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1-4 September 2026 | Toronto, Canada

"SADI-S Will Continue to Rise as the Best Option for Recurrent Weight Gain After Sleeve?"

Antonio J. Torres MD, PhD, FACS, FASMBS

Professor of Surgery

Hospital Clínico San Carlos. Universidad Complutense de Madrid

President IFSO 2011-2012

Chairman IFSO´s Board of Trustees 2015-2019

D

Lectures & Con

- Johnson & Johnso
- Medtronic
- GT Metabolic
- Meril
- Gore Medical


STADE DE FRANCE
0-0
45:00
IFSO 2027

Year	Total Cases	Sleeve, n (%)	RYGB, n (%)	Band, n (%)	BPD-DS, n (%)	SADI, n (%)	OAGB, n (%)	Other, n (%)
2020	168,228	108,260 (64.35)	47,846 (28.44)	1,002 (0.60)	2,070 (1.23)	488 (0.29)	1,338 (0.80)	7,224 (4.29)
2021	210,811	134,637 (63.87)	61,031 (28.95)	1,102 (0.52)	2,760 (1.31)	841 (0.40)	943 (0.45)	9,497 (4.51)
2022	230,207	145,005 (62.99)	69,159 (30.04)	1,081 (0.47)	3,634 (1.58)	1,338 (0.58)	903 (0.39)	9,087 (3.95)
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2024	177,297	103,452 (58.35)	58,183 (32.82)	505 (0.28)	2,255 (1.27)	2,670 (1.51)	232 (0.13)	10,000 (5.64)

Bariatric/Metabolic Surgery:

Surgical Approaches

- PYLORUS PRESERVATION
- ILEAL INTERPOSITION

MORE PHYSIOLOGICAL SURGERY

SADIS: Long Term Results

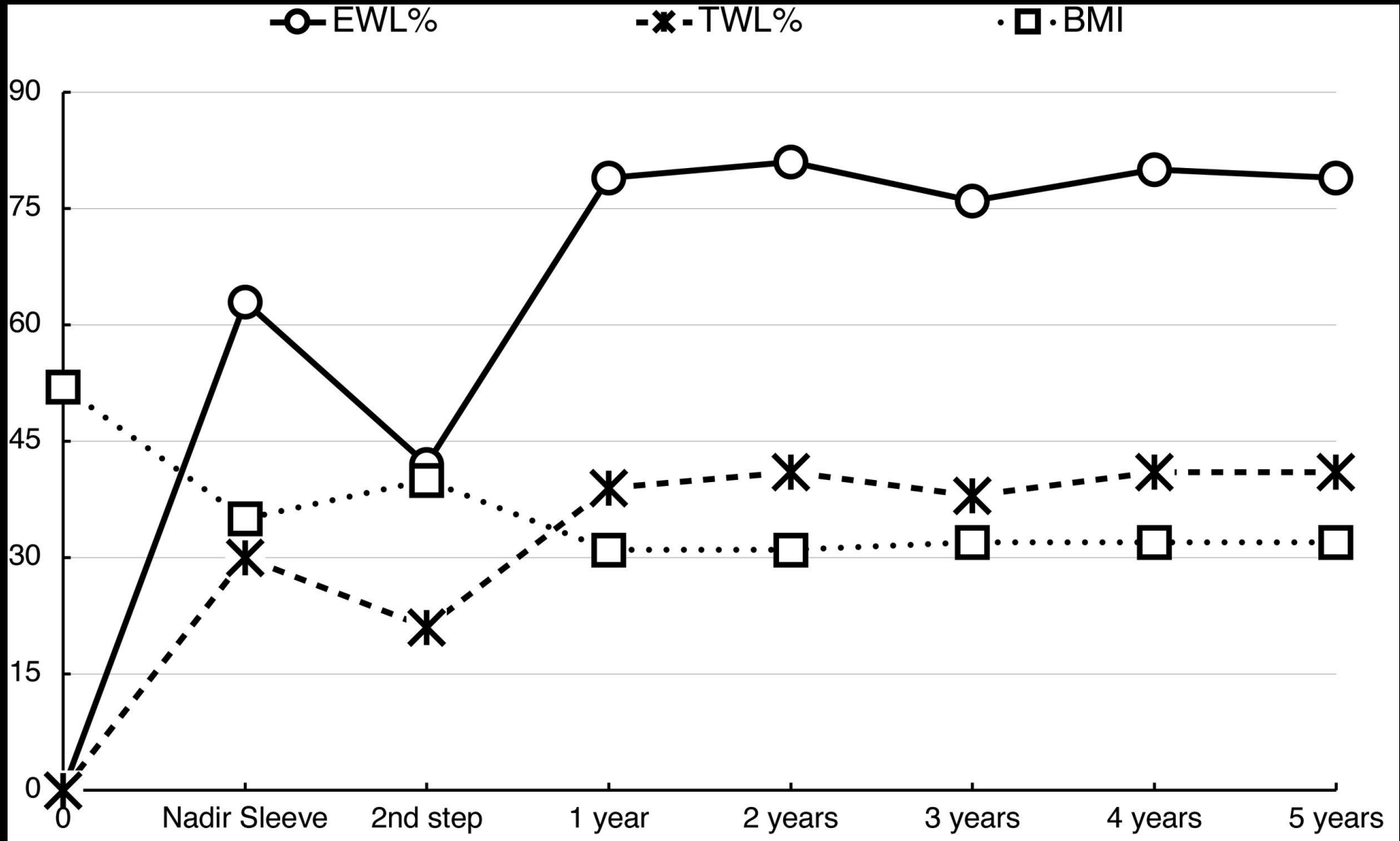
- PRIMARY Procedure
- REVISIONAL Surgery

