

XXVIII IFSO World Congress

9-12 September 2025 | Santiago, Chile



IFSO GRAND DEBATES
MAGNETS WILL CHANGE
SURGERY

IFSO 2025 Santiago

Combined Therapies, The Dawn of a New Era

ifso2025.org

Disclosure Slide

Intuitive Surgical – Honoraria

Medtronic – Honoraria

GT Metabolic – Honoraria, Stock

Suture Ease – Honoraria

Lexion – Consulting

Lexington Medical - Consulting



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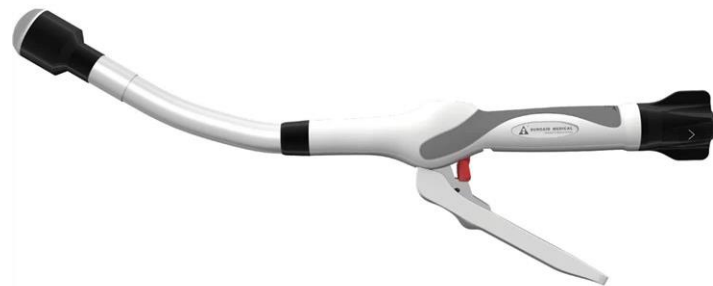
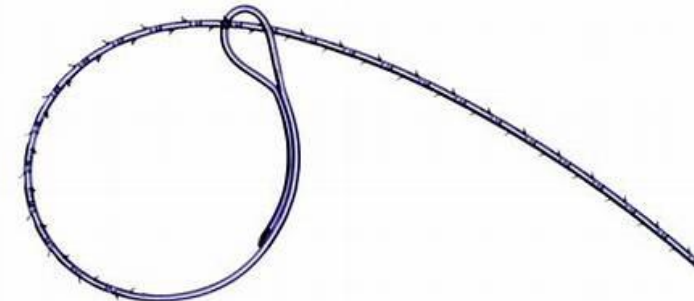
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The Same Anastomosis For Thirty Years Moving Beyond Suture and Staples





The Same Anastomosis For Thirty Years

- Bariatric Surgery Has Evolved

Open Surgery



Laparoscopic Surgery



Robotic Surgery



AI Procedures?

- The Evolution of the Anastomosis

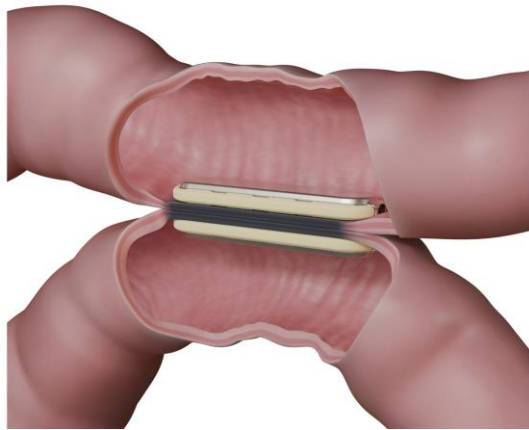
Hand Sewn

Circular Stapled

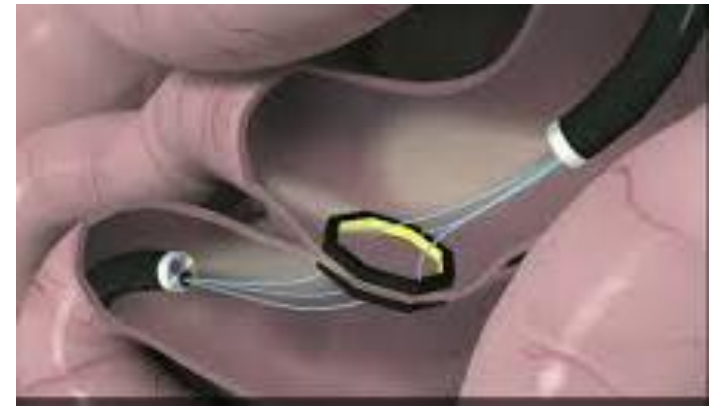
Linear Stapled



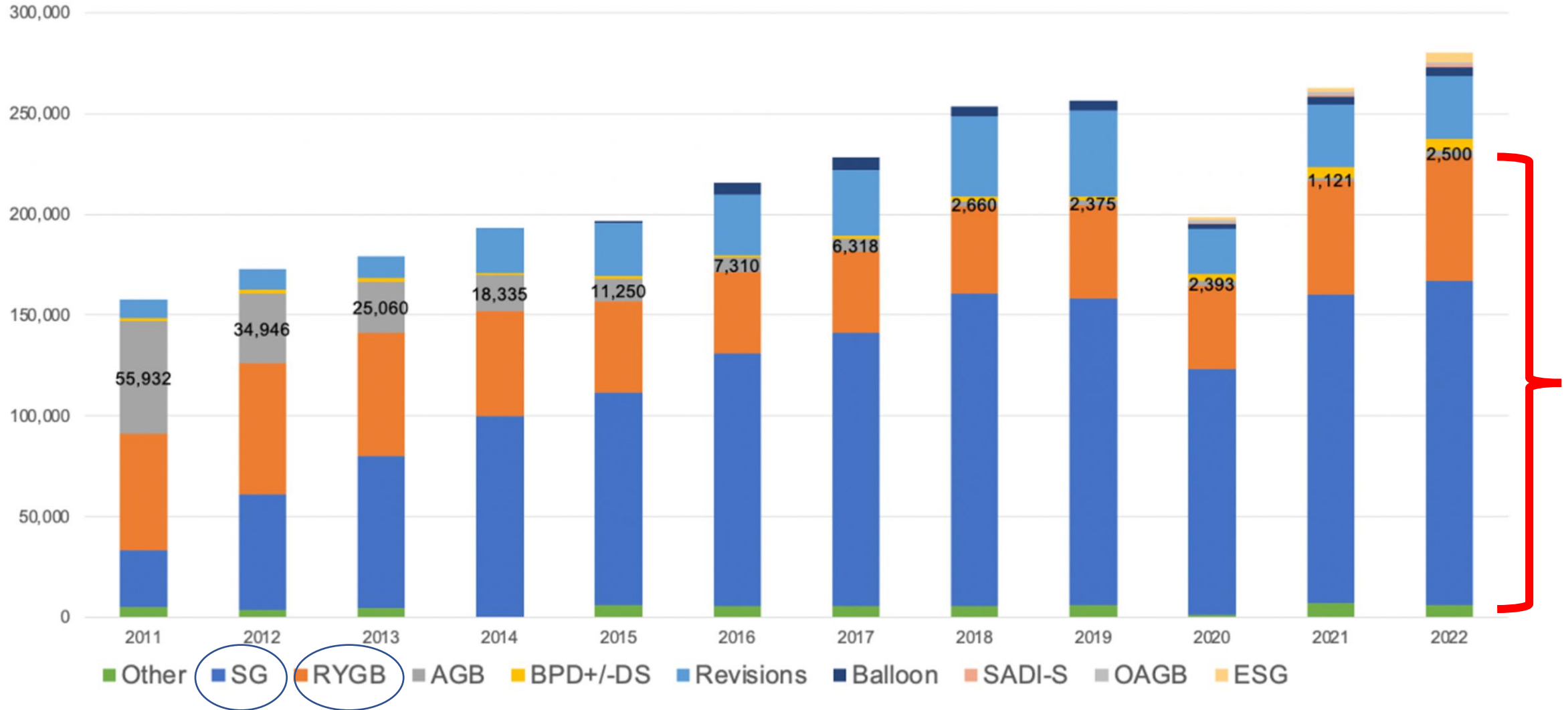
Magnets Are Here Now and Making a Difference



