REAL-WORLD ALGORITHMS

How High-Volume Centers Combine Obesity Therapies

LIFESTYLE

MEDICATION

ENDOSCOPY

SURGERY

GETTING ORIENTED

OBJECTIVES

01

Discuss why obesity treatment has become sequential rather than isolated.

02

Identify the major clinical decision points where therapies should be combined.

03

Apply practical algorithms used in high-volume bariatric centers.

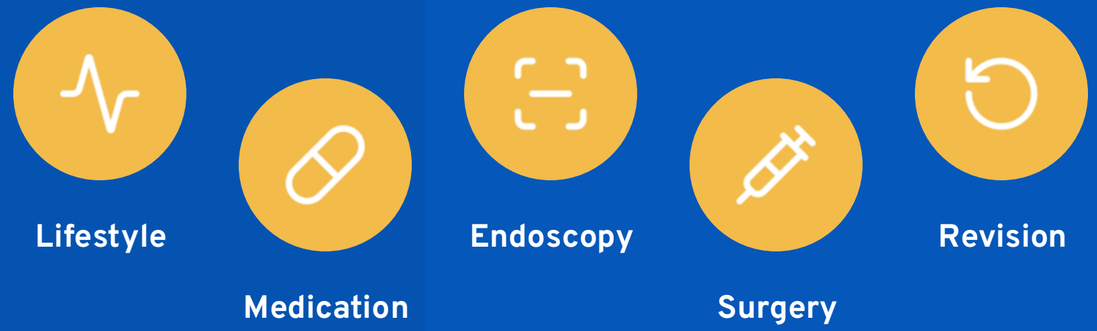
SETTING THE STAGE

WHY WE NEED ALGORITHMS

20 YEARS AGO

SURGERY
vs.
NO SURGERY

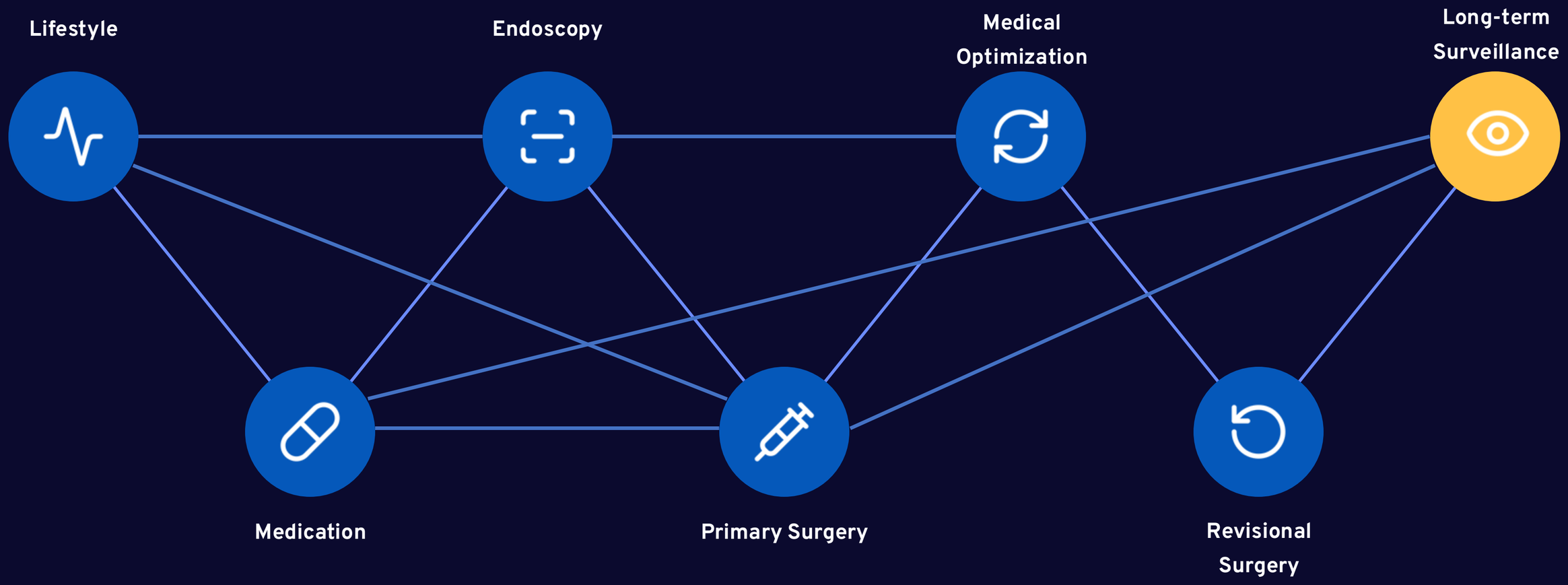
TODAY



It's no longer WHAT to choose – it's in WHAT ORDER.

THE BIG SHIFT

FROM ISOLATED TREATMENTS TO PATHWAYS



Obesity is no longer treated by isolated interventions – but by therapeutic pathways.

FIVE GUIDING RULES

PRINCIPLES OF COMBINATION THERAPY

1

Treat obesity as a chronic disease.

Different therapies address different biological mechanisms.

2

3

Escalate — not replace — therapy.

Not every patient needs every therapy.

