

# XXVIII IFSO World Congress

9-12 September 2025 | Santiago, Chile



## IH SESSION: WOMEN'S HEALTH ACROSS THE LIFE COURSE

Care and support of menopausal woman  
before and after MBS

Dra. Juliana V. Gómez

# IFSO 2025 Santiago

Combined Therapies, The Dawn of a New Era

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# Care and support of menopausal woman before and after MBS

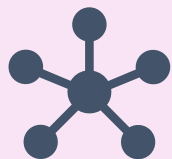
Nothing to disclose



# Prevalence of obesity in menopause

**43%**

≈ 43% of post-menopausal women live with obesity



The mechanisms leading to obesity after menopause and the barriers to effective treatments are multifactorial

**1,5x**

Compared with women with normal BMI women with overweight/obesity are ~1.5 times more likely to experience late menopause



Overweight and obesity are associated with a ~20% increased risk of late menopause



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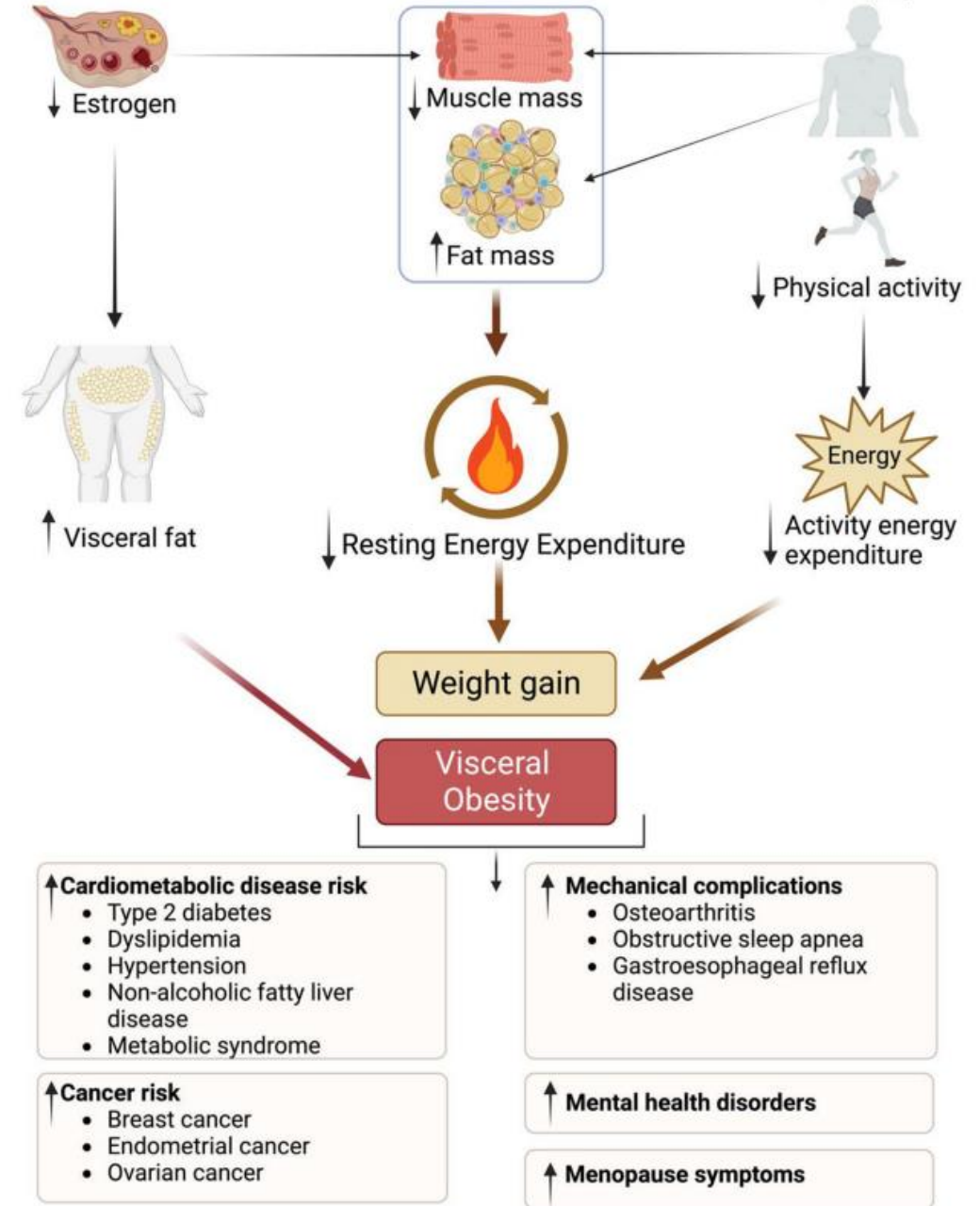
Menopause represents a stage of physiological transition in a woman's life, but also a critical opportunity to address metabolic, emotional, and functional risk factors.



In women living with obesity, this vital period takes on particular relevance: visceral adiposity, insulin resistance, sarcopenia, and cardiovascular risk increase.