FDA Approved
But Its Only the Beginning
Safer
Faster
Imagine an Anastomosis.....
No Bleeding
No Leaks



A Story About Procedural Evolution



Why Evolve?



Contents lists available at ScienceDirect

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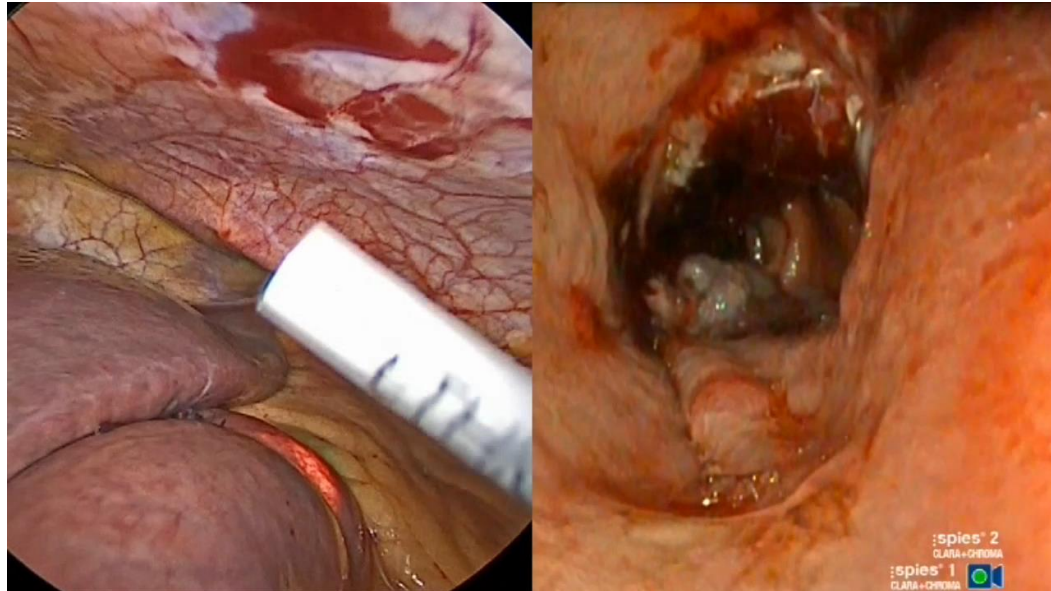


Review

Stapled anastomosis versus hand-sewn anastomosis of gastro/duodenojejunostomy in pancreaticoduodenectomy: A systematic review and meta-analysis



- Anastomotic Bleeding
 - 5.6% in stapled anastomosis



Why Evolve

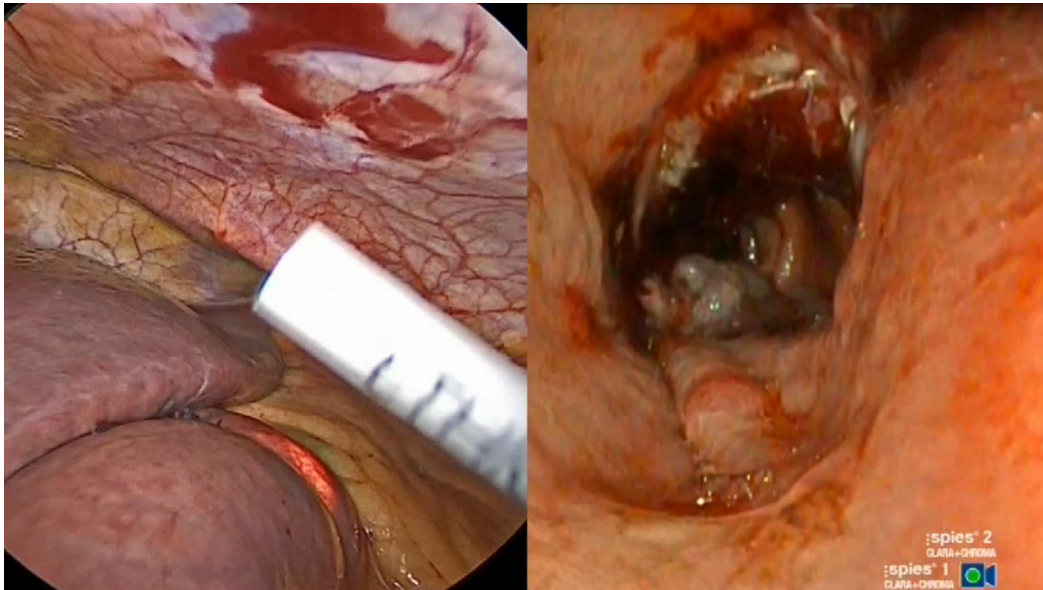
RESEARCH NOTE

Open Access



Incidence and risk factors for anastomotic bleeding in lower gastrointestinal surgery

Jocelyne Hébert^{1,5}, Sherif Eltonsy^{2,3,4*} , Jeffrey Gaudet^{2,3} and Caroline Jose^{3,5}



- 2.3% Incidence of anastomotic bleeding
- Average Length of stay before discharge was 12 days

