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XXIX IFSO World Congress

1-4 September 2026
Toronto, Canada

GLP-1 Therapy for Weight Plateau After Bariatric Surgery

Restarting Weight Loss with Adjunct Pharmacotherapy

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TORONTO2026 The Future of Obesity Management: From Weight Loss to Health Gain

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MOHAK BARIATRICS ROBOTICS WEIGHT LOSS & DIABETES SURGERY CENTRE

ircad India

Nothing to disclose

Study Design- cohort study

N= 100, Willing to start with Inj. GLP 1(semaglutide)

Follow up: 6 Months Follow up

Post Sleeve (12 months)
N- 100
Age- 38 yr
F:M 58:43
Wt plateau- <2% weight loss over 8-12 weeks

TBWL %
GI Tolerability (Nausea & Vomiting, bloating, constipation, diarrhea)
Appetite control
Dietary adherence

Dropouts 5%

Methodology

Intervention: Semaglutide Dosing Protocol

All participants will follow a standardized titration schedule:

Phase	Weekly Dose	Cohort Count	Status
Weeks 1–4	**0.25 mg**	N = 100	Initiation
Weeks 5–8	**0.50 mg**	N = 97	Escalation
Weeks 9–12	**1.0 mg**	N = 96	Escalation
Weeks 13–16	**1.70 mg**	N = 96	Escalation
Weeks ≥ 17	**2.40 mg**	N = 95	Maintenance

Results:

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Key Clinical Findings (6-Month Outcomes)

Clinical Metric	6 Months Post-GLP-1	
Additional % TWL	**11.2 %**	
Treatment Responders	80%	Onset at 8–10 weeks
Appetite Improvement	76% **report enhanced satiety**	Significant decrease in food noise
Patient Satisfaction	4.5/5.0	High overall acceptability

- The findings suggest that adjunctive semaglutide was associated with renewed weight loss after a post-bariatric weight plateau.
- **Onset of Action:** Weight loss re-activation reliably observed at **8–10 weeks** (dose range 0.5–1.0 mg).

Results:

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%TWL at 6 months

6-Month Outcome	Semaglutide
Mean %TBWL	11.2 %
≥5% TWL achieved	82%
≥10% TWL achieved	24%