### Menopause changes

### Aging (and associated behavioral changes)



1. Lovejoy JC. The menopause and obesity. *Prim Care.* 2003;30(2):317–25.
2. Mauvais-Jarvis F. Estrogen and androgen receptors: regulators of fuel homeostasis and emergin for diabetes and obesity. *Trends Endocrinol Metab.* 2011;22(1):24–33.
3. Sarwer DB et al. Bariatric Surgery for Women of Reproductive Age: Special Considerations. *J Wc Health (Larchmt).* 2016;25(10):947–52.

*Curr Obes Rep.* 2024 June ; 13(2): 352–363.



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# Obesity and CVD in women

- CVD is the leading cause of death among women in the United States.
- Unequal standards of care:



Circulation. 2016 March 29; 133(13): 1302–1331.

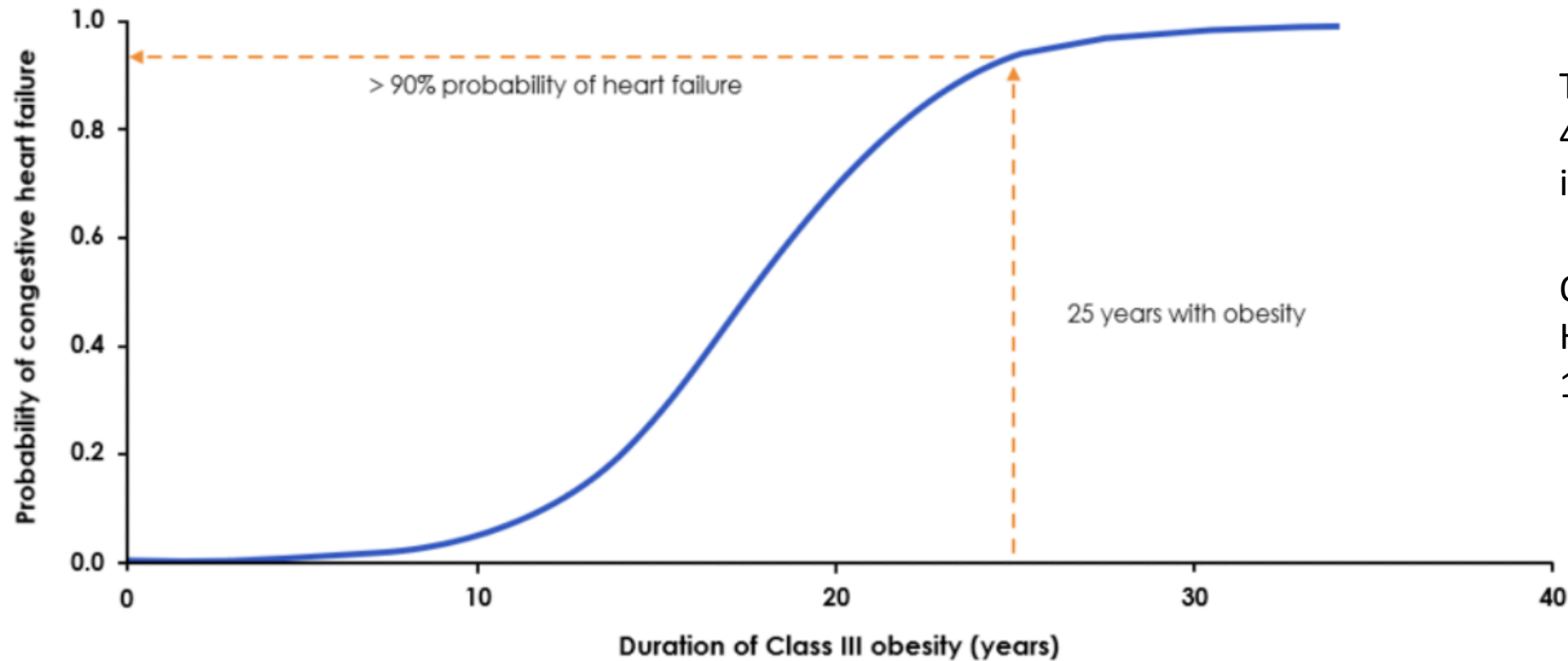


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## Heart Failure and Duration of Obesity

Probability of congestive heart failure by duration of Class III obesity



The risk of HF increases by 41% for every 5-point increase in BMI

Obesity has higher risk of HF in women 14% vs. men 11% (FRAMINGHAM)

*Alpert et al. (1997)*



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## Indications for MBS in postmenopausal women

The formal indications for bariatric surgery do not change due to menopausal status.

However, an expanded risk-benefit assessment is recommended in this group.

