

Managing the New Complex Patient

Extreme Obesity Center



METAMOR™
a metabolic institute

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Disclosures- Philip Schauer MD

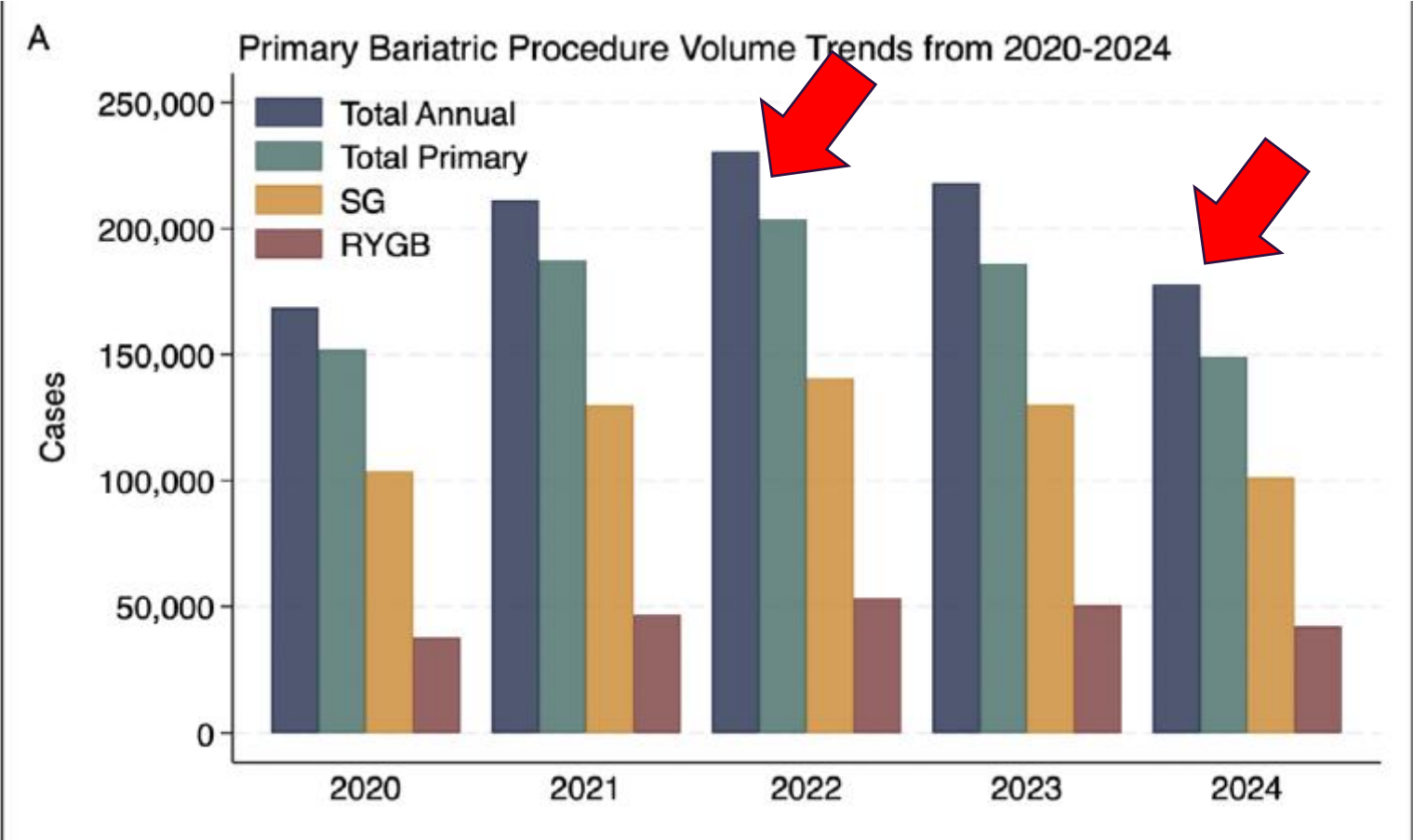
Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties /Patent	Stock/ Options	Ownership/ Equity	Employee	Other
Ethicon	x		x					
Medtronic			x					
Lilly	x		x					
Regeneron		x						
SE Healthcare LLC		x				x		
Mediflix		x				x		
MHI LTC		x				x		



Declining Bariatric Surgery Volumes and Shifting Practice Patterns: A Five-Year Analysis of Over One Million Procedures

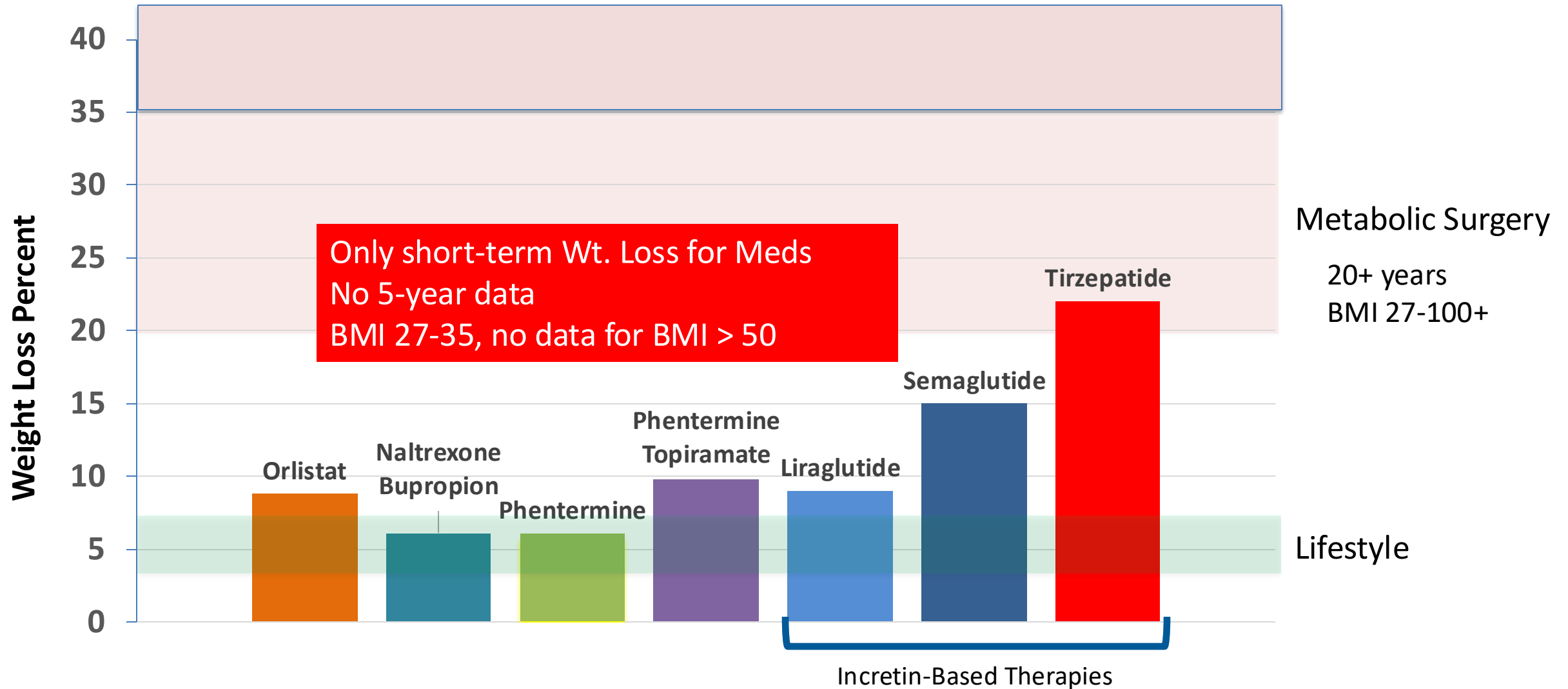
MBSAQIP

Mélissa V. Wills¹ · Xinlei Zhu¹ · Doua Elamin¹ · Ricard Corcelles¹ · Matthew Kroh¹ · Jerry Dang¹ · Andrew Strong¹ · Salvador Navarrete¹ · Valentin Mocanu¹ Obesity Surgery
July 2026



