumenia or malnutrition.***
- ***Stomal ulcer 0.5%.***
- ***All are managed conservative with no need of revision.***

Discussion

International Journal of Surgery 92 (2021) 106024

Contents lists available at ScienceDirect

International Journal of Surgery

journal homepage: www.elsevier.com/locate/ijsu

Systematic review of the outcome of single-anastomosis sleeve ileal (SASI) bypass in treatment of morbid obesity with proportion meta-analysis of improvement in diabetes mellitus

Sameh Hany Emile [a,*], Tarek Mahdy [a], Carl Schou [b], Michael Kramer [c], Scott Shikora [d]

- ***Systematic review and meta-analysis of 941 patients that underwent SASI, comparing 4 to 3 cm anastomosis.***

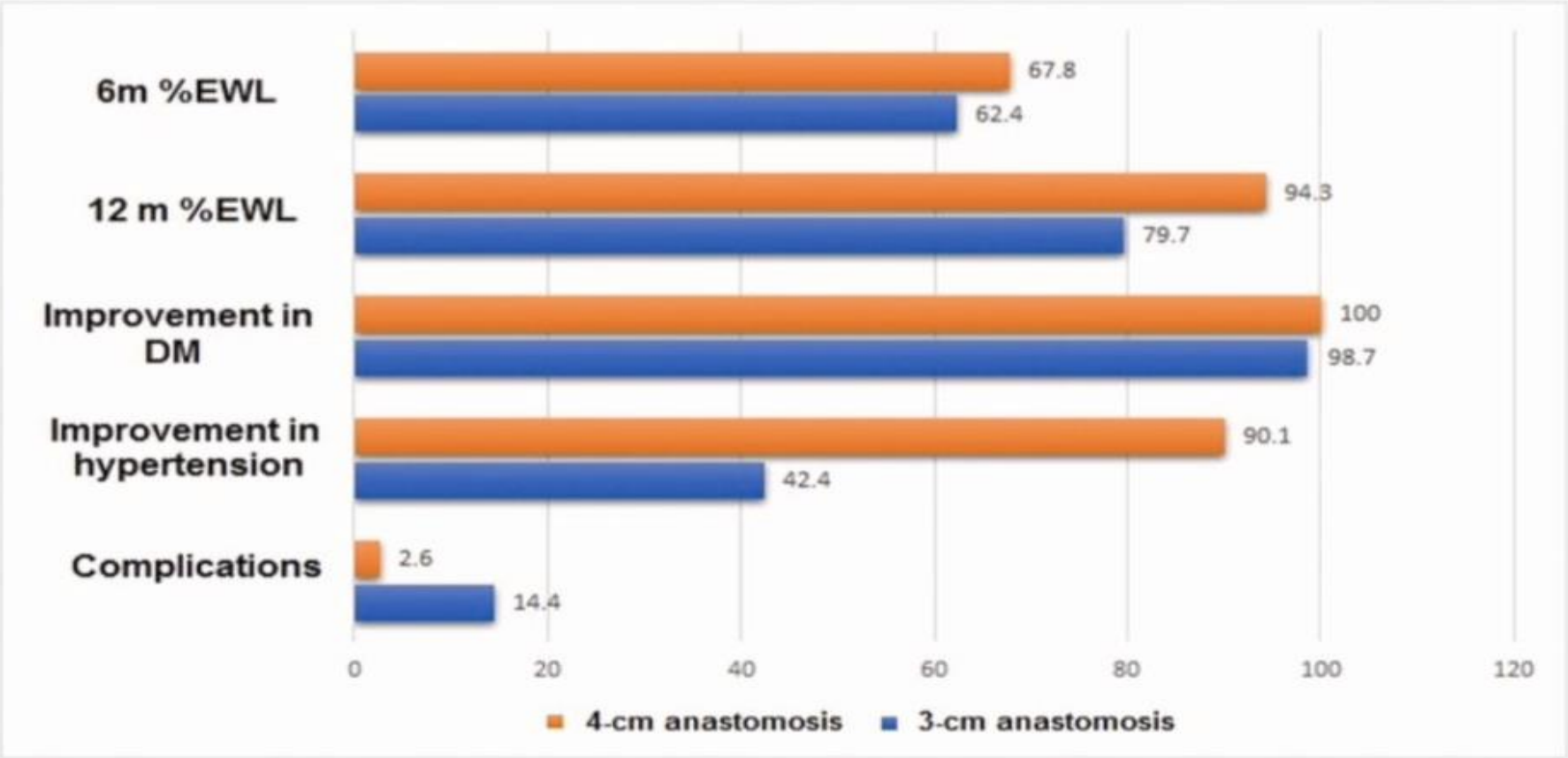
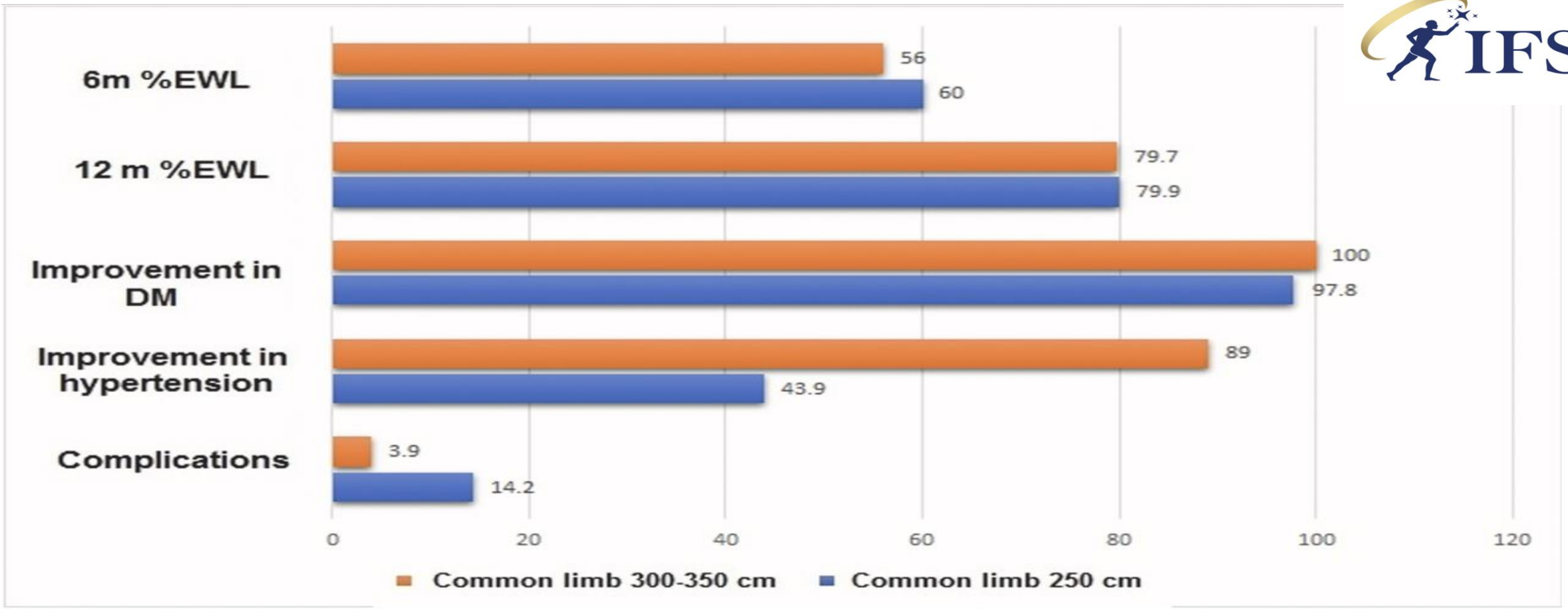


Fig. 4. Outcomes of SASI bypass with anastomosis size of 3 cm versus 4 cm.

