

Sleeve Gastrectomy with Adjunct Intestinal Bypass (“Sleeve Plus”) Procedures Versus Sleeve Gastrectomy Alone: A Systematic Review and Meta-Analysis

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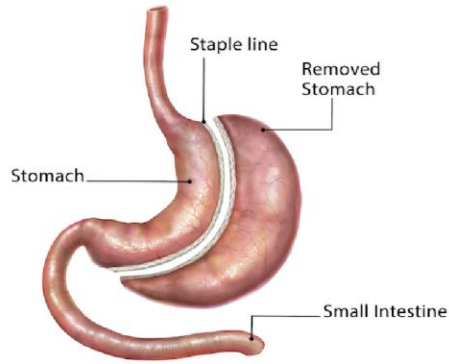


Conflict Of Interest

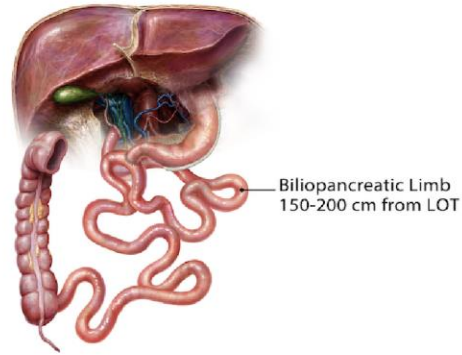
Nothing to Disclose.



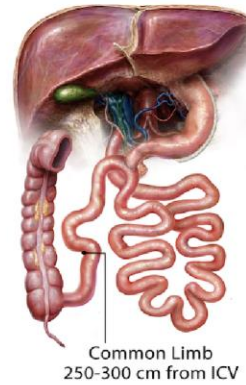
Does adding a bypass to SG improve outcomes?



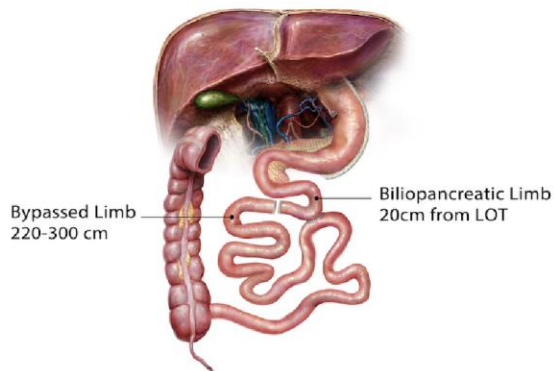
Sleeve Gastrectomy (SG)



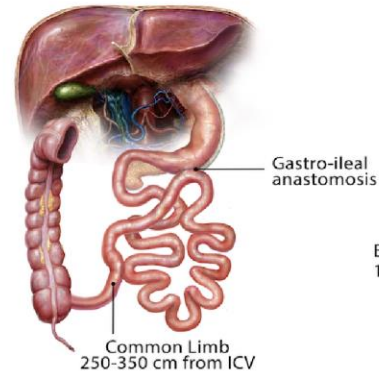
Sleeve Gastrectomy + Loop Duodeno-Jejunal Bypass (SG-DJB)



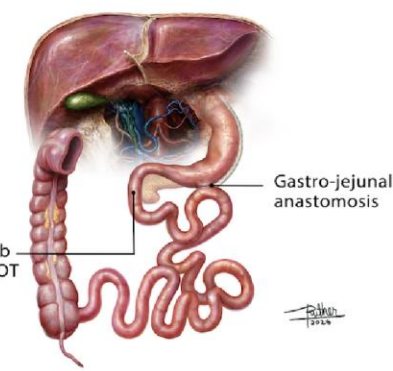
Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy (SADI-S)



Sleeve Gastrectomy + Jejuno-Jejunal Bypass (SG-JJB)



Single Anastomosis Sleeve Ileal (SASI) Bypass



Single Anastomosis Sleeve Jejunal (SAS-J) Bypass

37 studies

- 4 RCTs, 33 observational
- 4,692 patients
- Median ff-up: 12 months
- Random-effects