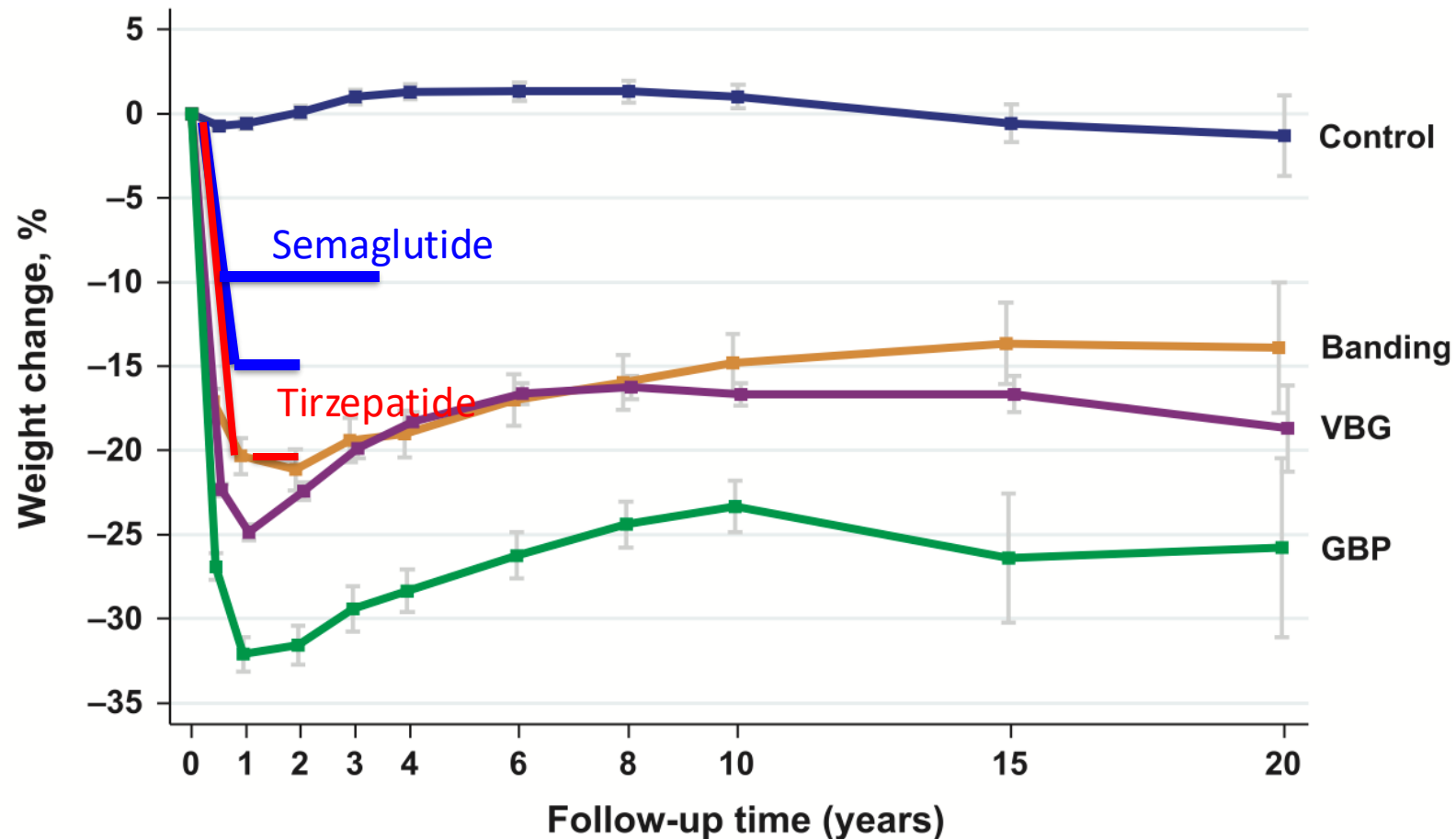
23% Drop
in MBS

Effectiveness of Anti-obesity Medications vs. Lifestyle and Bariatric Surgery for Treating Obesity



Weight Loss After Metabolic Surgery Is Sustained for at Least 20 years-Superior to all other Treatments

Swedish Obese Subjects Study

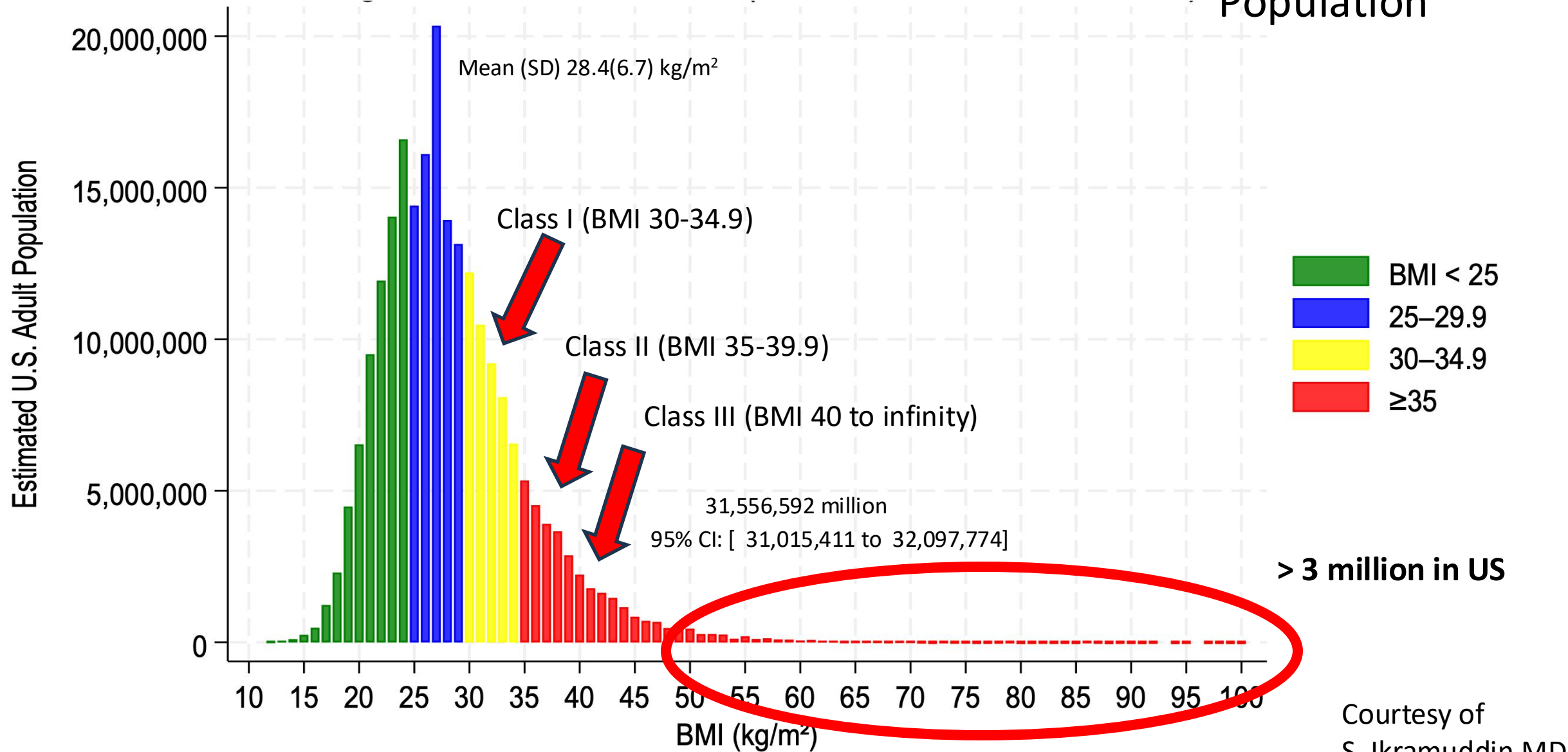


Improvement/Remission

- HTN
- Dyslipidemia
- T2D
- OSA
- NAFLD
- CVD
- Mortality
- Reduced Cancer
- Others

Long-term wt. loss
hard to achieve!

BMI Distribution in US Adults(2023) 340 Million Population



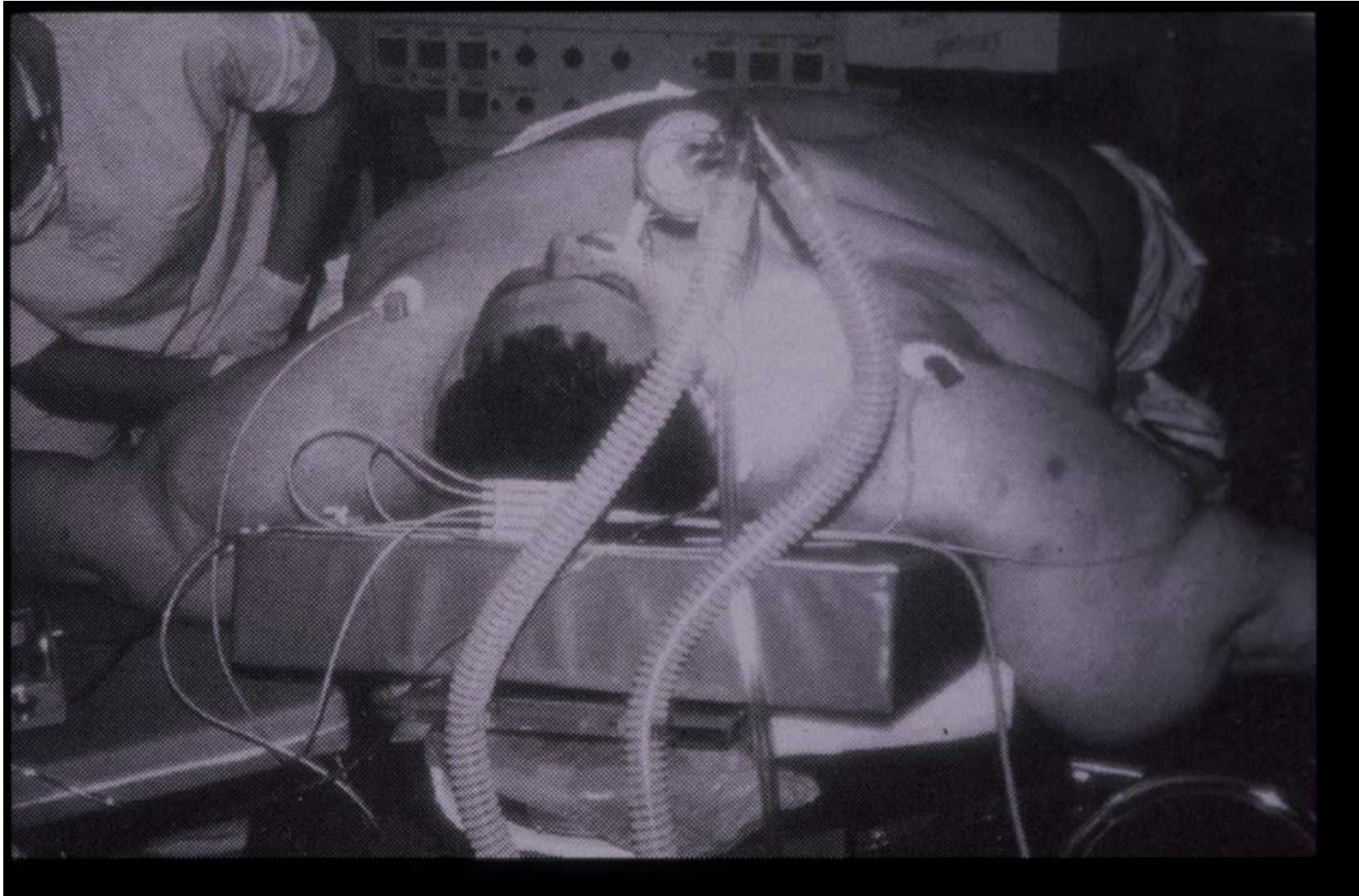
Data were obtained from the 2023 Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC).

