

— **Proven, Safe but unpopular :**  
**The Paradox of Metabolic Bariatric Surgery**

**What is IFSO's role?**

**Ricardo Cohen**

**President IFSO Global**

**President Brazilian Society for Metabolic and  
Bariatric Surgery (SBCBM) (2011-2012)**

**President IFSO LAC (2018-2019)**



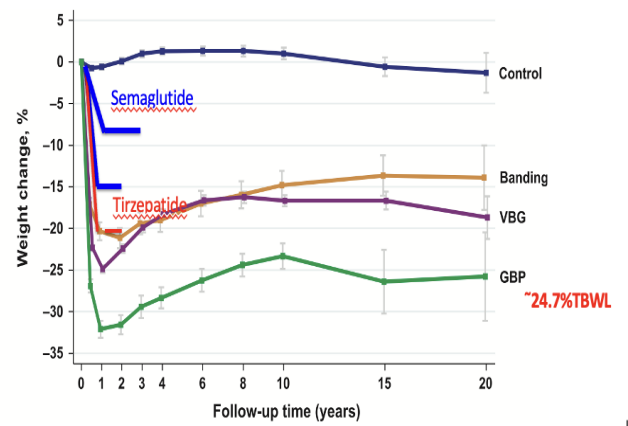


# The IFSOphone That Doesn't Sell: A Metaphor for Bariatric Surgery

**Powerful  
processor,  
long lasting  
battery**

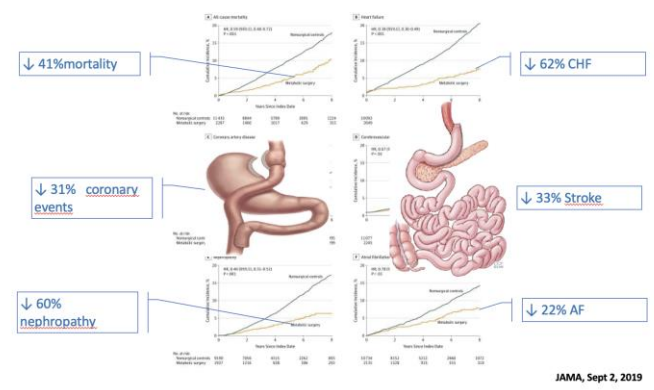


# Weight Loss After Bariatric Surgery Is Sustained for at Least 20 years-Superior to all other Treatments



JAMA. 2012;307(1):56-65

# MBS is powerful and durable



JAMA, Sept 2, 2019

# RCTs of metabolic surgery x BMT, at least 2 years of FU, gluco-centric outcomes

Surgical intervention	Follow-up duration, years	Glycaemic target	Proportion reaching glycaemic target (surgical intervention vs current medical treatment), %	Total bodyweight loss (surgical intervention vs current medical treatment), %
Dixon et al <sup>12</sup>	2	FPG <126 mg/dL and HbA <sub>1c</sub> <6.2% (44.3 mmol/mol), without glucose-lowering agents	73% vs 13%	20% vs 1%
Cohen et al <sup>13</sup>	2	HbA <sub>1c</sub> <6.5% (47.5 mmol/mol), regardless of glucose-lowering agents	71% vs 51%	26% vs 5%
Simonsen et al <sup>14</sup>	3	FPG <126 mg/dL and HbA <sub>1c</sub> <6.5% (47.5 mmol/mol) regardless of glucose-lowering agents	42% vs 0%	25% vs 5%
Ikramuddin et al <sup>15</sup>	5	HbA <sub>1c</sub> <7% (53.0 mmol/mol), regardless of glucose-lowering agents	55% vs 14%	22% vs 10%
Courcoulas et al <sup>16</sup>	5	HbA <sub>1c</sub> <6.5 (47.5 mmol/mol) or FPG <126 mg/dL, without glucose-lowering agents	30% (RYGB) vs 19% (AGB) vs 0%	25% (RYGB) vs 15% (AGB) vs 6%
Wentworth et al <sup>17</sup>	5	FPG <126 mg/dL and 2 h blood glucose concentration <200 mg/dL (75 g glucose oral challenge test)	23% vs 9%	12% vs 2%
Schauer et al <sup>18</sup>	5	HbA <sub>1c</sub> <6% (42.1 mmol/mol), regardless of glucose-lowering agents	29% (RYGB) vs 23% (sleeve gastrectomy) vs 5%	23% (RYGB) vs 19% (sleeve gastrectomy) vs 5%
Mingrone et al <sup>19</sup>	10	FPG <100 mg/dL and HbA <sub>1c</sub> <6.5% (47.5 mmol/mol), without glucose-lowering agents	25% (RYGB) vs 50% (biliopancreatic diversion) vs 5%	37% (RYGB) vs 42% (biliopancreatic diversion) vs 7%

<sup>12</sup> = glycated haemoglobin. FPG=fasting plasma glucose. AGB=adjustable gastric banding. RYGB=Roux-en-Y gastric bypass.

<sup>13</sup> = Randomised controlled trials with follow-up duration of at least 2 years comparing bariatric surgery with current medical treatment

Lingway ...Cohen Lancet 2022



Vol. 81, No. 8, 2024

ORIGINAL RESEARCH

## Randomized Trial of Effect of Bariatric Surgery on Blood Pressure After 5 Years

Carlos A. Schiavon, MD,<sup>1,2</sup> Alexandre B. Cavalcanti, MD,<sup>1</sup> Juliana D. Oliveira, CN,<sup>3</sup> Rachel H.V. Machado, CN,<sup>4</sup> Eliana V. Sant'anna, Ps,<sup>5</sup> Renato N. Santos, Srz,<sup>6</sup> Julia S. Oliveira, Srz,<sup>7</sup> Lucas P. Damiani, Srz,<sup>8</sup> Débora Junqueira, MD,<sup>9</sup> Helio Halpern, MD,<sup>10</sup> Frederico de L.J. Monteiro, MD,<sup>11</sup> Patrícia M. Nogueira, MD,<sup>12</sup> Ricardo Y. Cohen, MD,<sup>13</sup> Marcio G. de Sousa, MD,<sup>14</sup> Lúcia A. Borsariotto, MD,<sup>15</sup> Otavio Biewenger, MD,<sup>16</sup> Luciano F. Drager, MD<sup>17,18</sup>

## Gastric bypass versus best medical treatment for diabetic kidney disease: 5 years follow up of a single-centre open label randomised controlled trial

