

OAGB vs. RYGB

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Presenter Disclosure

Philip R. Schauer MD

Board Member/Advisory Panel – GI Dynamics; Persona; Keyron, Mediflix
Consultant – Ethicon, Medtronic, Keyron, Novo Nordisk, Lilly, Heron,
Research Support – Ethicon, NIH, Medtronic,
Stock/Shareholder - SEHQC, LLC. Mediflix, Metabolic Health Institute

Clinical Trials (Last 2 Years):

STAMPEDE

MS-MACE

ARMMS

SPLENDOR-NASH

SPLENDID-Cancer

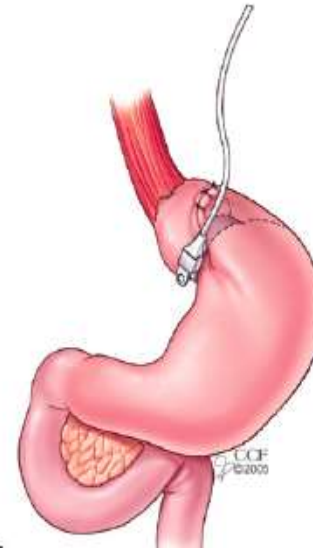
Bariatric/Metabolic Surgery 2023



Sleeve Gastrectomy
58%



Gastric Bypass
22%

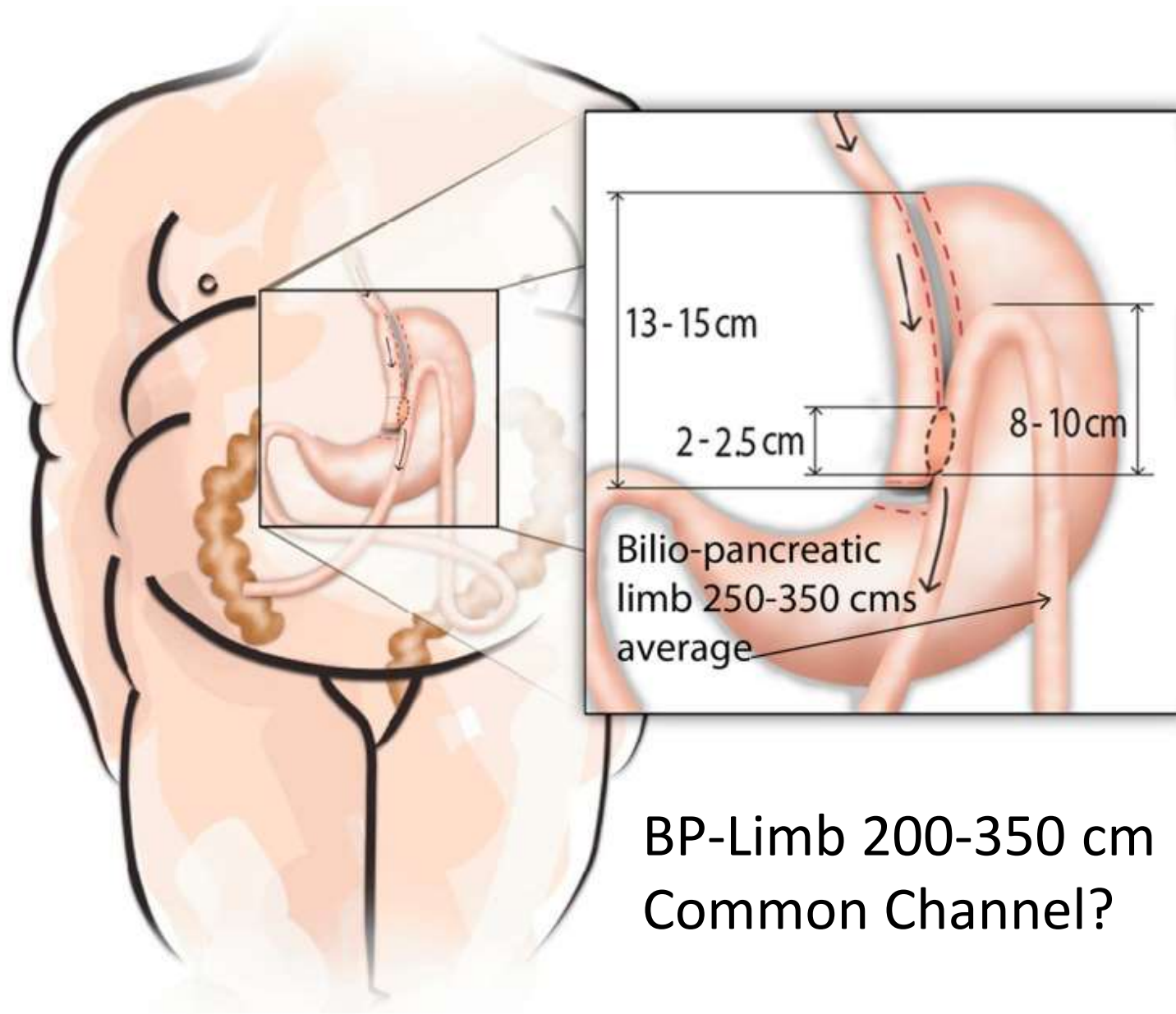


Gastric Banding
0.4%