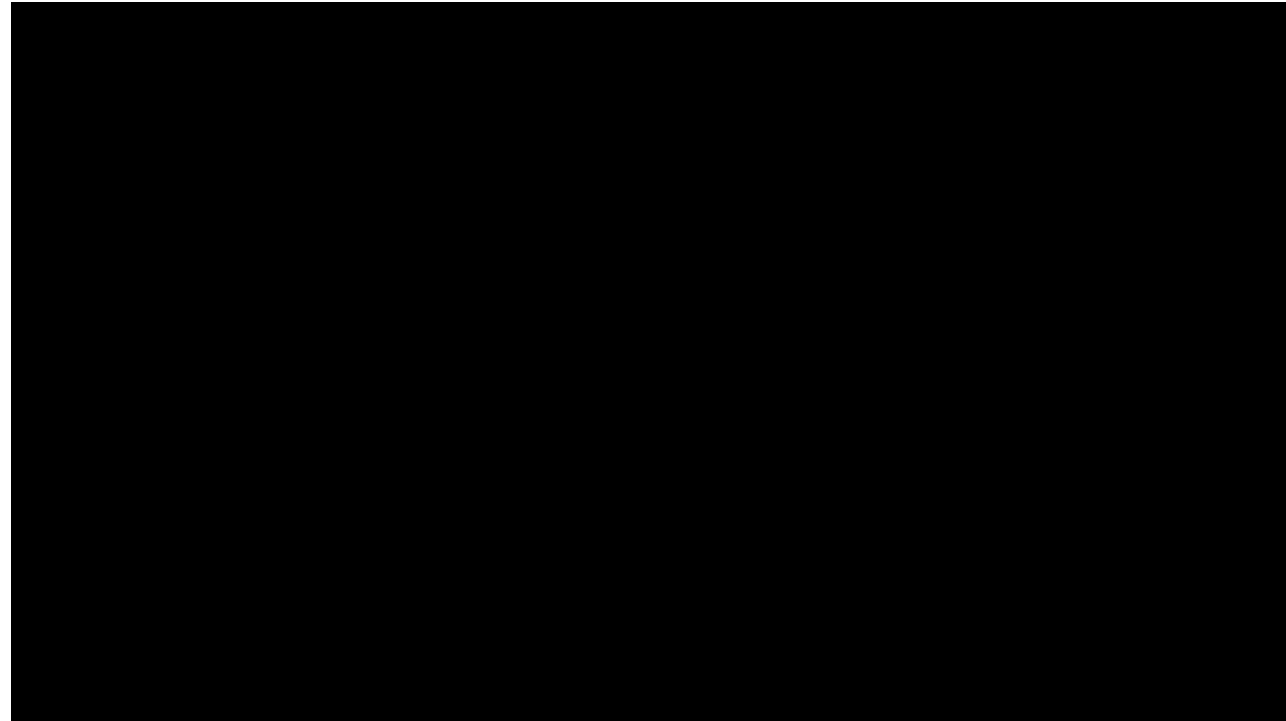
Imagine

No More Leaks, Bleeds, Strictures

- Far more encompassing than Bariatrics
 - Colon Rectal
 - Thoracic
 - Oncology
-
- What other process have we left stagnant for 30 years.
 - Why do anastomosis the same way we did in 1999
 - Every thing else has evolved in Bariatric Surgery
 - Anastomosis remains essentially the same

Why Consider Magnetic Bariatric Surgery? Eliminates Many of The Risks of Duodenal Surgery

- Understanding Anatomic Challenges
 - Posterior Duodenal Dissection
 - How to Avoid Bleeding
 - How to Manage Bleeding
- Dissecting The Duodenum
 - Staple Line Disruption
 - Posterior Duodenal Injury – Delayed Perforations
 - Pancreatic Injuries
- Mobilizing The Proximal Duodenum
 - The Blue Duodenum and the Right Gastric Artery
 - Obtaining Enough Proximal Duodenum
- WHAT COULD POSSIBLE GO WRONG



There Is a Better Way

The Evolution of Operations

- RYGB – Remains a Dominant Operation
- Sleeve Gastrectomy – Remains the Most Common Operation
- BPD-DS
 - Was a minority Operation
 - Evolved into SADI
 - Is still a minority operation – WHY
- ANASTOMOSIS and Operative Dissection Make Evolution Slow
- Sleeve Gastrectomy Remains the Number One Procedure Worldwide
 - Outcomes are Not Durable
 - Revisions are too numerous

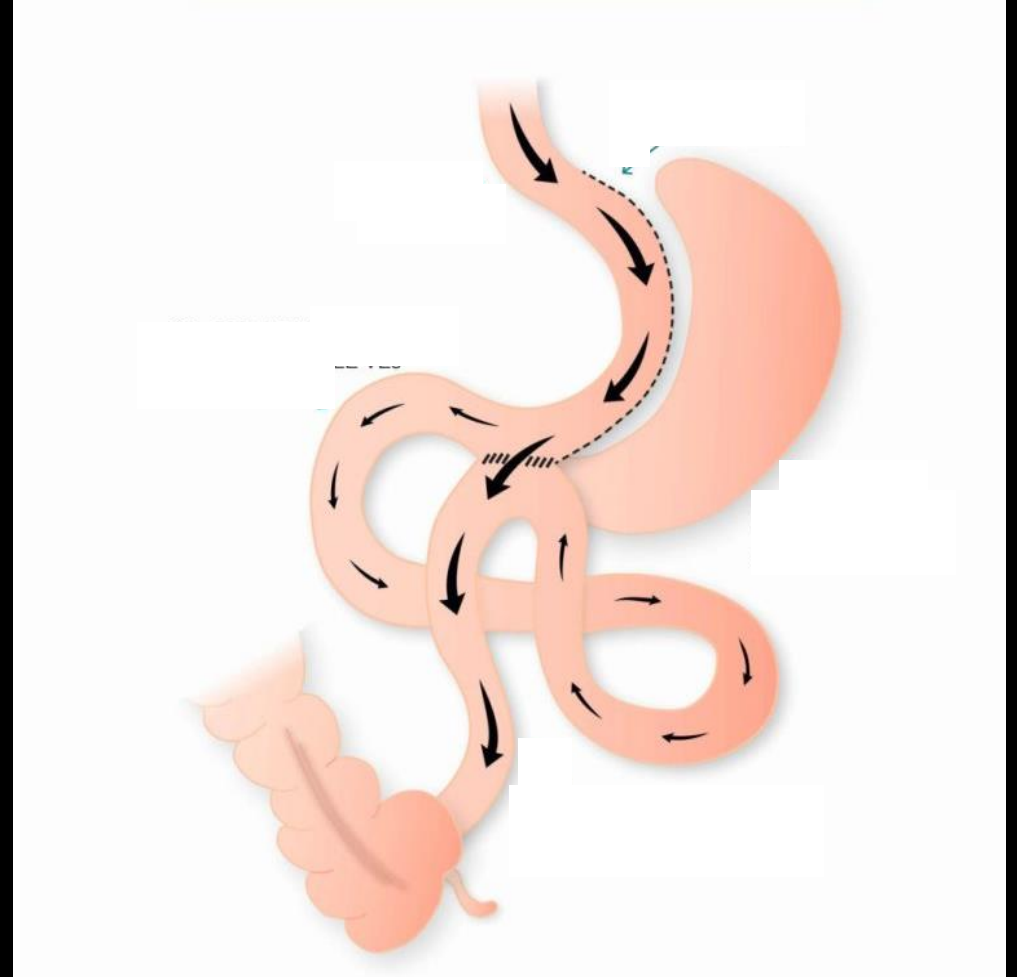
Magnets And Duodenal Operations - Advantages