Ricardo Y. Cohen,<sup>1,2\*</sup> Tiago Veiga Pereira,<sup>3,4</sup> Cristina Mamede Aboud,<sup>5</sup> Tarissa Beatriz Zanata Pety,<sup>6</sup> José Luis Lopes Correa,<sup>7</sup> Carlos Augusto Schiavon,<sup>8</sup> Carlos Eduardo Pomplio,<sup>9</sup> Fernando Nogueira Quirino Pechy,<sup>10</sup> Aro Carolina Calmon da Costa Silva,<sup>11</sup> Lívia Pinto Cunha da Silveira,<sup>12</sup> Pedro Paulo de Paris Caravatta,<sup>13</sup> Helio Halpern,<sup>14</sup> Frederico de Lima Jacy Monteiro,<sup>15</sup> Bruno da Costa Martins,<sup>16</sup> Rogério Kugel,<sup>17</sup> Thais Montavani Saion Palumbo,<sup>18</sup> Allan N. Friedman,<sup>19</sup> and Carol W. Le Roux<sup>20</sup>

The Lancet Eclin, online Nov 11, 2022



Outperforms the medical Tx

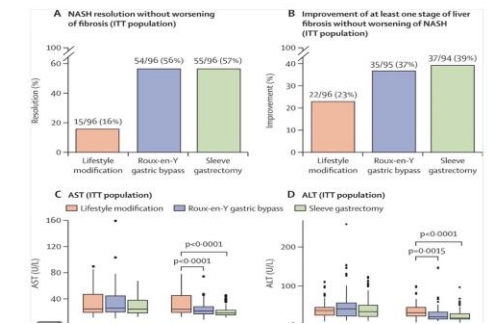
JACC, 2024



## Bariatric-metabolic surgery versus lifestyle intervention plus best medical care in non-alcoholic steatohepatitis (BRAVES): a multicentre, open-label, randomised trial

Ornella Venostro<sup>1</sup>, Simona Pinna<sup>2</sup>, Lidia Castagneto-Gertsy, Andrea De Gaetano, Emanuela Lerro, Eusebio Capristo, Caterina Guidone, Giulia Angelini, Francesco Pennucci, Luca Sirtori, Fabio Rizzo Vecchio, Laura Riccardi, Maria Antonia Zoccali, Ivo Randojkić, James R Coullie-Morrisio, Portugal Martins, Maurizio Pompili, Giuseppe Casella, Enrico Fava, Francesco Rubinio, Stefan R Bornstein, Marco Ruggiello, Gabriele Mingrone

Lancet, 2023



Sharp display & good battery life, no overheating and premium build quality

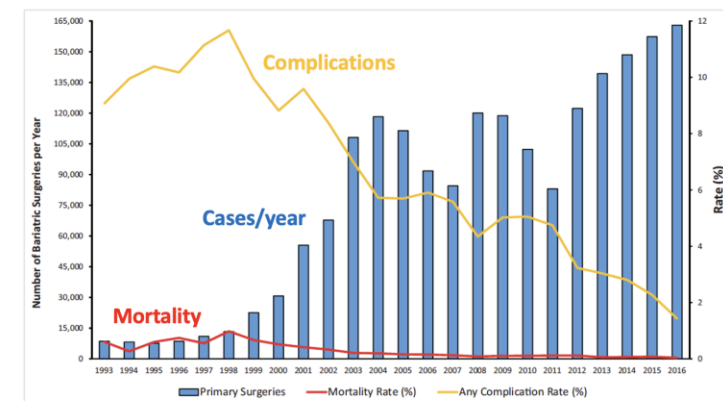
Safe, minimally invasive, short hospital stay



Decreasing complications and mortality

Campos et al

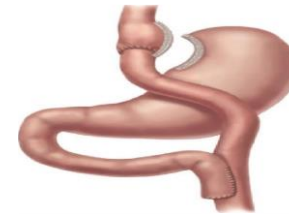
Annals of Surgery • Volume 271, Number 2, February 2020



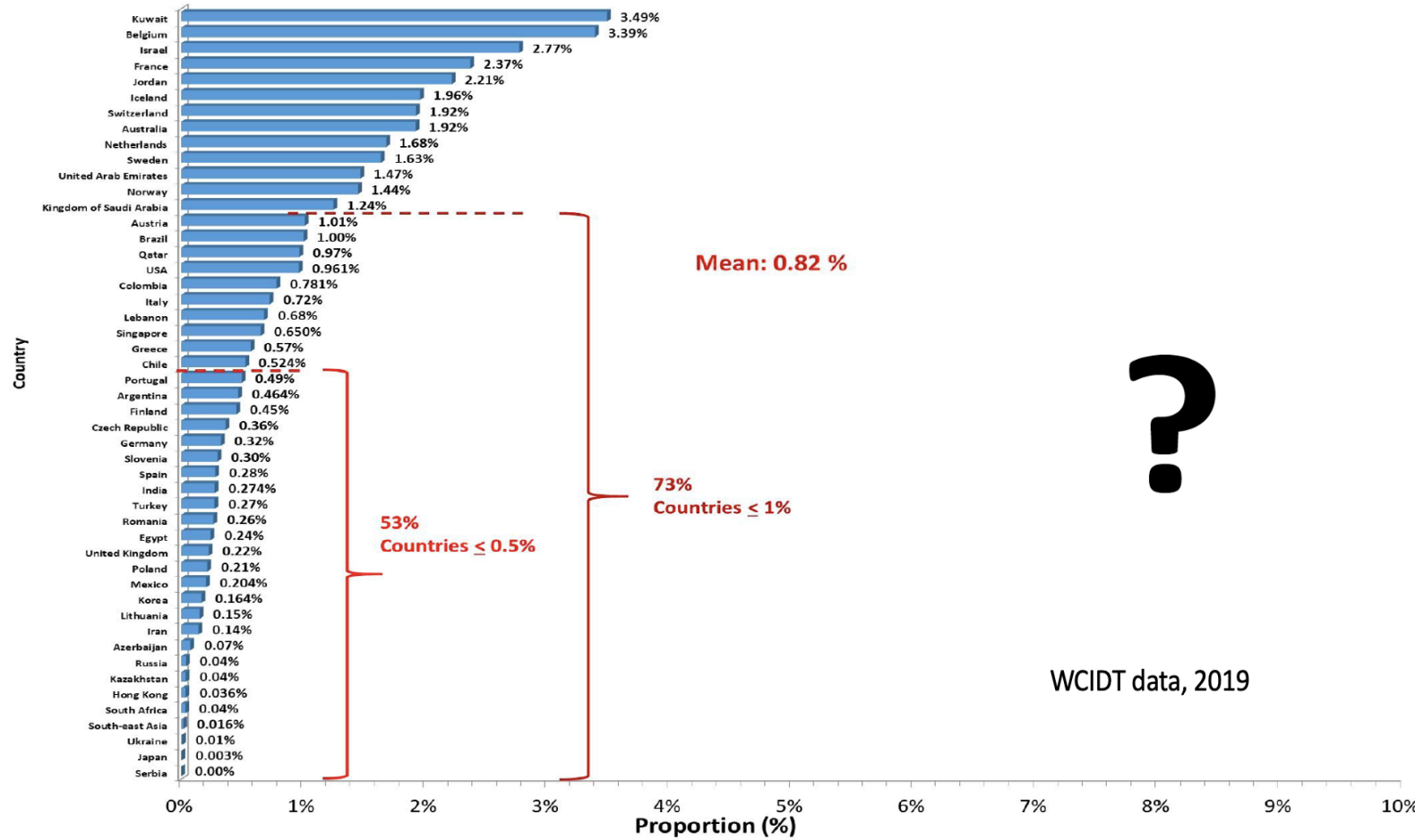
85% RYGB and SG



FIGURE 2. Number of inpatient primary bariatric surgery procedures and initial admission complication and mortality rates in the United States from 1993 to 2016.



