IFSO OFFICIAL WEBSITE

XXIX IFSO World Congress

1-4 September 2026 | Toronto, Canada

"SADI-S/DS: Have We Run Out of Options ?"

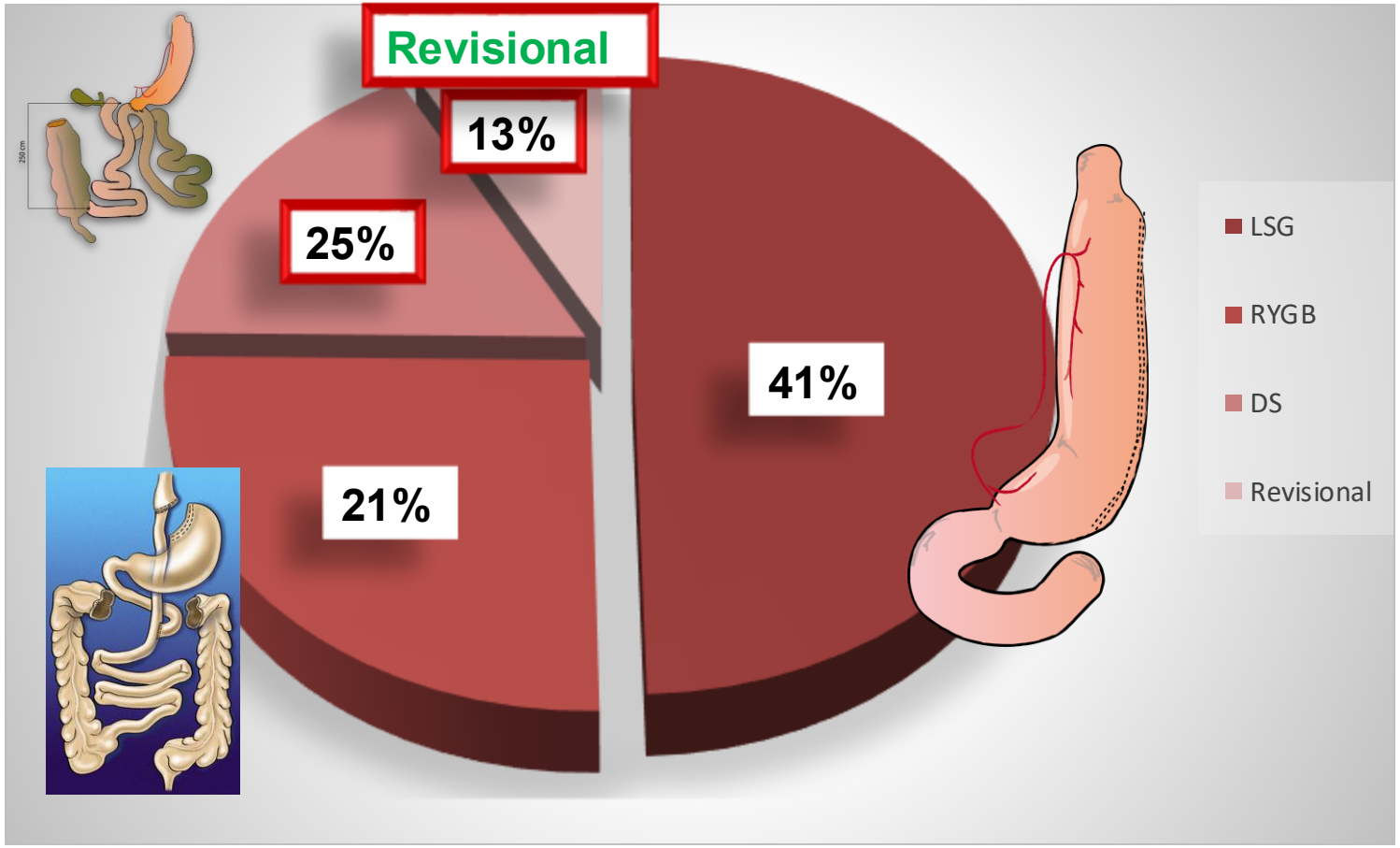
Antonio J. Torres MD, PhD, FACS, FASMBS
Professor of Surgery
Hospital Clínico San Carlos. Universidad Complutense de Madrid
President IFSO 2011-2012
Chairman IFSO´s Board of Trustees 2015-2019

IdISSC INSTITUTO de INVESTIGACIÓN SANITARIA Hospital Clínico San Carlos

Disclosures

Lectures & Consultant for

- Johnson & Johnson
- Medtronic
- GT Metabolic
- Gore Medical



IFSO
www.ifso.com

Surgical Procedures

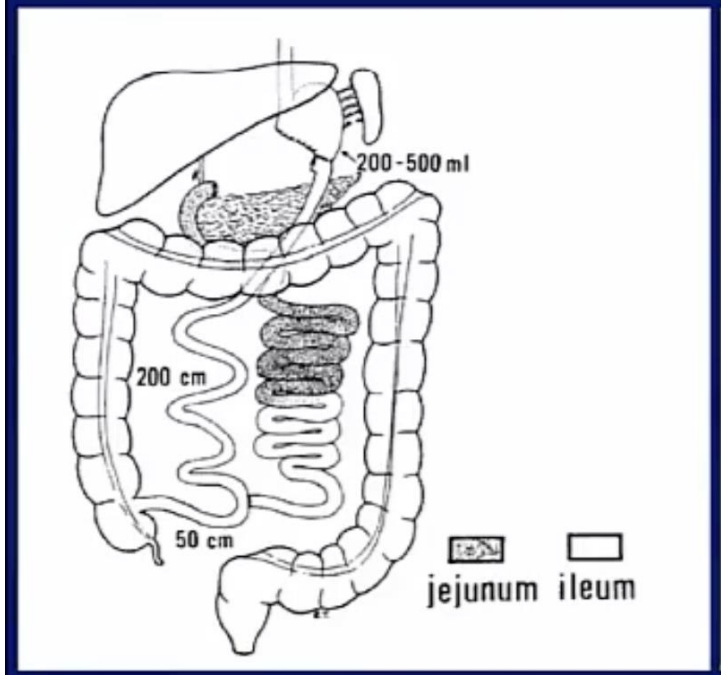
Year	Total Cases	Sleeve, n (%)	RYGB, n (%)	Band, n (%)	BPD-DS, n (%)	SADI, n (%)	OAGB, n (%)	Other, n (%)
2020	168,228	108,260 (64.35)	47,846 (28.44)	1,002 (0.60)	2,070 (1.23)	488 (0.29)	1,338 (0.80)	7,224 (4.29)
2021	210,811	134,637 (63.87)	61,031 (28.95)	1,102 (0.52)	2,760 (1.31)	841 (0.40)	943 (0.45)	9,497 (4.51)
2022	230,207	145,005 (62.99)	69,159 (30.04)	1,081 (0.47)	3,634 (1.58)	1,338 (0.58)	903 (0.39)	9,087 (3.95)
2023	217,387	133,550 (61.43)	67,461 (31.03)	732 (0.34)	3,102 (1.43)	1,963 (0.90)	457 (0.21)	10,122 (4.66)
2024	177,297	103,452 (58.35)	58,183 (32.82)	505 (0.28)	2,255 (1.27)	2,670 (1.51)	232 (0.13)	10,000 (5.64)

For whom the bell tolls? It is time to retire the classic BPD (bilio-pancreatic diversion) operation

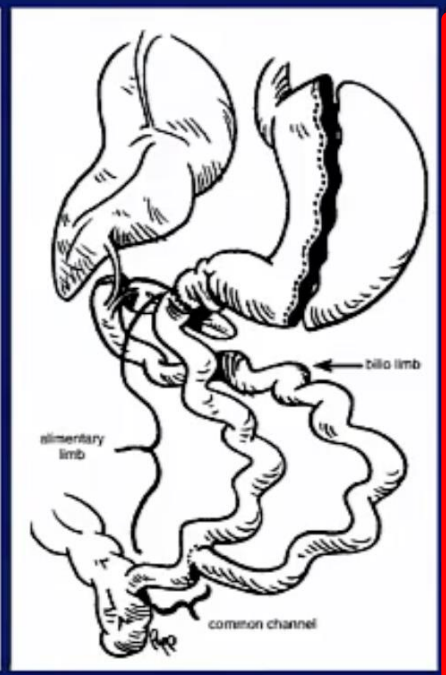
Michel Gagner, M.D., F.R.C.S.C., F.A.C.S., F.A.S.M.B.S.[a,b,*]

With the culture of safety and lowering risks that took place 20 years ago, sleeve gastrectomy has emerged as a procedure of choice. Hence, for super- and super-super-obese patients, there is a tendency these days to perform surgeries in 2 stages, and sleeve is the procedure of choice. Because sleeve is not part of a classic bilio-pancreatic diversion, it is unlikely that this operation will be done as a second stage, making this operation obsolete. (Surg Obes Relat Dis 2019;15:1029–1031.)

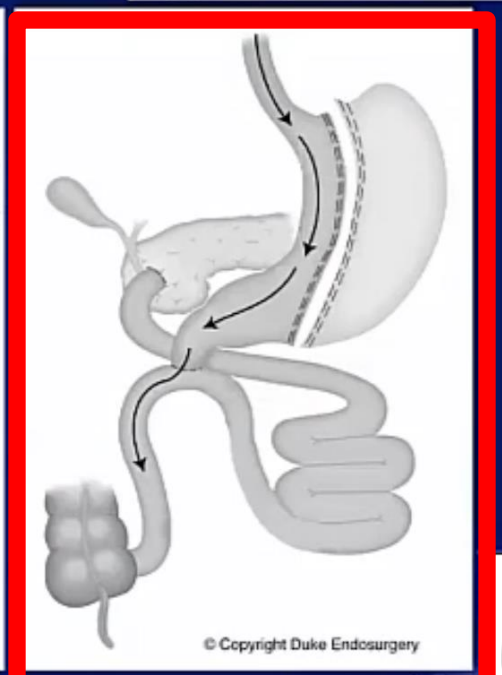
Surgery for Obesity and Related Diseases 15 (2019) 1029–1031



Version 1.0



Version 2.0



Version 3.0

SADI-S vs Duodenal Switch

Technical Issues

- Easier procedure
- Faster (2 vs 1 anastomosis)
- Less leaks risk (2 vs 1 anastomosis)
- Less GERD
- Less Internal Hernia (2 vs 1 mesenteric defects)

SADIS: Long Term Results

- PRIMARY Procedure
- REVISIONAL Surgery

Obesity Surgery
https://doi.org/10.1007/s11695-021-05879-9

ORIGINAL CONTRIBUTION

Long-Term Results of Single-Anastomosis Duodeno-ileal Bypass with Sleeve Gastrectomy (SADI-S)

Andrés Sánchez-Pernaute[1] · Miguel Ángel Rubio Herrera[2] · Natalia Pérez Ferré[2] · Carlos Sáez Rodríguez[1] · Clara Marcuello[2] · Clara Pañella[1] · Leyre Lopez Antoñanzas[1] · Antonio Torres[1] · Elia Pérez-Aguirre[1]

Received: 12 October 2021 / Revised: 29 December 2021 / Accepted: 30 December 2021

Long-Term Results of Single-Anastomosis Duodeno-ileal Bypass with Sleeve Gastrectomy (SADI-S)

Andrés Sánchez-Pernaute[1] · Miguel Ángel Rubio Herrera[2] · Natalia Pérez Ferré[2] · Carlos Sáez Rodríguez[1] · Clara Marcuello[2] · Clara Pañella[1] · Leyre Lopez Antoñanzas[1] · Antonio Torres[1] · Elia Pérez-Aguirre[1]