Courtesy of
S. Ikramuddin MD

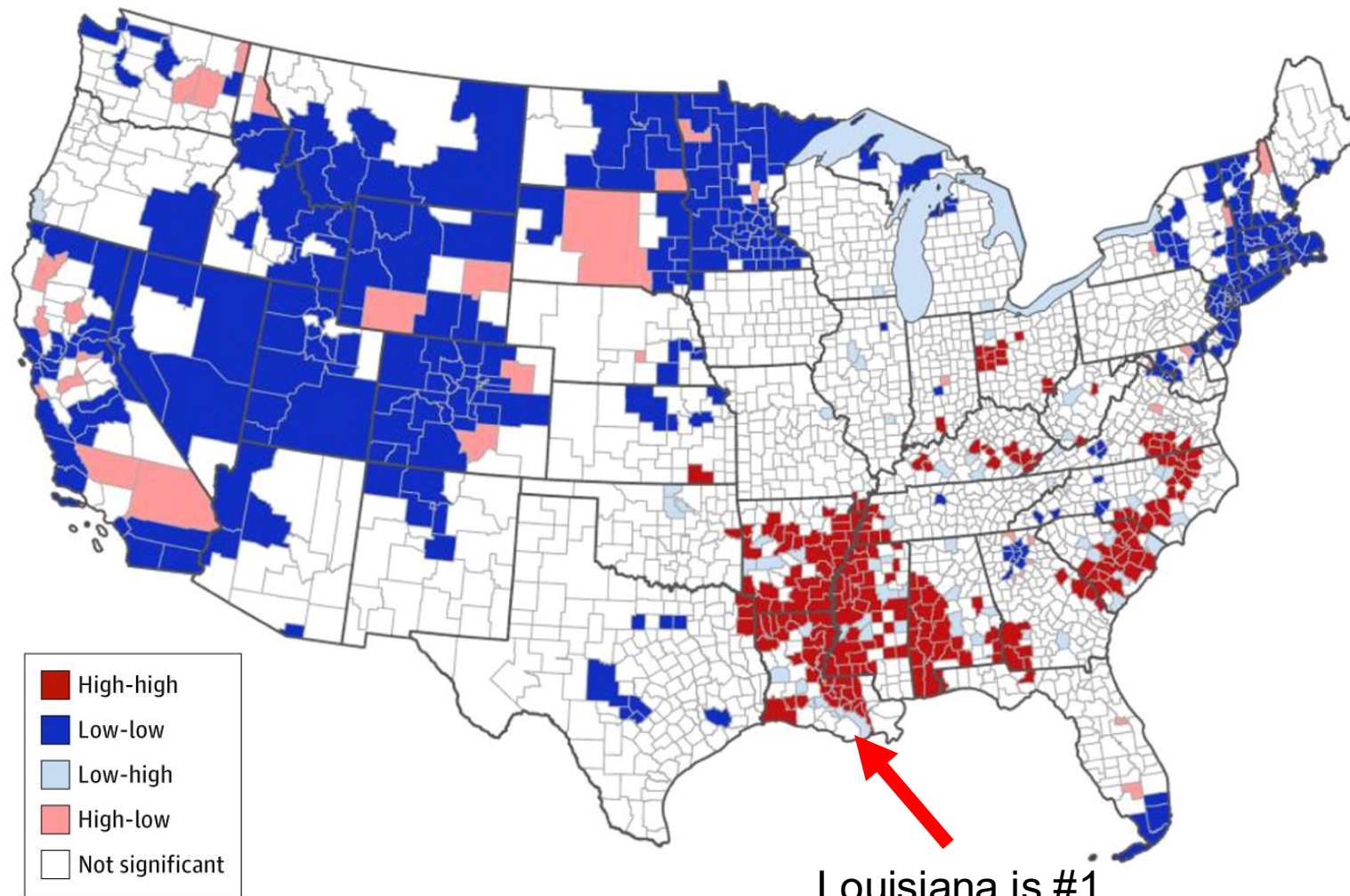
Effect of OMM's on Weight Loss According to BMI

