

XXVIII IFSO World Congress

9-12 September 2025 | Santiago, Chile



QUALITY OF LIFE 2 YEARS AFTER RYGB A COMPARISON OF LONG VS. SHORT BPL LIMB CONFIGURATIONS IN THE BPG-1 MULTICENTER STUDY

IFSO 2025 Santiago

Combined Therapies, The Dawn of a New Era

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Disclosure



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- Nothing to Disclose
- This study received a

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Can the length of the
BILIOPANCREATIC LIMB
significantly influence
WEIGHT LOSS and **QUALITY OF LIFE**
after **RYGB**?

Introduction



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- **RYGB** is one of the most performed operations in bariatric surgery
- Still, some patients respond better than others
- To optimize outcomes, different modifications have been assessed



The length of the intestinal limbs



“Biliopancreatic limb or BPL”

Introduction



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- Several RCT have shown that **lengthening** the **AL** does not provide additional weight loss
- Emerging evidence suggests that a **longer BPL** may enhance weight loss and possibly improve quality of life (QoL)
- There is also concern that might negatively impact QoL (bowel habits, nutritional deficiencies or complications)
- There is still no consensus regarding the optimal **CC length** in standard RYGB
- Total small bowel length and CC are rarely measured when performing RYGB

Objectives



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- To assess whether a longer BPL in RYGB improves both:
 - Weight loss
 - Quality of life

Over a 2 year follow-up

Methods



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- Prospective, single-blinded, multicenter, randomized clinical trial (NCT 05334173)
- The inclusion criteria: adults (>18 years) eligible for RYGB with BMI 35-50 kg/m²
- Primary outcomes (calculation sample size): WEIGHT LOSS (%EWL and %TWL) at 2 years
- Secondary outcome: QoL, measured by the BAROS scale
- Sample size: 36 patients per group, corrected for potential 15% dropout.

Methods



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SURGICAL TECHNIQUE

- Laparoscopic RYGB.
- Pouch length was 6cm, calibrated with a 36-39 Fr bougie.
- Patients were randomized to either:
 - A long BPL (150 cm) with a short AL (70 cm)
 - A short BPL (70 cm) with a long AL (150 cm)
- The total small bowel length and CC were measured.
- GJ (1.5-2cm) and JJ were performed with a linear stapler.
- Mesenteric defects were closed with barbed, non-absorbable sutures.