Obes Surg 2022

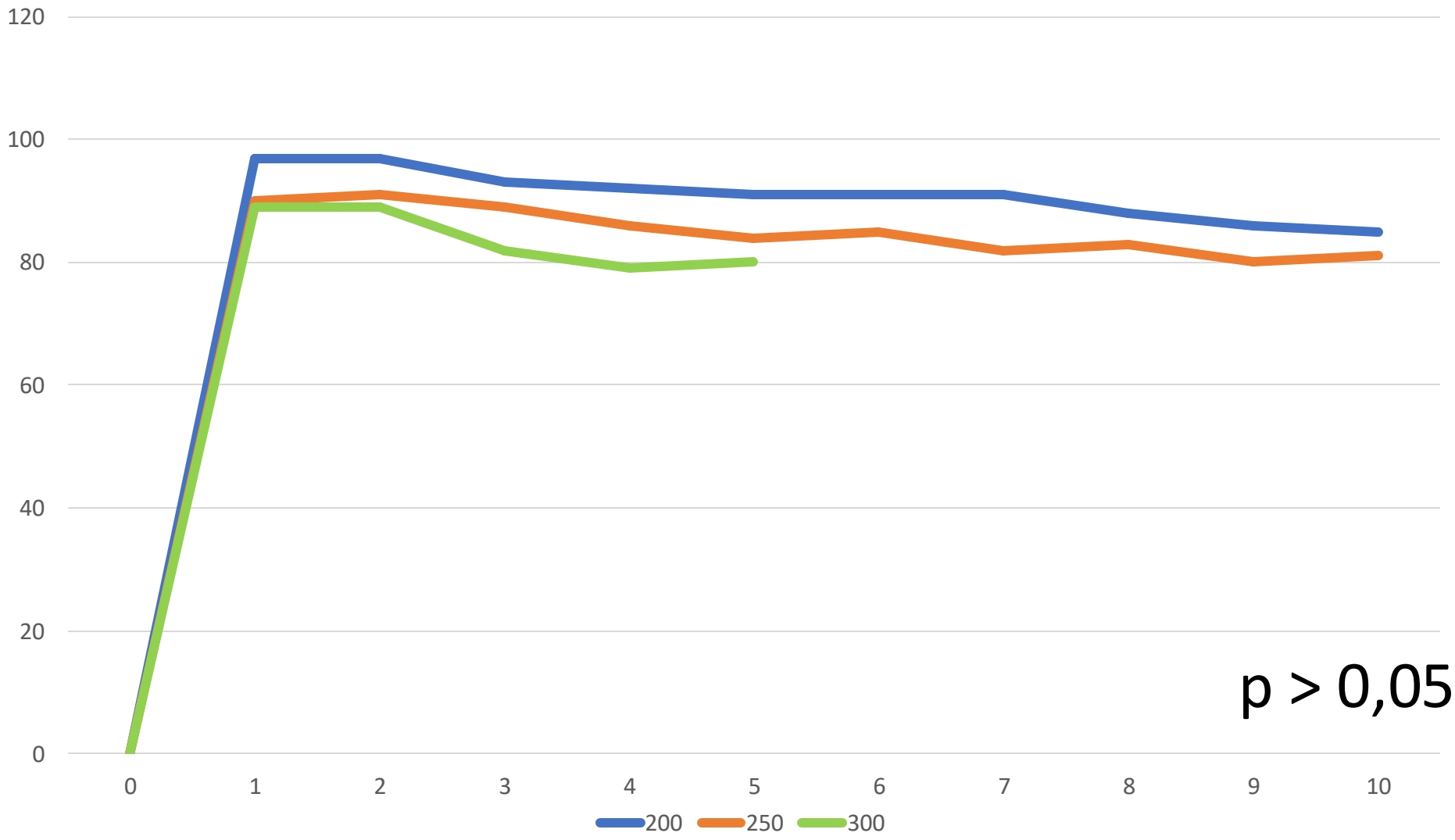
-164 patients (75% fu 10 y)
-47 y (22-71)
-BMI 45.8 Kg/m² (34-67)
-women 99, men 65
-200 cm (50), 250 cm (99), 300 cm 15
-12 surgery hypoproteinemia (7 (200 cm), 5 (250 cm))
-Def ferritin 66,7%, Vit D 57,9%, Vit A 26,7%
-Stool frec 2,4 (0-8)/2,1 (0-6)
-36 gastroscopy , 1 IQ hiatal hernia

Time	BMI	EWL (%)	TWL (%)	% failures
Basal	45.8	0	0	0
1 year	26.5	95.5	42	1/153–0.6
2 years	26,2	96.6	42.5	2/146–1.3
3 years	26.9	92.7	41	4/144–2.7
4 years	27.5	89.9	39.7	5/143–3.4
5 years	28	87.8	38.8	8/139–5.7
6 years	27.8	88.7	38.9	5/114–4.4
7 years	28.2	86.8	38	5/104–4.8
8 years	28.3	85.7	37.2	7/95–7.3
9 years	28.4	83.2	36.1	8/82–9.7
10 years	28.9	80.4	34.4	7/60–11.6

	Preoperative	5 years	10 years
Insulin (*n*)	41	7	12
Oral (*n*)	47	17	27
Diet/no. therapy (*n*)	13	77	62
Glycemia (mg/dL)	169.8 (88–408)	104.16	118.2 (74–207)
HbA1c (%)	7.69 (5.4–14)	5.51	5.86 (4.6–7.9)
Arterial hypertension (%)	56	25.7	14
Obstructive apnea (%)	54	5.8	2.1

	Preoperative			5 years			10 years		
	Mean	Range	% abnormal	Mean	Range	% abnormal	Mean	Range	% abnormal
Triglycerides (mg/dL)	183	50–799	57	90.7	37–232	7	113	49–362	20
HDL (mg/dL)	47.8	23–82	24	53.4	28–85	10.6	54.4	31–92	13
LDL (mg/dL)	105.2	35–197	64	84.4	26–187	23	90.6	21–172	36
Cholesterol (mg/dL)	190	110–313	41	157.2	84–273	8	166.4	100–264	8.5
Dyslipidemia (%)			72			35			53.8

The common limb & weight loss



Surgical Endoscopy
https://doi.org/10.1007/s00464-024-10765-3

Single anastomosis duodenal switch versus Roux-en-Y gastric bypass in patients with BMI ≥ 50 kg/m^2: a multi-centered comparative analysis

Karl Hage[1] · Andre F. Teixeira[2] · Amit S[illegible] · Romulo Lind[2] · Muhammad A. Jawad[2] · Muhammad Ghanem[2] · Kamal Abi Mosleh[1] · Michael L. Kendric[illegible] Daniel Cottam[3] · Omar M. Ghanem[1]

Received: 6 December 2023 / Accepted: 21 February 2024

Regarding surgical technique, we used a 20-cc pouch, 50–75 cm biliopancreatic limb, and 100–150 cm Roux limb for the RYGB, while we used a 250–300 cm common channel for the SADI-S.

Table 1 Preoperative patient demographics and comorbidities

	RYGB $N=343$	SADI-S $N=625$	p value
Patient demographics			
Age at procedure, years (SD)	44.9 (13.1)	41.9 (11.4)	<0.001[a]
Sex, female (%)	256 (74.6)	405 (64.8)	0.002[b]
Preoperative BMI, kg/m^2 (SD)	56.8 (6.1)	57.6 (7.0)	0.062[a]
Preoperative comorbidities			
Sleep apnea (%)	262 (76.4)	305 (48.8)	<0.001[b]
Hypertension (%)	192 (56.0)	299 (47.8)	0.015[b]
Hyperlipidemia (%)	182 (53.1)	162 (25.9)	<0.001[b]
Diabetes mellitus (%)	118 (34.4)	169 (27.0)	0.016[b]

Data are presented as mean and standard deviation for continuous variables, and as frequency and percentage for categorical variables

RYGB Roux-en-Y gastric bypass, *SADI-S* single anastomosis duodenal-ileal bypass with sleeve, *BMI* body mass index

[a]Student *t* test

[b]Chi-square test

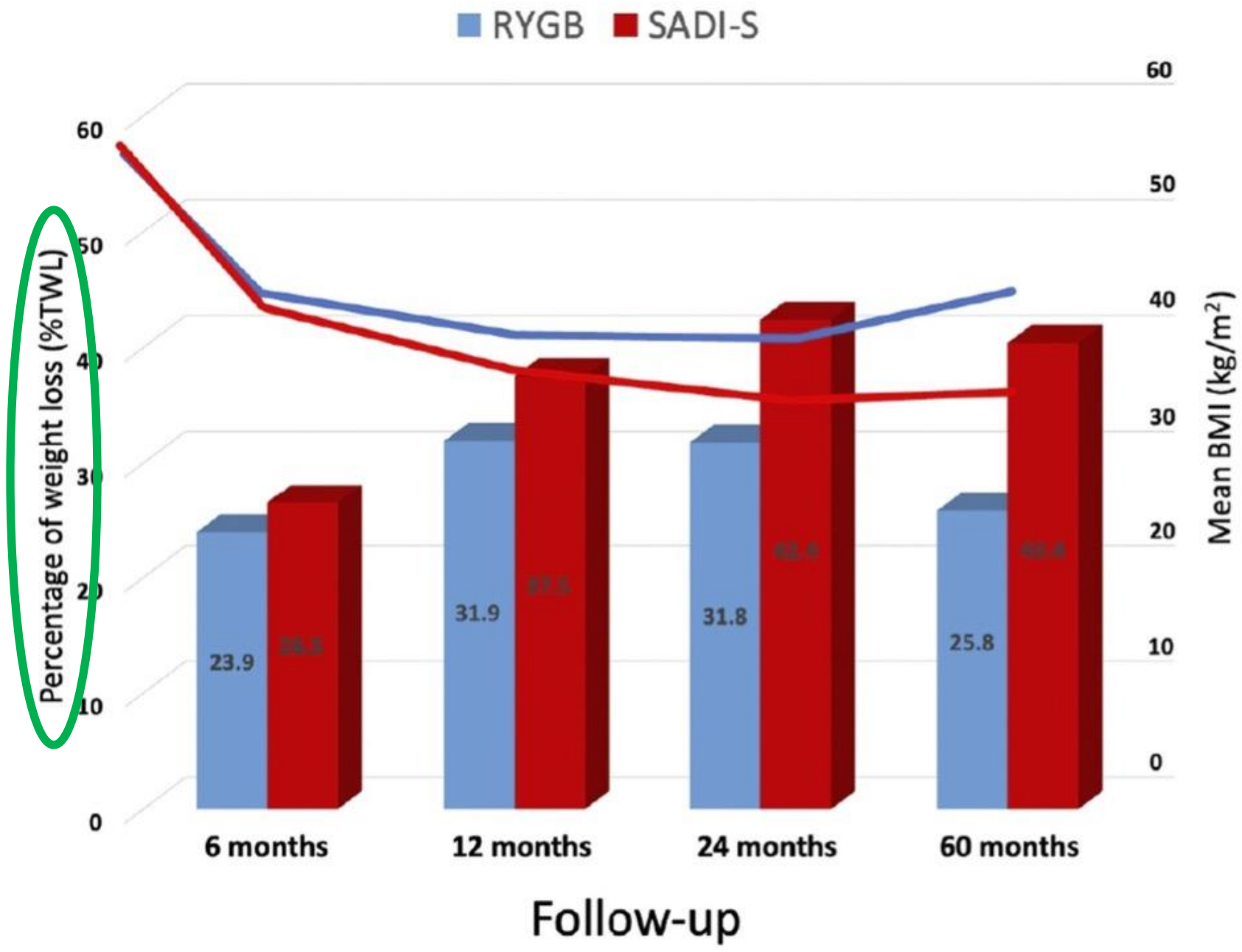


Fig. 1 Long-term weight loss after RYGB and SADI-S. *RYGB* Roux-en-Y gastric bypass, *SADI-S* single anastomosis duodenal-ileal bypass with sleeve gastrectomy

Surgical Endoscopy
https://doi.org/10.1007/s00464-024-10765-3

Single anastomosis duodenal switch versus Roux-en-Y gastric bypass in patients with BMI ≥ 50 kg/m^2: a multi-centered comparative analysis

Karl Hage[1] · Andre F. Teixeira[2] · Amit Surve[3] · Romulo Lind[2] · Muhammad A. Jawad[2] · Muhammad Ghanem[2] · Kamal Abi Mosleh[1] · Michael L. Kendrick[1] · Daniel Cottam[3] · Omar M. Ghanem[1]

Received: 6 December 2023 / Accepted: 21 February 2024

Table 1 Preoperative patient demographics and comorbidities

	RYGB $N=343$	SADI-S $N=625$	p value
Patient demographics			
Age at procedure, years (SD)	44.9 (13.1)	41.9 (11.4)	<0.001[a]
Sex, female (%)	256 (74.6)	405 (64.8)	0.002[b]
Preoperative BMI, kg/m^2 (SD)	56.8 (6.1)	57.6 (7.0)	0.062[a]
Preoperative comorbidities			
Sleep apnea (%)	262 (76.4)	305 (48.8)	<0.001[b]
Hypertension (%)	192 (56.0)	299 (47.8)	0.015[b]
Hyperlipidemia (%)	182 (53.1)	162 (25.9)	<0.001[b]
Diabetes mellitus (%)	118 (34.4)	169 (27.0)	0.016[b]

Data are presented as mean and standard deviation for continuous variables, and as frequency and percentage for categorical variables

RYGB Roux-en-Y gastric bypass, *SADI-S* single anastomosis duodenal-ileal bypass with sleeve, *BMI* body mass index

[a]Student t test

[b]Chi-square test

Conclusions In our cohort, SADI-S was associated with higher and sustained weight-loss results compared to RYGB. Comorbidity resolution was also higher after SADI-S. Both procedures demonstrate a similar safety profile. Further studies are required to validate the long-term safety of SADI-S compared to other bariatric procedures.