The presence of comorbidities such as hypertension, type 2 diabetes, or sleep apnea may justify surgery even in grade 1 obesity



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# SPECIFIC PREOPERATIVE CHALLENGES



Nutritional status:

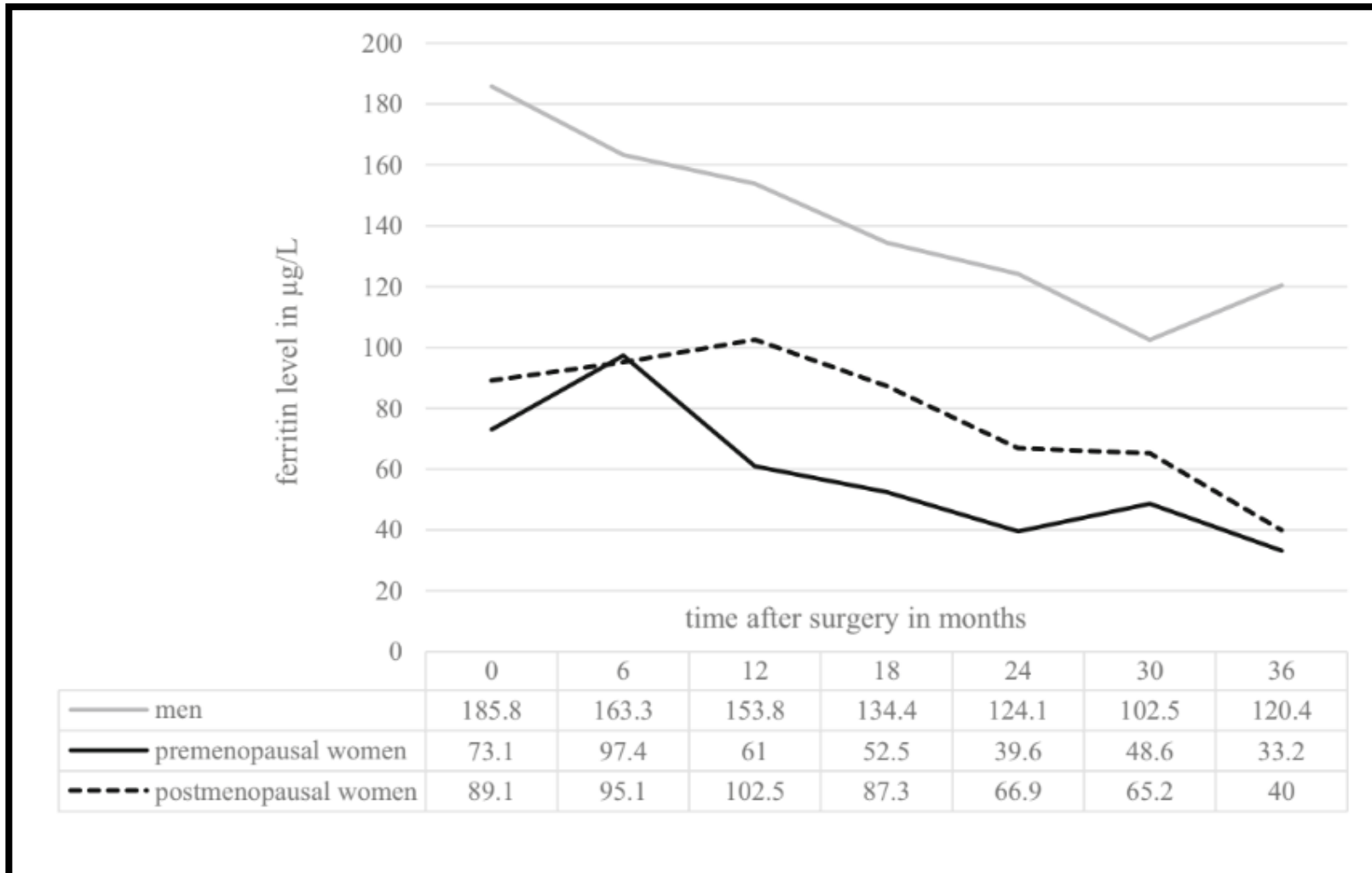
To assess iron, vitamin  
b12, vitamin d, calcium,  
and protein levels.

# IRON DEFICIENCY – NOT ONLY A PREMENOPAUSAL TOPIC AFTER BARIATRIC SURGERY?



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Nutritional status:  
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Muscle mass and body  
composition:  
Tools such as bone density  
and strength measurement  
can identify sarcopenia.

