IFSO

XXIX IFSO World Congress

1-4 September 2026 | Toronto, Canada

SURGICAL TECHNIQUE: ROBOTIC DUODENAL DISSECTION AND ANASTOMOSIS

TORONTO2026

The Future of Obesity Management:
From Weight Loss to Health Gain

Dre Anne-Sophie STUDER

Service de chirurgie bariatrique et métabolique

Chirurgie Robotique et MIS

Hôpital du Sacré Cœur de Montréal, Québec, Canada

Professeur adjoint - Division de chirurgie - Université de Montréal

SADI ROBOTIQUE

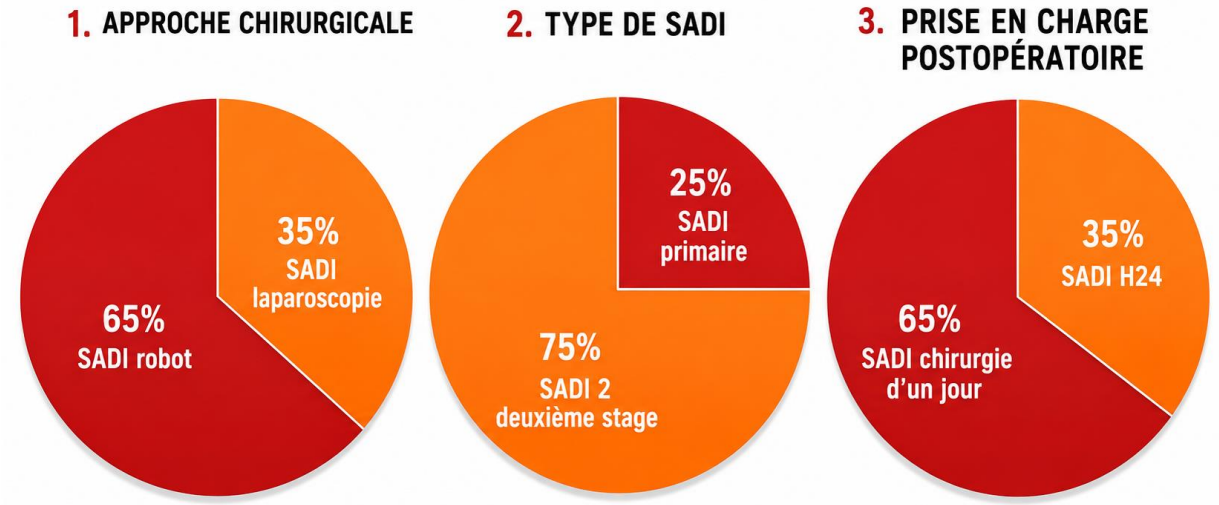
Da Vinci Xi

Centre de Chirurgie
Ambulatoire RocklandMD

Da Vinci X

Hôpital du Sacré-Cœur de Montréal

- 2016-2025: 400 SADI-S

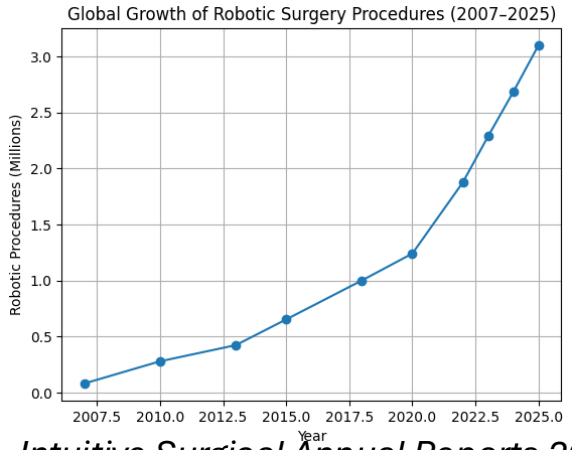


Conflits d'interets

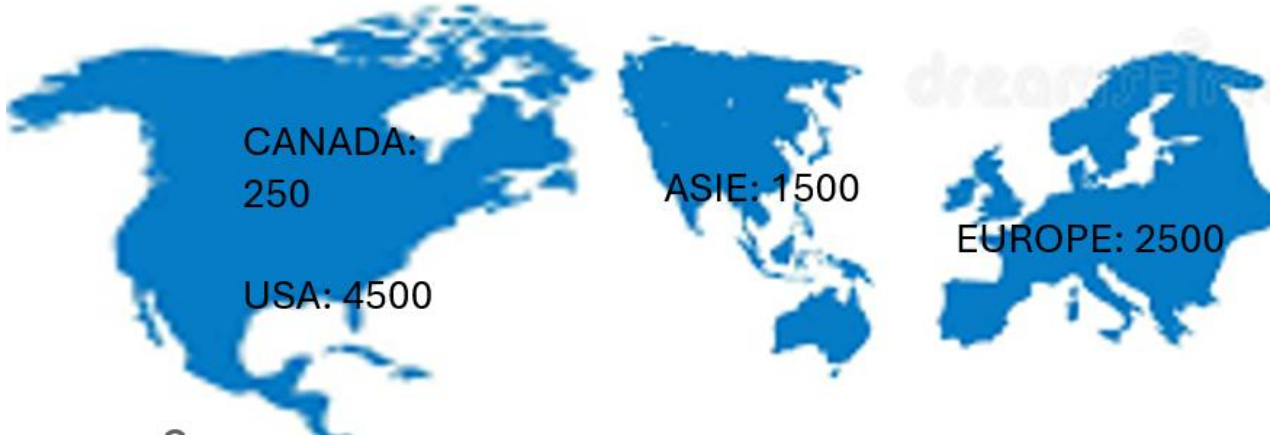
Activités de conférencière pour Mantra Pharma en 2024 et 2025.

X	**Medical Expert** (as *Medical Experts*, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centered care. *Medical Expert* is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.)
X	**Communicator** (as Communicators, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.)
X	**Collaborator** (as *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.)
X	**Leader** (as *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.)
X	**Health Advocate** (as *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.)
X	**Scholar** (as *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.)