Obesity Surgery (2021) 31:5117–5126
https://doi.org/10.1007/s11695-021-05709-y

ORIGINAL CONTRIBUTIONS

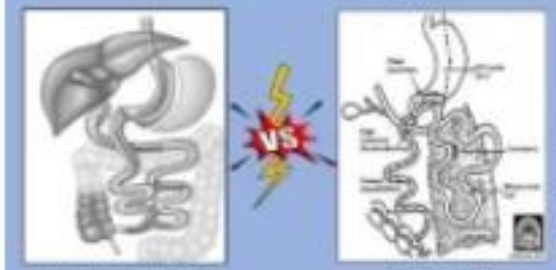
Long-Term (> 6 Years) Outcomes of Duodenal Switch (DS) Versus Single-Anastomosis Duodeno-Ileostomy with Sleeve Gastrectomy (SADI-S): a Matched Cohort Study

Amit Surve[1] · Daniel Cottam[1] · Legrand Belnap[1] · Christina Richards[1] · Walter Medlin[1]

Received: 30 June 2021 / Revised: 1 September 2021 / Accepted: 2 September 2021 / Published online: 14 September 2021

Long-Term (>6 years) Outcomes of Duodenal Switch (DS) Versus Single-Anastomosis Duodeno-Ileostomy with Sleeve Gastrectomy (SADI-S): A Matched Cohort Study

METHODS



Traditional DS SADI-S

Matched Cohort

Three Inclusion Criteria:

Out five years at least

⇩

Min one follow-up past five years

⇩

Same sex, BMI, and weight

RESULTS

	DS 30 patients	SADI-S 30 patients
Operative outcome		
Short-term complication		
Long-term complication		
Long-term reintervention		
Weight loss		
Comorbidity		
Nutritional		
Long-term failure rate		

CONCLUSIONS

- Most long-term outcomes of SADI-S were either similar or significantly better than DS.
- Part of the reasons could be the surgeon's learning curve and the small sample sizes of both groups.

IFSO

OBESITY SURGERY
The Journal of Metabolic Surgery and Allied Care

IdISSC INSTITUTO de INVESTIGACIÓN SANITARIA Hospital Clínico San Carlos

SaludMadrid Hospital Clínico San Carlos

Long-term 10-year outcomes of biliopancreatic diversion with duodenal switch (BPD/DS) and single anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S): a comparative multicenter study

Authors

Nour El Ghazal [1], Graziella Galvao Goncalves [2], Mohammad A. Jawad [2], Michael L. Kendrick [1], Andre F. Teixeira [2], Omar M. Ghanem [1*]

1 Department of Surgery, Mayo Clinic, Rochester, Minnesota, US

2 Department of Bariatric Surgery, Orlando Regional Medical Center, Orlando Health, Florida, US

SADI-S: 250 cm Common Limb

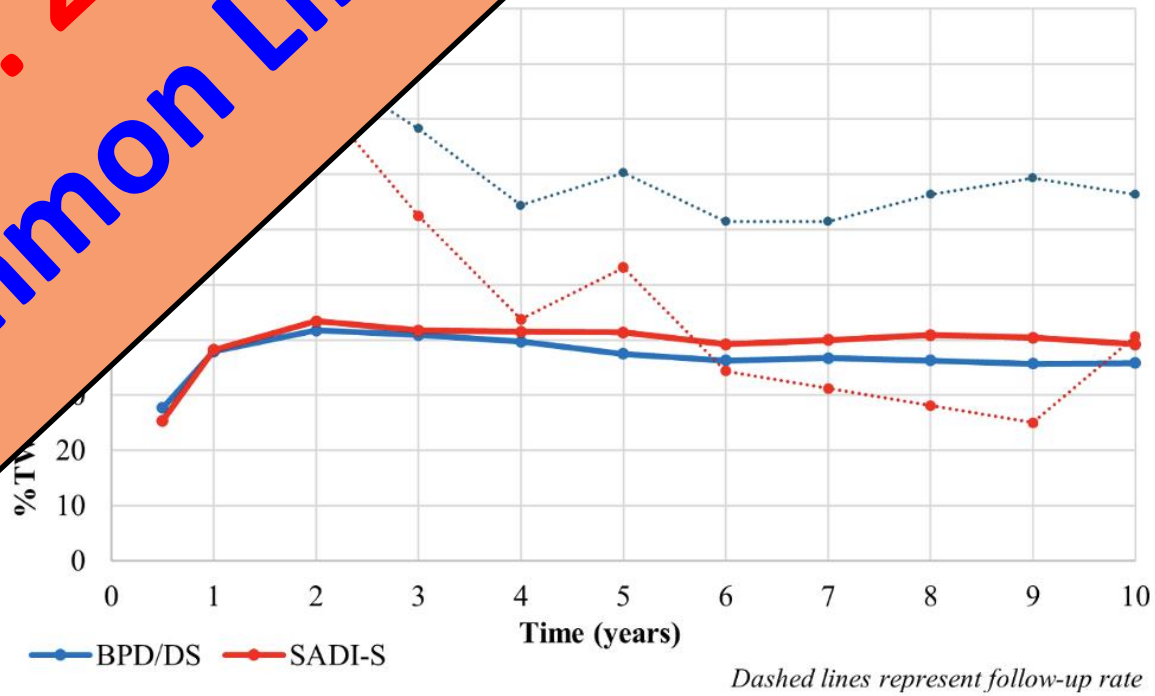
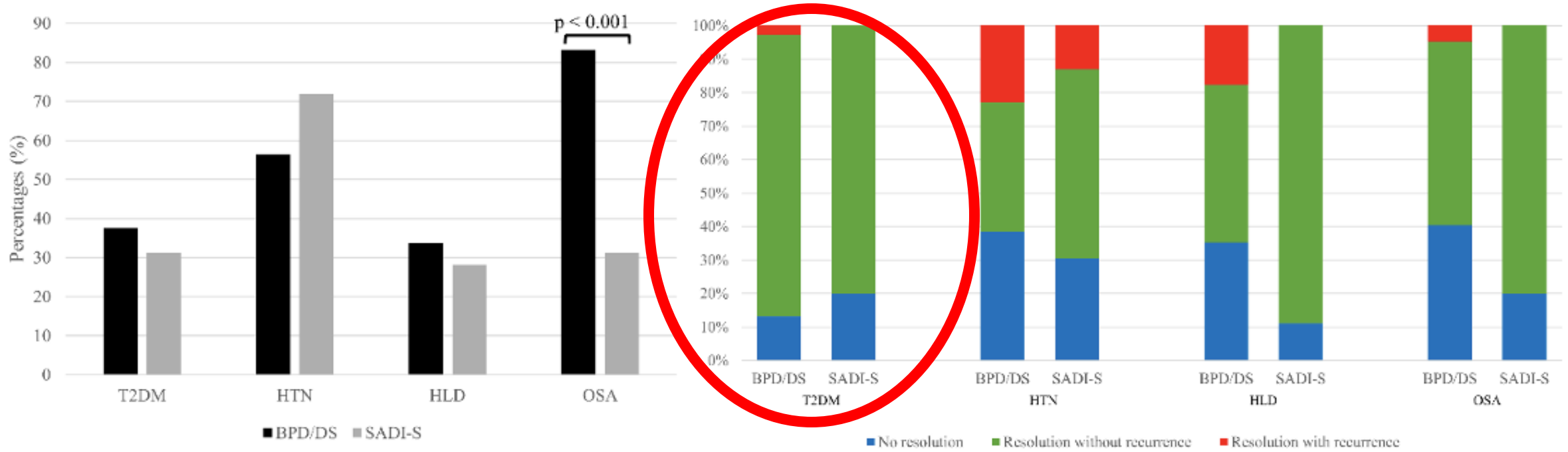


Figure 1. Trajectories of % total weight loss (%TWL) according to the linear fixed effects model and follow-up rates (%) over time in the BPD/DS and SADI-S cohorts

Dr. Andre Texeira´s Courtesy



2a **2b**

Figure 2. Baseline (**2a**), remission and recurrence rates (**2b**) of obesity-related medical conditions in the BPD/DS and SADI-S cohorts.

Dr. Andre Texeira´s Courtesy

SADIS: Long Term Results

- PRIMARY Procedure
- REVISIONAL Surgery

Obesity Surgery

https://doi.org/10.1007/s11695-021

ORIGINAL CONTRIBUTI

Single Anastomosis Duo … Gastric Bypass After Failed Sleeve Gastrec… …comes

Phillip J. Dijkhorst[1] · May Al Nawas[2] · … [3] · Dingeman J. Swank[4] · René M.J. Wiezer[2] · Edo O. Aarts[5]

Received: 25 April 2021 / Revised: 10 Jun…

RYGB: Pan… Bilio-Limb

SADI-S: 250 cm Common Limb

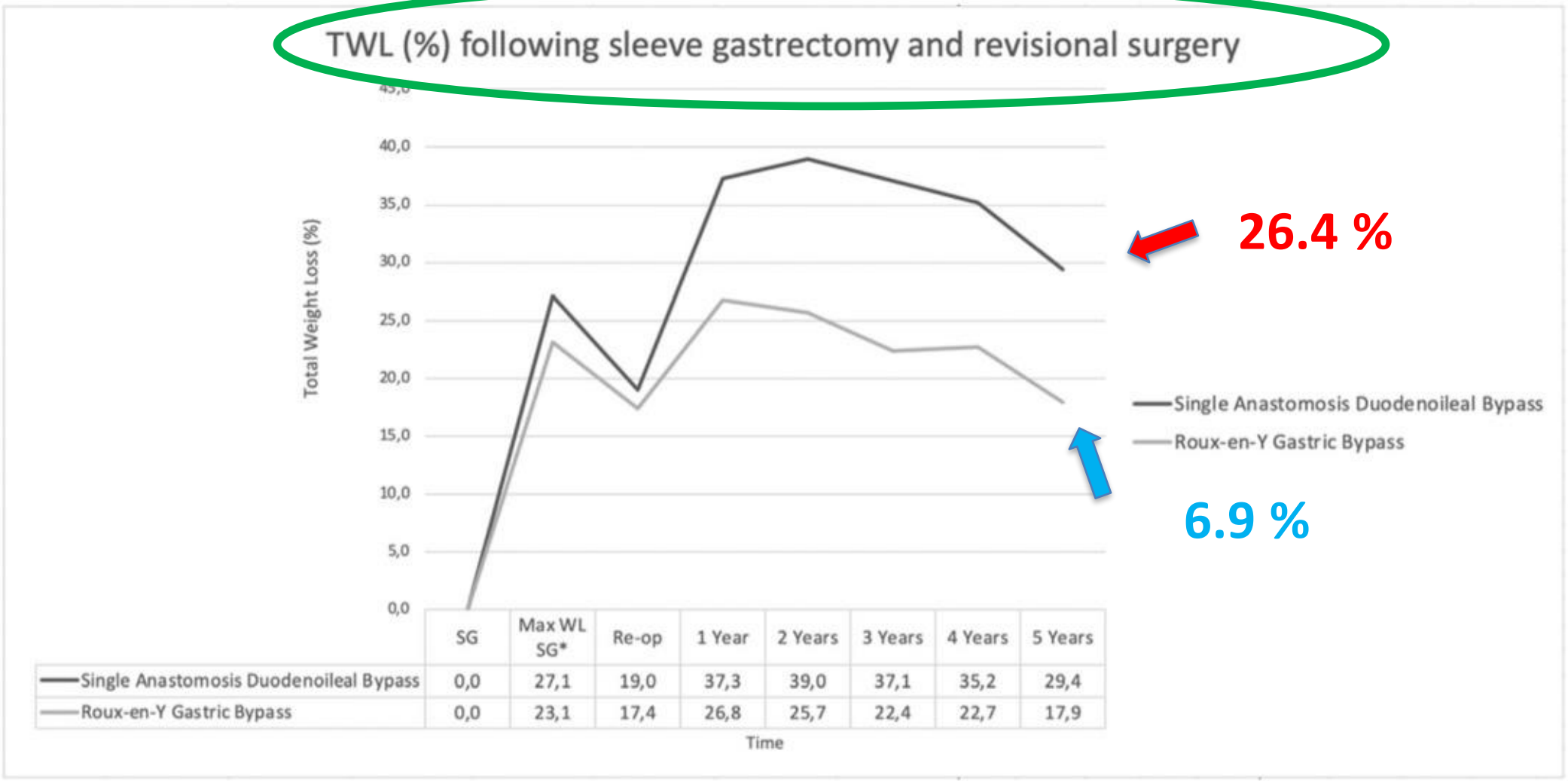
https://doi.org/10.1007/s11695-021-05609-1

ORIGINAL CONTRIBUTIONS

Single Anastomosis Duodenoileal Bypass or Roux-en-Y Gastric Bypass After Failed Sleeve Gastrectomy: Medium-Term Outcomes

Phillip J. Dijkhorst[1] · May Al Nawas[2] · Laura Heusschen[3] · Eric J. Hazebroek[3] · Dingeman J. Swank[4] · René M.J. Wiezer[2] · Edo O. Aarts[5]

Received: 25 April 2021 / Revised: 10 June 2021 / Accepted: 17 June 2021



	SG	Max WL SG*	Re-op	1 Year	2 Years	3 Years	4 Years	5 Years
Single Anastomosis Duodenoileal Bypass	0,0	27,1	19,0	37,3	39,0	37,1	35,2	29,4
Roux-en-Y Gastric Bypass	0,0	23,1	17,4	26,8	25,7	22,4	22,7	17,9

Fig. 1 Percentage total weight loss (%TWL) after sleeve gastrectomy and revisional surgery; SG sleeve gastrectomy. Asterisk indicates maximum % TWL obtained after SG and before revisional surgery

THE LANCET

Randomized Controlled Trial > Lancet. 2025 Aug 23;406(10505):846-859.
doi: 10.1016/S0140-6736(25)01070-0.

