



XXIX IFSO World Congress

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**Comparative Outcomes of
Metabolic and Bariatric Surgery
Versus GLP-1 Receptor Agonists**
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TORONTO2026

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



ifso2026.org

Disclosure Slide

Nothing to disclose



Background

- Metabolic and bariatric surgery (MBS) has long been considered the most effective intervention for obesity
- Glucagon-like peptide-1 receptor agonists (GLP-1 RA) have seen a sharp rise in use for obesity management in recent years.



Methodology

Outcomes:

- Metabolic: %TWL, BMI, HbA1c

Inclusion criteria:

- Adult patients, ≥ 18 years old
- Studies reporting at least one of the clinical outcomes of interest
- RCT, cohort, case-control, cross-sectional studies.

Exclusion criteria:

- Patients undergoing revisional MBS
- Studies including gastric banding
- Studies where patients received GLP-1 RA before or after MBS.



Results

11 studies comprising 14,548 patients

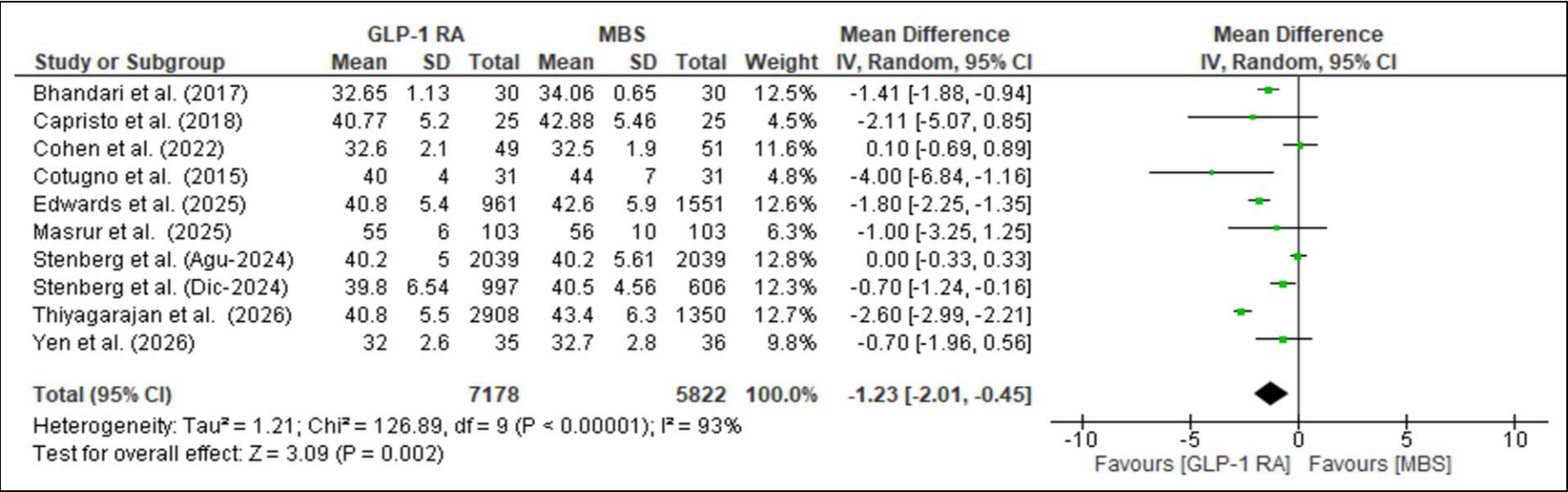


- Female 39.6%
- Mean age of 45.8 years
- Mean BMI of 40.1 kg/m²



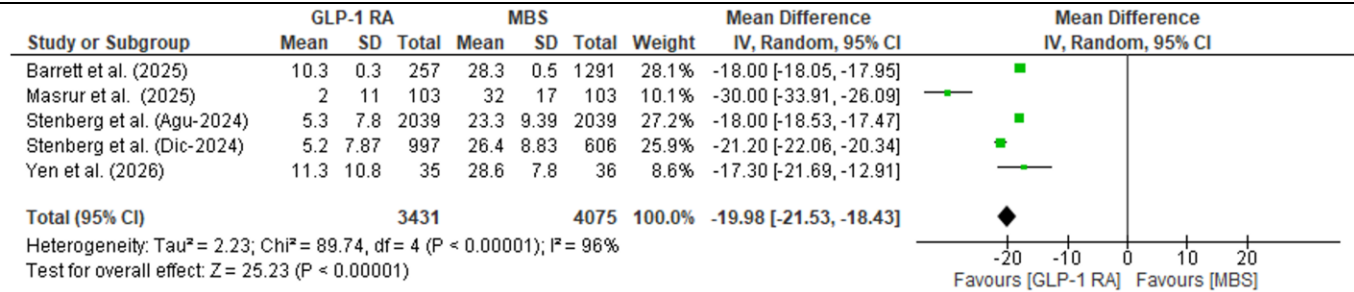
- From 2015 to 2026
- 5 prospective
- Semaglutide > Liraglutide > Tirzepatide

