

XXVIII IFSO World Congress

9-12 September 2025 | Santiago, Chile



CAN BARIATRIC SURGERY BE SAFELY PERFORMED
IN PATIENTS OVER 75? INSIGHTS FROM THE
MBSAQIP DATABASE

IFSO 2025 Santiago

Combined Therapies, The Dawn of a New Era

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Disclosure Slide



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<input checked="" type="checkbox"/>	No, nothing to disclose
<input type="checkbox"/>	Yes, please specify:



Introduction



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NEW QUALIFICATION CRITERIA FOR BARIATRIC TREATMENT



ELSEVIER



Surgery for Obesity and Related Diseases 18 (2022) 1345–1356

SURGERY FOR OBESITY
AND RELATED DISEASES

Original article

2022 American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO): Indications for Metabolic and Bariatric Surgery

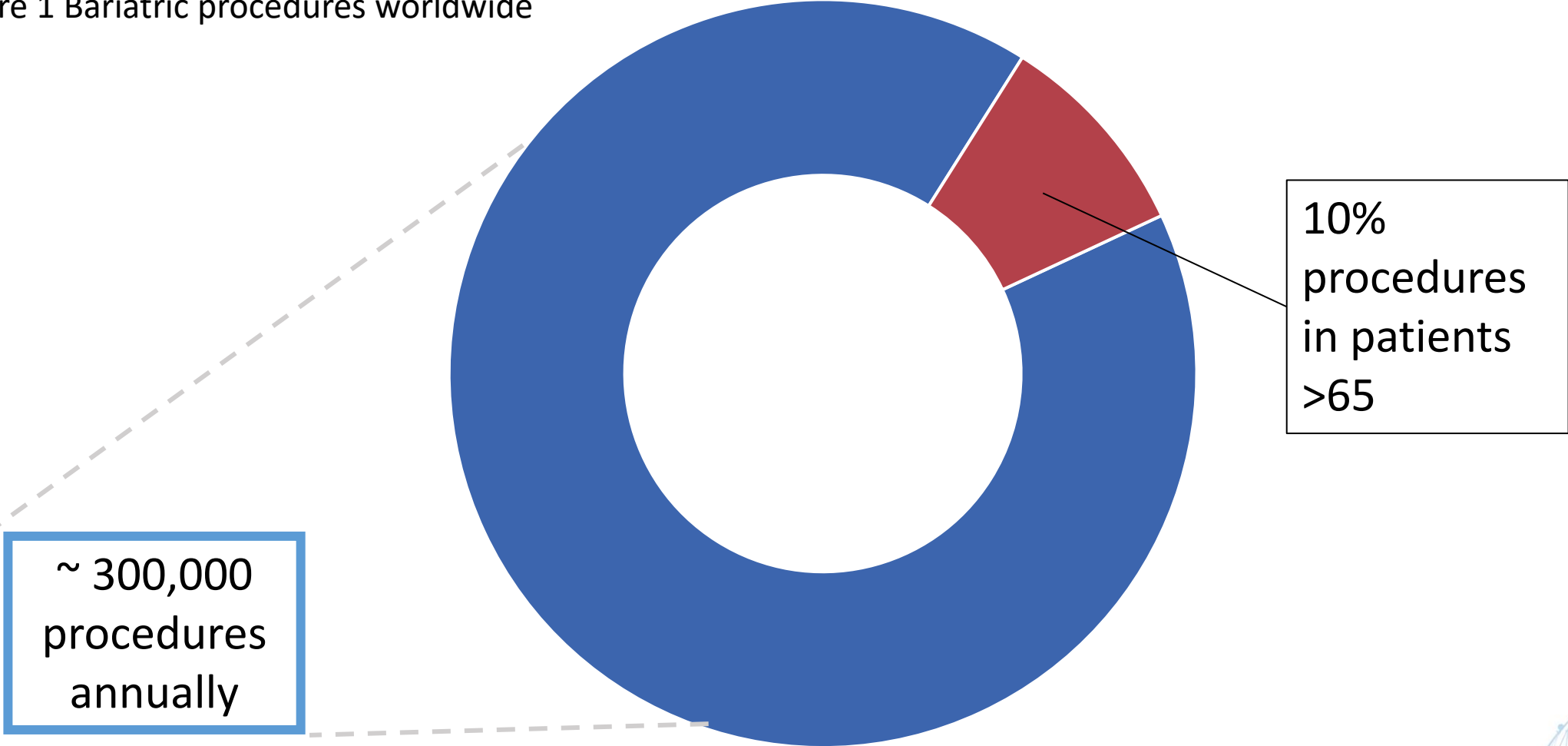
- There is no upper patient-age limit to MBS. Older individuals who could benefit from MBS should be considered for surgery after careful assessment of co-morbidities and frailty.