Efficacy and safety of single-anastomosis duodeno-ileal bypass with sleeve gastrectomy versus Roux-en-Y gastric bypass in France (SADISLEEVE): results of a randomised, open-label, superiority trial at 2 years of follow-up

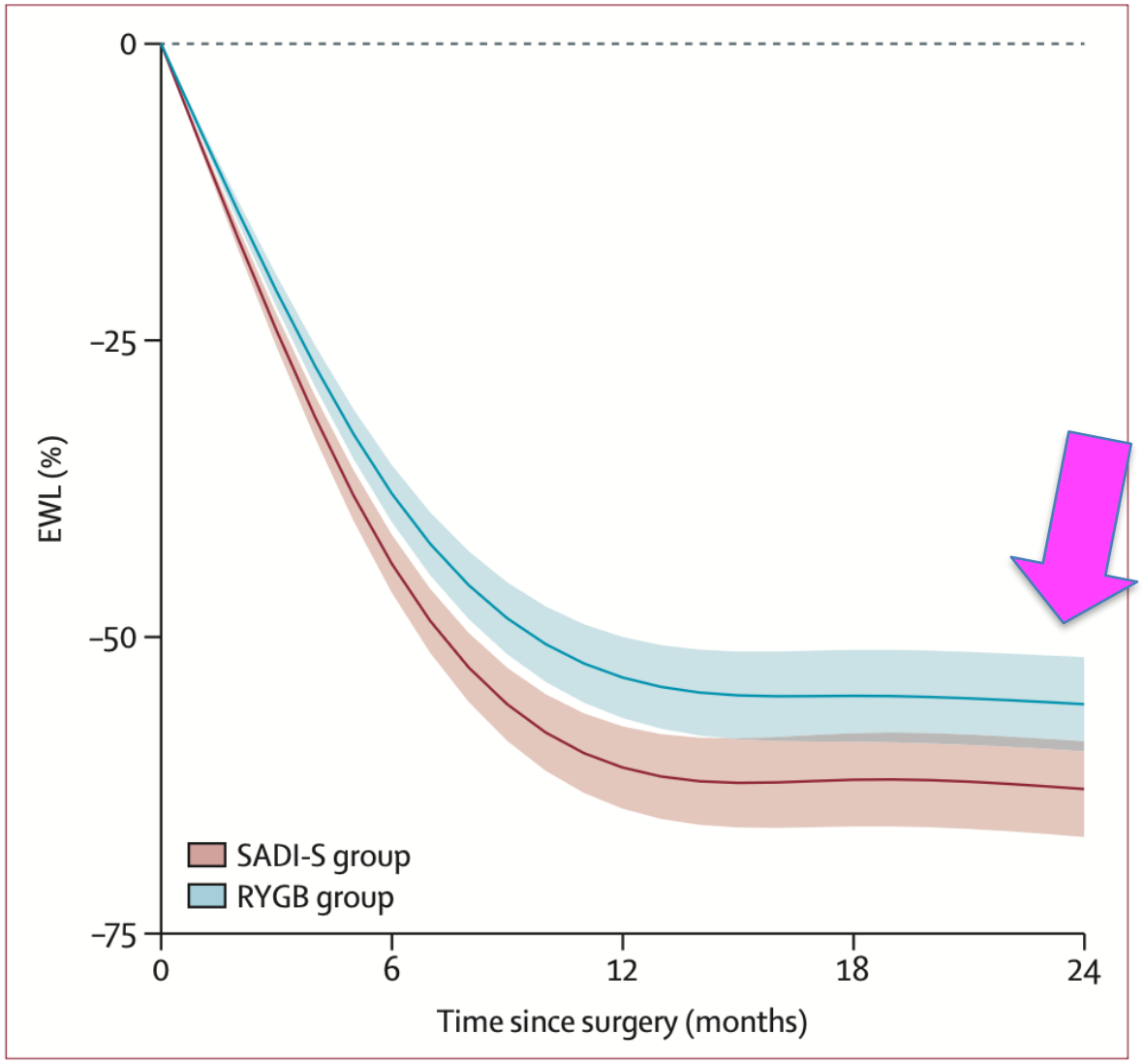
Maud Robert [1], Tigran Poghosyan [2], Nicolas Romain-Scelle [3], Sebastien Czernichow [4], Dominique Delaunay [5], Adrien Sterkers [6], Litavan Khamphommala [6], Andrea Lazzati [7], Claire Blanchard [8], Robert Caiazzo [9], François Pattou [10], Emmanuel Disse [11]; SADISLEEVE Collaborative Group

Dr. Christian Rodriguez's Courtesy

www.thelancet.com Vol 406 August 23, 2025

Efficacy and safety of single-anastomosis duodeno-ileal bypass with sleeve gastrectomy versus Roux-en-Y gastric bypass in France (SADISLEEVE): results of a randomised, open-label, superiority trial at 2 years of follow-up

*Maud Robert, Tigran Poghosyan, Nicolas Romain-Scelle, Sebastien Czernichow, Dominique Delaunay, Adrien Sterkers, Litavan Khamphommala, Andrea Lazzati, Claire Blanchard, Robert Caiazzo, François Pattou, Emmanuel Disse, and the SADISLEEVE Collaborative Group**



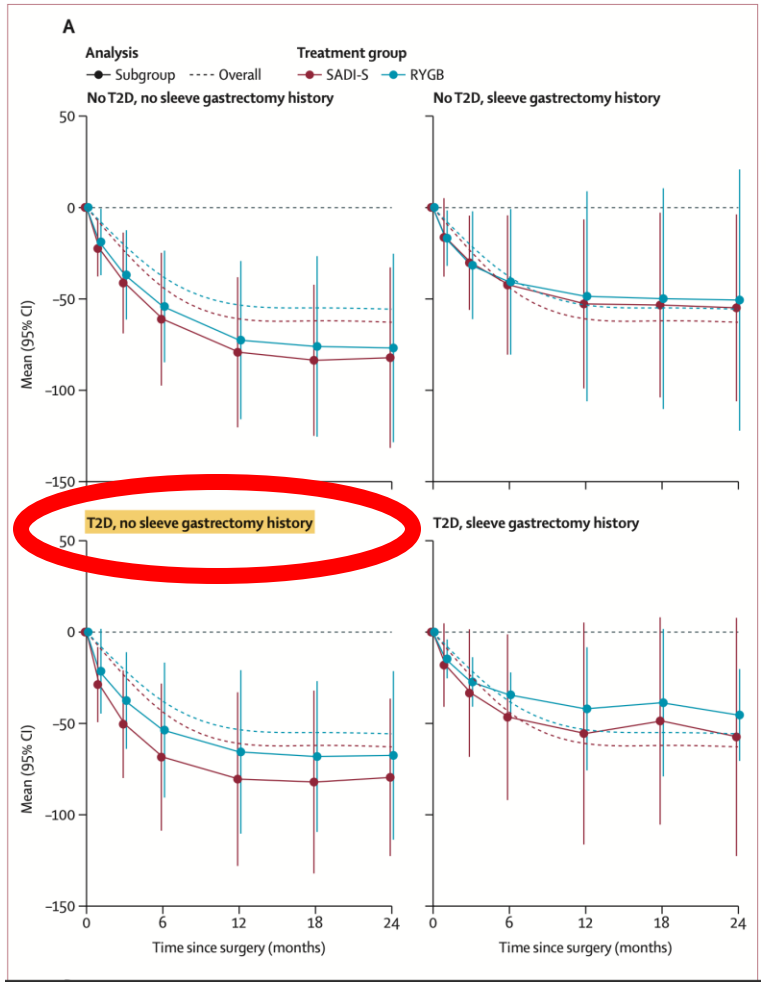
Mean %EWL (SD)

	RYGB	SADI-S
ITT	−68·09 (28·70); n=191	−76·00 (26·65); n=190
PP	−67·74 (28·48); n=184	−76·55 (25·95); n=163

www.thelancet.com Vol 406 August 23, 2025

Efficacy and safety of single-anastomosis duodeno-ileal bypass with sleeve gastrectomy versus Roux-en-Y gastric bypass in France (SADISLEEVE): results of a randomised, open-label, superiority trial at 2 years of follow-up

*Maud Robert, Tigran Poghosyan, Nicolas Romain-Scelle, Sebastien Czernichow, Dominique Delaunay, Adrien Sterkers, Litavan Khamphommala, Andrea Lazzati, Claire Blanchard, Robert Caiazzo, François Pattou, Emmanuel Disse, and the SADISLEEVE Collaborative Group**