Biliopancreatic Diversion – DS
2%

Revisions 12%, Other 4%, Balloons 1.6%



Concerns:

Bile gastritis

Bile Esophagitis

GERD

Esophageal Cancer

Marginal Ulcer

Malnutrition

BP-Limb 200-350 cm
Common Channel?

Efficacy and Safety of One Anastomosis Gastric Bypass Versus Roux-en-Y Gastric Bypass for Obesity: a Meta-analysis and Systematic Review

Obesity Surgery (2023) 33:611–622

Xianting Li^{1,2} · Xu Hu^{1,2} · Chendong Fu^{1,2} · Lang Han^{1,2} · Ming Xie^{1,2} · Shurui Ouyang^{1,2} 

8 trials, n=931, mean BMI OAGB=49, RYGB=50 : years 2005-2022

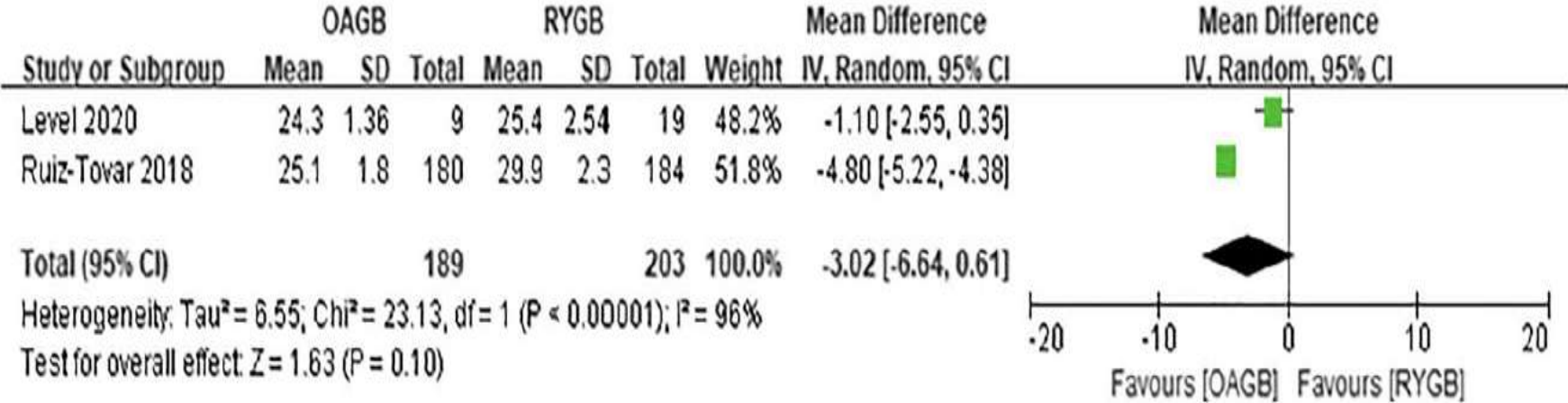
Table 2 Surgical technical characteristics