NO UPPER PATIENT-AGE LIMIT TO MBS



Introduction

Figure 1 Bariatric procedures worldwide



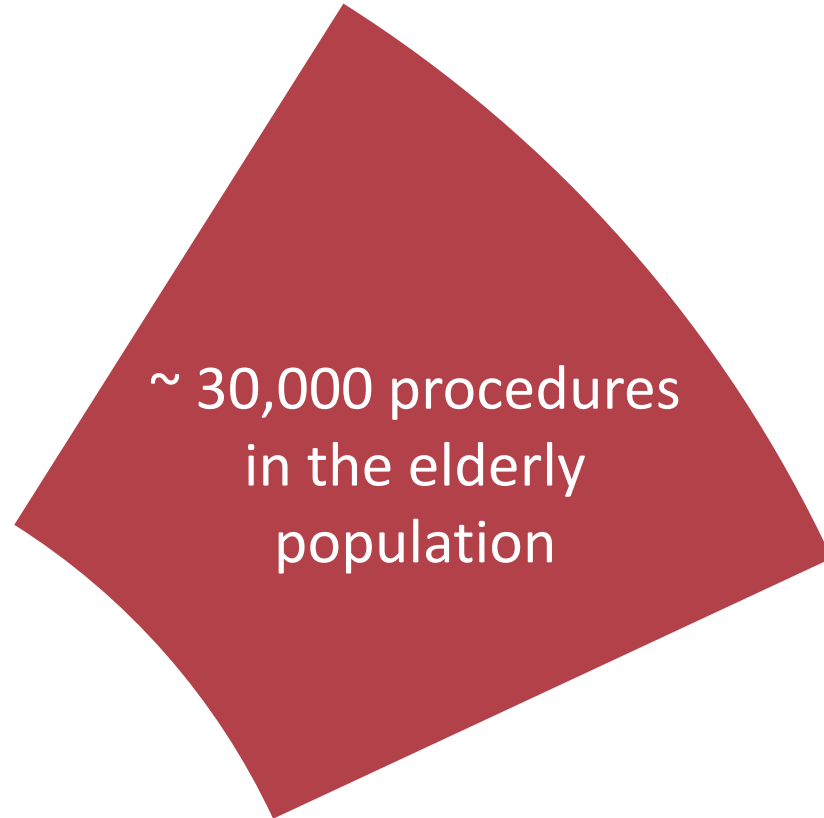
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Introduction

Figure 1 Bariatric procedures worldwide



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Introduction

Review > [Obes Surg. 2020 Dec;30\(12\):5059-5070. doi: 10.1007/s11695-020-04994-3.](#)

Epub 2020 Oct 8.

Is Laparoscopic Bariatric Surgery Safe and Effective in Patients over 60 Years of Age?" an Updated Systematic Review and Meta-Analysis

Antoine Vallois ¹, Benjamin Menahem ^{2 3 4}, Arnaud Alves ^{1 5 6}

- [20 studies](#)
- [8503 patients >60](#)



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Introduction



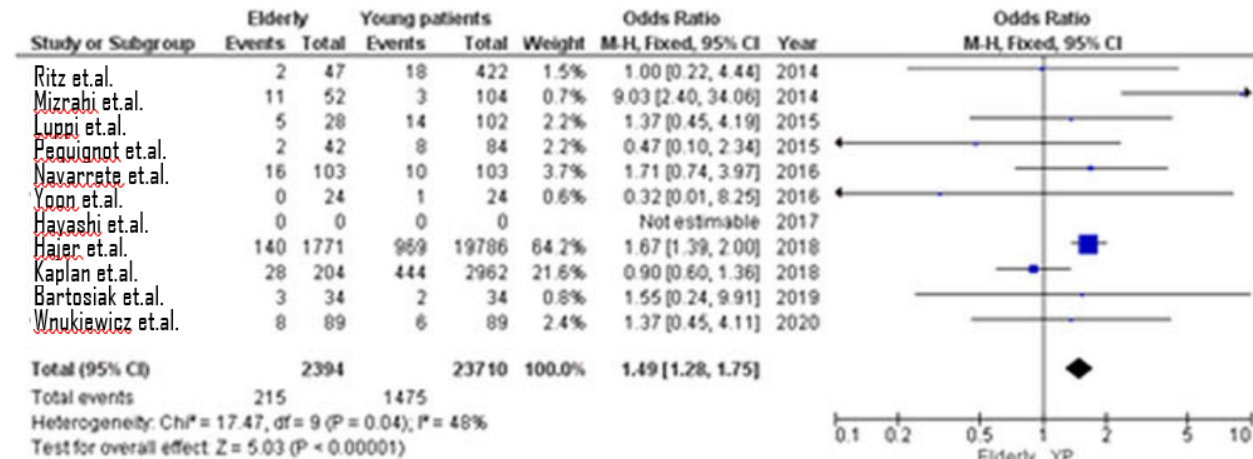
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a overall morbidity rate