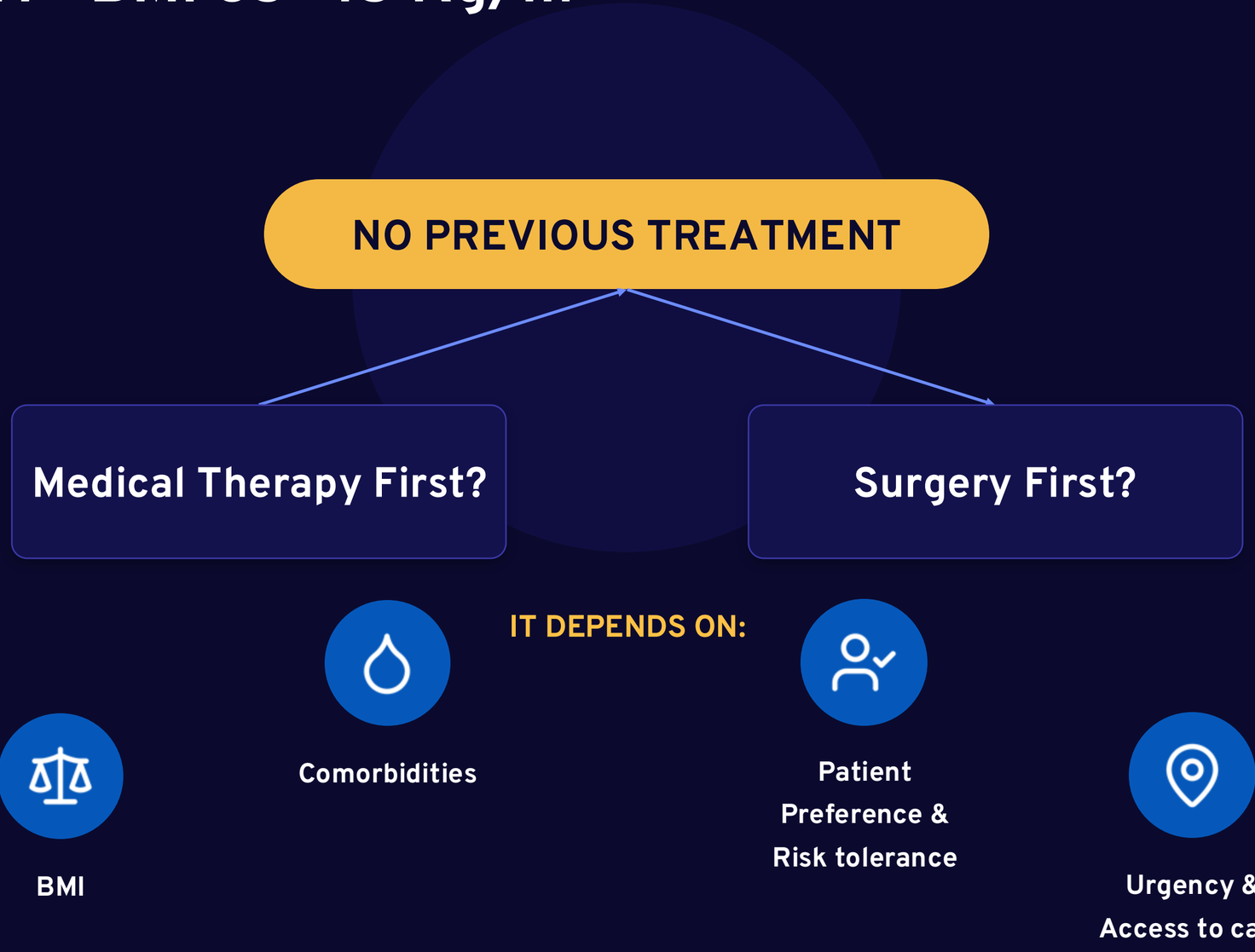
4

5

The algorithm must be individualized.

SCENARIO 1

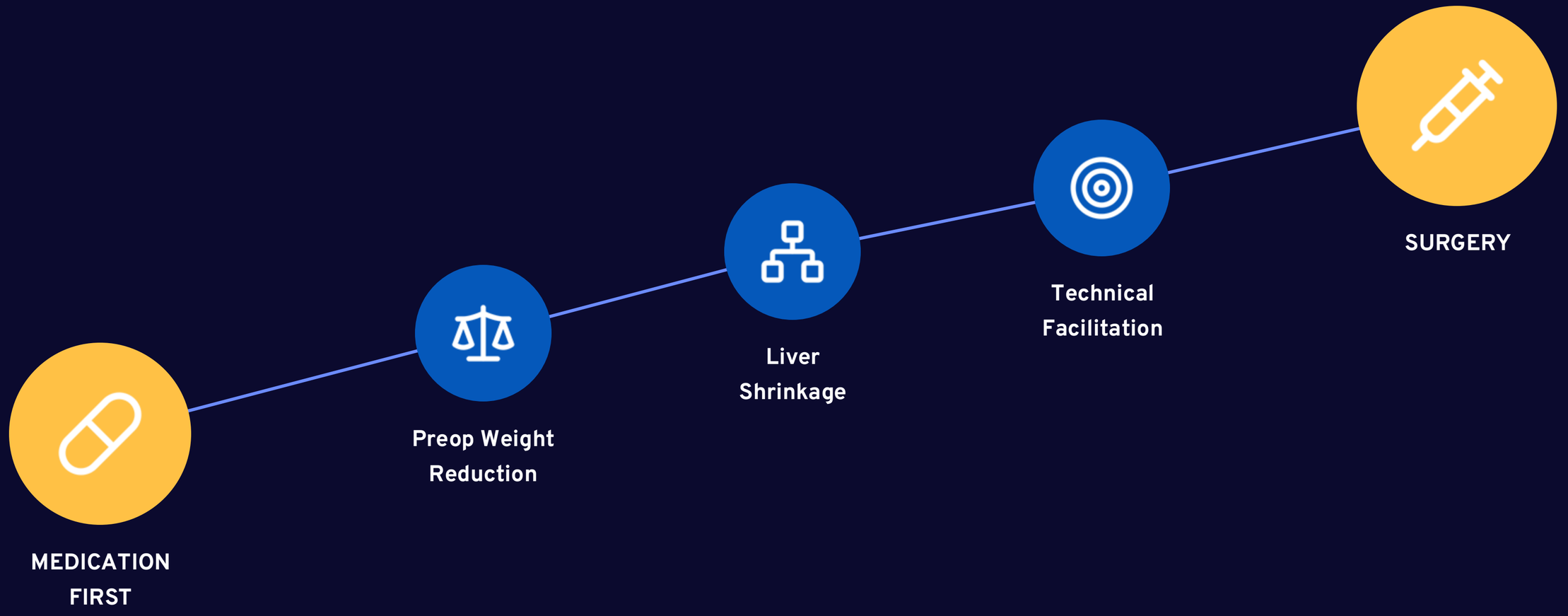
NEW PATIENT · BMI 35–45 Kg/m²



SCENARIO 2

NEW PATIENT · BMI 50–60 Kg/m²

Medication is not replacing surgery — it is preparing surgery.



