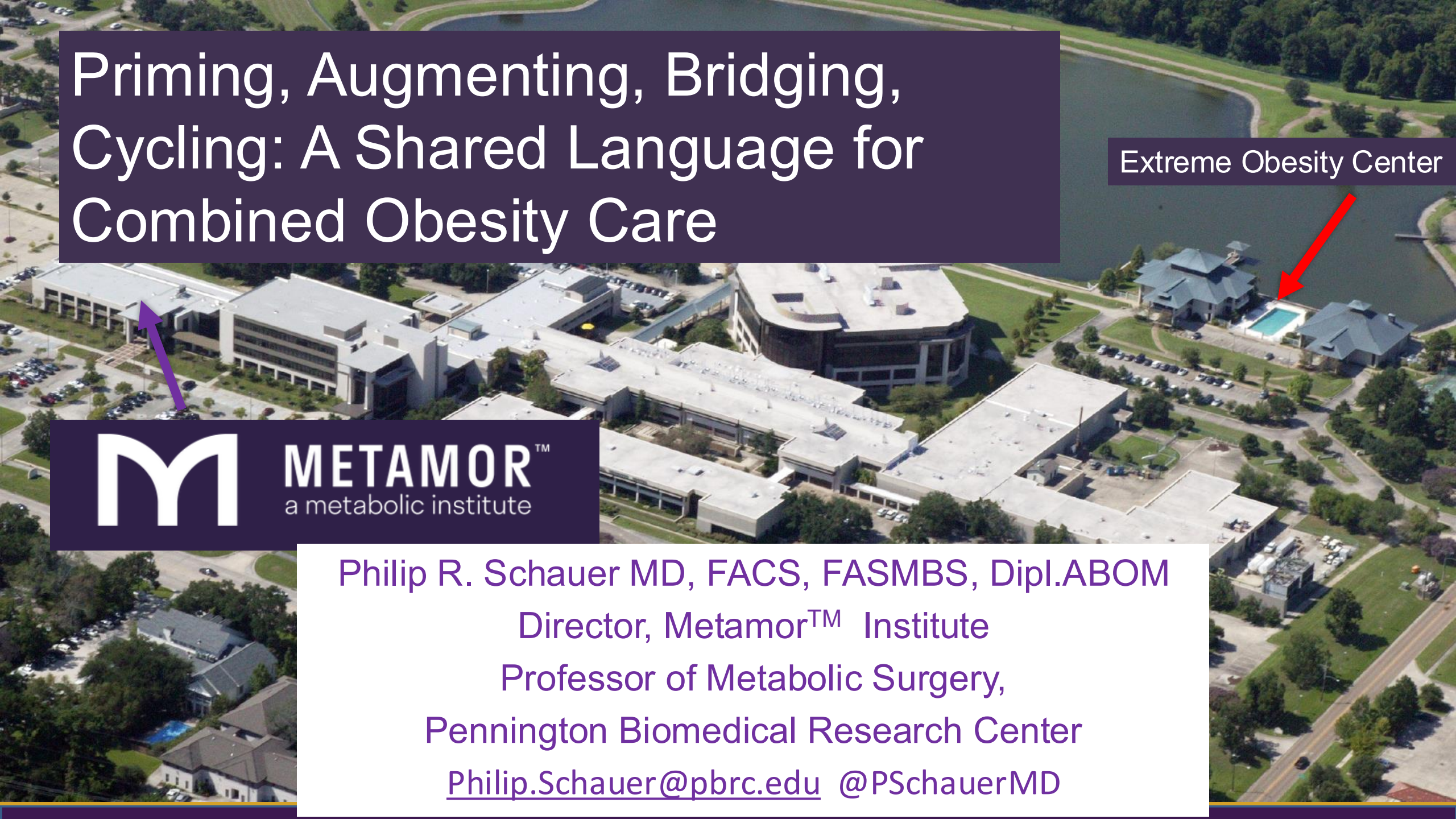
Priming, Augmenting, Bridging, Cycling: A Shared Language for Combined Obesity Care



METAMOR™
a metabolic institute

Philip R. Schauer MD, FACS, FASMBS, Dipl.ABOM
Director, Metamor™ Institute
Professor of Metabolic Surgery,
Pennington Biomedical Research Center
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Strategy of Combining OMMS and MBS

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Disclosures- Philip Schauer MD

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

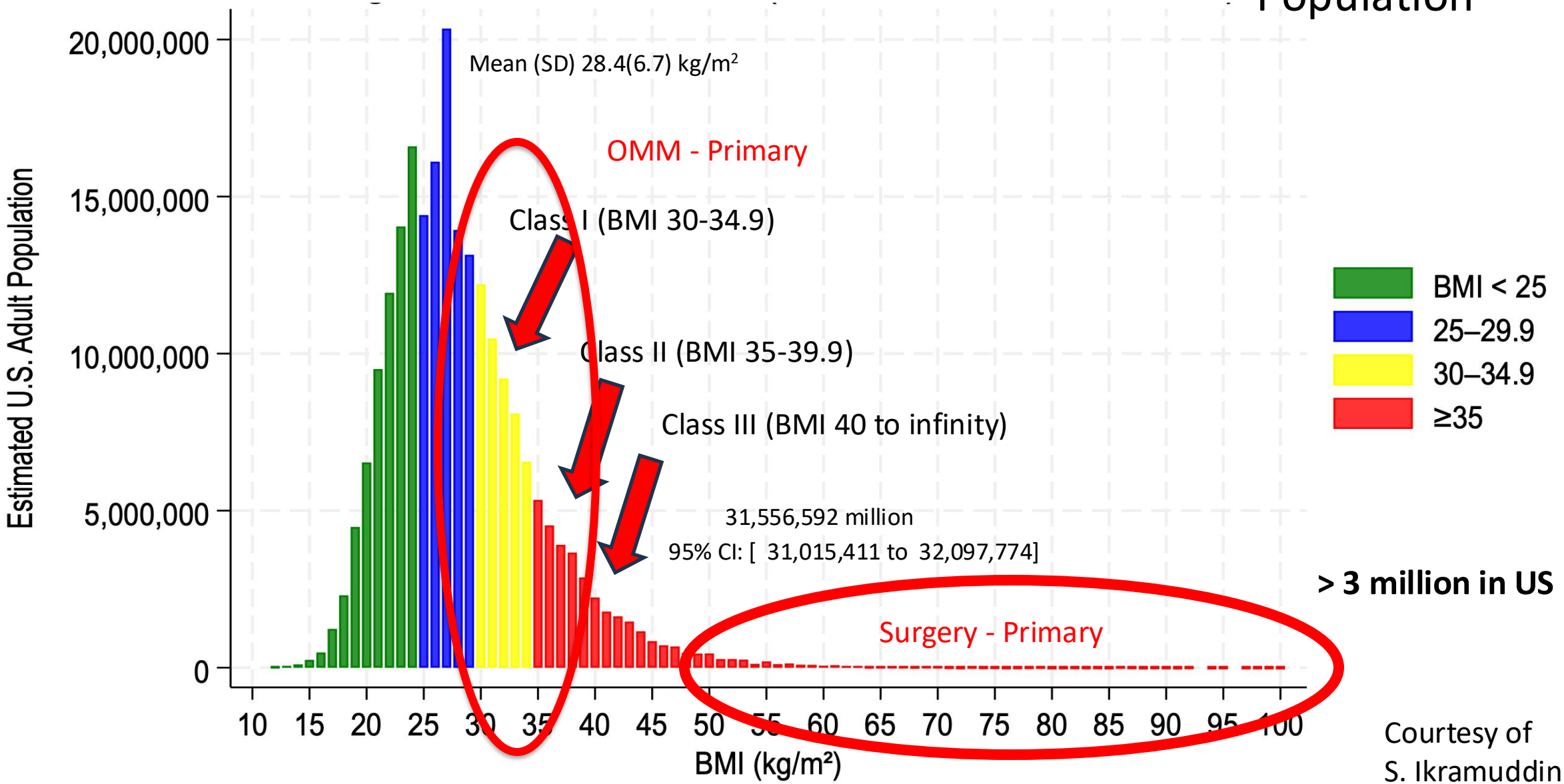
Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties /Patent	Stock/ Options	Ownership/ Equity	Employee	Other
Ethicon	x		x					
Medtronic			x					
Lilly	x		x					
Regeneron		x						
SE Healthcare LLC		x				x		
Mediflix		x				x		
MHI LTC		x				x		

