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Evaluating Primary OAGB after 5 years: A Systematic Review

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TORONTO2026

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

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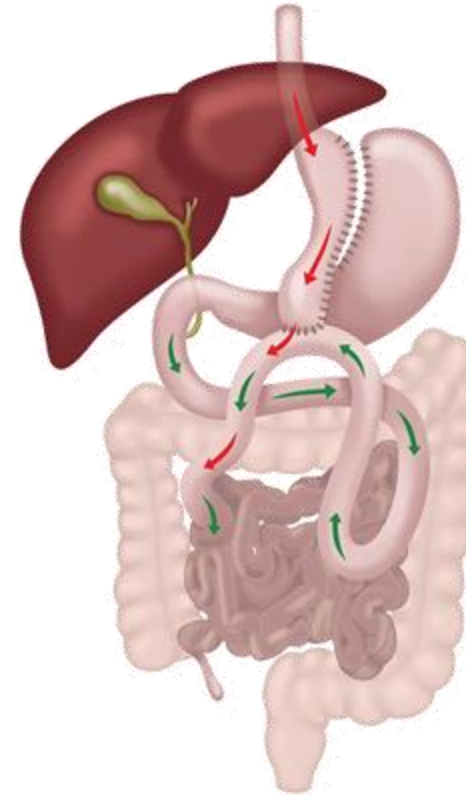
Disclosure Slide

Nothing to disclose



Background and Objective – OAGB

- 2007, Dr Rutledge (USA)
- Simplified variation of the gastric bypass– **single anastomosis**
- 2018 approved by IFSO, 2021 approved by ASMBS
- Efficacy in weight loss, comorbidity resolution and favorable safety profile



Systematic review of the literature on 5-year postoperative outcomes of OAGB as a primary metabolic and bariatric surgery



Material and Methods

Identification	A total of 725 articles were identified after excluding 5 duplicates.
Screening	After the initial screening based on the title and abstract of the manuscripts, we obtained 26 articles that met the inclusion criteria of our review.
Eligibility	Nineteen articles were excluded: 4 articles included patients with a BMI below 35 kg/m²; 1 article included only patients with a BMI above 50 kg/m²; 7 articles included both revisional and primary OAGB without differentiating outcomes; 3 articles presented duplicated data; 3 articles did not provide relevant information at 5 years after OAGB; 1 article included only patients under 18 years of age.
Inclusion	We finally included a total of 7 articles for review initial n = 5,524 n at 5 years = 3,735

PubMed Database

**"Long Term Outcomes"
AND "Mini Gastric Bypass"
OR "MGB" OR "One
Anastomosis Gastric Bypass"
OR "OAGB".**



Results and Conclusion

Table 1
Demographic characteristics of the study sample

Article	Baseline sample	Study design	Mean age (years)	Female n (%)	Mean BMI (kg/m2)	T2DM n (%)	HTN n (%)	DLP n (%)	OSAHS n (%)	Biliopancreatic limb length (cm)	Measured total small bowel length
Alkhalifah et al. 2017 [23]	1731	Observational, retrospective	33.8 (± 10.4)	1212 (70%)	40.4 (± 7.7)	533 (30.8%)	728 (42.1%)	945 (54.6%)	NR	150-250 according to BMI	Yes
Bhandari et al. 2019 [24]	90	Observational, retrospective	44 (± 10.9)	30 (33.3%)	46 (± 6.9)	34 (37.7%)	49 (54.4%)	68 (75.5%)	78 (86.6%)	250	No
Castro et al. 2020 [25]	123	Observational, retrospective	42.4 (± 11)	90 (73.2%)	43.8 (± 9.2)	123 (100%)	81 (65.9%)	76 (61.8%)	NR	250-350 according to total small bowel length	Yes
Jain et al. 2020 [26]	101	Prospective randomized controlled trial	42.89 (± 14.02)	62 (61.4%)	44.32 (± 7.88)	49 (48.52%)	53 (52.48%)	NR	24 (23.76%)	150-180	No
Hatami et al. 2023 [27]	1381	Observational, retrospective	39.34 (± 10.85)	1081 (78.3%)	46.6 (± 6.5)	324 (23.5%)	279 (20%)	558 (40.4%)	167 (12%)	NR	NR
Robert et al. 2024 [28]	127	Prospective randomized controlled trial	43.8 (± 11.3)	85 (75%)	44 (± 6.1)	27 (26%)	21 (18.4%)	11 (9.6%)	35 (30.7%)	200	No
Shahmiri et al. 2024 [29]	1971	Observational, retrospective	40.31 (± 11.21)	1474 (74.8%)	46.68 (± 6.7)	277 (14.1%)	272 (13.8%)	511 (25.9%)	154 (7.8%)	185 (± 15.61)	NR

BMI = body mass index; T2DM2 = type 2 diabetes mellitus; HTN = hypertension; DLP = dyslipidemia; OSAHS = obstructive sleep apnea-hipoapnea syndrome.

Table 2
Five-year outcomes of the studies

Article	5-yr Sample	Loss to follow up (%)	BMI at 5 yr, kg/m ² (SD)	TWL at 5 yr % (SD)	EWL at 5 yr % (SD)	5-yr remission T2DM %	5-yr remission HTN %	5-yr remission DLP %	5-yr remission OSAHS %
Alkhalifah et al. 2017 [23]	519	70%	26.9	32.2%	NR	91.5%	48.4%	85.5%	NR
Bhandari et al. 2019 [24]	57	36.7%	NC	34.72% (7.03)	78.08% (8.62)	79.16%	56.25%	56.14%	94.54%
Castro et al. 2020 [25]	123	0%	25.9 (5.9)	NR	NR	80.3%	72.6%	100%	NR
Jain et al. 2020 [26]	73	27.7%	30.8 (3.4)	37.35% (16.49)	65.28% (13.98)	85%	70.27%	NR	75%
Hatami et al. 2023 [27]	1381	34%	NR	34.64% (8.37)	77.6% (16.95)	NR	NR	NR	NR
Robert et al. 2024 [28]	87	37%	NR	31.3% (11.2)	67.9% (24.7)	58%	48%	45%	97%
Shahmiri et al. 2024 [29]	1495	24.2%	31.46 (5.48)	31.97% (9.5)	71.66% (21.76)	70.3%	52.35%	72.73%	79.78%

BMI = body mass index; TWL = total weight loss; EWL = excess weight loss; T2DM2 = type 2 diabetes mellitus; HTN = hypertension; DLP = dyslipidemia; OSAHS = obstructive sleep apnea-hipoapnea syndrome.

OAGB shows promising 5-year outcomes, but current evidence is limited and heterogeneous, preventing firm conclusions and highlighting the need for higher-quality studies



Thanks you!

Any questions?