- ***Revealed that a 4-cm anastomosis had better EWL at 12 months (94.3% vs 79.7%) and less complication rate (2.6% vs 14.4%).***



- ***The same systematic review reported that a 300-350 cm common channel offers the same weight loss (79.7 vs 79.9) but significantly less complication rate (3.9 vs 14.2) than a common channel of 250 cm.***

Discussion

Surgical Endoscopy (2021) 35:652–660
https://doi.org/10.1007/s00464-020-07430-w

Single anastomosis sleeve ileal (SASI) bypass versus sleeve gastrectomy: a case-matched multicenter study

Sameh Hany Emile[1] · Amr Madyan[1] · Tarek Mahdy[1,2] · Ayman Elshobaky[1] · Hosam Ghazy Elbanna[1] · Mohamed Anwar Abdel-Razik[1]

Received: 11 November 2019 / Accepted: 10 February 2020 / Published online: 18 February 2020

- ***They reported that at 12 months, SASI had better weight loss, resolution of T2D, and gastroesophageal reflux disease (GERD); however, there was no mention of nutritional assessment or deficiencies .***

IFSO

INTERNATIONAL JOURNAL OF SURGERY

Randomised Controlled Trial

OPEN

Single anastomosis sleeve jejunal (SAS-J) bypass vs single anastomosis sleeve ileal (SASI) bypass, prospective randomized controlled clinical trial

Alaa Mostafa Sewefy, MD[a,*], Mohamed A. Abdelzaher, MD[b], Karim Sabry, MD[c], Amr Madyan, MD[d], Ramy Helmy, MD[c], Mina Makram Hendy, MD[e], Taha Hassan Kayed, MD[e]

- ***Prospective RCT that included 180 patients with 1 year follow-up.***
- ***Groupe 1, SASI***
- ***Groupe 2, SAS-J***

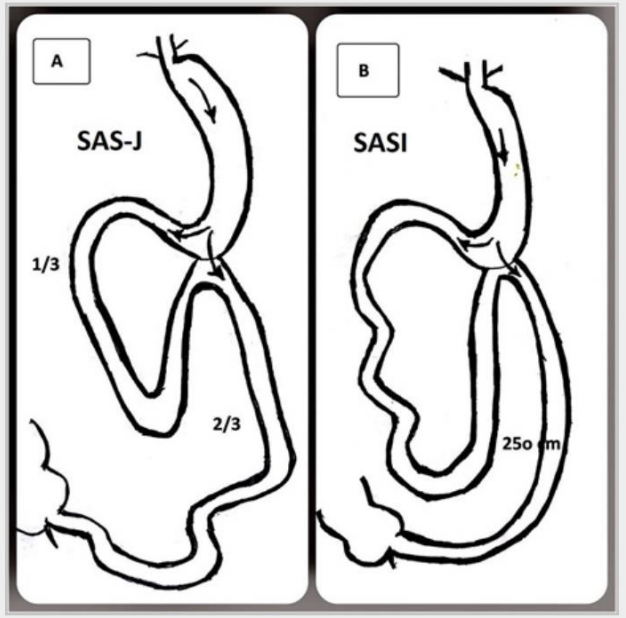
Randomised Controlled Trial

INTERNATIONAL JOURNAL OF SURGERY

OPEN

Single anastomosis sleeve jejunal (SAS-J) bypass vs single anastomosis sleeve ileal (SASI) bypass, prospective randomized controlled clinical trial

Alaa Mostafa Sewefy, MD[a,*], Mohamed A. Abdelzaher, MD[b], Karim Sabry, MD[c], Amr Madyan, MD[d], Ramy Helmy, MD[c], Mina Makram Hendy, MD[e], Taha Hassan Kayed, MD[e]



- ***Stoma size and limb lenght.***
- ***Groupe 1, SASI….4cm, 250cm common channel.***
- ***Groupe 2, SAS-J….4cm, 2/3 of Total bowel limb length is Common channel.***