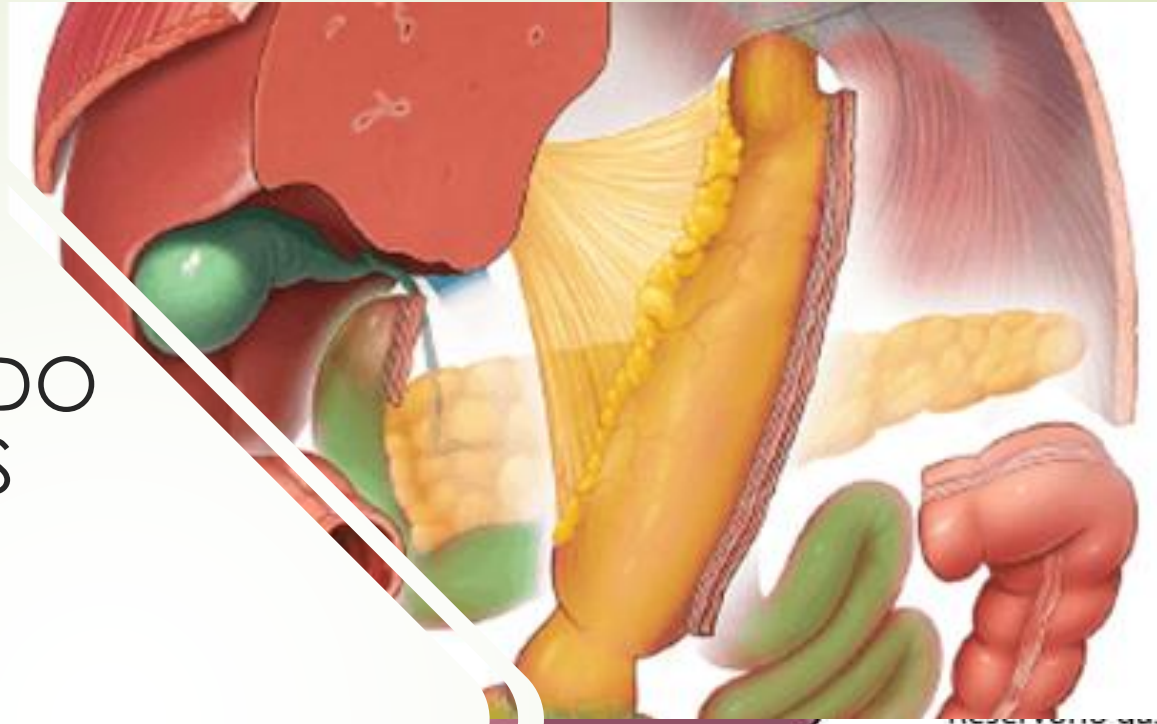


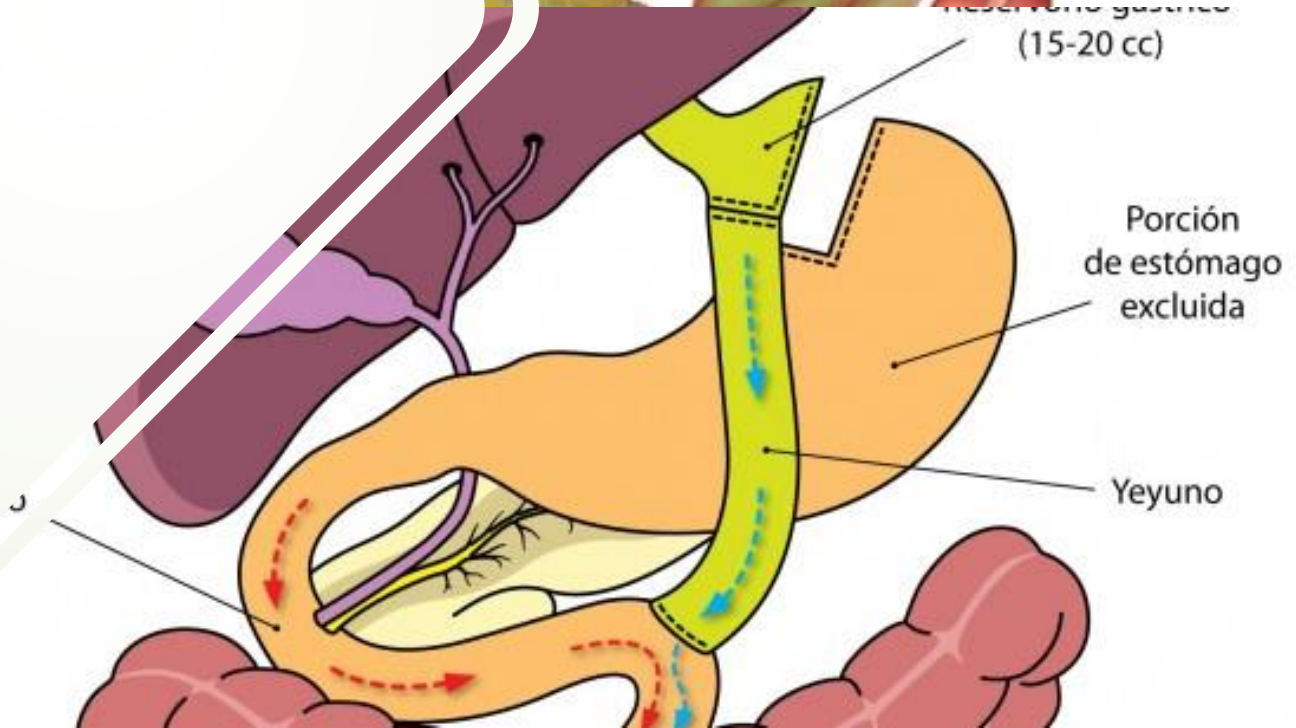
B

Estimate	Subgroup	Coefficient	CI	p value
Changes in % EWL in the SADI-S group compared with RYBG, function of stratification criteria	No sleeve history, no T2D	−4·56	−12·96 to 3·84	0·2861
	Sleeve history, no T2D	−5·69	−20·42 to 9·04	0·4479
	No sleeve history, T2D	−11·75	−22·71 to −0·79	0·0357
	Sleeve history, T2D	−6·70	−32·65 to 19·25	0·6118

ESTUDIO PROSPECTIVO ALEATORIZADO COMPARANDO DOS TÉCNICAS QUIRÚRGICAS PARA EL TRATAMIENTO DE LA OBESIDAD TIPO III (40 a 50 Kg/m^2):

CRUCE DUODENAL DE UNA ANASTOMOSIS (SADI-S) Y BYPASS GÁSTRICO EN Y DE ROUX (RY-GBP):
ESTUDIO BYPSADIS.





A randomized open-label multicentre clinical trial comparing single-anastomosis duodenal switch (SADI-S) versus Roux-en-Y gastric bypass for the treatment of obesity (BMI 40-50 kg/m2): BYPSADIS study protocol.

Journal:	*Scandinavian Journal of Surgery*
Manuscript ID	SJS-25-0093.R1
Manuscript Type:	Study protocols for randomized clinical trials
Date Submitted by the Author:	15-Jul-2025
Complete List of Authors:	Osorio, Javier; Hospital Clinic de Barcelona, Digestive Surgery Lazzara, Claudio; Hospital Universitario de Bellvitge Guimaraes, Marta; Hospital Centre of Entre o Douro e Vouga Torres, Antonio; Hospital Clinico Universitario San Carlos, Surgery; Universidad Complutense de Madrid, Surgery Turrado-Rodriguez, Victor; Hospital Clinic de Barcelona, Digestive Surgery Ibarzabal, Ainitze; Hospital Clinic de Barcelona, Digestive Surgery Sobrino, Lucia; Hospital Universitario de Bellvitge Nora, Mario; Hospital Centre of Entre o Douro e Vouga Vilarrasa, Nuria; Hospital Universitario de Bellvitge De Holanda , Ana; Hospital Clinic de Barcelona, Digestive Surgery Rubio-Herrera, Miguel; Hospital Clinico San Carlos Vidal, Josep; Hospital Clinic de Barcelona, Digestive Surgery Moizé, Violeta; Hospital Clinic de Barcelona, Digestive Surgery Yarnoz, Concepcion; Hospital de Navarra Fernandez-Palop, Isabel; Hospital de Sagunto Portillo, Manuel; Hospital Clinic de Barcelona, Digestive Surgery Sanchez-Pernaute, Andres; Hospital Clinico Universitario San Carlos, Surgery

Surgical Endoscopy
https://doi.org/10.1007/s00464-023-10234-3

Comparative analysis of 5-year efficacy and outcomes of single anastomosis procedures as revisional surgery for weight regain following sleeve gastrectomy

Ass[illegible]F. Salama[1] · Jawher Baazaoui[1] · Fakhar Shahid[1] · Rajvir Singh[2] · Antonio J. Torres[3] · Moataz M. Bashah[1,4]

Received: 27 April 2023 / Acc[illegible] June 2023

Table 5 Comparative analysis of anthropometric measures before and 5 years after revisional surgeries (OAGB vs. SADI)

Parameters	OAGB Mean ± SD	SADI Mean ± SD	*p* value
Weight before LSG surgery	133 ± 27.82	139.06 ± 27.19	0.289
Preoperative Weight	114.18 ± 21.08	119.32 ± 23.90	0.268
Preoperative BMI	43.58 ± 7.38	43.90 ± 7.37	0.832
EW	48.41 ± 18.29	51.40 ± 20.80	0.458
Δ BMI	7.4 ± 5.7	12.2 ± 8.9	0.006
TWL %	19.4 ± 16.3	30.0 ± 18.4	0.008
EWL %	50.9 ± 30.6	66.2 ± 21.7	0.01

Surgical Endoscopy
https://doi.org/10.1007/s00464-023-10234-3

Comparative analysis of 5-year efficacy and outcomes of single anastomosis procedures as revisional surgery for weight regain following sleeve gastrectomy

Asaad F. Salama[1] · Jawher Baazaoui[1] · Fakhar Shahid[1] · Rajvir Singh[2] · Antonio J. Torres[3] · Moataz M. Bashah[1,4]

Received: 27 April 2023 / Accepted: 18 June 2023

Results The study comprised 91 patients, with 42 and 49 in the SADI-S and OAGB-MGB groups, respectively. Significant weight loss (measured by total weight loss percentage, TWL%) was observed at the 5-year follow-up for the SADI-S group compared to the OAGB-MGB group (30.0 ± 18.4 vs. 19.4 ± 16.3, $p = 0.008$). Remission of comorbidities, specifically diabetes mellitus and hypertension, was more prevalent in the SADI-S group. Notably, the OAGB-MGB group had a higher incidence of complications (28.6% vs. 21.42%) and reoperations (5 patients vs. 1 in the SADI-S group). No mortality events were reported in either group.

Conclusion While both the OAGB-MGB and SADI-S have demonstrated efficacy as revisional procedures for weight regain following SG, the SADI-S exhibits superior outcomes compared to the OAGB-MGB with regard to weight loss, resolution of comorbidities, complication rates, and reoperation rates.

Bellvitge Hospital

Institut Català de la Salut

ional DS vs SADI-S

Obesity Surgery
https://doi.org/10.1007/s11695-021-05469-9

IFSO

ORIGINAL CONTRIBUTIONS

Revisional Laparoscopic SADI-S vs. Duodenal Switch Following Failed Primary Sle… Gastrectomy: a Single-Center Comparison of 101 Consecut…

Javi… … · Victor Admella[1] · Sofia Franci-León[1] · Jordi Pujol-Gebellí[1]

DS:100 +1 Alime…

SADI-S: 300 cm Common Limb

…mmon + …Limb

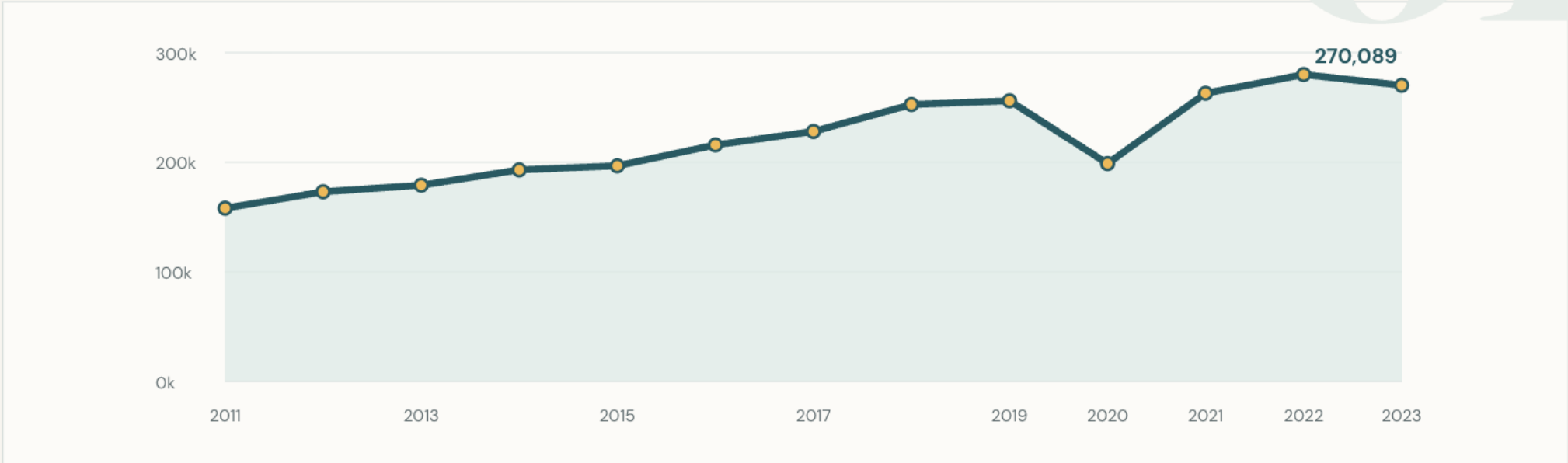
* p < 0,05

TWL

LONG-RUN TREND

Annual volume rose from 158k to 270k procedures before easing modestly in 2023

01



Scale-up, then normalization. The 2023 estimate is 71% above 2011, equivalent to a 4.6% annualized growth rate across the period.

SOURCE: ASMBS, 2011–2023 ESTIMATES

02

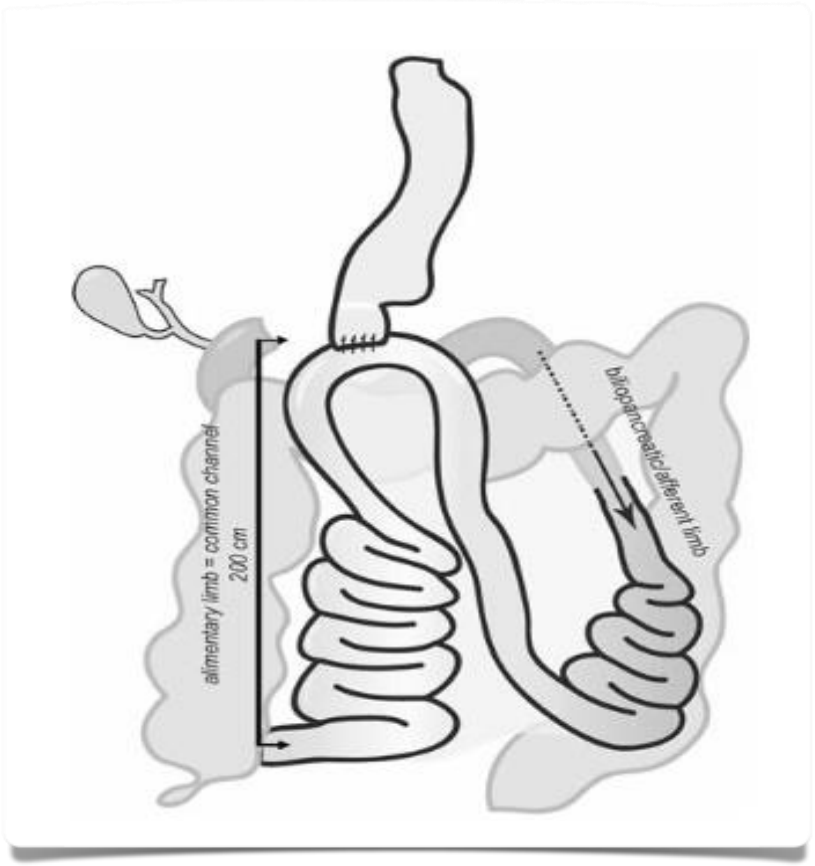
CONTACT: ASMBSNews@compartnersny.com

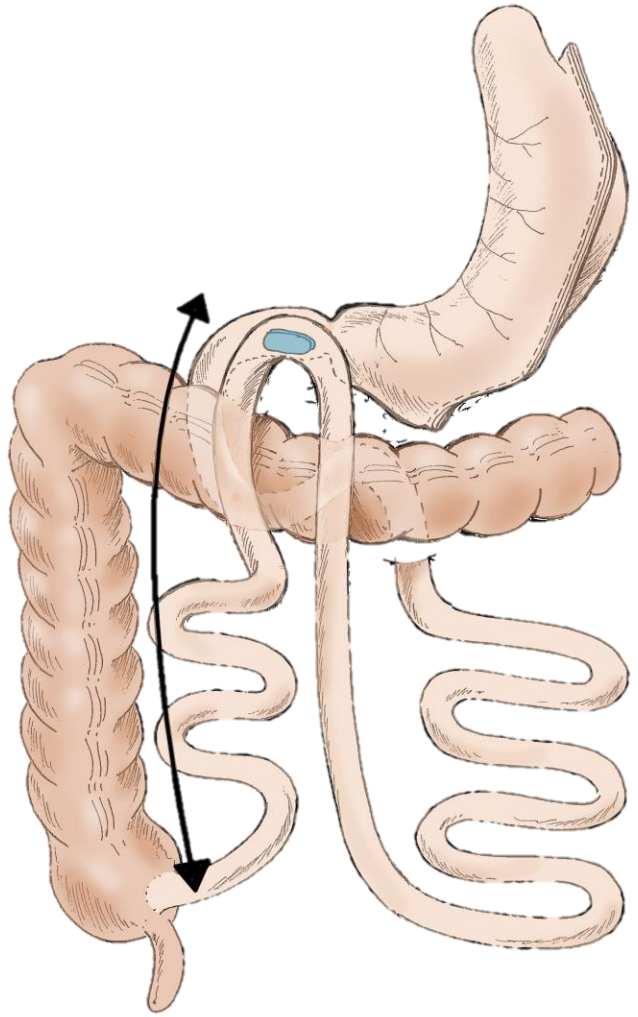
Bariatric Surgery Procedures Fall Below 200,000, First Time Since 2020, New Research Finds