Single-anastomosis duodeno-ileal bypass as a revisional or second-step operation after sleeve gastrectomy

Andrés Sánchez-Pernaute, MD, PhD, Miguel Ángel Rubio, MD, PhD, Natalia Pérez, MD, PhD, Clara Marcuello, MD, PhD, Antonio Torres, Prof., MD, PhD, Elia Pérez-Aguirre, MD, PhD

Surgery for Obesity and Related Diseases

DOI: 10.1016/j.soard.2020.05.022



Nº Followed	41	29	21	17	17
Total Nº	42	39	30	24	22

Obesity Surgery

https://doi.org/10.1007/s11695-021

ORIGINAL CONTRIBUTI

Single Anastomosis Duo … Gastric Bypass After Failed Sleeve Gastrec… …comes

Phillip J. Dijkhorst[1] · May Al Nawas[2] · … [3] · Dingeman J. Swank[4] · René M.J. Wiezer[2] · Edo O. Aarts[5]

Received: 25 April 2021 / Revised: 10 Jun…

RYGB: Pan… Bilio-Limb

SADI-S: 250 cm Common Limb

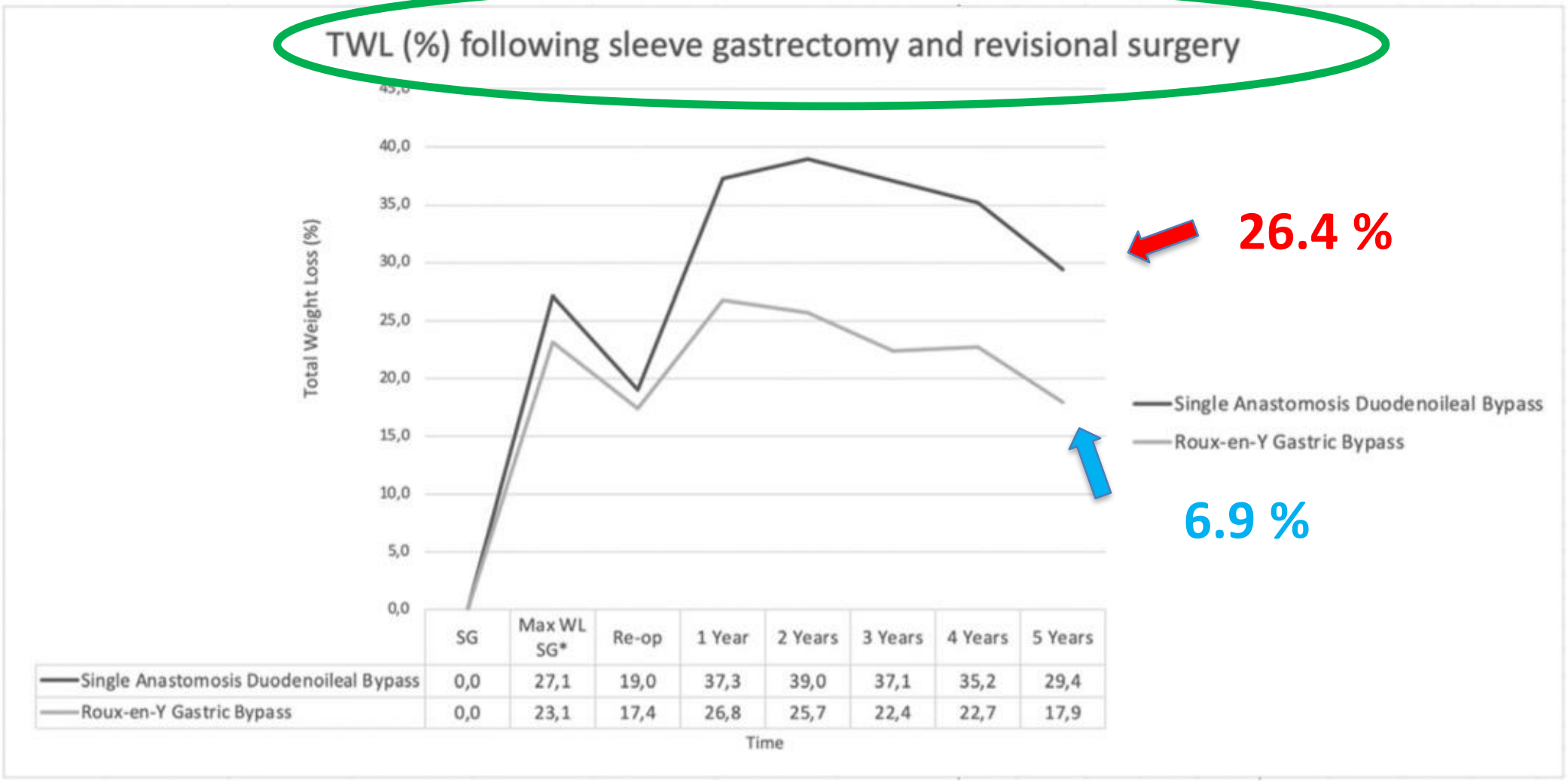
https://doi.org/10.1007/s11695-021-05609-1