Appetite Control

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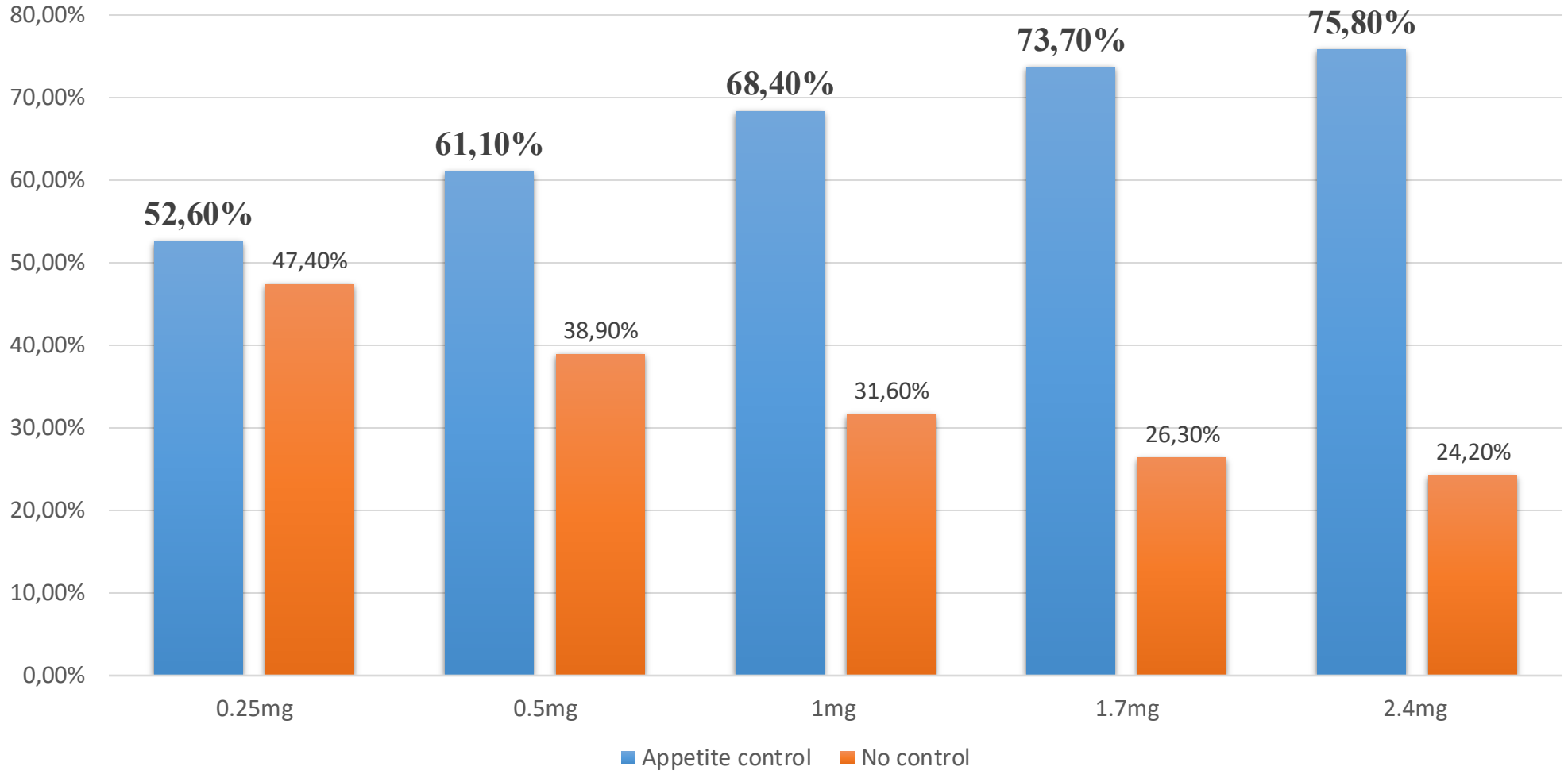

(N=95)