- Complex Dissection Simplified
 - No need to mobilize the duodenum
- Requires No New Training or Special Skills
 - Endoscopic skills are basic
 - Capitalizes on Skills the Surgeon Already Has
- Anastomosis Mature over Three Weeks
 - No Bleeding
 - No Leaks
 - Patient can start Regular Diet Immediately

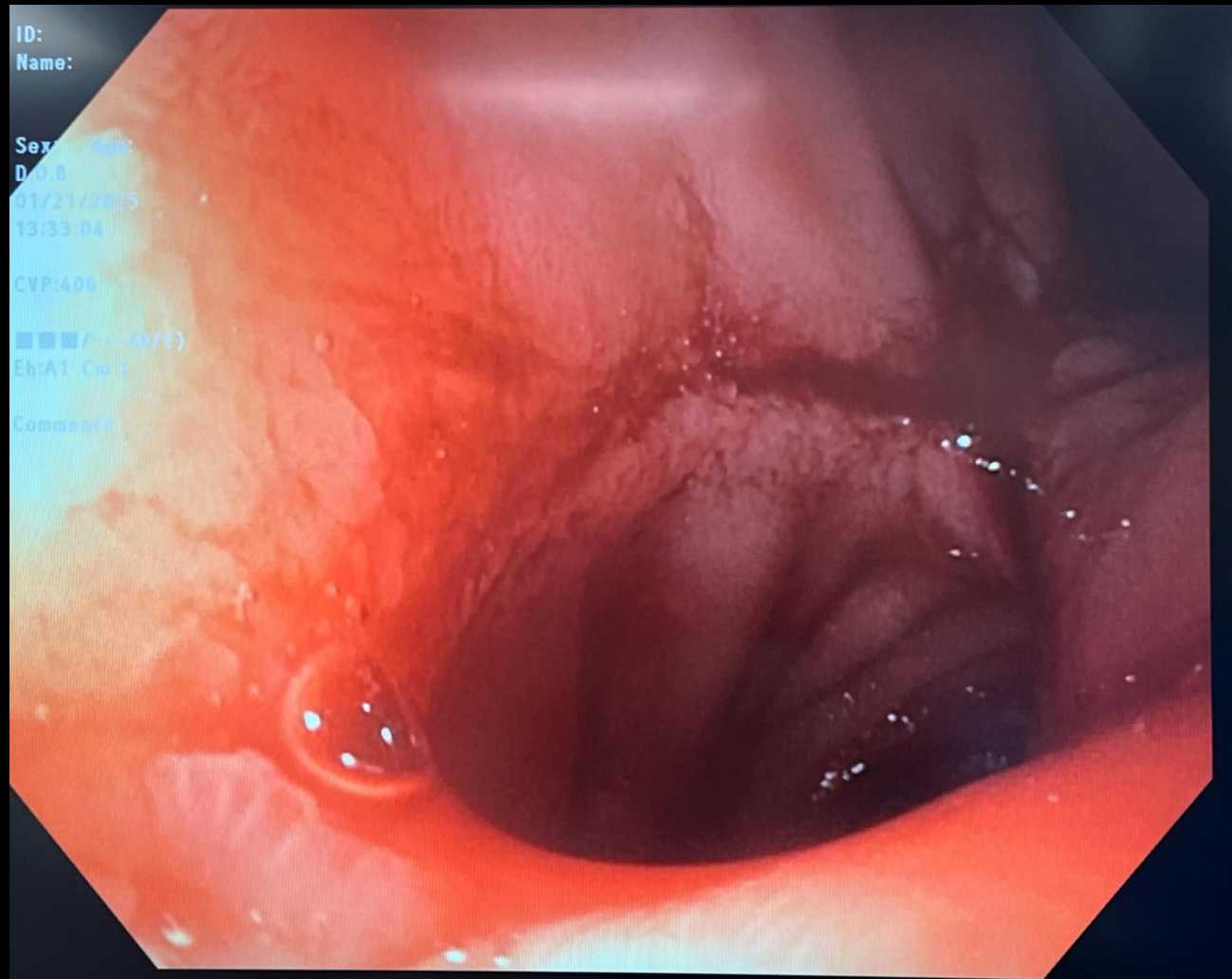


Staging The SADI with a Magnetic Approach The Duodenal Bipartician The “Sleeve – Plus”