ORIGINAL CONTRIBUTIONS

Single Anastomosis Duodenoileal Bypass or Roux-en-Y Gastric Bypass After Failed Sleeve Gastrectomy: Medium-Term Outcomes

Phillip J. Dijkhorst[1] · May Al Nawas[2] · Laura Heusschen[3] · Eric J. Hazebroek[3] · Dingeman J. Swank[4] · René M.J. Wiezer[2] · Edo O. Aarts[5]

Received: 25 April 2021 / Revised: 10 June 2021 / Accepted: 17 June 2021



	SG	Max WL SG*	Re-op	1 Year	2 Years	3 Years	4 Years	5 Years
Single Anastomosis Duodenoileal Bypass	0,0	27,1	19,0	37,3	39,0	37,1	35,2	29,4
Roux-en-Y Gastric Bypass	0,0	23,1	17,4	26,8	25,7	22,4	22,7	17,9

Fig. 1 Percentage total weight loss (%TWL) after sleeve gastrectomy and revisional surgery; SG sleeve gastrectomy. Asterisk indicates maximum % TWL obtained after SG and before revisional surgery

THE LANCET

Randomized Controlled Trial > Lancet. 2025 Aug 23;406(10505):846-859.
doi: 10.1016/S0140-6736(25)01070-0.

Efficacy and safety of single-anastomosis duodeno-ileal bypass with sleeve gastrectomy versus Roux-en-Y gastric bypass in France (SADISLEEVE): results of a randomised, open-label, superiority trial at 2 years of follow-up

Maud Robert [1], Tigran Poghosyan [2], Nicolas Romain-Scelle [3], Sebastien Czernichow [4], Dominique Delaunay [5], Adrien Sterkers [6], Litavan Khamphommala [6], Andrea Lazzati [7], Claire Blanchard [8], Robert Caiazzo [9], François Pattou [10], Emmanuel Disse [11]; SADISLEEVE Collaborative Group

Dr. Christian Rodriguez's Courtesy

www.thelancet.com Vol 406 August 23, 2025

Efficacy and safety of single-anastomosis duodeno-ileal bypass with sleeve gastrectomy versus Roux-en-Y gastric bypass in France (SADISLEEVE): results of a randomised, open-label, superiority trial at 2 years of follow-up

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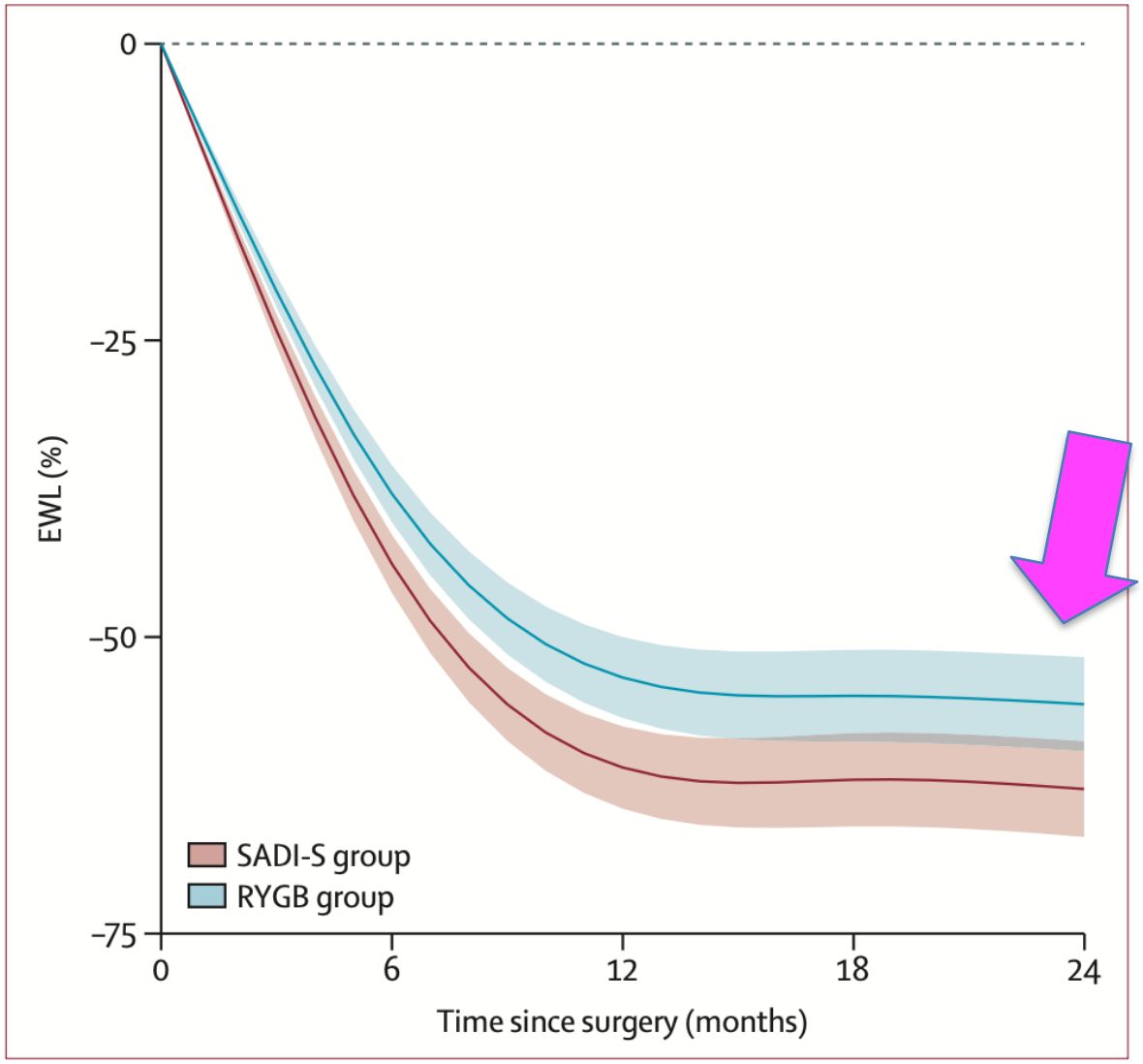