- BMI 40 15% TBWL =34
- BMI 45 15% TBWL= 38
- BMI 50 15% TBWL =43
- BMI 55 15% TBWL =47
- BMI 60 15% TBWL =51

Extreme Obesity BMI > 60

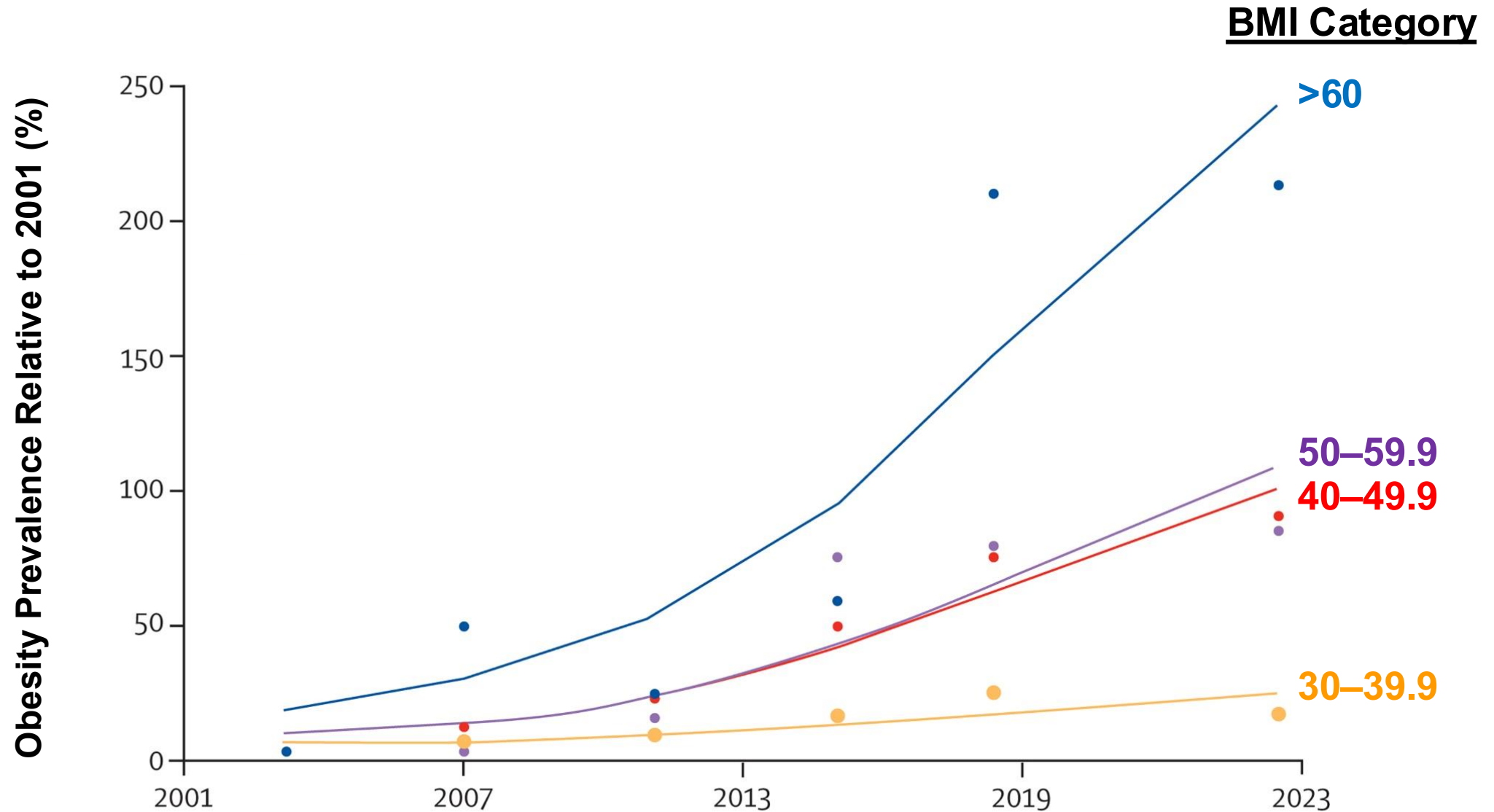


A Extreme obesity



Louisiana is #1
6.1% Extreme Obesity

~250% Increase of Extreme Obesity Prevalance in 20 Years

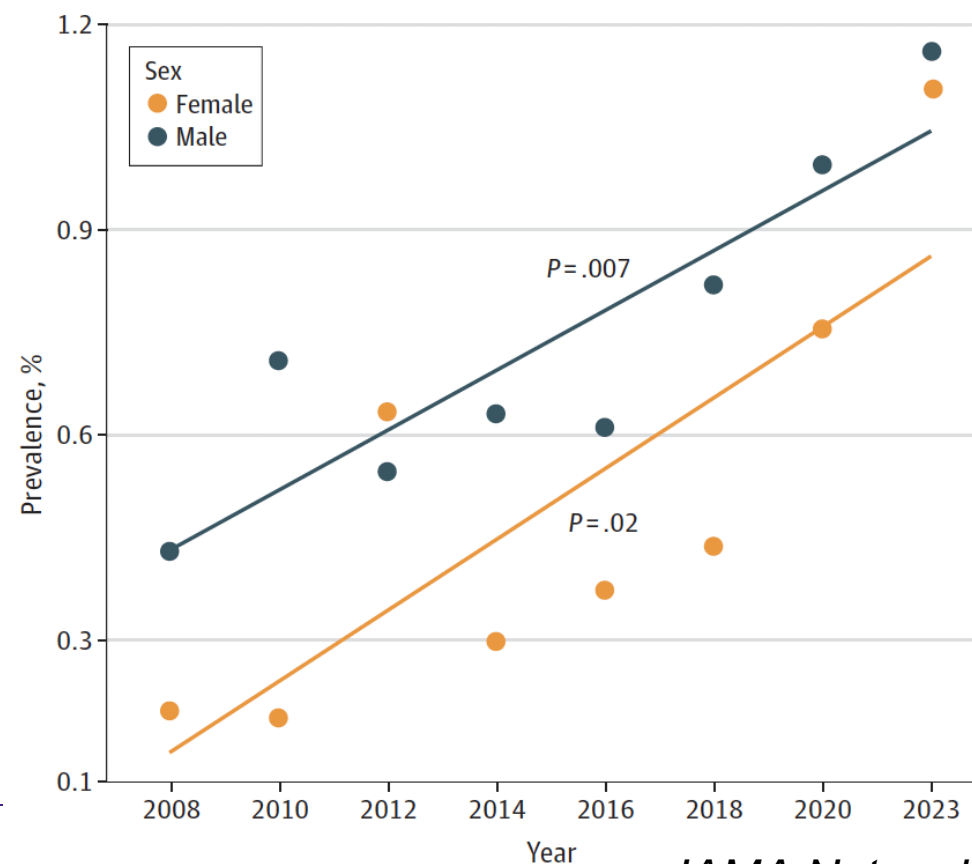


Original Investigation | Nutrition, Obesity, and Exercise

Prevalence of Extremely Severe Obesity and Metabolic Dysfunction Among US Children and Adolescents

Eliane Münte; Xinlian Zhang, PhD; Amit Khurana, PhD; Phillipp Hartmann, MD, MAS

B | Obesity class 4-5 by sex



250% Growth
In Childhood Extreme
Obesity !!

Extreme Obesity — The Silent Epidemic Within the Obesity Epidemic That No One Is Talking About- Phil Schauer

Free Weekly Briefing

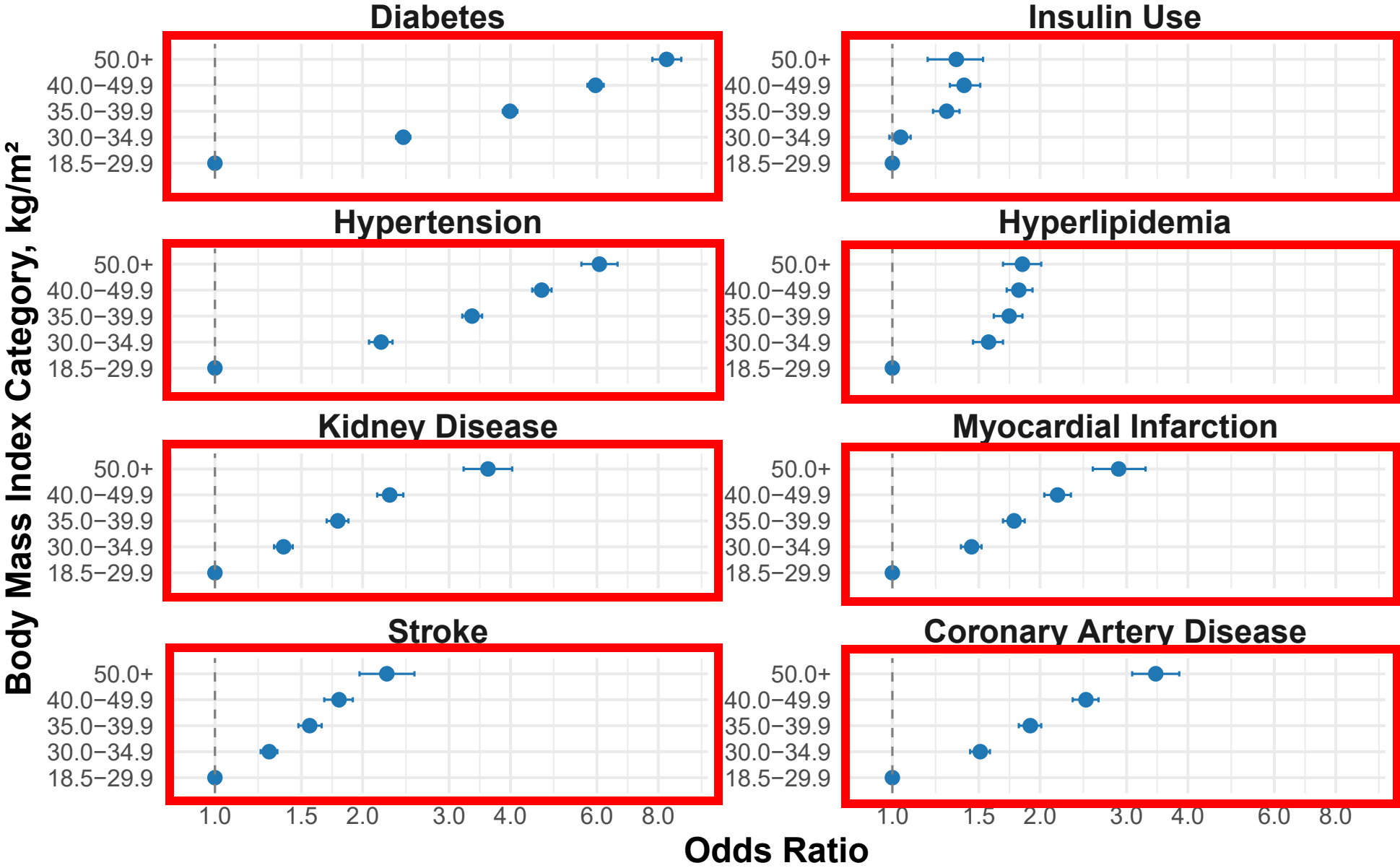
MBS Digest

Closing the gaps in knowledge.

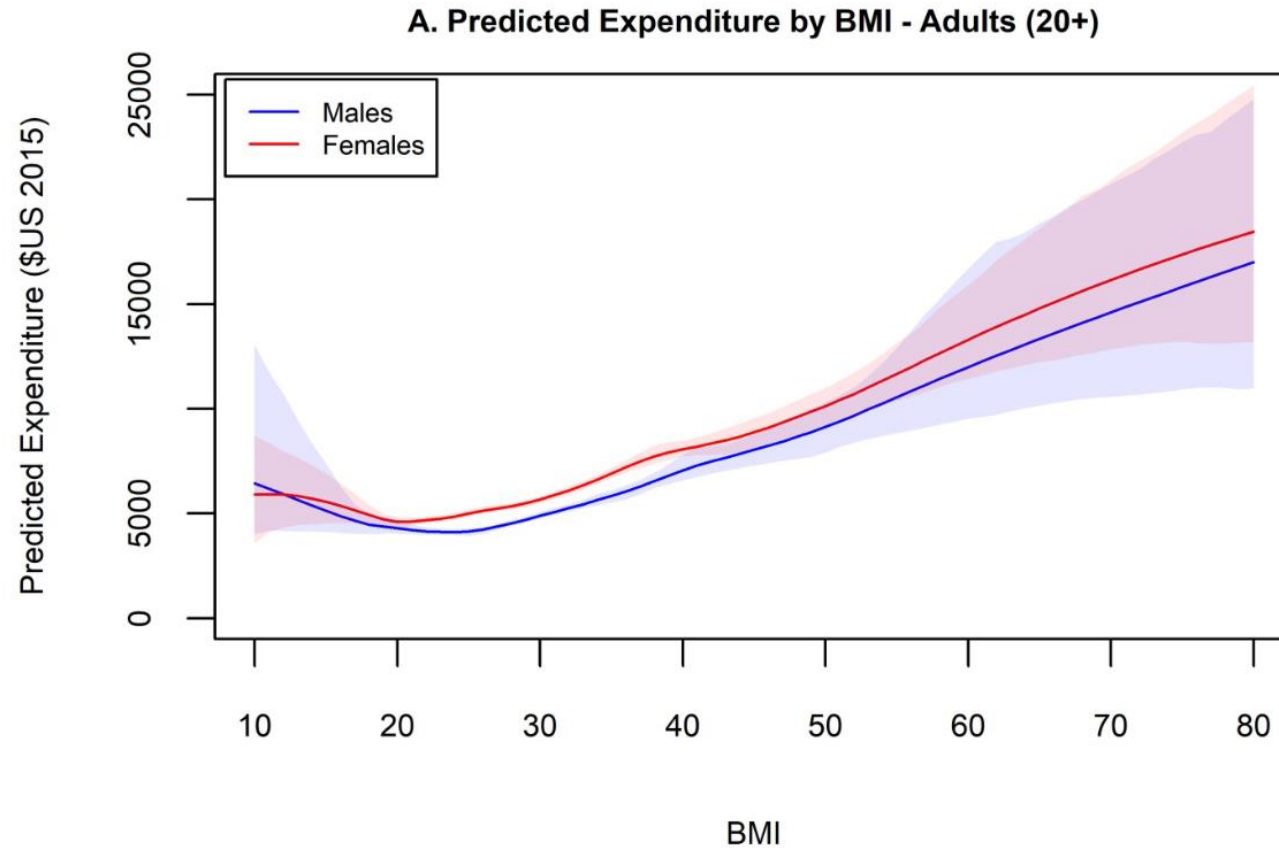
Research, pharmacotherapy, policy, and market intelligence for bariatric surgeons and obesity-medicine specialists — one focused read a week.