Surgery		Robert, 2019	Mohaned, 2018	Lee, 2005		Ruiz-Tovar, 2018	Level, 2020	Eskandaros, 2021	Katayama, 2021	Ibrahim, 2022
OAGB	Gastric pouch volume (mL)	-	25–35	-		-	-	-	-	-
	Biliopancreatic limb length (cm)	200	200	200		250–350	200	BMI < 45 45 < BMI < 50 BMI > 50	180 200 220	200 200
RYGB	Gastric pouch volume (mL)	30	-	15–20		-	20	-	-	-
	Food limb length (cm)	150	150	BMI < 49 BMI > 50	100 150	150	150	BMI < 45 45 < BMI < 50 BMI > 50	120 135 150	100 150
	Biliopancreatic limb length (cm)	50	50	50		100	100	BMI < 45 45 < BMI < 50 BMI > 50	60 80 100	50 60

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Fig. 10 BMI at 5 years after surgery

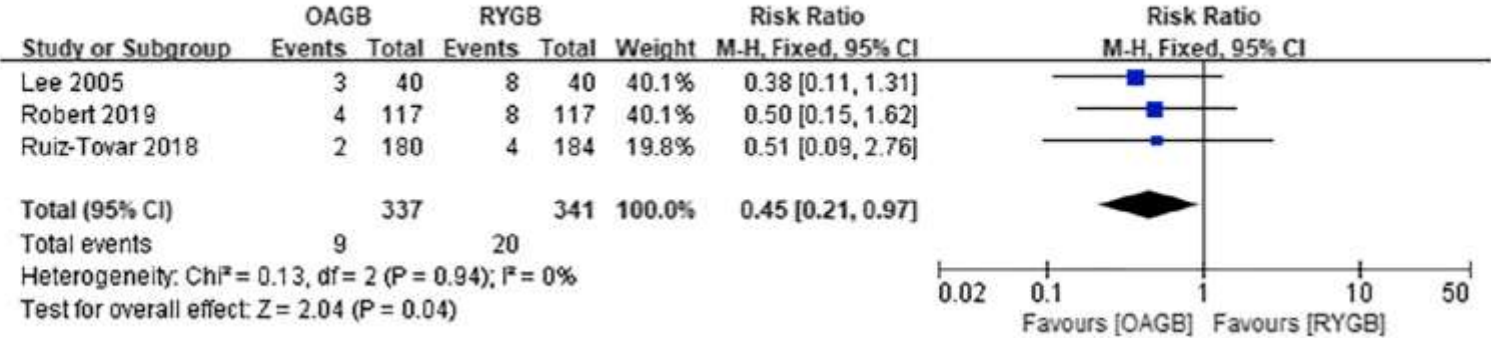


No Difference

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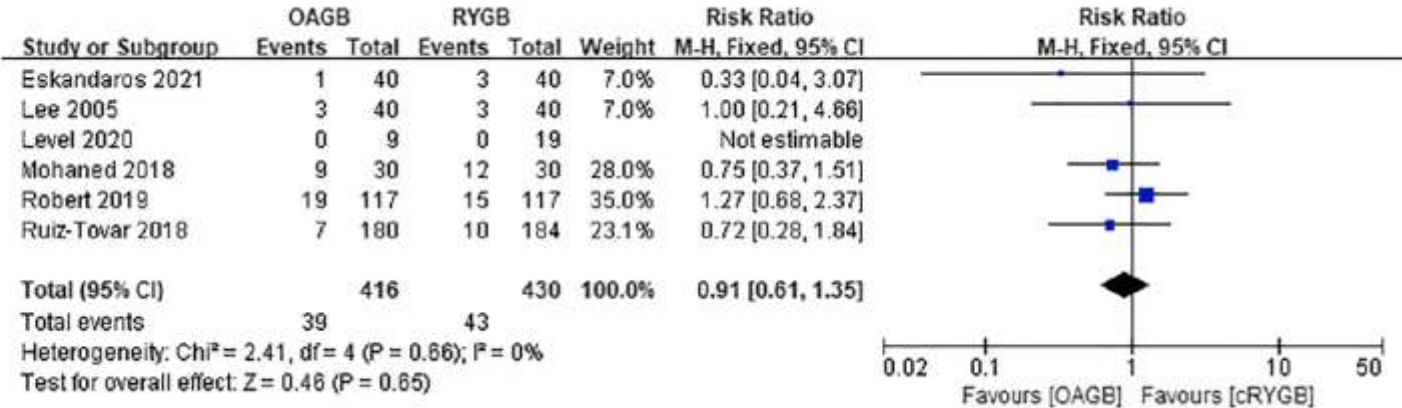
Xianting Li^{1,2} · Xu Hu^{1,2} · Chendong Fu^{1,2} · Lang Han^{1,2} · Ming Xie^{1,2} · Shurui Ouyang^{1,2} 

Fig. 12 Early postoperative complications



Sight benefit to OAGB

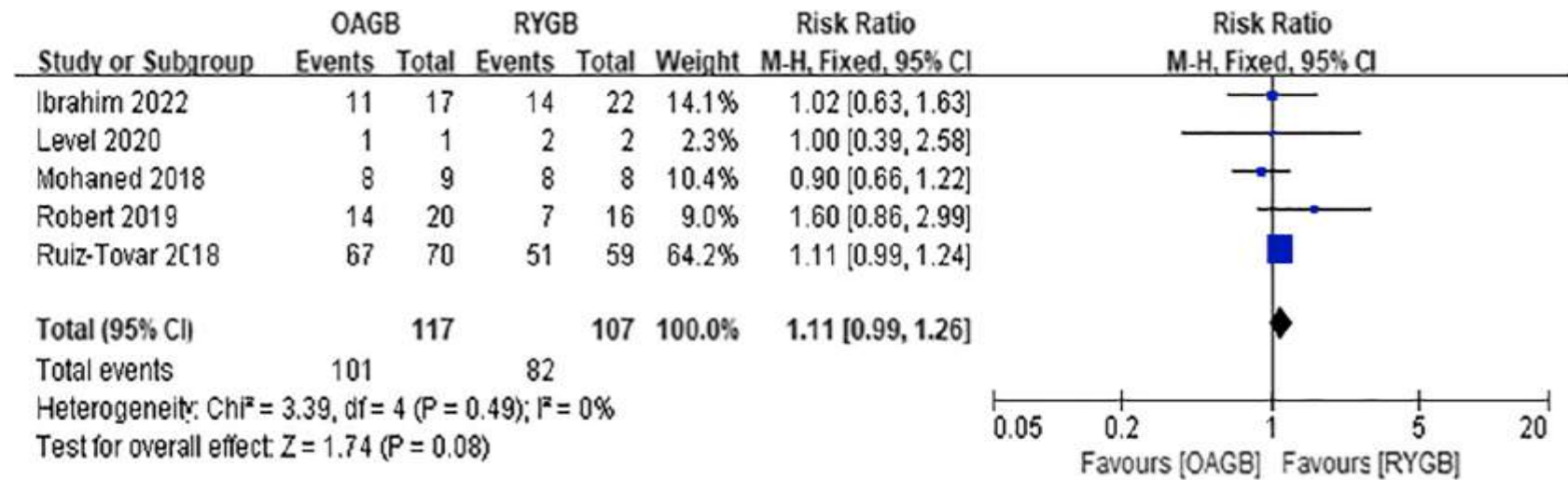
Fig. 13 Late postoperative complications



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Fig. 14 Postoperative diabetes remission

