

Why I don't do Magnetic Anastomosis

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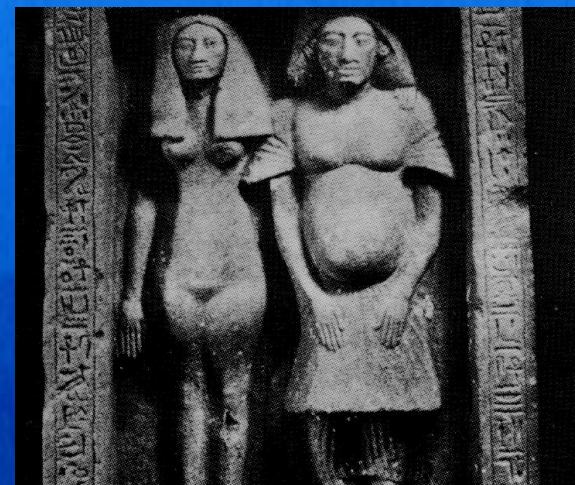
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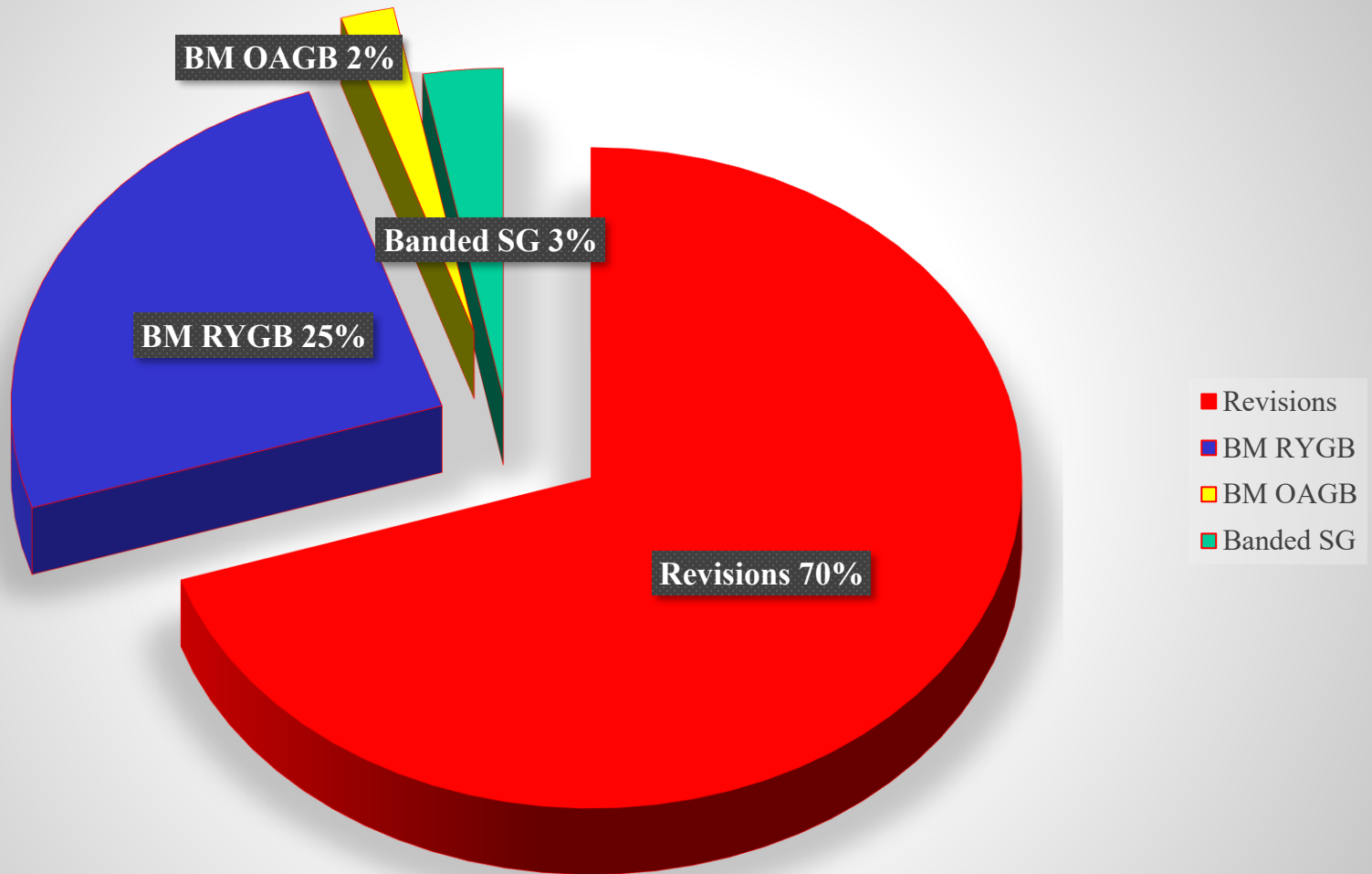