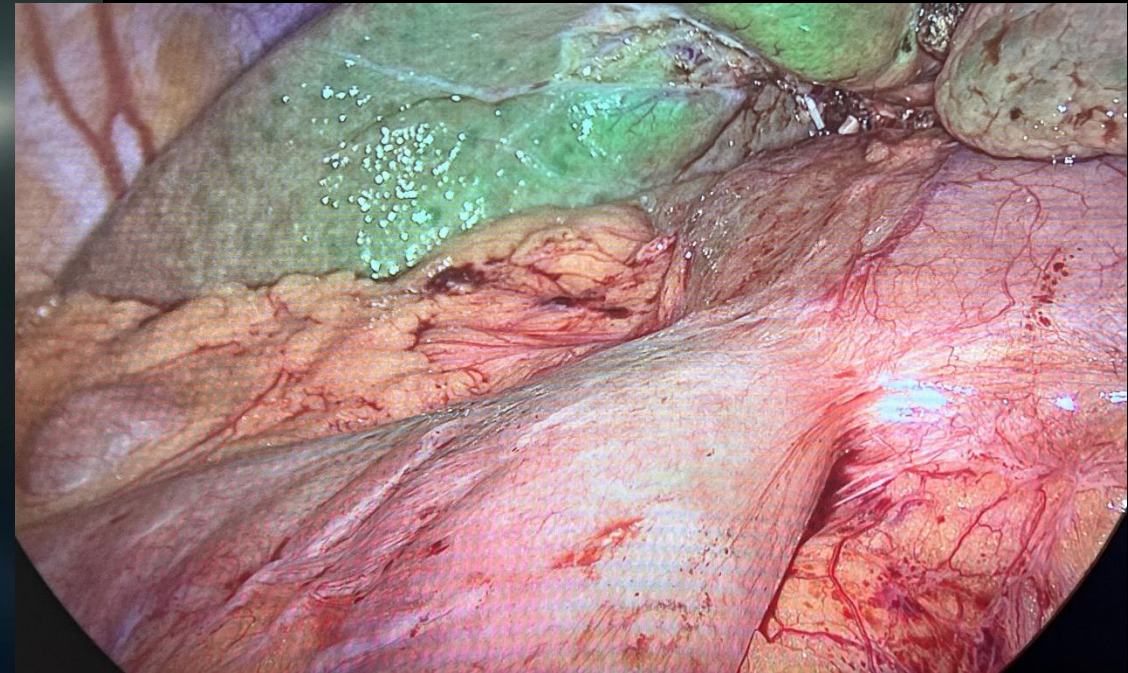
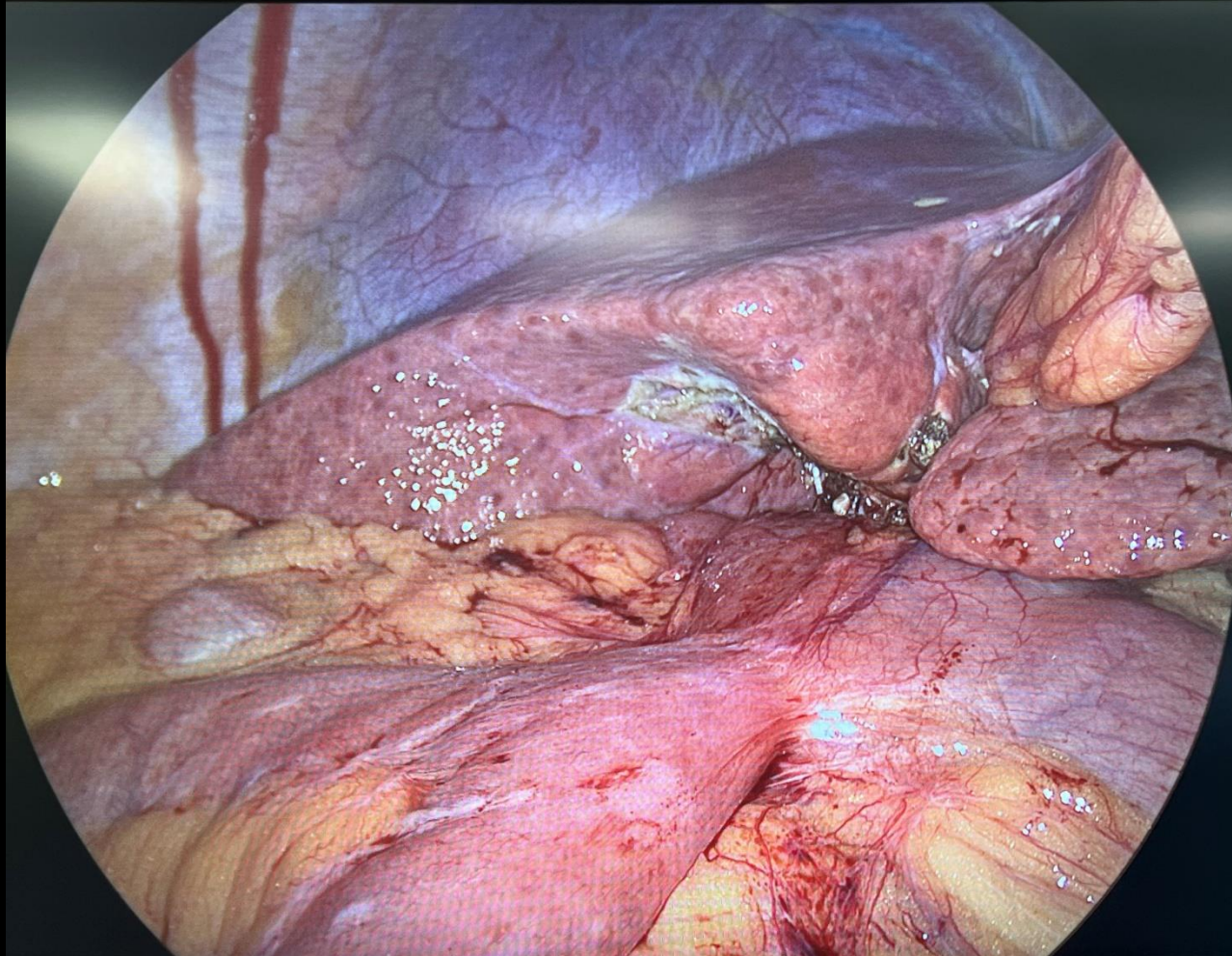
- Avoids Extensive Dissection of the Duodenum
- No anastomotic risk of bleeding
- No anastomotic risk of leakage
- Does the patient still need a SADI?
- Outpatient Surgery
- Decreases vitamin deficiency?
- Safer Surgery?