### Proportion of patients undergoing metabolic surgery among eligible patients worldwide



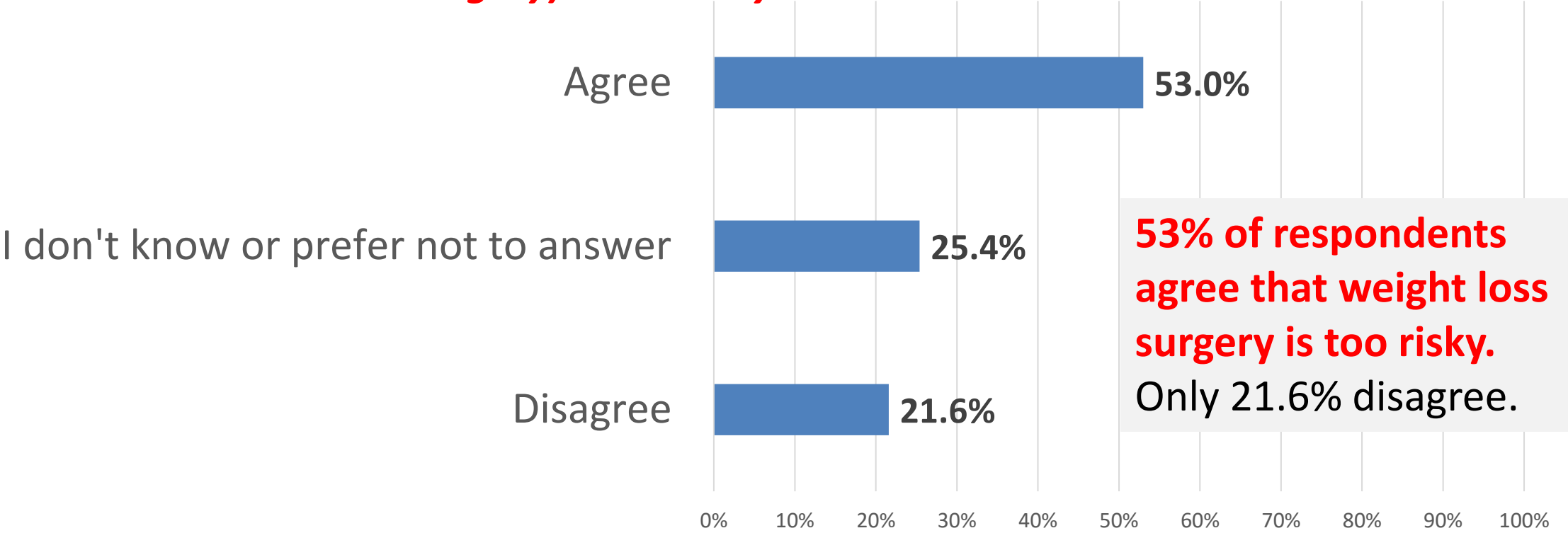
Any analogy with modern OMMs **is not** a coincidence

- Poor marketing
- Seen as expensive
- Safety concerns (risk of explosion)
- New wrist device, but no long-term track record



# Bariatric/Metabolic Surgery Continues to be Seen as “Too Risky”

*Do you agree or disagree with the following statement? "Weight loss surgery (also known as bariatric or metabolic surgery) is too risky."*

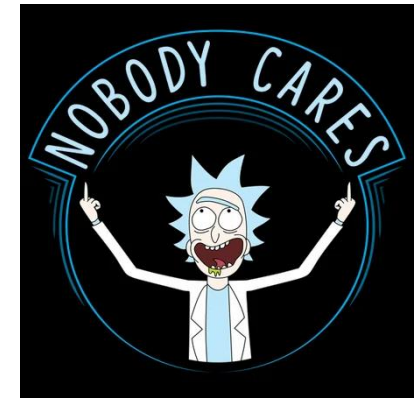


**53% of respondents agree that weight loss surgery is too risky. Only 21.6% disagree.**

■ US Adults 18+ with Self-Reported Weights and Heights Resulting in BMIs of 30 and Greater