X	**Professional** (as *Professionals,* physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.)

ROBOT en 2026?



Intuitive Surgical Annual Reports 2025



👍	👎
Ergonomie/Confort Absorption des contraintes pariétales	Coût
Courbe d'apprentissage Attractivité institutionnelle	Bénéfice clinique incertain/ données limitées

ROBOT en 2026?

(Ann Surg 2023;278:489–496)

ASA PAPER

Impact of Robotic Assistance on Complications in Bariatric Surgery at Expert Laparoscopic Surgery Centers

A Retrospective Comparative Study With Propensity Score

Robert Caiazzo, MD, PhD,†✉ Pierre Bauvin, PhD,‡ Camille Marciniak, MD, PhD,*†*
MSc,§ Geoffrey Jacqmin, MD,† Raymond Arnoux, MD,‖*
omon Benchetrit, MD,¶ Jerome Dargent, MD,#
*rc Chevallier, MD, PhD,** Vincent Frering, MD,††*
*D,‡‡§§‖‖ David Lechaux, MD,¶¶ Simon Msika, MD, PhD,##****
, PhD,††† Philippe Topart, MD,‡‡‡ Grégory Baud, MD, PhD,†*
attou, MD,† and For the SOFFCO-mm Study Group*

Cirocchi *et al. BMC Surgery* 2013, **13**:53
http://www.biomedcentral.com/1471-2482/13/53

BMC Surgery

RESEARCH ARTICLE Open Access

Current status of robotic bariatric surgery: a systematic review

Roberto Cirocchi[1], Carlo Boselli[2], Alberto Santoro[3], Salvatore Guarino[3], Piero Covarelli[2], Claudio Renzi[2*], Chiara Listorti[2], Stefano Trastulli[1], Jacopo Desiderio[1], Andrea Coratti[4], Giuseppe Noya[2], Adriano Redler[3] and Amilcare Parisi[1]