Conclusions

In summary, this meta-analysis of comparative studies suggests that laparoscopic bariatric surgery is a safe and effective treatment in patients over 60 years old compared with that in those aged 60 and under. However, patients over 60 years old should be warned of the increased risk of post-operative complications (leak, abscess, hemorrhage) and reoperations after LSG. Therefore, a careful preoperative selection of patients over 60 years old remains essential in order to provide optimal surgical outcomes. The other main finding suggests that bariatric surgery is less effective in terms of weight loss in patients over 60 years old compared to those aged 60 and under, regardless of the surgical procedure. On the opposite, the resolution of or at least improvement in obesity-related comorbidities can resolve or improve obesity-related comorbidities, similar between patients over 60 years old and those aged 60 and under. In the future, subsequent studies will be necessary to clarify the place of each laparoscopic procedure (RYGB or SG) in patients over 60 years old and to assess their quality of life.



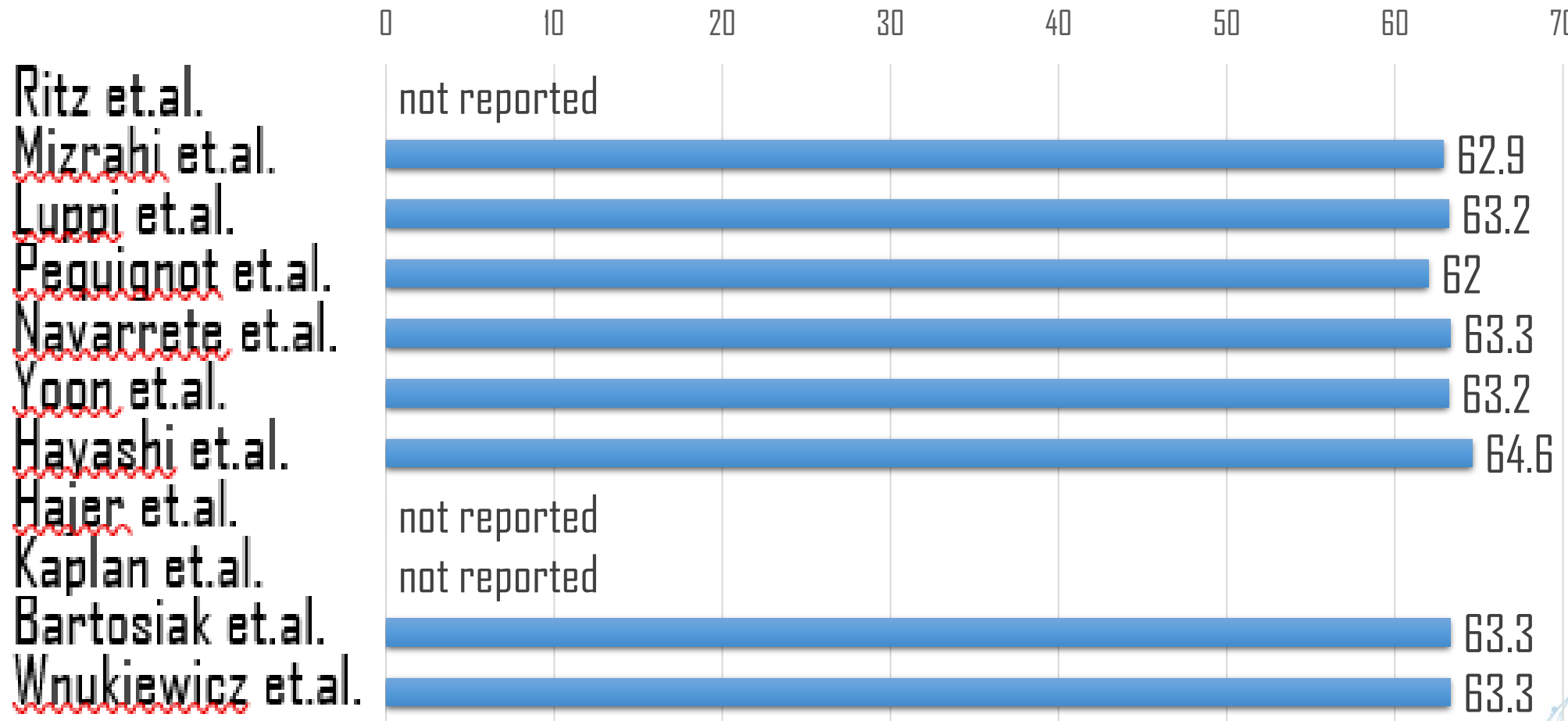
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Figure 2 Excess body weight loss after bariatric surgeries