Combining OMM's with MBS

- Neo-adjuvant
- Adjuvant
- Post-Bariatric Surgery

BMI Distribution in US Adults(2023)

340 Million Population



> 3 million in US

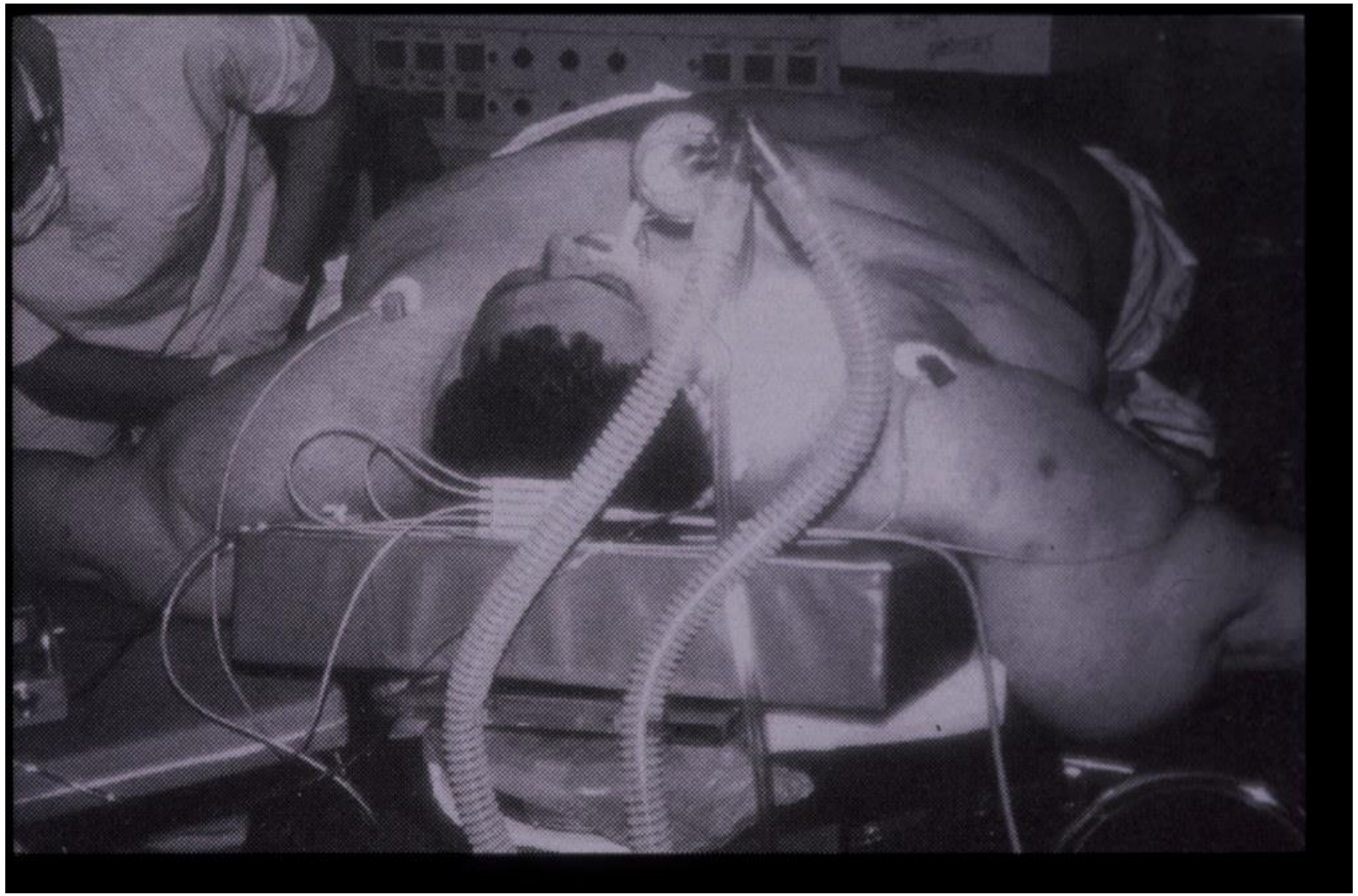
Courtesy of
S. Ikramuddin MD

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

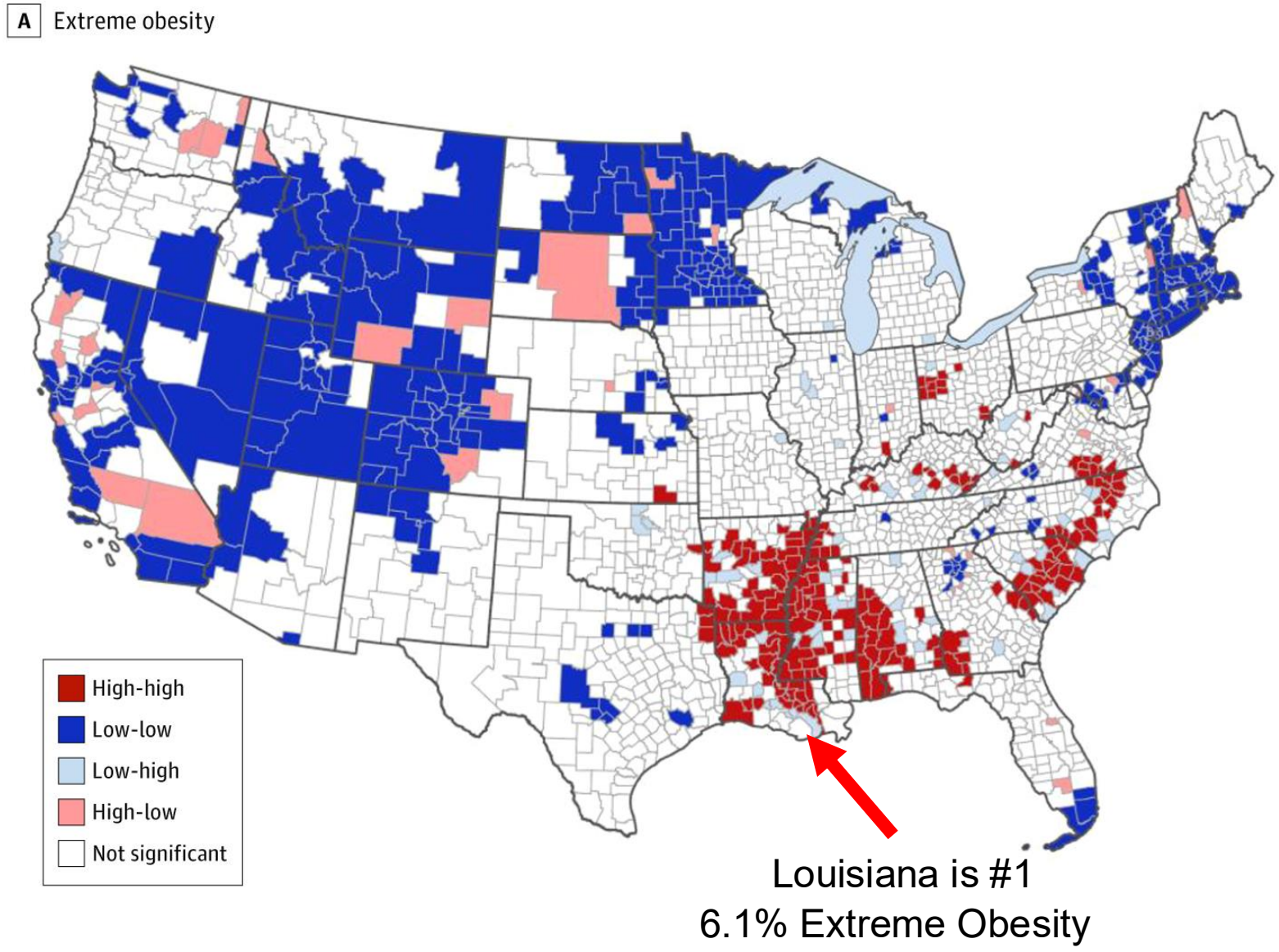
Effect of OMM's on Weight Loss According to BMI