SAN ANTONIO – May 5, 2026 – The number of metabolic and bariatric surgery procedures in the United States dropped below 200,000 in 2024 for the first time since 2020, a more than 20% decline from the prior year, according to new research presented today at the annual scientific meeting of the American Society for Metabolic and Bariatric Surgery (#ASMBS2026).

Researchers from Loyola University in Chicago based their 2020-2024 estimates after review of the American College of Surgeons Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (ACS-MBSAQIP) database, which includes reported outcomes from all MBSAQIP-accredited bariatric centers.

SADIS → Duodenal-Bipartition





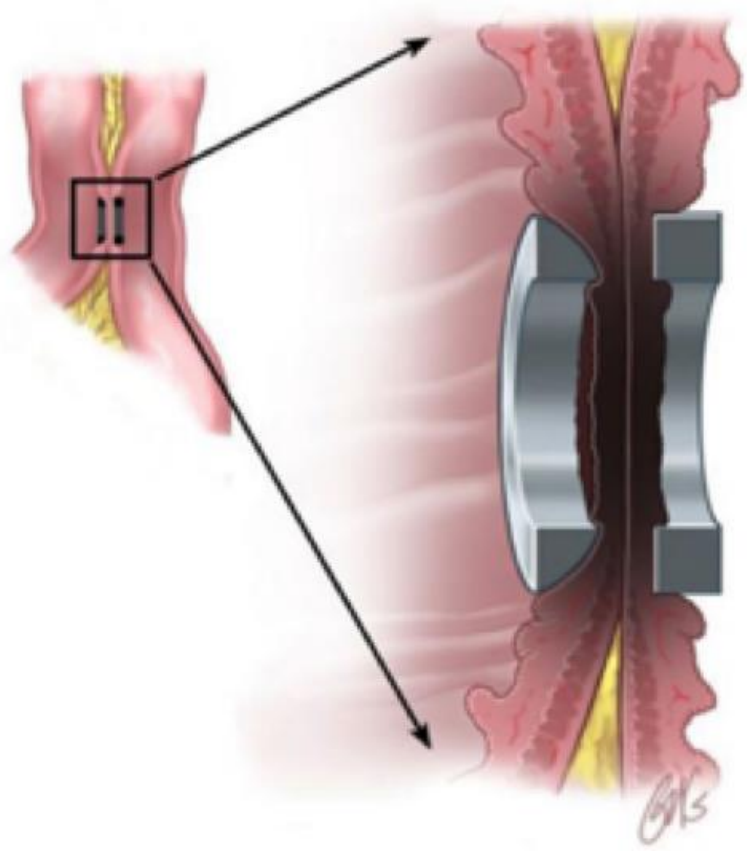
Duodenal-Bipartition: advantages

- Early stimulation of GLP-1 and PYY 3-36
- Partial derivation of calories, and decreased absorption of fat
- Main duodenal absorption of minerals and B,C complex vitamins
- Access to main duodenum (like ERCP)
- Decrease bile reflux (post-pyloric connection)

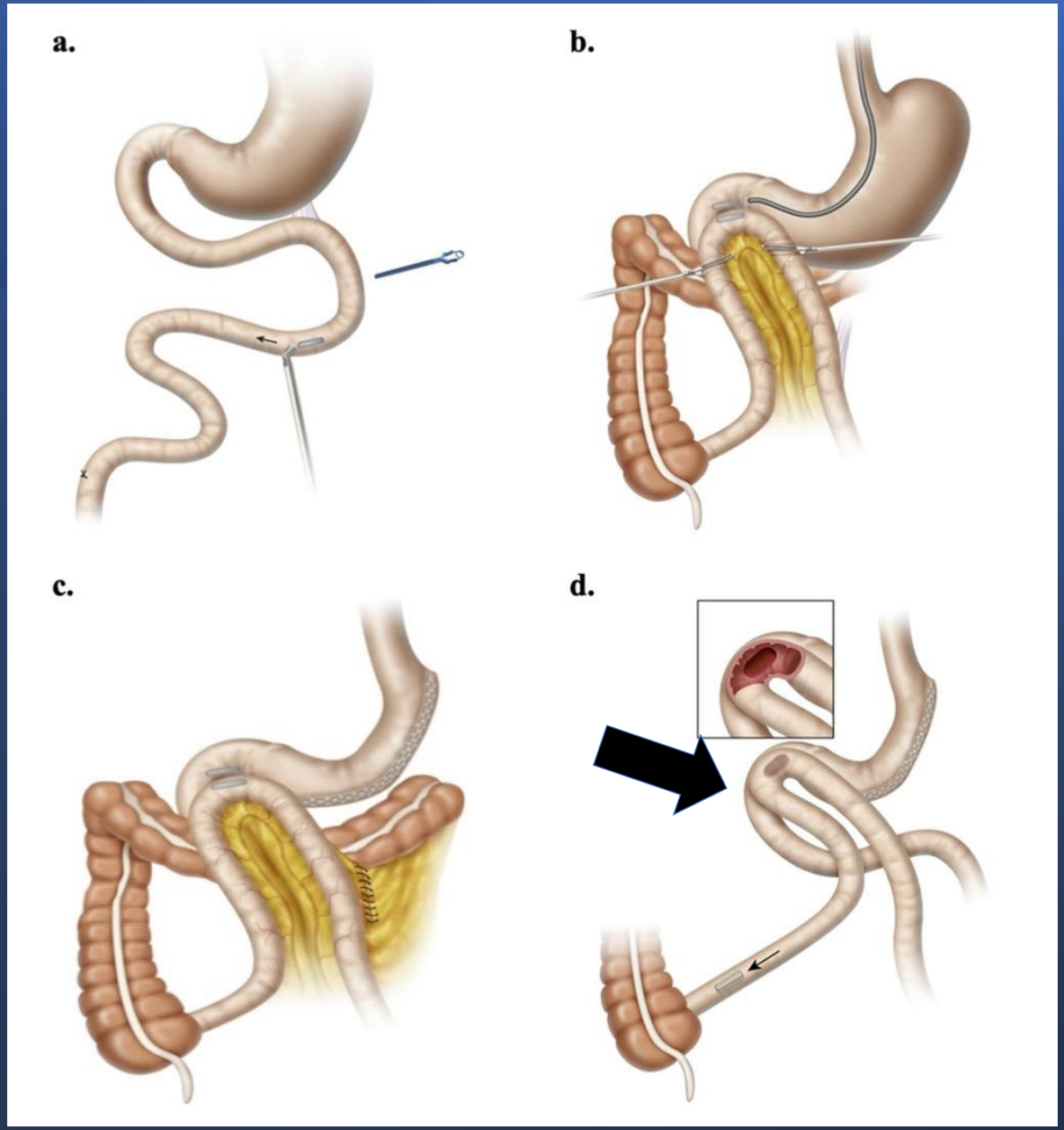
Introduction: **MAGNETS**

- traction
- magnetic sphincters
- endoscopic retrieval of foreign
- compresion anastomosis

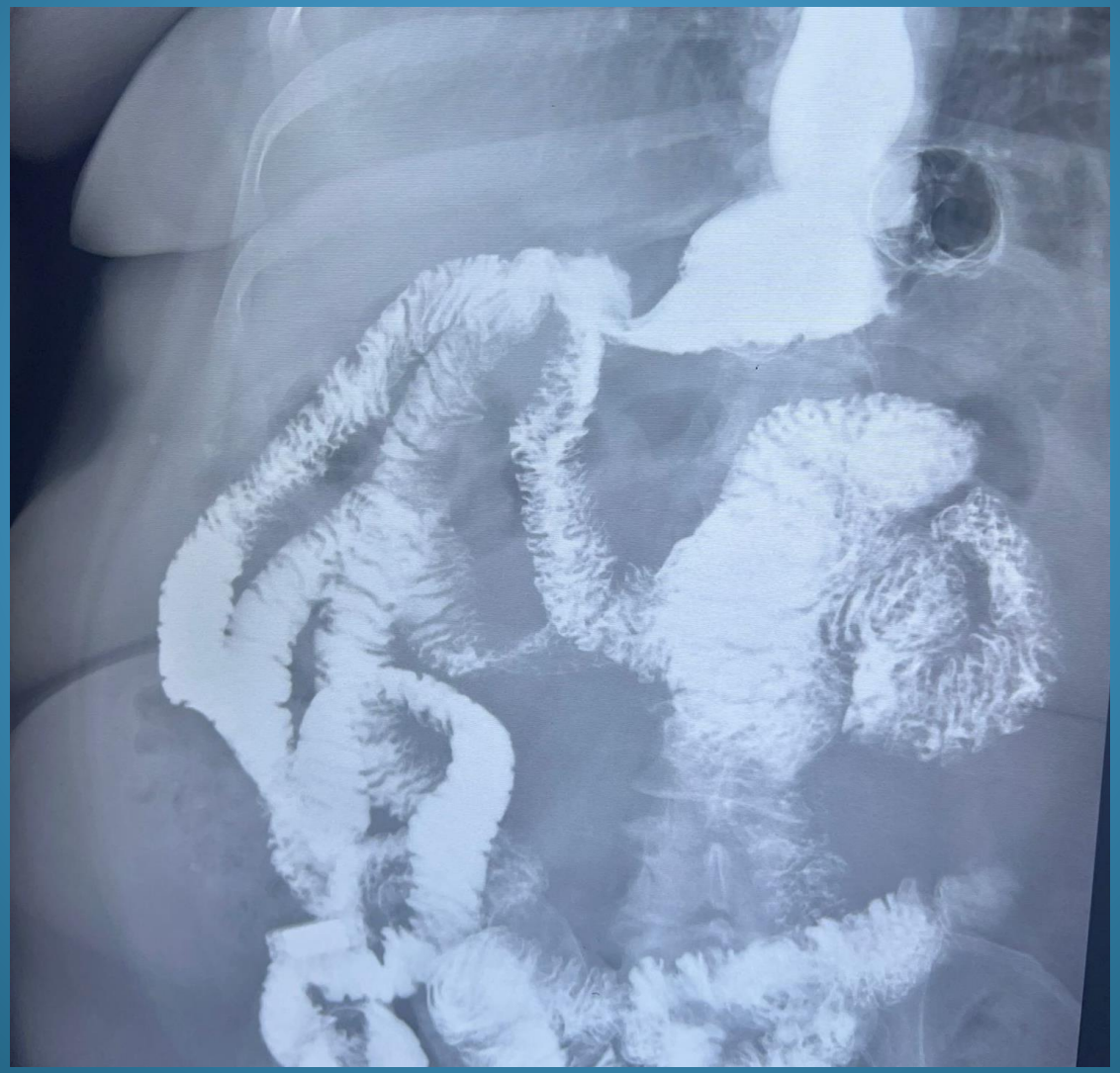
  - Magnamosis, IAS



Kaidar-Person O, Rosenthal RJ, Wexner SD, Szomstein S, Person B. Compression anastomosis: history and clinical considerations. Am J Surg. 2008 Jun; 195 (6) 818-26.
Diaz, R., Davalos, G., Welsh, L.K. et al. Use of magnets in gastrointestinal surgery. Surg Endosc. 2019, 33:1721–1730.