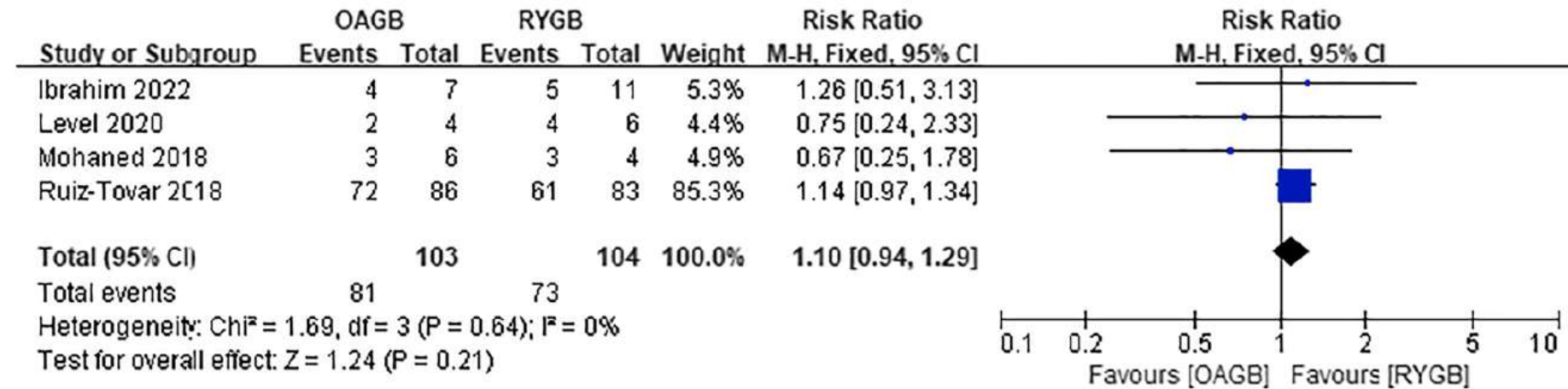


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Fig. 15 Postoperative hypertension remission

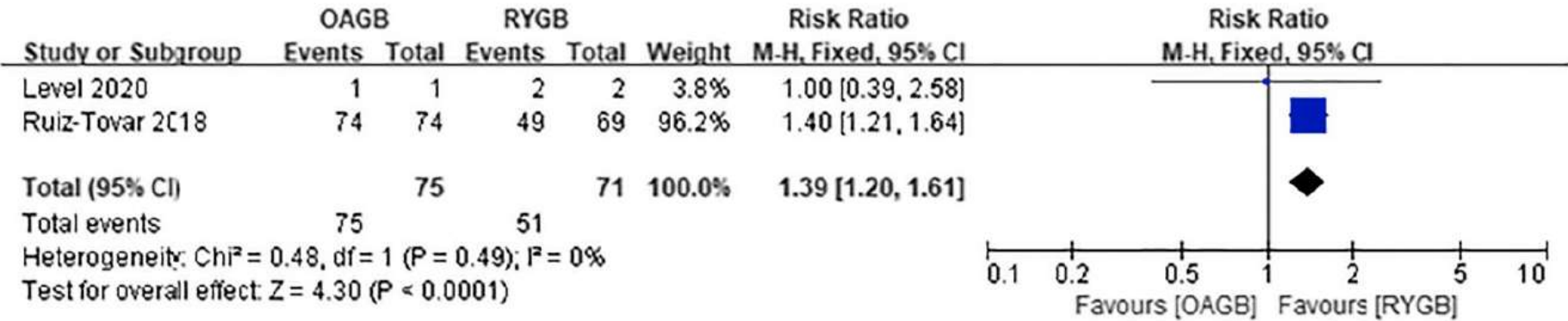


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Fig. 16 Postoperative hyperlipidemia remission

