



XXIX IFSO World Congress

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



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“Give Me More” – Will Patients Expectation Change Our Procedure Choice?

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Disclosure Slide

☒	No, nothing to disclose
☐	Yes, please specify:





“Give Me More” Will Patients Expectation Change Our Procedure Choice?



Patient Autonomy – Shaped by

- Personal values
- **Knowledge** and understanding of the procedure
- Perceptions of **risks & benefits**
- Social support
- External influences shape a patient's decision-making



Source of Information

- Internet search
- Friends
- Family
- Surgeon recommendations
- Pre-consultation educational seminars

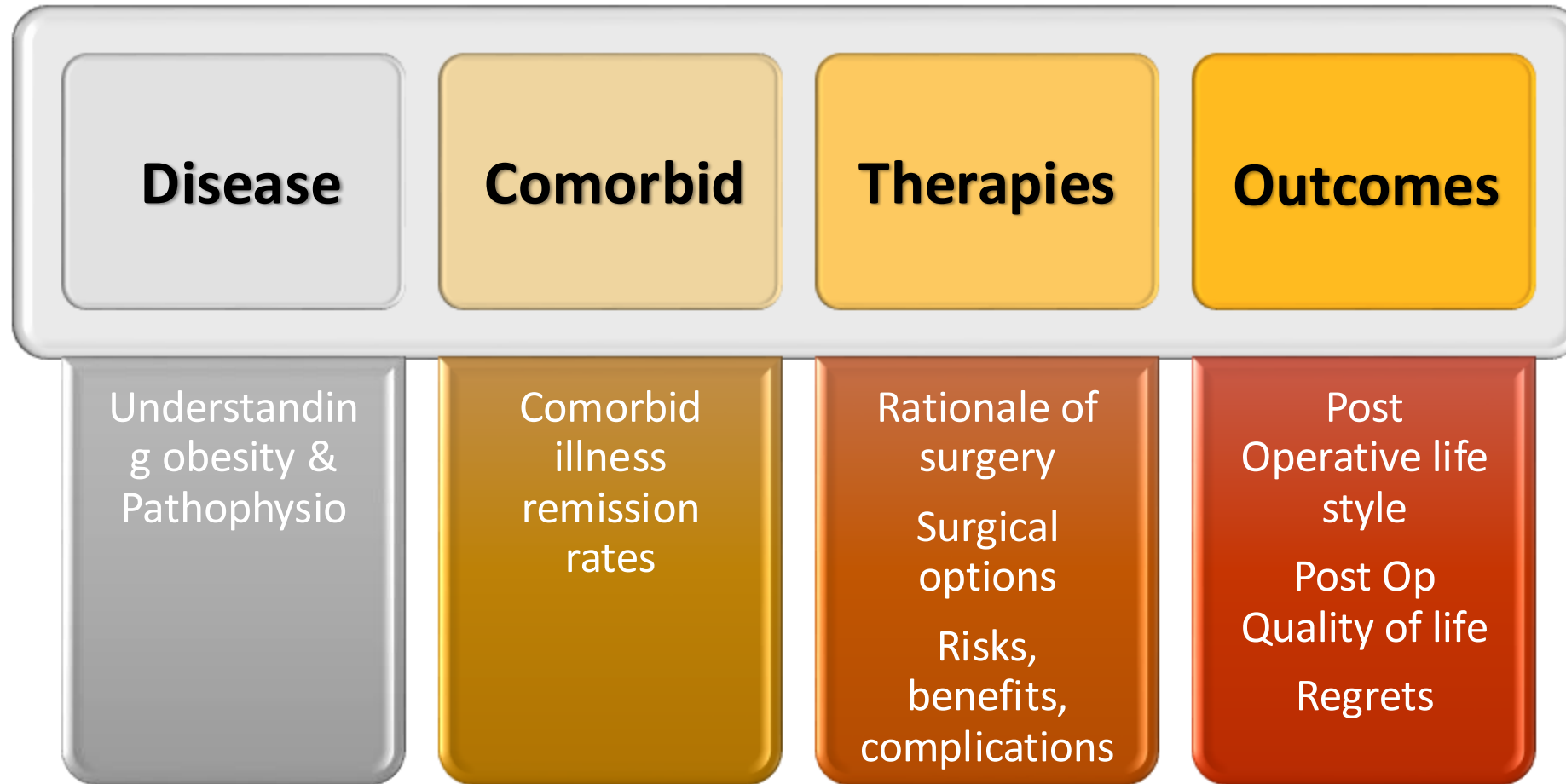


Limitation of Information Gained

- Impact of internet information on healthcare
 - At a level **too difficult** for the general public to understand
 - **Not evidence-based**
 - Inaccurate & lacking professional input
 - **One-way exchange** of information



What is Important to Patient?



What Do Patients Value?

- 815 patients
- Top drivers of choice
 - TWL
 - Resolution of associated illnesses
 - Out-of-pocket cost
 - Complication, risk & AE mattered
 - *but were weighted less heavily than efficacy & cost*



What Do Patients Value?

- 815 patients
- Three latent subgroups emerged
 - Benefit-focused (weight loss / comorbidity resolution)
 - Cost-sensitive
 - Procedure-focused (recovery / reversibility)





Freedom of Choice in the United States: Patient Autonomy Is Driving Decision-Making in Bariatric Surgery

Peter Habib¹ · Christen Chaconas¹ · Vadim Lyuksemburg¹ · Marc Sarran¹ · Francisco Quinteros¹ · Rami Lutfi¹

Received: 2 September 2024 / Revised: 17 April 2025 / Accepted: 8 May 2025 / Published online: 31 May 2025

- 429 patients
- 74.1% had a predetermined surgical choice
- Internet searches influenced 67%
- 51% self-referred via online research





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- Despite evidence-based recommendations - **only 34% of T2DM patients changed their predetermined choice after consulting a specialist**
- Patients who declined to comply - perceived safety superseded T2DM remission