# “Poor Marketing”



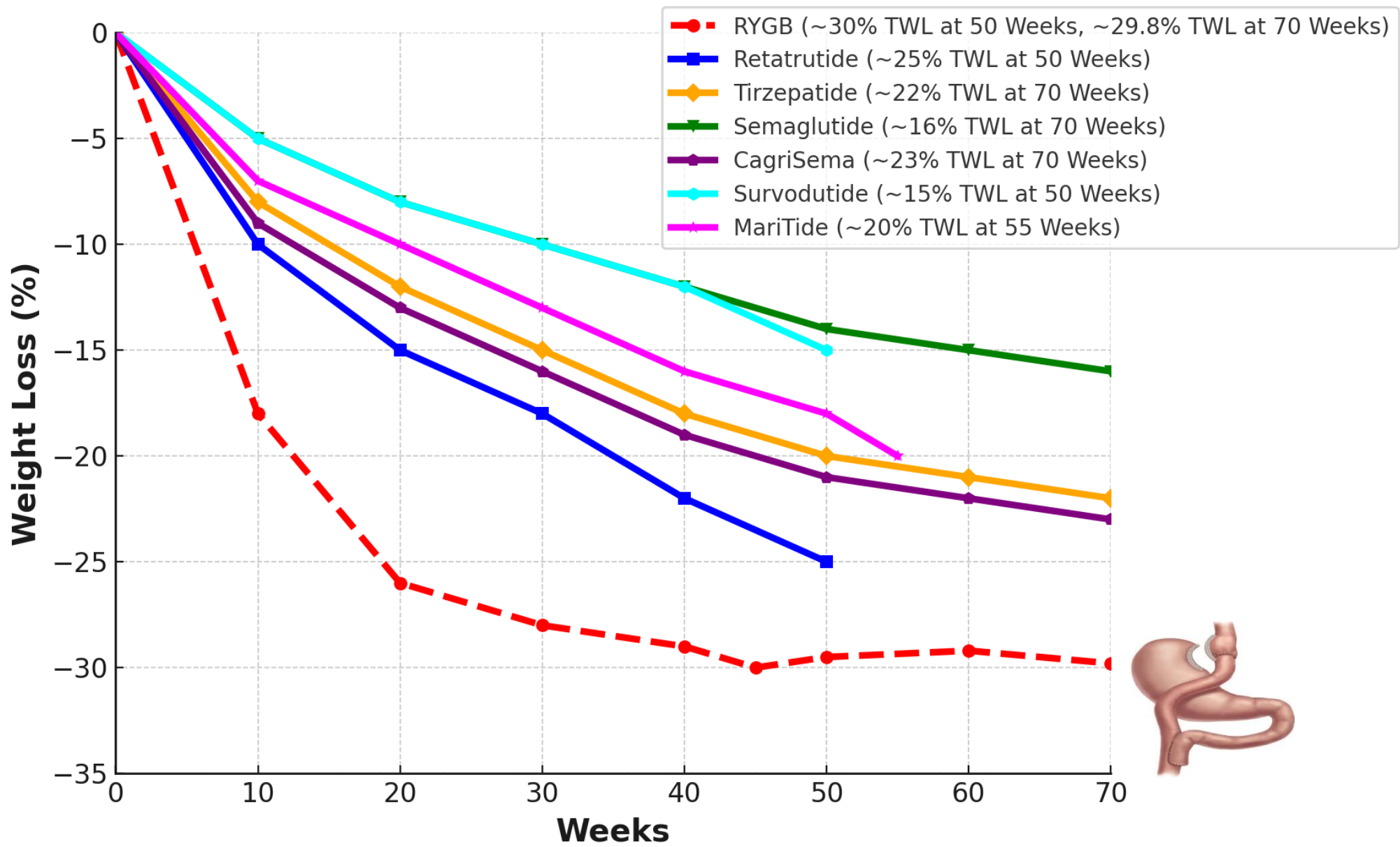
**95% of PCPs were unaware of the 2022 updated guidelines.**

Hulse J, Slay R et al, *Obes Surg*, 2024

	1991-NIH	2022-IFSO/ASMBS
BMI and co-morbidities	>40 kg/m <sup>2</sup> ; or >35<40 kg/m <sup>2</sup> for individuals with co-morbidities (ie, diabetes, sleep apnoea, hypertension, osteoarthritis, etc)	>30 kg/m <sup>2</sup> with medically uncontrolled diabetes; >35 kg/m <sup>2</sup> individuals without comorbidities when suboptimal response after the best available medical treatment
Age	No data available for adolescents and people older than 70 years	Age limits expanded to include people older than 70 years after evaluation of risks and benefits; and adolescents with BMI >120% of the 95th percentile for their age with related medical problems; or adolescents with BMI >140% of the 95th percentile for their age
Special situations	None	Bridge to joint replacement, correction of abdominal wall hernia, or organ transplantation
Procedures recommended	RYGB, VBG	RYGB, SG

RYGB =Roux-en-Y gastric bypass. SG=sleeve gastrectomy. VBG=vertical banded gastroplasty.

**Table 3: Differences between the 1991 National Institutes of Health Guidelines (NIH)<sup>109</sup> and the 2022 joint International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) and American Society for Metabolic and Bariatric Surgery (ASMBS) guidelines for bariatric surgery<sup>108</sup>**



Indirect comparison with Cohen R last 122 cases of RYGB in people with obesity, no T2D

A glowing pink question mark graphic, rendered in a neon-like style with a soft glow, centered on a black background. The question mark is composed of a thick, curved line that forms the upper part and a circular base.

**WHY? What can we do?**



## The Venice Declaration: Obesity as a Disease—A Call to Action for Diagnosis, Multimodal Treatment, and Policy Change

Maurizio De Luca<sup>1</sup> · Amanda Belluzzi<sup>1</sup> · Giuseppe Navarra<sup>2</sup> · Tarissa B. Z. Petry<sup>3</sup> · Scott Shikora<sup>4</sup> · Nicola Di Lorenzo<sup>5</sup> · Ricardo V. Cohen<sup>3</sup>

Accepted: 9 April 2025  
© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2025