- 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

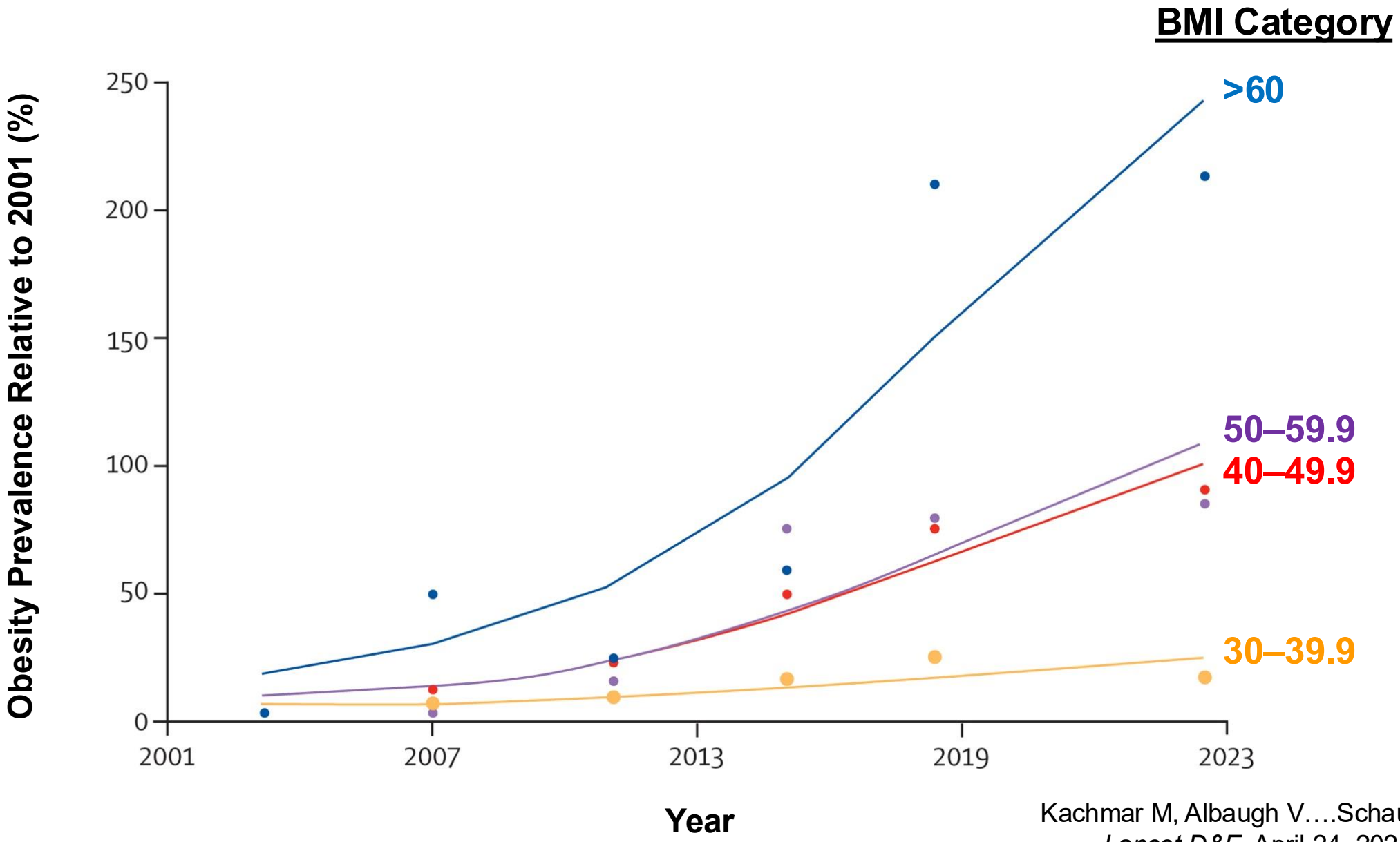


All with BMI > 60 have severe illness of Obesity



JAMA Network Open. 2020;3(5):e204289. doi:10.1001/jamanetworkopen.2020.4289

~250% Increase of Extreme Obesity Prevalance in 20 Years



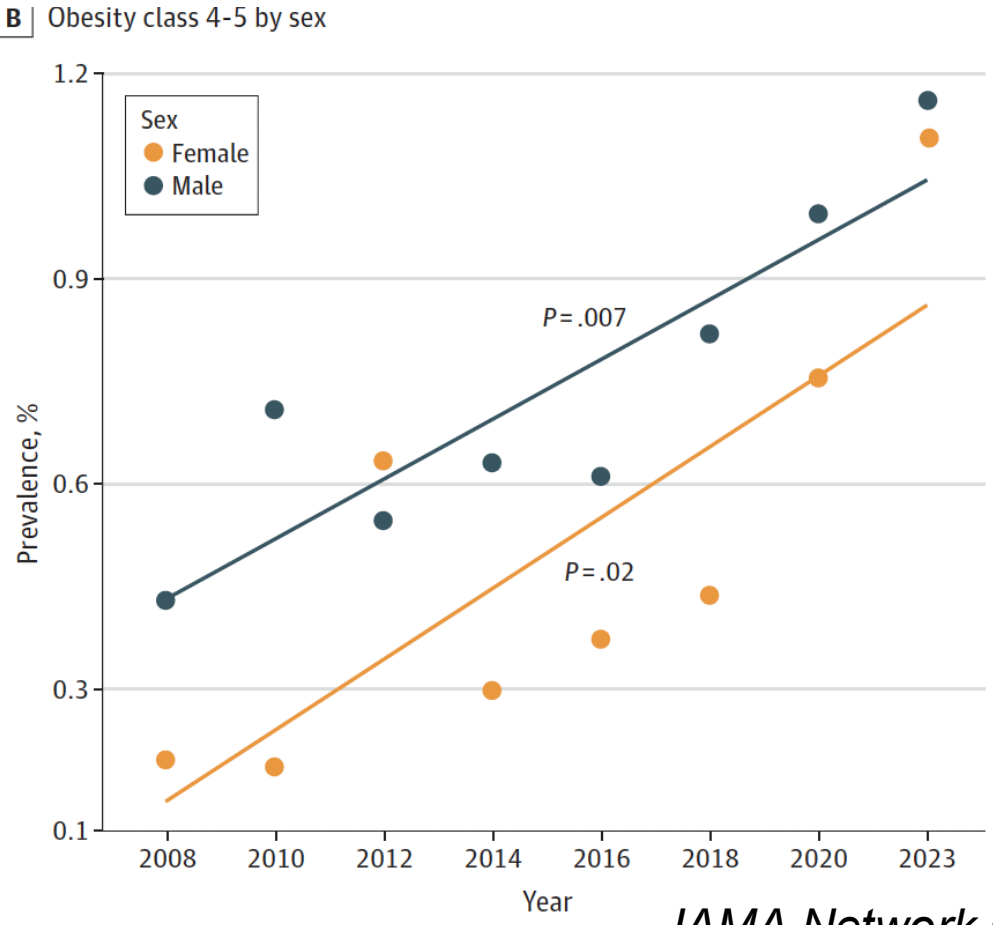
Kachmar M, Albaugh V….Schauer PR
Lancet D&E, April 24, 2025

JAMA Network Open™

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



250% Growth
In Childhood Extreme Obesity !!