IFSO

INTERNATIONAL JOURNAL OF SURGERY

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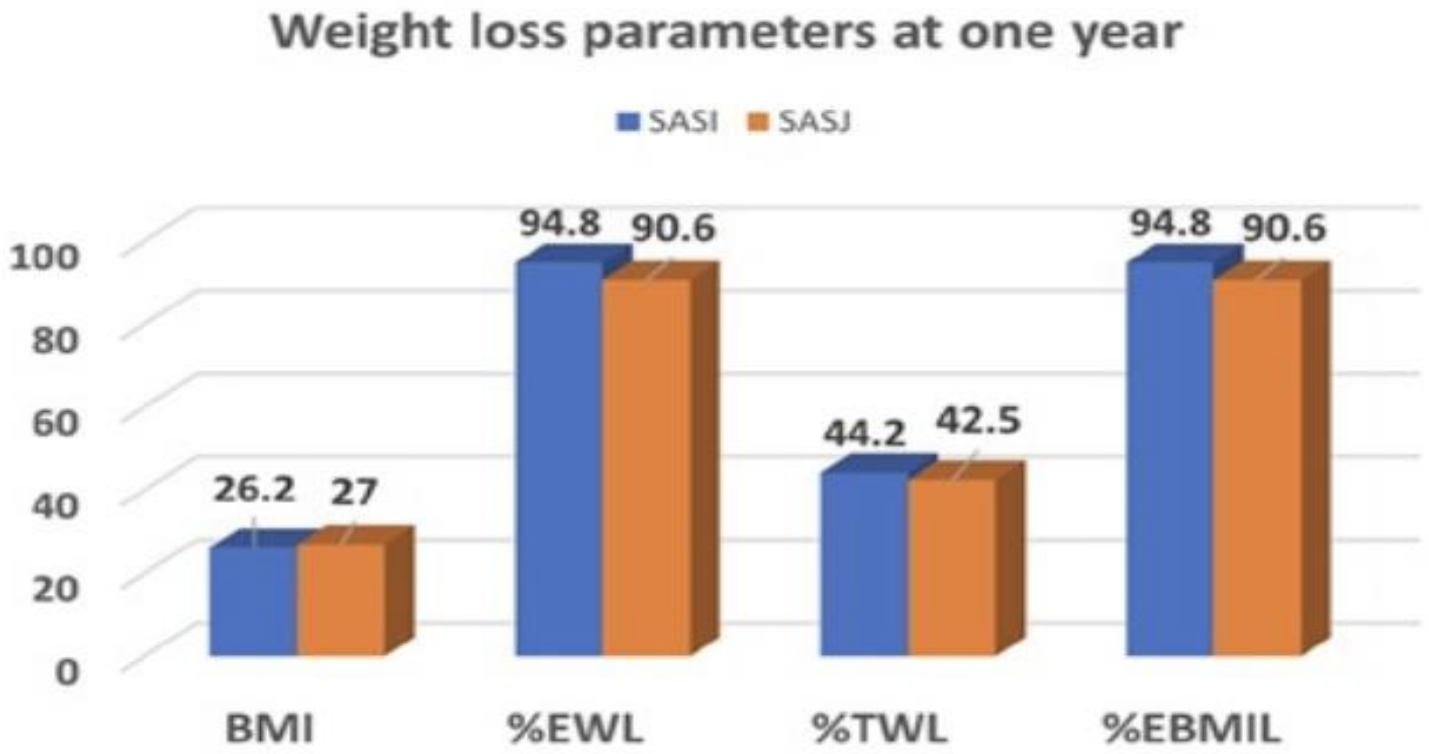


Table 3 - Weight loss parameters at 1 year

Variable	Group		*P*-value
	SASI	SAS-J	
	n = 88	*n* = 87	
BMI			
Preoperative	47.8 ± 6.2	47.6 ± 6	0.837
At 3 months	39.2 ± 4.9	39.5 ± 5	0.703
At 6 months	33.7 ± 3.5	34.5 ± 3.4	0.155
At 12 months	26.2 ± 2.1	27 ± 2.3	0.024
%EWL			
At 3 months	38.7 ± 6	37.1 ± 6.6	0.093
At 6 months	62.4 ± 7.6	58.9 ± 6.6	0.001
At 12 months	94.8 ± 9.8	90.6 ± 9.6	0.005
%TWL			
At 3 months	17.9 ± 2.1	17 ± 1.9	0.005
At 6 months	29.1 ± 4	27.2 ± 3.4	0.002
At 12 months	44.4 ± 7.3	42.5 ± 8.3	0.110
%EBMIL			
At 3 months	38.8 ± 6	37.2 ± 6.6	0.093
At 6 months	62.4 ± 7.6	58.9 ± 6.6	0.001
At 12 months	94.8 ± 9.8	90.6 ± 9.6	0.005

Data are presented in mean ± standard deviation.

