



XXIX IFSO World Congress

1-4 September 2026 | Toronto, Canada

Rapid Fire Session Presentation

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TORONTO2026

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

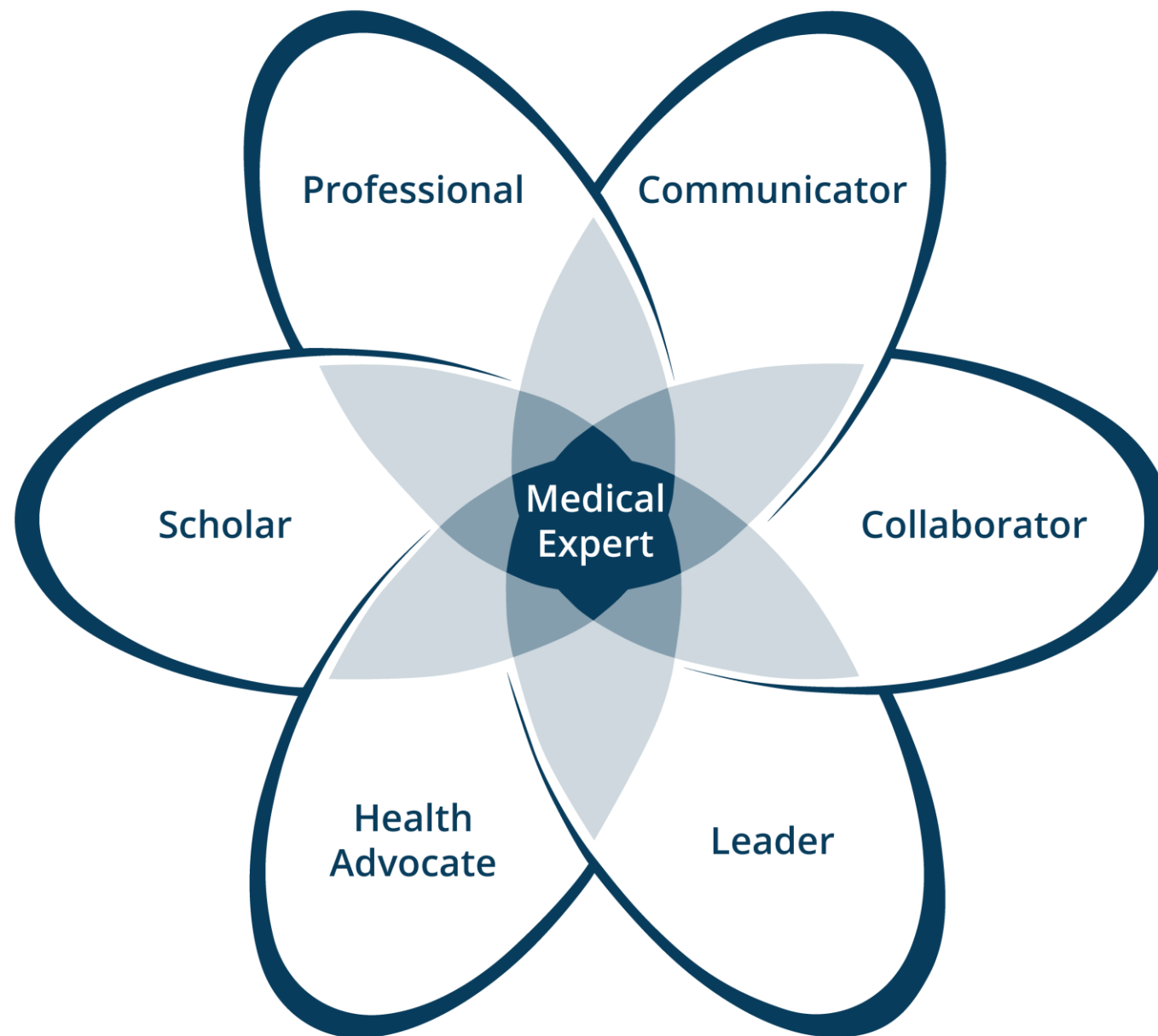


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Disclosure

Nothing to disclose

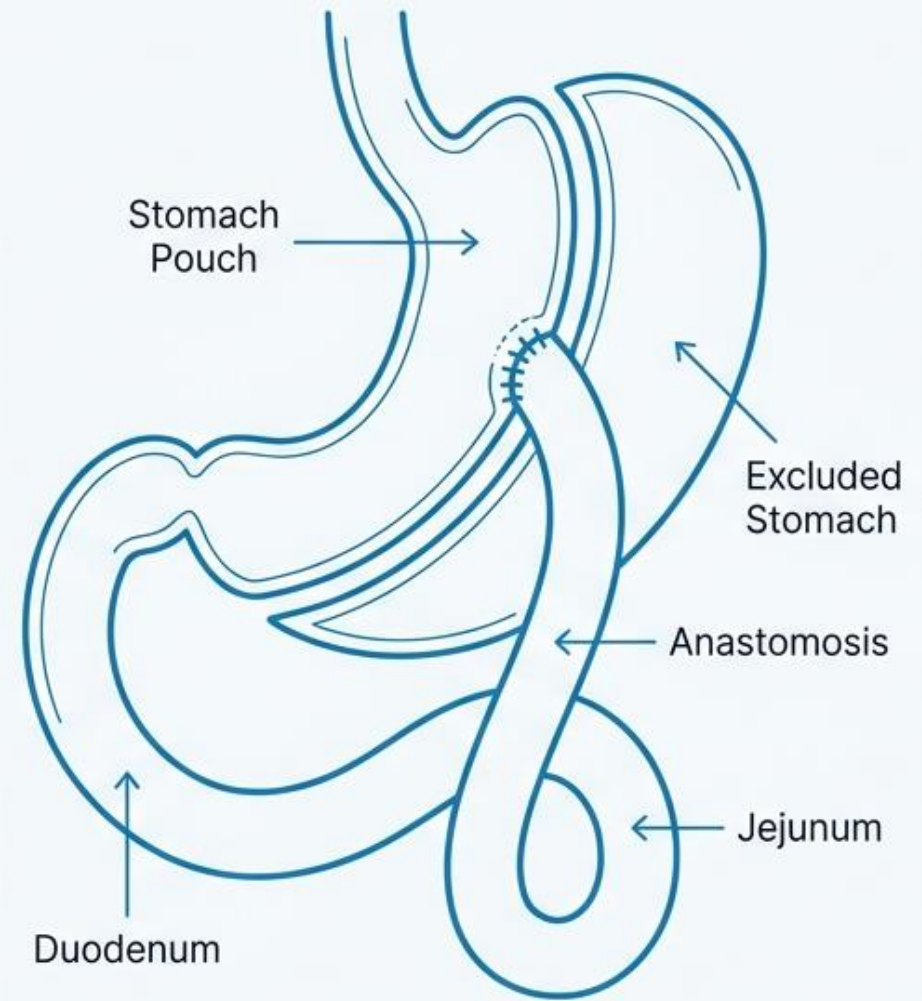




60-Month Outcomes: SASJ vs. Standard Bariatric Interventions

A comparative longitudinal study of Single-Anastomosis Sleeve-Jejunal bypass, RYGB, OAGB, and Sleeve Gastrectomy.

Presented at IFSO 2026 | Isfahan University Study



Beyond the Gold Standards: The Rise of Bi-Partition



While SG, RYGB, and OAGB remain foundational, **bi-partition techniques** are evolving to address **complex metabolic** cases. This study evaluates the **5-year efficacy** of **SASJ** to define its precise clinical role.

60-Month Study Architecture and Patient Cohorts

127 Patients Followed Over 60 Months at Isfahan University

Inclusion Criteria:

- ☑ BMI > 40
- ☑ BMI > 35 with established comorbidities

Classic RYGB

n = 44

SASJ

n = 29

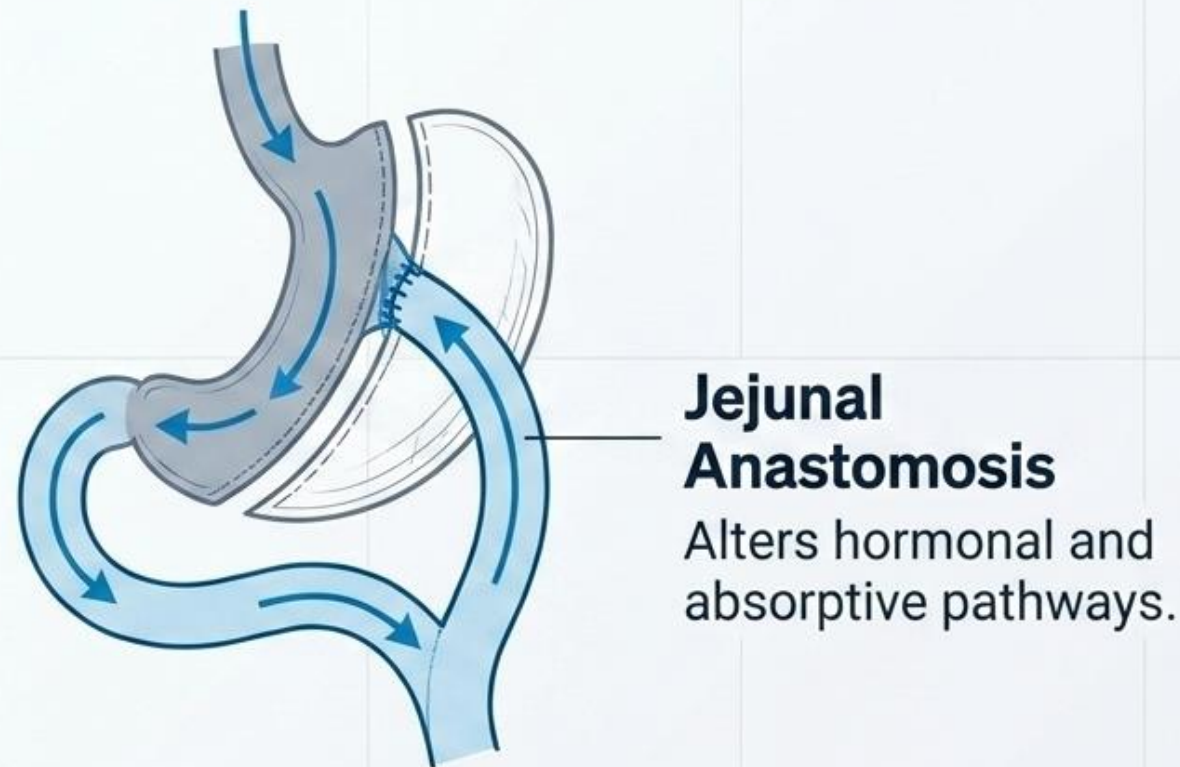
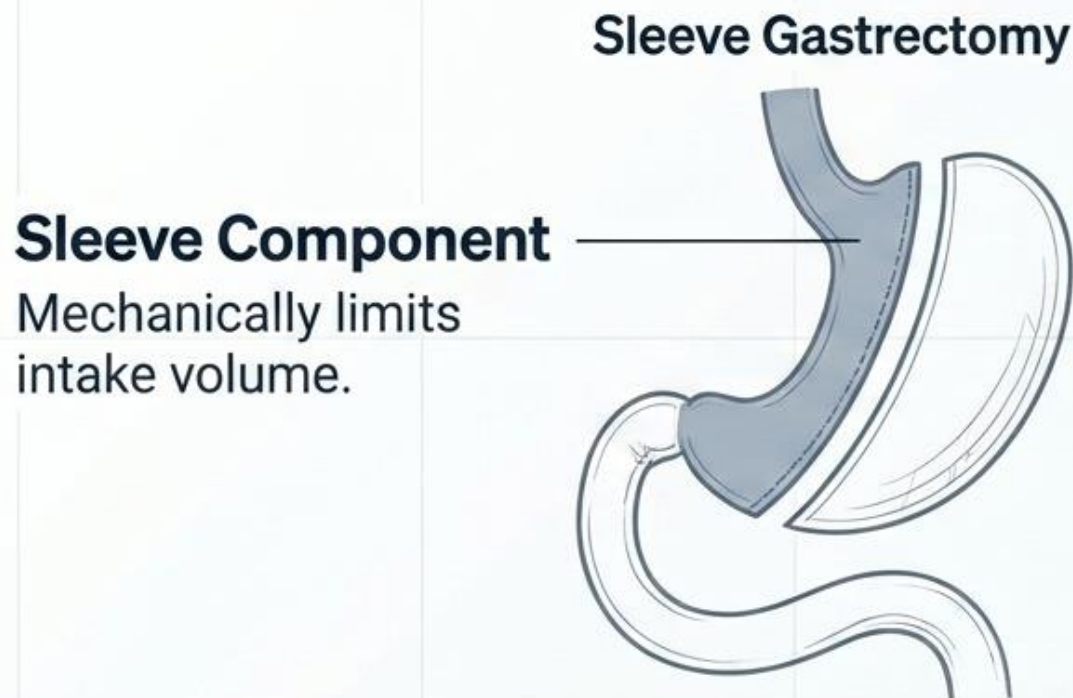
Sleeve
Gastrectomy

