

XXVIII IFSO World Congress

9-12 September 2025 | Santiago, Chile



Revisional Surgery vs Medication in Weight Regain

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IFSO 2025 Santiago

Combined Therapies, The Dawn of a New Era

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Disclosure Slide



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Disclosure – Speaker for Novo Nordisk



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Diving into the Current Literature

Revisional Surgery in post bariatric weight regain/ inadequate weight loss

	Papers	Type of study	Follow up length	Results	Comments
Revisional surgery					
	Santoro et al., 2025	Systematic review	12 months	No stat diff between OAGB vs RYGB	England
	Shen et al., 2025	Retrospective	1 year	24.3% TBWL	USA
	Thaher et al., 2023	Retrospective	1 year	BMI reduction: RYGB 5.9, OAGB - 9.1	Germany
	Hany et al., 2022	RCT	2 year	27+/-3.2% TBWL drop	Egypt
	Maurice et al., 2021	Retrospective	<2 years	OAGB - EWBL - 77%	Australia
	Pizza et al., 2021	Retrospective	2.5 years	OAGB – EWBL – 69%	Italy



Diving into the Current Literature

Medication – GLP -1 in post bariatric surgery weight regain/ inadequate weight loss

	Papers	Type of study	Follow up length	Results	Comments
Medication					
	Ferguson et al., 2025	Retrospective study	<1yr	7.5% TBWL	Australia
	Dreant et al., 2024	Systematic review	12 mths	5-17% TBWL	
	Jamal et al., 2024	Retrospective	6 mths	6.3% TBWL Tirepatide	UAE
	Mok et al., 2023 (BARI-OPTIMISE RCT)	RCT for sub-optimal weight loss	6 mths	8.82kg vs 0.54kg (Liraglutide vs placebo)	UK
	Lautenbach et al., 2022	Retrospective	6 mths	10.3 +/- 5.5 kg	Germany



Diving into the Current Literature

Revision Surgery vs Medication in post surgery weight regain

	Papers	Type of study	Follow up length	Results	Comments
Revision surgery vs Medication					
	Wasden et al., 2025	Prospective	2 years	17.1% vs 7.6% TBWL	USA RYGB vs Semaglutide
	Dharmaratnam et al., 2022	Retrospective	Medication duration 10-17mths	17.2% vs 0.7%	Singapore Phenertamine