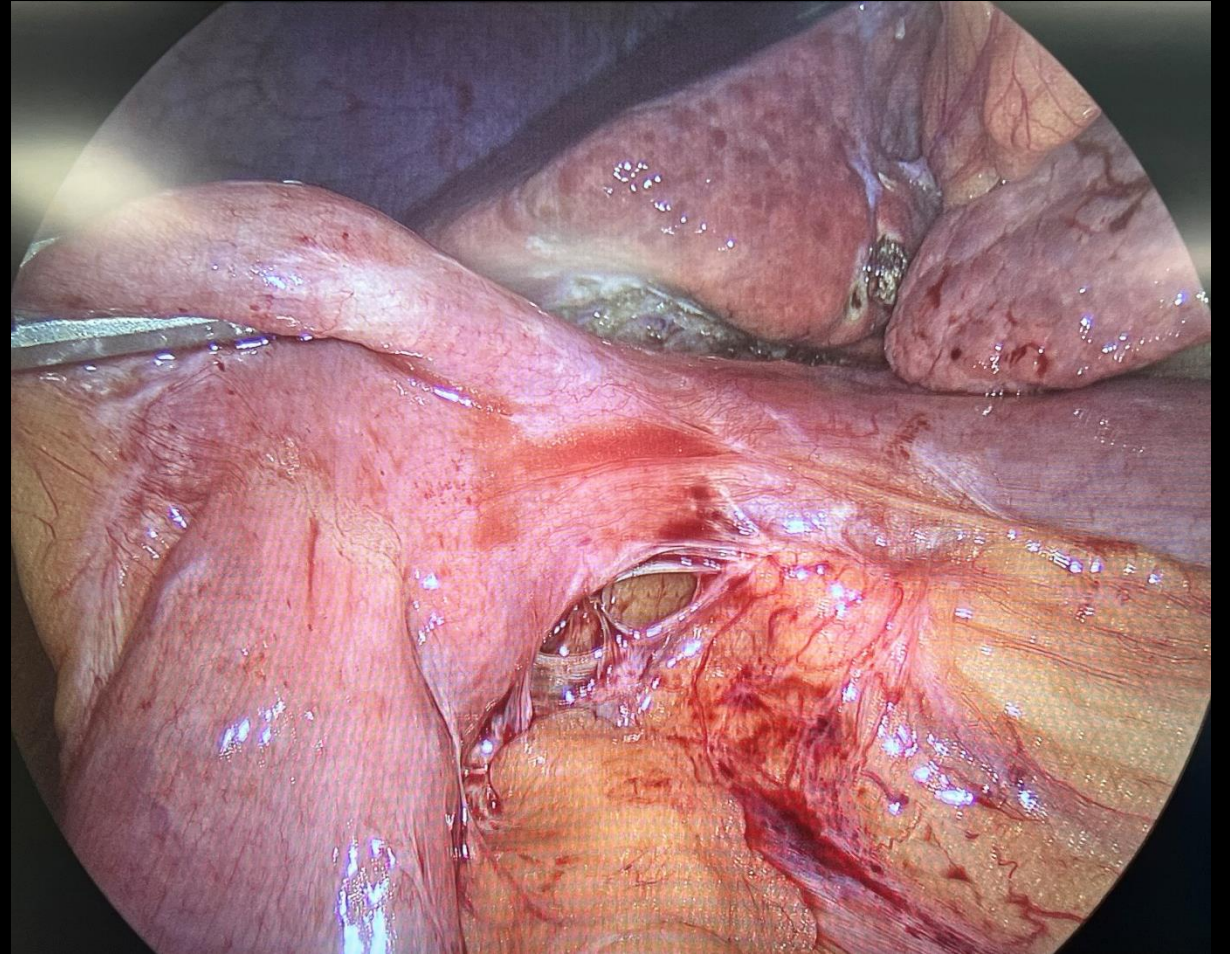
Endoscopic View New Anastomosis 4 weeks



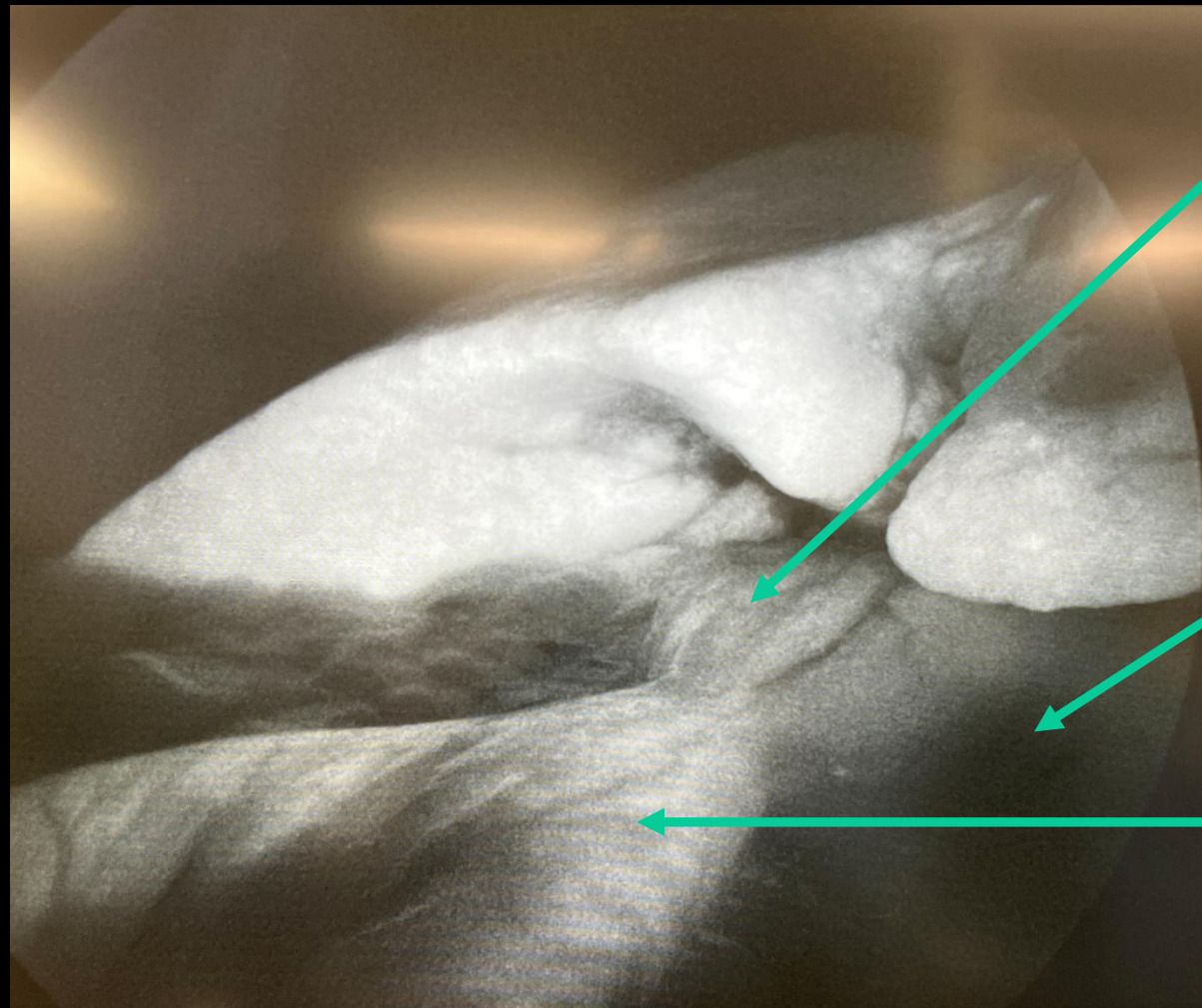
Laparoscopic View New Anastomosis 8 weeks