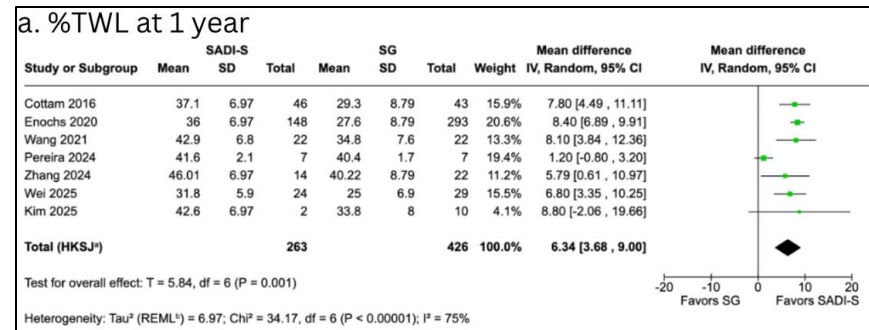
Not all Sleeve Plus procedures are created equal.



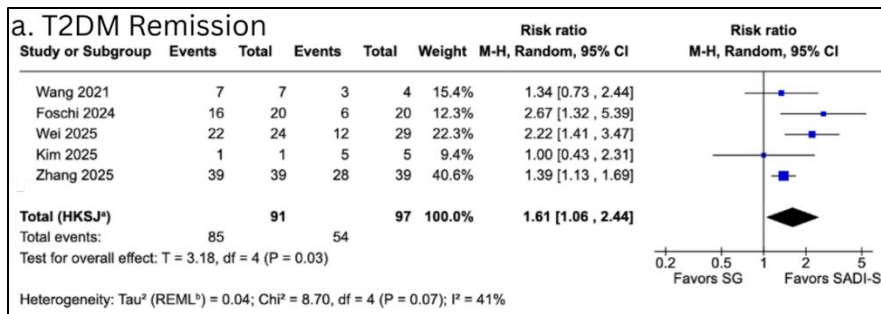
The "Highs" (SADI-S & SASI)

SADI-S

- Weight Loss: %TWL +6.3% (p=0.001)

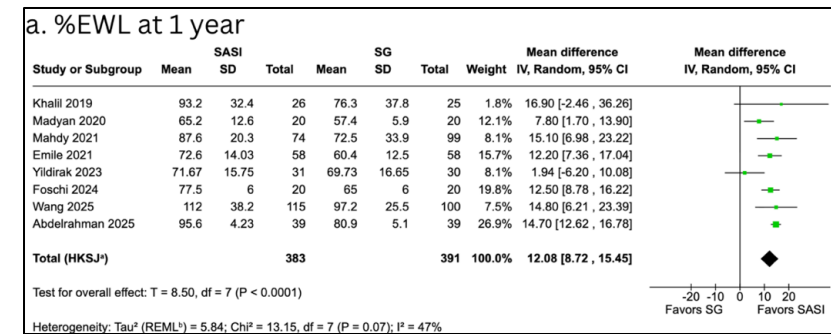


- T2DM Remission: RR 1.61 (p=0.03)
- 93.4% vs 55.6%

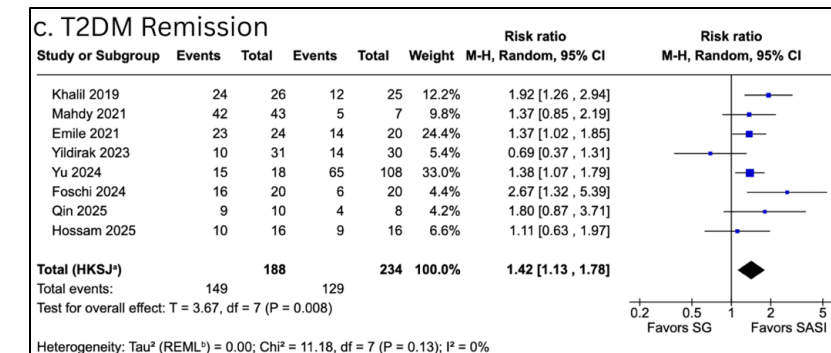


SASI

- Weight Loss: %EWL +12.08% (p<0.0001)