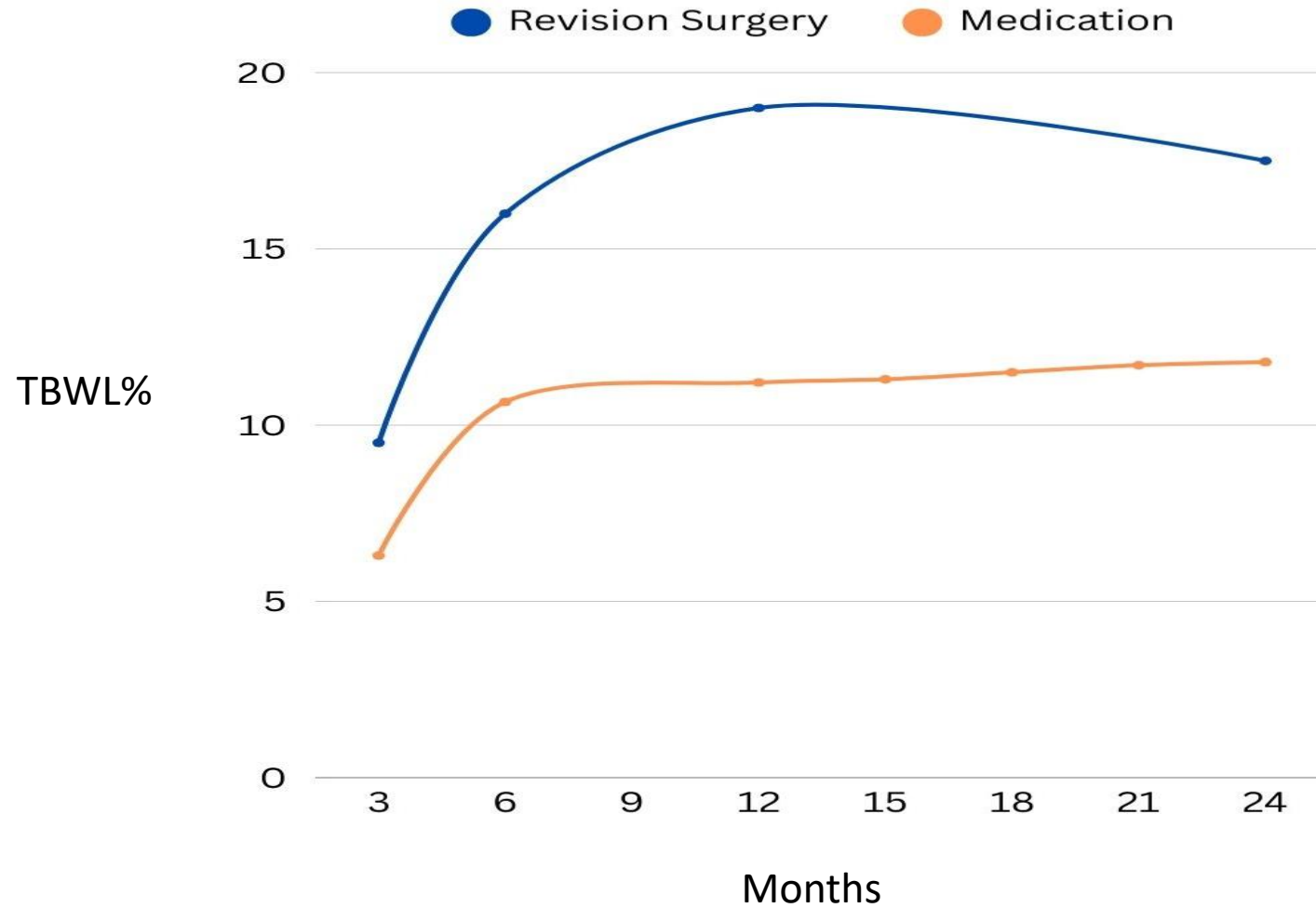
Running The Data

- Last 3 years of post sleeve weight regain pts
- **GLP-1 agonists** vs **Revisional Surgery** pts
 - **Medication used** - Mostly Semaglutide, small number of Tirespatide for at least 2 yrs
 - **Revisional surgery** – 65% RYGB/ 35% OAGB, routinely trim pouch; excluded SADI