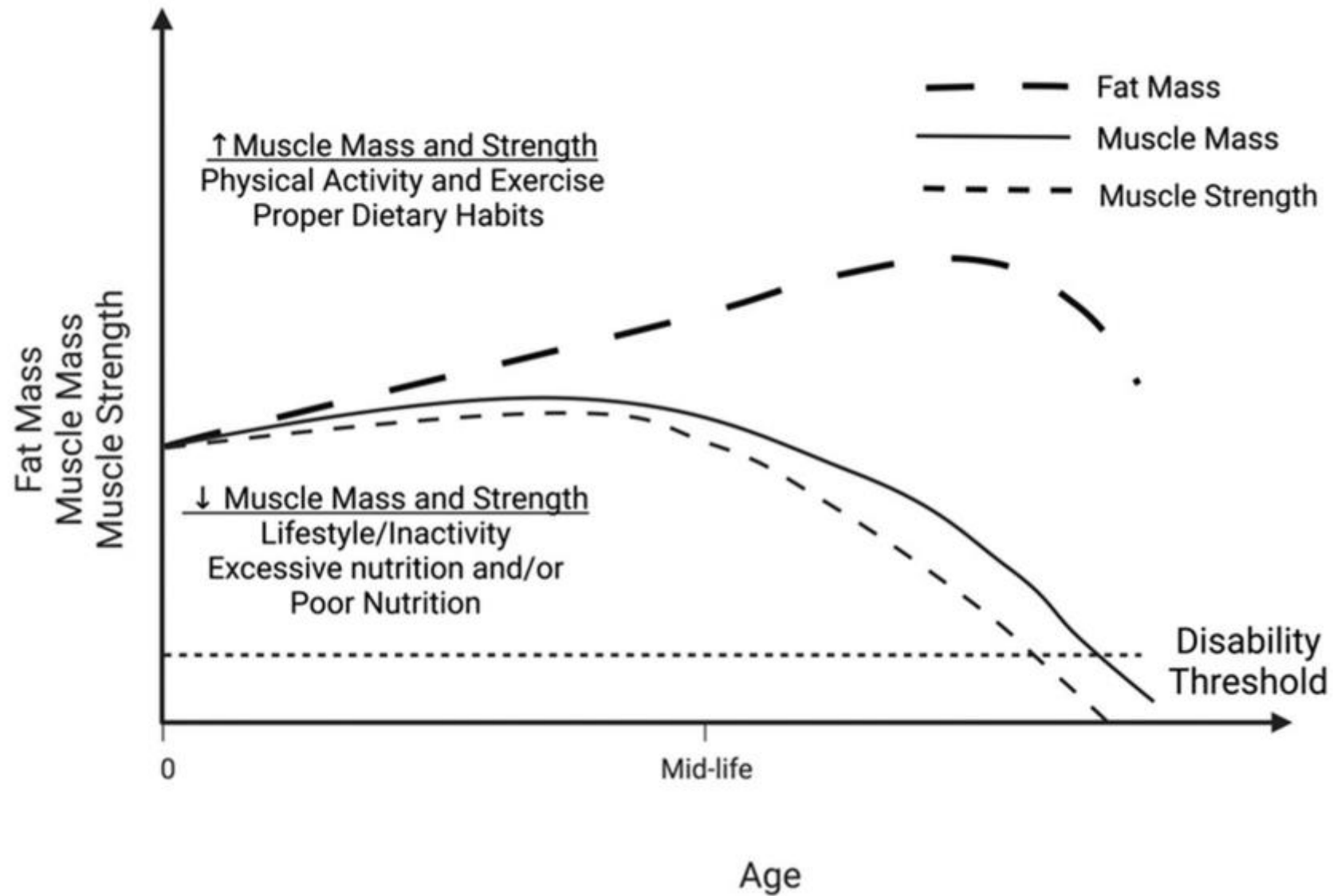


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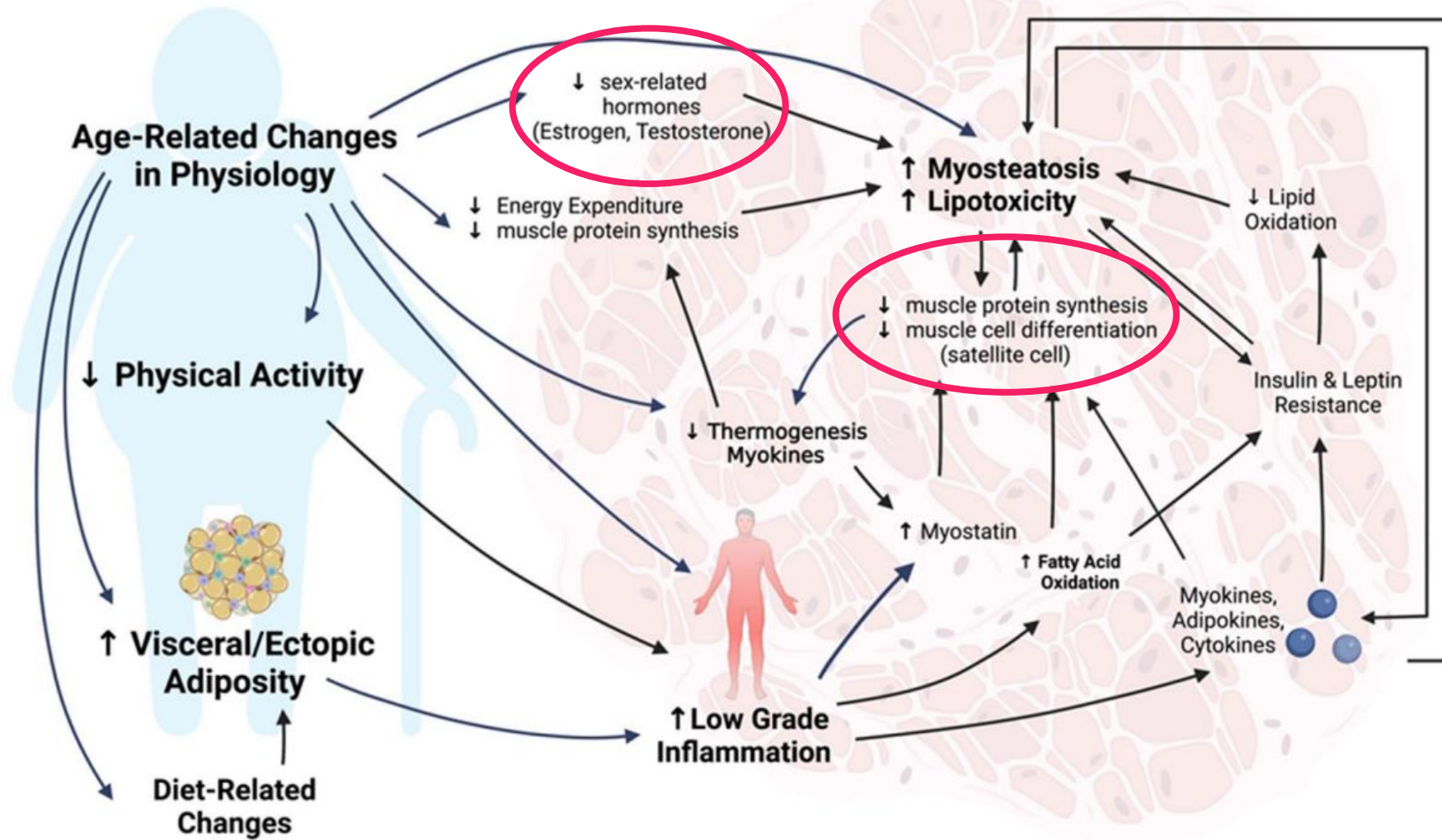
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# Pathogenesis of Sarcopenic Obesity





