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“Advancing Multimodal Obesity Care”

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OBESITY MANAGEMENT MEDICATIONS WILL **INCREASE** THE NUMBER OF METABOLIC/BARIATRIC PROCEDURES WORLDWIDE

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No shortage of eligible patients.

- Less than 1% of patients who qualify for metabolic/bariatric surgery actually undergo it.
- The limiting factor has never been a shortage of eligible patients. It has been recognition, referral, acceptance, stigma, access, and willingness to undergo treatment.
- GLP-1's bring millions of patients into obesity care.
- Even if surgery ultimately captures only a small percentage of that enlarged population, the absolute number of operations can increase substantially.

Before GLP-1: 10 million potentially eligible patients $\times$ 1% penetration = 100,000 operations.

After GLP-1: 30 million patients actively seeking obesity treatment $\times$ only 2% eventually choosing surgery = 600,000 operations.



GLP-1s teach patients that obesity is biologic—not a failure of willpower

- Historically, patients were advised: “Eat less and exercise more.”
 - Therefore, unsuccessful weight loss = personal failure.
- With GLP-1, patients learn: “My obesity is biologically modifiable.”
- In effect, GLP-1s may do for bariatric surgery what statins did for coronary intervention: they create a continuum of disease treatment rather than an artificial distinction between “medical” and “surgical” patients.

A large fraction of patients will eventually discontinue medication

- In a US cohort of 125,474 GLP-1 initiators, approximately 64.8% of patients without diabetes discontinued treatment within one year.
- Rodriguez, et al: Discontinuation and Reinitiation of Dual-Labeled GLP-1 Receptor Agonists Among US Adults With Overweight or Obesity. JAMA 2025
- Stopping therapy frequently produces weight regain.
- Horn, et al: Cardiometabolic Parameter Change by Weight Regain on Tirzepatide Withdrawal in Adults With Obesity. A Post Hoc Analysis of the SURMOUNT-4 Trial. JAMA 2025
- Patients may be considerably more motivated for surgery than someone who has never experienced successful treatment.

GLP-1 success may actually increase expectations beyond what medication can deliver

- Instead of saying:
 - “Nothing works, so why have surgery?”
- The patient can now say:
 - “Treatment works. What gets me the rest of the way?”
- That changes bariatric surgery from a last resort to escalation of effective treatment.

Current ASMBS/IFSO guidelines already include GLP-1 and other medical therapies.

- Obesity diagnosis → pharmacotherapy → inadequate response / intolerance / recurrence → metabolic surgery.
- Surgery is not competing with medications; a step in the escalation of treatment.
- GLP-1 therapy and bariatric surgery coexist in the same patients
 - Preoperative risk reduction
 - Post operative optimization
- 90% of my patients are or have been on GLP-1 medications.

Economics

JAMA Surgery | Original Investigation

Obesity Treatment With Bariatric Surgery vs GLP-1 Receptor Agonists

Tyson S. Barrett, PhD; Juliane O. Hafermann, PhD; Shannon Richards, MSN; Keith LeJeune, PhD; George M. Eid, MD JAMA Surg 2025

