IFSO consensus conference is 2023 MBS in the Elderly & Adolescents

Abdelrahman A. Nimeri, MD, FACS, FASMBS Dipl ABOM

Director, Bariatric & Bariatric Surgery

Secretary/Treasurer, IFSO

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Brigham and Women's Hospital
Founding Member, Mass General Brigham

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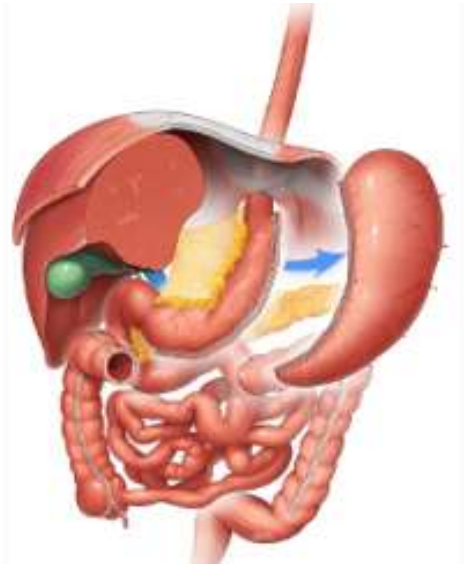
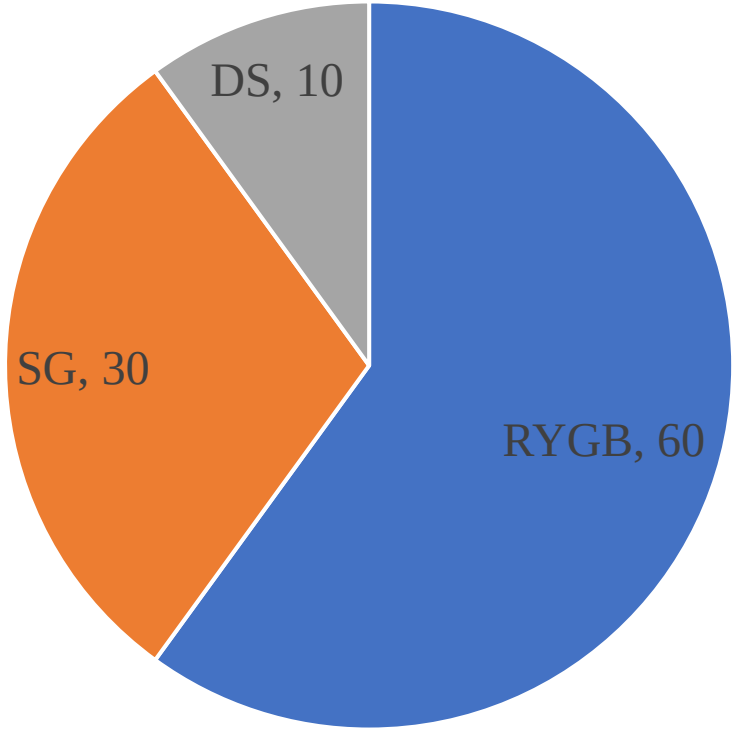
2023

Participation in a company sponsored speaker's bureau: Medtronic



Procedure disclosure



>5000 cases Primary 80% Revisions 20%

RYGB SG DS

- *Safety efficacy & CVS benefits of MBS in the elderly >65 years.*
- *Which procedure is most suitable for elderly patients>65 years.*
- *Safety efficacy & CVS benefits of MBS in the adolescents.*
- *Which procedure is most suitable for the adolescents.*

Short term outcomes of MBS in the elderly

- *When comparing elderly patients (>65 years of age) to younger patients, the 30-day mortality in elderly patients is low (0.3%,) but mortality in the elderly is higher than the younger population by 2-3 folds.*
- **Older patients have higher respiratory, infectious, renal complications and longer length of stay compared to younger patients.**
- *Maloney et al and Mebeza et al have shown that age alone is an independent risk factor for morbidity and mortality after MBS.*
- ***Two inflection points for higher morbidity and mortality with increasing age occur at 45 and 59 years of age. Nevertheless, MBS in elderly patients (>65 years of age) is as safe as hip replacement.***

Maloney SR, Dugan N, Prasad T, Colavita PD, Mckillop IH, Gersin KS, Kuwada T, Barbat S, Roberts A, Nimeri A. Impact of age on morbidity and mortality following bariatric surgery..Surg Endosc. 2020 Sep;34(9):4185-4192.