BMI, body mass index; %EWL, percentage of excess weight loss; %TW percentage of total weight loss; %EBMIL, percentage of excess body mass index loss.

IFSO

Randomised Controlled Trial

INTERNATIONAL JOURNAL OF SURGERY

OPEN

Single anastomosis sleeve jejunal (SAS-J) bypass vs single anastomosis sleeve ileal (SASI) bypass, prospective randomized controlled clinical trial

Alaa Mostafa Sewefy, MD[a,*], Mohamed A. Abdelzaher, MD[b], Karim Sabry, MD[c], Amr Madyan, MD[d], Ramy Helmy, MD[c], Mina Makram Hendy, MD[e], Taha Hassan Kayed, MD[e]

- ***Revision rate:***
  1. ***Group1, SASI 8%***
  2. ***Group 2, SAS-J 1.1%***

Table 4 - Nutritional deficiency

Variable	Group		
	SASI	SAS-J	
	n = 88	*n* = 87	*P*-value
Protein-energy malnutrition	14 (15.9%)	4 (4.6%)	0.014
Anemia	13 (14.8%)	5 (5.7%)	0.049
Vitamin D deficiency	13 (14.8%)	10 (11.5%)	0.521
Hypocalcemia	11 (12.5%)	5 (5.7%)	0.121
Total count	51(58%)	24 (27.6)	0.000
Intractable malnutrition that needs revision	7(8%)	1(1.1%)	0.031

Discussion

Obesity Surgery (2020) 30:4286–4292
https://doi.org/10.1007/s11695-020-04781-0

ORIGINAL CONTRIBUTIONS

1-Year Follow-up of Single Anastomosis Sleeve Ileal (SASI) Bypass in Morbid Obese Patients: Efficacy and Concerns

Mohammad Kermansaravi [1,2,3,4] · Ali Kabir [4] · Abdolreza Pazouki [1,2,3]

Received: 11 April 2020 / Revised: 10 June 2020 / Accepted: 11 June 2020 / Published online: 17 July 2020

Retroscpective study of 24 patients with one year follow-up.

Rate of conversion SASI to SLEEVE 8.3% due to hypoalbuminemia <3gm/dl.

International Journal of Surgery Open 22 (2020) 33–37

Contents lists available at ScienceDirect

International Journal of Surgery Open

journal homepage: www.elsevier.com/locate/ijso

Research Paper

Laparoscopic sleeve gastrectomy with transit loop bi-partition: A novel bariatric procedure

Abdulla Ismaeel Mohamed [a], Marwan Mohamed Bucheeri [b, *], Abdulmenem Yahya Abulsel [c], Beta Jose [d]

[a] King Hamad University Hospital, Kingdom of Bahrain, House 1591A, Road 5433, Block 254, Qalali, Kingdom of Bahrain
[b] King Hamad University Hospital, Kingdom of Bahrain, House 2415, Road 4571, Block 745, Sanad, Kingdom of Bahrain
[c] Consultant General & Bariatric Surgeon, King Hamad University Hospital, Kingdom of Bahrain
[d] Speciality Bariatric Nurse, King Hamad University Hospital, Kingdom of Bahrain

- ***Retroscpective study of 34 patients with one year follow-up.***
- ***Size of anastomosis 3.5 cm and common channel of 250 cm.***
- ***Rate of hypoalbumenia and malnutrition was 20.6%.***
- ***Perforated marginal ulcer rate was 5.9%.***

The Egyptian Journal of Surgery

ORIGINAL ARTICLE

Laparoscopic sleeve gastrectomy with loop bipartition versus laparoscopic sleeve gastrectomy in treating obese people with type II diabetes mellitus

a prospective randomized comparative study

Khalil, Osama H.; Mansy, Wael S.; Abdalla, Wael M.; Baiomy, Taha A.