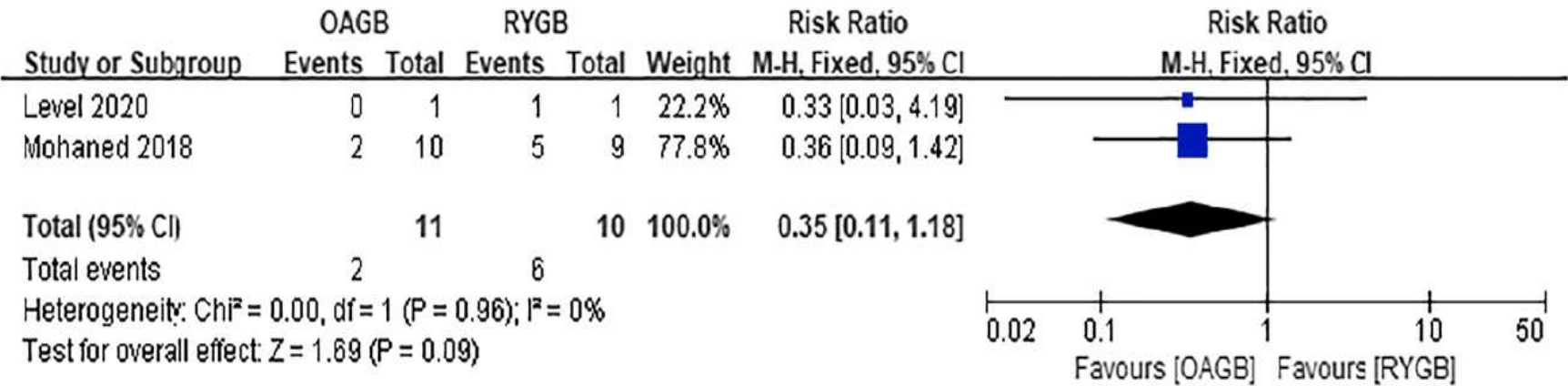


Sight benefit to OAGB

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Fig. 17 Postoperative GERD remission