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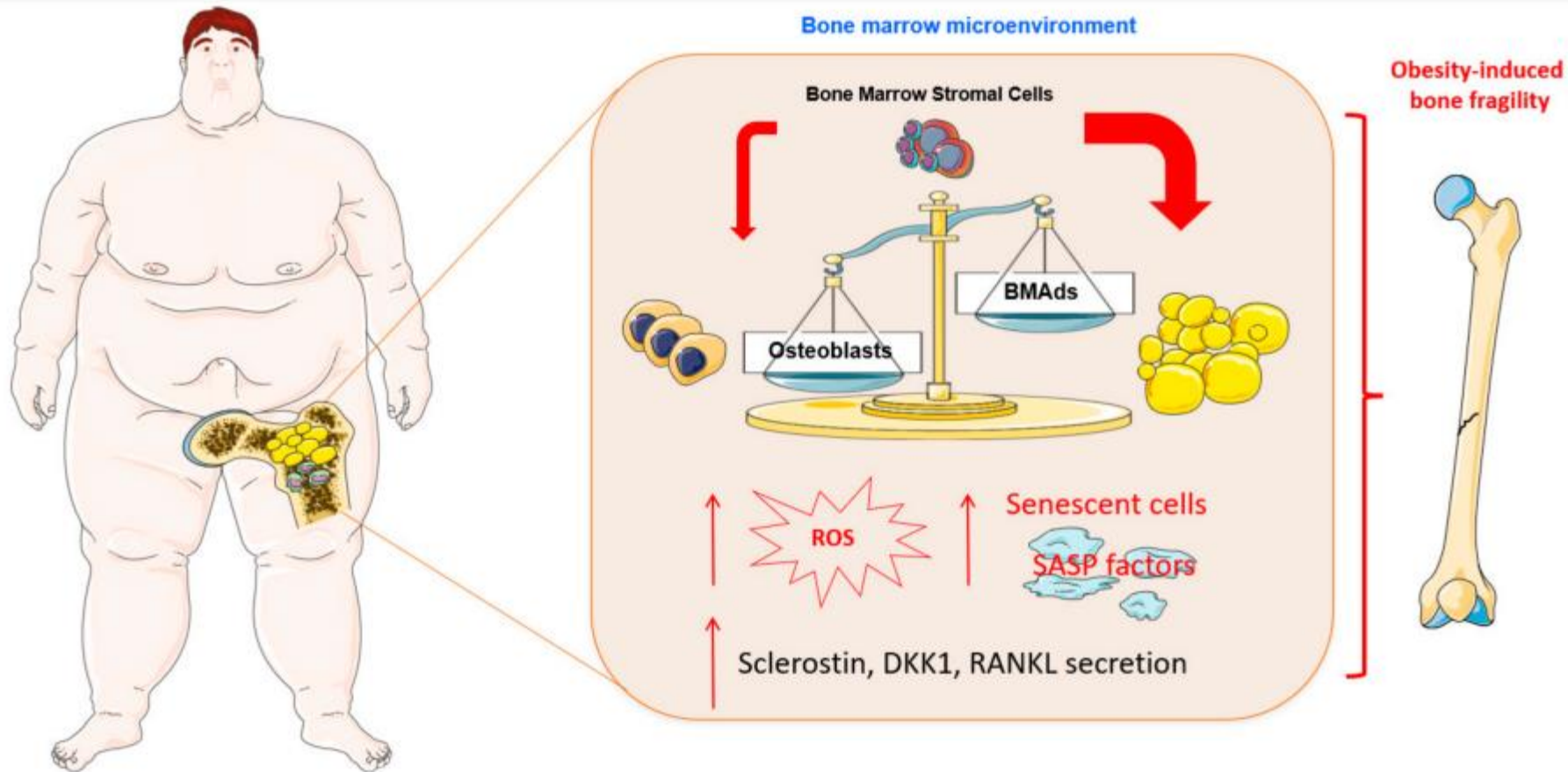


Muscle mass and body  
composition:  
Tools such as bone density  
and strength measurement  
can identify occult sarcopenia.