n = 28

OAGB

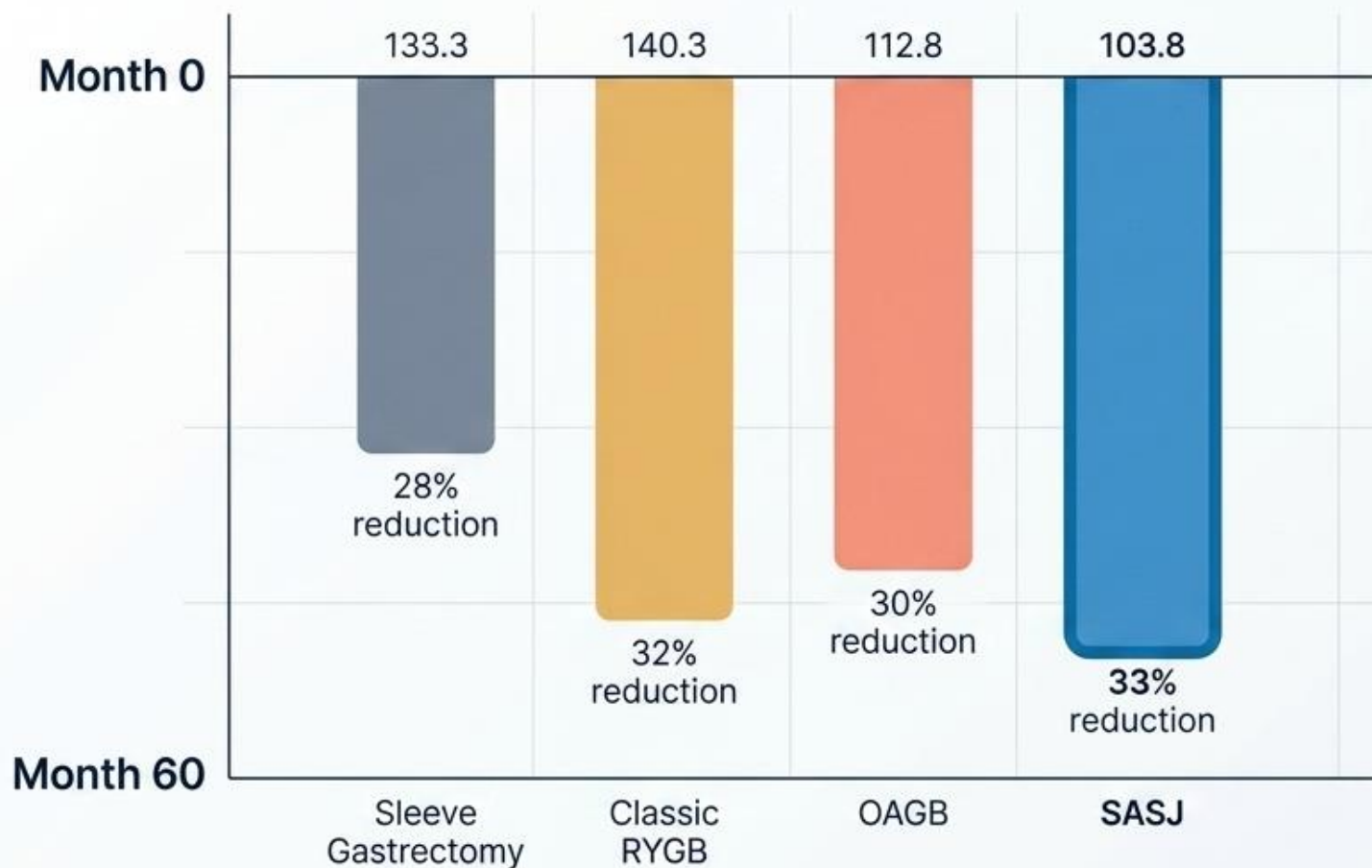
n = 26

The SASJ Advantage: Dual-Action Efficacy



A synergistic approach designed for both weight reduction and severe metabolic intervention.

Weight Reduction: SASJ Meets or Exceeds Standards



p < 0.05
across all
cohorts

SASJ achieved weight loss matching or surpassing standard procedures, proving its mechanical efficacy over a 5-year longitudinal period.

High-Efficacy Metabolic Intervention



Type 2 Diabetes
Remission at 60 months



Hyperlipidemia Remission
at 60 months

The defining strength of the SASJ procedure lies in its profound metabolic impact, outperforming pure restriction.

Unresolved Dynamics: Remission vs. De-Novo GERD



While metabolic data is definitive, the impact of SASJ on Gastroesophageal Reflux Disease (GERD) remains a distinct clinical entity requiring clarification.

GERD profile must be a primary consideration in patient selection until more robust data emerges.

60-Month Comparative Therapeutic Profile

	Weight Loss Efficacy	Metabolic Remission	GERD Risk Profile	Mechanism
SASJ	✓ Matches / Exceeds Standards	✓ Exceptional: 75-78%	⊙ Requires Clarification	 Restrictive + Metabolic
Classic RYGB	Standard	✓ High	✓ Low / ↓ Resolves	 Restrictive + Malabsorptive
OAGB	✓ High	✓ High	 Bile Reflux Risk	 Restrictive + Malabsorptive
Sleeve Gastrectomy	Standard	Moderate	 De-novo GERD Risk	 Purely Restrictive

Strategic Application, Not Universal Replacement



1	Careful Patient Selection Optimally deployed when RYGB or OAGB may not be ideal for the specific patient anatomy.
2	Targeted Efficacy Highly promising bi-partition procedure with exceptional metabolic benefits.
3	The Next Clinical Hurdle Single-center results mandate multi-center trials to solidify the long-term algorithmic role.

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"Advancing Multimodal Obesity Care"

24-27 August 2027

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