MBS-Digest.com

Increasing BMI Drives Cardiometabolic Disease (BFRSS)



Economic Burdens of Obesity and Extreme Obesity



Treatment of Extreme Obesity

This is Where Surgery can Dominate

Medications for BMI > 60

Ask AI.....

“Putting out a house fire with a squirt gun”

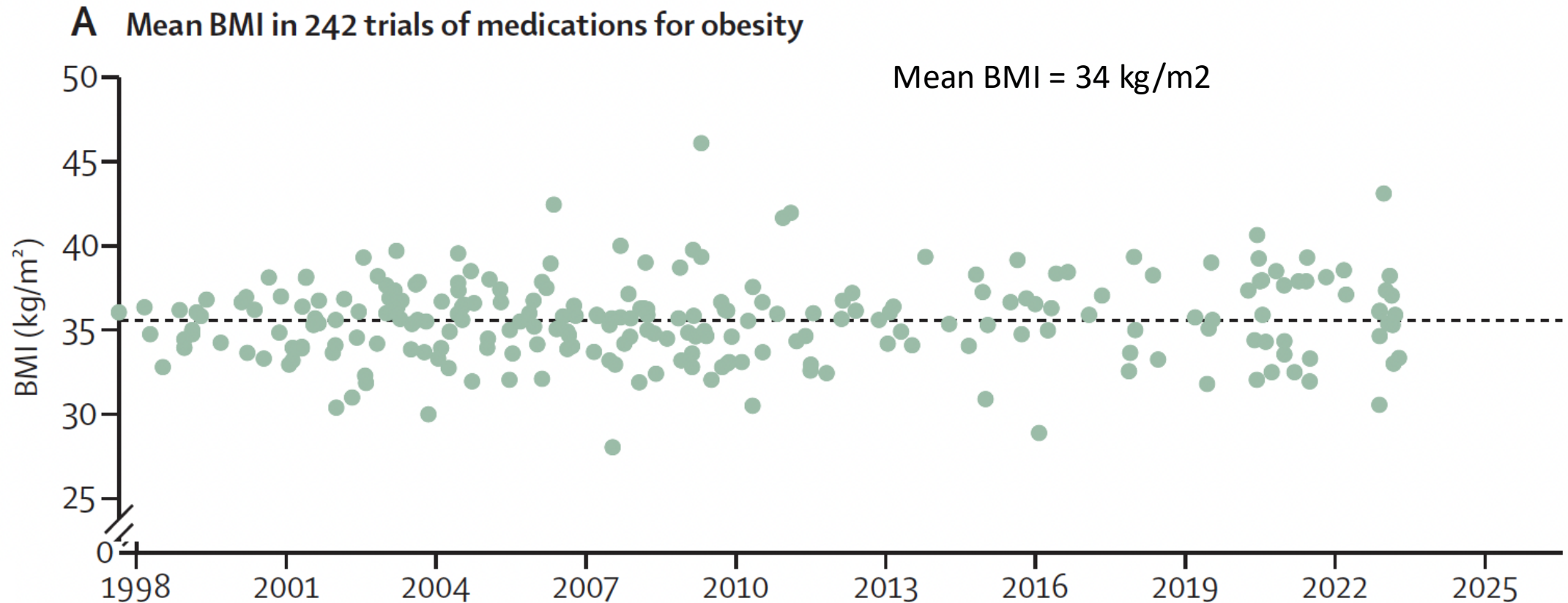
“Bringing a knife to a gun fight”

“Bringing a tooth pic to a knife fight”

“Throwing ice cubes at a volcano”

“Trying to stop a Tsunami with a beach umbrella”

Obesity Medication Trials – Only for Low BMI Patients

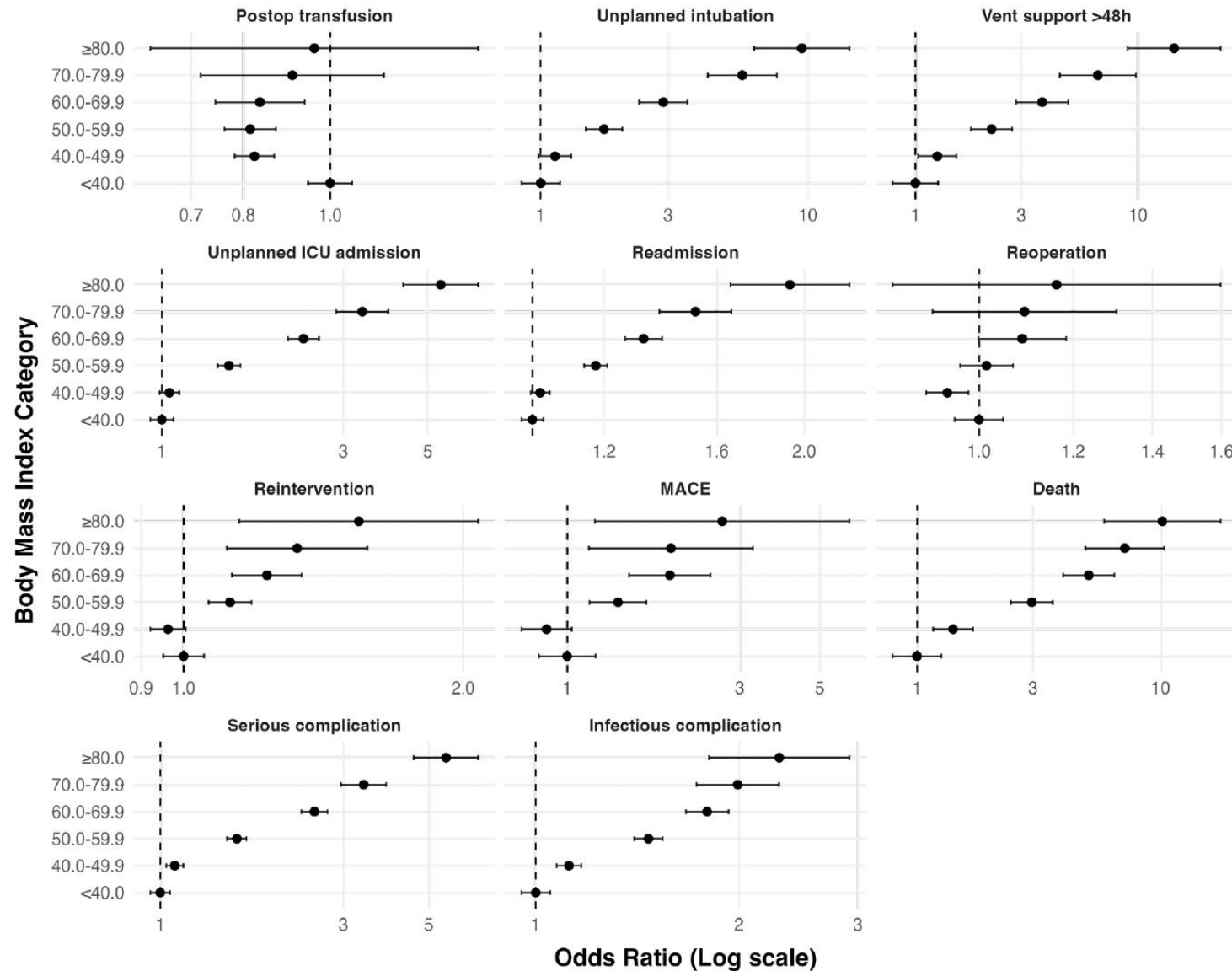


Surgical Literature on BMI > 60

Authors	Publication Year	Patients	Procedures	Outcomes in BMI ≥70
Kachmar & Schauer	2024	84	RYGB, SG, SADI	30-day mortality: 0%, complications 0.7%, weight loss 27%
Mitsakos & Altieri	2022	6,793	RYGB, SG	30-day mortality: 0.46% Increased mortality in RYGB vs SG (RR 2.11, 95%CI 1.04-4.27)
Kamocka & Khan	2021	230	RYGB, SG, AGB	TBWL: RYGB-35%, SG-31%, AGB 16% Comorbidity remission: T2D- 67-68%, dyslipidemia 58-67%, OSA 51-52% Complication rate: 7%, 30-day mortality: 1%
Romero-Velez & Camacho	2020	2,322	RYGB, SG	30-day mortality: 0.4% Major complications: 1.4-1.7%
Moulla & Dietrich	2018	10	RYGB, SG	One staple line leak, no mortality
Eldar & Schauer	2011	49	RYGB, SG	EWL: 2-stage SG & bypass- 54.5%, RYGB- 43.8%, SG- 25.4% Early complications: 16.4%, Late complications: 14.8% Mortality: 2%
Roland & Mikami	2011	89	RYGB	EWL: 48-60% Mortality: 1.1%
Spyropoulos & Kalfarentzos	2008	31	BPD	EWL: 79.9% Early complications: 8.82%, Late complications: 41.1% Mortality: 8.82%
Raftopoulos & Courcoulas	2005	825	RYGB	EWL: 54.6% at 1 year, 66.5% at 3 years Mortality: 2.5%

