OFFICIAL WEBSITE

XXIX IFSO World Congress

1-4 September 2026 | Toronto, Canada

"Sleeve Gastrectomy plus Magnetic Duodeno-Ileostomy (MagDI): Results of a Multicenter Clinical trial"

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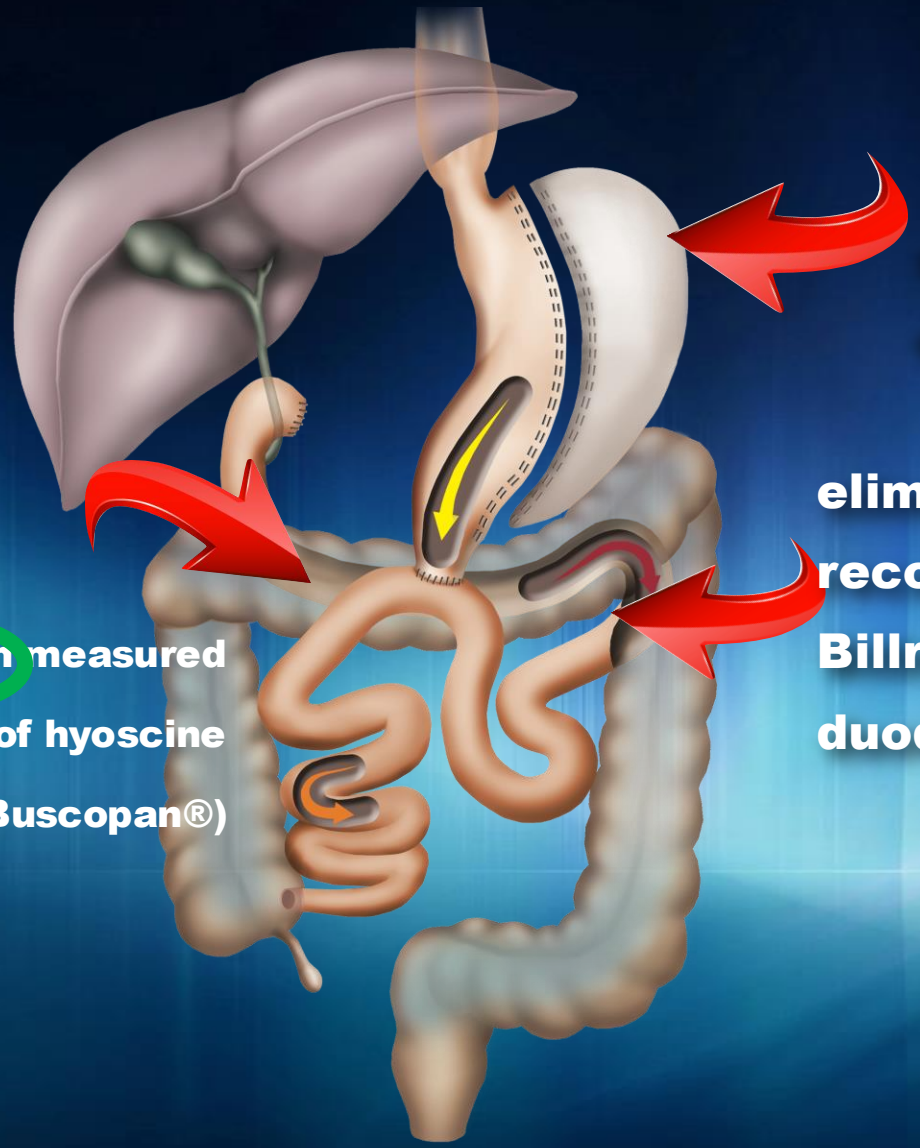
Disclosures

Lectures & Consultant for

- Johnson & Johnson
- Medtronic
- GT Metabolic
- Gore Medical

SADI-S



sleeve gastric resectio
over a 54F bougie

eliminates the Roux- en-Y
reconstruction and include
Billroth II-type one-loop
duodenoileostomy instead

the ileocolic junction is identified and 250 cm measured
proximally (formerly 200 cm), after infusion of hyoscine
butylbromide (Buscopan®)

CAETANO
MARCHESINI

Year	Total Cases	Sleeve, n (%)	RYGB, n (%)	Band, n (%)	BPD-DS, n (%)	SADI, n (%)	OAGB, n (%)	Other, n (%)
2020	168,228	108,260 (64.35)	47,846 (28.44)	1,002 (0.60)	2,070 (1.23)	488 (0.29)	1,338 (0.80)	7,224 (4.29)
2021	210,811	134,637 (63.87)	61,031 (28.95)	1,102 (0.52)	2,760 (1.31)	841 (0.40)	943 (0.45)	9,497 (4.51)
2022	230,207	145,005 (62.99)	69,159 (30.04)	1,081 (0.47)	3,634 (1.58)	1,338 (0.58)	903 (0.39)	9,087 (3.95)
2023	217,387	133,550 (61.43)	67,461 (31.03)	732 (0.34)	3,102 (1.43)	1,963 (0.90)	457 (0.21)	10,122 (4.66)
2024	177,297	103,452 (58.35)	58,183 (32.82)	505 (0.28)	2,255 (1.27)	2,670 (1.51)	232 (0.13)	10,000 (5.64)

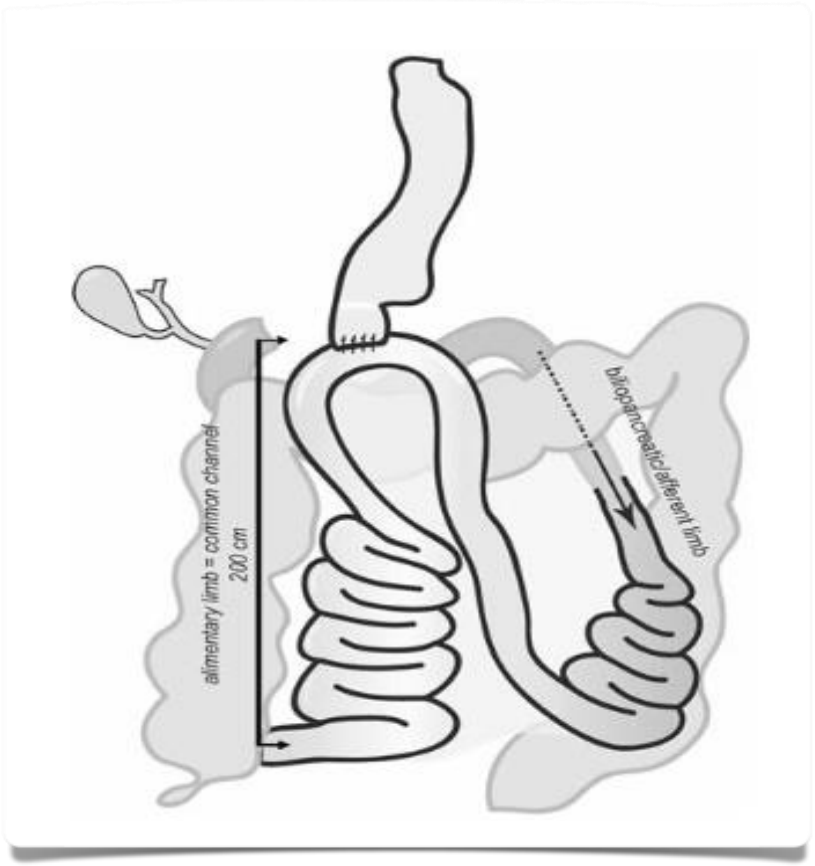
CONTACT: ASMBSNews@compartnersny.com

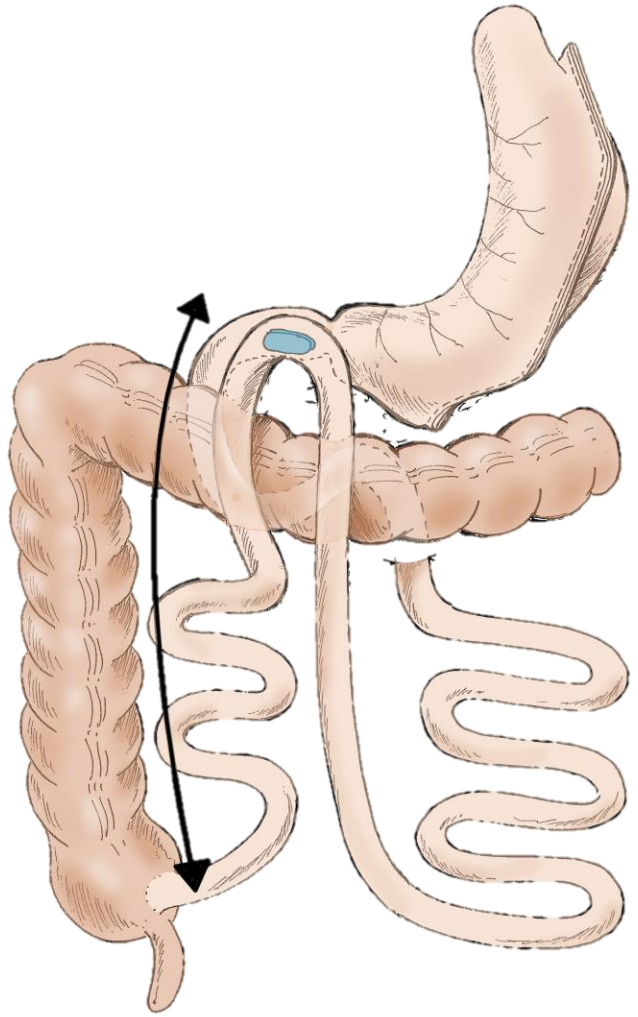
Bariatric Surgery Procedures Fall Below 200,000, First Time Since 2020, New Research Finds

SAN ANTONIO – May 5, 2026 – The number of metabolic and bariatric surgery procedures in the United States dropped below 200,000 in 2024 for the first time since 2020, a more than 20% decline from the prior year, according to new research presented today at the annual scientific meeting of the American Society for Metabolic and Bariatric Surgery (#ASMBS2026).

Researchers from Loyola University in Chicago based their 2020-2024 estimates after review of the American College of Surgeons Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (ACS-MBSAQIP) database, which includes reported outcomes from all MBSAQIP-accredited bariatric centers.

SADIS → Duodenal-Bipartition





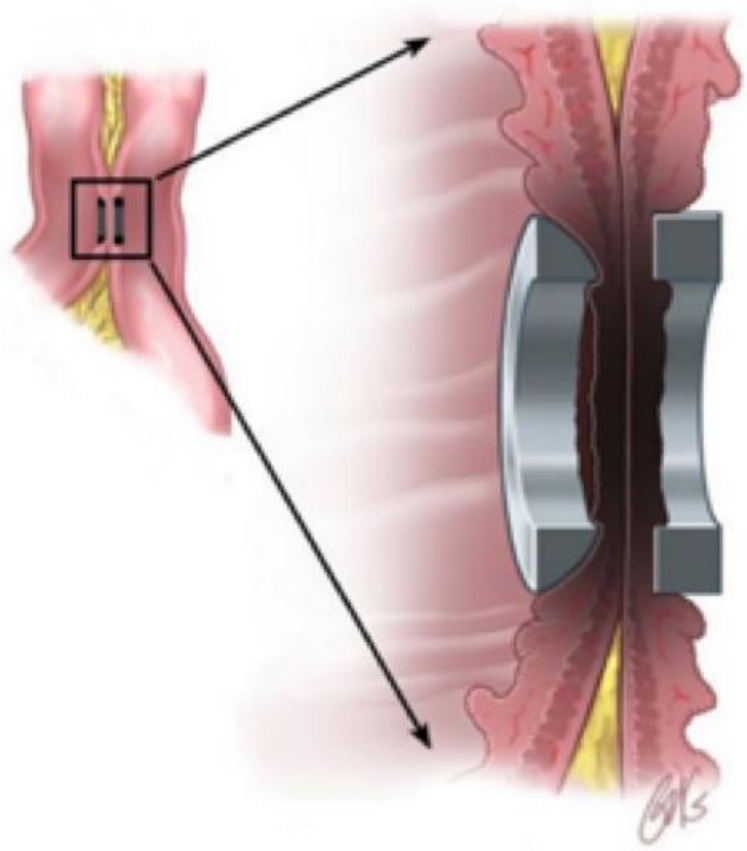
Duodenal-Bipartition: advantages

- Early stimulation of GLP-1 and PYY 3-36
- Partial derivation of calories, and decreased absorption of fat
- Main duodenal absorption of minerals and B,C complex vitamins
- Access to main duodenum (like ERCP)
- Decrease bile reflux (post-pyloric connection)