- ***Prospective randomized comaparative study (LSGB 26 vs SG 25)with one year follow-up.***
- ***Rate of hypoalbumenia and protein energy malnutrition 11.5%.***

Hindawi
Journal of Obesity
Volume 2023, Article ID 5582940, 8 pages
https://doi.org/10.1155/2023/5582940

Research Article

Unpredictable Malnutrition and Short-Term Outcomes after Single Anastomosis Sleeve Ileal (SASI) Bypass in Obese Patients

Ayman Kamal, Mahmoud El Azawy, and Tarik A. A. Hassan

Faculty of Medicine, Helwan University, Helwan, Egypt

Correspondence should be addressed to Mahmoud El Azawy; mahmoud.alazawy22@yahoo.com

Received 6 February 2023; Revised 3 June 2023; Accepted 5 June 2023; Published 19 June 2023

Academic Editor: Francesco Saverio Papadia

Complications	Patients ($N = 30$)	
	No.	%
GERD	1	3.3
Revision	15	50.0
Vomiting	9	30.0
GS ($N = 27$)	13	48.1
Dumping	10	33.3
Malnutrition	19	63.3
Steatorrhea	6	20.0
Protein intolerance	21	70.0

- ***Retroscpective study of 30 patients with one year follow-up.***
- ***Size of anastomosis 4 cm and common channel of 250 cm.***

Discussion

Obesity Surgery (2024) 34:371–381
https://doi.org/10.1007/s11695-023-06988-3

ORIGINAL CONTRIBUTIONS

One Anastomosis Transit Bipartition (OATB): Rational and Mid-term Outcomes

Rui Ribeiro[1,2,3] · Octávio Viveiros[1,2,3] · Viorel Taranu[1,2] · Carina Rossoni[1,4,5]

Received: 30 September 2023 / Revised: 29 November 2023 / Accepted: 6 December 2023 / Published online: 23 December 2023

Ribeiro et al. recently published the 5 years outcomes of SASI in 68 patients.

Hypoproteinemia and anemia were present in 5.9%.

Two patients (3%) required revision for diarrhea and excessive weight loss. However, only 17.6% of the patients reached 5 years of follow-up.

Emerging Treatments and Technologies
ORIGINAL ARTICLE

Specific Effects of Biliopancreatic Diversion on the Major Components of Metabolic Syndrome

A long-term follow-up study

Nicola Scopinaro, MD
Giuseppe Maria Marinari, MD
Giovanni Bruno Camerini, MD
Francesco Saverio Papadia, MD
Gian Franco Adami, MD

- ***There are important lessons to be learned from the past in the history of MBS?***
- ***Procedures with a significant malabsorption component, such as the Scopinaro bilio-pancreatic diversion, are outstanding regarding weight loss and obesity-related complications, such as T2D.***

Obesity Surgery (2025) 35:2779–2781
https://doi.org/10.1007/s11695-025-07982-7

EDITORIAL

Editorial Opinion: Methodological Rigor in Metabolic and Bariatric Surgery Research—Learning from History

Ala Wafa[1] · Mohammad Kermansaravi[2] · Ricardo Cohen[3]

Received: 5 June 2025 / Revised: 6 June 2025 / Accepted: 11 June 2025 / Published online: 19 June 2025

- ***MBS has made remarkable advances, transforming millions of live worldwide.***
- ***Neverthless, continoued progress depends on upholding the highest scientific rigor and evidence-based practice standards.***

Obesity Surgery (2025) 35:2779–2781
https://doi.org/10.1007/s11695-025-07982-7

EDITORIAL

Editorial Opinion: Methodological Rigor in Metabolic and Bariatric Surgery Research—Learning from History

Ala Wafa[1] · Mohammad Kermansaravi[2] · Ricardo Cohen[3]

Received: 5 June 2025 / Revised: 6 June 2025 / Accepted: 11 June 2025 / Published online: 19 June 2025

- ***Historical lessons—from the failures of the jejunoileal bypass to the long-term complications of Scopinaro's biliopancreatic diversion—serve as cautionary reminders of the risks of premature adoption.***

- ***Our responsibility extends beyond technical innovation to include producing and disseminating high-quality evidence that truly advances patient care.***

Obesity Surgery (2025) 35:2779–2781
https://doi.org/10.1007/s11695-025-07982-7

EDITORIAL

Editorial Opinion: Methodological Rigor in Metabolic and Bariatric Surgery Research—Learning from History