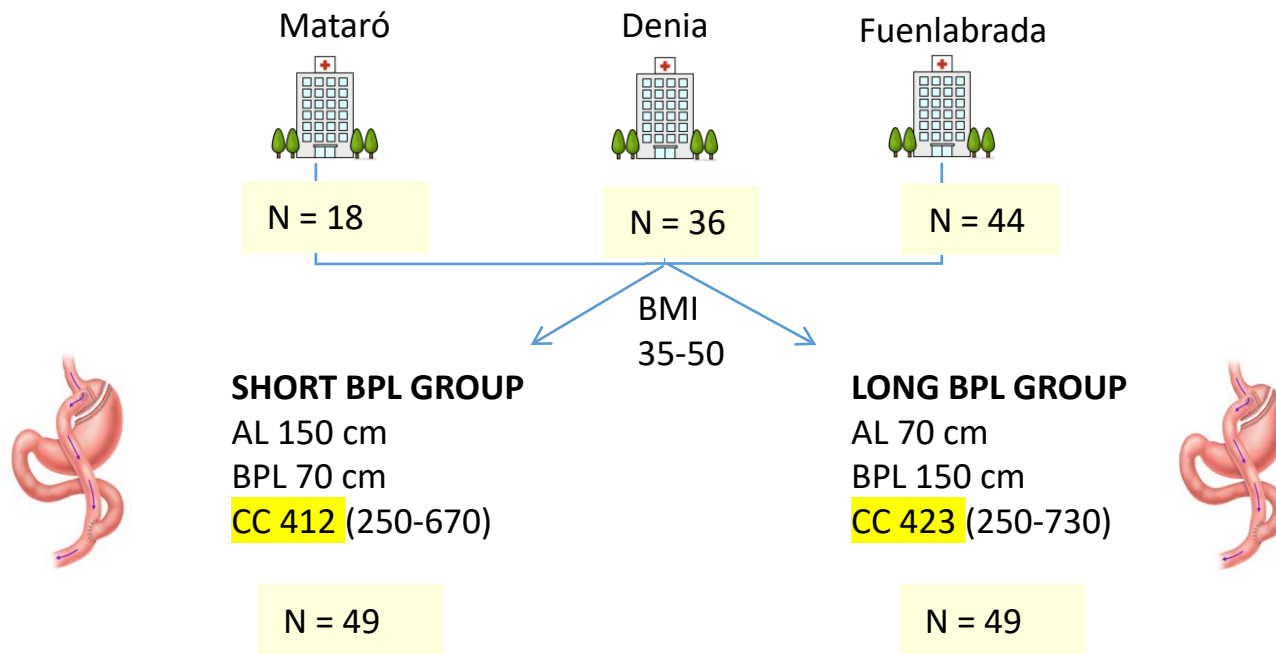
Results



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- Between January 2019 and February 2022
- 98 patients were included and randomized: 49 in each group



Results



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- Baseline characteristics were comparable between groups
- We achieved a 98% follow-up rate at 2 years

	Short BPL Group (n=49)	Long BPL group (n= 49)	P value
Age (years); mean (SD)	48 (8.6)	47 (9.4)	.49
Gender, female; n (%)	37 (75.5)	34 (69.4)	.49
BMI (Kg/m ²); mean (SD)	44 (SD 4.6)	45 (3.8)	.14
Hypertension; n (%)	26 (53.1)	24 (49)	.69
T2D; n (%)	22 (44.9)	20 (40.8)	.68
Dyslipidemia; mean (%)	28 (57)	25 (51)	.54
OSA; mean (%)	30 (61.2)	35 (71.4)	.29



Results



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- Weight loss results at 12 and 24 months

		Short BPL group (n=49)	Long BPL group (n= 49)	P value
%EWL	12m; mean (SD)	79 (20)	87 (16)	.09
	<u>24m; mean (SD)</u>	78 (21)	89 (18)	.02
%TWL	12m; mean (SD)	33 (8)	38 (7)	.003
	<u>24m; mean (SD)</u>	33 (9)	39 (8)	.0002



Results



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- QoL, assessed via the BAROS scale, was significantly **better in the long BPL group** at both 12 and 24 months:

BAROS score		Short BPL group (n=49)	Long BPL group (n=49)
EXCELLENT	<u>12m</u>	19 (38.8%)	32 (66.7%)
	<u>24m</u>	22 (46.8%)	35 (74.5%)
VERY GOOD	12m	25 (51.0%)	13 (27.1%)
	24m	19 (40.4%)	11 (23.4%)
GOOD	12m	4 (8.2%)	3 (6.3%)
	24m	4 (8.5%)	0 (0%)
FAIR	12m	1 (2.1%)	0 (0%)
	24m	2 (4.3%)	1 (2.1%)

p.04 at 12 months
p.02 at 24 months



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Discussion



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- This findings are consistent with other RCTs:
 - In 2018, Homan et al. Improved QoL with longer BPL at 24m (BAROS and RAND-36), that disappeared thereafter.
 - The ELEGANCE REDO trial. Improved QoL with long BPL with RAND-36, but the effect was gone by 48m
- RCT Nergård et al., 5-year follow-up, found no QoL difference, although longer BPL was associated with more diarrhea
- Larger trials are ongoing (SLIM trial), but at present robust QoL data by limb-length variation is lacking
- This emphasizes the importance of long-term follow-up. Our 5-year analysis is ongoing
- Weight loss remains a strong determinant of patient satisfaction and QoL, especially physical well-being

Conclusions



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- A longer BPL configuration in RYGB may lead to significantly better weight loss and higher QoL scores at 2y
- However, we must remain cautious.
- Further research with longer follow-up is needed before implementing changes in surgical practice



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Thank you