



XXVIII IFSO
World Congress

9-12 September 2025
Santiago, Chile

EFFICACY AND SAFETY OF BARIATRIC SURGERY IN LIVER CIRRHOSIS: A SYSTEMATIC REVIEW AND A SINGLE ARM META-ANALYSIS

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Disclosure Slide



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



Why Bariatric Surgery in patients with Liver Cirrhosis ?

- Obesity and liver disease are both rising worldwide.
- BS= most effective treatment for severe obesity and can improve liver function.
- BS could be used as a strategy to downstage patients with liver cirrhosis, allowing them to become eligible for the transplant list

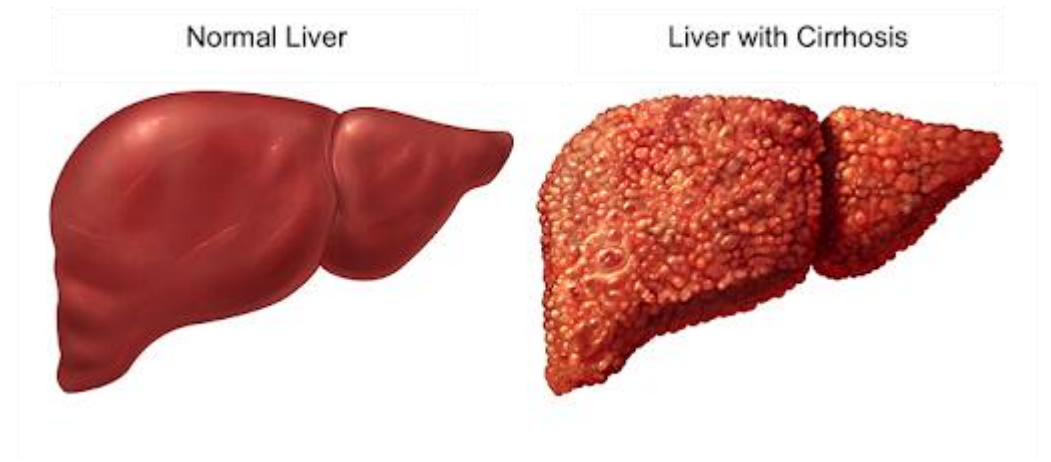
Systematic review & single arm meta-analysis

→ Observational studies, SG& RYGB&

→ SASI& OAGB

Outcomes: Weight loss after 1 year of F/U,

Early postoperative complications and Mortality.





Key findings

Bullets:

- **Studies included:** 26 observational studies, 22,486 cirrhotic patients.
- **Mortality:** RR 3.33% (95% CI [2.06–5.35]).
- **Early complications:** RR 14.0% (95% CI [7.56–24.49]).
- **Length of stay:** 3.77 days.
- **Weight loss at 1 year:**

Published data



Mean weight reduction:
-43.06 kg



BMI decrease:
-10.79 kg/m²



Excess Weight Loss (EWL%):
62.81%



Total Weight Loss (TWL%):
26.43%



Conclusion

Bariatric surgery in cirrhotic patients shows:

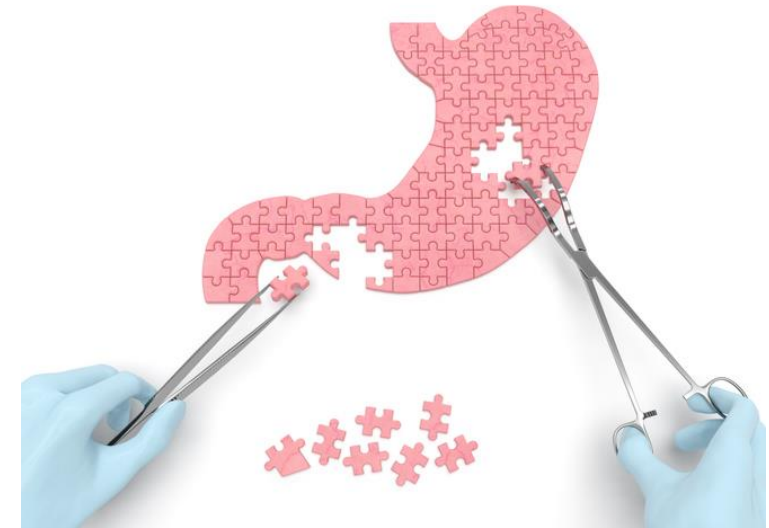
- Relatively low mortality.
- Substantial weight loss benefits.
- Manageable postoperative risks.

Take-home message: BS is a feasible option in selected cirrhotic patients.



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Introduction: Cirrhosis often considered a relative contraindication, and evidence regarding the safety and efficacy of BS in cirrhotic patients is limited.

Methods: To evaluate the efficacy and safety of bariatric surgery in patients with cirrhosis, a systematic review and single arm meta-analysis were performed.

Results: Significant weight loss, BMI reduction, and sustained improvements in EWL% and TWL% were observed after 1 year. Mortality and Early postoperative complications remains low.

Conclusion: BS is feasible and effective in cirrhotic patients, providing substantial weight loss with relatively low mortality and manageable complications.

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