Introduction: **MAGNETS**

- traction
- magnetic sphincters
- endoscopic retrieval of foreign
- compresion anastomosis

  - Magnamosis, IAS

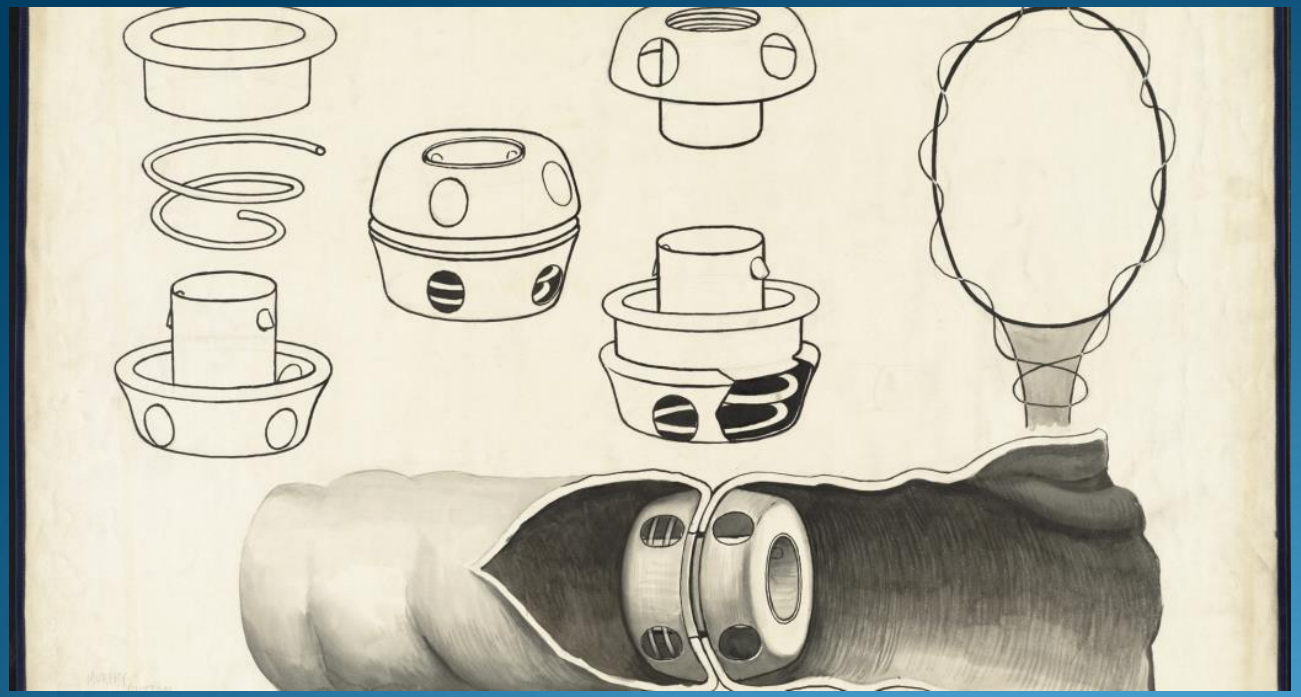


Kaidar-Person O, Rosenthal RJ, Wexner SD, Szomstein S, Person B. Compression anastomosis: history and clinical considerations. Am J Surg. 2008 Jun; 195 (6) 818-26.
Diaz, R., Davalos, G., Welsh, L.K. et al. Use of magnets in gastrointestinal surgery. Surg Endosc. 2019, 33:1721–1730.

Compression Anastomosis

Murphy Button, 1892

Alexian Brothers Hospital Chicago



Murphy Button

The Murphy button, introduced by Dr. Murphy in 1892, was a major breakthrough in intestinal surgery. It allowed operations to be performed quickly and efficiently, reducing the risk of patient shock. The cap of each mushroom-shaped half was stitched to an intestinal opening and the stems were joined. As the sections of intestine healed together, the area directly attached to the metal button decayed, releasing it to be passed.

GT Metabolic

THE MAGNET STUDY

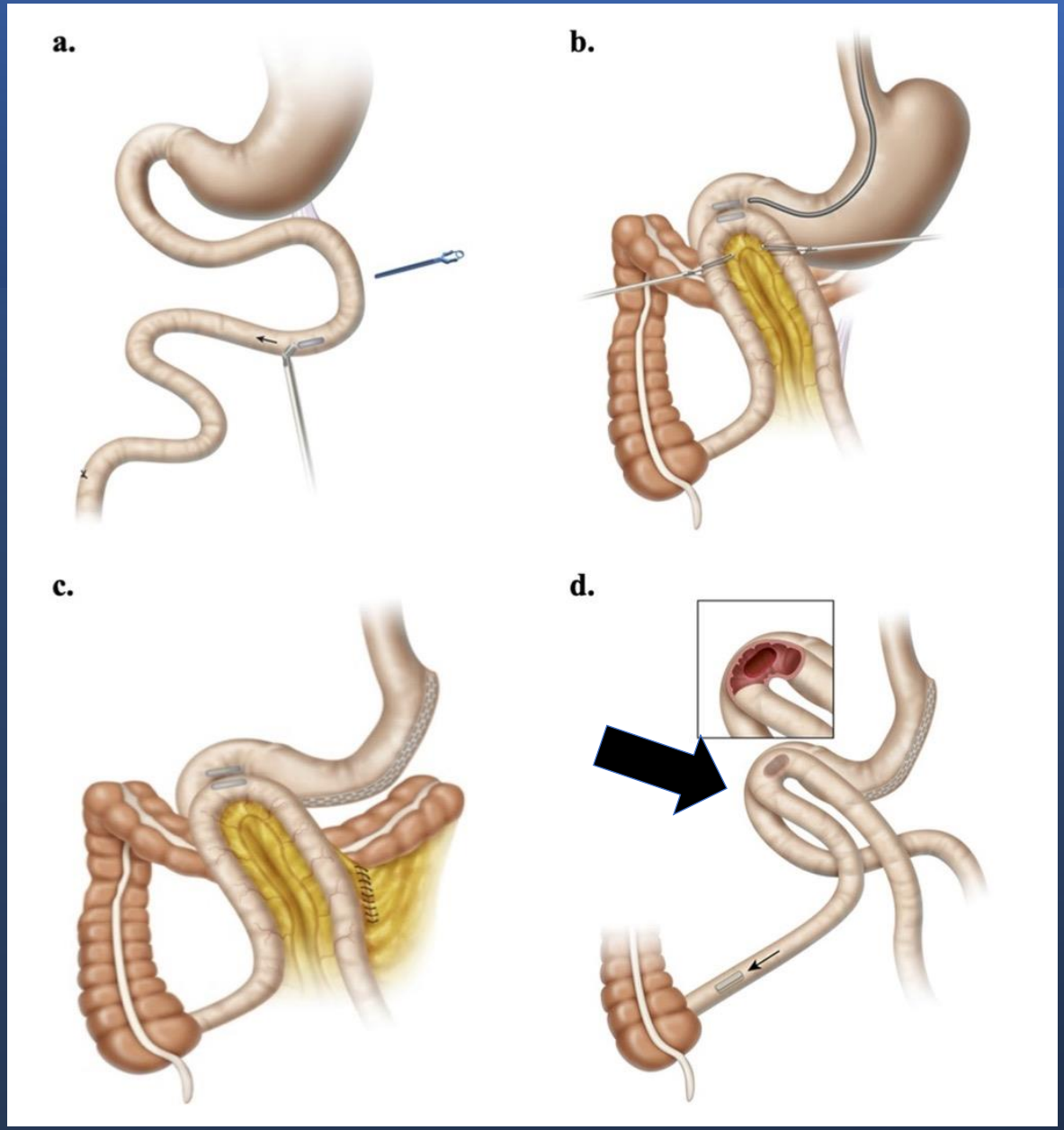
Creation of Side-to-Side Compression Anastomosis Using the GT Metabolic Solutions Magnetic Anastomosis System (MAGNET System) to Achieve Duodeno-Ileostomy Diversion in Adults with Obesity and with or without Type 2 Diabetes Mellitus

Methodology

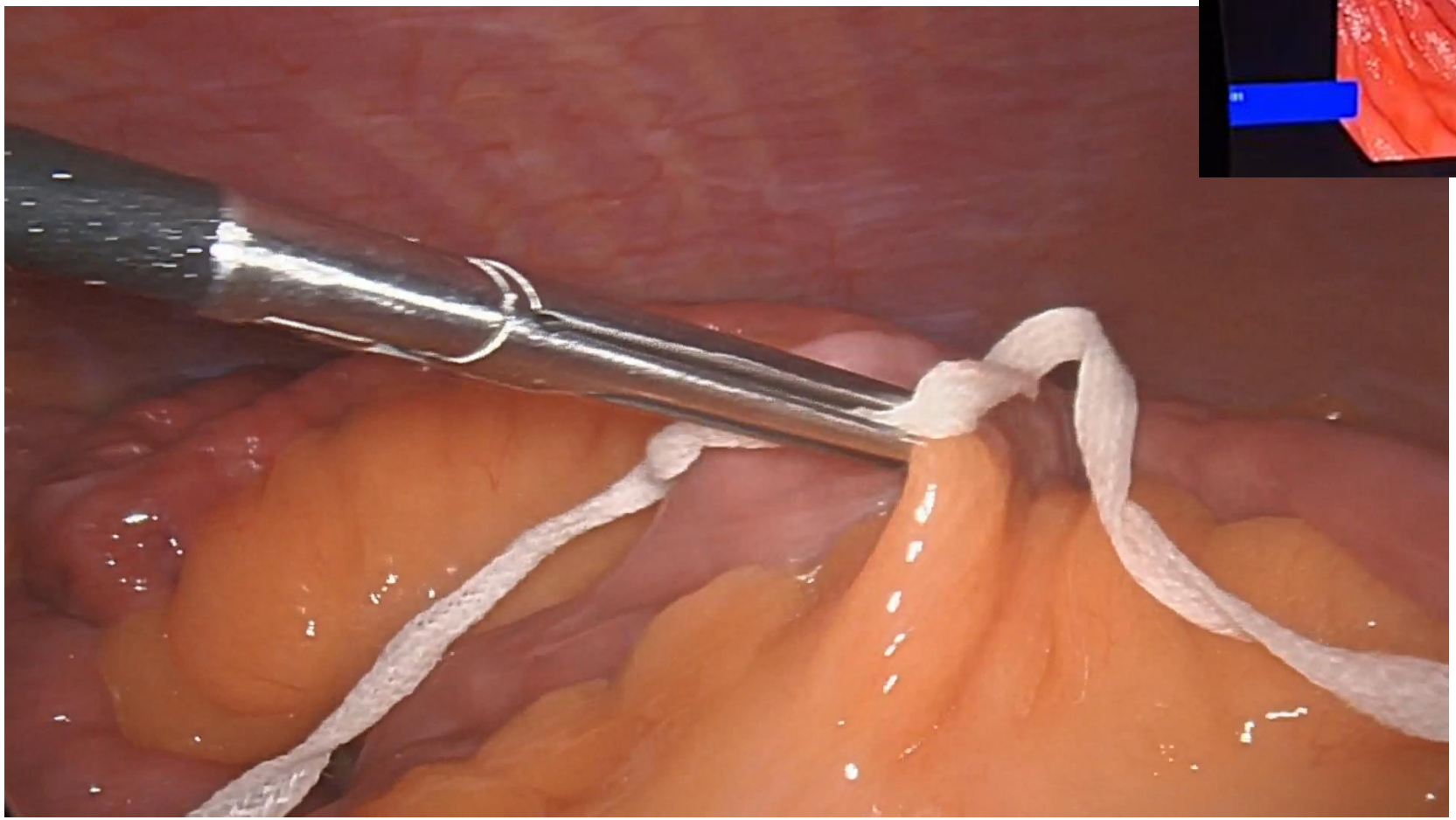
- Multicentric study
  - Stage 1 - first in human and proof of concept (5 patients)
  - Stage 2 - feasibility (30 patients)
- 5 centers in Canada and Europe
- Ethics committee approval and AEMPS approval
- Independent Data Safety Monitoring Board