BMI



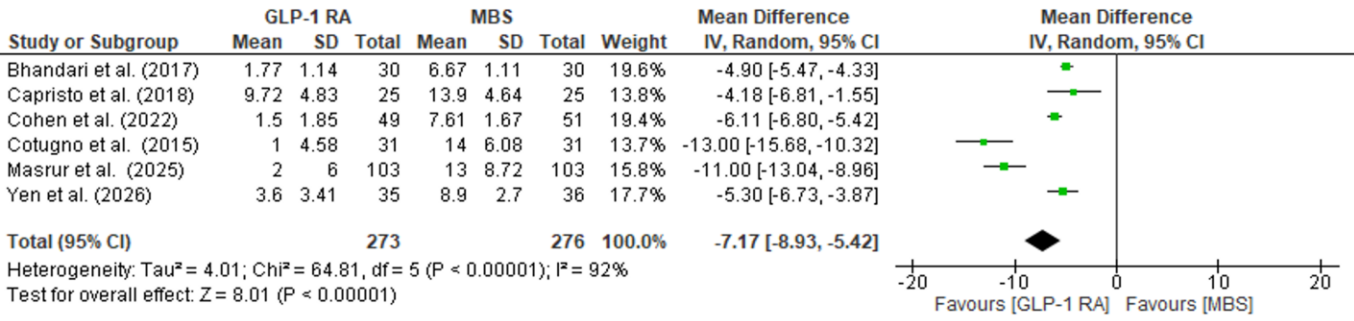
Results: metabolic outcomes

A



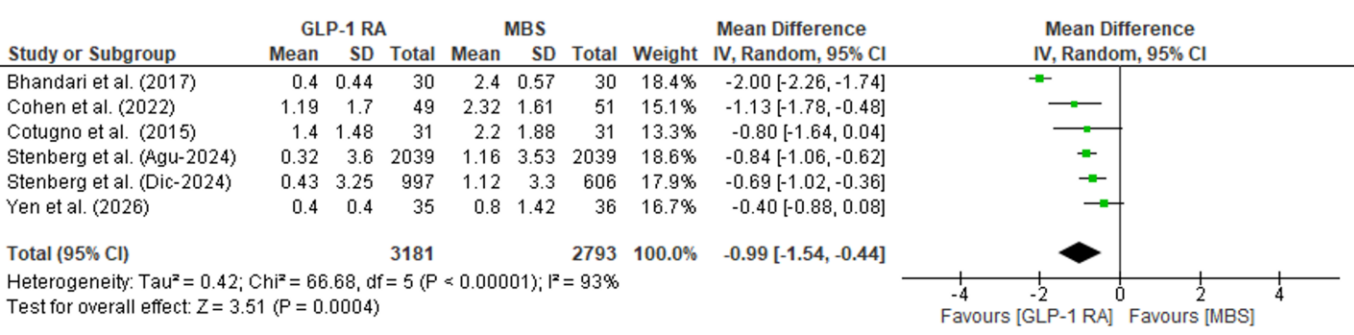
%TWL

B



BMI reducción

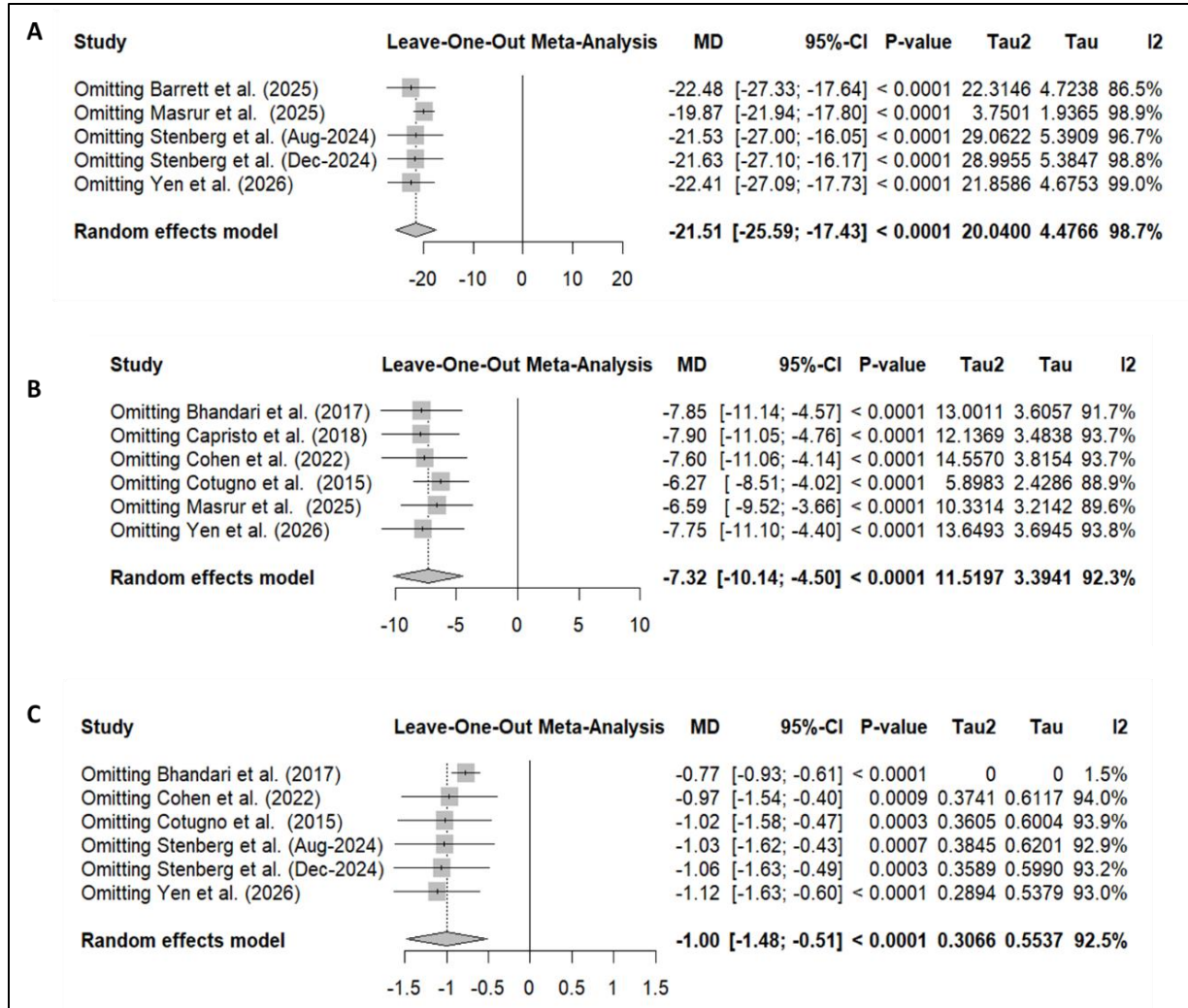
C



HbA1c reduction



Results: Sensitivity Analysis



The effect remained stable regardless of which study was excluded



Results: subgroup analysis

The lower %TWL observed in the GLP-1 RA group was consistent across time points, from 12 months (MD = -23.69) through 24 months (MD = -19.57).

Regarding **HbA1c reduction**, in the subgroup of *Liraglutide 1.2 mg daily vs RYGB*, the GLP-1 RA group showed a lower reduction (MD=-1.62).



Conclusion

MBS achieves greater and more sustained weight loss, superior BMI reduction, and better glycemic control than GLP-1 agonists.

GLP-1 therapies may not match the effectiveness of surgery, **yet (?)**. They may serve as complementary strategy in multidisciplinary obesity management.