Morbidity and Mortality Increase with Increasing BMI

MBSAQIP n=1,262,454 (2015-2023)



	BMI < 40	BMI >60
Morbidity	0.7%	2.6%
Mortality	0.05%	0.35%

P<0.001

Treatment of Extreme Obesity

- **Extensive Pre-Habilitation**

- Medical wt. Loss – diet + OMM's
- Exercise/conditioning
- Comorbidity optimization

Comprehensive, Multidisciplinary
Obesity Treatment Program

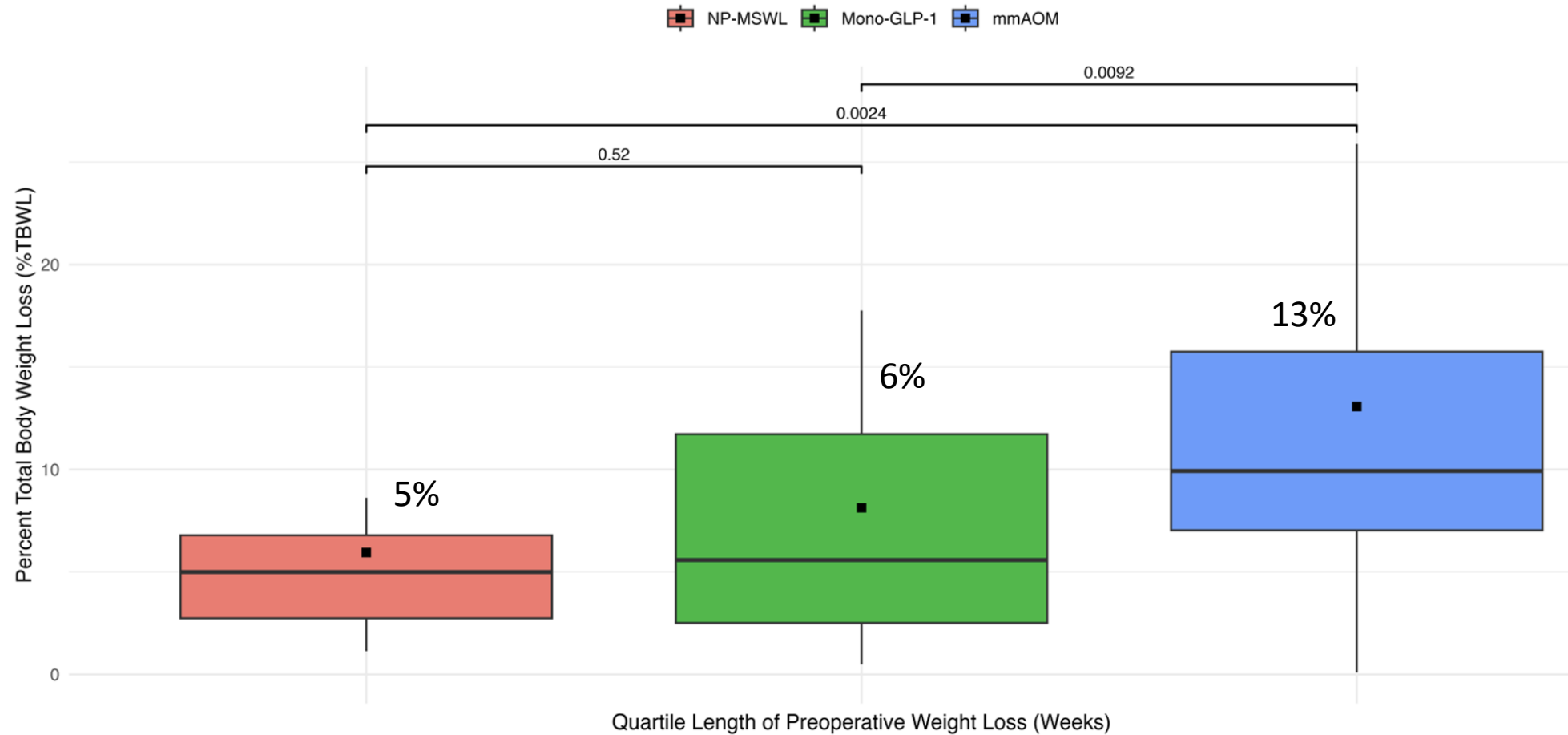
- **Surgical Intervention**

- Procedure selection determined by Risk
- Staged approach for many (sleeve then bypass)

- **Long-term Rehabilitation – maintenance**

- Medical wt. Loss- OMM's
- Exercise/conditioning
- Comorbidity optimization

Preop Wt. Loss for BMI >70



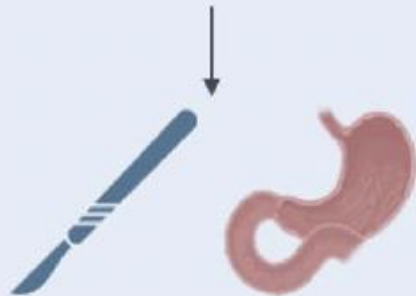
BMI ≥ 70 : A Multi-Center Institutional Experience of the Safety and Efficacy of Metabolic and Bariatric Surgery Intervention

METHODS

N=84 patients



Patients presenting to MBSAQIP weight loss centers with BMI ≥ 70



Underwent either sleeve gastrectomy, RYGB, or DS

Study Period: 2020-2023

RESULTS

Key Finding 1: Patients with BMI ≥ 70 had low 30-day complications (0.7%)



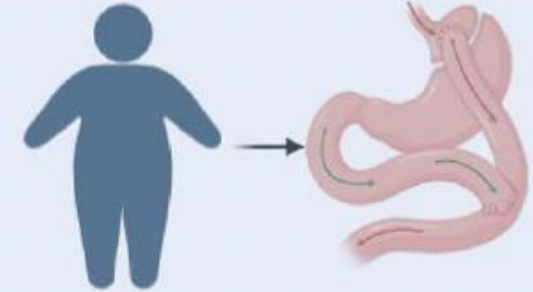
Key Finding 2: Regardless of preoperative weight-loss, patients showed robust BMI reductions at 1 year

27% wt. loss



Key Finding 3: ED readmissions reached 25% at 1 year; readmissions/reoperation rates 6.45% and 4.83% respectively

CONCLUSIONS



Patients with BMI ≥ 70 have acceptable surgical risk despite increased ED utilization



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OBESITY SURGERY
The Journal of Metabolic Surgery and Allied Care

AW in 2021



44 y/o Female – Wheelchair dependent

Extreme Obesity – BMI = 78

Heart Failure (HFpEF)