Disclosures

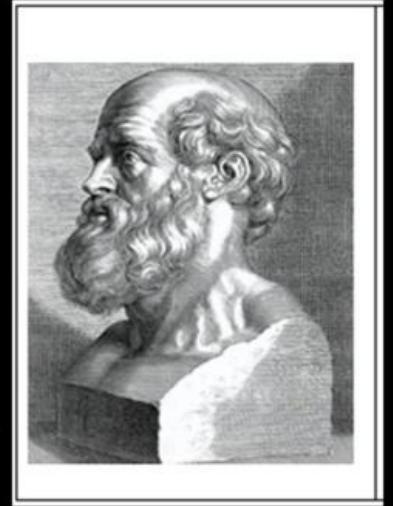
- Unfortunately : NON

Case Mix Disclosure



FIRST
DO
NO
HARM

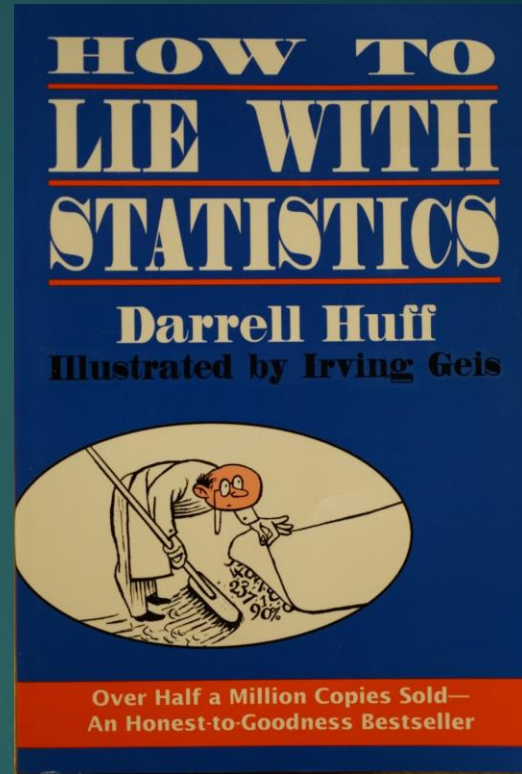
--The Oath of Hippocrates



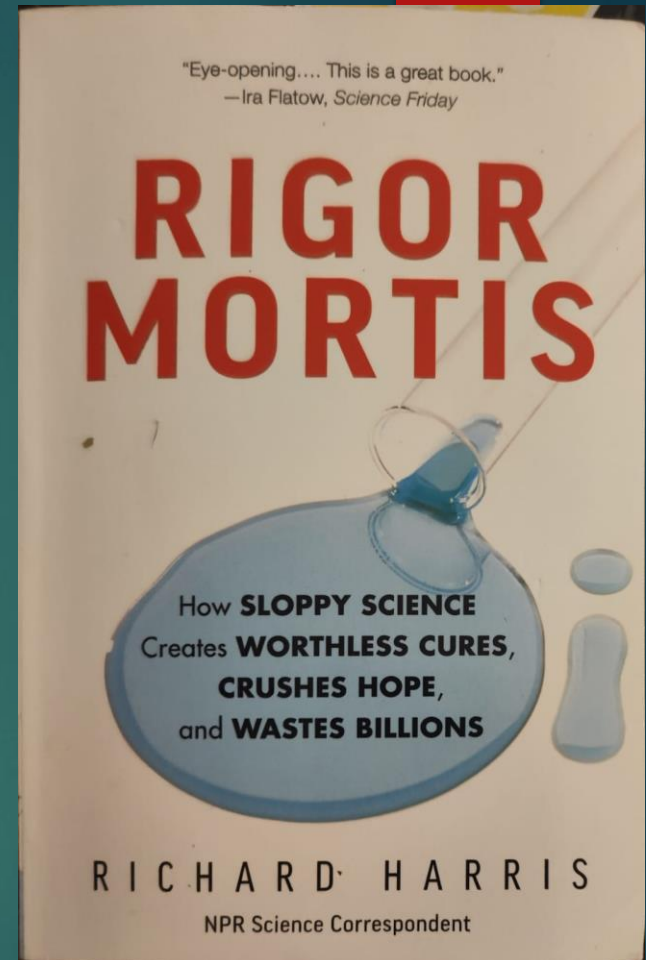
**We do not have risk free treatments
make sure the benefits outweigh the
risks**

Misinforming people by the use of statistical material might be called statistical manipulation (Statisticulation)

The blackest lie is a partial truth that leads you to the wrong conclusion



- ▶ Logic defying science is wrong.
- ▶ The hall mark of any scientific study is that it could be replicated (lap band blues)
- ▶ \$ 30 billion \$ annually to fund biomedical research. Half of the results of these studies can't be replicated



Laparoscopic Surgery: 1989

- ▶ First role: do not change the procedure just to do it laparoscopically. Open surgery standards adapted to laparoscopic approach and not the opposite

SLEEVE GASTRECTOMY NO I WORLDWIDE

PHILOSOPHICAL RHYTHMS



“ The voice of the majority is no
proof of justice.”

~ Friedrich Schiller



**Sleeve Gastrectomy:
Irreversible Reflux Inducing
Radical Gastric Resection That
Gives Temporary Gastric