A prospective observational open-label evaluation (Clinicaltrials.gov NCT#05,322,122) of the investigational Mag-

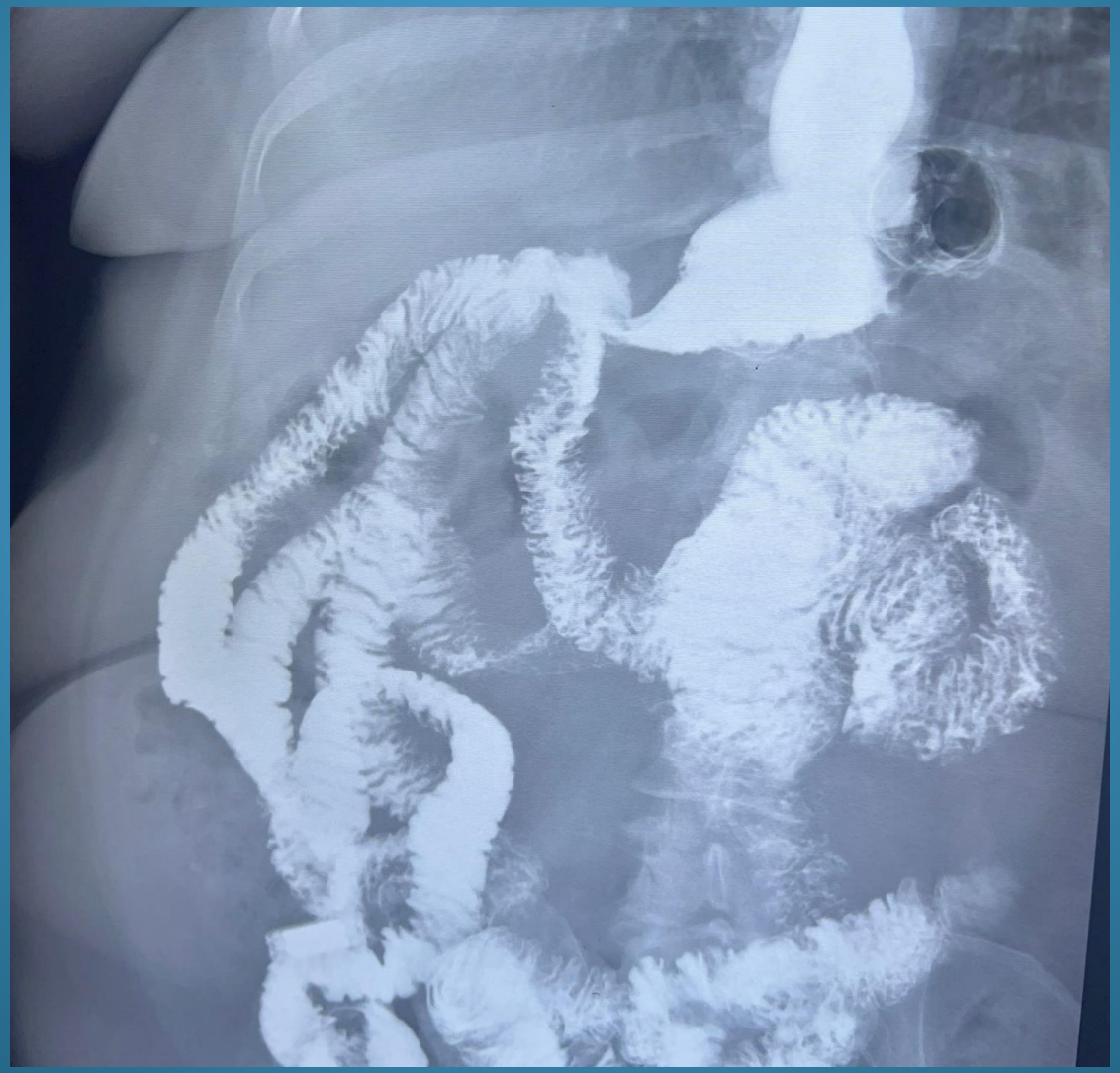
GT Metabolic


a.
b.
c.
d.

Surgical technique



Barium Swallow



Early Data Demonstrates Safety of the Magnet System

- A total of 57 adverse events (AEs) reported in 21 subjects
  - No adverse events were assessed as related to the Magnet device
  - Forty-seven events (83%, 47/57) were grade I-II on Clavien-Dindo Classification
  - Ten (17%, 7/57) were grade III on Clavien-Dindo Classification (*next slide*)
- No (0%) reports of anastomotic bleeds, leaks, obstruction, or infection, and no deaths

Clavien-Dindo Classification (n total AEs)	Procedure – D30 (n=57)	>D30 – D180 (n=57)	TOTAL (n=57)
Grade I	17 (30%)	8 (14%)	25 (44%)
Grade II Requiring pharmacological treatment	9 (16%)	13 (23%)	22 (39%)
Grade III Requiring surgical, endoscopic, or radiological intervention	6 (10%)	4 (7%)	10 (17%)
Grade IV Life-threatening	0 (0%)	0 (0%)	0 (0%)
Grade V Death of a patient	0 (0%)	0 (0%)	0 (0%)
TOTAL Adverse Events	32 (56%)	25 (44%)	57 (100%)

Surgical Endoscopy (2023) 37:6452–6463
https://doi.org/10.1007/s00464-023-10134-6

2023 SAGES ORAL

Side-to-side magnet anastomosis system duodeno-ileostomy with sleeve gastrectomy: early multi-center results

Michel Gagner[1,8] · Guy-Bernard Cadiere[2] · Andres Sanchez-Pernaute[3] · David Abuladze[4] · Todd Krinke[5] · J. N. Buchwald[6] · Nathalie Van Sante[7] · Marc Van Gossum[2] · Jana Dziakova[3] · Levan Koiava[4] · Maja Odovic[3] · Mathilde Poras[2] · Lamees Almutlaq[1] · Antonio J. Torres[3]

Table 2 Evolution of weight and clinical parameters after side-to-side magnetic duodeno-ileostomy with sleeve gastrectomy

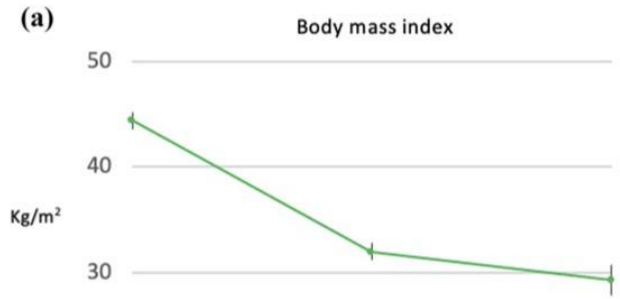
	Baseline	6-month follow-up (n = 24)			12-month follow-up (n = 5)		
	Mean ± SEM	Mean ± SEM	Mean change ± SEM (95%CI)	P-value	Mean ± SEM	Mean change ± SEM (95%CI)	P-value
Weight							
Absolute wt, kg	121.9 ± 3.3	87.8 ± 2.8	34.2 ± 1.6 (30.9, 37.4)	< 0.001	77.6 ± 4.7	40.0 ± 3.1 (31.4, 48.6)	< 0.001
BMI, kg/m^2	44.4 ± 0.8	32.0 ± 0.8	12.4 ± 0.5 (11.5, 13.3)	< 0.001	29.3 ± 1.5	15.1 ± 1.0 (12.2, 18.0)	< 0.001
TWL, %	–	28.1 ± 1.0	–	–	34.0 ± 1.4	–	–
EWL, %	–	66.2 ± 3.4	–	–	80.2 ± 6.6	–	–
Clinical							
$HbA1_C$, %*	6.2 ± 0.3	5.1 ± 0.2	1.1 ± 0.4 (0.2, 1.9)	< 0.05	4.8 ± 0.2	2.0 ± 1.1 _[††]	0.173
Glucose, mg/dL[†]	111.3 ± 6.1	86.5 ± 3.5	24.8 ± 6.6 (11.0, 38.6)	< 0.001	87.3 ± 6.3	53.8 ± 6.3 _[††]	0.113

BMI: Body mass index; *TWL*: Total weight loss; *EWL*: Excess weight loss; *$HbA1_C$*: Glycosylated hemoglobin

*$HbA1_C$ baseline n = 20; 6-month n = 19; 12-month n = 4

†Glucose baseline n = 21; 6-month n = 21; 12-month n = 4

††Not applicable due to small sample size



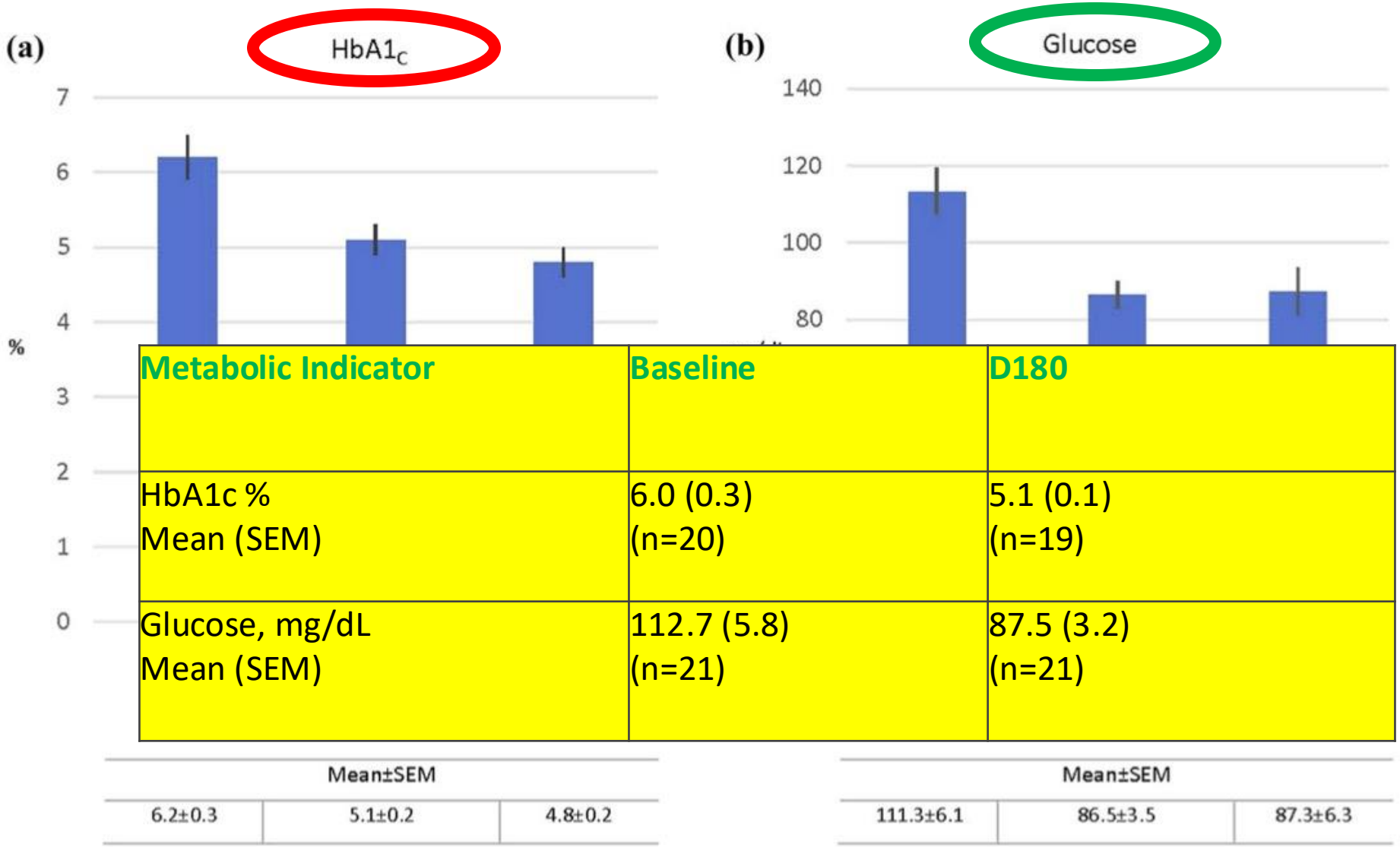
Obesity Indicator	D180 n=24	D360 n=5
% EWL Mean (SEM)	66 (3)	80.2 (6.6)

