IFSO

XXIX IFSO World Congress

1-4 September 2026 | Toronto, Canada

Reflux, MU and Protein Caloric Malnutrition after OAGB

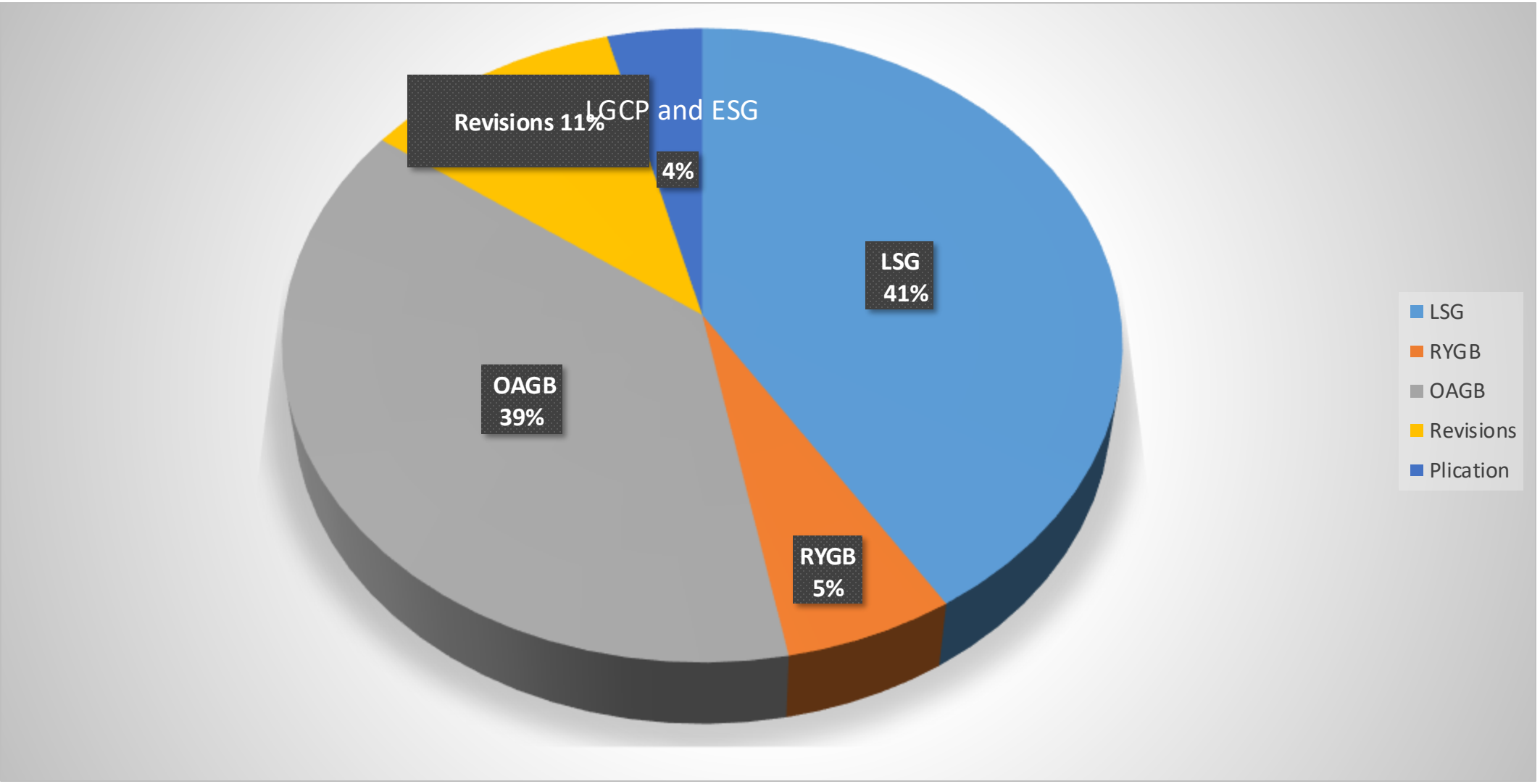
Mohamad Hayssam ElFawal
MD.FACS.IFASMBS

TORONTO2026

The Future of Obesity Management:
From Weight Loss to Health Gain

ifso2026.org

Case mix Disclosure Slide



IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

Introduction

- One anastomosis gastric bypass (OAGB) is popular, with good reproducibility, promising weight loss, resolution of medical problems, and reduced complications and mortality.