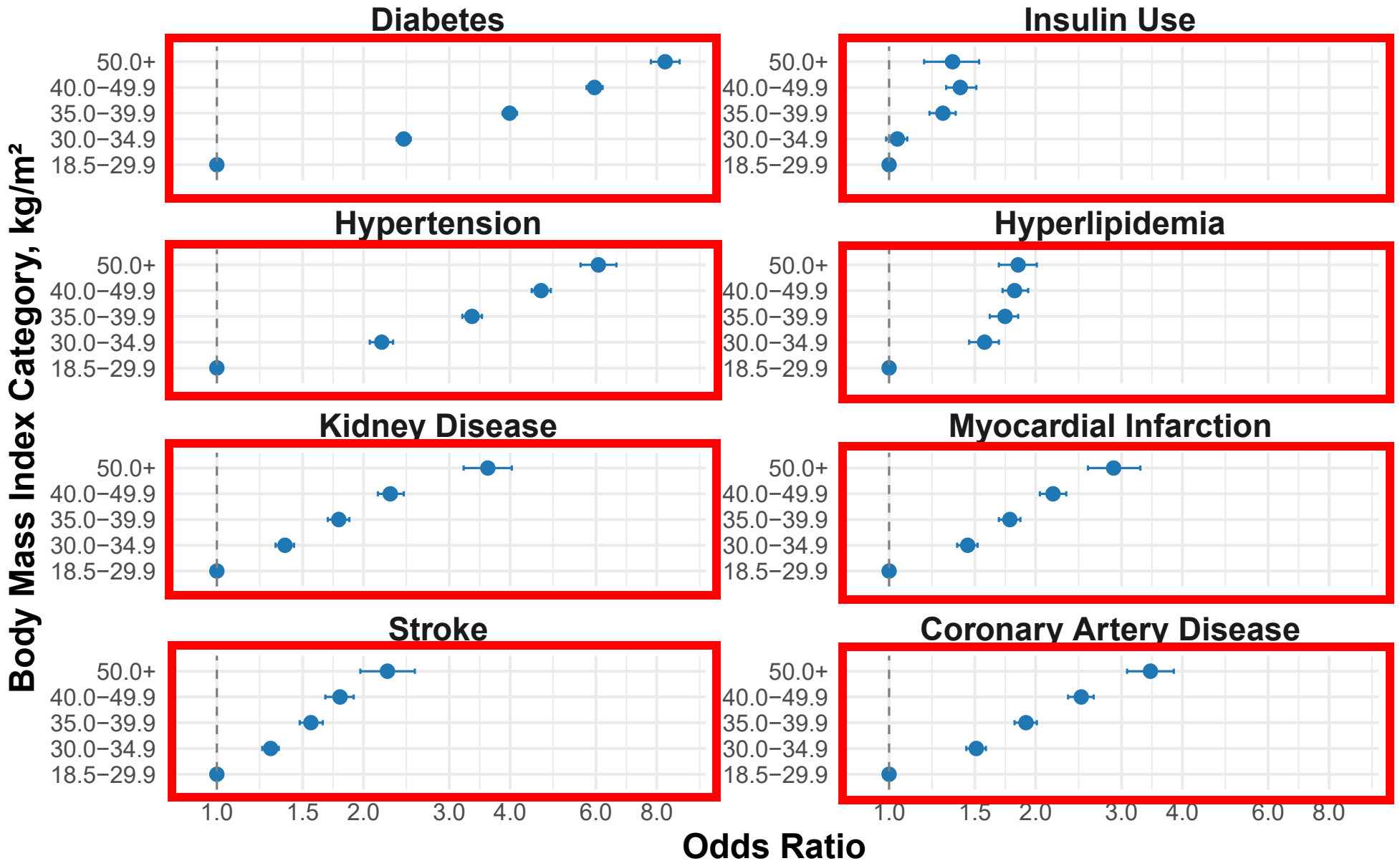
JAMA Network Open. 2025;8(7):e2521170.
doi:10.1001/jamanetworkopen.2025.21170