- * Obesity indicators in this cohort (n=24) are very promising at six months
- * Impressive results continue for the subset of 5 subjects followed to one year

Mean±SEM		
0.0	28.1±1.0	34.0±1.4

Mean±SEM		
0.0	66.2±3.4	80.2±6.6

Fig. 5 Mean changes in weight from baseline to 6 months (n=24) and 12 months (n=5) following side-to-side Magnet System duodeno-ileostomy with sleeve gastrectomy in **(a)** body mass index (BMI, kg/m^2); **(b)** total weight loss (%TWL); and in **(c)** excess weight loss (%EWL)



Metabolic Indicator	Baseline	D180
HbA1c % Mean (SEM)	6.0 (0.3) (n=20)	5.1 (0.1) (n=19)
Glucose, mg/dL Mean (SEM)	112.7 (5.8) (n=21)	87.5 (3.2) (n=21)

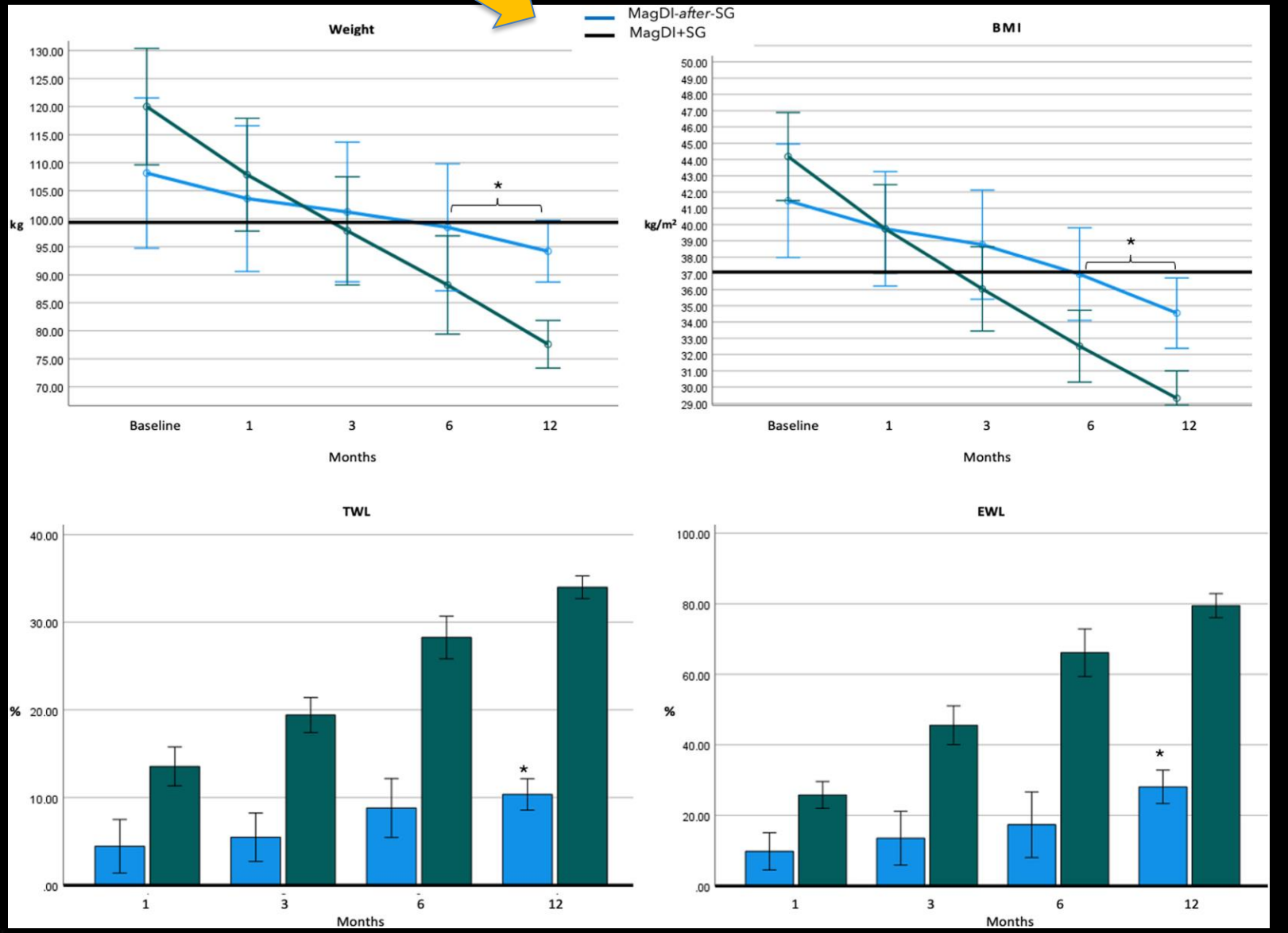
Fig. 6 Mean changes following side-to-side Magnet System duodeno-ileostomy with sleeve gastrectomy in **(a)** $HbA1_C$ (%): reduction at 6 months, 1.1 ± 0.4% (n = 19) and at 12 months, 2.0 ± 1.1% (n = 4); and in **(b)** blood glucose (mg/dL), reduction at 6 months, 24.8 ± 6.6% (n = 21) and at 12 months, 53.8 ± 6.3% (n = 4)

Side-to-side magnetic duodeno-ileostomy in adults with severe obesity with or without type 2 diabetes: early outcomes with prior or concurrent sleeve gastrectomy

Michel Gagner, M.D., Lamees Almutlaq, M.D., Guy-Bernard Cadiere, M.D., Ph.D., Antonio J. Torres, M.D., Ph.D., Andres Sanchez-Pernaute, M.D., Ph.D., Jane N. Buchwald, B.A., David Abuladze, M.D.

Surgery for Obesity and Related Diseases
Volume 20 Issue 4 Pages 341-352 (April 2024)
DOI: 10.1016/j.soard.2023.10.018

Fig. 4



Surgery for Obesity and Related Diseases 2024 20341-352DOI: (10.1016/j.soard.2023.10.018)

Journal of Gastrointestin

Contents lists ava

Journal of Gastr

journal homep

Original Article

Sleeve gastrectomy with duodenoileal b feasibility and safety at 1-year follow-u

Guy-Bernard Cadière [a], Mathilde Poras [a,*], Marie-Th Raoul Muteganya [a], Marc van Gossum [a], Benjamin (Michel Gagner [c]

[a] Division of Digestive Surgery, Centre Hospitalier Universitaire Saint-Pierre, Brussels, Bel
[b] NVS Consulting, Brussels, Belgium
[c] Department of Surgery, Westmount Square Surgical Center, Westmount, Quebec, Canad

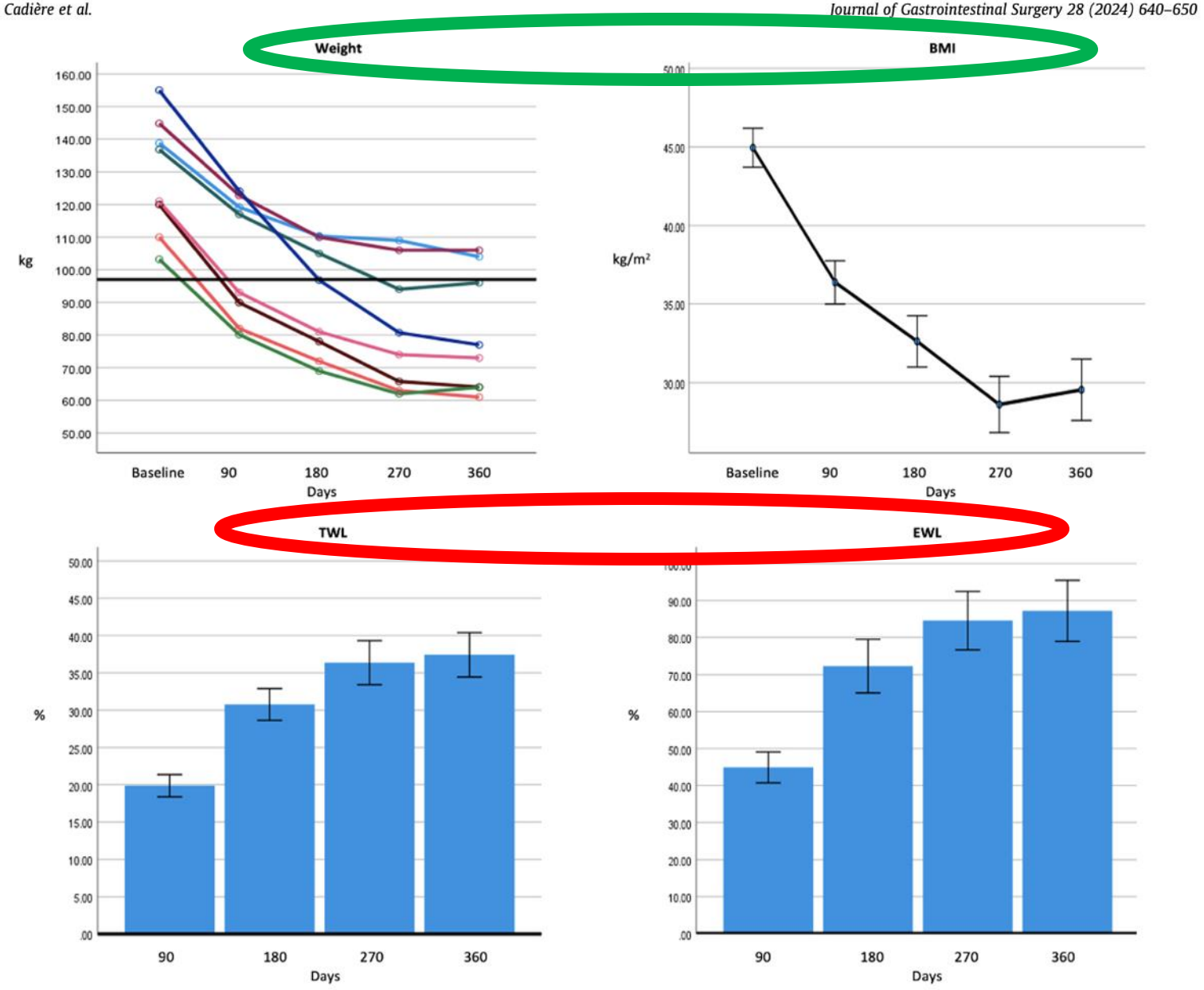


Figure 6. Evolution of weight from baseline to 1-year follow-up for patients with complete data (8 of 10) after side-to-side magnet anastomosis system duodenoileostomy with sleeve gastrectomy in absolute weight (kg), BMI (kg/m^2), %TWL, and %EWL. %EWL, excess weight loss; %TWL, total weight loss; BMI, body mass index.

