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**Impact of Biliopancreatic limb length on
longitudinal weight loss, comorbidity
remission, and body composition after
primary Roux-en-Y gastric bypass**

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



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Disclosure

☒	No, nothing to disclose
☐	Yes, please specify:



Background & Objective

- The optimal biliopancreatic limb (BPL) length in Roux-en-Y gastric bypass (RYGB) remains unresolved.
- Longer BPL configurations have been proposed to enhance metabolic outcomes, but evidence on weight loss and comorbidity remission is inconsistent across studies.
- Objective: To compare longitudinal weight loss, comorbidity remission, and body composition across three BPL configurations (50, 100, and 150 cm) over 24 months after primary RYGB.



Methods

- Retrospective cohort - CHUV, Lausanne (Jan 2017–Apr 2023)
- 214 patients undergoing primary laparoscopic RYGB, classified by BPL length (alimentary limb fixed at 80–100 cm):
 - Group A — BPL 50 cm (n = 143)
 - Group B — BPL 100 cm (n = 48)
 - Group C — BPL 150 cm (n = 23)
- Primary outcome: % total weight loss (TWL) at 24 months; suboptimal weight loss defined as TWL <20%
- Exploratory multivariable logistic regression: BPL group, baseline glycemic status, preoperative BMI, baseline VAT



Results: Weight Loss & Comorbidity Remission

- No significant between-group difference in TWL% or EWL% at any time point (24-month TWL: 31.5% vs 29.9% vs 33.7%; $p=0.281$)

	6 mo	12 mo	18 mo	24 mo
BPL 50 cm	25.9	31.8	32.3	31.5
BPL 100 cm	24.5	31.1	29.7	29.9
BPL 150 cm	24.2	31.0	32.6	33.7

$p = \text{NS}$ at every time point

- Comorbidity remission improved substantially over time in all groups, with no BPL superiority:
 - Hypertension remission (24 mo): 57.0%
 - Diabetes remission (24 mo): 78.5%
 - Dyslipidemia remission (24 mo): 72.1%
 - OSAS remission (24 mo): 71.8%



Body composition: Visceral Fat Reduction

DXA subgroup analysis

Visceral adipose tissue	BPL 50 cm	BPL 100 cm	BPL 150 cm	p-value
Baseline, g	2237 ± 909	2828 ± 1437	3283 ± 1549	<0.001
Reduction at 12 mo, g	1599 ± 667	1873 ± 1026	2128 ± 934	0.019
Reduction at 24 mo, g	1815 ± 694	1895 ± 696	2558 ± 1002	0.053

Longer BPL was associated with significantly greater visceral fat reduction at 12 months - a signal not explained by weight loss alone, since weight loss itself was comparable across groups.

Evaluable patients — Baseline: 102/40/20. 12-month reduction: 90/35/19. 24-month reduction: 30/10/8.



Predictors of Suboptimal Weight Loss at 24 Months

Multivariable logistic regression (N=155; 16 suboptimal-weight-loss events)

Variable	Adjusted OR	95% CI	p value
Diabetes on treatment (vs none)	13.72	2.00-94.20	0.008
Preoperative BMI (per unit)	0.83	0.72-0.96	0.012
BPL 100 cm (vs 50 cm)	0.23	0.04-1.33	0.100
BPL 150 cm (vs 50 cm)	0.13	0.01-1.76	0.126

BPL length was NOT an independent predictor of suboptimal weight loss, baseline diabetes and BMI were.



Conclusions: The Patient Drives Weight Loss, The Limb Drives Metabolism

- No BPL configuration showed consistent superiority in weight loss or comorbidity remission through 24 months.
- Diabetes requiring pharmacological treatment and lower preoperative BMI - not BPL length - independently predicted suboptimal weight loss.
- Longer BPL was associated with significantly greater visceral fat reduction, independent of weight loss - a novel signal worth confirming with longer follow-up.

Results are based on a 24-month timeframe; in the authors' opinion, longer-term outcomes at 5 and 10 years should be investigated.



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