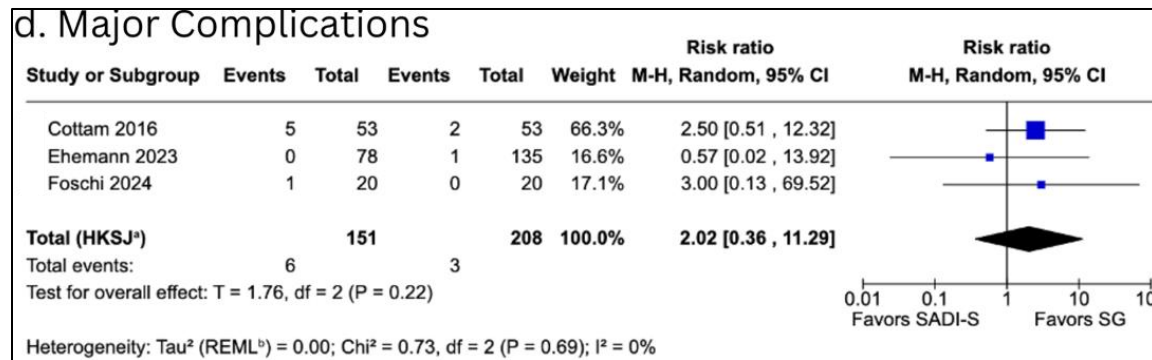
- T2DM Remission: RR 1.42 (p=0.008)
- 79.2% vs 55.1%



The "Highs" (SADI-S & SASI)

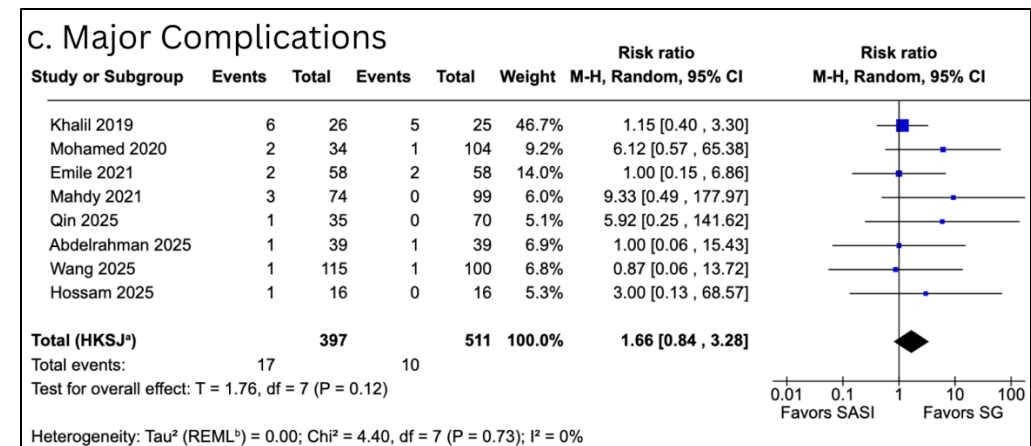
SADI-S

- **Major Complications:** RR 2.02 (p=0.22)
- 3.9% vs 1.4%
- *No significant difference*



SASI

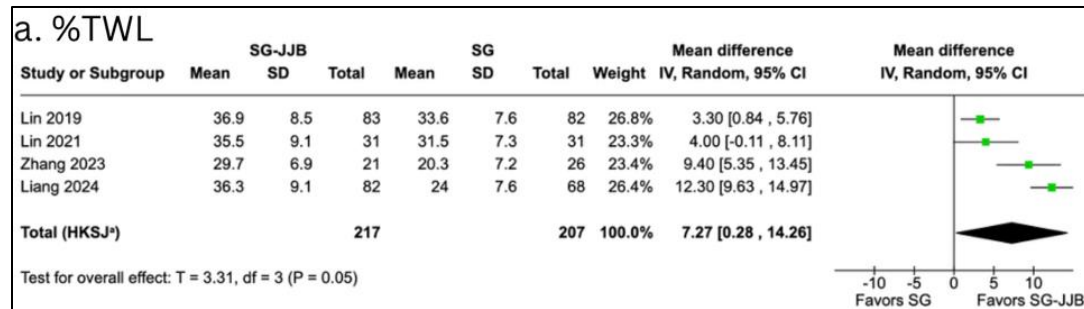
- **Major Complications:** RR 1.66 (p=0.12)
- 4.2% vs 1.9%
- *No significant difference*