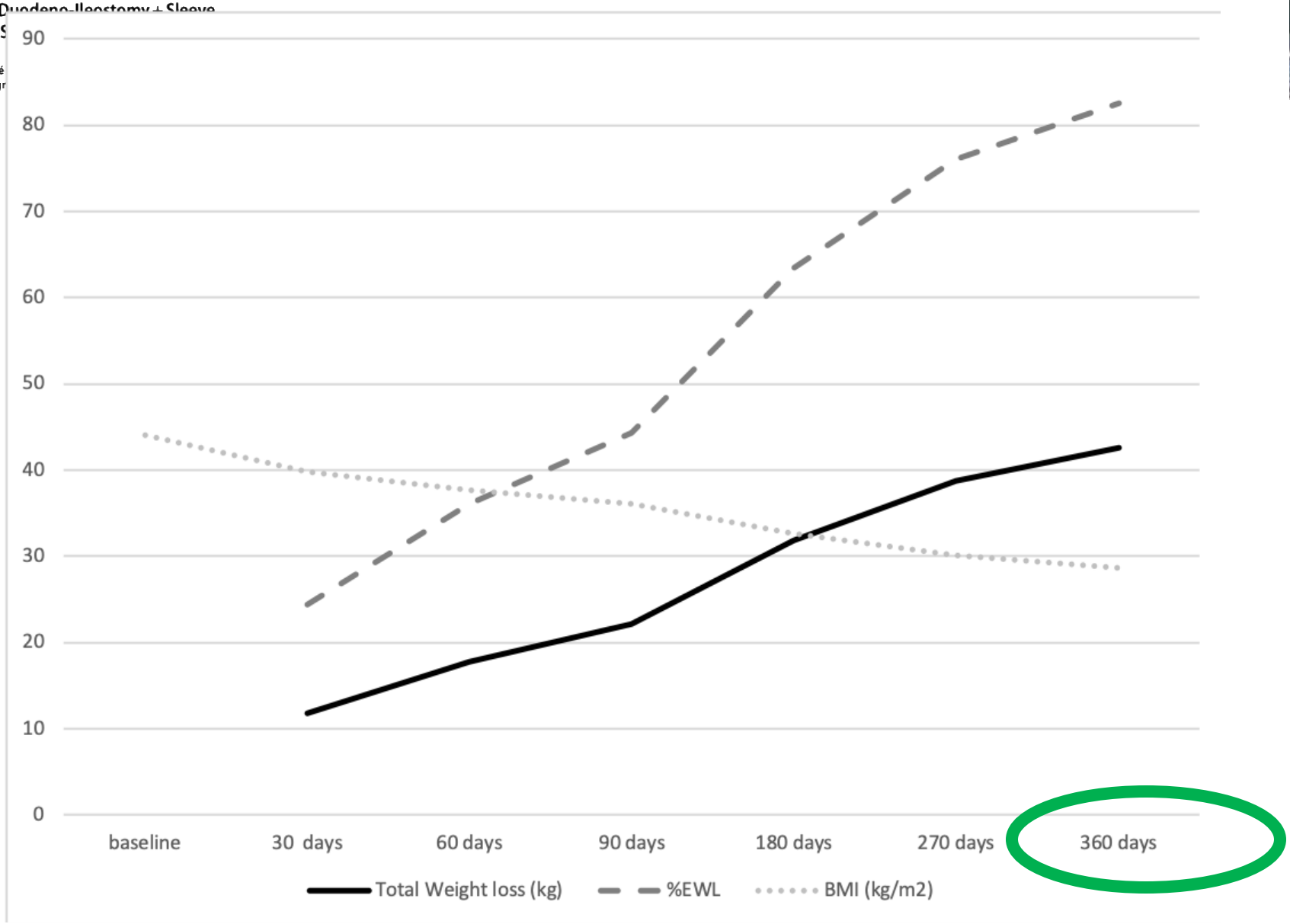
Obesity Surgery (2024) 34:3569–3575
https://doi.org/10.1007/s11695-024-07432-w

NEW CONCEPT

Spanish Experience with Latero-Lateral Duodeno-Ileostomy + Sleeve Gastrectomy with Magnet Anastomosis S

Jana Dziakova[1,2,3] · Antonio Torres[1,2,3] · Maja Odovic[1] · José Andrea Castillo[1] · Andrés Sánchez-Pernaute[1,2,3] · Michel Gagn

Figure 3: Mean changes in body mass index (BMI, kg/m^2); total weight loss (%TWL); and in excess weight loss (%EWL)



Obesity Surgery (2024) 34:3569–3575
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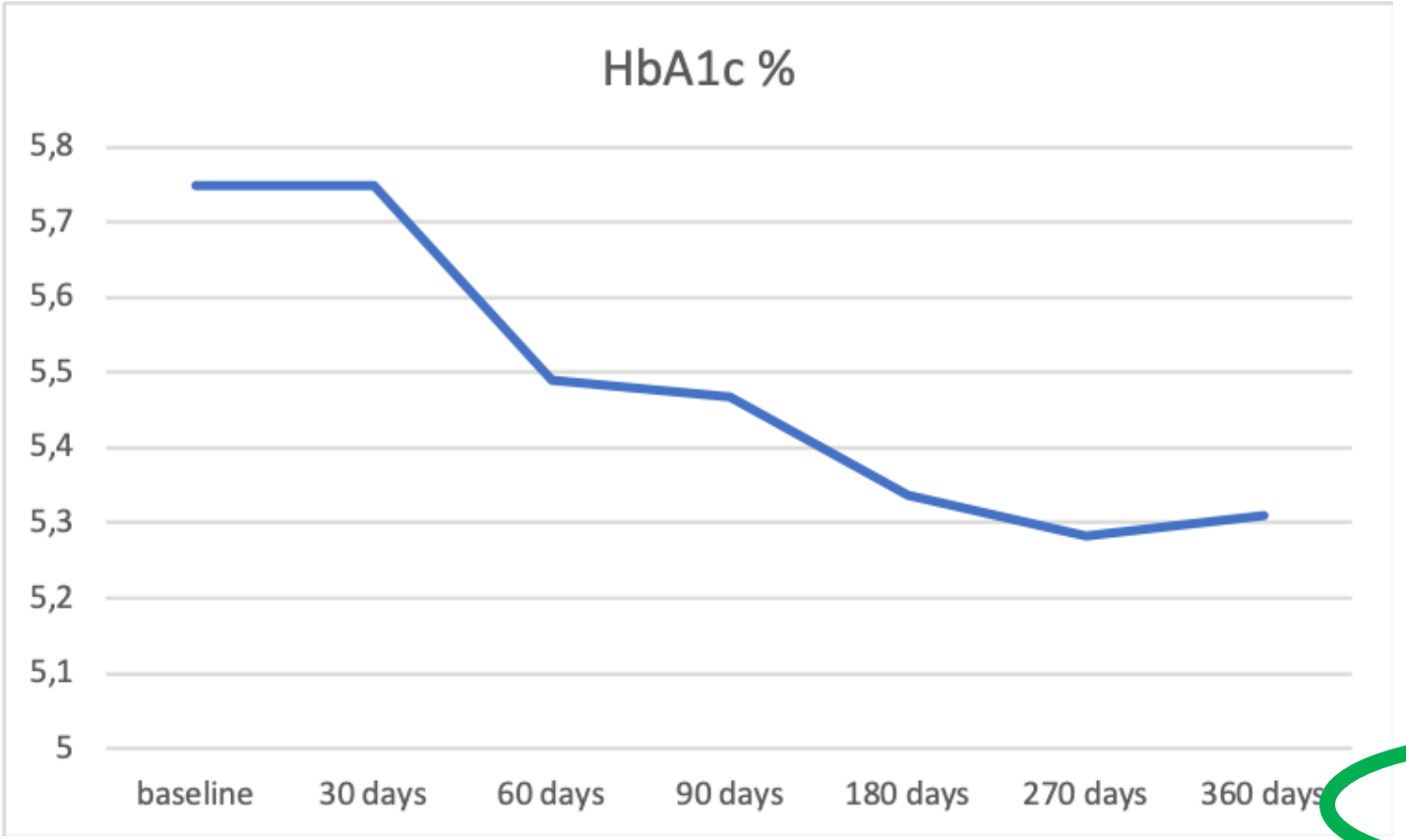
IFSO

NEW CONCEPT

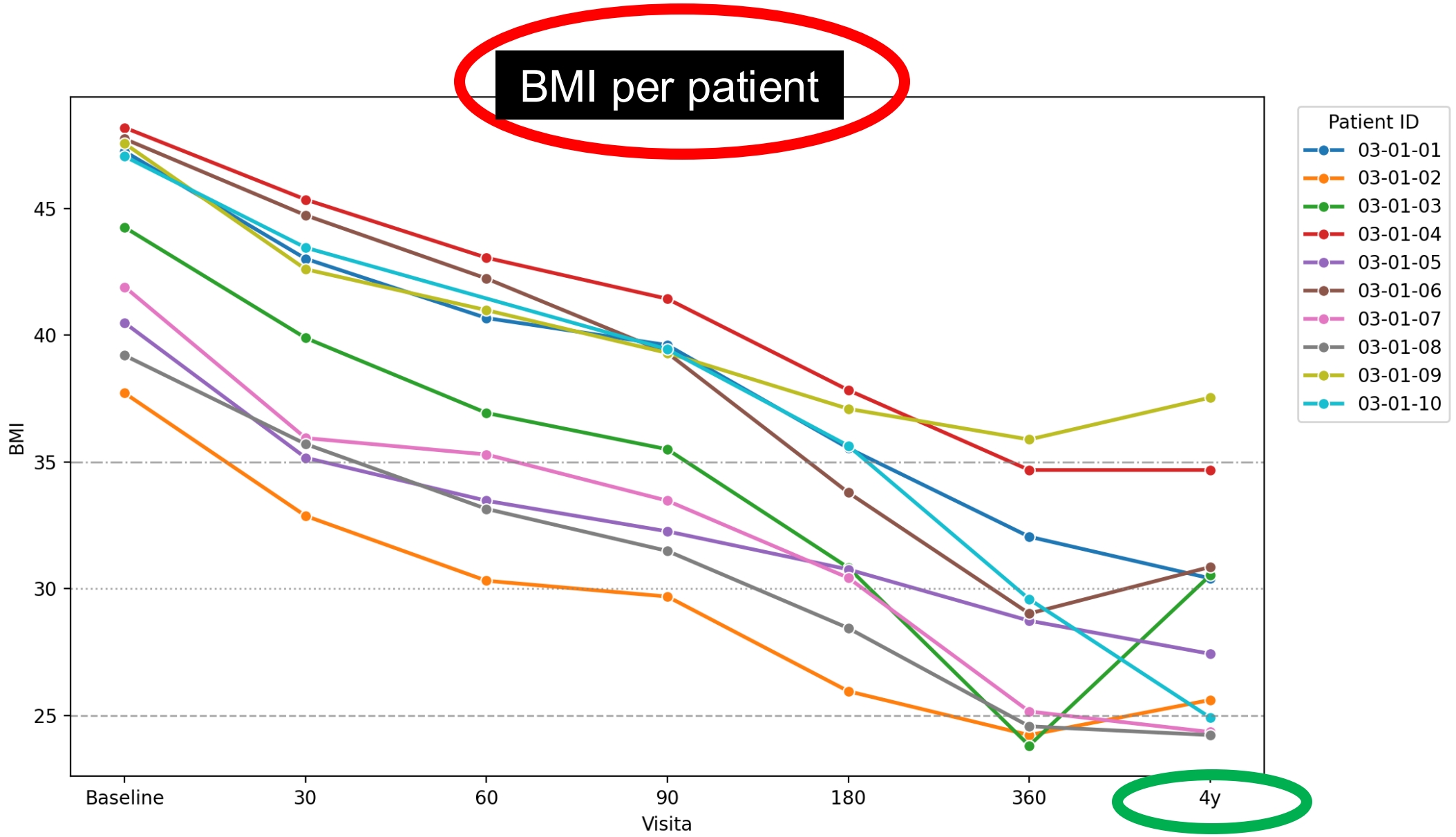
Spanish Experience with Latero-Lateral Duodeno-Ileostomy + Sleeve Gastrectomy with Magnet Anastomosis System

Jana Dziakova[1,2,3] · Antonio Torres[1,2,3] · Maja Odovic[1] · José Miguel Esteban[4] · Manuel Vázquez-Romero[4] · Andrea Castillo[1] · Andrés Sánchez-Pernaute[1,2,3] · Michel Gagner[5,6]