Bile Flow Across MAGDI Anastomosis at 8 Weeks



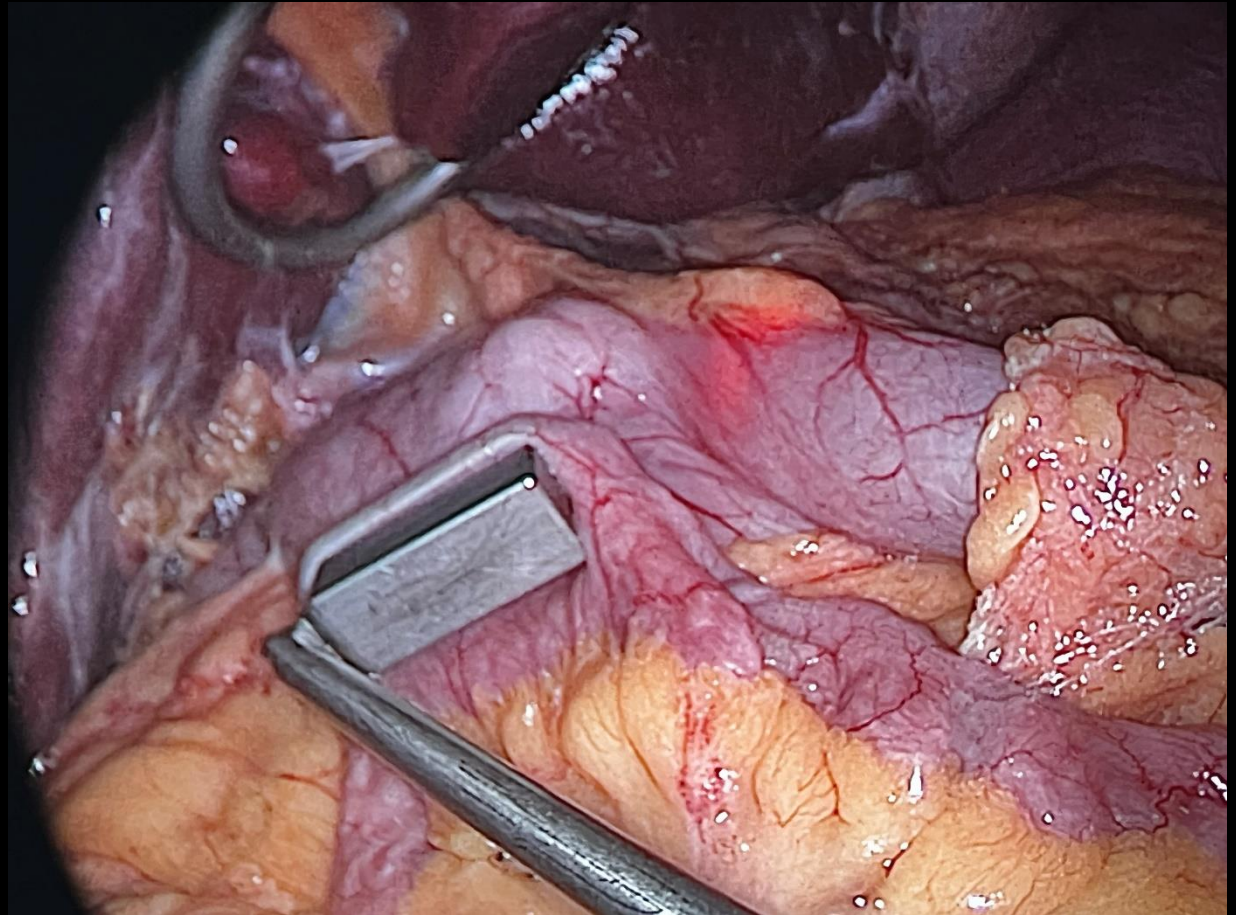
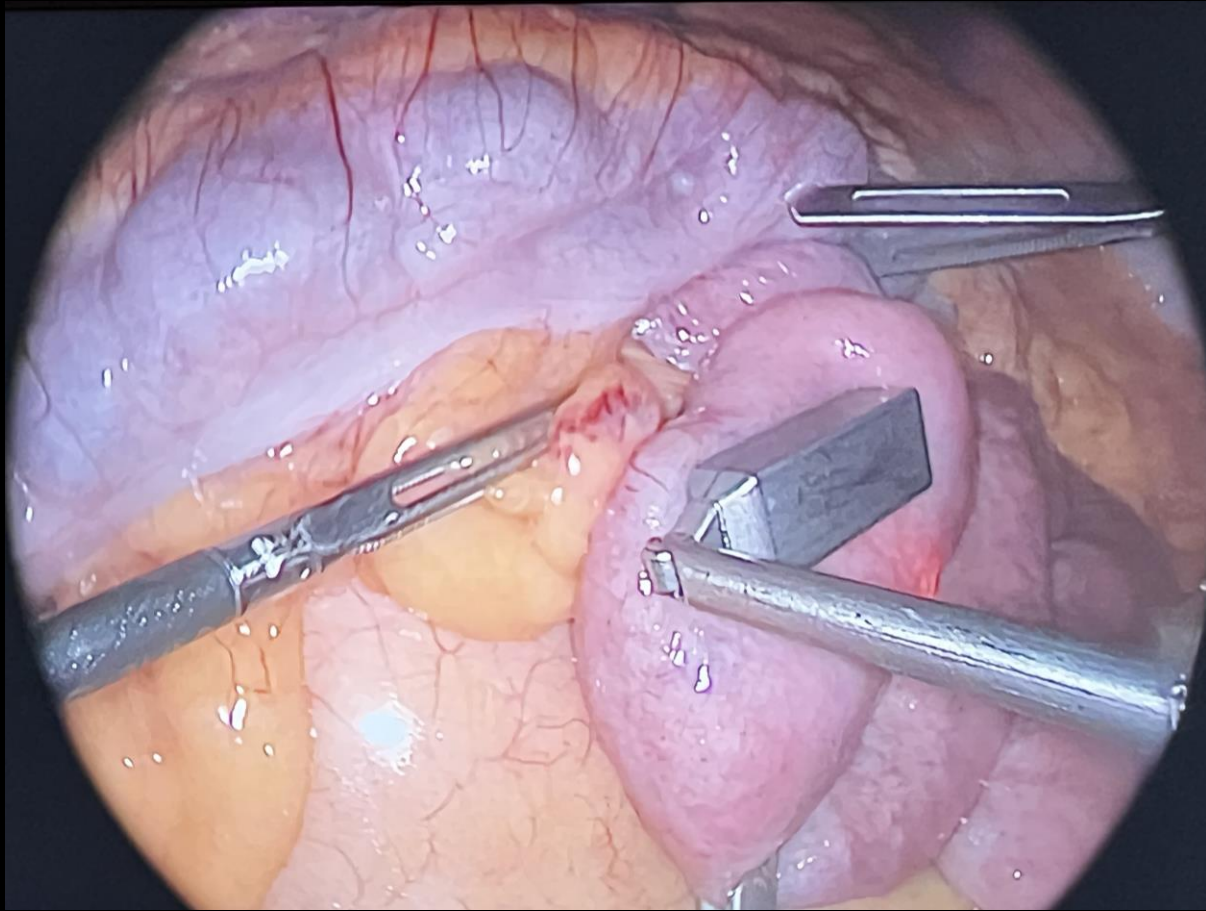
Bile Flow Across MAGDi Anastomosis at 8 weeks