Mean %EWL (SD)

	RYGB	SADI-S
ITT	−68·09 (28·70); n=191	−76·00 (26·65); n=190
PP	−67·74 (28·48); n=184	−76·55 (25·95); n=163

Surgical Endoscopy
https://doi.org/10.1007/s00464-023-10234-3

Comparative analysis of 5-year efficacy and outcomes of single anastomosis procedures as revisional surgery for weight regain following sleeve gastrectomy

Ass[illegible]F. Salama[1] · Jawher Baazaoui[1] · Fakhar Shahid[1] · Rajvir Singh[2] · Antonio J. Torres[3] · Moataz M. Bashah[1,4]

Received: 27 April 2023 / Acc[illegible] June 2023

Table 5 Comparative analysis of anthropometric measures before and 5 years after revisional surgeries (OAGB vs. SADI)

Parameters	OAGB Mean ± SD	SADI Mean ± SD	*p* value
Weight before LSG surgery	133 ± 27.82	139.06 ± 27.19	0.289
Preoperative Weight	114.18 ± 21.08	119.32 ± 23.90	0.268
Preoperative BMI	43.58 ± 7.38	43.90 ± 7.37	0.832
EW	48.41 ± 18.29	51.40 ± 20.80	0.458
Δ BMI	7.4 ± 5.7	12.2 ± 8.9	0.006
TWL %	19.4 ± 16.3	30.0 ± 18.4	0.008
EWL %	50.9 ± 30.6	66.2 ± 21.7	0.01

Surgical Endoscopy
https://doi.org/10.1007/s00464-023-10234-3

Comparative analysis of 5-year efficacy and outcomes of single anastomosis procedures as revisional surgery for weight regain following sleeve gastrectomy

Asaad F. Salama[1] · Jawher Baazaoui[1] · Fakhar Shahid[1] · Rajvir Singh[2] · Antonio J. Torres[3] · Moataz M. Bashah[1,4]

Received: 27 April 2023 / Accepted: 18 June 2023

Results The study comprised 91 patients, with 42 and 49 in the SADI-S and OAGB-MGB groups, respectively. Significant weight loss (measured by total weight loss percentage, TWL%) was observed at the 5-year follow-up for the SADI-S group compared to the OAGB-MGB group (30.0 ± 18.4 vs. 19.4 ± 16.3, $p = 0.008$). Remission of comorbidities, specifically diabetes mellitus and hypertension, was more prevalent in the SADI-S group. Notably, the OAGB-MGB group had a higher incidence of complications (28.6% vs. 21.42%) and reoperations (5 patients vs. 1 in the SADI-S group). No mortality events were reported in either group.

Conclusion While both the OAGB-MGB and SADI-S have demonstrated efficacy as revisional procedures for weight regain following SG, the SADI-S exhibits superior outcomes compared to the OAGB-MGB with regard to weight loss, resolution of comorbidities, complication rates, and reoperation rates.

International Journal of Surgery
Volume 102, June 2022, 106677

Review

Postoperative morbidity and weight loss after revisional bariatric surgery for primary failed restrictive procedure: A systematic review and network meta-analysis

Chierici A [a], Chevalier N [b c d], Iannelli A [c e f]

Methods: a systematic review and network meta-analysis of 39 studies was conducted following the PRISMA guidelines and the Cochrane protocol.

	BPD-DS	SADI-S	OAGB	RYGB
1 year TWL (%)	12.38	9.24	7.16	4.68
3 year TWL (%)	28.42	19.13	13.1	7.3
Complications	+++	+	+	++

→SADI-S and OAGB most performing revisional procedures after failure of restrictive surgery
→SADI-S has lowest risk of weight recidivism.