- Controversy remains around some of the mid/long-term drawbacks of OAGB like Reflux, Marginal Ulcers and protein caloric malnutrition.

- Position statement IFSO 2018, ASMBS in 2022 expressed concern about the potential risk of Bile reflux and protein caloric malnutrition after OAGB.

- The data published is scarce.
- Reflux is present but Is it significant?
- Does this reflux had any clinical implications?
- Incidence of protein caloric malnutrition and its management?
- Are these complications more than other bariatric procedures?

Take home message

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

Reflux mainly bile is present after OAGB (4-20%)

Its clinical significance is not clear yet.

MU 5-15 percent after OAGB

Protein caloric malnutrition 0.5 -2 %.

Standardization of the technique may reduce these complications

The need for reversal or conversion is less than 1 %

Take home message

- OAGB has a simpler construct: one gastrojejunostomy and no jejunojejunostomy.
- • Simplicity of the operation does not mean simplicity of the complication profile.
- • The appropriate message is: reproducible and acceptable safety profile when performed with a disciplined technique and adequate learning curve.
- A reproducible operation still requires judgment, experience and structured complication management.

A systematic review and meta-analysis on GERD after OAGB: rate, treatments, and success

- *40 studies examining 17,299 patients were included revealing that 2% of patients experience GERD following OAGB.* Reflux after revisional OAGB is six times higher than primary OAGB. Despite being unclear, medical and surgical treatments for GERD after OAGB were used in 60% and 41% of patients with estimated success rate of 85% and 100%, respectively.
- **Conclusion:** Based on how GERD was identified after OAGB, its rate ranged from 0 to 55%; *the pooled rate of 2%.*
- GERD symptoms can be mild to be tolerated without medical treatment, moderate that respond to acid-reducing agents, or severe enough that are categorized as intractable and would need a surgical intervention.
- *A. Davarpanah M.Kermansaravi Gastroenetrol Hepatol Dec 2023*

GORD and Barrett's oesophagus after bariatric procedures: multicentre prospective study.

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

- A total of 241 patients were enrolled. A minimum follow-up of 10 years was completed by 193 patients following AGB (57 patients), SG (95 patients), and RYGB (41 patients), and of >3 years by 48 subjects following OAGB.

- The overall **prevalence of erosive oesophagitis** was greater in the SG group (74.7 per cent) than in the AGB (42.1 per cent), RYGB (22 per cent), and OAGB (22.9 per cent) groups

- ***Alfredo Genco, Giovani Casella. BJS Dec 2021.***

Reflux-Related Abnormalities at Distal oesophagus, Gastric Pouch and Anastomotic Site 4 Years After OAGB: Diagnostic Accuracies of Endoscopy Compared to Biopsy and of Symptoms Compared to Both

Mohamad Hayssam ElFawal [1], Osama Taha [2], Mahmoud Abdelaal [2], Dyaa Mohamad [3], Ihab I El Haj [4], Hani Tamim [5], Karim ElFawal [6], Walid El Ansari [7] [8]

Affiliations + expand

PMID: 40087244 DOI: 10.1007/s11695-025-07700-3

Abstract

Background: The purpose of the current study is to appraise the diagnostic accuracy of upper endoscopy (UE) vs histopathological assessment of patients after one-anastomosis gastric bypass (OAGB), and the presence/absence of symptoms vs these two diagnostic modalities.

Methods: Retrospective study of 50 consecutive patients who underwent OAGB during April 2019-April 2020 and consented to participate. Symptoms (symptoms score questionnaire), macroscopic and microscopic data were collected 4 years later to assess distal oesophageal, gastric pouch and anastomotic site changes. Diagnostic accuracies (sensitivity, specificity, positive/negative predictive values) of UE vs biopsy and symptoms vs both were assessed.

Results: Mean age was 48.6 ± 13.3 years; 66% were females. At 4 years, 54% had symptoms (symptom score ≥ 4). There were no dysplasia or cancer among this series. UE abnormalities included non-erosive gastritis (44%) and ulcer/s or erosive gastritis (16% each); histopathology abnormalities included chronic gastritis (80%) and Barrett's oesophagus (14%). For UE compared to biopsy, highest sensitivity (76.5%) was at the level of distal oesophagus and highest specificity (100%) at anastomotic site. Pertaining to symptoms compared to investigative modality, highest sensitivity (81.5%) was in relation to symptoms vs UE, while highest specificity (82.6%) was for symptoms vs biopsy.