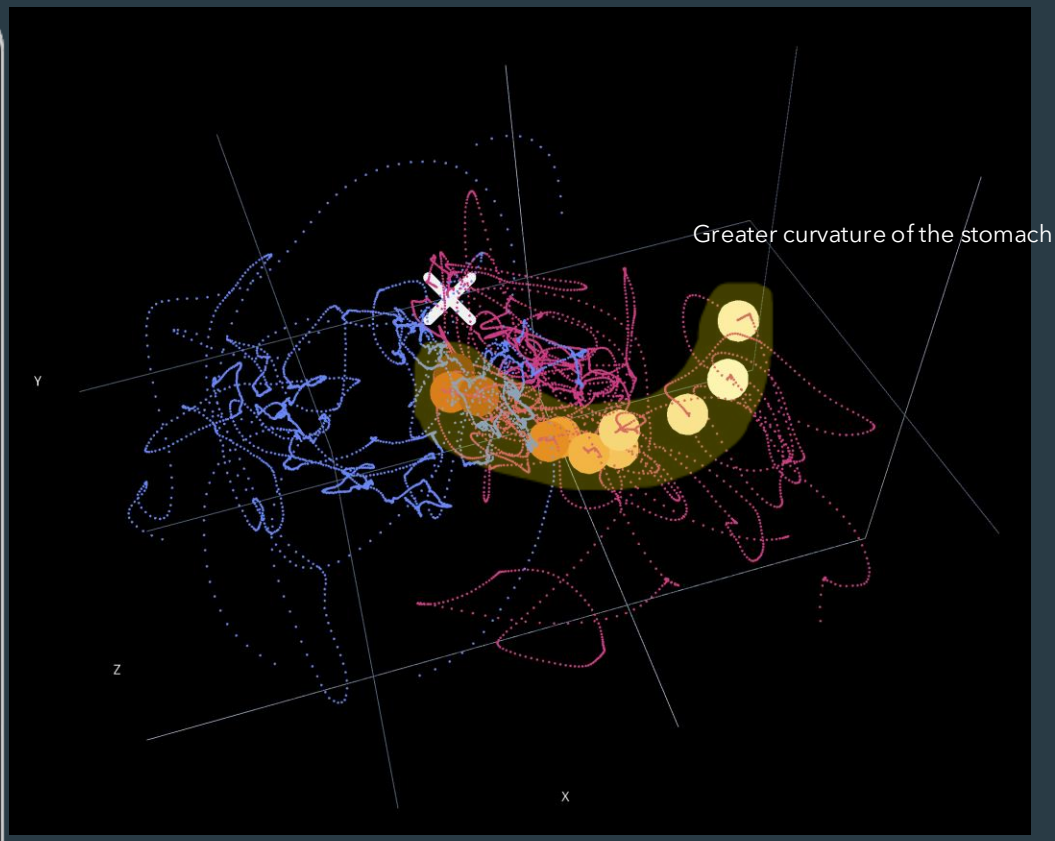

a.
b.
c.
d.

Barium Swallow



Year	Total Cases	Sleeve, n (%)	RYGB, n (%)	Band, n (%)	BPD-DS, n (%)	SADI, n (%)	OAGB, n (%)	Other, n (%)
2020	168,228	108,260 (64.35)	47,846 (28.44)	1,002 (0.60)	2,070 (1.23)	488 (0.29)	1,338 (0.80)	7,224 (4.29)
2021	210,811	134,637 (63.87)	61,031 (28.95)	1,102 (0.52)	2,760 (1.31)	841 (0.40)	943 (0.45)	9,497 (4.51)
2022	230,207	145,005 (62.99)	69,159 (30.04)	1,081 (0.47)	3,634 (1.58)	1,338 (0.58)	903 (0.39)	9,087 (3.95)
2023	217,387	133,550 (61.43)	67,461 (31.03)	732 (0.34)	3,102 (1.43)	1,963 (0.90)	457 (0.21)	10,122 (4.66)
2024	177,297	103,452 (58.35)	58,183 (32.82)	505 (0.28)	2,255 (1.27)	2,670 (1.51)	232 (0.13)	10,000 (5.64)

Dissection to the Duodenum



- FFB Fenestrated Bipolar
- Vessel Sealer Extend
- Energy Activations (VSE)
- Angular Notch of Stomach

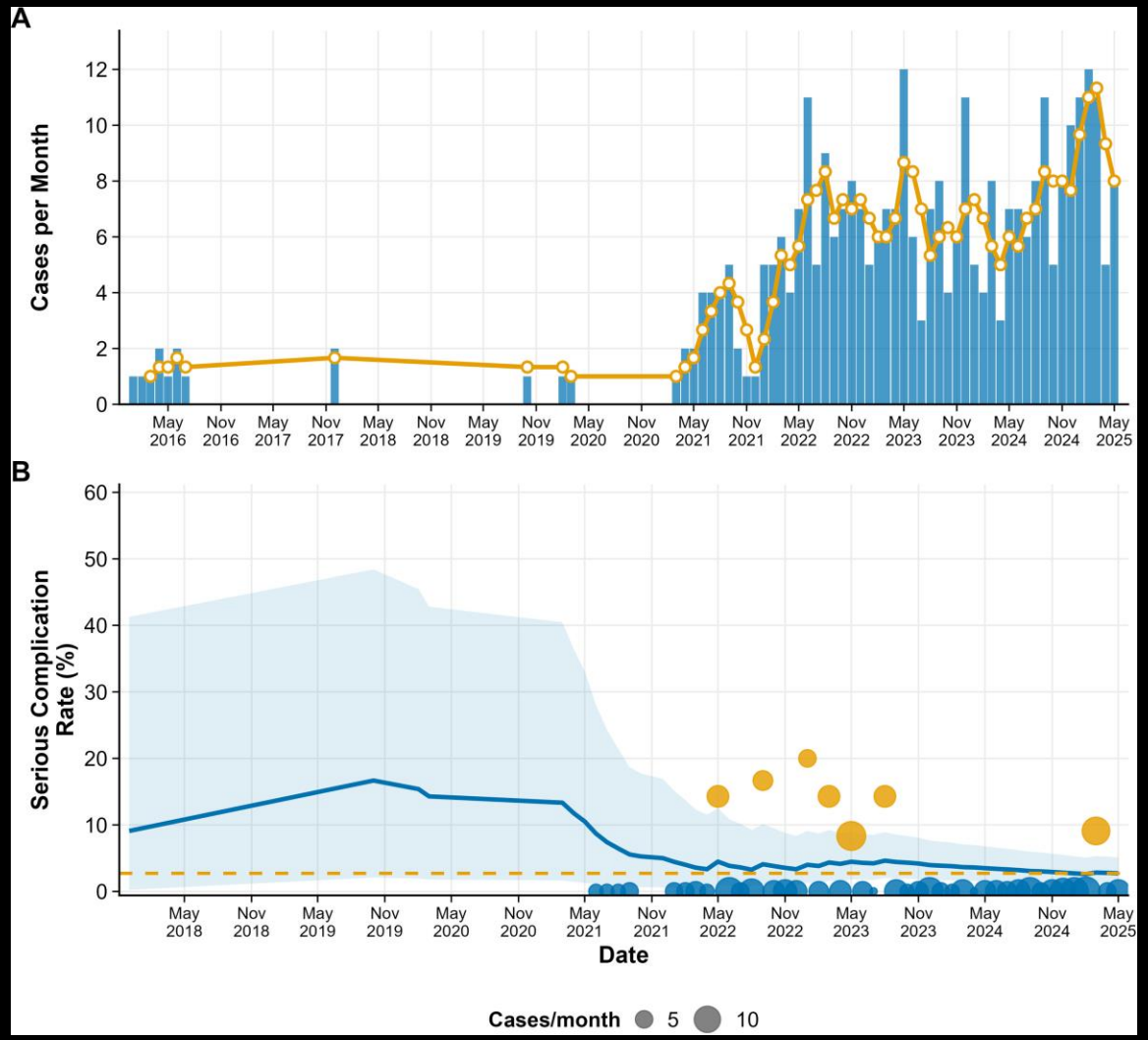
Safety of Single Anastomosis Duodeno-ileal Bypass with Sleeve Gastrectomy Adoption in a Statewide Collaborative Using Performance Monitoring

Oliver A. Varban, MD, Arthur M. Carlin, MD, Hassan Nasser, MD, Michael Kia, DO, Nabeel Obeid, MD, Jonathan F. Finks, MD, Mouhammad Halabi, MD, Matthew Bucala, MPH