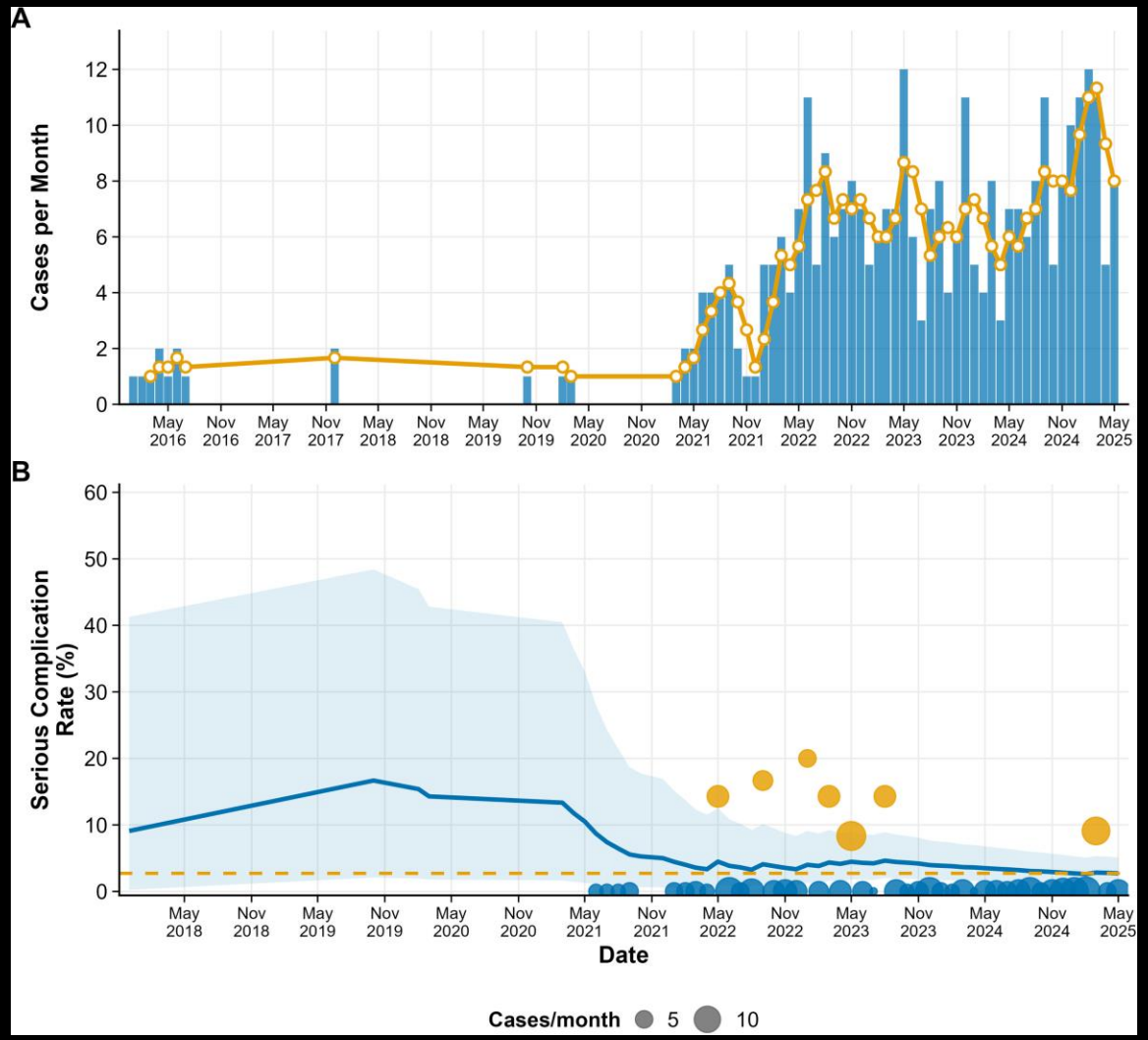
Safety of Single Anastomosis Duodeno-ileal Bypass with Sleeve Gastrectomy Adoption in a Statewide Collaborative Using Performance Monitoring

Oliver A. Varban, MD, Arthur M. Carlin, MD, Hassan Nasser, MD, Michael Kia, DO, Nabeel Obeid, MD, Jonathan F. Finks, MD, Mouhammad Halabi, MD, Matthew Bucala, MPH

Surgery for Obesity and Related Diseases

DOI: 10.1016/j.soard.2026.08.009

Figure 1.a



Surgery for Obesity and Related Diseases DOI: (10.1016/j.soard.2026.08.009)