SCENARIO 3

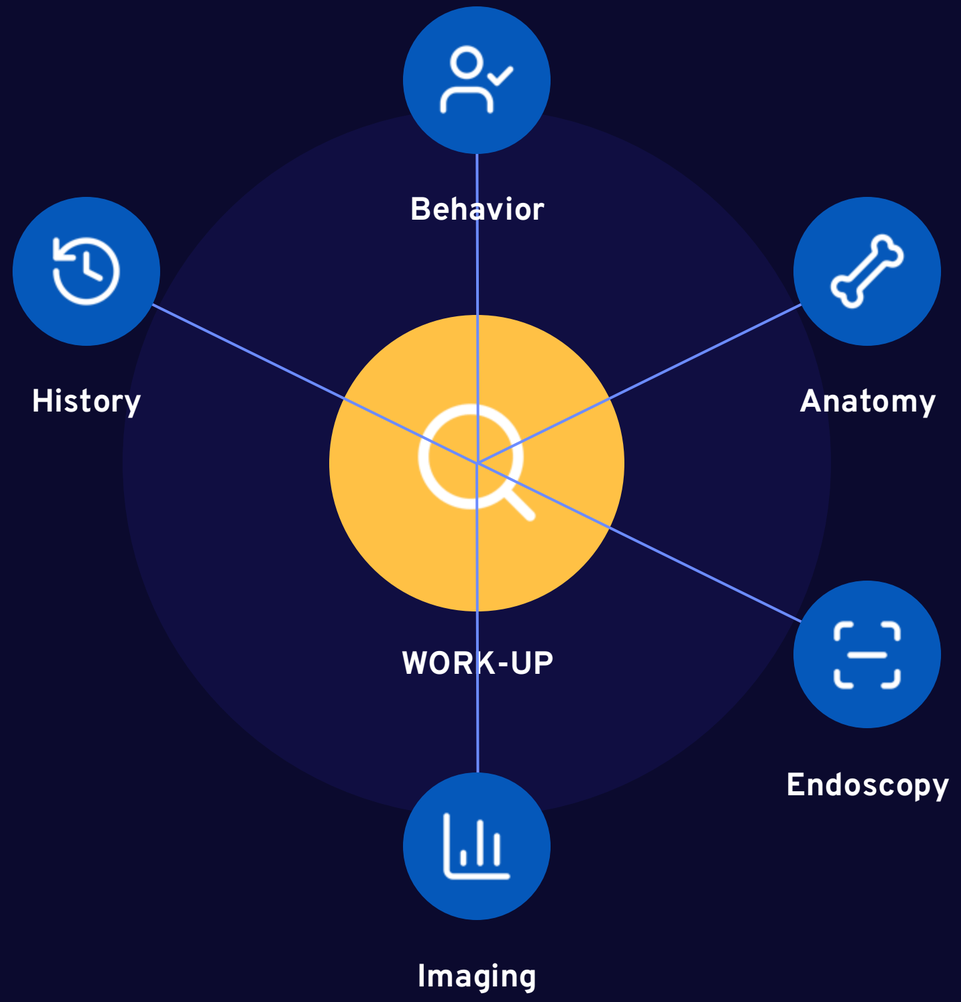
WEIGHT PLATEAU AFTER SURGERY

Escalate gradually – step by step – before considering revisional options.

SCENARIO 4

WEIGHT REGAIN

It depends on the cause.