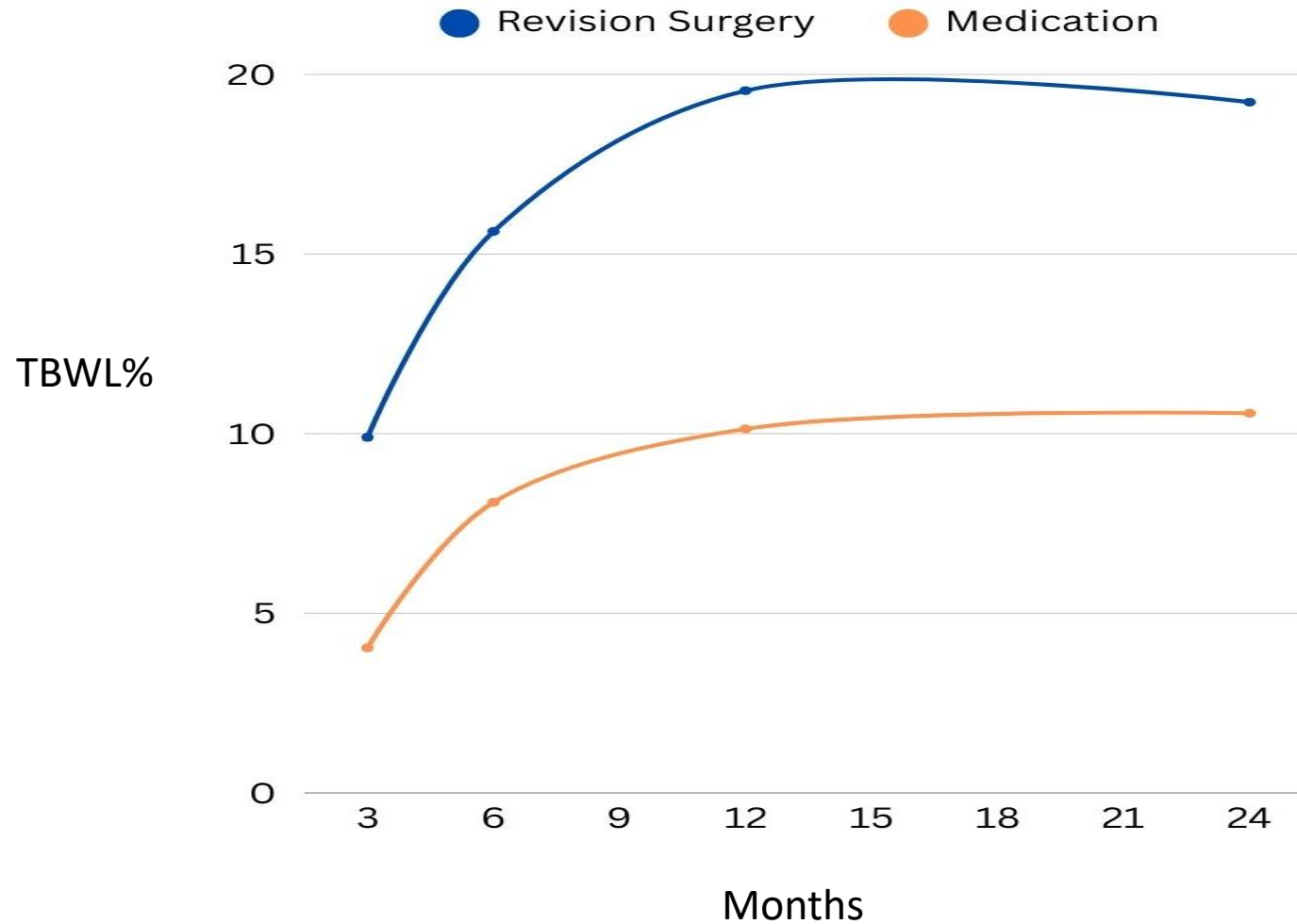
Patient Demographics

	Revisional Surgery	Medication	Total
Age	53 +/- 9.3	51 +/- 9.7	52 +/- 9.7
Gender	76% F	84% F	81% F
BMI	34 +/- 4.3	37 +/- 4.9	35 +/- 4.6
Number	91	144	245