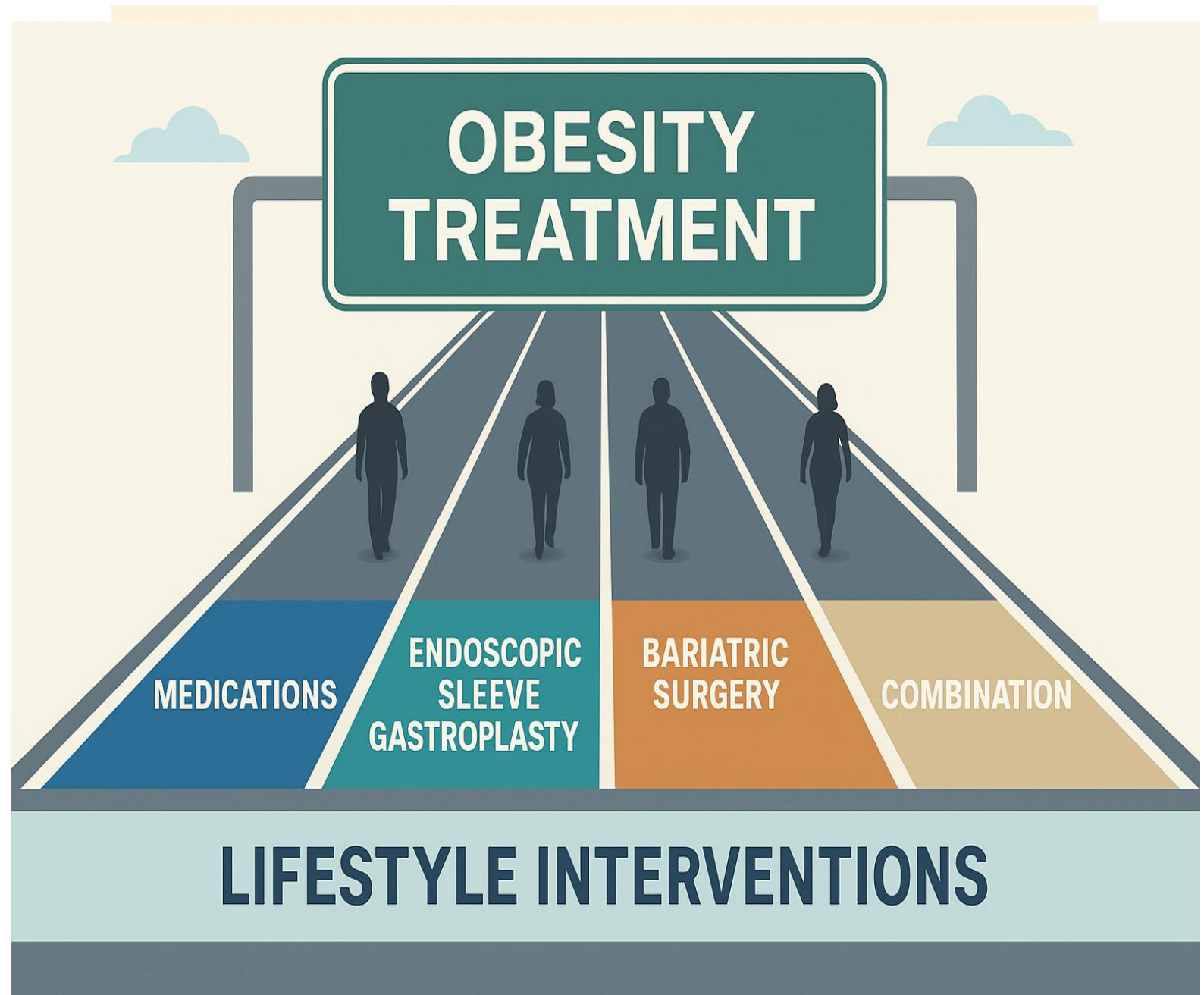


- 1. Obesity is a complex, chronic disease** that must be recognized across a spectrum from pre-clinical to clinical stages.
- 2. Diagnostic and therapeutic inertia must be urgently countered** through education, guidelines, policy prioritization, and societal reframing.
- 3. Weight bias and stigma must be actively eliminated** in healthcare, policy, and society.
- 4. Global access to comprehensive, multimodal obesity care** should be significantly expanded.
- 5. Health systems need integrated obesity-care pathways** to ensure consistent, effective management.