(2026) 14:16
s40137-026-00499-7

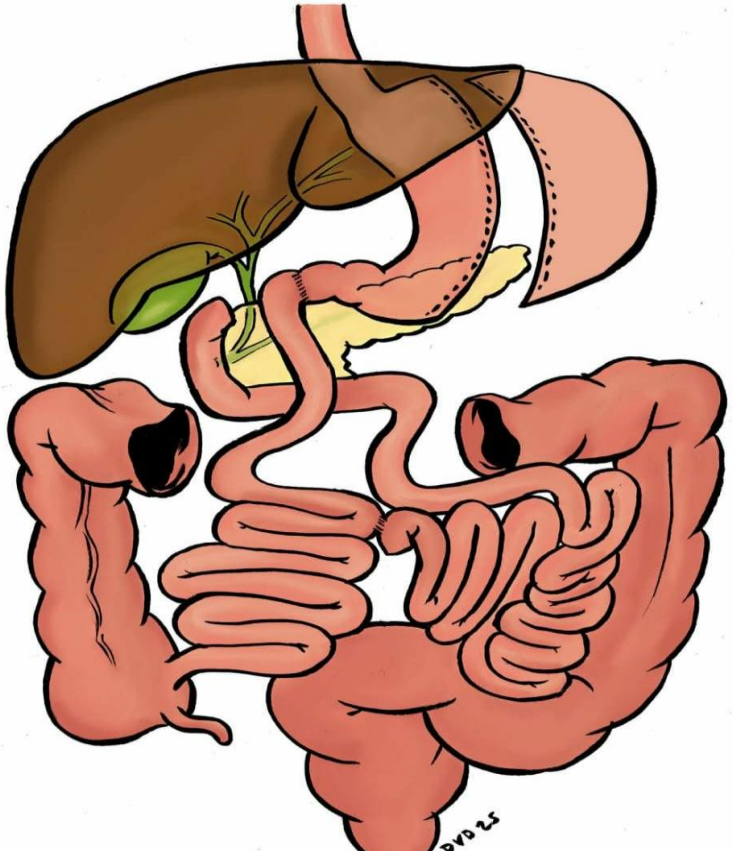
Check for updates

Robotic Bariatric Surgery is not Supported by Current Literature

Mauricio Sarmiento Cobos[1] · Roberto Valera[1] · Agustina Altolaguirre[1] · Samuel Szomstein[1] · Raul Rosenthal[2] · Emanuele Lo Menzo[1,3]

IFSO XXIX IFSO World Congress TORONTO 2026

DBP en 2026?