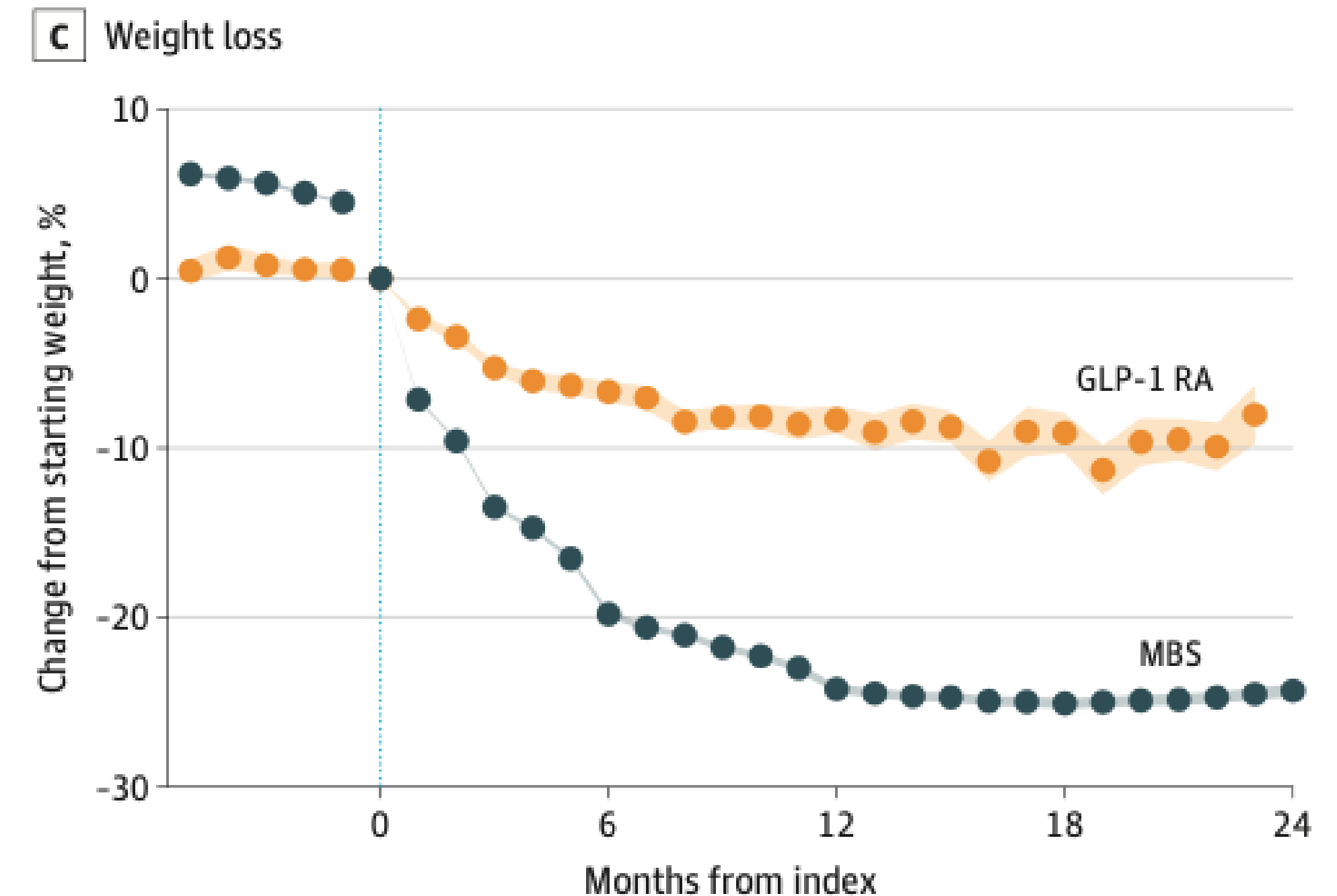
Table 1. Propensity Score-Weighted Costs per Month for GLP-1 RA and MBS Groups

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Outcome	Cost, mean (SE), \$		Difference, \$	P value
	GLP-1 RAs (n = 16 357)	MBS (n = 14 101)		
Total costs per month				
Baseline	1601.32 (97.27)	1673.29 (102.59)	−72.06	.61
0–1 y	2841.83 (130.29) ^a	3161.49 (143.63) ^a	−319.66	.10
1–2 y	2448.42 (27.46) ^a	1154.68 (85.82) ^a	1293.74	<.001
Pharmacy costs per month				
Baseline	664.90 (63.36)	198.95 (35.96)	465.95	<.001
0–1 y	1861.15 (106.00) ^a	132.58 (29.35) ^b	1728.57	<.001
1–2 y	1551.03 (99.26) ^a	114.57 (27.66) ^b	1436.46	<.001
Medical costs per month				
Baseline	934.58 (73.48)	1427.97 (93.75)	−493.39	<.001
0–1 y	1018.67 (76.78) ^b	2914.44 (138.11) ^a	−1895.77	<.001
1–2 y	984.61 (77.40) ^b	1005.76 (79.02) ^a	−21.15	.85
Costs over 2-y follow-up period				
Total costs	63 483.00 (946.50)	51 794.04 (1376.70)	11 688.96	<.001
Pharmacy costs,	40 946.16 (1231.56)	2965.80 (342.06)	37 980.36	<.001
Medical costs	24 039.36 (925.08)	47 042.40 (1302.78)	−23 003.04	<.001

Abbreviations:
GLP-1 RA, glucagon-like peptide-1
receptor agonist; MBS, metabolic
bariatric surgery.

^a Compared to baseline: $P < .001$.

^b Compared to baseline: $P > .05$.



“The greatest threat to bariatric surgery was never another treatment for obesity. It was the fact that 99% of eligible patients weren't being treated at all. GLP-1s are fixing that.”



Pharma + Surgery = Synergy



Projected U.S. metabolic and bariatric surgery volume

Illustrative midpoint scenario: GLP-1–associated decline followed by stabilization and renewed growth.