Reflux-Related Abnormalities at Distal oesophagus, Gastric Pouch and Anastomotic Site 4 Years After OAGB:

Mohamad Hayssam ElFawal et al

Obesity Surgery April 2025

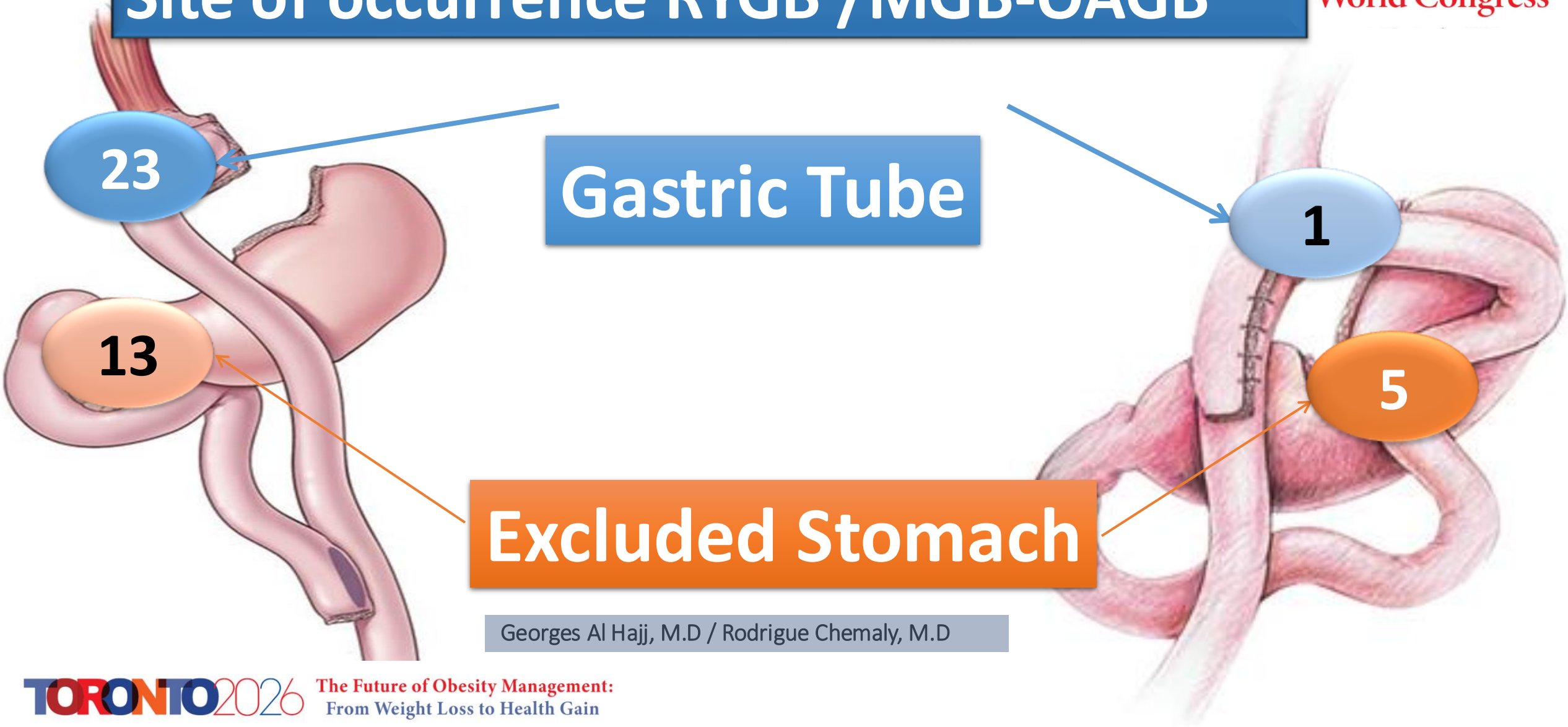
IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

Results: Mean age was 48.6 ± 13.3 years; 66% were females. At 4 years, 54% had symptoms (symptom score ≥ 4). There were no dysplasia or cancer among this series. UE abnormalities included non-erosive gastritis (44%) and ulcer/s or erosive gastritis (16% each); histopathology abnormalities included chronic gastritis (80%) and Barrett's oesophagus (14%). For UE compared to biopsy, highest sensitivity (76.5%) was at the level of distal oesophagus and highest specificity (100%) at anastomotic site.