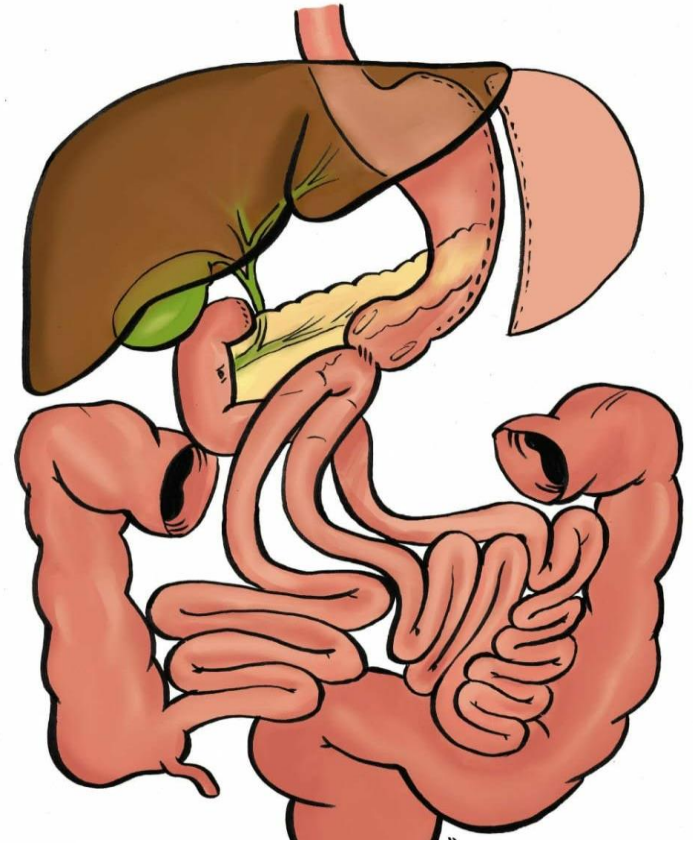


Biliopancreatic diversion
with Duodenal-Switch (BPD-DS)
Marceau Obes Surg. 2007

Recommendations of the IFSO SADI-S /SADS Taskforce

‘’..is a safe and reproducible procedure with low rates of early and late complications….”

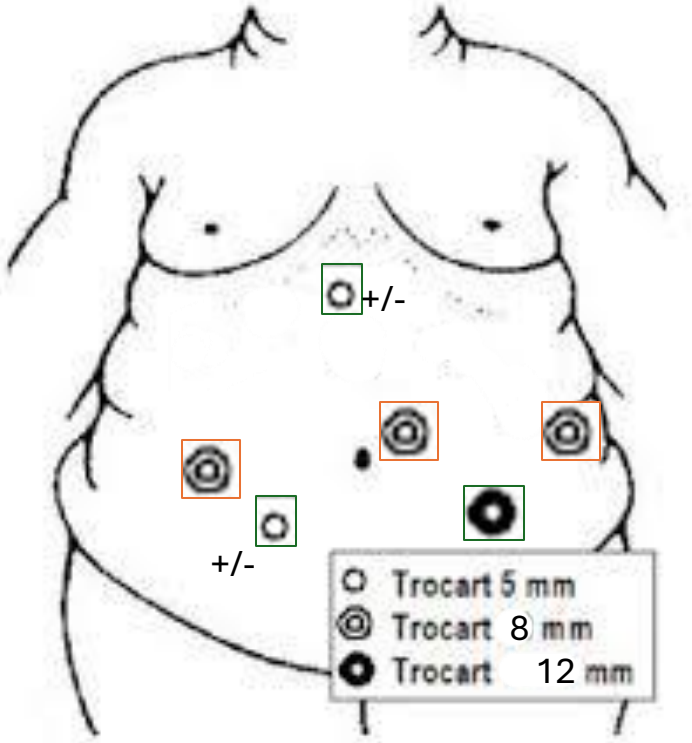
Ballesteros et al. IFSO position statement—update 2023. Obes Surg. 2024



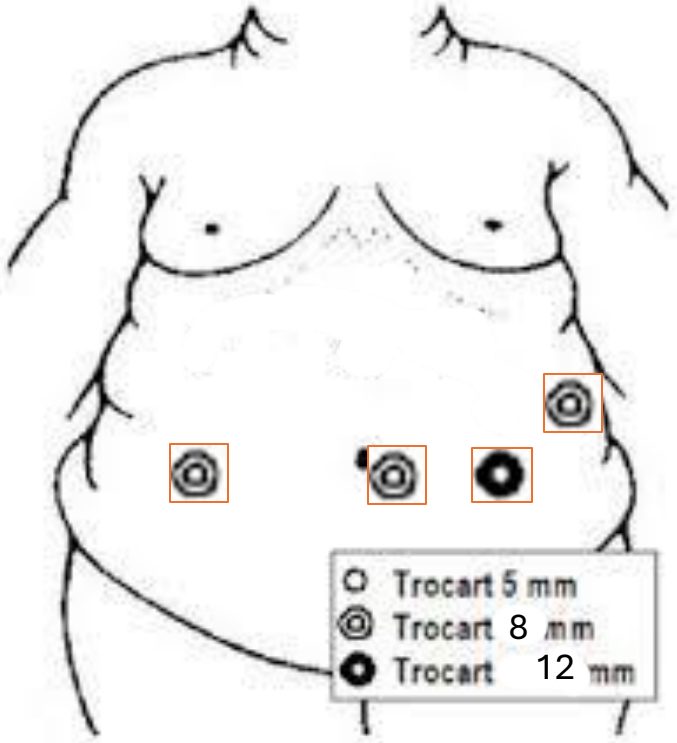
Single Anastomosis Duodeno-Ileal
Bypass (SADI-S)
Sánchez-Pernaute, Obes Surg 2010