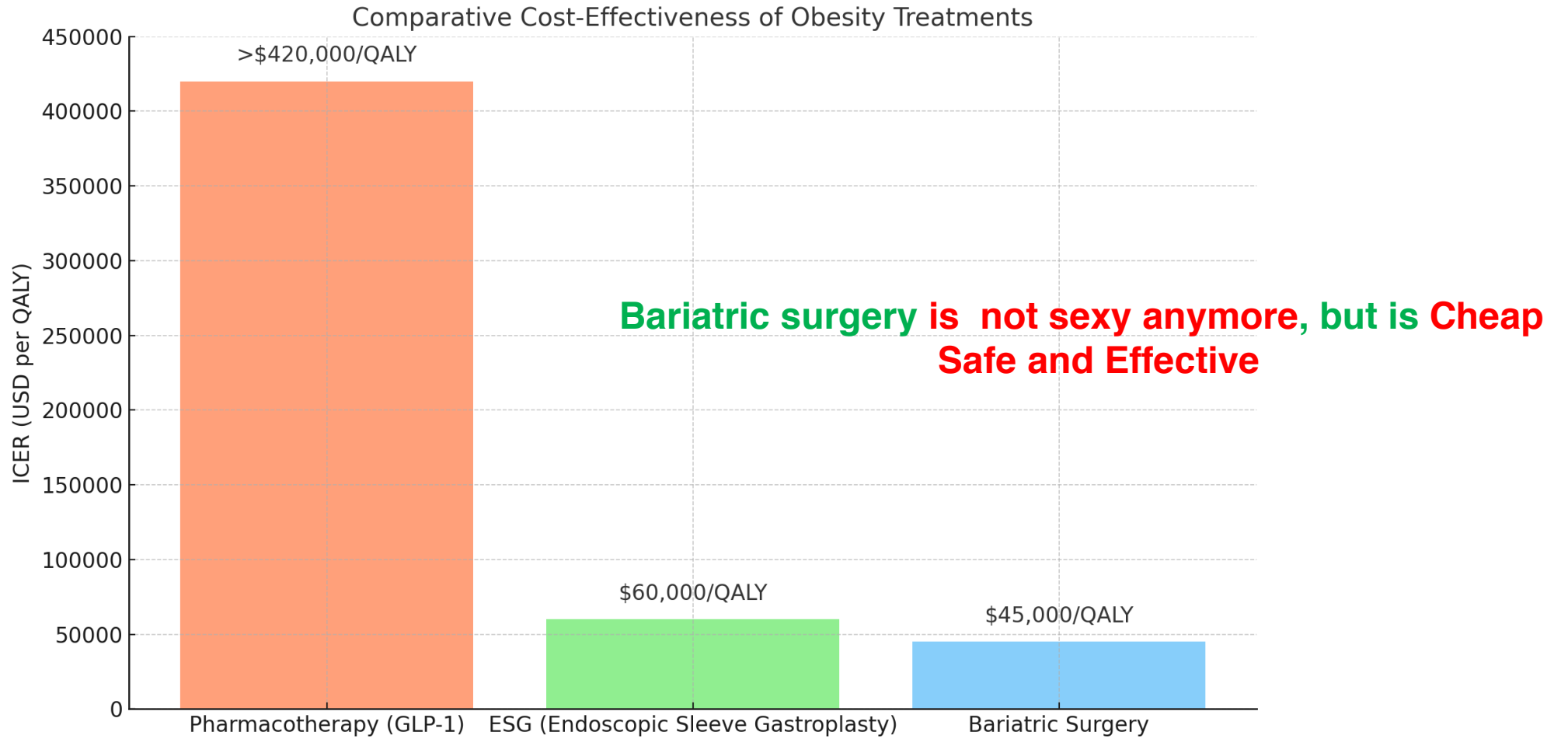
# Obesity STIGMA



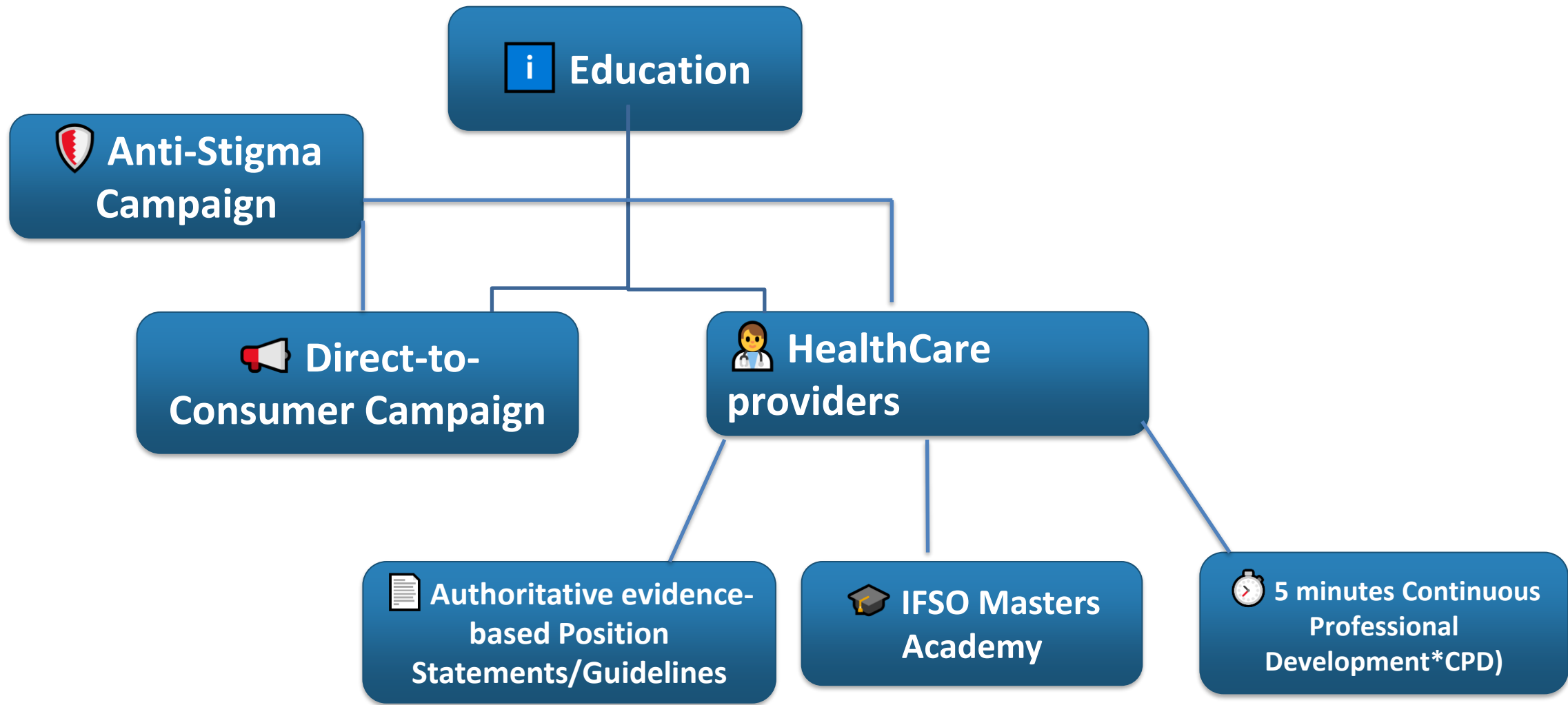
**Evidence-based**



# Cost/QALY



NOTHING  
CHANGES  
IF NOTHING  
CHANGES



# Why and how to address the “customer”, our patients

## Highlight

- Safety and Efficacy

## Position

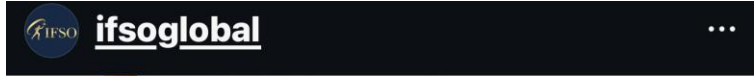
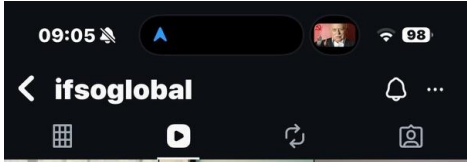
- Surgery as a durable **option** for obesity. **Not the last resort**

## Emphasize

- The appeal of achieving significant, sustained weight loss (25% or more) with an intervention **that works with other strategies.**

## Use

- **Real-world success stories** and data to illustrate the transformative impact on patients' health and quality of life.



1/3



1/4

# Obesity Is Not a Lack of Willpower

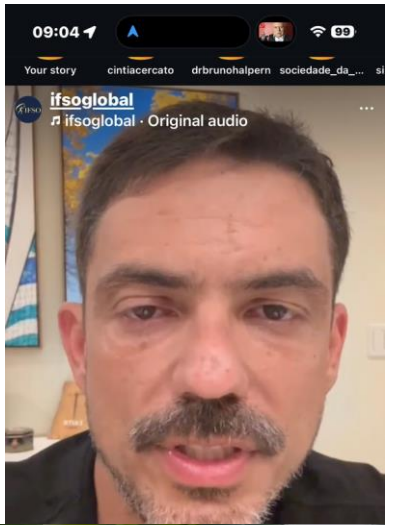
## and there are Treatments that Help



# Obesity and Metabolic Surgery Can Help You Live Longer



Surgery and medications are not rivals. They're ALLIES



ifsglobal · Original audio

doesn't have to be a judgmental experience



ifsglobal · Original audio

I felt like I was living my life in survival mode



ifsglobal · Original audio

# Thank You



Stefanie D'Arco ☀️ IFSO



Gerhard



Hazem



Jaime Ponce



Khaled Gawdat



Manuela 🌸 IFSO



Nicola Di Lorenzo



Silvia Leite



Wendy Brown



**IFSO SOCIAL MEDIA CAMPAIGN**



**Hazem Al-Momani, crazy dude**

# Science & obesity

## The Stigma Task Force

Violeta Moize,  
Ximena Ramos,  
Brad Hussey



- Overeating **DOES NOT** cause obesity
- Obesity **IS NOT** an eating disorder
- Obesity **IS NOT** a mental disease (addiction or vice)
- Obesity **IS** primarily a metabolic illness, with **alterations in the function of tissues, organs or the entire individual, due to excessive and/or abnormal adiposity**





# Authoritative Position Statements

We are one of the global leading organizations for obesity care

# Published

## Obes Surg

Therapeutic Options for Recurrence of Weight and Obesity Related Complications After Metabolic and Bariatric Surgery: An IFSO Position Statement

Single Anastomosis Duodeno-Ileostomy with Sleeve Gastrectomy/Single Anastomosis Duodenal Switch (SADI-S/SADS) IFSO Position Statement—Update

IFSO GLOBAL STATEMENT

The Venice Declaration: Obesity as a Disease—A Call to Action for Diagnosis, Multimodal Treatment, and Policy Change

IFSO Bariatric Endoscopy Committee Evidence-Based Review and Position Statement on Endoscopic Sleeve Gastroplasty for Obesity Management



Collaborative Research

BJS, 2024, znae283  
<https://doi.org/10.1093/bjs/znae283>  
Collaborative Research Proceedings

## Br J Surg

International consensus position statement on the role of obesity management medications in the context of metabolic bariatric surgery: expert guideline by the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)

International Federation for the Surgery of Obesity statement on metabolic bariatric surgery after pharmacotherapy-induced weight loss in clinical obesity



Lancet DE

Clinical obesity is a chronic systemic disease characterised by alterations in the function of tissues, organs, physical ability, or a combination of these due when therapy is stopped.<sup>45</sup> Surgical candidacy should be assessed comprehensively and should consider baseline pre-OMM anthropometric measures and