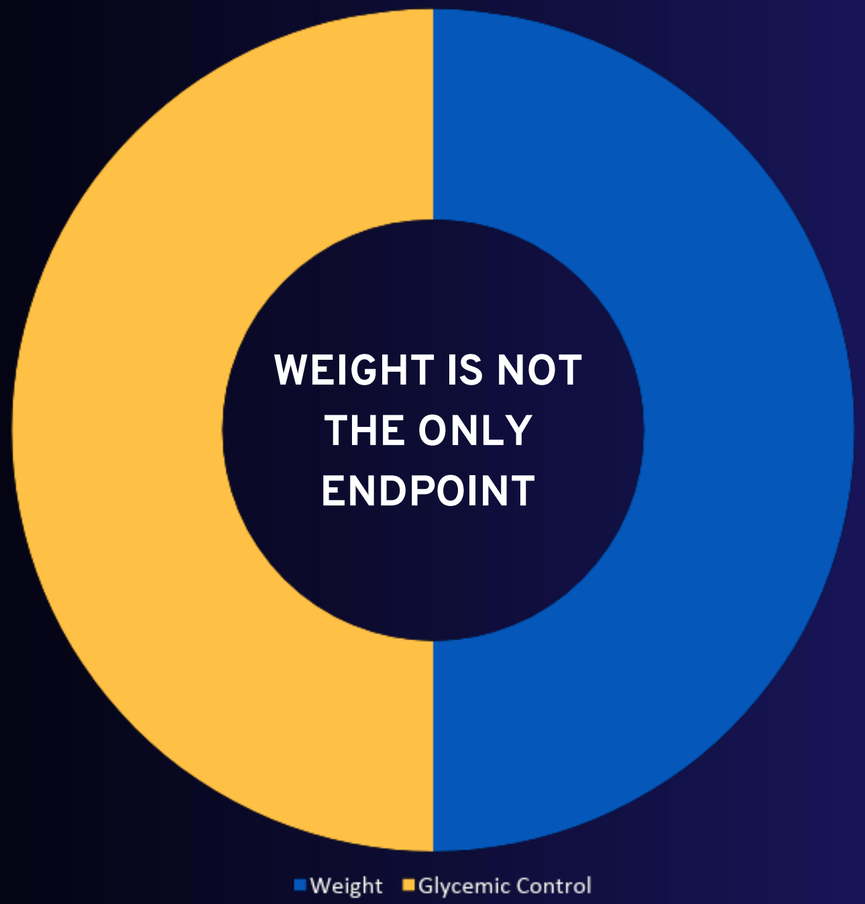
TREATMENT OPTIONS

- Medication
- Endoscopic Revision
- Revisional Surgery

Treating weight regain empirically, without characterizing the mechanism first, is a common and avoidable error.