Aims of the study



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- **to evaluate the incidence and nature of postoperative complications in patients aged 75 and older undergoing primary bariatric surgery**
- **comparison the outcomes between SG and RYGB procedures.**

Materials and Methods



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retrospective analysis



MBSAQIP database



2015-2023

Table 1 Eligibility criteria

Inclusion criteria

- primary bariatric procedure
- 30-days follow-up
- age ≥ 75

Exclusion criteria

- incomplete data
- other gastric resections
- hand-assisted or single incision approach
- removal of gastric band or intragastric balloon placement
- emergency cases

Materials and Methods



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Endpoint:

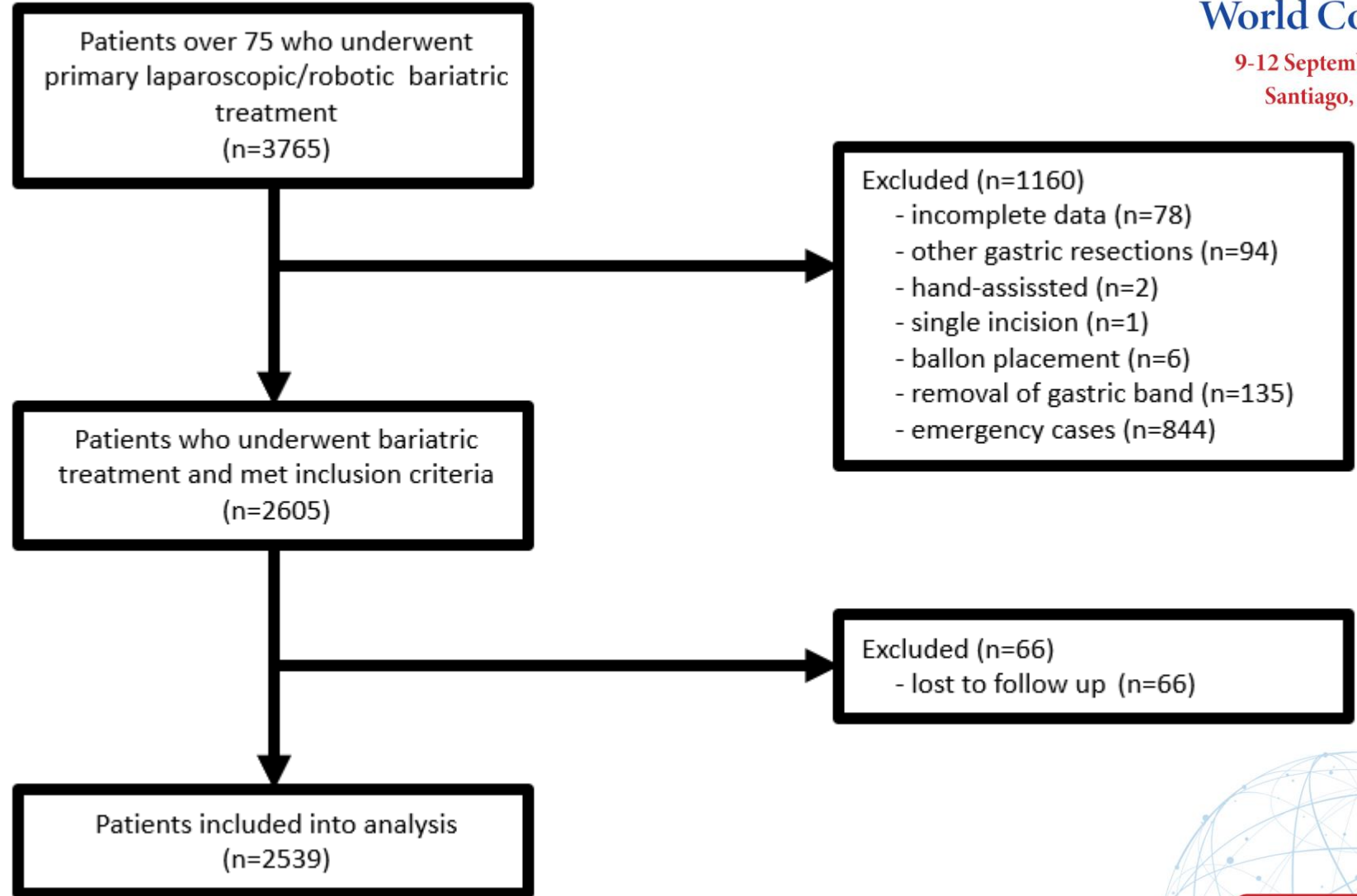
postoperative complication during 30 days of follow up