Dietary Adherence

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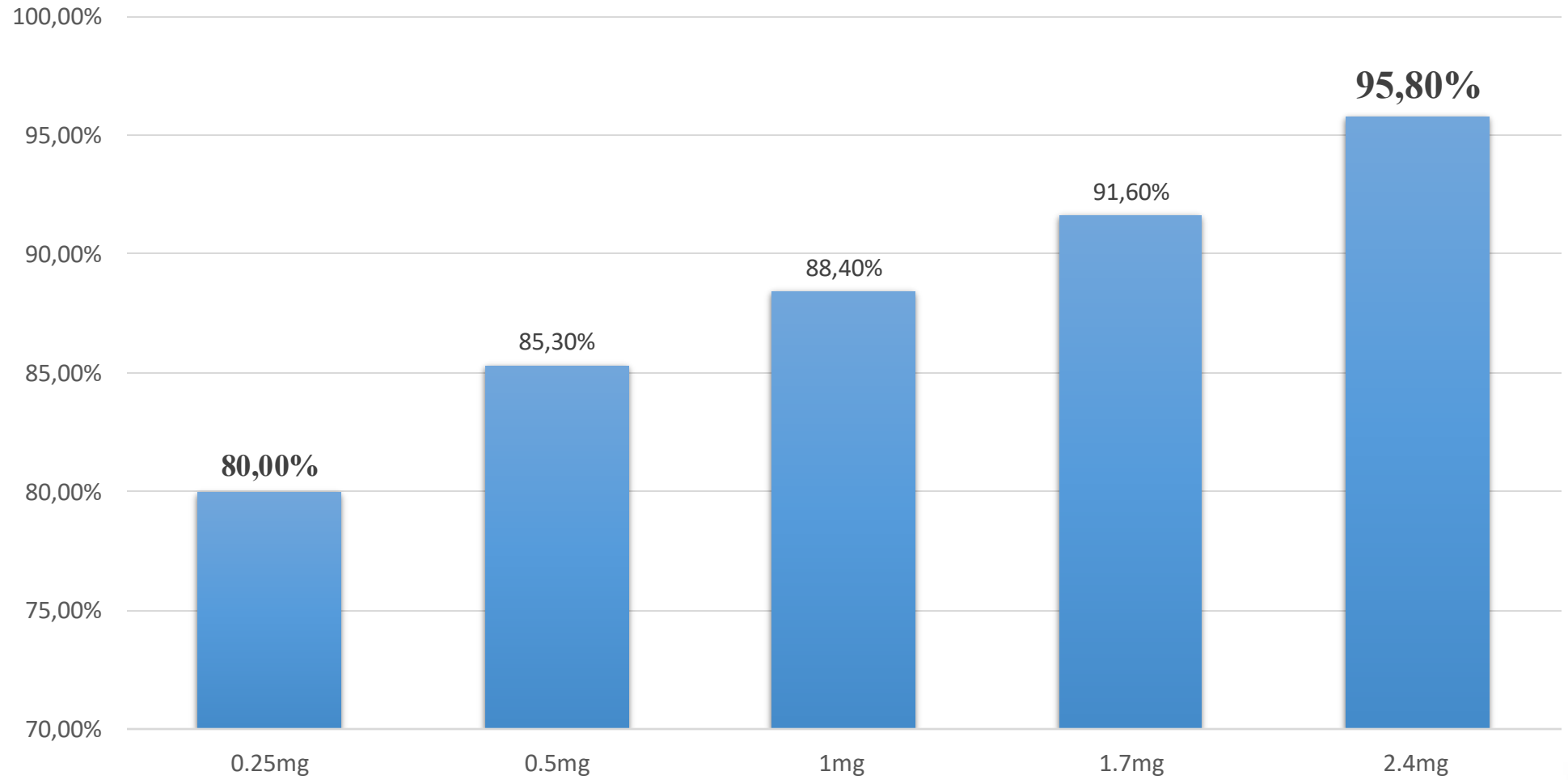

(N=95)

Results:

Clinical Outcomes –

Appetite Control & Dietary Adherence

Metric	Patient Percentage	Clinical Significance
Appetite Control	76%	Marked reduction in hunger signals and cravings
Dietary Adherence	High Improvement	Enhanced compliance with post-bariatric nutritional guidelines

Safety, Tolerability & Safety Profile

Parameter	Incidence Rate	Clinical Notes
Mild Gastrointestinal Symptoms	20%	Nausea/vomiting; transient and manageable
Treatment Discontinuation	5%	Low dropout rate; high overall drug retention

GI symptoms

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GI Symptom	0.25 mg	0.5 mg	1.0 mg	1.7 mg	2.4 mg
Nausea	**2**	**4**	**5**	**4**	**4**
Vomiting	1	2	2	2	1
Bloating	1	2	**3**	**3**	2
Diarrhoea	1	2	2	2	1
Constipation	1	2	**3**	**3**	2
Severe GI	0	0	1	2	**2**

5 (5%) → Severe GI problems
19 (19%) → Mild GI problems
76 (76%) → Good tolerance / occasional irregular GI symptoms

Majority of patients demonstrated good GI tolerability, with nausea being the most frequently reported mild GI symptom during dose escalation.

Clinical Conclusion & Strategy

Restarts Progress: Adding Semaglutide helped patients break through weight plateaus, losing an extra **10%** of their weight over 6 months.

Fixes Appetite: It significantly cuts down hunger and "food noise" (cravings), making it much easier for patients to stick to their dietary guidelines.

Safe & Well-Tolerated: Mild side effects like temporary nausea affected a few patients, but **95% stayed on the medication** without stopping.

The Big Takeaway: Instead of viewing surgery and medication as separate options, combining them is a safe and effective way to manage long-term weight maintenance.

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THANK YOU

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"Advancing Multimodal Obesity Care"

24-27 August 2027

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