Divergence of Expectations & Evidence

- “Maximal weight loss” & “comorbidity resolution” highly sort for
 - RYGB offers superior remission, but a majority of T2DM patients kept their SG preference even after seeing individualized remission-probability data
 - Majority still gravitate toward SG, which underperforms RYGB
- Expectations are shaped more by perceived invasiveness, reversibility, & online narrative than by procedure-specific outcome data



- Physician Alignment
 - Expect most patients to arrive with a preformed choice
 - Anticipate this rather than treat it as unusual
- Use individualized, quantitative tools
 - MBS surgery remission scores vs generic risk & benefit lists
 - Personalized data has more power to shift decisions than general counselling



- Frame the conversation around the actual trade-off patients care about
 - Weight loss and / or comorbidity resolution (favours RYGB) vs. procedural simplicity / lower late complications (favours SG) rather than "which is safer" alone
- Structured SDM pathways including PROMS, not just informed consent can measurably change procedure distribution & outcome alignment



Patient-Centred vs Patient-Directed

Say **NO** to

- Performing surgery simply because the patient demands it
- Procedure shopping
- Unrealistic weight-loss promises
- Choosing the highest-risk operation for maximum weight loss alone
- Ignoring GERD & nutritional risk



Patient-Centred vs Patient-Directed

Say **YES** to

- Shared decision-making
- Individual goals
- Quality-of-life priorities
- Cultural & dietary preferences
- Occupational & social needs
- Long-term treatment preferences



For Me.....



The surgeon's responsibility is
not to give the patient
everything they ask for. It is to
help them choose what they
would actually need



Conclusion

- Patient autonomy is a dominant & not an incidental force in MBS procedure selection today



“Give Me More”

Will

Patients Expectation Change Our Procedure Choice?

The questions are

Whether that choice should stand

How successfully can we influence change







10th IFSO APC Meeting & 11th OBES Congress

Reimagining Obesity: Advancing Science & Transforming Care

31 March – 2 April 2027 | Singapore

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Thank you