SADI ROBOTIQUE: POSITIONNEMENT

ROBOTIC-Assisted LSC PROCEDURE

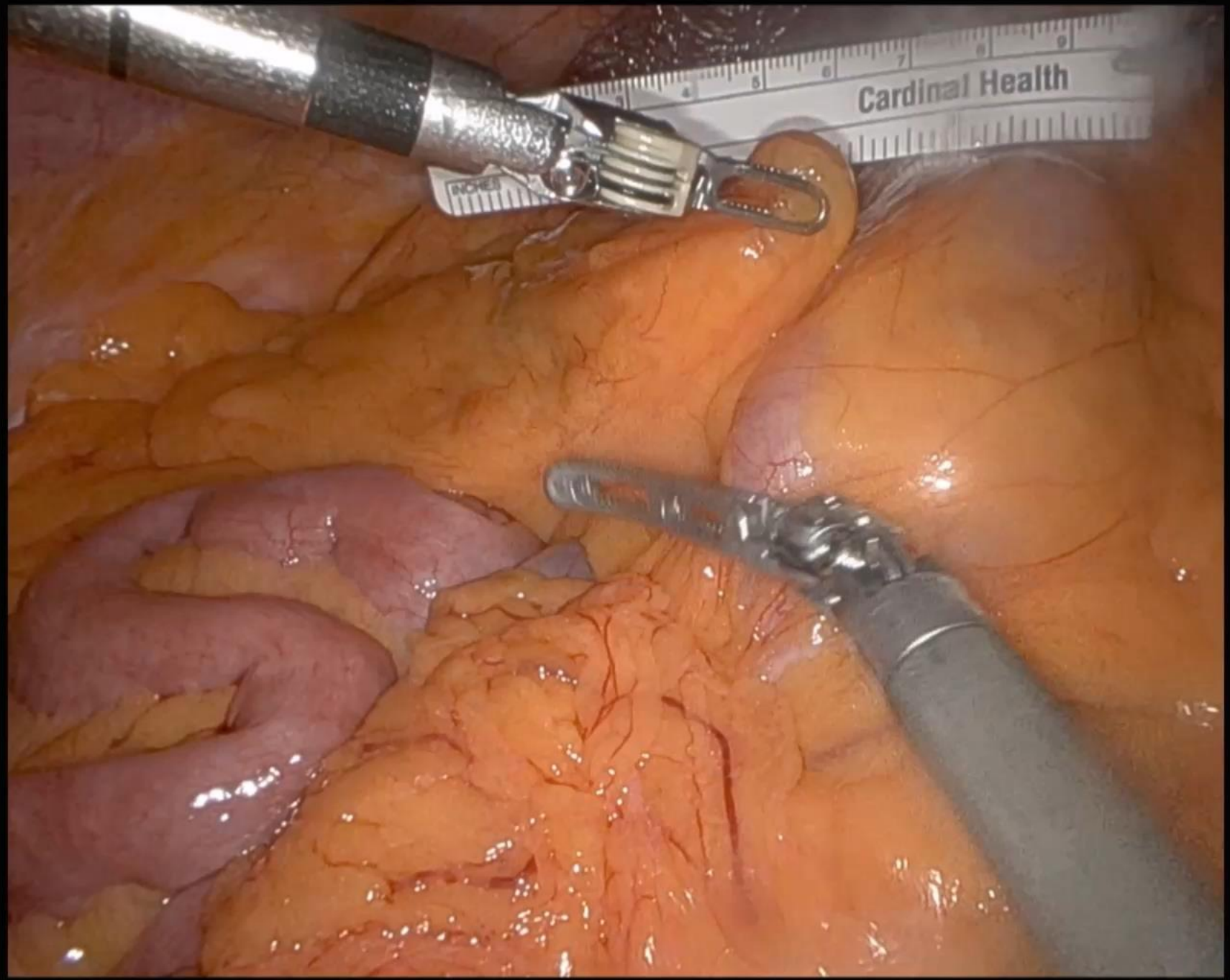


Full ROBOTIC PROCEDURE



☐ Trocart ROBOT

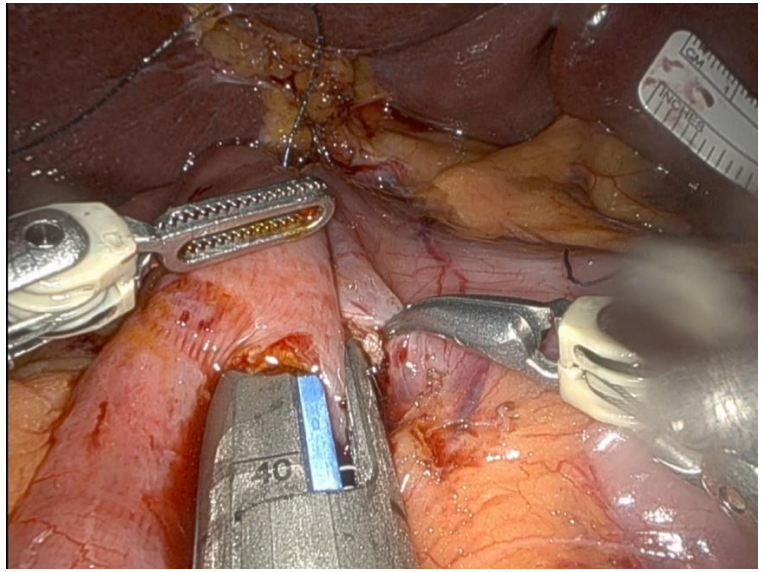
☐ Trocart LSC assistant