Statistical analysis:

- Chi², U Mann-Whitney, and t-Student tests
- Statistica 13.3

Results

Figure 3 Patients flow chart



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Table 2 Patients characteristic

Variable	All (n=2539)
Demographics	
Age, years	76.0 (75.0-77.0)
Preop weight loss, kg	4.5 (1.4-8.4)
Preop BMI, kg/m ²	40.9 (37.7-45.2)
Gender	
Women	1646 (64.8)
Men	893 (35.2)
Comorbidities	
DM	1036 (40.8)
HT	2166 (85.3)
Dyslipidemia	1660 (65.4)
Cardiac disease	402 (15.8)
OSA	1449 (57.1)
COPD	188 (7.4)
GERD	1123 (44.2)
Renal insufficiency	61 (2.4)
Smoking	57 (2.2)
Previous surgery	72 (2.8)
Functional status	
Independent	2454 (96.7)
Partially dependent	74 (2.9)
Totally dependent	8 (0.3)
Not reported	3 (0.1)



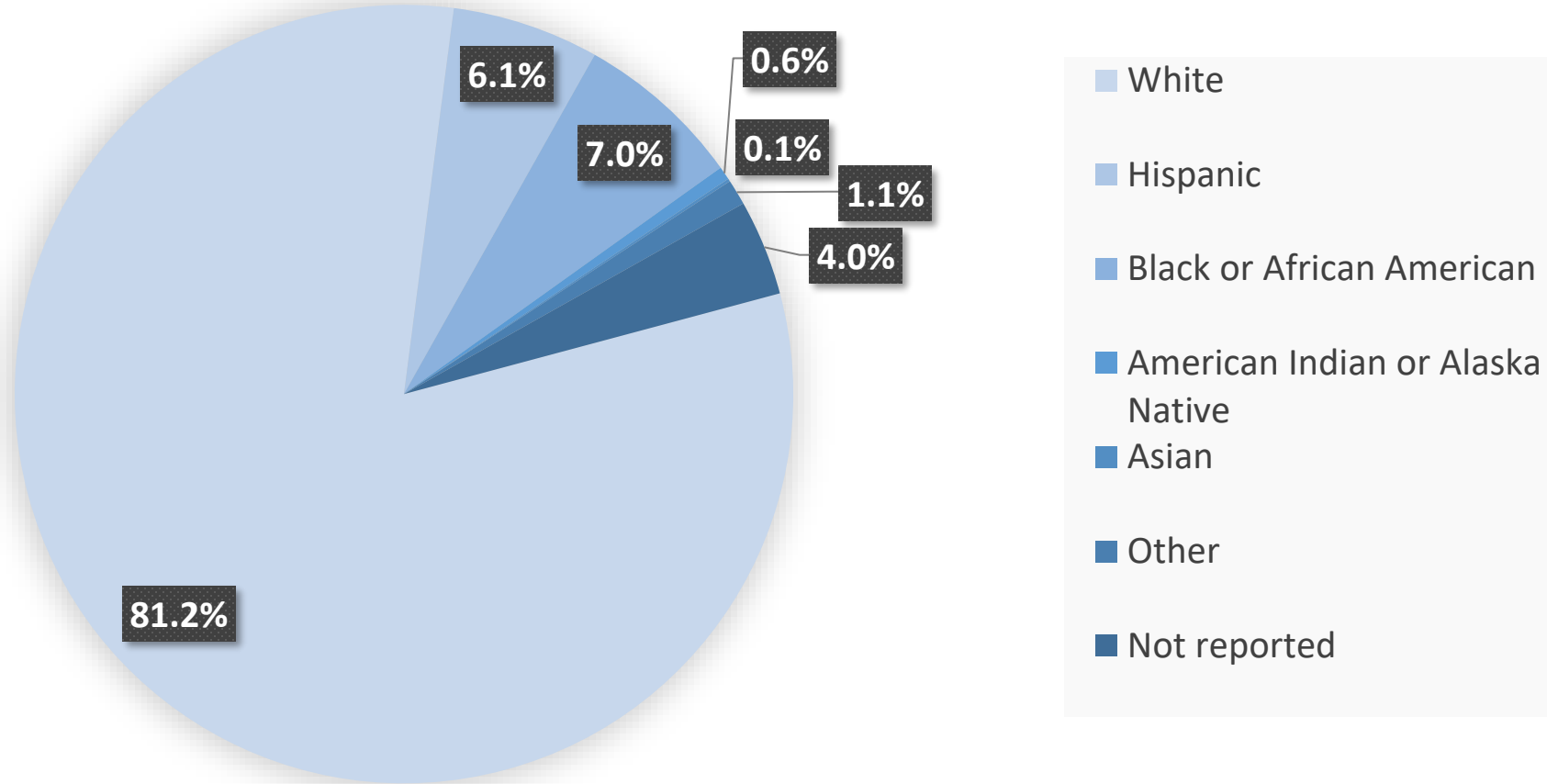
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Figure 4 Patients ethnicity