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

MBS-Digest.com

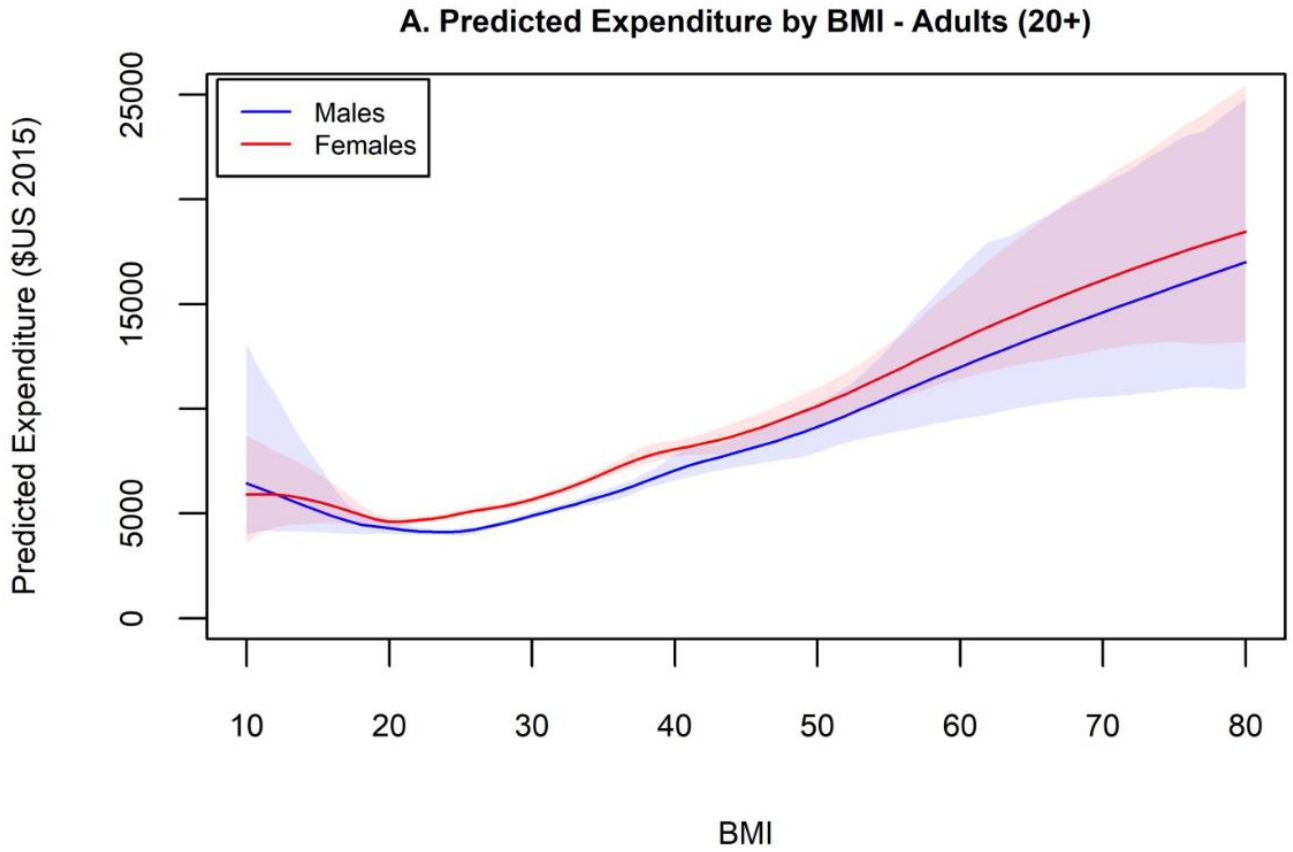
pb

Increasing BMI Drives Cardiometabolic Disease (BFRSS)



Corpodean et al. Obesity 2025

Economic Burdens of Obesity and Extreme Obesity



Ward et. al, *PLoS One*. 2021

Treatment of Extreme Obesity

This is Where Surgery can Dominate

Obesity Medications for BMI > 60?

Ask Dr. AI…….

“Putting out a house fire with a squirt gun”

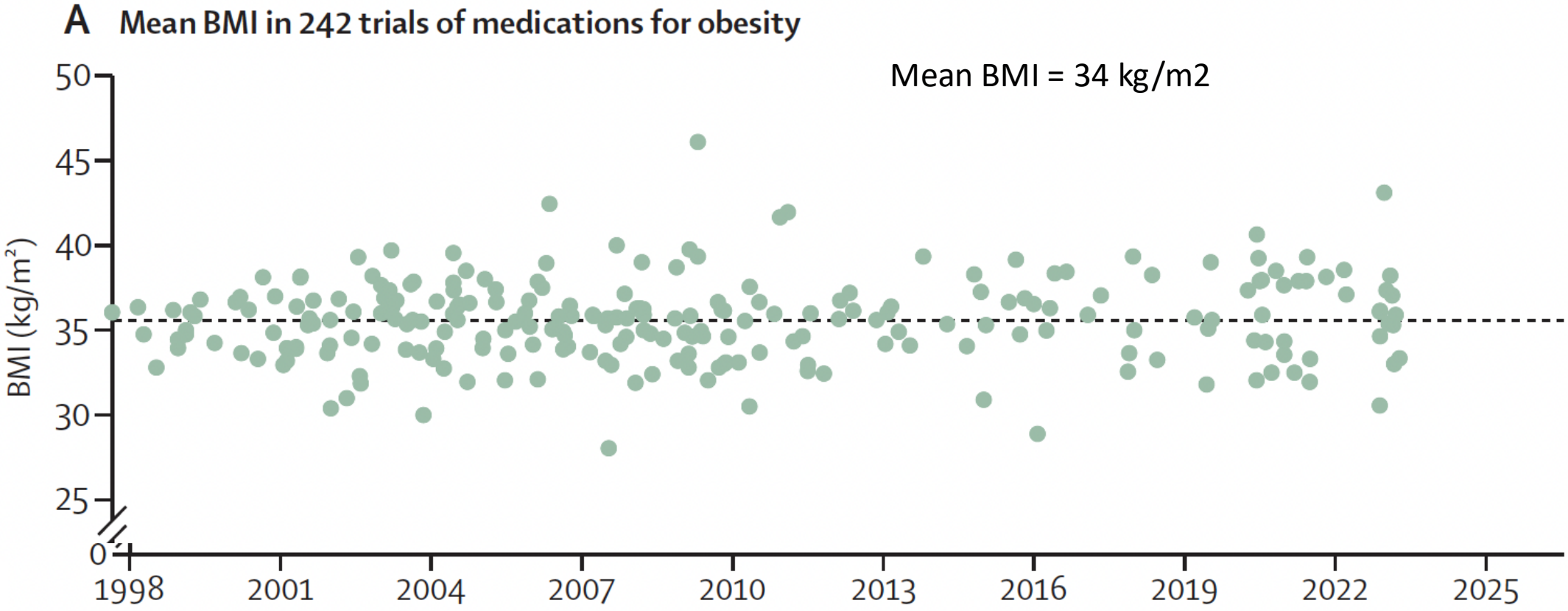
“Bringing a knife to a gun fight”