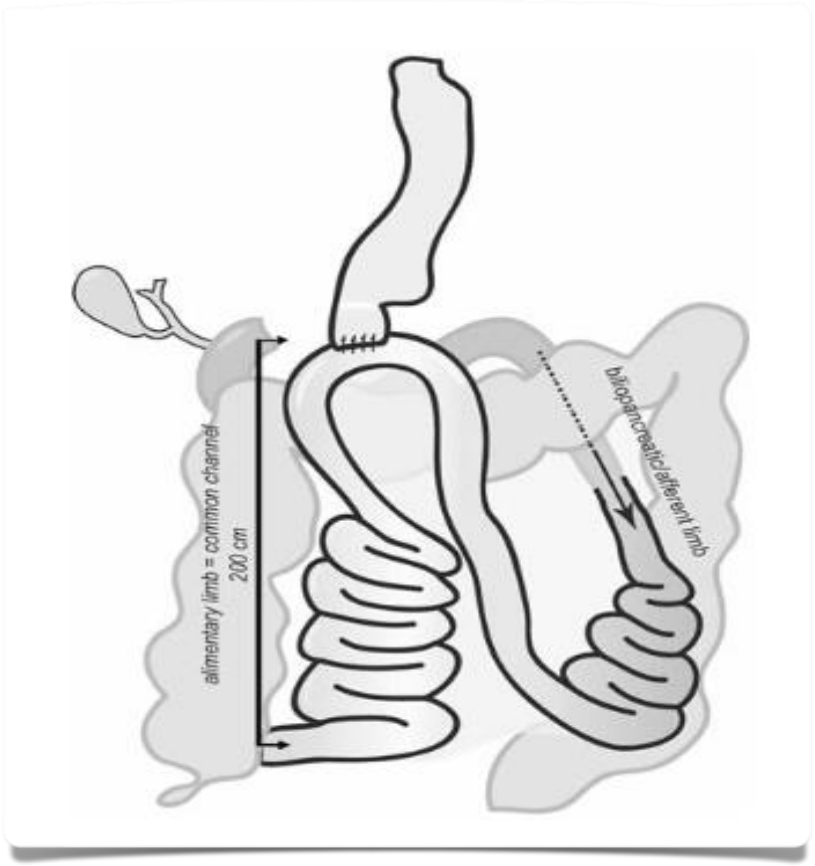
CONTACT: ASMBSNews@compartnersny.com

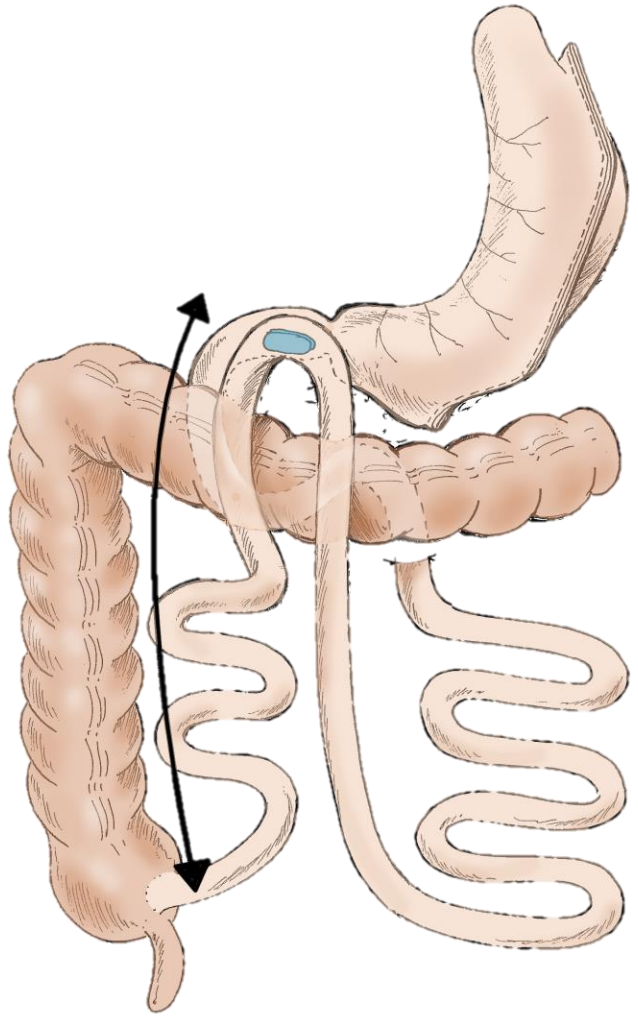
Bariatric Surgery Procedures Fall Below 200,000, First Time Since 2020, New Research Finds

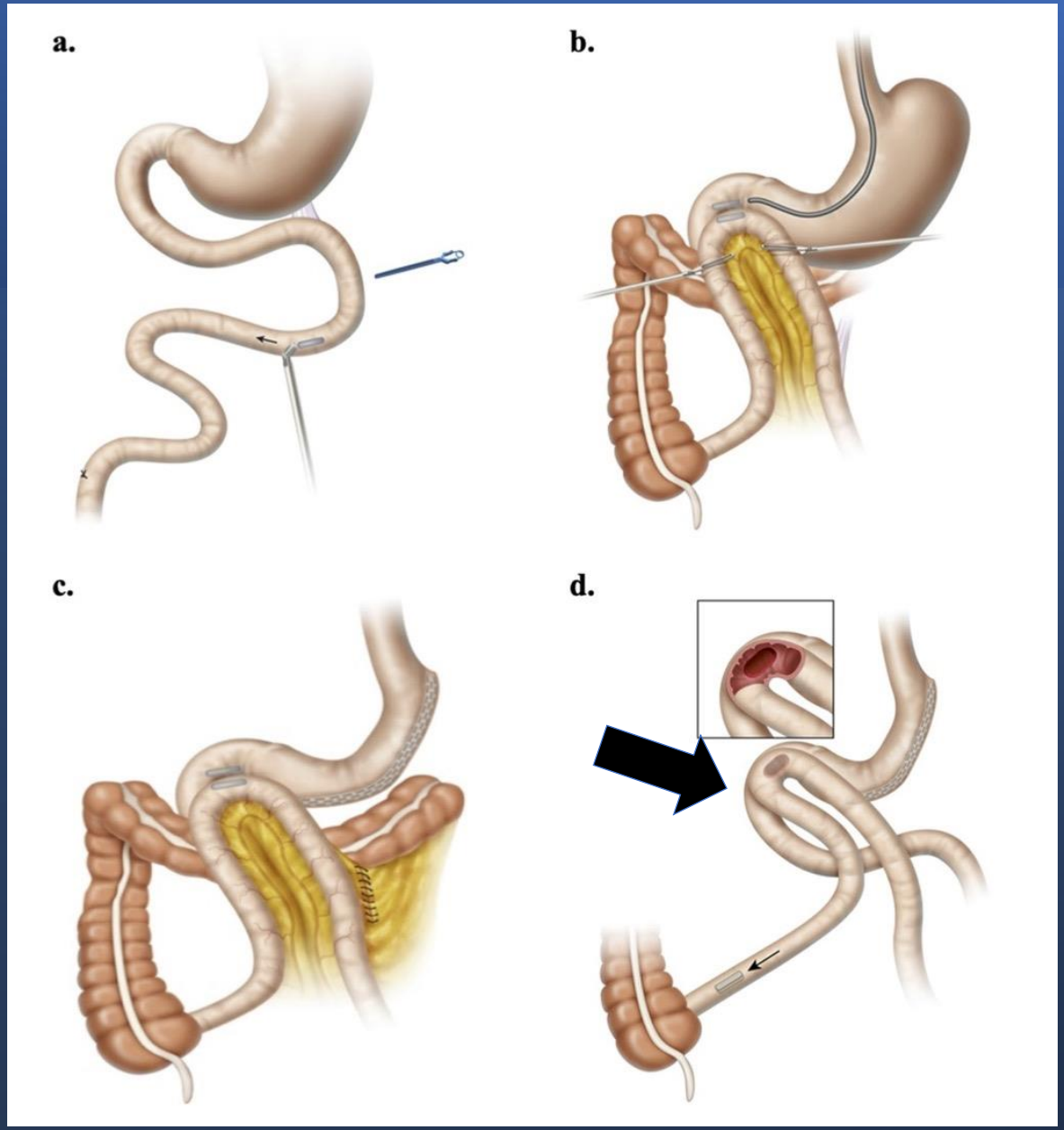
SAN ANTONIO – May 5, 2026 – The number of metabolic and bariatric surgery procedures in the United States dropped below 200,000 in 2024 for the first time since 2020, a more than 20% decline from the prior year, according to new research presented today at the annual scientific meeting of the American Society for Metabolic and Bariatric Surgery (#ASMBS2026).