Lancet Diabetes Endocrinol 2025  
Published Online  
July 22, 2025

# Accepted for publication

British J Surg

**International Federation for the Surgery of Obesity and  
Metabolic Disorders (IFSO) Global Consensus  
Recommendations for Optimizing Outcomes After Sleeve  
Gastrectomy**

**The Mumbai Consensus**

**Primary and Revisional One Anastomosis Gastric Bypass: A Systematic Review and  
GRADE-Based IFSO Position Statement**

Obes Surg

**Primary Metabolic and Bariatric Surgery in persons aged over 65 years. GRADE-based  
International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) Position  
Statement.**

***International Federation for Surgery for Obesity and Metabolic Disorders Position  
Statement on the role of Upper Gastrointestinal Endoscopy before and after  
Metabolic Bariatric Surgery***

Authors

# Under review by IFSO's Scientific Committee

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**Same-day Discharge Metabolic and Bariatric Surgery: a GRADE-based International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) Position Statement**

**Ring-augmented Metabolic Bariatric Surgery Procedures. GRADE-based International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) Position Statement.**

# Thank You



Maurizio de Luca, Amanda Belluzzi et al

## Scientific Committee



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### Vice Chair

Lilian Kow

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- ▶ Maurizio De Luca
- ▶ Luciana El Kadre
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- ▶ Josep Vidal
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- ▶ Wah Yang
- ▶ Asim Shabbir
- ▶ Tahir Yunus
- ▶ Mariano Palermo
- ▶ Omar Ghanem
- ▶ Ali Aminian



Matteo Monami,  
Methodologist

# Education for Surgeons and Healthcare Providers

IFSO MASTERS OF MBS ACADEMY




"Recognizing and Solving Hiatal Hernia in Bariatric Surgery"

by  
**SURAJ PANJWANI**

9:21

IFSO MASTERS OF MBS ACADEMY



"Supramesocolic approach to RYGB"

by  
**ABDELRAHMAN NIMERI**

16:12

IFSO MASTERS OF MBS ACADEMY



"How to create the Optimal Pouch for OAGB"

by  
**MOHAMMAD KERMANSARAVI**

5:51

IFSO MASTERS OF MBS ACADEMY



"Robotic Single Anastomosis Duodenoileostomy - Sleeve (SADI-S)"

by  
**DMYTRO M. HAVALESHKO**

18:24

IFSO MASTERS OF MBS ACADEMY




"Recognizing and Closing of Mesenteric Defects in Roux-en-Y Gastric Bypass"

by  
**Shahab Shahabi, MD, MPH, FIFSO, FAMIS**  
Iran University of Medical Sciences

5:49

IFSO MASTERS OF MBS ACADEMY



"Gastric Stapling Reinforcement"

by  
**SCOTT SHIKORA**

18:59

**5-Minute**  
**CPD**   
Incremental practice transformation



## WOMEN FOR IFSO TASKFORCE

- ▶ Marie Cécile Blanchet
- ▶ Wendy Brown
- ▶ Ana Carolina Dantas
- ▶ Lilian Kow
- ▶ Marina Kurian
- ▶ Ann Rogers

## WOMEN FOR IFSO

A SUPPORTIVE GROUP WHERE WOMEN SURGEONS CAN  
CONNECT, SHARE EXPERIENCES, DISCUSS KEY ISSUES  
RELATED TO THEIR CAREERS AND THE UNIQUE CHALLENGES  
THEY FACE IN THIS FIELD

JOIN OUR WHATSAPP COMMUNITY





*Thank You*

IFSO CORPORATE PARTNERS

IFSO CORPORATE CHAMPIONS



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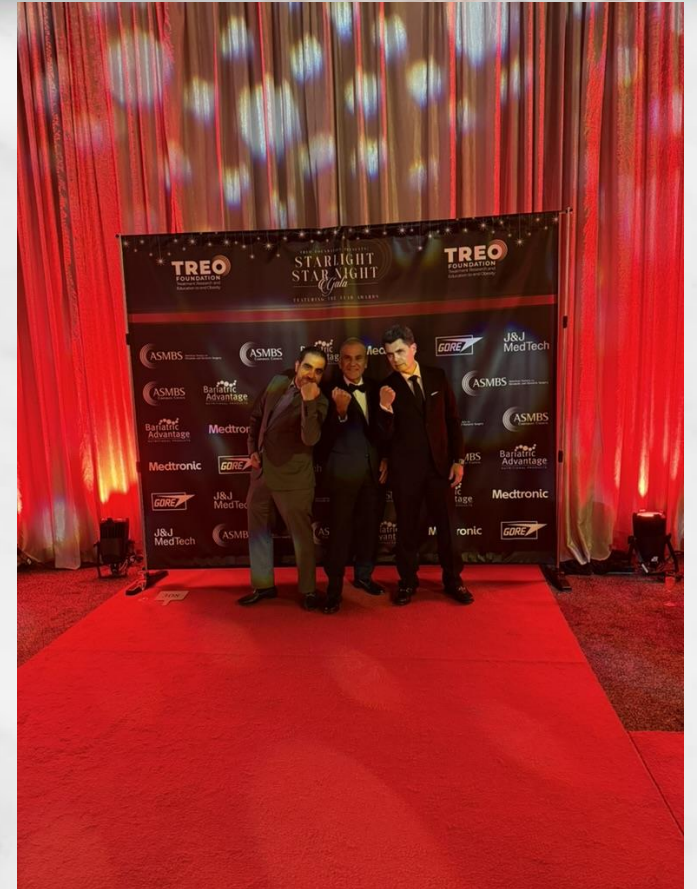
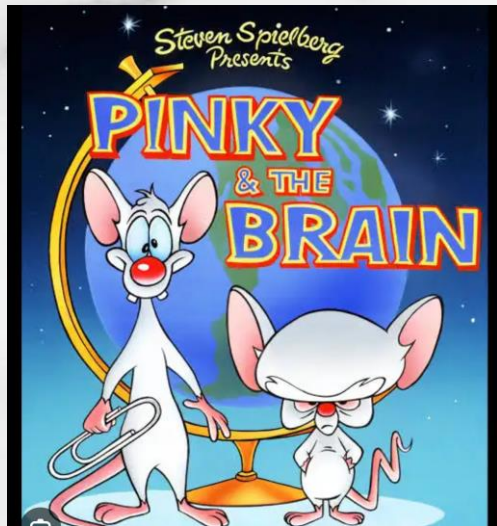


[www.curraxpharma.com](http://www.curraxpharma.com)

And many others supporting this Congress

# Thank You

**Corporate "Committee"**  
**Lutfi & Ponce**  
**Batman and Robin**



# Webinars “disease-based” and not procedure- only based



IFSO  
Obesity Management Medications in the Context of Metabolic B...  
An IFSO Consensus Conference