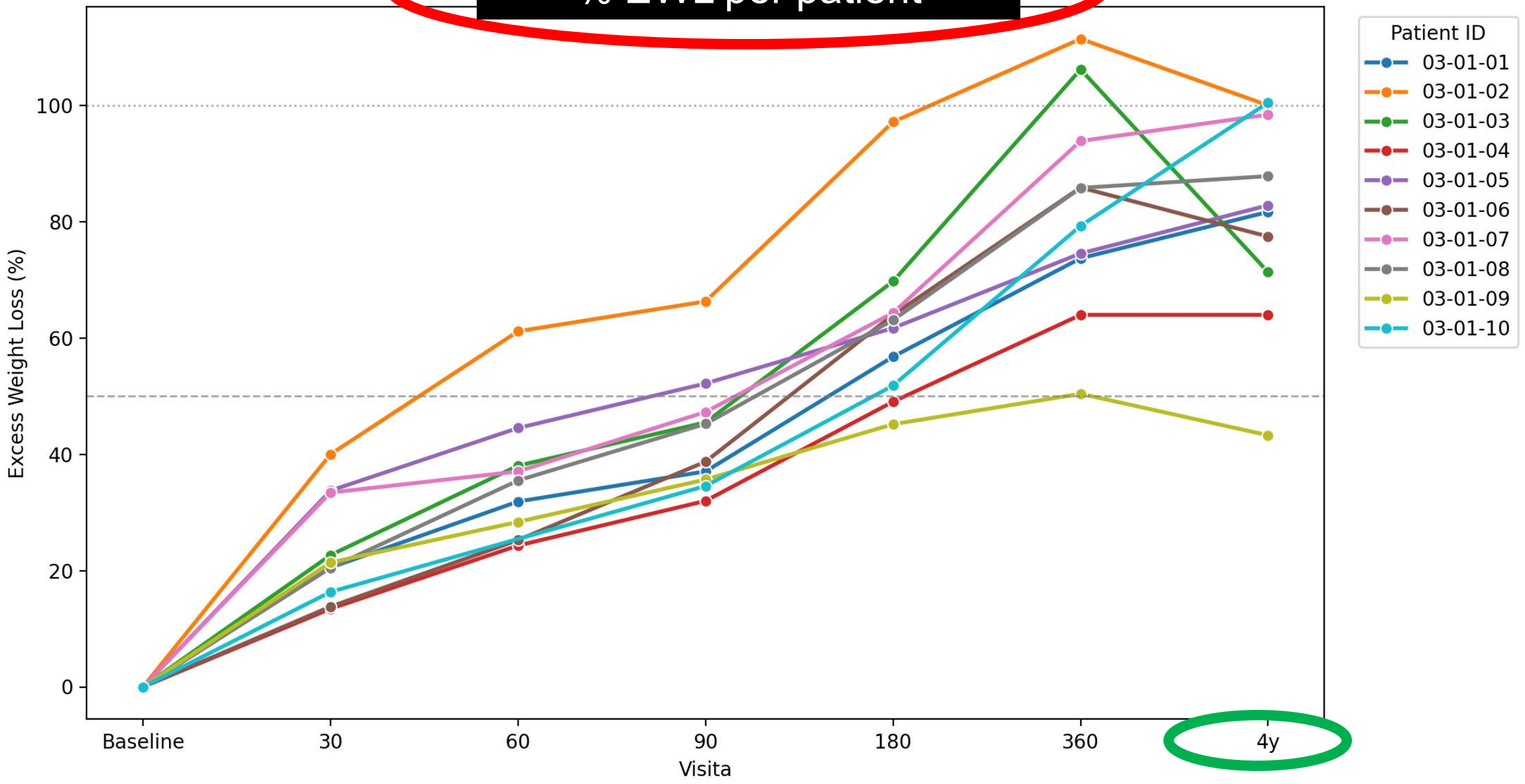
Figure 4: Mean changes of $HbA1_c$



4 years: 5.3

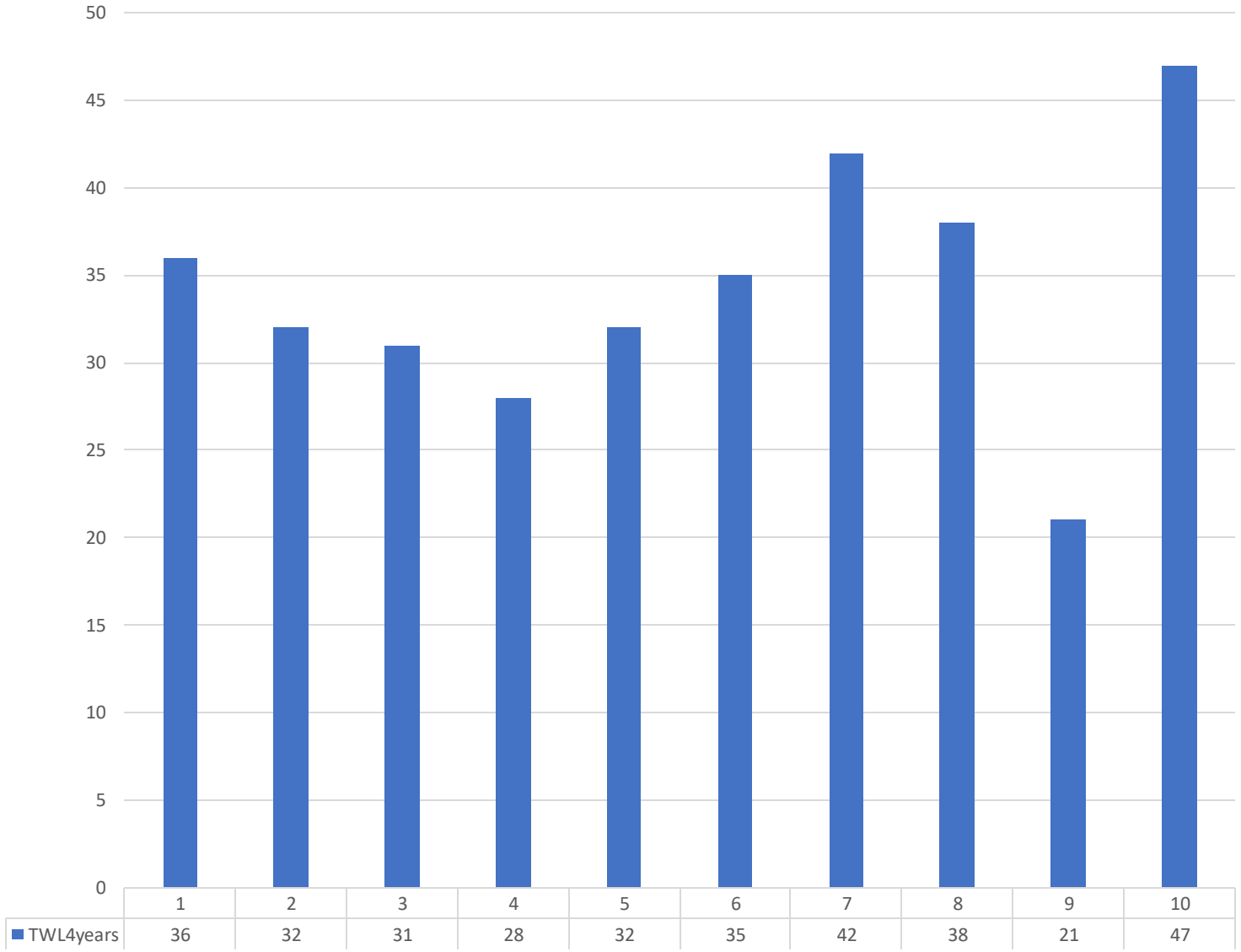

BMI per patient
BMI
45
40
35
30
25
Baseline
30
60
90
180
360
4y
Visita
Patient ID
03-01-01
03-01-02
03-01-03
03-01-04
03-01-05
03-01-06
03-01-07
03-01-08
03-01-09
03-01-10

% EWL per patient

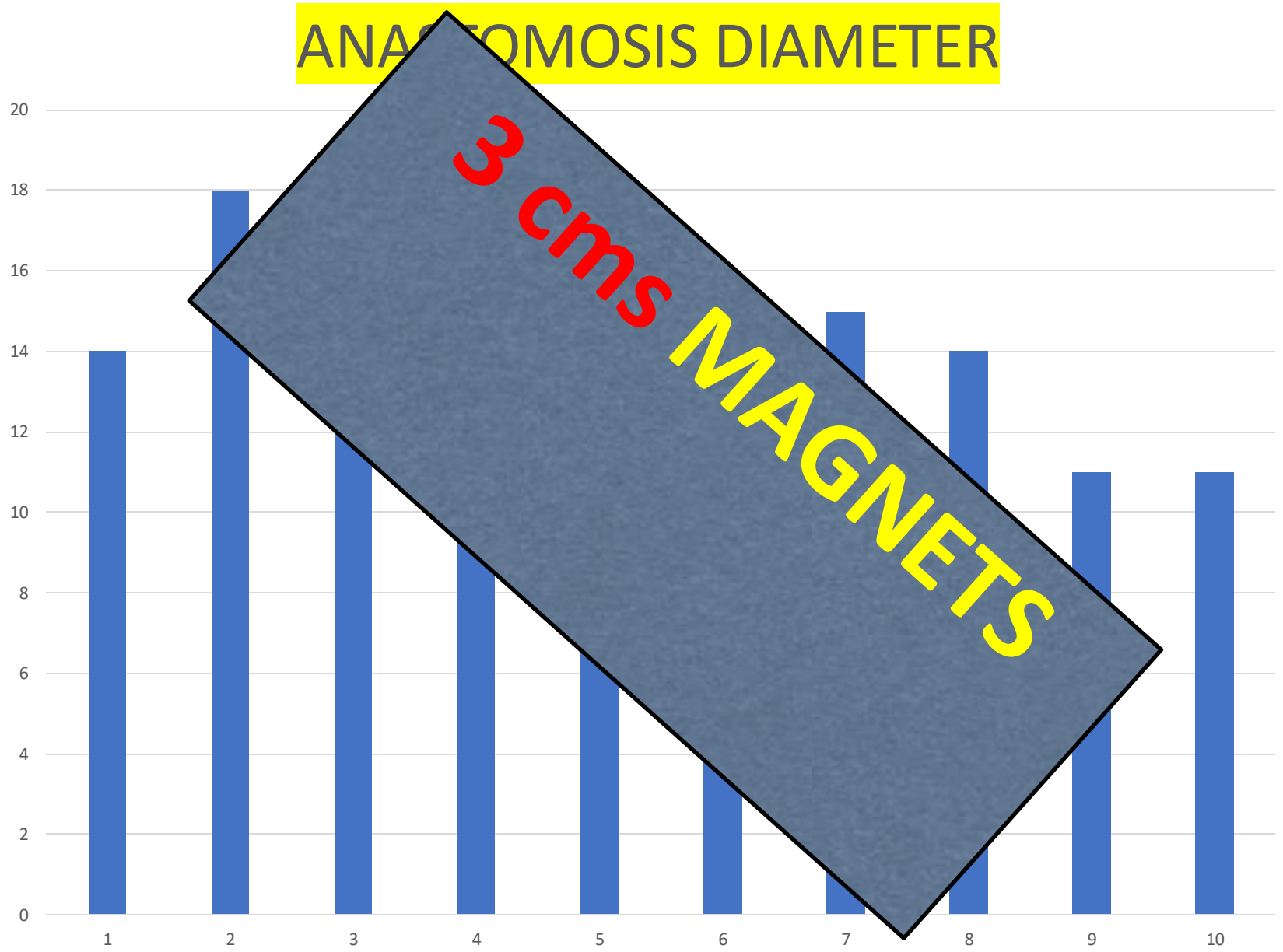


PACIENTE	EDAD CIRUGIA	PESO INICIAL	TALLA	IMC INICIAL	EP	PESO 3 AÑOS	IMC 3 AÑOS	TWL 3 AÑOS	TWL 4 AÑOS
MCRP	51	104.5	1.6	42.5	42.9	76.0	30.8	27.3	28
ARSR	55	109.0	1.7	36.8	35.0	63.7	21.5	41.6	32
FFG	48	144.5	1.8	44.1	62.6	89.0	27.2	38.4	31
MEPA	60	118.0	1.6	49.1	57.9	62.5	26.0	47.0	35
SBB	36	124.0	1.7	40.9	48.3	86.7	28.6	30.1	32
YMSS	33	130.2	1.7	46.1	59.6	94.0	33.3	27.8	35
MA	50	103.3	1.5	43.6	44.0	57.0	24.0	44.8	36
MJS	54	113.3	1.6	44.3	49.3				38
BFF	55	129.5	1.7	47.6	61.4	101.0	37.1	22.0	21
SRL	45	136.0	1.7	47.1	63.8	70.5	24.4	48.2	47