Researchers from Loyola University in Chicago based their 2020-2024 estimates after review of the American College of Surgeons Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (ACS-MBSAQIP) database, which includes reported outcomes from all MBSAQIP-accredited bariatric centers.

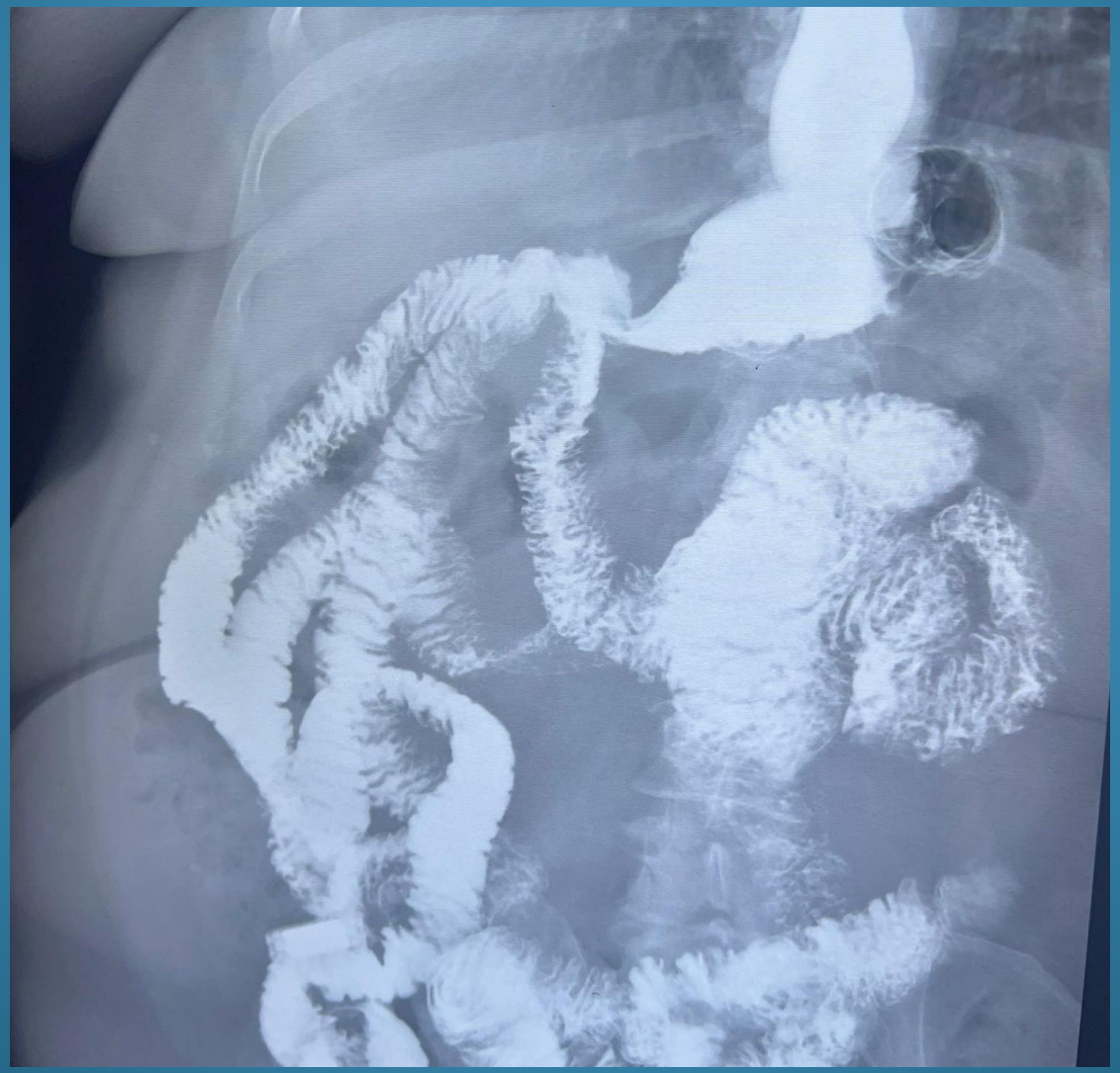
SADIS → Duodenal-Bipartition






a.
b.
c.
d.