Bone health:  
Given the risk of  
osteoporosis, bone density  
testing and preventive  
supplementation should be  
included







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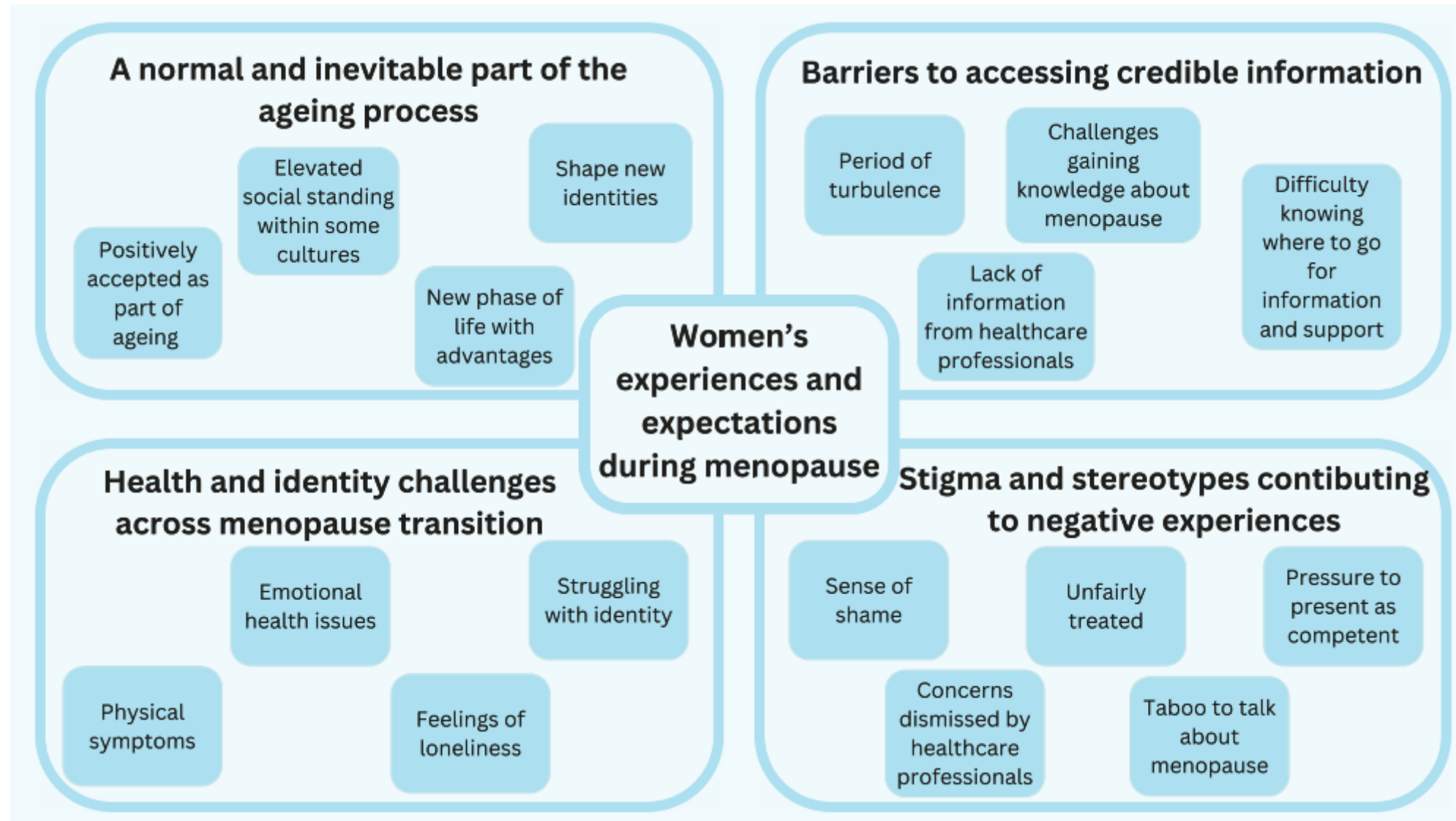
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Tools such as bone density  
(dexa) and strength  
measurement can identify  
occult sarcopenia.



Bone health:  
Given the risk of  
osteoporosis, bone density  
testing and preventive  
supplementation should be  
included if appropriate



Mental and emotional  
health:  
Anxiety, depression,  
vasomotor symptoms, and  
sleep alterations are  
common





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The result is a complex interaction between obesity, frailty, and metabolic alterations that require a specific approach.