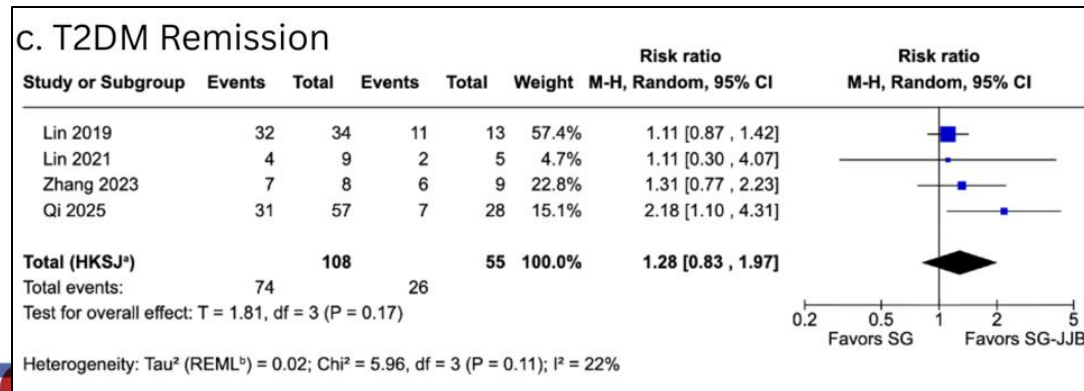
The "Lows" (SG-JJB & SG-DJB)

SG-JJB

- **Weight Loss:** Modest %TWL benefit ($p=0.05$)

