

# One Anastomosis Gastric Bypass(why I don't do it?)

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No Disclosures

Continued excellent results with the mini-gastric bypass:  
six-year study in 2,410 patients

[Robert Rutledge](#) <sup>1</sup>, [Thomas R Walsh](#)

Affiliations expand

• PMID: 16259892 DOI: [10.1381/096089205774512663](#)

# Did OAGB have a difficult start?

- Was there a COLD WAR style paranoia about it ?
- Was RYGB sitting in a comfortable place and in came OAGB ??
- Was it the way it was first put on the table ?
- Was it about WHO put in first on the table ?



# OAGB is a good operation

Every Meta Analysis so far found OAGB to be Not inferior to RYGB

- So why are we hesitant to do OAGB?
- Are the leaks more Hectic?
- Are we worried about Marginal Ulcers?
- Are we worried about Nutritional deficiency?

When you have a good Seed but you have difficulty finding a good environment to plant it

- Why did OABG not initially excel in it's homeland?
- Why did it need to immigrate?
- Why was it Embraced by THE EMERGING ECONOMIES?
- Did it have a SECOND COMING back in it's homeland?

# Understanding Objections to One Anastomosis (Mini) Gastric Bypass: A Survey of 417 Surgeons Not Performing this Procedure

Kamal K Mahawar <sup>1</sup>, Cynthia-Michelle Borg <sup>2</sup>, Kuldeepak Singh Kular <sup>3</sup>, Michael J Courtney <sup>4</sup>, Karim Sillah <sup>4</sup>, William R J Carr <sup>4</sup>, Neil Jennings <sup>4</sup>, Brijesh Madhok <sup>5</sup>, Rishi Singhal <sup>6</sup>, Peter K Small <sup>4</sup>

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One anastomosis gastric bypass (OAGB) is not performed by some surgeons primarily due to concerns about bile reflux, marginal ulceration, malnutrition, and the theoretical long-term risk of gastric or esophageal cancer.

Another barrier is the lack of universal approval by national bariatric societies, which influences practice patterns; many surgeons report they would consider performing OAGB if it were endorsed by their national society.

OAGB is associated with a higher incidence of bile reflux and de novo gastroesophageal reflux disease (GERD) compared to Roux-en-Y gastric bypass (RYGB), as demonstrated in multiple meta-analyses and randomized controlled trials.

Although OAGB is minimally utilized, the 30-day safety profile appears favorable. As compared to RYGB, OAGB was associated with shorter operative time and LOS, and a lower complication rate, partially due to minimization of small bowel obstructions with a loop anatomy. Further evidence in the comparative long-term safety profile is still needed.

# Need to Demonstrate adverse outcomes

- New procedures Can NOT be without adverse outcomes
- There is need for “Bariatric Registries” to carefully record and publish outcomes
- OAGB got it’s first Major recognition after the First randomised controlled trial(Wei Ji Lee)
- Second coming of OAGB started from that point



While recent data from the American Society for Metabolic and Bariatric Surgery (ASMBS) show increasing utilization and favorable short-term safety profiles for OAGB, concerns about long-term outcomes persist, and further evidence is needed to fully address these issues.

# One Anastomosis Gastric Bypass Versus Roux-en-Y Gastric Bypass for Obesity: An Updated Meta-analysis and Systematic Review of Randomized Controlled Trials

Yusuf Ahmed <sup>1</sup>, Karim Ataya <sup>2</sup>, Abdulla Almubarak <sup>3</sup>, Isa Almubarak <sup>4</sup>, Manar Ali <sup>3</sup>,  
Walaa Yusuf <sup>5</sup>, Mostafa Mohammed Saad Mahran <sup>6</sup>, Stefan Simeonovski <sup>7</sup>, Almoutuz Aljaafreh <sup>8</sup>,  
Wah Yang <sup>9</sup>

Bile reflux can lead to chronic esophagitis and, theoretically, increase the risk of malignancy, although long-term human data are limited. Additionally, OAGB has a higher risk of malnutrition and, in rare cases, liver failure, especially with longer biliopancreatic limb lengths. These complications may necessitate surgical revision or conversion to RYGB.

These concerns are well-documented in the medical literature, with surveys indicating that a significant proportion of bariatric surgeons cite the risk of bile reflux and lack of endorsement by national societies as major reasons for not adopting OAGB as a mainstream procedure

the main reasons OAGB is not performed are concerns about bile reflux, marginal ulceration, malnutrition, potential cancer risk, and lack of endorsement by national societies.

# One Anastomosis Gastric Bypass Versus Roux-en-Y Gastric Bypass for Morbid Obesity: an Updated Meta-Analysis

[Dimitrios E Magouliotis](#)<sup>1</sup>, [Vasiliki S Tasiopoulou](#)<sup>2</sup>, [George Tzovaras](#)<sup>3</sup>

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OAGB is comparable to RYGB in terms of weight loss parameters and comorbidity resolution. However, OAGB can lead to a higher risk of development of marginal ulcers and de novo GERD.

The present meta-analysis is the best currently available evidence on the topic and demonstrates the superiority of OAGB compared with RYGB, in terms of weight loss and diabetes remission. However, the OAGB was associated with a significantly higher incidence of malnutrition, thus indicating the significant malabsorptive traits of this operation.

# The safety profile of one-anastomosis gastric bypass compared to Roux-en-Y gastric bypass: a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program analysis

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# After the initial Paranoia the world is now warming up to OAGB

- It is proven to be a great alternative to RYGB
- But Like the rest of the OLD school world we need to warm up to it
- We need to publish ALL adverse outcomes
- It is good to have “Clubs”, it is not good to have “COLTS”

OAGB is comparable to RYGB in terms of weight loss parameters and comorbidity resolution. However, OAGB can lead to a higher risk of development of marginal ulcers and de novo GERD.

OAGB is associated with a higher risk of de novo gastroesophageal reflux disease (GERD) and marginal ulcers compared to RYGB. OAGB also carries a greater risk of malnutrition and micronutrient deficiencies (e.g., vitamin D, iron, albumin), necessitating vigilant long-term nutritional monitoring. RYGB has a higher incidence of internal hernias and bowel obstruction due to its Roux limb configuration.

# Thank You

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