Mabeza RM et al Bariatric surgery outcomes in geriatric patients: a contemporary, nationwide analysis. SOARD. 2022;18(8):1005-1011

AGE ≥65 YEARS OLD				
In individuals over 65 years old, MBS has been shown to be safe, result in sustained reduction in medication use, and associated with significantly-improved quality of life.	37	1	Agree	100.0%
Because elderly individuals [>65 years] are considered at high risk due to their age and greater risk of metabolic diseases, the safety of MBS and reducing postoperative complications are of the utmost importance.	36	1	Agree	100.0%
MBS is generally suitable for individuals over the age of 65 with obesity class II or higher.	42	2	Agree	88.1%
MBS is generally suitable for individuals over age 65 with class 1 obesity and T2DM, who do not achieve diabetes control with reasonable non-surgical methods.	41	2	Agree	87.8%
Generally, sleeve gastrectomy is the preferred procedure for elderly individuals (>65 years old) because of its excellent safety profile.	40	1	Agree	75.0%
Older individuals are more prone to developing postoperative complications after MBS than younger patients.	40	1	Agree	75.0%
Older individuals should primarily be offered MBS procedures based upon...	41	2	Both safety & effectiveness	68.3%
The effectiveness of MBS is reduced in the elderly.	41	2	Agree	57.5%
Considering that hypo-absorptive MBS procedures are associated with a higher risk of malnutrition, they SHOULD NOT BE/CAN STILL BE undertaken in individuals over 65 years old.	42	2	Should NOT be	52.4%

AGE ≤ 18 YEARS OLD				
For pediatric individuals with class 1 obesity and type 2 diabetes, MBS **IS/IS NOT** a reasonable treatment option	42	2	IS	85.7%

Sleeve gastrectomy should not be performed in young individuals because the procedure is irreversible.	36	1	Disagree	77.8%
MBS is generally suitable for individuals under the age of 18 with class 1 obesity and T2DM, who do not achieve diabetes control with reasonable non-surgical methods.	42	1	Agree	76.2%
MBS is generally suitable for individuals under the age of 18 with obesity class II or higher.	42	1	Agree	73.8%
Sleeve gastrectomy is preferable to RYGB as a first MBS procedure for most pediatric patients who meet criteria for MBS.	42	1	Agree	71.4%
Pediatric patients with syndromic obesity should be considered for MBS... (A) If their BMI is ≥35 kg/m2 or 120% of the 95th percentile & they have clinically significant obesity-related complications; (B) If their BMI is ≥40 kg/m2 or 140% of the 95th percentile (whichever is lower), even without clinically significant obesity-related complications; (C) Either A or B; (D) Neither	40	2	Both	70.0%
Considering that hypo-absorptive MBS procedures are associated with a higher risk of malnutrition, they SHOULD NOT BE/CAN STILL BE undertaken in adolescents (< 18 years old).	42	2	Should not be	66.7%
Endoscopic sleeve gastroplasty (ESG) SHOULD/SHOULD NOT be an option for adolescents above 12 years of age with class 1 obesity.	40	2	Should NOT be	52.5%
OVERALL MEAN LEVEL OF CONSENSUS = 76.1% BMI >50 = 78.9%; BMI 30-35 = 90.2%; Age 65+ = 78.2%; Age < 18 = 71.8%				

- *MBS is safe & effective short-term in elderly patients >65 years.*
- **MBS conferred a longer life-span & reduced risk of cardiovascular events in the elderly patients.**
- *SG has lower risk, but RYGB has better improvement in T2DM, HTN & GERD medication use.*
- ***MBS is the only proven effective method for treating severe obesity in adolescents.***
- *SG is more prevalent than RYGB may be safer with less long term nutritional deficiencies in LABS TEEN.*

Choice of MBS in the elderly population 3/3

- Howard et al conducted a ***retrospective administrative Medicare database study and compared medication use for diabetes, hypertension, and hyperlipidemia as well as the outcomes of SG and RYGB in Medicare beneficiaries between 2012 to 2018.***
- The study examined **DM, HTN, hyperlipidemia outcomes & restarting medications for those who were able to stop them after SG and RYGB.**
- Patients after ***RYGB were more likely, after 5 years, to discontinue diabetes medications (discontinuation rates of 74.7% after RYGB vs 72% after SG)*** and ***fewer patients after RYGB restarted their diabetes medication (30.2% after RYGB and 35.6% after SG)***.
- **Patients after RYGB were more likely to discontinue their antihypertensive medications after 5 years (53.3% after RYGB vs 49.4% after SG).**
- ***In aggregate, these studies demonstrated advantages to RYGB over SG with respect to medication usage in the elderly population.***

Howard R, Chao GF, Yang J, et al. Medication Use for Obesity-Related Comorbidities after Sleeve Gastrectomy or Gastric Bypass. JAMA Surg. 2022;157(3):248-256.

- **Elderly patients (>65 years of age) undergoing MBS lose weight, experience improvement in T2DM, HTN, GERD medications and MBS is as safe as hip replacment.**
- ***Yet elderly patients are less likely to be referred to MBS and hence the elderly represent only 2.7% of MBS performed in academic teaching US hospitals.***

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