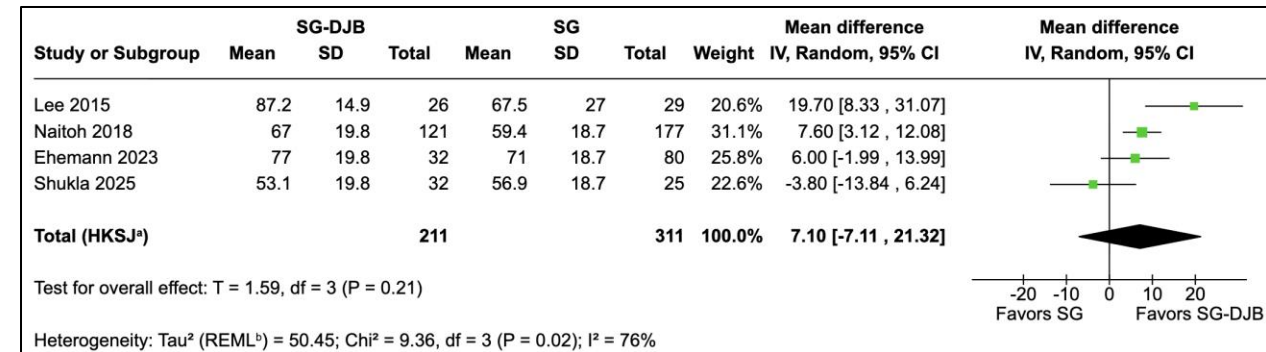


- **T2DM Remission:** Not significant
- 68.5% vs 47.2%

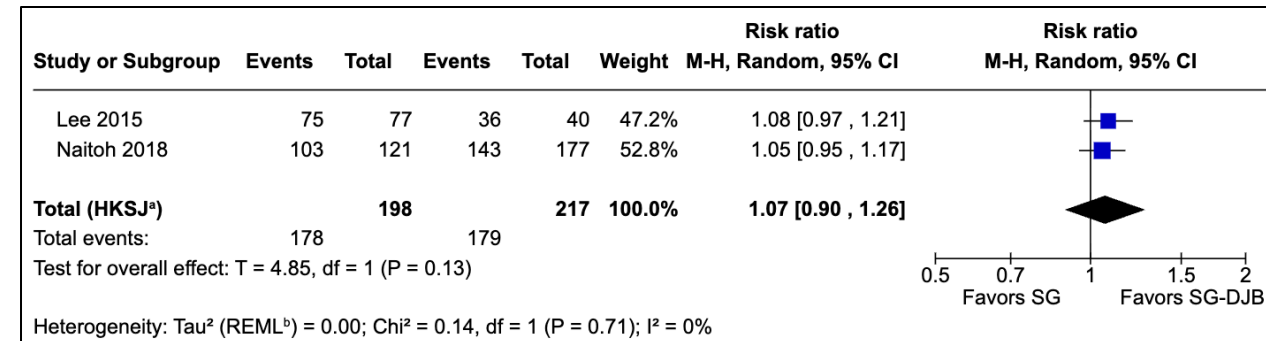


SG-DJB

- **Weight Loss:** %EWL Not significant



- **T2DM Remission:** Not significant
- 89.8% vs 82.4%



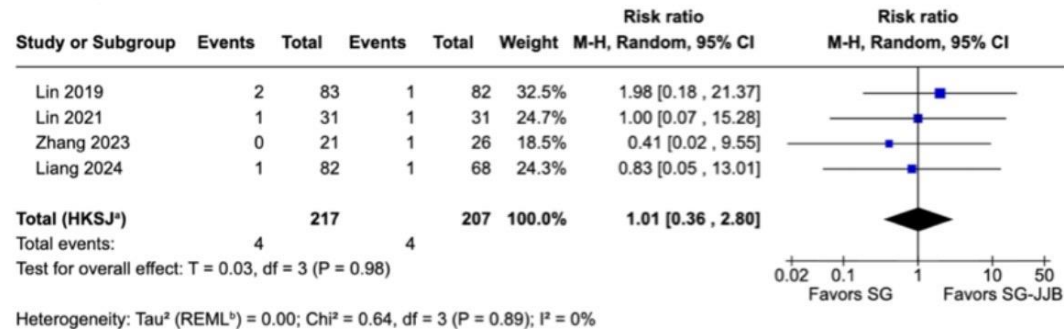
The "Lows" (SG-JJB & SG-DJB)



SG-JJB

- Major Complications
- 1.8% vs 1.9%
- *No significant difference*
- GERD: Similar to SG.

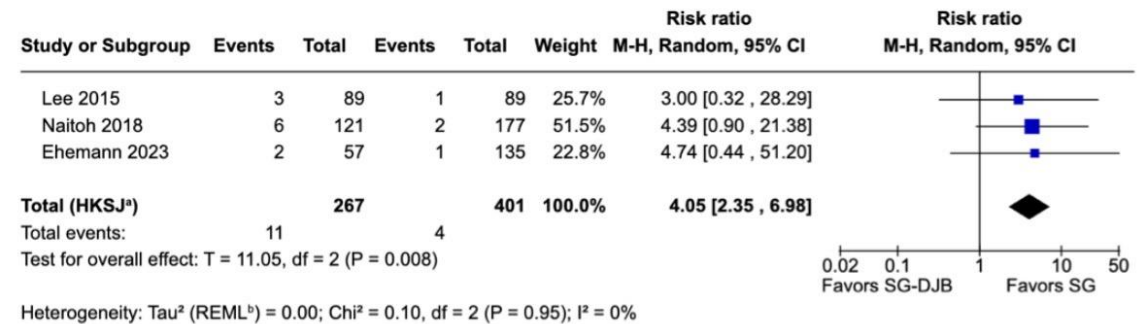
a. Major Complications



SG-DJB

- Major Complications: **RR 4.05 (p=0.008)**
- 4.1% vs 1%

Supplementary Figure S7. Forest plot of Major Complications (SG-DJB vs SG).



The Takeaway: Procedure-Specific Outcomes Matter

- Evidence mostly low to very low certainty
- Nutritional/functional data sparse

Procedure	Weight Loss	T2DM Remission	Safety Signal
SADI-S	<i>HIGH</i>	<i>HIGH</i>	Uncertain (Potential Risk)
SASI	<i>HIGH</i>	<i>HIGH</i>	Uncertain (Potential Risk)
SG-JJB	Moderate	No Benefit	Safe (but ineffective)
SG-DJB	No Benefit	No Benefit	<i>HIGHER RISK</i>

- The choice of SG Plus technique significantly influences outcomes.
- These findings support procedure-specific shared decision-making and emphasize the need for long-term RCTs.



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