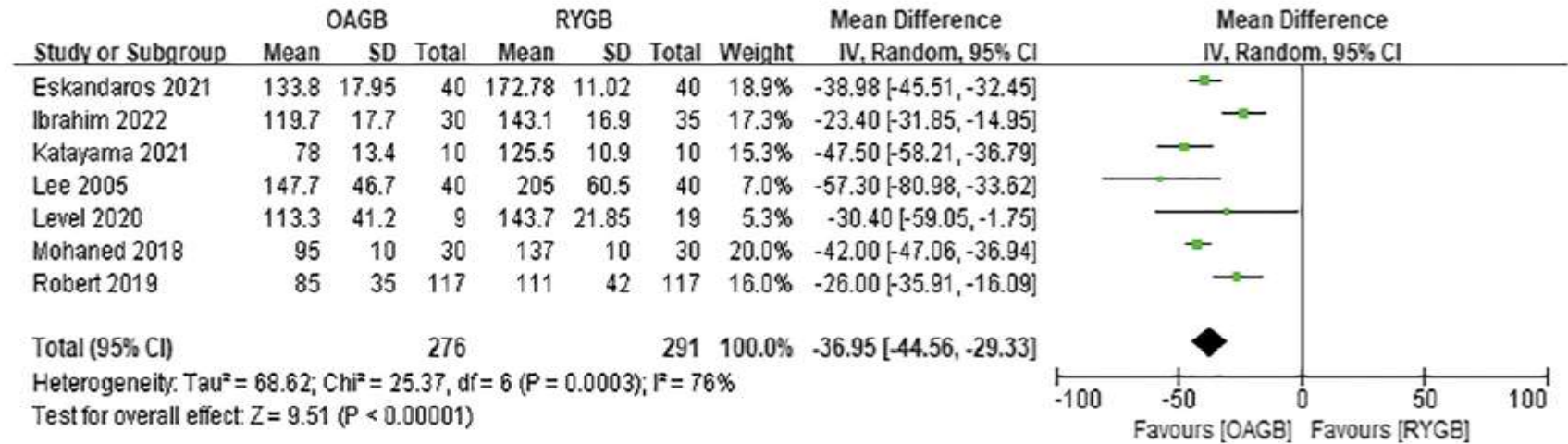


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Fig. 18 Operation time



Sight benefit to OAGB – 40 mins

Meta-Analysis: Summary OAGB vs. RYGB

Efficacy

Short-term – Sl. Benefit for OAGB

Long-term- equal Wt. Loss- equal

Diabetes-equal

Hypertension-equal

Hyperlipidemia- Slight Benefit for OAGB

GERD – equal

Operative time – Slight Benefit for OAGB

Meta-Analysis: Summary OAGB vs. RYGB

Safety

Short-term - equal

Long-term- equal – for complications tracked

Unknowns: Bile gastritis, Bile reflux, Esophageal cancer, Marginal ulcer,
Nutritional deficiencies

Efficacy and safety of one anastomosis gastric bypass versus Roux-en-Y gastric bypass for obesity (YOMEGA): a multicentre, randomised, open-label, non-inferiority trial