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- White
- Hispanic
- Black or African American
- American Indian or Alaska Native
- Asian
- Other
- Not reported



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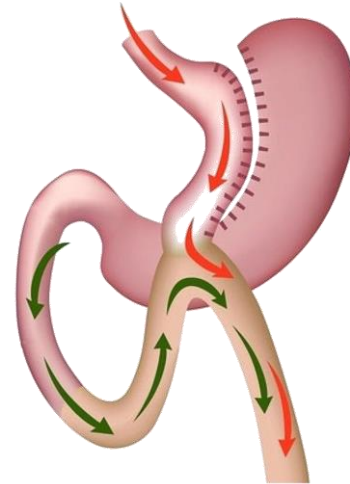
AGB
56 (2,2%)



SG
1905 (75,0%)



RYGB
537 (21,2%)



OAGB
22 (0,9%)



BPD
15 (0,6%)



BPD/DS
4 (0,2%)

Results

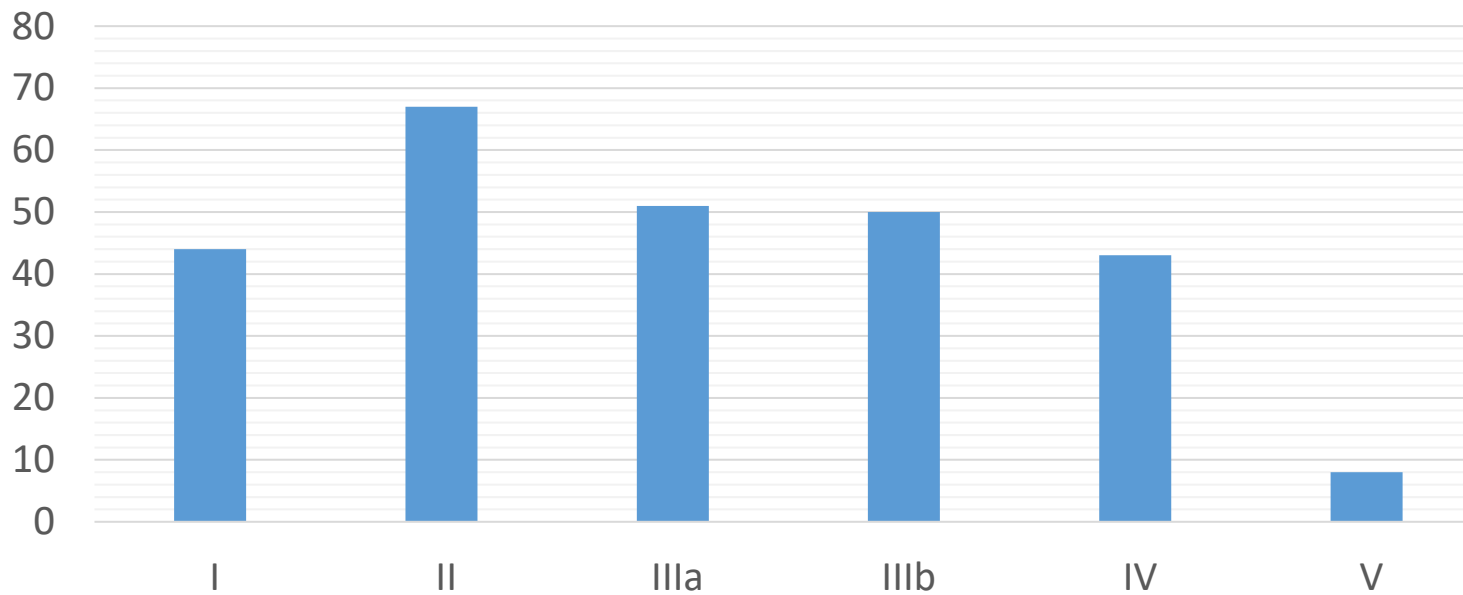
- mortality – 0,3%
- overall morbidity – 10,4%
- severe complications – 6.0%