Restriction**

The Sleeve Gastrectomy The Serendipity Concept

Case I

33/M, 180cm / 213kg, BMI 65.7 kg/m²

Co-morbidities:

- T2DM(5Y): HbA1c 7.7%, FBS 144 mg/dL, C-peptide 10.4 ng/dL

Oral dual therapy, Insulin (-)

IMS score 69, ABCD score 8 point

- Hypertension, Dyslipidemia, MASLD, OSA: AHI index 61.5 events/hours

- Depression, Schizophrenia

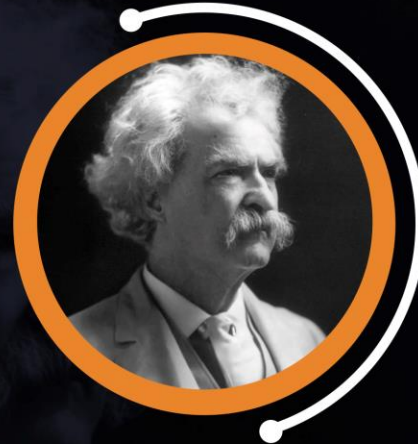
Treatment Plan:

Neoadjuvant Semaglutide + Laparoscopic Sleeve Gastrectomy

Bariatric literature with poor

Low q

PHILOSOPHICAL RHYTHMS



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“ If you don't read the
newspaper, you're uninformed.
If you read the newspaper,
you're mis-informed.”

~ Mark Twain



A lie often told becomes
truth

Failed Sleeve Gastrectomy Management options

- ▶ OMMs: GLP1s
- ▶ Endoscopic interventions: Tighter sleeve.
- ▶ Surgical revisions: Re-sleeve, Bypass (RY, OAGB), SADIs and DS. (effective but with morbidity and mortality and technical difficulty)
- ▶ Experimental: Bipartition (SASI): easier revision, many complications, severe malnutrition
- ▶ Experimental: Magnetic anastomosis: less morbidity and easier to perform.