Ala Wafa[1] · Mohammad Kermansaravi[2] · Ricardo Cohen[3]

Received: 5 June 2025 / Revised: 6 June 2025 / Accepted: 11 June 2025 / Published online: 19 June 2025

- ***Only through a sustained commitment to methodological rigor can we ensure patients receive safe, effective treatments while avoiding past mistakes.***

- ***The promise of surgical innovation must be matched by equally rigorous scientific evaluation.***

Discussion

Obesity Surgery (2022) 32:3231
https://doi.org/10.1007/s11695-022-06249-9

PUBLISHER CORRECTION

Correction to: Innovative Bariatric Procedures and Ethics in Bariatric Surgery: The IFSO Position Statement

Ashraf Haddad[1] · Lilian Kow[2] · Miguel F. Herrera[3] · Ricardo V. Cohen[4] · Jacques Himpens[5] · Jan Willem Greve[6] · Scott Shikora[7]

Published online: 22 August 2022

The SASI procedure is an interesting BMS operation that has achieved excellent weight loss and resolution of the comorbidity associated with obesity, possibly better than the sleeve gastrectomy.

The published data is scarce, and most of it comes from a single BMS program and surgeon.

there is no long-term data as most studies only report 12-month follow- ups.

There are currently no randomized controlled trials, so patient selection introduces significant bias.

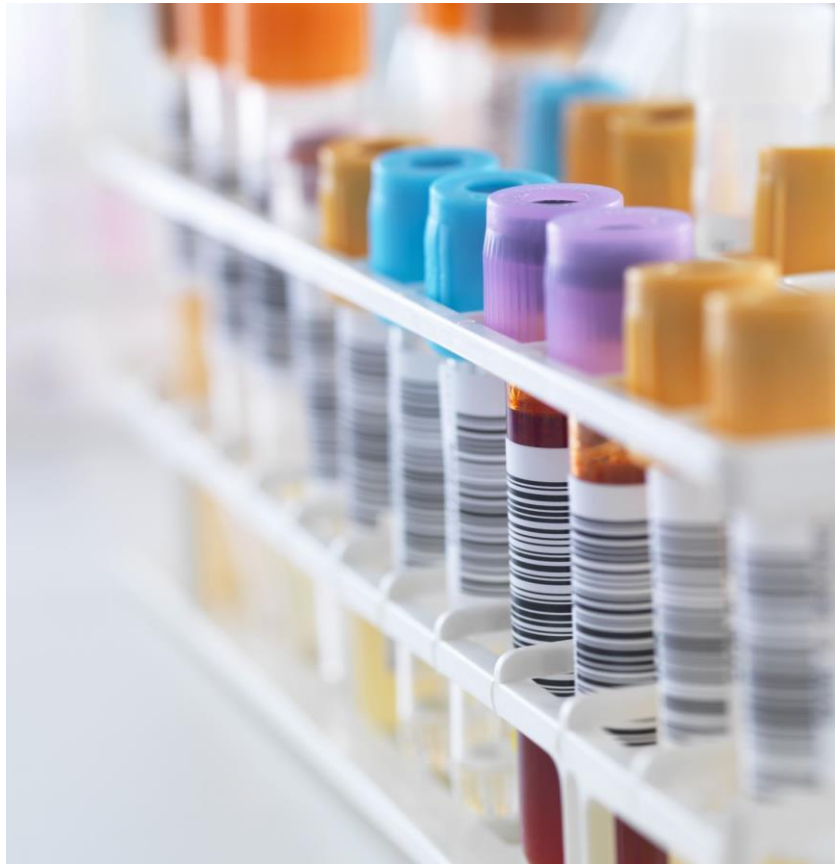
Lastly, there is no proof that an enterohormonal imbalance is related to obesity or that the bipartition corrects any imbalance.

This procedure may achieve excellent results solely on the basics that it is a malabsorptive procedure.

Conclusion

Despite good short-term weight loss and improvement of obesity associated complications, SASI is accompanied by high alarming malnutrition, even in short-term follow-up.

Novel MBS should be judged for their long-term effects and compared to well-tested standard operations before they are used in routine clinical practice.



Thank You