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Figure 5 Clavien-Dindo Classification



Results

Table 3 Comparison between SG and RYGB procedures

	SG (n=1905)	RYGB (n=537)	p-value
Adverse events			
IV fluids outpatient treatment	43 (2.3)	14 (2.6)	0.6
Superficial SSI	4 (0.2)	0 (0.0)	0.6
Deep SSI	6 (0.3)	9 (1.7)	0.001
Wound disruption	4 (0.2)	3 (0.6)	0.2
Staple line leak	1 (0.1)	2 (0.04)	0.1
Bowel obstruction	4 (0.2)	8 (1.5)	0.001
Bleeding	4 (0.2)	8 (1.5)	0.001
Blood transfusion	3 (0.2)	0 (0.0)	1.0
UTI	1 (0.1)	1 (0.2)	0.4
Renal insufficiency	0 (0.0)	3 (0.6)	0.01
Acute renal failure	9 (0.5)	2 (0.4)	1.0
CAV/stroke	2 (0.1)	1 (0.2)	0.5
Cardiac arrest	2 (0.1)	1 (0.2)	0.8
MI	11 (0.6)	8 (1.5)	0.05
Vein thrombosis	3 (0.2)	3 (0.6)	0.1
Pneumonia	3 (0.2)	6 (1.1)	0.005
PE	3 (0.2)	3 (0.6)	0.1
Unplanned intubation	3 (0.2)	0 (0.0)	1.0
Ventilation >48h	5 (0.3)	1 (0.2)	1.0
Sepsis	0 (0.0)	3 (0.6)	0.01
Overall outcomes			
Any complication	166 (8.7)	85 (15.8)	<0.001
Severe complication	89 (4.7)	55 (10.2)	<0.001
LOS	1.0 (1.0-2.0)	1.0 (1.0-2.0)	<0.001
Reoperation	17 (0.9)	17 (3.2)	<0.001
ED visit	71 (3.7)	23 (4.3)	0.6
Hospital readmission	80 (4.2)	44 (8.2)	<0.001
ICU admission	8 (0.4)	6 (1.1)	0.08
Death	2 (0.1)	5 (0.9)	0.007