Surgery for Obesity and Related Diseases

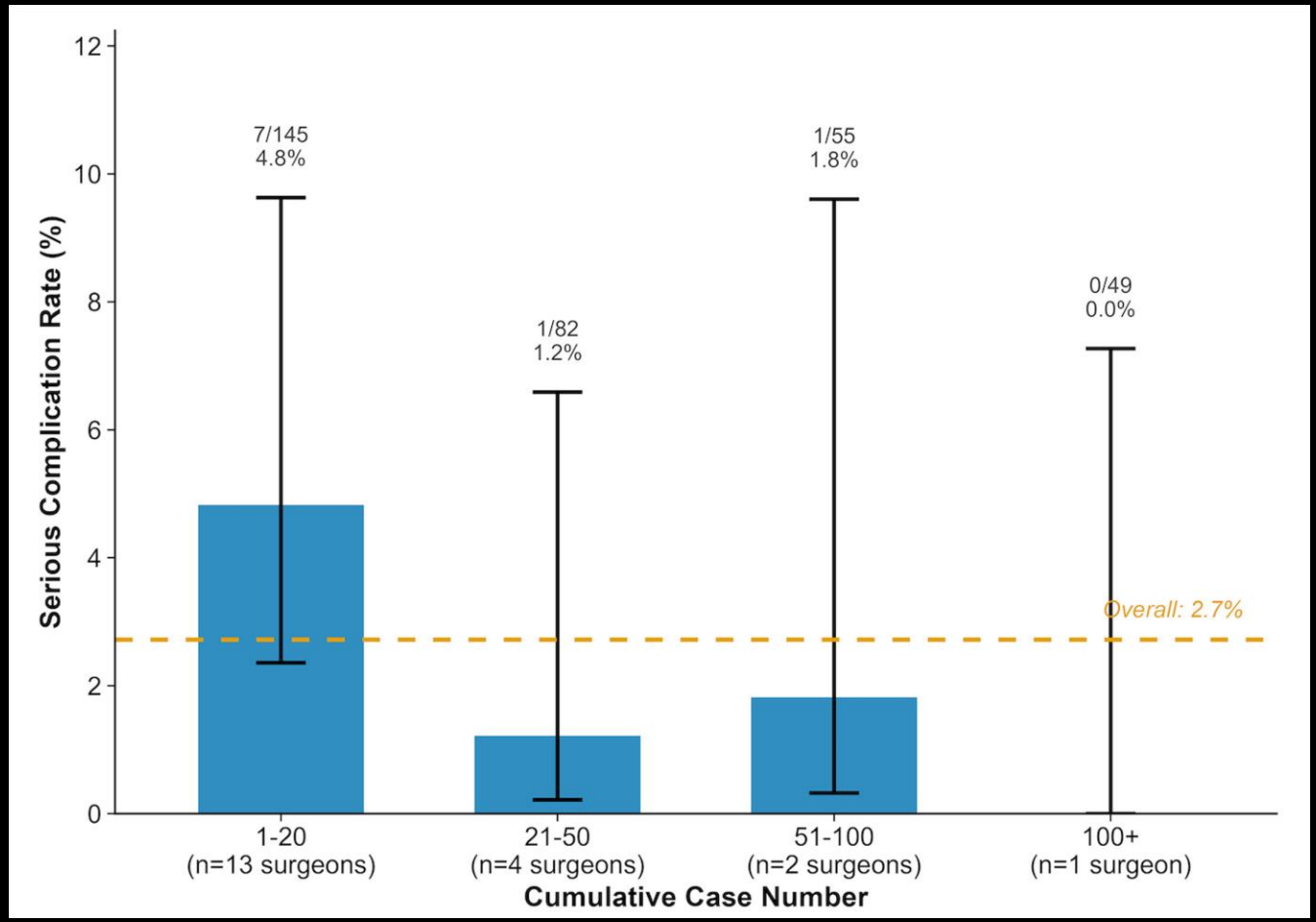
DOI: 10.1016/j.soard.2026.08.009

Figure 1.a

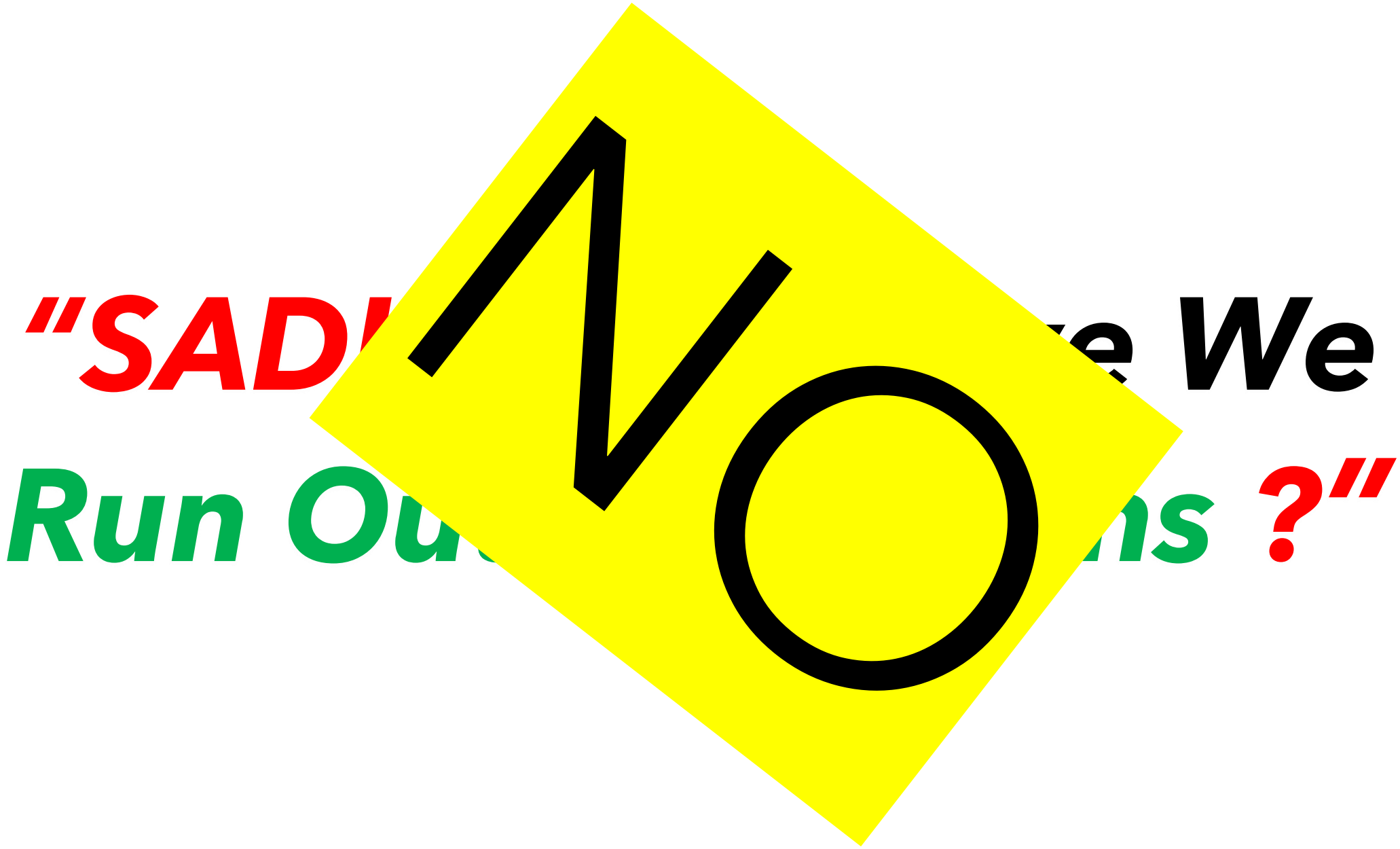


Surgery for Obesity and Related Diseases DOI: (10.1016/j.soard.2026.08.009)

Figure 3



Surgery for Obesity and Related Diseases DOI: (10.1016/j.soard.2026.08.009)


"SAD
e We
Run Ou
ns ?"
NO

XXX IFSO WORLD CONGRESS

"Advancing Multimodal Obesity Care"

24-27 August 2027

ifso2027.org

IFSO PARIS 2027

See you in

PARIS


THANK
YOU
GRACIAS
ARIGATO
SHUKURIA
GOZAIMASHITA
EFCHARISTO
TASHAKKUR ATU
YAQHANYELAY
SUKSAMA
EKHMET
MEHRBANI
GRAZIE
KOMAPSUMNIDA
JUSPAXAR
DANKSCHEEN
BÏYAN
SHUKRIA
TINGKI
BOLZÏN
MERCI
MINMONCHAR
PALDIES
MAAKE
SPASSIBO
SNACHALHUYA
NUHUN
CHALTU
WABEEJA
MAITEKA
YUSPAGARÀTAM
HUI
GUI
HÀTUR
UNALCHÉESH
SPASIBO
DENKAUJA
NENACHALHYA
EKOJU
SIKOMO
MAKETAU
MERSI
ATTO
DHAWYABAAD
AHHA
SANCO
MERASTAWHY
GAEJTHO
LAH
TAVTAPUCH
MEDAWAGSE
AGUYJE
FAKAAUE
BAIKA

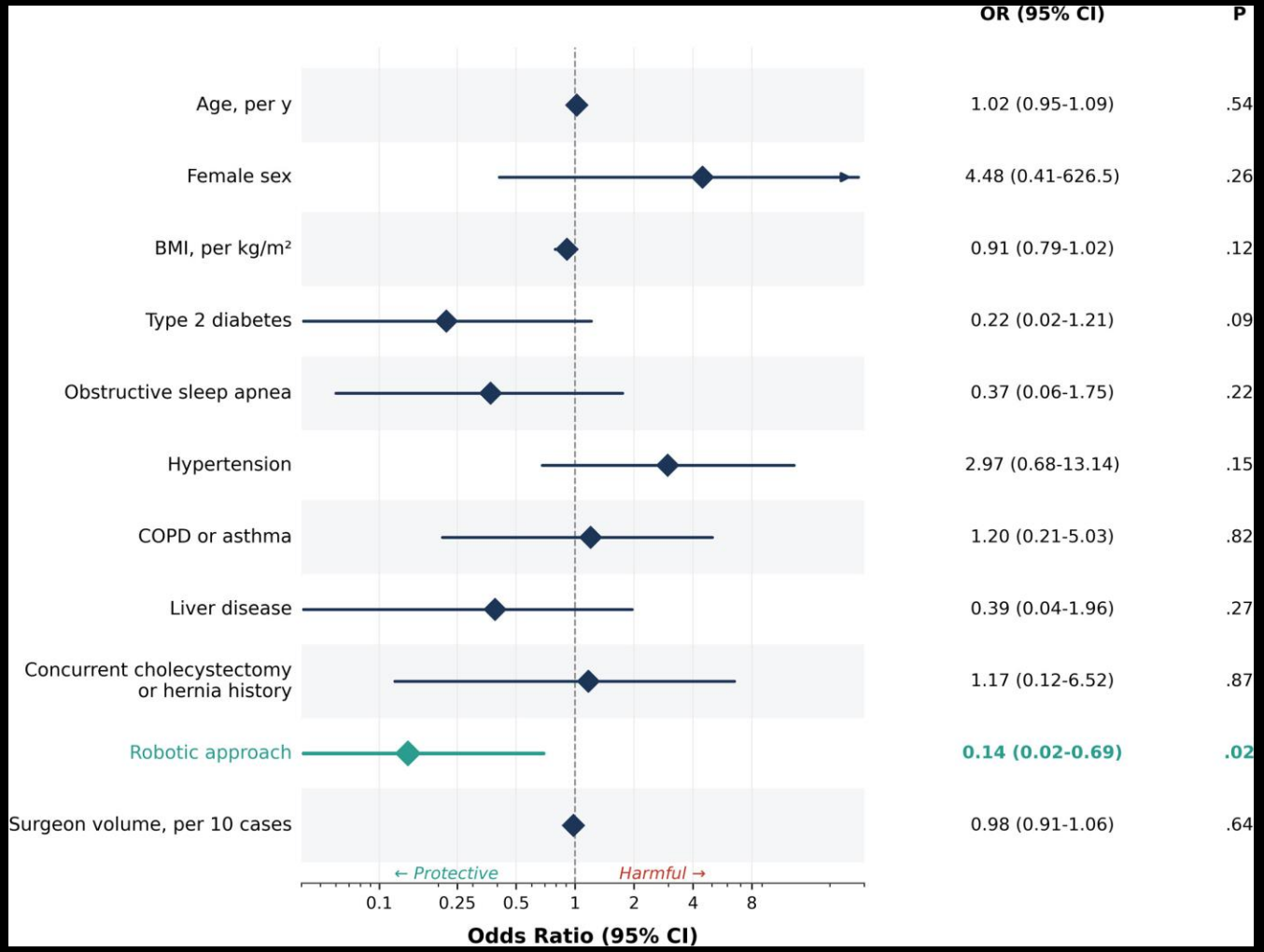
SADI-S vs Duodenal Switch
Technical Issues

- Mayor facilidad técnica
- Disminución tiempo de Cirugía (2 vs1 anastomosis)
- Menor Riesgo de fugas (2 vs1 anastomosis)
- Menos GERD
- Menor probabilidad de hernias internas

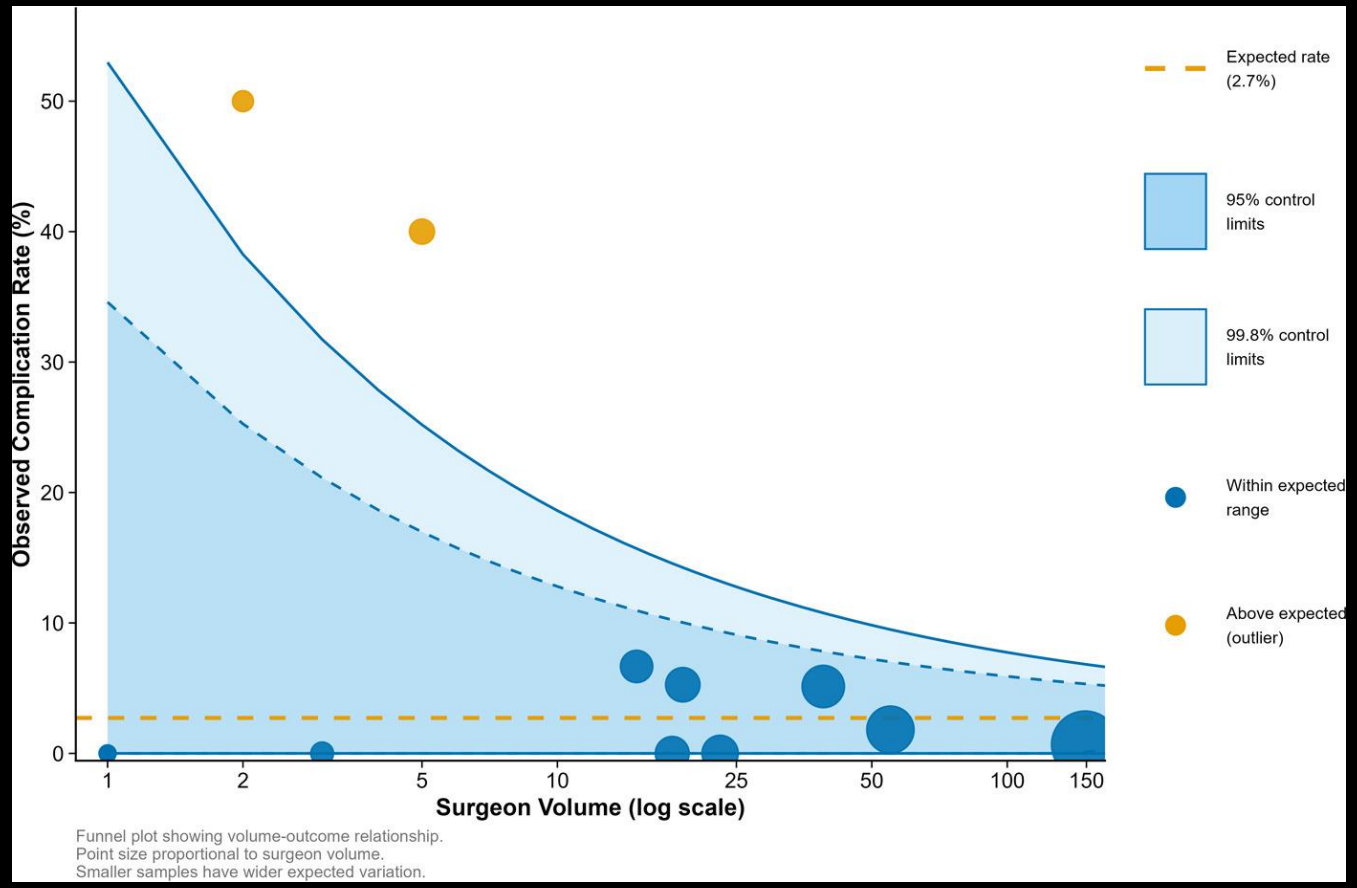
SADIS: Resultados a Largo Plazo

- Procedimiento PRIMARIO
- Cirugía REVISIONAL

Figure 4



Surgery for Obesity and Related Diseases DOI: (10.1016/j.soard.2026.08.009)



Funnel plot showing volume-outcome relationship.
Point size proportional to surgeon volume.
Smaller samples have wider expected variation.

Surgery for Obesity and Related Diseases DOI: (10.1016/j.soard.2026.08.009)