MGBOAGB and Gastric cancer

IFSO
XXIX IFSO World Congress

Site of occurrence RYGB /MGB-OAGB



Georges Al Hajj, M.D / Rodrigue Chemaly, M.D

Revisional Surgery After OAGB: an Italian Multi-institutional Survey

Mario Musella et al Obesity Surgery Feb 2022

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

Twenty-three bariatric centres (54.8%) responded to our survey reporting a total number of 8676 primary OAGB/MGBS and a follow-up of 62.42 ± 52.22 months. A total of 181 (2.08%) patients underwent revisional surgery: 82 (0.94%) were suffering from intractable DGER (duodeno-gastric-esophageal reflux), 42 (0.48%) were reoperated for weight regain, 16 (0.18%) had excessive weight loss and malnutrition, 12 (0.13%) had a marginal ulcer perforation, 10 (0.11%) had a gastro-gastric fistula, 20 (0.23%) had other causes of revision. Roux-en-Y gastric bypass (RYGB) was the most performed revisional procedure (109; 54%), followed by bilio-pancreatic limb elongation (19; 9.4%) and normal anatomy restoration (19; 9.4%).

Malnutrition Following One-Anastomosis Gastric Bypass: a Systematic Review

Bandlamundi, Mahawar,Parmar OBSU 2023

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

Severe malnutrition following one-anastomosis gastric bypass (OAGB) remains a concern. **Fifty studies involving 49,991 patients were included in this review.** In-hospital treatment for **severe malnutrition was needed for 0.9%** (n = 446) of patients.

Biliopancreatic limb (BPL) length was 150 cm in five (1.1%) patients, > 150 cm in 151 (33.9%), and not reported in 290 (65%) patients. OAGB was revised to normal anatomy in 126 (28.2%), sleeve gastrectomy in 46 (10.3%), Roux-en-Y gastric bypass in 41 (9.2%), and shortening of BPL length in 17 (3.8%) patients. Eight (0.02%) deaths were reported.

Standardisation of the OAGB technique along with robust prospective data collection is required to understand this serious problem

Reversal to normal anatomy after OAGB indications and results: a systematic review and meta-analysis

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

Kermansaravi, Shahabi, Weiner,Chiapetta Soard August 2021

After examining 182 papers involving 11,578 patients, 14 studies were included.

A reversal was performed in 119 patients(0.1 percent). Protein-energy malnutrition with hypoalbuminemia was the most common etiology

The mean lengths of BPL and CC were reported as 215+_ 50 cm and 380 +_150 cm, respectively

Partial Reversal After OAGB

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

Gastro-gastrostomy appears to be a safe and efficacious technique for addressing refractory hypoalbuminemia following OAGB. The procedure preserves the weight loss achieved following OAGB without significant complications. However, further studies are required to validate these findings.

Langenbeck Arch. Of Surgery August 2024

Paria Boustani [1], Somayeh Mokhber [1], Sajedeh Riazi [2], Shahab Shahabi Shahmiri [1], Abdolreza Pazouki

No reversal in the adolescent population

- Obes Surg 2025 Aug
- Four-Year Outcomes of One-Anastomosis Gastric Bypass in Children and Adolescents with Obesity: Safety, Effectiveness, and Resolution of Obesity-Related Medical Conditions
- Mohamad Hayssam ElFawal 1, Osama Taha 2, Mahmoud Abdelaal 2, Huneida Hamzeh 1, Zahi Hamdan 3, Dyaa Mohamad 4, Kareem El-Ansari 5, Hani Tamim 6, Walid El Ansari 7

Take home message

Reflux mainly bile is present after OAGB (4-20%).

MU 5-15 % after OAGB

Intractable Reflux +/_ ulcer: RYGBP(less than 1 %)

Protein caloric malnutrition 0.5 -2 %.

In case of Protein caloric malnutrition: if patient didn't improve on dietary intervention: revert or gastro gastrostomy asap after ensuring acceptable Albumin level and good coagulation profile.

Surgical technique is important.(standardization)

XXX IFSO WORLD CONGRESS

"Advancing Multimodal Obesity Care"

24-27 August 2027

ifso2027.org

IFSO PARIS 2027

See you in

PARIS