“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

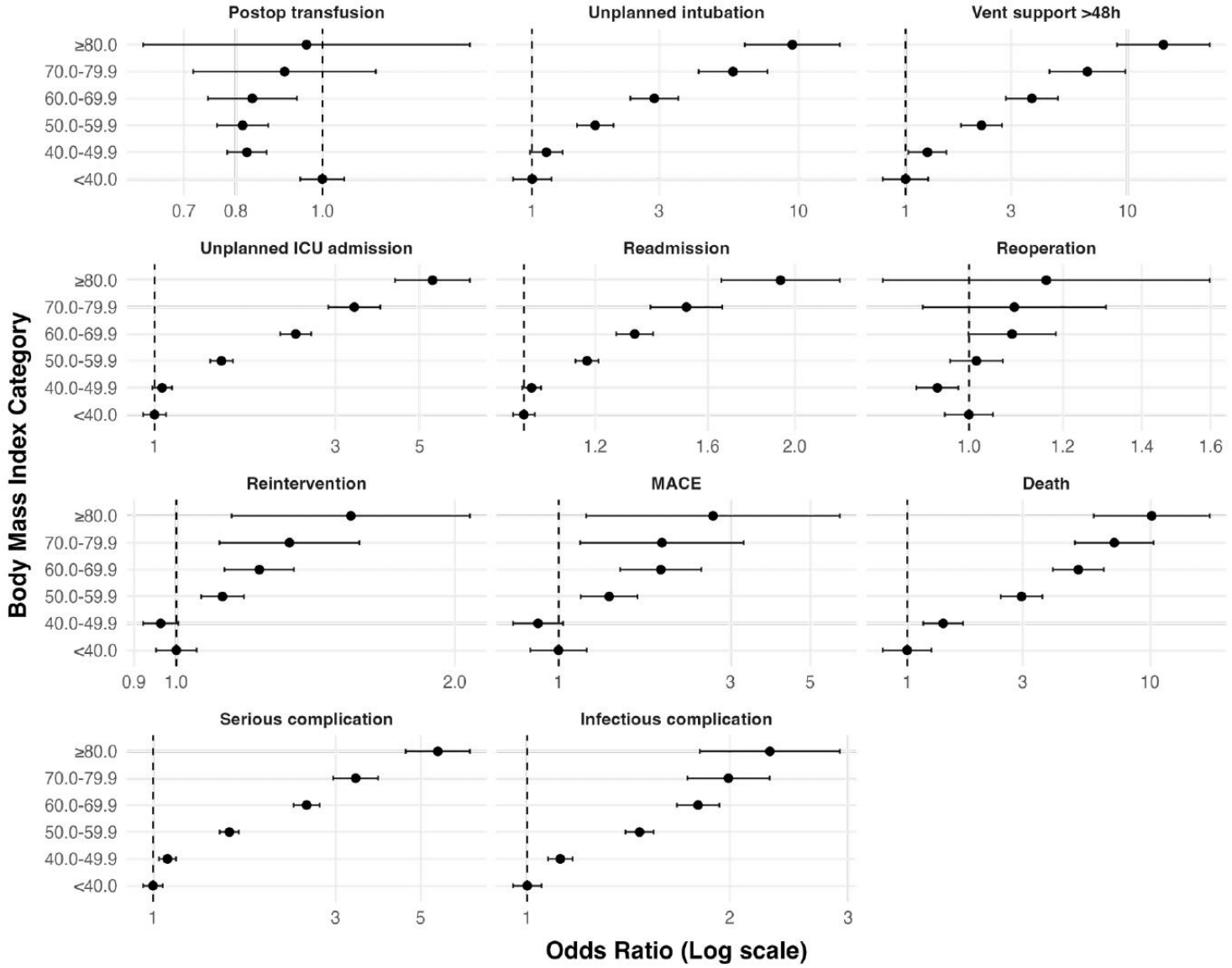


Alsaqaaby MS, Cooney S, le Roux CW. TLDE 2024

Surgical Literature on BMI > 60

Authors	Publication Year	Patients	Procedures	Outcomes in BMI ≥70
Corpodean & Schauer	2024	84	RYGB, SG, SADI	30-day mortality: 0%, complications 0.7%, wait 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%
Raftopoulous & 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

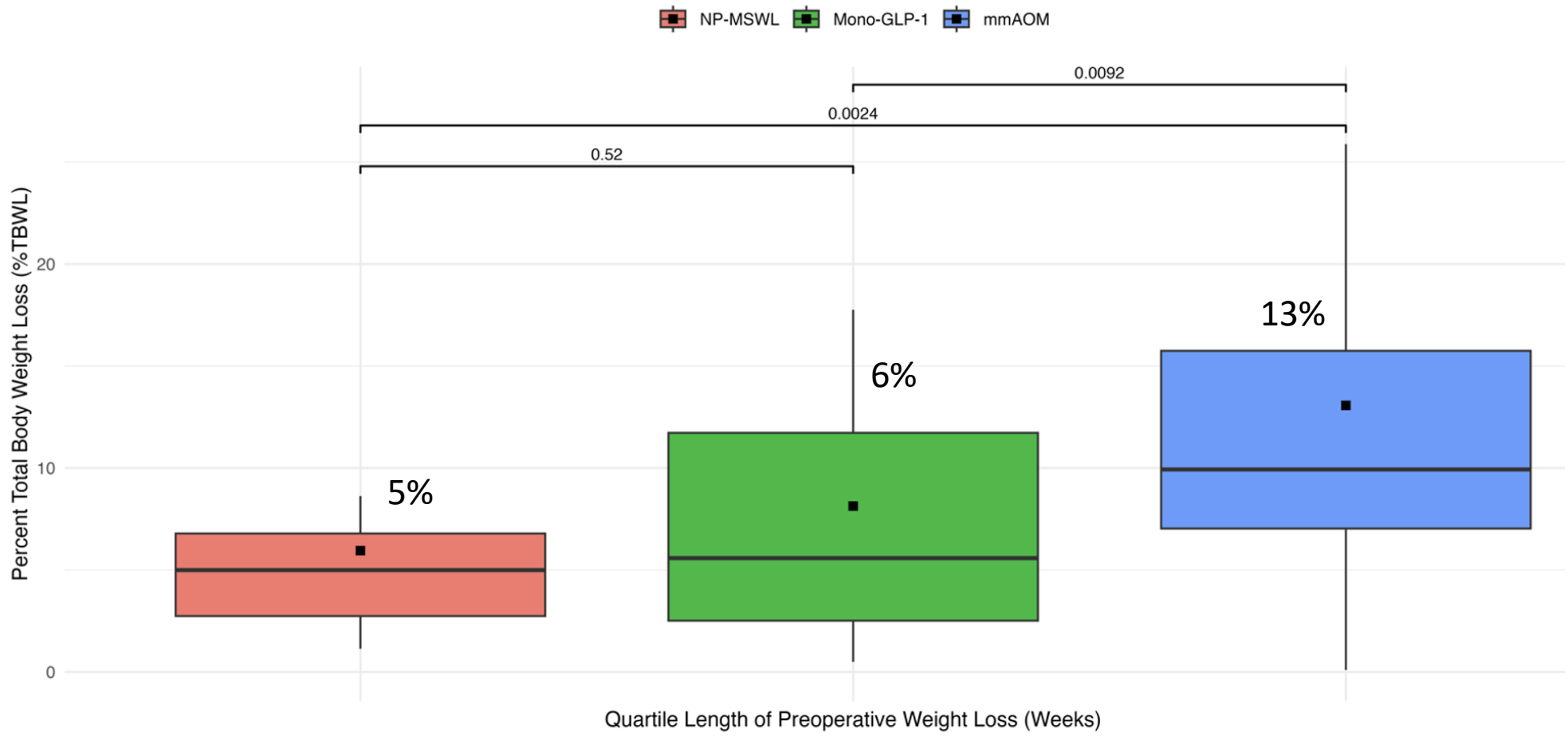
Albaugh V…. Schauer P. Obesity 2026

Treatment of Extreme Obesity

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

Comprehensive, Multidisciplinary Obesity Treatment Program

Preop Wt. Loss for BMI >70



Kachmar M……Schauer P ASMBS IJO 2025

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

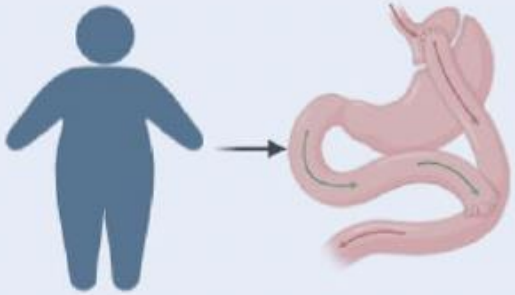
Key Finding 1: Patients with BMI ≥ 70 had low 30-day complications (0.7%)

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

Florina Corpodean MD[1,2], Michael Kachmar DO[1,2], Iryna Popiv DO[1,2], Kyle B. LaPenna PhD[2], Devan Lenhart DO[1,2], Michael Cook MD[2,3], Vance L. Albaugh MD PhD[1,2], Philip R. Schauer MD[1,2]

[1]Pennington Biomedical Research Center, Louisiana State University, Baton Rouge, LA, USA.
[2]Department of Surgery, Louisiana State University Health Sciences Center, New Orleans, LA, USA
[3]University Medical Center, New Orleans, LA, USA.