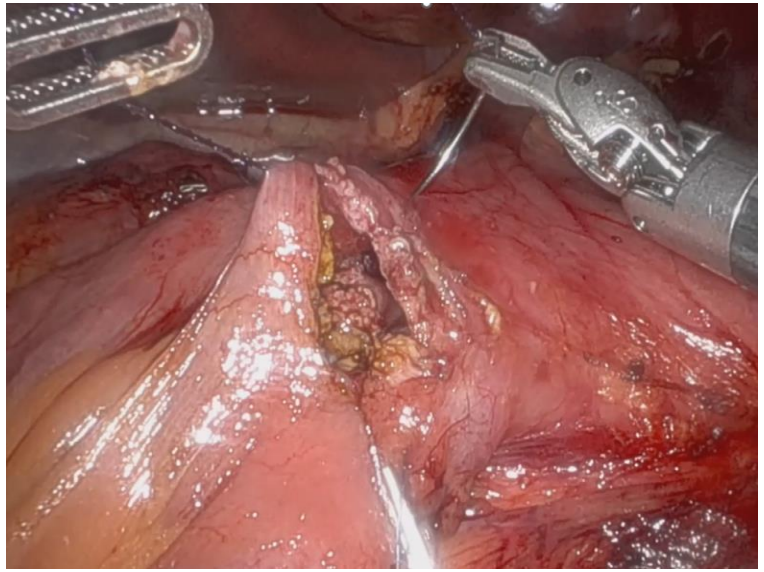

Cardinal Health

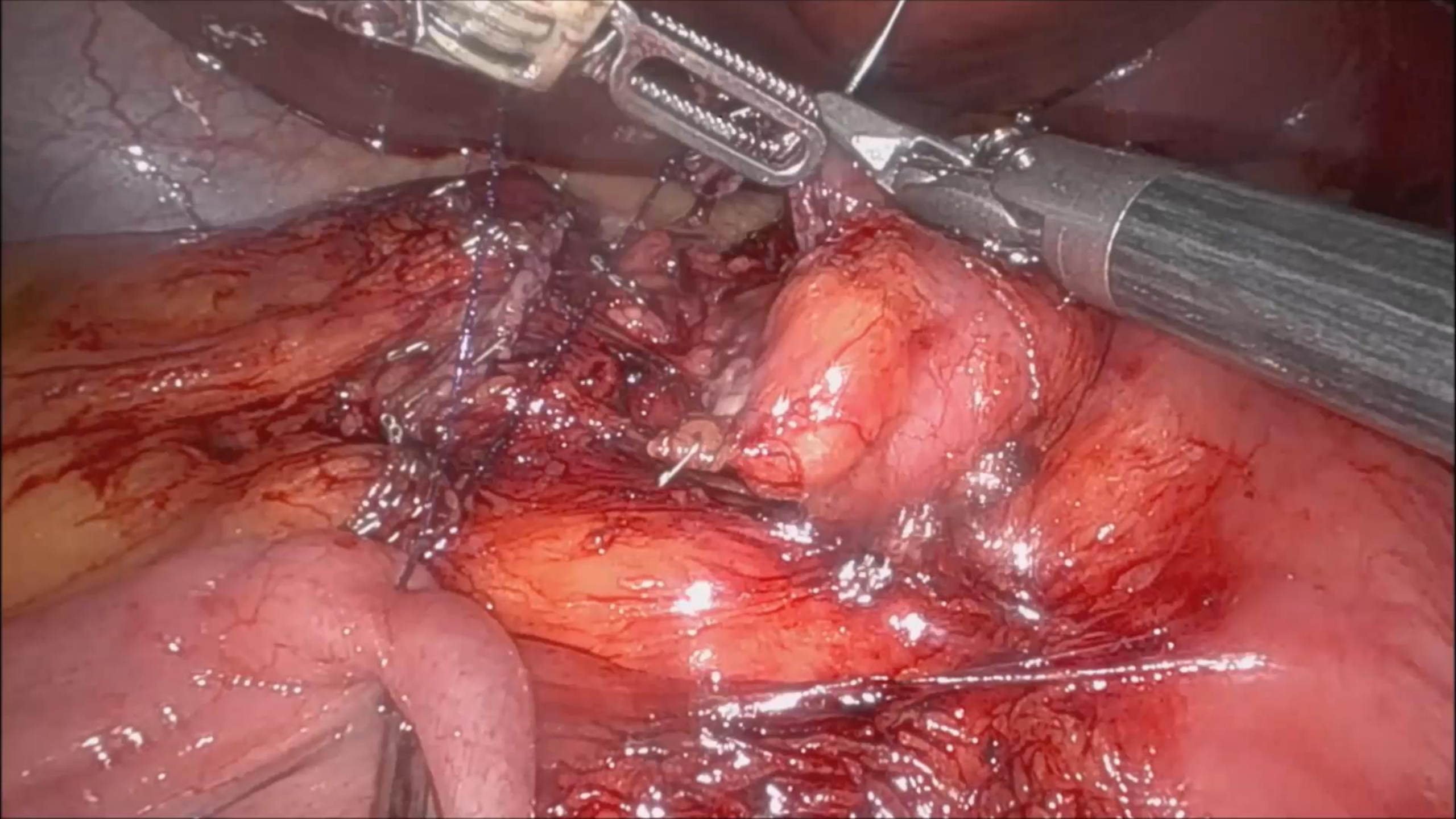
SADI ROBOTIQUE

- Anastomose Duodéno-iléale robotique:

Mécanique ou manuelle?







SADI ROBOTIQUE: EXPERIENCE MONTREAL

Fully ambulatory robotic single anastomosis duodeno-ileal bypass (SADI): 40 consecutive patients in a single tertiary bariatric center

Studer *et al. BMC Surgery* (2024) 24:204
https://doi.org/10.1186/s12893-024-02461-9