OAGB vs. RYGB N=253

RYGB = 150 cm Roux-limb, 50 cm BP –limb

OAGB = 200 cm BP-limb

Mean age 43, BMI=44, 75% Female, 27% with T2C

At **2 yr** follow up OAGB vs. RYGB

%EWL 88 % VS. 86%

Serious Adverse Events 42 vs. 24 p=0.04

Nutritional complications 21% vs. 0 p=0.0034

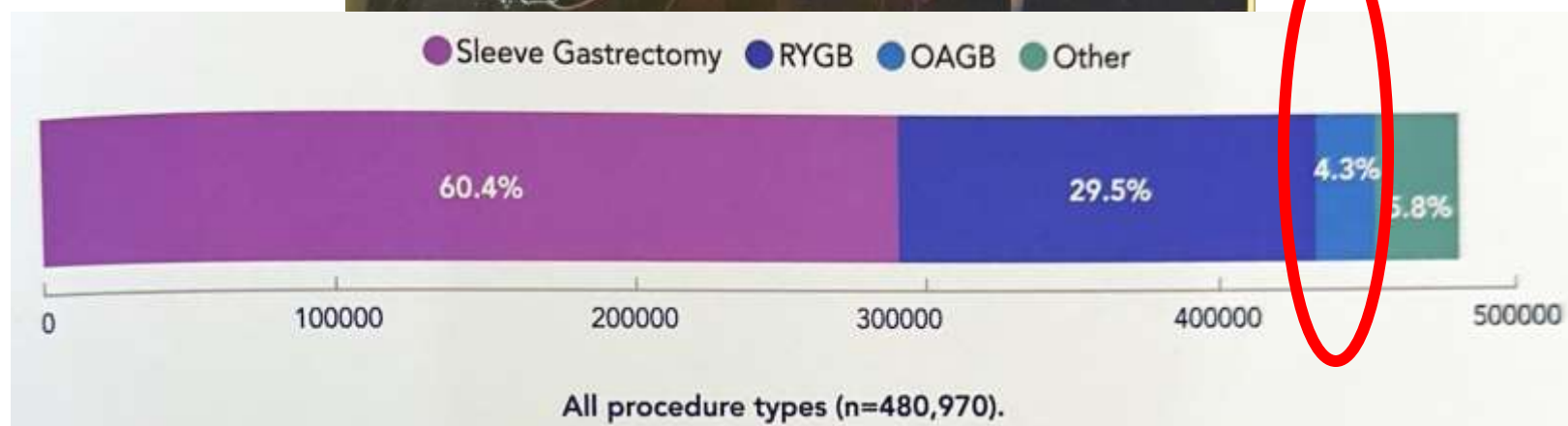
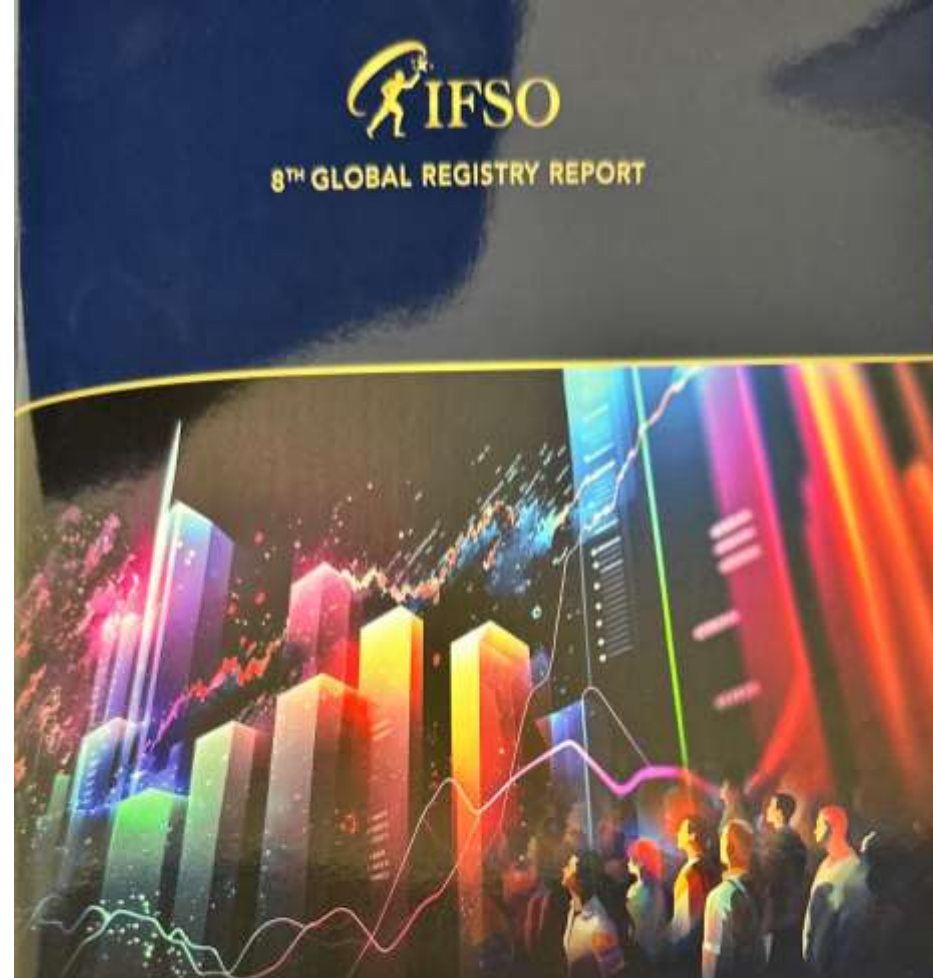
Interpretation: OAGB is not inferior to RYGB regarding weight loss and metabolic improvement at 2 years. Higher incidences of diarrhoea, steatorrhoea, and nutritional adverse events were observed with a 200 cm biliopancreatic limb OAGB, suggesting a malabsorptive effect.



YOMEGA Trial 5 Yrs

	OAGB (114)	RYGB (118)	P Value
Clinical GERD at 2 years	5.6%	1.4%	0.15
Clinical GERD at 5 years	40.9%	18.4%	0.03
Use of PPI>20mg/day at 5 years	42%	24.7%	0.026

Clinical GERD: Regurgitation, eructations, heart burn, most of times or always



Conclusion

RYGB is Superior to OAGB due to **INFERIOR**
Long-term safety profile.

Bariatric-Metabolic Surgery vs. Best Medical Care for NASH – BRAVES RCT, Lancet April 2023



Keynote Speaker:

Geltrude Mingrone, MD, PhD

Professor, Catholic University, Rome, Italy and
Kings College, London, UK



Panelist:

Sayeed Ikramuddin, MD, MHA

Jay Phillips Professor and Chair, Department of Surgery
University of Minnesota School of Medicine



Panelist:

Bilal Hameed, MBBS

Professor of Medicine and Ambulatory Director of Hepatology
University of California San Francisco