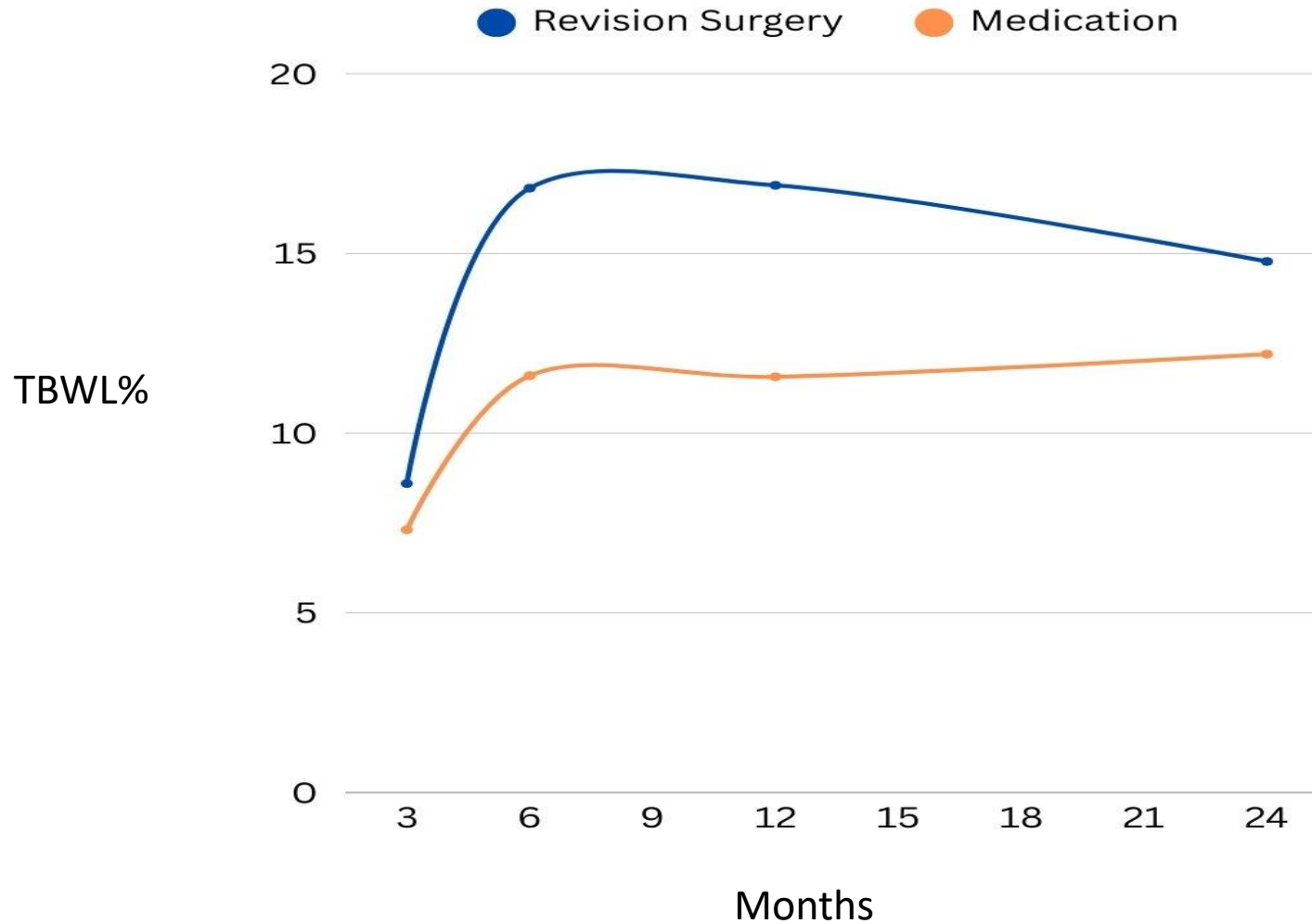
TBWL% - Revision Surgery vs Medication



TBWL% - Revision Surgery vs Medication for BMI ≥ 35



TBWL% - Revision Surgery vs Medication for BMI < 35



Complications from Therapy

- Complication rate with Revisional Surgery:
 - Bleeding – 3
 - Anastomotic strictures – 2
 - Gastric pouch staple line leak – 1
 - Bile reflux – 3
 - Peri-anastomotic ulcers - 3
 - Reactive hypoglycemia – 2
 - Nutritional issues – 14%
- Complications from pharmacotherapy:
 - Nausea – 11%
 - Bowel issues – 12%
 - Nutritional issues – 12%

Learning Points - 1

- Lots to consider when choosing either:
 - Side effect profile
 - Weight
 - Metabolic issues
 - Cost
 - Patient co-morbidities and primary surgery complications
 - Patient preference?

Learning Points - 2

- Both can be effective in the right setting
- Never bad to trial medication first
- All about right patient selection
- High BMI patients -> For now - **Revision surgery still better for weight loss**
- Low BMI patients -> **Medication results not far behind**
 - Concurrent sleeve complications in addition to weight regain?
- As medication improve further – is Combined therapy the Holy Grail - primary surgery then medication?