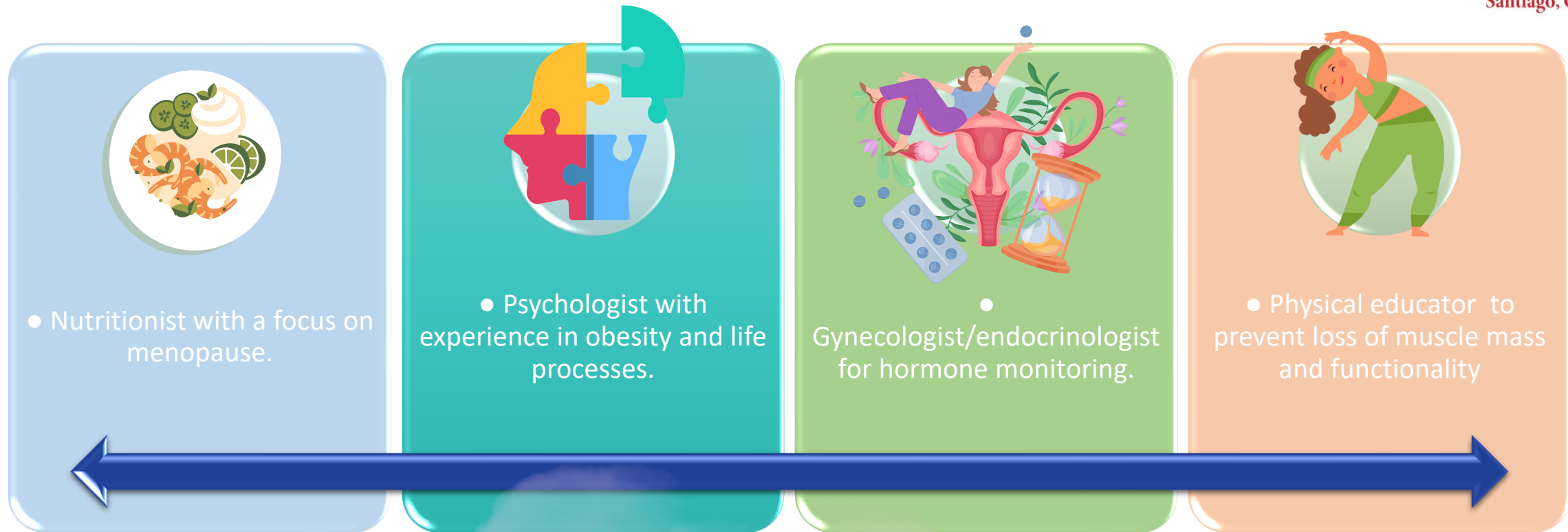




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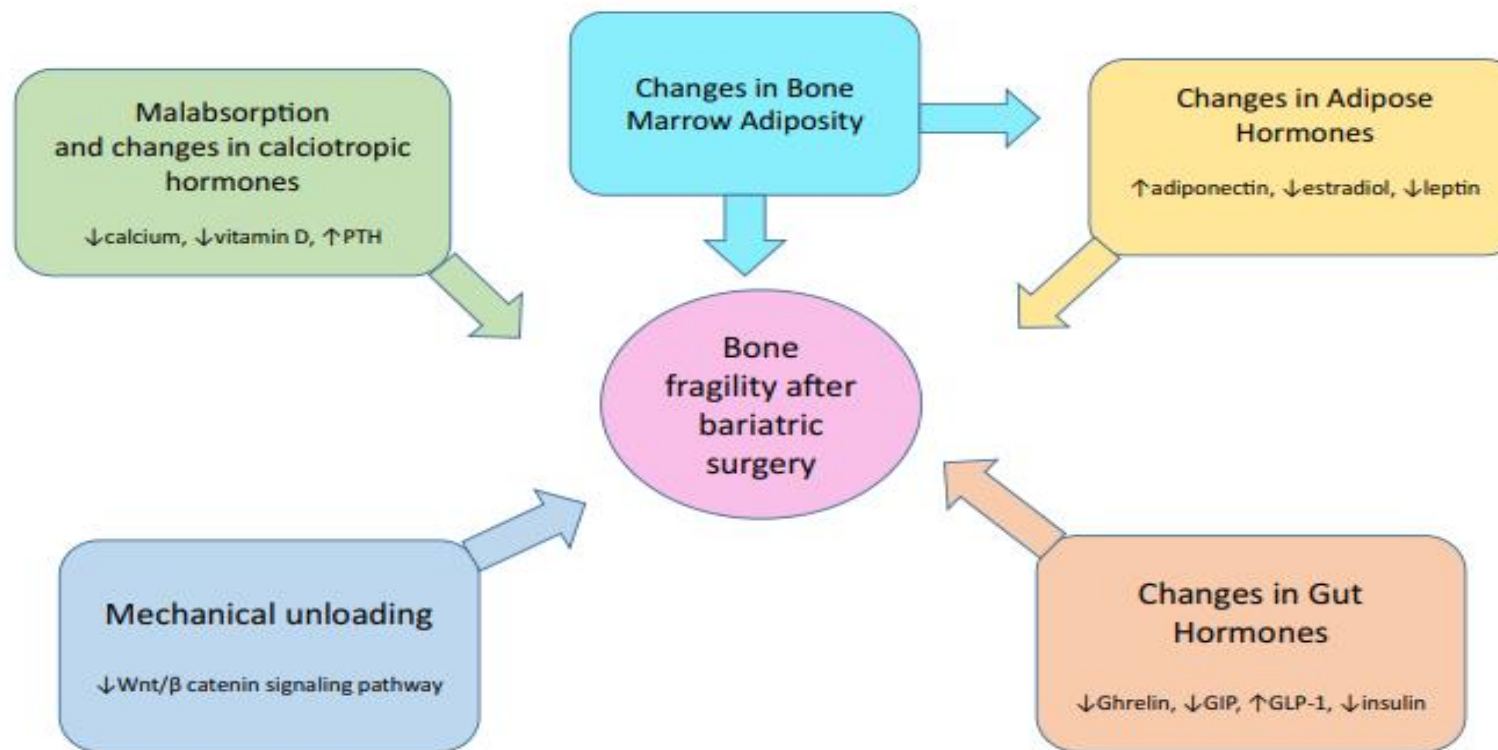
## Interdisciplinary approach