Chronic Resp failure with Hypoxia

COPD

Bronchitis

Asthma

O2 dependent

Hypertension

Diabetes Type 2

Dyslipidemia

Ventral Hernia – large

OSA – Hypoventilation

Systemic Lupus – severe

Fibromyalgia

Chronic Steroid use

Arthritis

Chronic anemia

GERD

Migraines

Gout

Venous stasis

Lymphedema

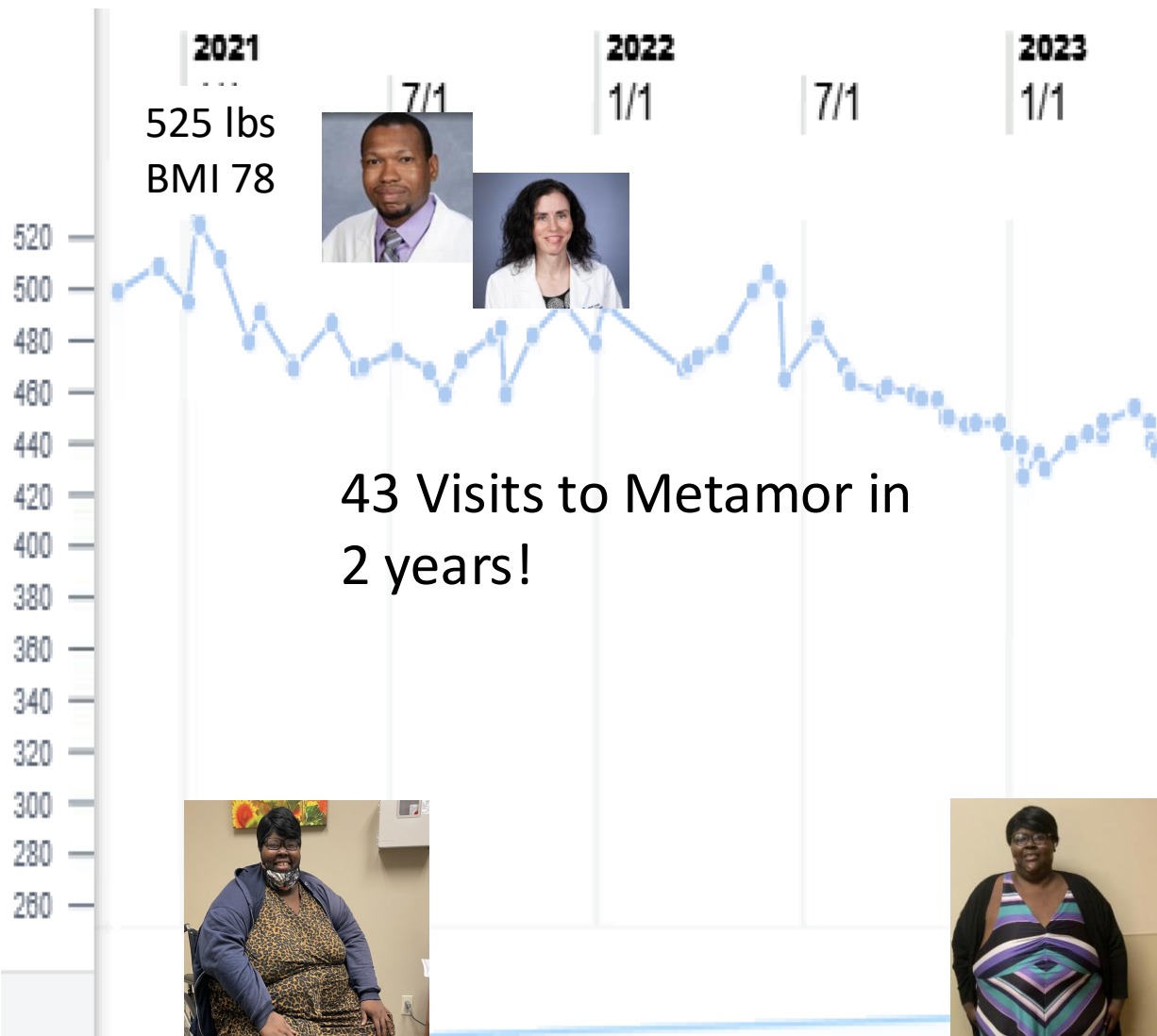
Lower leg cellulitis

Bipolar 1

Depression

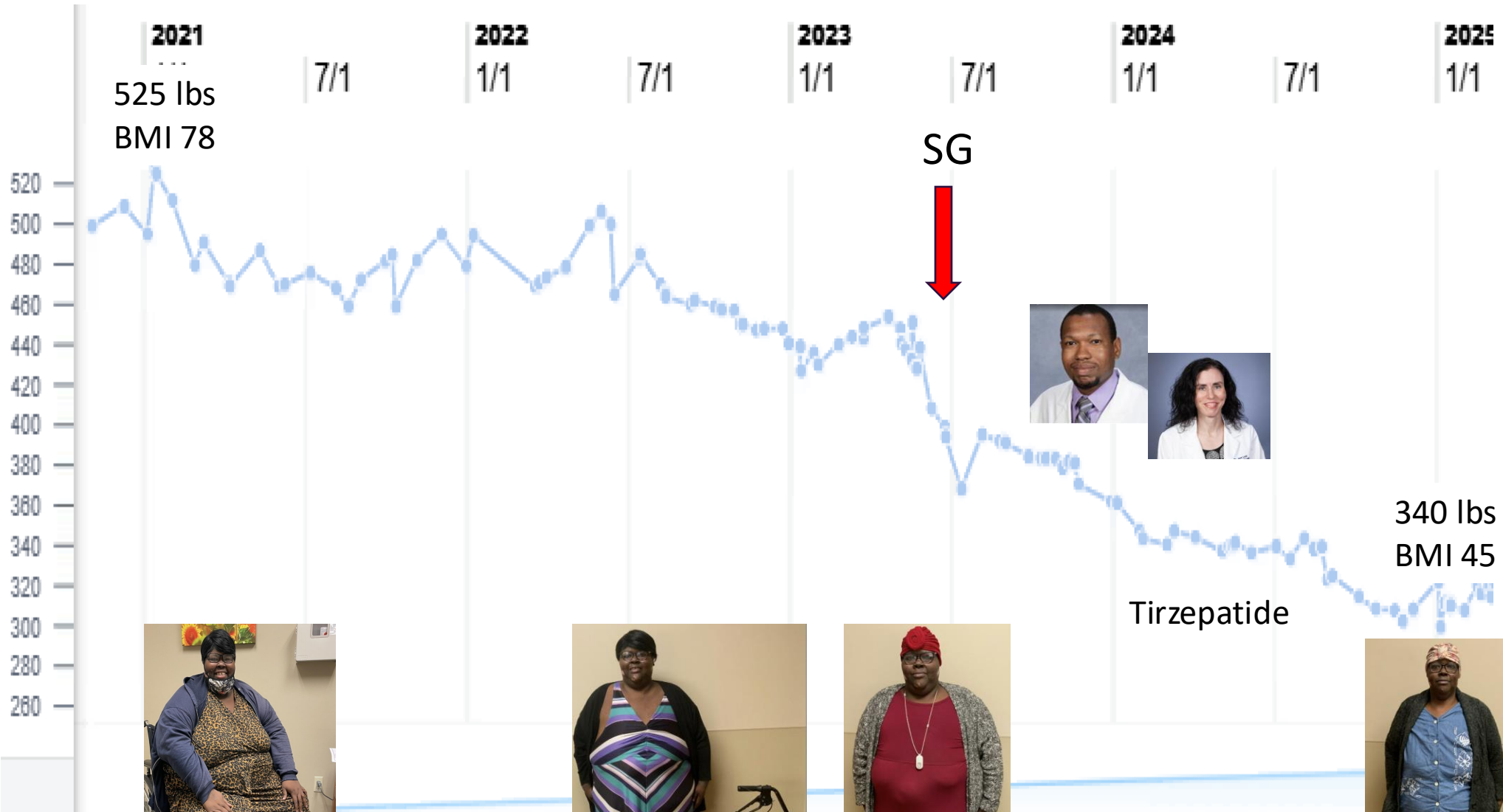
Anxiety

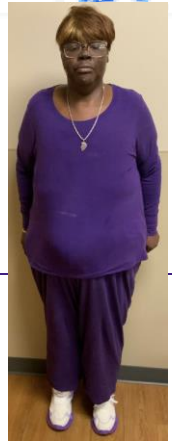
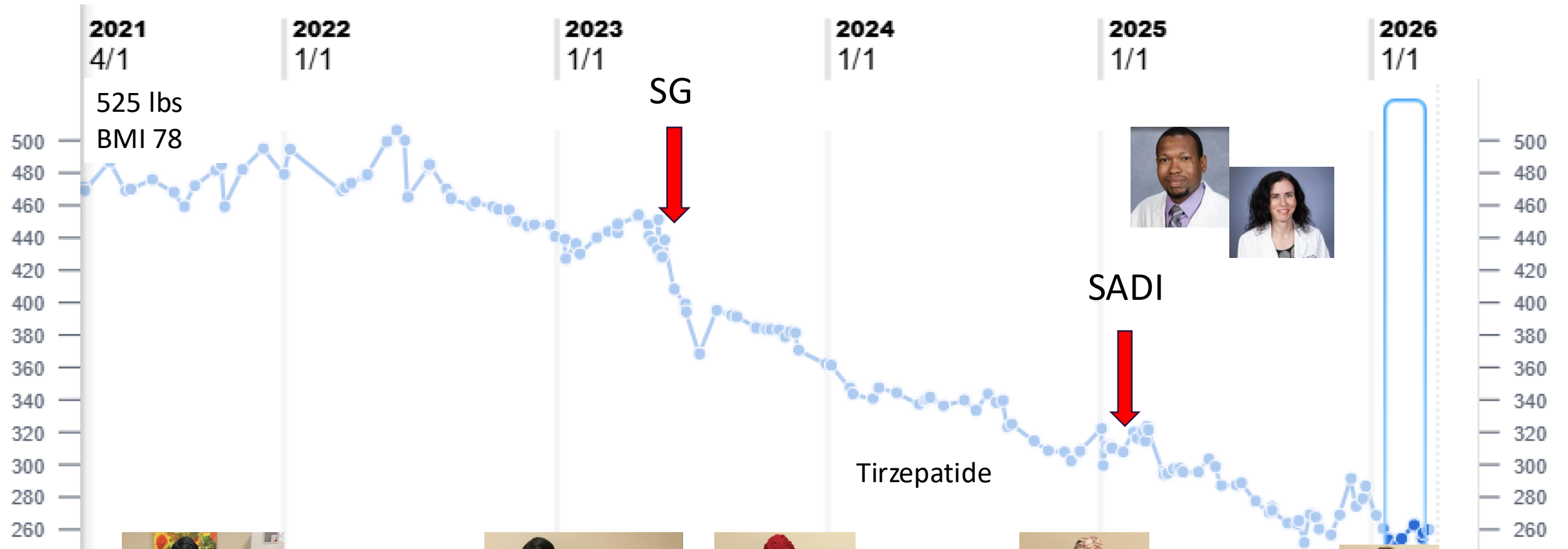
10 yr survival < 2% per Charlson Comorbidity Index