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

Dyslipidema

Ventral Hernia – large

OSA – Hypoventilation

Systemic Lupus – severe

Fibromyalgia

Chronic Steroid use

Arthritis

Chronic anemia

GERD

Migraines

Gout

Venous stasis

Lymphedema

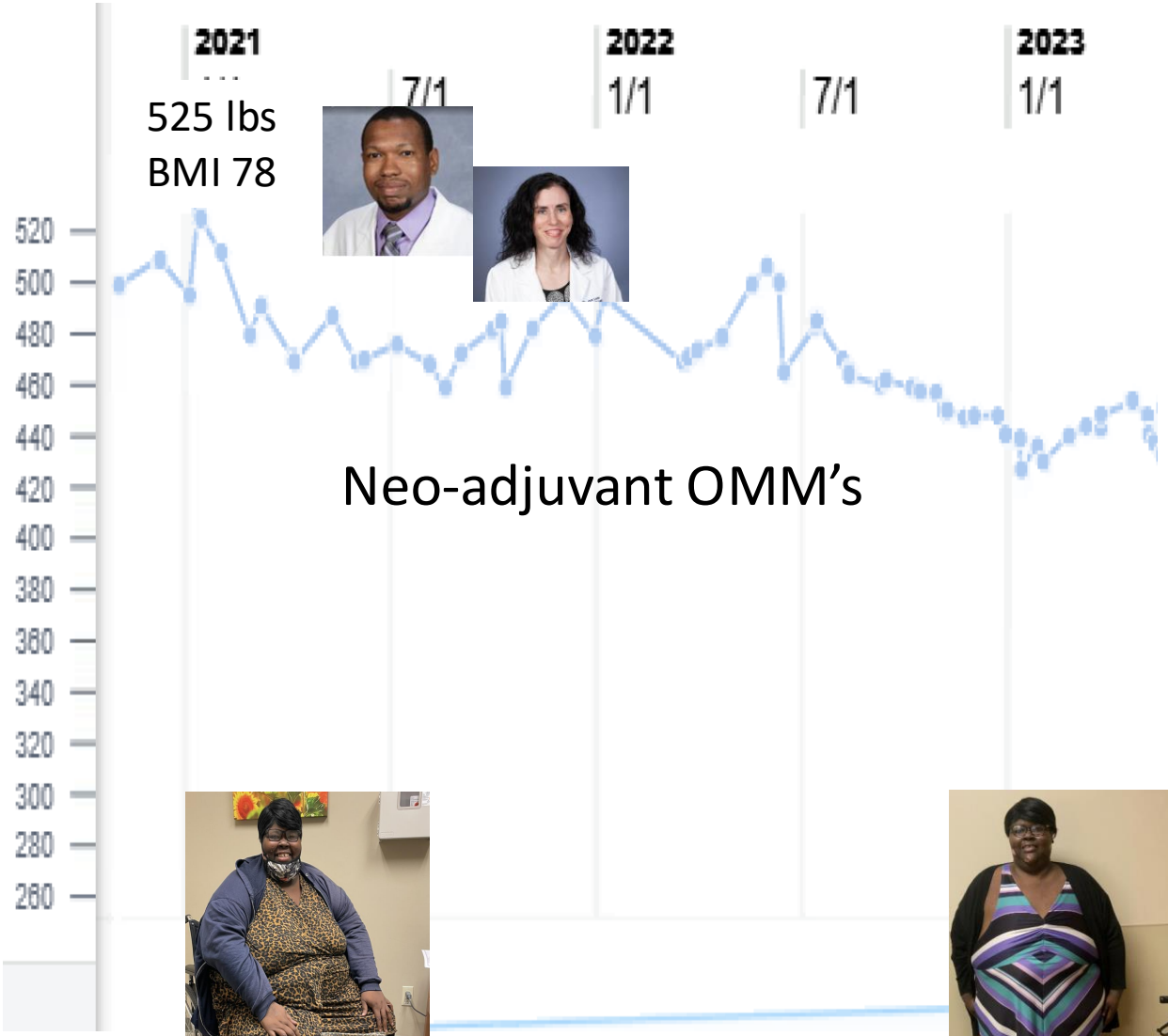
Lower leg cellulitis

Bipolar 1

Depression

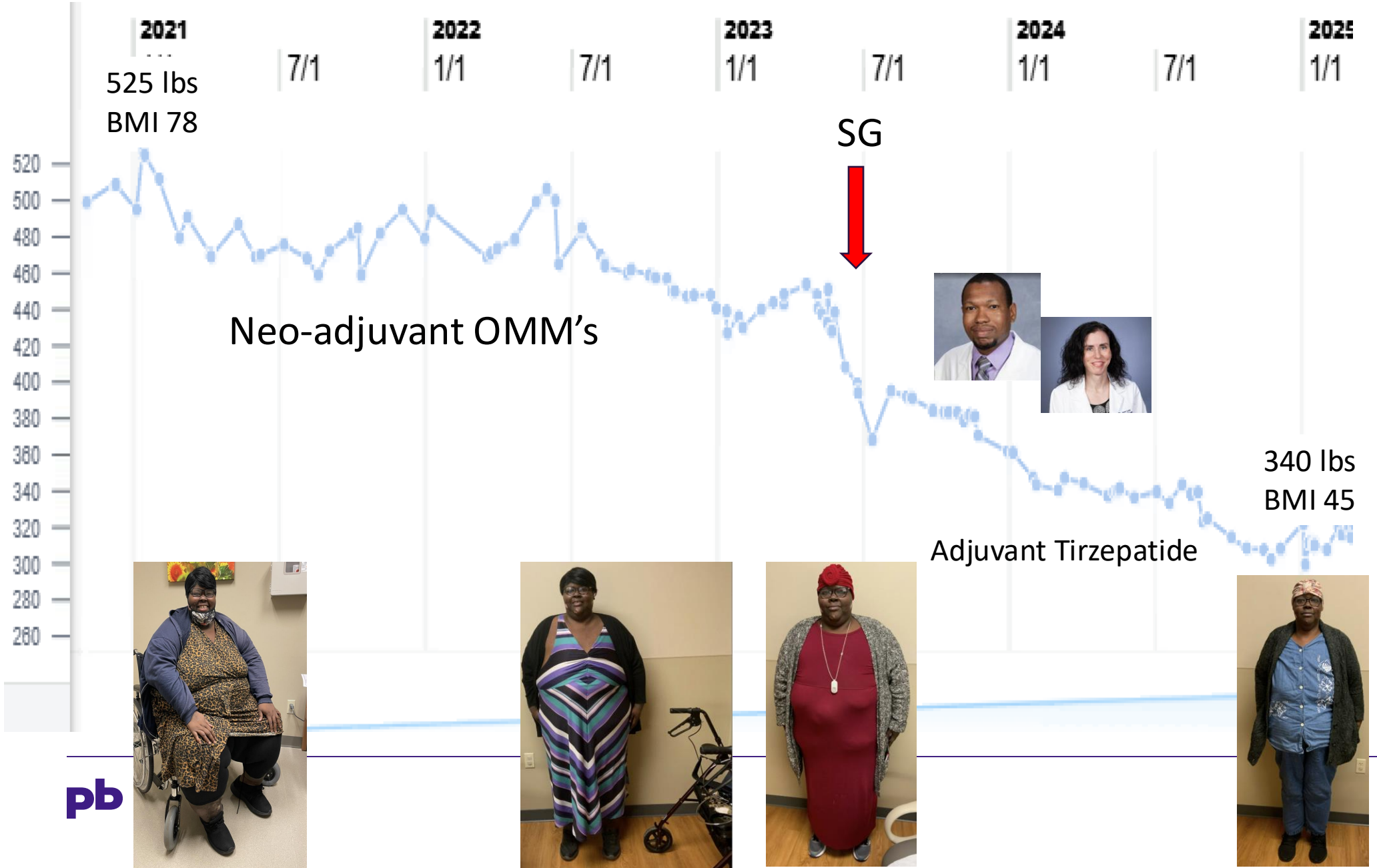
Anxiety

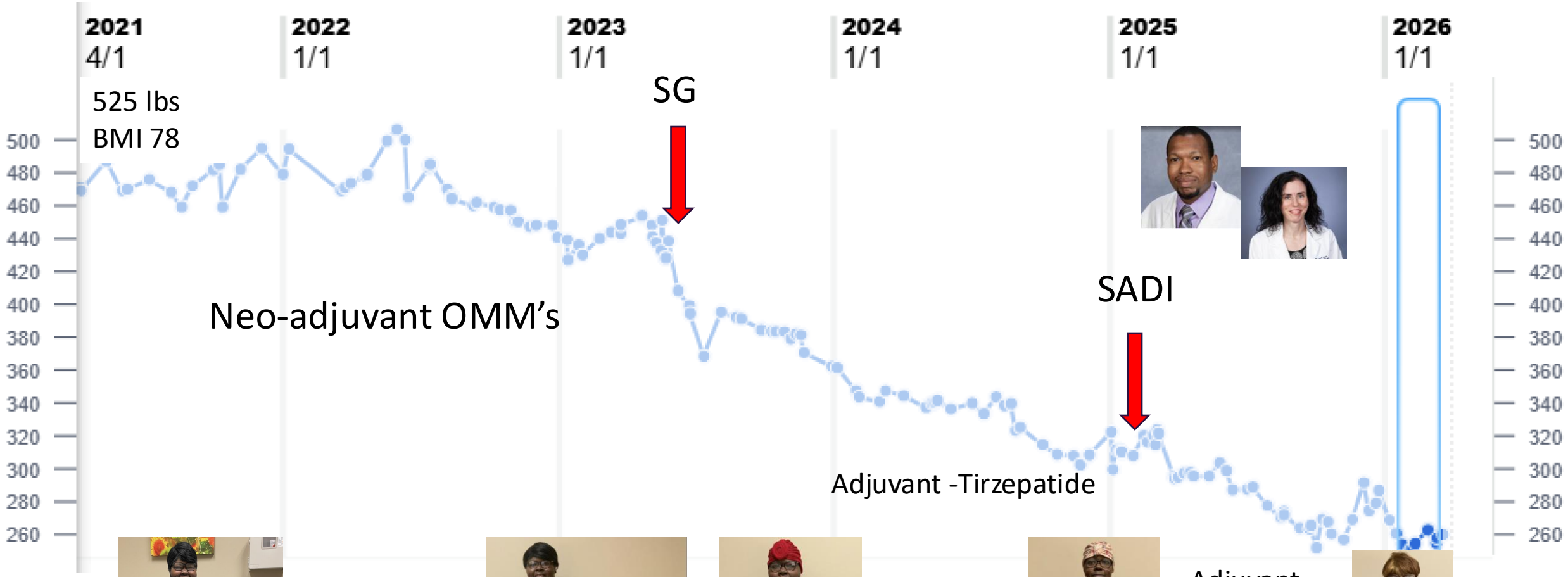
10 yr survival < 2% per Charlson Comorbidity Index

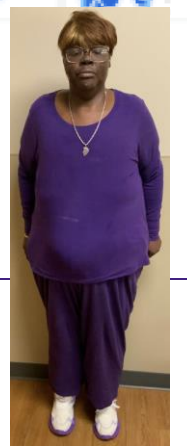


Neo-adjuvant OMM's

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


2021
7/1
2022
1/1
7/1
2023
1/1
7/1
2024
1/1
7/1
2025
1/1
525 lbs
BMI 78
SG
520
500
480
460
440
420
400
380
360
340
320
300
280
260
Neo-adjuvant OMM's
340 lbs