The original Malabsorption BPD

17:25-17:30 Time of Laparoscopic Roux-en-Y Gastric Bypass in the Severely Obese Patient: a 2023 Update Mr. Omer Al-Taan (UK)

17:30-17:40 Lessons Learned from 45 Years Follow up after Bilio-pancreatic Diversion Professor Francesco Saverio Papadia (Italy)

17:45-18:10 **IBC-University of Oxford Europe Debate (8 minutes each debater, 8 minutes cross**



Magnetic Dudenolieostomy MAGDI

Side to side: Magnetic pressure necrosis to form delayed anastomosis

Pros:

Easy, Safe ?????

Cons:

- ▶ Procedure changed to adapt for technology
- ▶ Bipartition rather than Sadi or DS
- ▶ Delayed anastomosis not a scientific proven change to bipartition
- ▶ Experimental technique used to perform experimental procedure
- ▶ Expensive
- ▶ Side effects
- ▶ Long term efficacy: revisional SADIs addresses dilated sleeve issues
MAGDi does not



Immediate anastomosis magnetic procedure



Combination therapy: The Future

- ▶ Medical treatment good outcomes with low long-term compliance combine with bariatric surgery
- ▶ Endoscopic procedures have less powerful effects than bariatric surgery, augment effect with medications
- ▶ Some bariatric procedure have high rate of recurrent weight gain, use medications to treat recurrence and reduce the rate of revisional surgery
- ▶ Endoscopic treatment can help with recurrent weight gain after bariatric surgery and vice versa
- ▶ Magnetic procedures

IFSO

- ▶ International
- ▶ Federation
- ▶ Surgery &
- ▶ Other therapies for Obesity



“Don’t waste your time
with explanations: people
only hear what they want
to hear.”

— Paulo Coelho
www.facebook.com/01poets



PHILOSOPHICAL RHYTHMS



“ The aim of argument should
not be victory, but
progress..”

~ Karl Popper

“Hell is truth seen too
late.”

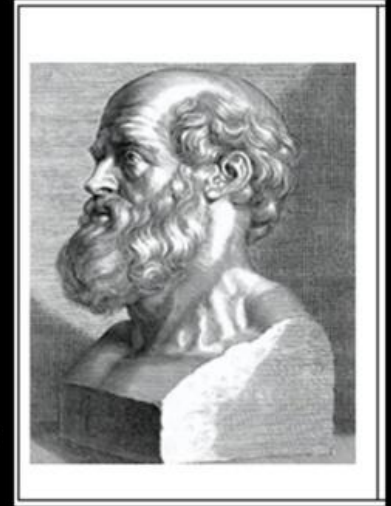
— Thomas Hobbes
www.facebook.com/poets01



www.facebook.com/poets01

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--The Oath of Hippocrates



**We do not have risk free treatments
make sure the benefits outweigh the
risks**

THERE ARE PATIENTS WHOM
WE CANNOT HELP BUT
THERE ARE NONE WHOM WE
CANNOT HARM
ALFRED CUSCHIERI



CONCLUSION: WHY I DON'T DO MAGNETIC ANASTOMOSIS (YET)

- **I Do not believe Every thing I am told**
- **Procedures come and go, our conflict of Interest is our patients well being not how much money we make**
- **Hypo absorptive procedures need life time follow up and should not be done in medical tourism settings**
- **Bad quality data= poor quality publications**
- **Logic defying science is wrong**
- **The future of bariatric treatment will be combination therapy**
- **Less effective procedures will have the GLP1 medications as the first line of treatment**
- **Combining Medications endoscopy and surgery is the expected future with hybrid procedures starting now.**
- **Experimental procedures done with experimental techniques is double trouble.**
- **Magnetic anastomosis is a novel new experimental approach that may prove effective in the future.**



The Egyptian Society for Bariatric Surgery
(ESBS)

21st Annual Congress of

ESBS



Amember Society of
The International Federation for the Surgery of
Obesity and Metabolic disorders (IFSO)

IFSO ENDORSED CONGRESS



■ November 27-29, 2025

📍 Semiramis InterContinental, Cairo Egypt