# Obesity Association

A division of the American Diabetes Association®

Initial conversations



# AI TASK FORCE

- **Mohammad Kermansaravi,**
- **Allan Okrainec**
- **Silvia Leite**
- **Shahab Shahabi**
- **Thomas Shin**

# IFSO/WOF GUIDELINES

for the treatment of obesity

Thank you  
Mohammed Al Haddad





# IFSO



## Intuitive Robotic Surgery Fellowship Pilot Experience

Thank you Jaime Ponce, Rana  
Pullat & David Hitesman et al

INTUITIVE

# IFSO CERTIFICATION IN METABOLIC BARIATRIC SURGERY

Toronto, 2026



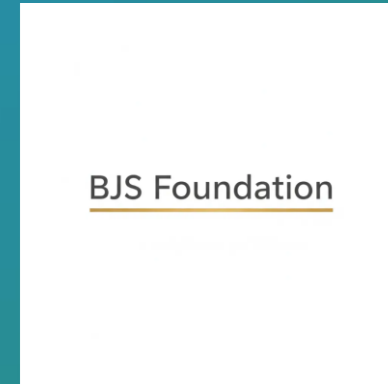
Marco Bueter, Edo Aarts et al

# Strategic Partnership Proposal

IFSO & BJS Foundation



IFSO: global Federation, >10,000 members  
Official journal: Obesity Surgery



BJS Foundation: leader in  
surgical science & education

**Shared mission: advancing surgical excellence**

Ricardo Cohen  
IFSO President



# Partnership Benefits



## PARTNERSHIP BENEFITS



**BJS Foundation Prize**



**Guidelines support**



**BJS Foundation  
Lecture**



**Editorial Board  
representation**

, 1 voting seat at BJS  
Foundation Council



**BJS subscription  
access**



# Mutual Benefits & Timeline



## MUTUAL BENEFITS BETWEEN IFSO AND BJS FOUNDATION



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- ▶ Nasser Sakran
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- ▶ Mohamed Hany
- ▶ Erik Stenberg
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Edo Aarts

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- ▶ Aung Myint Oo
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- ▶ Alan Saber
- ▶ Juan Pujol
- ▶ Alex Craven
- ▶ Luciano Poggi

# The Executive board



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BOT Chairman: Jan Willem Greve



Asia Pacific Chapter Member at large: Manish Khaitan



Immediate Past President: George



North American Chapter Member at large: Allan Okrainec



Integrated Health President: Silvia Leite Faria



European Chapter President: Paulina Salminen



Senior Past President and Obes  
in Chief: Scott Shikora

*Thank You*



European Chapter Member at large: Catalin Copaesu



Secretary/Treasurer: Abdelrahman Nimeri



Middle East  
North African Chapter Member at Large: Hayssam Fawal



Integrated Health Past President: Mary O'Kane



Latin American Chapter President: Sergio Aparicio



Young IFSO President: Daniel Moritz Felsenreich

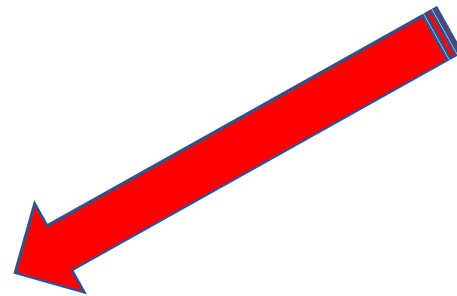


Asia Pacific Chapter President: Asim Shabbir

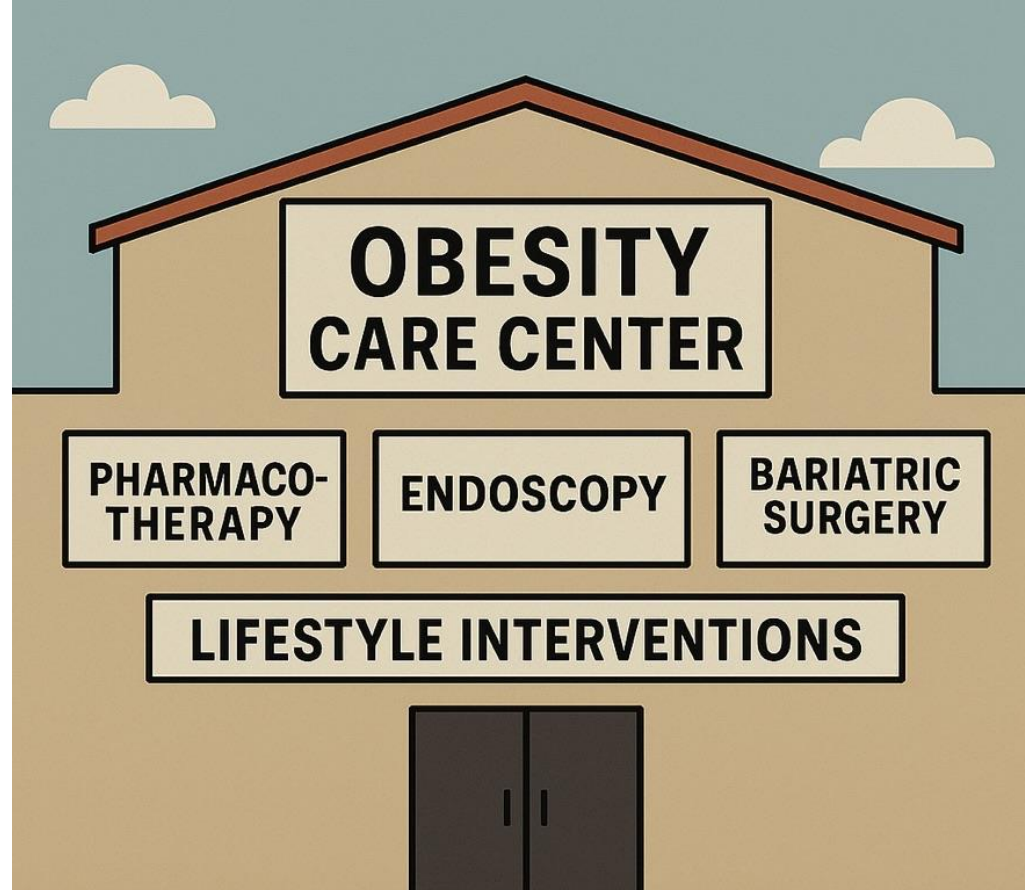


Latin American Chapter Member at large: Tatiana Velarde

**DECISIONS ARE AS IMPORTANT  
THAN INCISIONS**



**BEST OUTCOMES**



**INTERNATIONAL FEDERATION FOR THE  
SURGERY AND OTHER THERAPIES FOR  
OBESITY**



There are some people that are always “there”







*What a year*



Thank  
You