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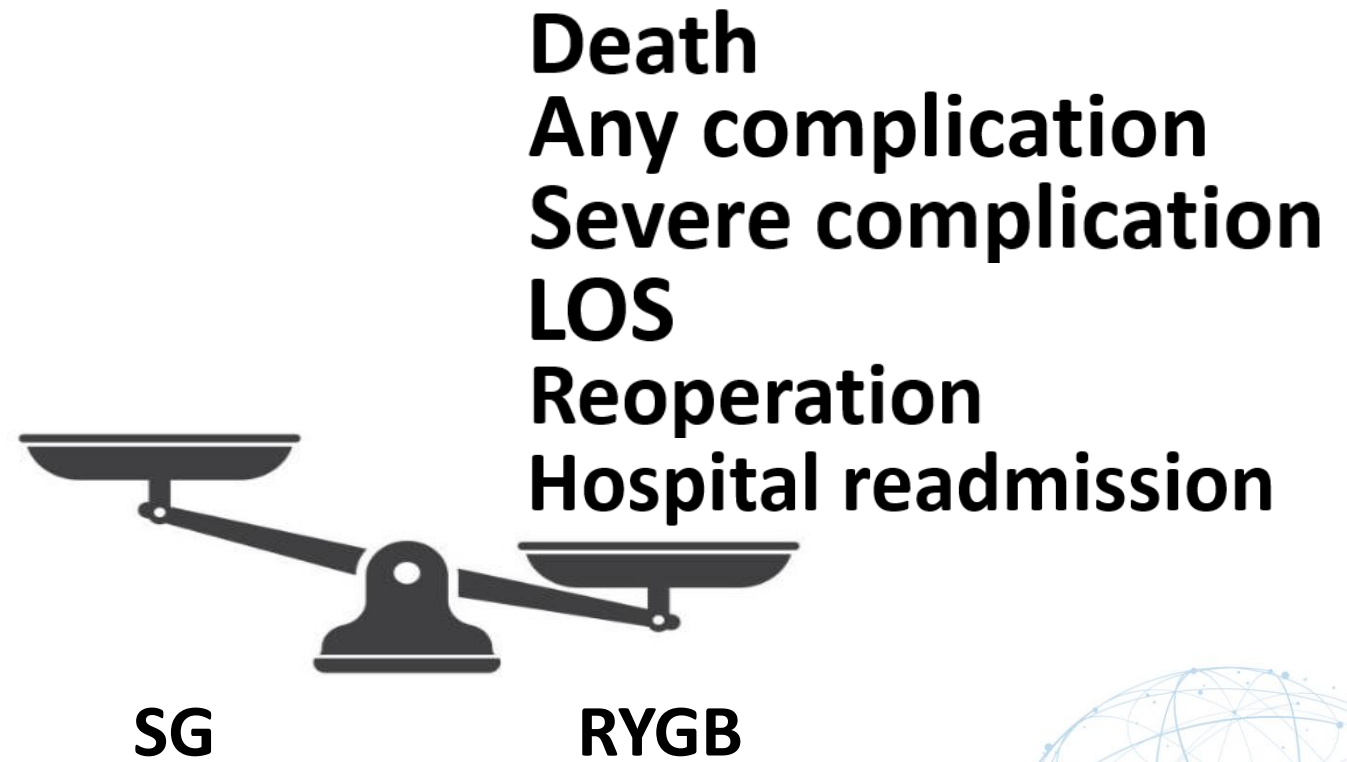


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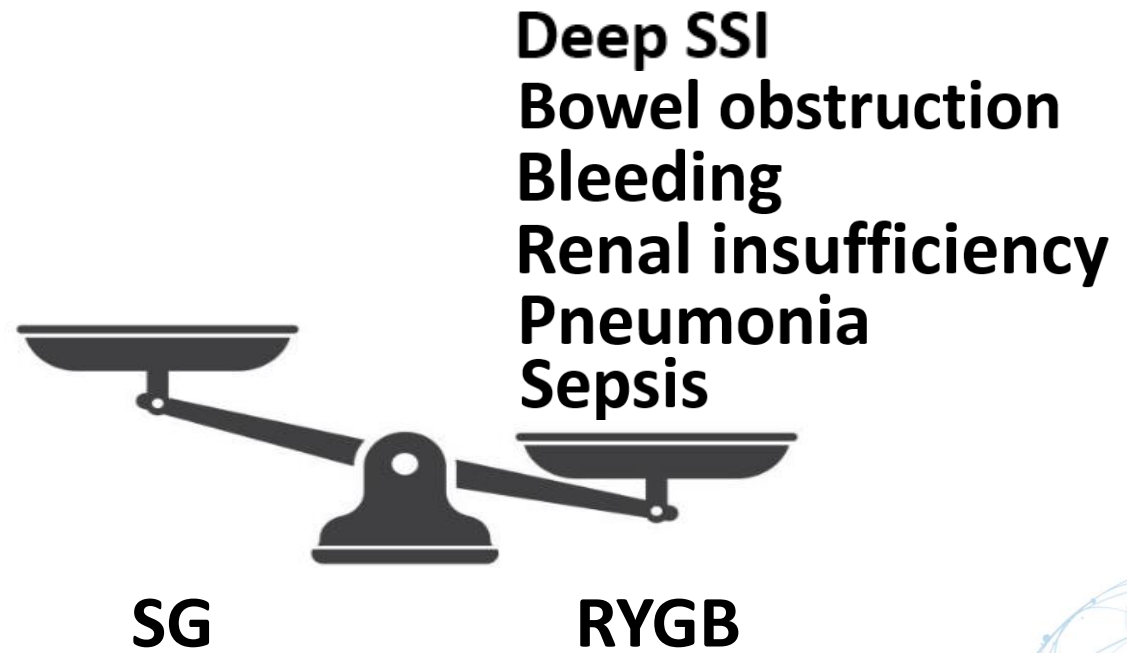


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Conclusions



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1. Bariatric surgery is safe method for obesity treatment in elderly population.
2. SG may be the preferred option for elderly patients (>75 years)



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Thank you for your attention!



Collaboration: DHR – Bariatric and Metabolic Institute & II Department of General Surgery, Jagiellonian University Medical College
Together for better outcomes

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