# Postoperative period: specific challenges and care

After MBS, menopausal women have particular risks:

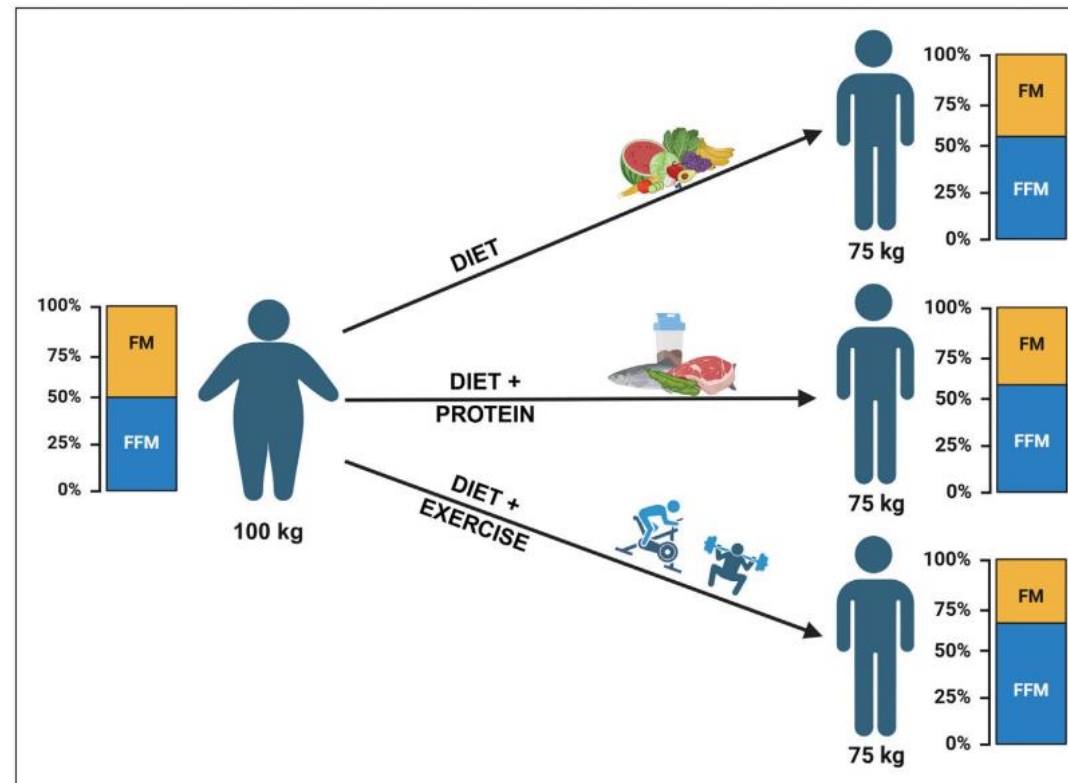
- Increased risk of calcium and vitamin D deficit, with impact on bone health



# Postoperative period: specific challenges and care

After MBS, menopausal women have particular risks and needs:

- Increased risk of calcium and vitamin d deficit, with impact on bone health
- Increased risk of accelerated muscle loss, especially if adequate protein intake and physical activity are not a priority





## Postoperative period: specific challenges and care

After MBS, menopausal women have particular risks and needs:

- Increased risk of calcium and vitamin d deficit, with impact on bone health
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- Persistence of menopausal symptoms, such as insomnia, emotional lability, sexual dysfunction and emotional difficulties associated with body changes and body image perception





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- Persistence of menopausal symptoms, such as insomnia, emotional lability, sexual dysfunction and emotional difficulties associated with body changes and body image perception

Follow-up must consider all these factors,  
with periodic monitoring and psychological  
and educational support strategies





# Messages to take



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1. Evaluate menopausal women as a specific group within bariatric surgery.
2. Expand the preoperative approach to include bone, hormonal, emotional and functional evaluation.
3. Improve the role of the interdisciplinary team before and after surgery.
4. Design follow-up programs that consider mental health, muscle function, nutrition and quality of life.



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# Thank you!