TWL 4years



	1	2	3	4	5	6	7	8	9	10
TWL4years	36	32	31	28	32	35	42	38	21	47


ANASTOMOSIS DIAMETER
3 cms MAGNETS
20
18
16
14
12
10
8
6
4
2
0
1
2
3
4
5
6
7
8
9
10

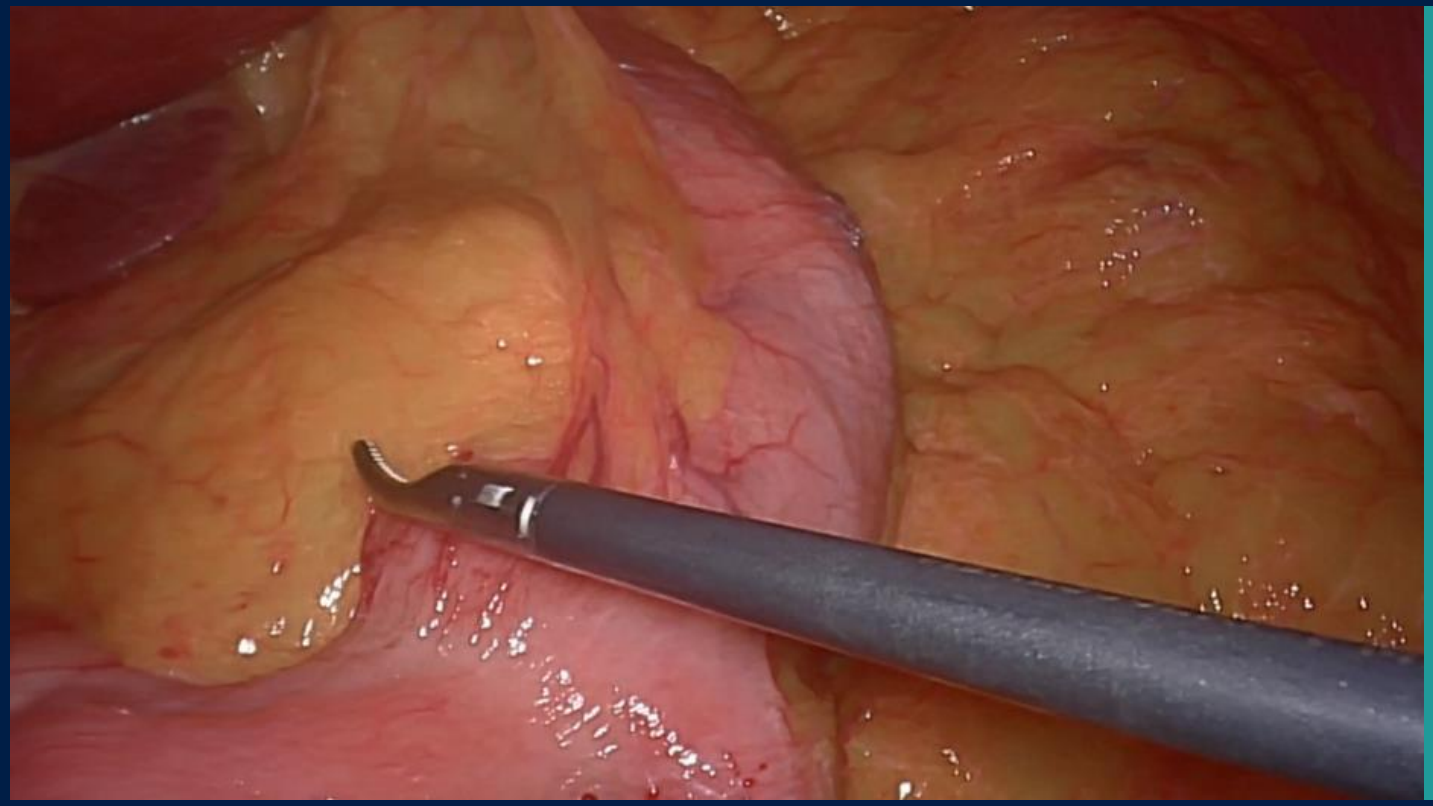
MAGDI: Patients Follow-up

- Early non-programmed MAGDI dilation → Perforation → Sleeve
  - hh → RYGB for GERD
- CPRE for main bile duct stones → Cholecystectomy
- Insufficient Weight Loss → SADI-S
- Diarrea + Nutritional Issues → Sleeve

GT Metabolic

MAGDI TO SADI-S

BARIATRIC
PROCEDURE



Type of Procedure

Revisional bariatric surgery

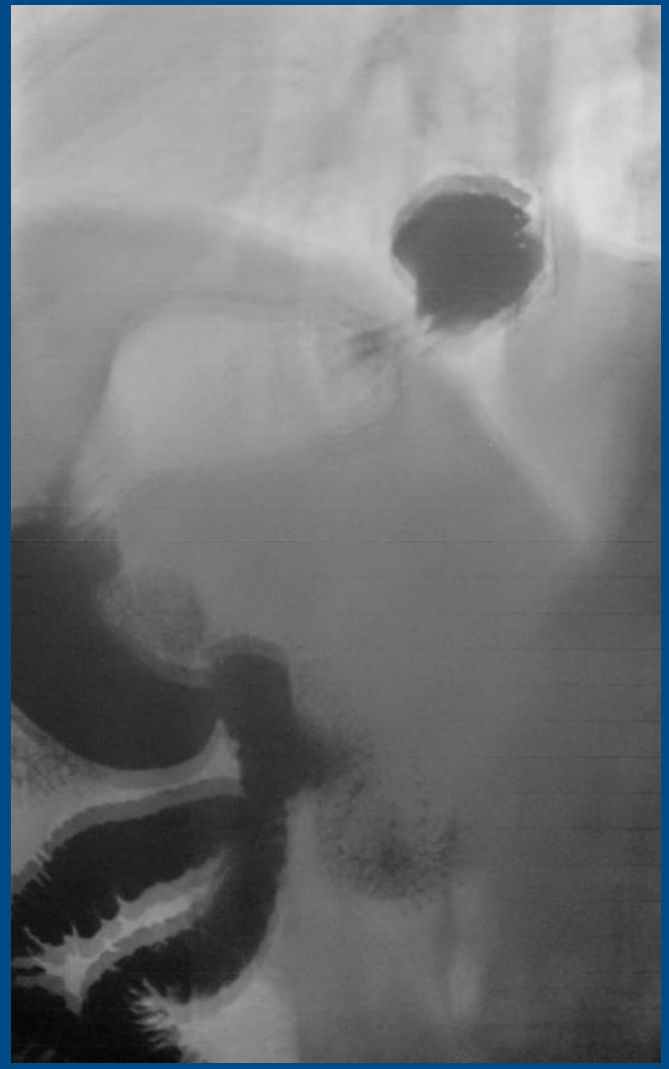
Completion of Duodenal Diversion.

Important steps

- Revision of sleeve gastrectomy
- Dissection of magnetic duodeno-ileal anastomosis.
- Intraoperative endoscopy
- Dissection of the duodenum.
- Section the duodenum.

SaludMadrid Hospital Clínico San Carlos

BARIUM SWALLOW
EXAMINATIONS



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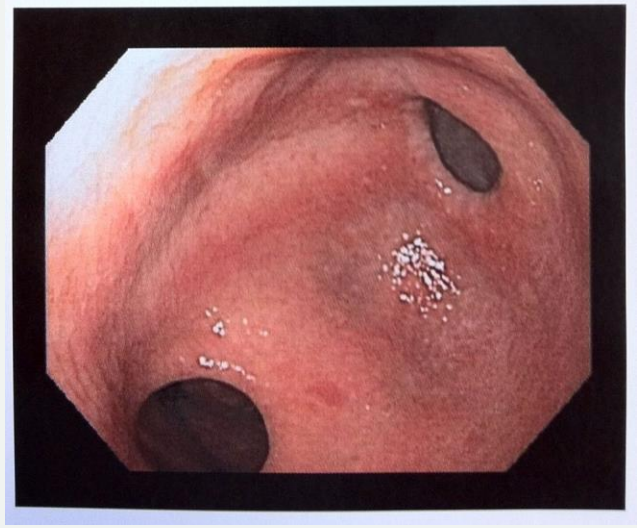
IS DUODENAL BIPARTITION EQUIVALENT TO SADI-S ?

NO



– SADI is predictable, you know what happens with known Common Channel: 250-300-…cm

– In Duodenal Bipartititon can be variable, **we don´t know** how much pass through GJ

Contents lists

Journal of Gas

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Original Article

Sleeve gastrectomy with duodenoileal
feasibility and safety at 1-year follow-

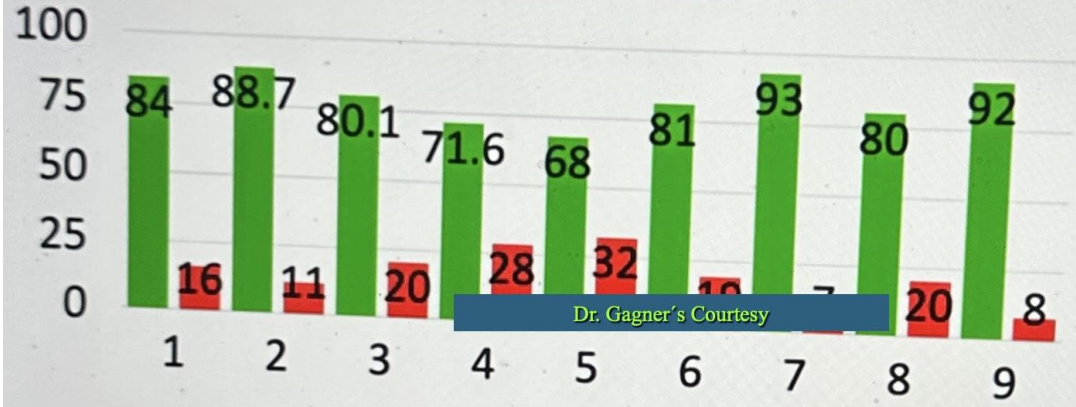
Guy-Bernard Cadière [a], Mathilde Poras [a,*], Marie-
Raoul Muteganya [a], Marc van Gossum [a], Benjamin
Michel Gagner [c]

[a] Division of Digestive Surgery, Centre Hospitalier Universitaire Saint-Pierre, Brussels,
[b] NVS Consulting, Brussels, Belgium
[c] Department of Surgery, Westmount Square Surgical Center, Westmount, Quebec, Ca