BMI 45
Adjuvant Tirzepatide





258 lbs
BMI 35

26 Comorbidities Resolved OR improved

48 y/o Female – Abulatory

Mild Obesity – BMI = 35

~~Heart Failure (HFpEF)~~

~~Chronic Resp failure with Hypoxia~~

~~COPD~~

~~Bronchitis~~

~~Asthma~~

~~O2 dependent~~

Hypertension-Improved

~~Diabetes Type 2~~

~~Dyslipidema~~

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~~

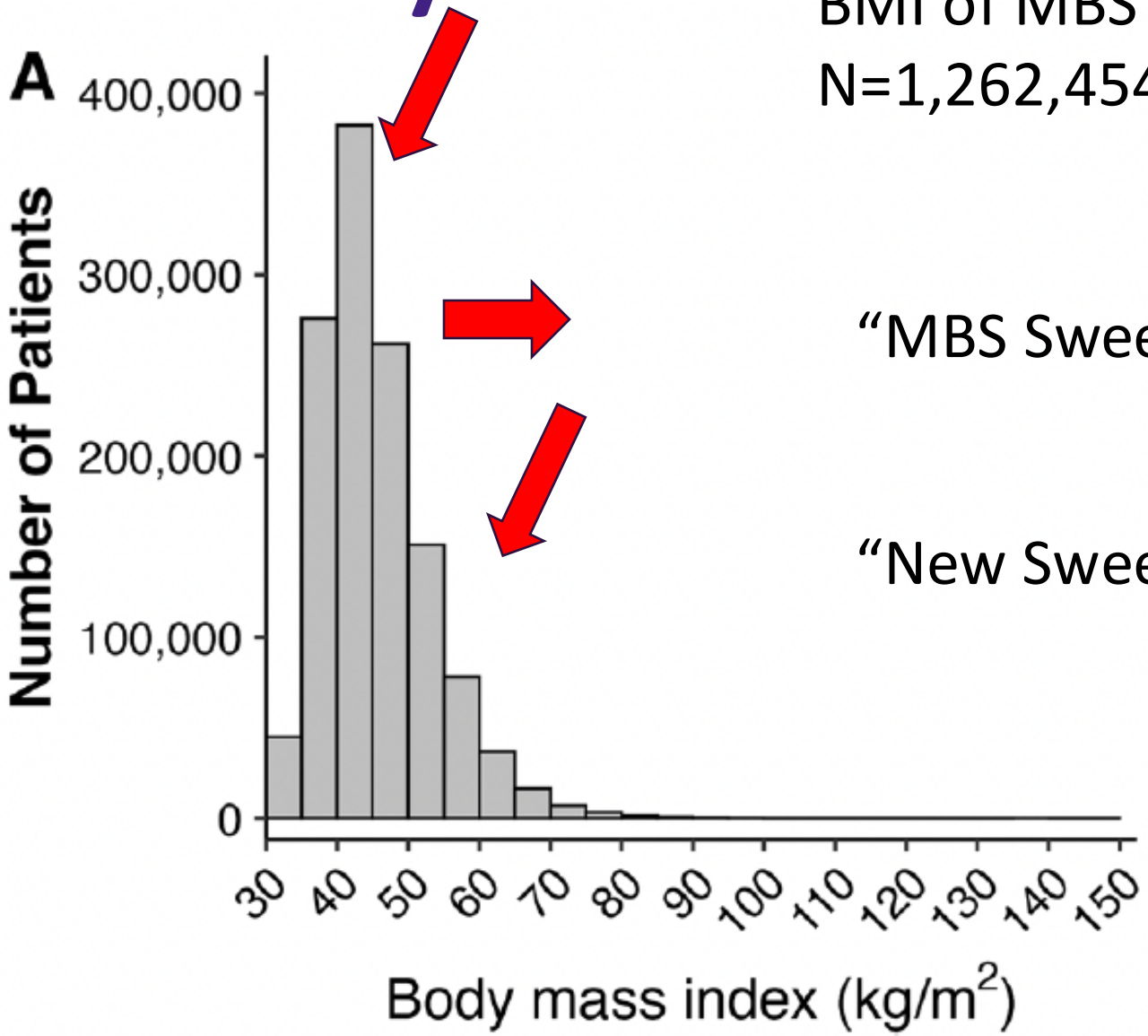
Bipolar 1-improved

Depression- improved

Anxiety -improved

10 yr survival 90% per Charlson Comorbidity Index

Opportunity



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

“MBS Sweet Spot” BMI 35-50

“New Sweet Spot” BMI 50+

pb

Albaugh V…. Schauer P. Obesity 2026

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