525 lbs to 440 lbs
Ambulatory
OFF oxygen
CPAP
HF – stable
T2D stable
Off steroids
Cellulitis resolved
Lymphadema improved
Mental status improved







26 Comorbidities Resolved OR improved



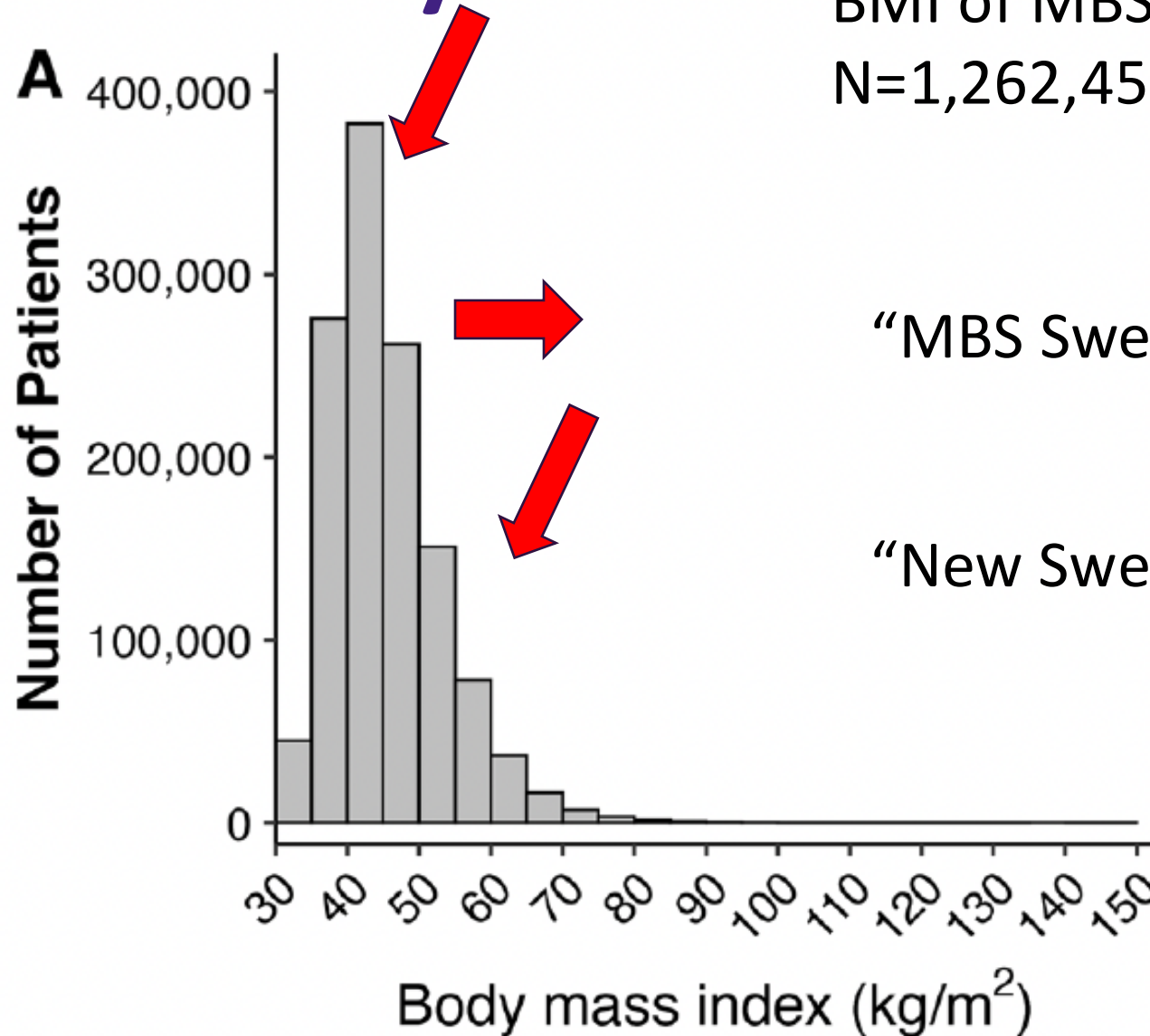
48 y/o Female – Ambulatory
Mild Obesity – BMI = 35
~~Heart Failure (HFpEF)~~
~~Chronic Resp failure with Hypoxia~~
~~COPD~~
~~Bronchitis~~
~~Asthma~~
~~O2 dependent~~
~~Hypertension-Improved~~
~~Diabetes Type 2~~
~~Dyslipidemia~~

Ventral Hernia – **Repaired**
~~OSA~~—Hypoventilation
Systemic Lupus – **mild**
Fibromyalgia-**improved**
~~Chronic Steroid use~~
Arthritis-**improved**
~~Chronic anemia~~
~~GERD~~
~~Migraines~~
~~Gout~~
Venous stasis-**improved**
Lymphadema-**improved**
~~Lower leg cellulitis~~
Bipolar 1-**improved**
Depression- **improved**
Anxiety -**improved**



Opportunity

BMI of MBS Patients 2015-2023
N=1,262,454



“MBS Sweet Spot” BMI 35-50

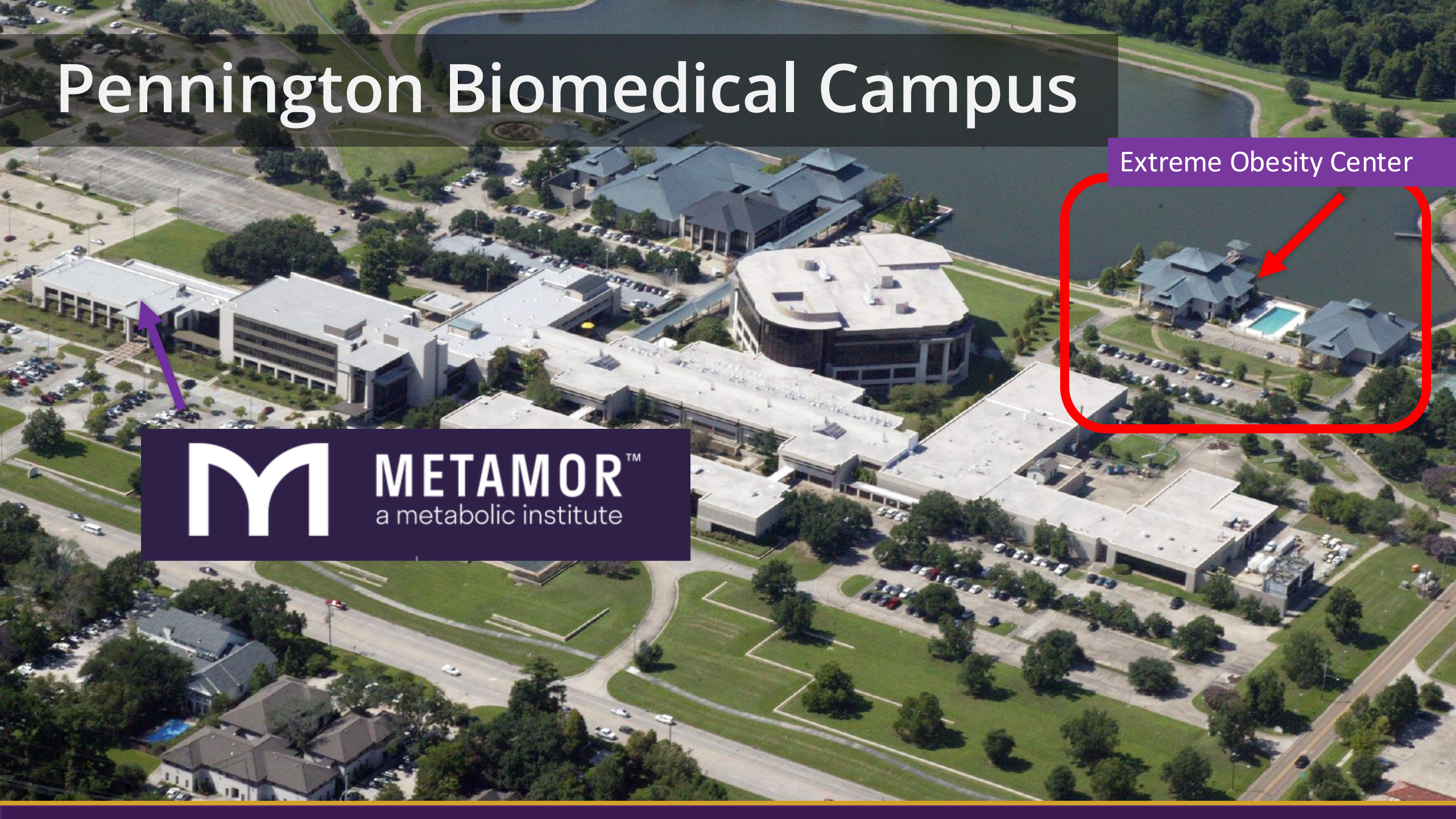
“New Sweet Spot” BMI 50+

Pennington Biomedical Campus

Extreme Obesity Center



METAMOR[™]
a metabolic institute



Extreme Obesity

It's a Big Problem

Increasing Prevalence

High BMI associated with severe illness, Poor QOL, High Cost

Under studied – Biology unknown

Best Treatment – unknown- but Surgery is part of solution

Big Opportunity