SCENARIO 5

DIABETES RECURRENCE

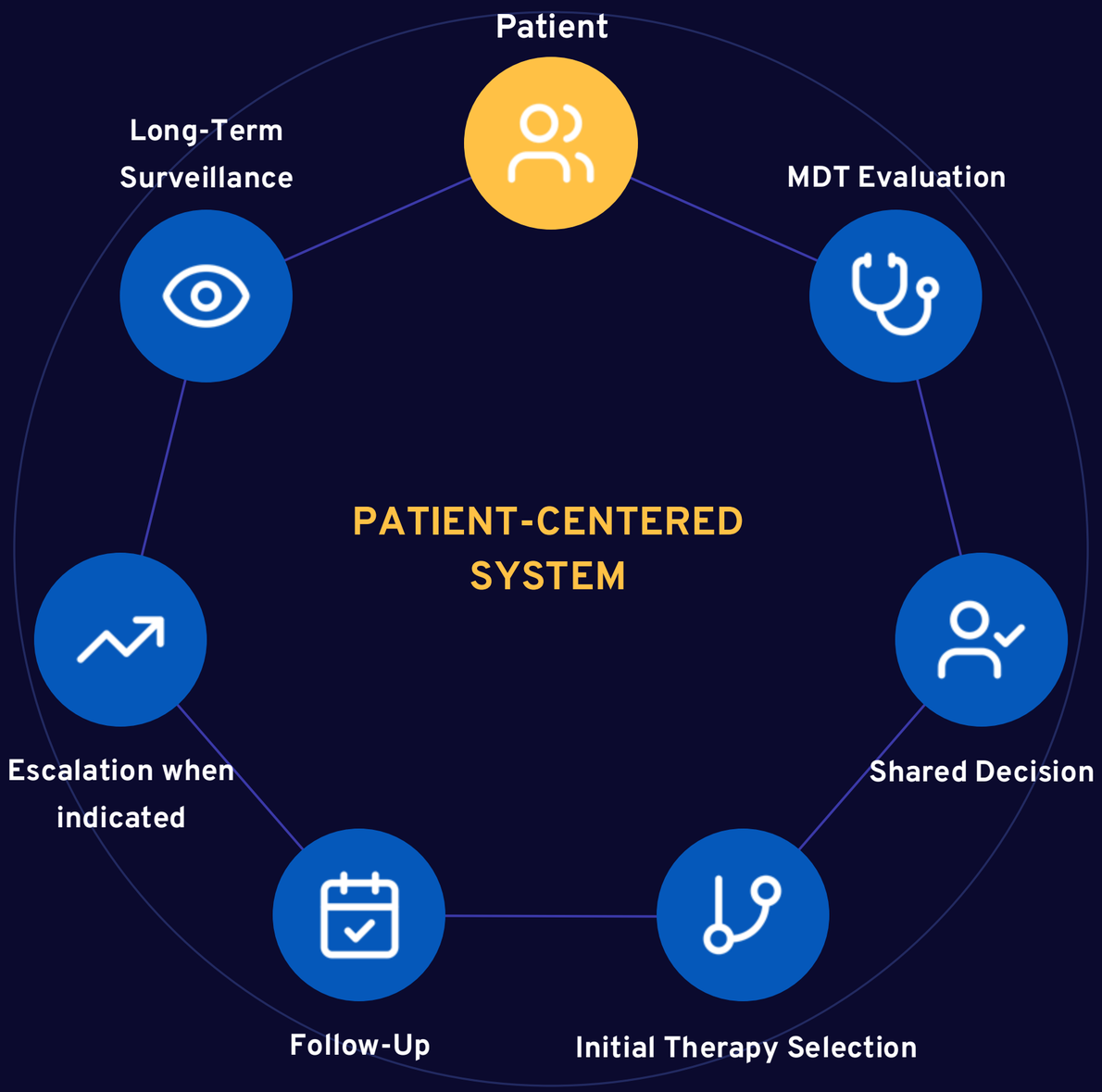


Sometimes, the real goal is glycemic control — not the number on the scale.

Should we add anti-obesity medication without assuming surgical failure?

THE SYSTEM VIEW

BUILDING A PATIENT-CENTERED ALGORITHM



OPERATIONAL FRAMEWORK

THE FOUR PHASES OF THE SURGICAL ALGORITHM

1

Optimized Preoperative Evaluation

2

Personalized Selection of Surgical Procedures

3

Postoperative Surveillance. Prompt identification of surgical non-responders

4

Automated Digital Follow-Up (Telemedicine)

The multidisciplinary team in action — synergy between IFSO and WOF.

BEYOND CASE VOLUME

WHAT DEFINES A HIGH-VOLUME CENTER

The number of operations performed per year?

Defined by systems — not just volume.

BRINGING IT TOGETHER

TAKE-HOME MESSAGES

01 **There is no universal algorithm** — but there should be standardized decision processes.

02 **Combination therapy is becoming the new standard of care.**

03 **Surgery remains the most effective treatment** — but it is no longer a stand-alone treatment.

04 **The future is surgery PLUS medication** when appropriate — not surgery vs medication.

“The real question is: What is the best sequence of therapies for this patient, at this moment, and over a lifetime?”

We should think in pathways — not in procedures.

THANK YOU

XXX IFSO WORLD CONGRESS

"Advancing Multimodal Obesity Care"

24-27 August 2027

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