Table 3 Demographic characteristics of the study population

Characteristics	*n* counts (%) = 40 patients
Gender M/F	3/37 (7.5/92.5%)
Mean Age (yo)	40.3 (±7.7) min-max (28-58)
Pre-operative BMI (kg/m^2)	40.5 (±4.8) min-max (31.6-49.1)
Pre-operative comorbidities before SADI	
Hypertension	3 (7.5%)
Obstructive Sleep Apnea Syndrome	2 (5%) (using CPAP)
Dyslipidemia	0 (0%)
Type2 Diabetes	1 (2.5%) (Semaglutide, preop HbA1c=5.4%)
Recurrence of comorbidities after LSG	4(10%)
Persistence of comorbidities after LSG	2(5%)
Bariatric history:	
Gastric lapband	7 (17.5%)
Gastric plication	1 (2.5%)
LSG	40 (100%)
Ambulatory /Overnight hospitalisation	27/13 (67.5/32.5%)
Median delay between SG and SADI	54 months (min-max: 21-146)
Mean pre-operative BMI before SG	47.7 (±7.1) min-max 31-66
Indication for SADIs:	
Insufficient weight loss	14 (35%)
Weight regain	26 (65%)
Per-operative details	
Robotic SADI	40 (100%)
Concomitant hiatal hernia repair	8 (20%)
Abdominal drainage:	14 (35%)
Inconclusive leak test	4
Difficult retroduodenal dissection	10
Mean operative time (min):	
Total	128 (min-max: 100-180)
Robotic part	66 (min-max:42-85)
Robotic docking	6min45 (min-max: 4min8-10)
Mean stay in recovery room	5h45 (min-max: 4h35-6h55)
VAS ≤4/10 at time of discharge	40 (100%)

Table 4 Morbidity, mortality, and readmission rates

Morbidity Rate	*n* counts (%)
Emergency department visits:	6 (15%)
Minor complications:	4 (10%)
Major complications:	2 (5%)
Readmission rate:	2 (5%)
Reintervention rate:	1 (2.5%)
Mortality rate	0 (0%)

Table 5 Dindo-Clavien's classification of surgical complications

Grade	Type of complication	Length of stay (days)	*n* counts (%)
I	Abdominal pain	0	3 (7.5%)
	Nausea and vomiting	*NA*	0 (0%)
II	Parietal cellulitis	0	1 (2.5%)
IIIa	Infected intra-abdominal hematoma	10	1 (2.5%)
IIIb	Duodenal leak and peritonitis	24	1 (2.5%)

NA: Not Applicable

SADI ROBOTIQUE: EXPERIENCE MONTREAL

Obesity Surgery
https://doi.org/10.1007/s11695-024-07095-7
Published online: 16 February 2024

ORIGINAL CONTRIBUTIONS

Single Anastomosis Duodeno-Ileal bypass (SADI-S) as Primary or Two-Stage Surgery: Mid-Term Outcomes of a Single Canadian Bariatric Center

Alexis Deffain[1] · Ronald Denis[1] · Radu Pescarus[1] · Pierre Y. Garneau[1] · Henri Atlas[1] · Anne-Sophie Studer[1]

Table 3 Early complications

Clavien-Dindo classification	Type of complication	Management	SADI PRIMAIRES n= 67 (37,4%) Group 1 (*n*)	SADI 2nd STAGE n= 112 (62,6%) Group 2 (*n*)
Grade I	Hematoma	Conservative care	2	0
Grade II	Hematoma	Conservative care	2	0
	Intra-abdominal collections	Antibiotics	1	1
Minor complications			**5 (7.4%)**	**1 (0.9%)**
Grade IIIA			0	0
Grade IIIB	Intra-abdominal collections	Percutaneous drainage/antibiotics	1	1
	Sleeve leak	Endoscopic management	1	0
Grade IV	Duodenal leak	Surgical revision	0	2
Major complications			**2 (3%)**	**3 (2.7%)**
			10.4%	**3.6%**

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SADI ROBOTIQUE: TAKE HOME MESSAGE

DECOMPTE de l'ANSE COMMUNE: Évaluation de la tension

LA DISSECTION RETRO-DUODENALE: Respect des repères anatomiques

L'ANASTOMOSE DUODENO-ILEALE: Manuelle ♥♥

XXX IFSO WORLD CONGRESS

"Advancing Multimodal Obesity Care"

24-27 August 2027

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PARIS