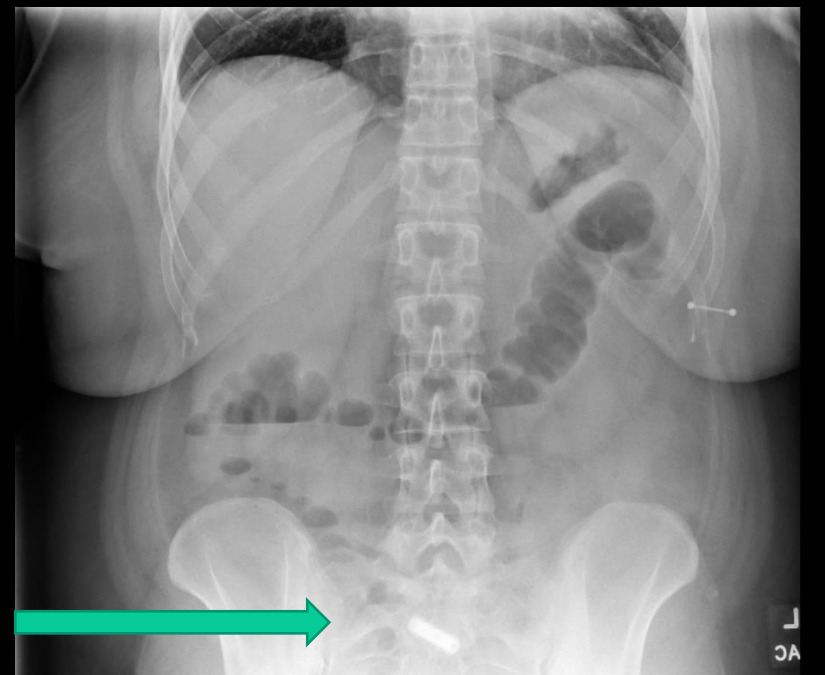
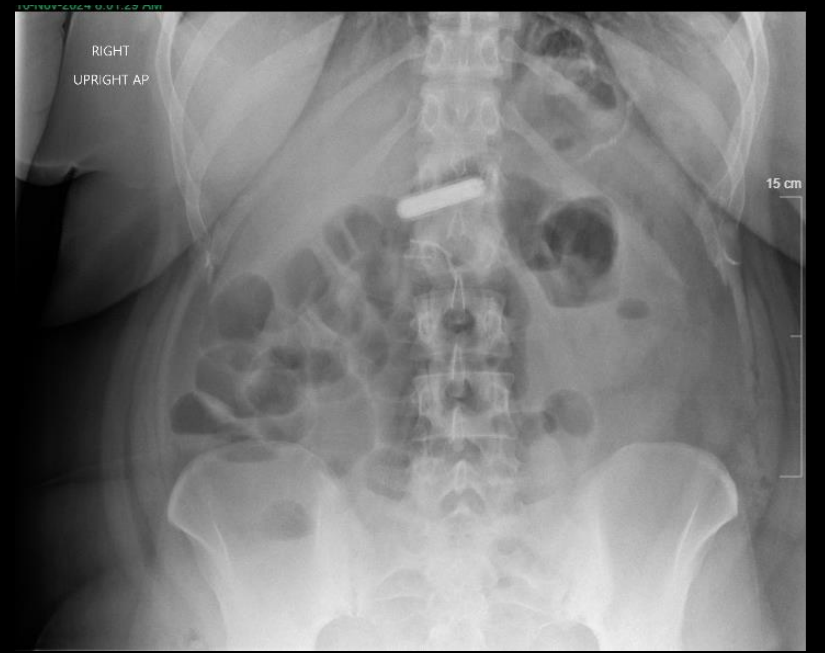
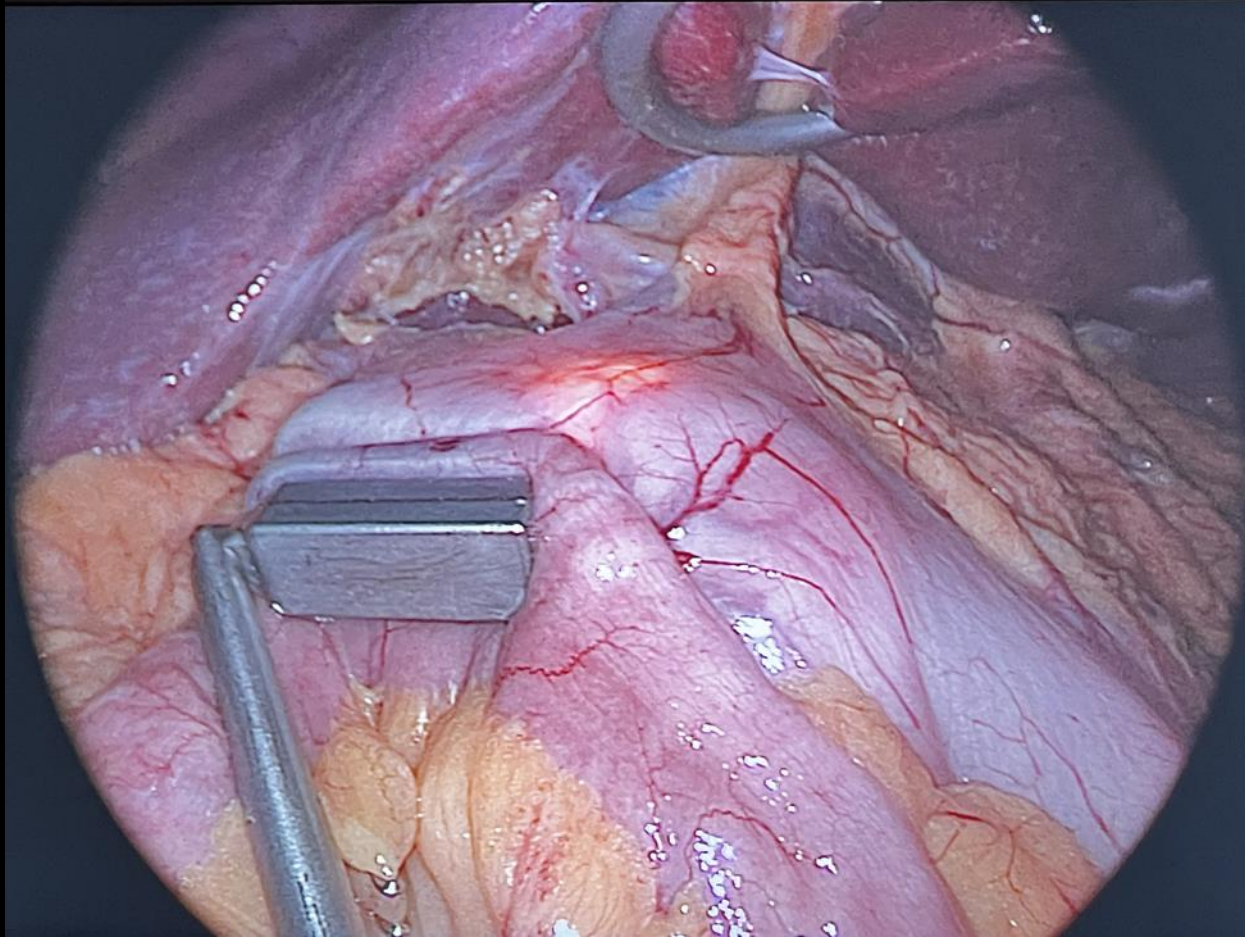


Duodenum - Bile

Antrum No Bile

Ileum- Bile





There is a Better Way The Future is Now

Magnetic Anastomosis

Safer

Easier

Many Applications

Safer Anastomosis Will Allow Expansion into Pure Metabolic Operations

Duodenal Ileostomy for Treatment of Diabetes

Reversible Outpatient Metabolic Operations

Thank You