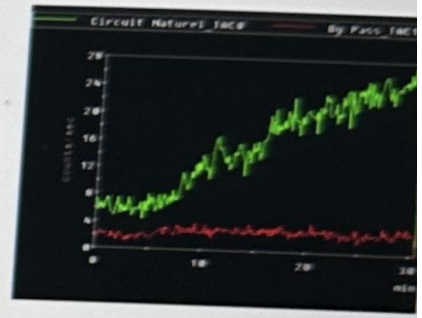
Dr. Gagner´s Courtesy

isotopic study :duodenal-ileostomy versus gastro-ileostomy

Duodeno-ileal bipartition



Median 19 %



Dr. Gagner´s Courtesy

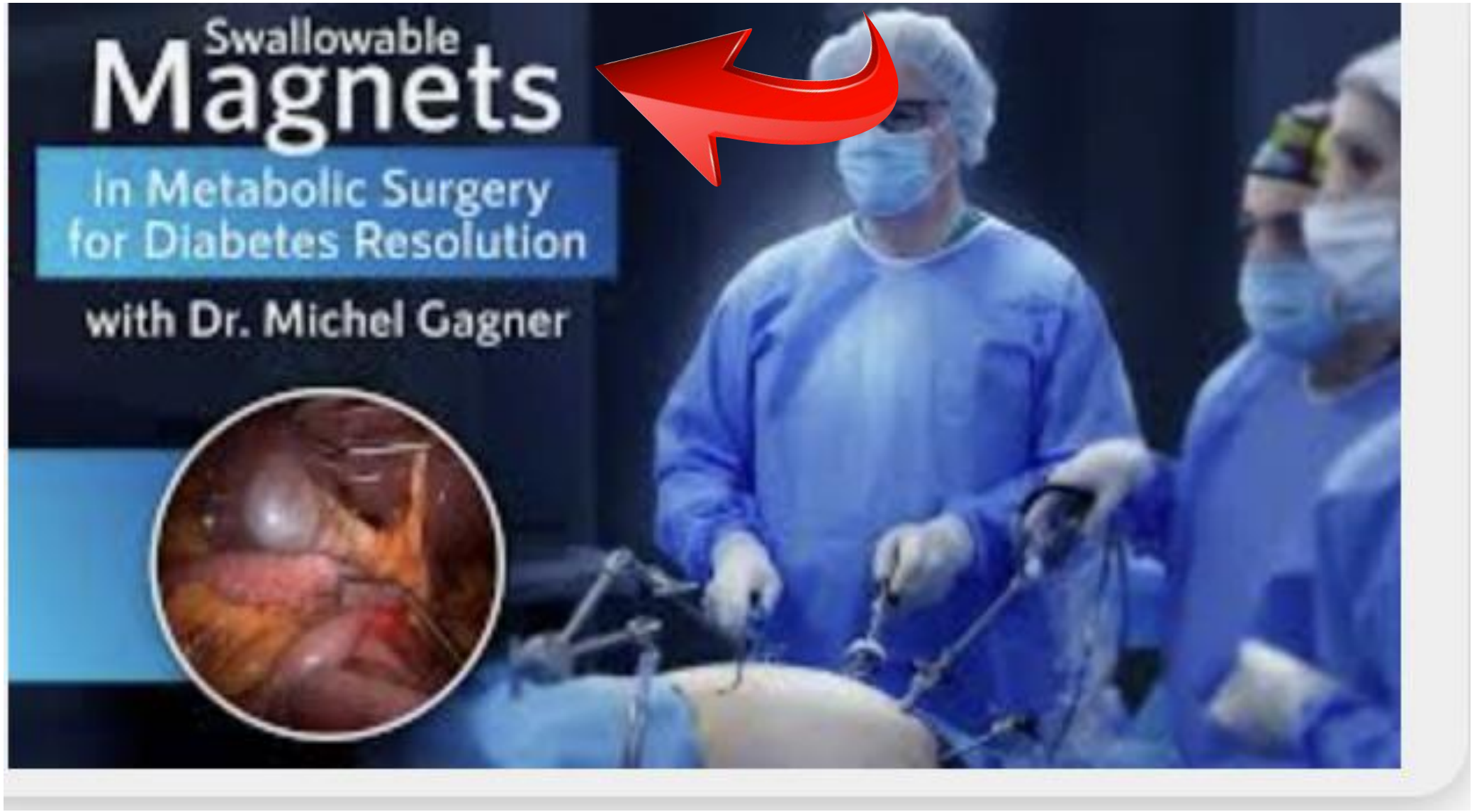
% Ileal Derivation

% Natural route

Gastro-ileal Bipartition (SASI)

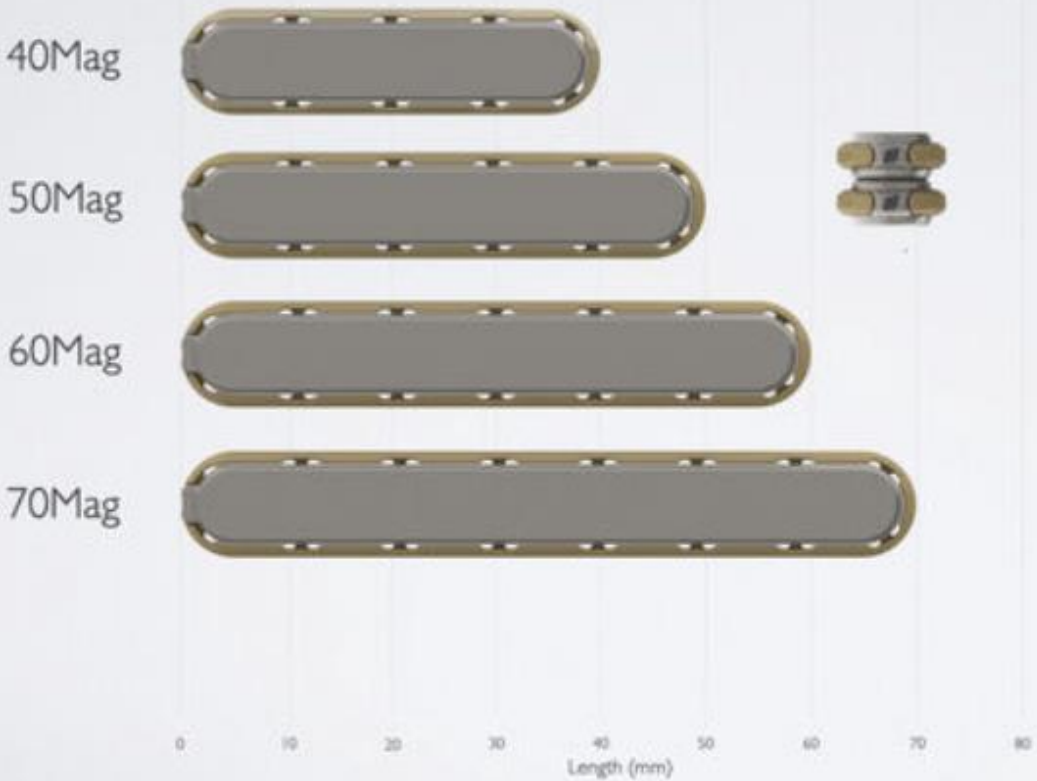
Median 81 %

to know the
pic emptying
tition into the
nto the ileum.

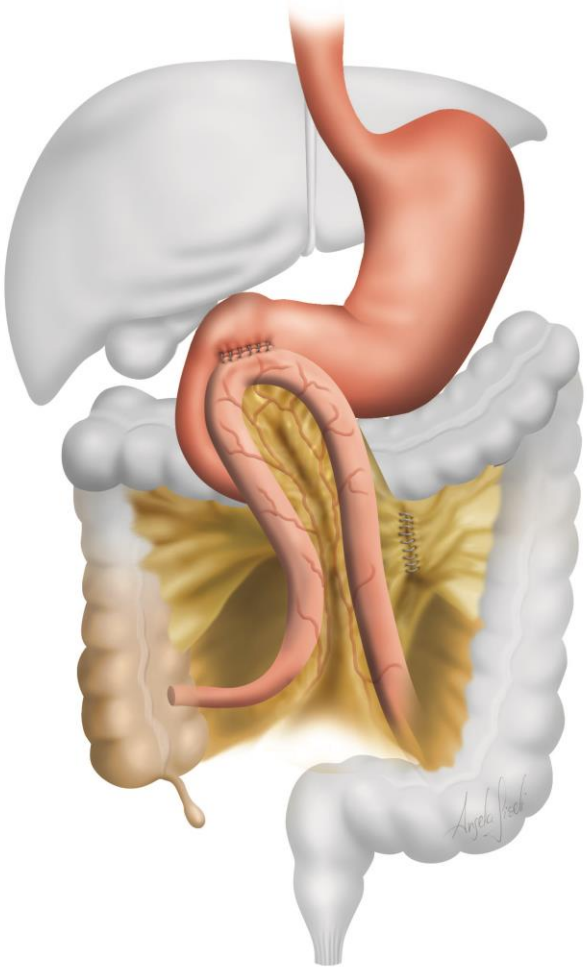

Swallowable
Magnets
in Metabolic Surgery
for Diabetes Resolution
with Dr. Michel Gagner

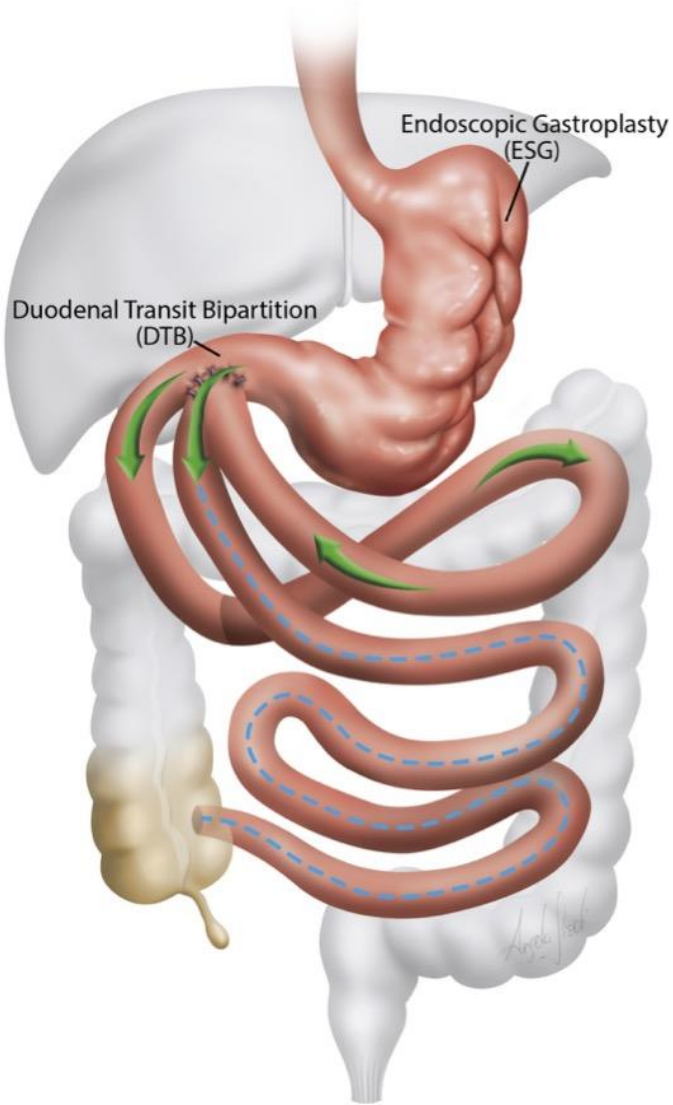
GT Metabolic™

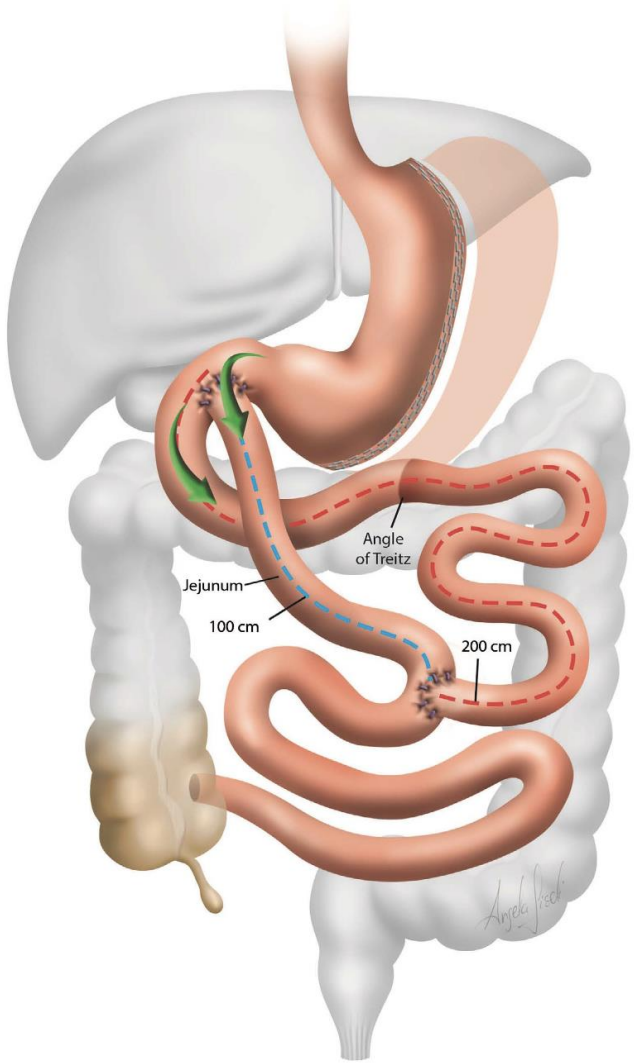
Magnet Length



Duodenal-Bipartition: New Approaches







Courtesy DR. Paulo Reis

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