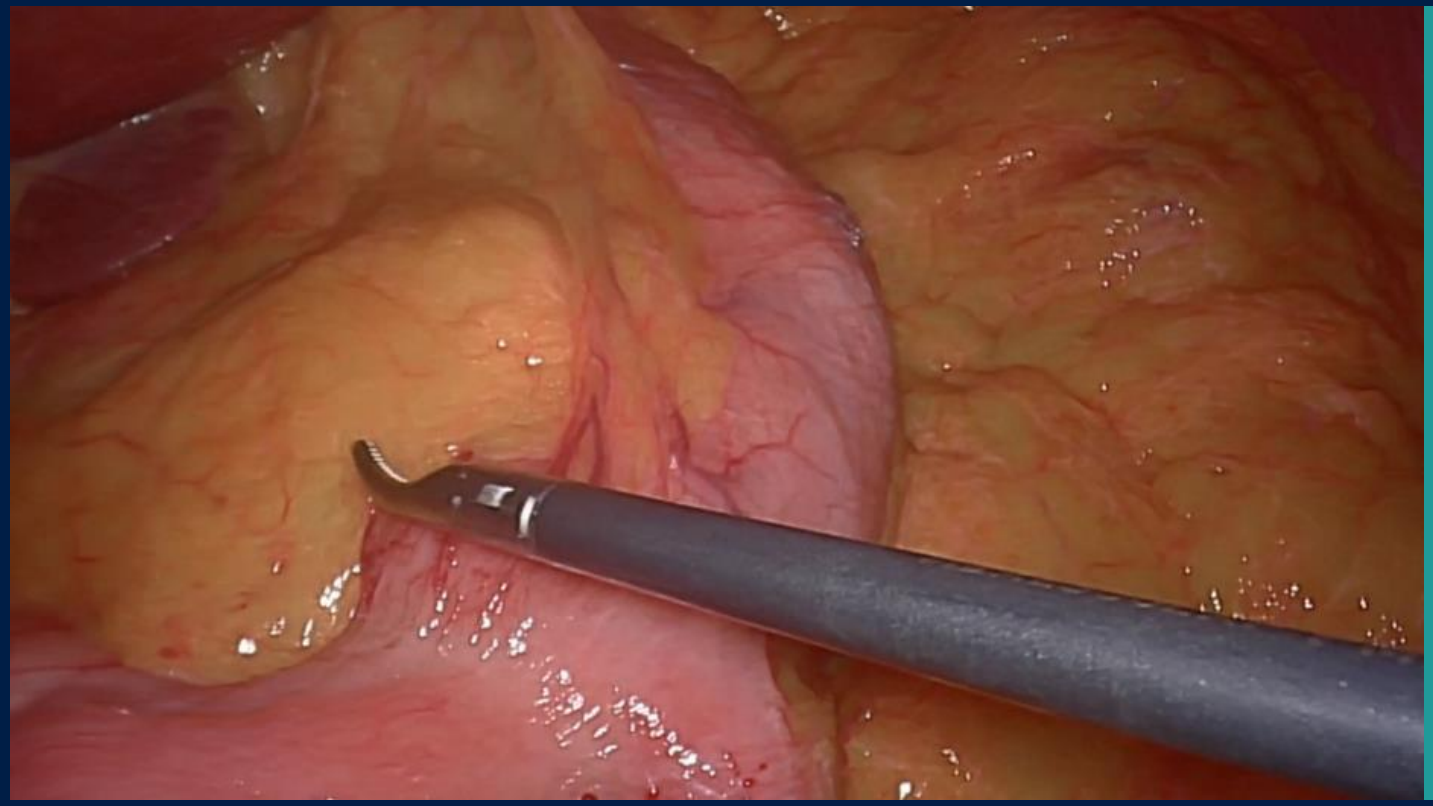
Barium Swallow



GT Metabolic

MAGDI TO SADI-S

BARIATRIC
PROCEDURE



Type of Procedure

Revisional bariatric surgery

Completion of Duodenal Diversion.

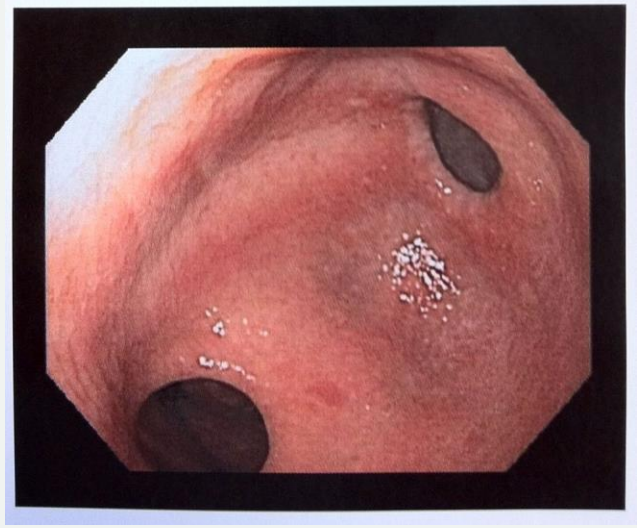
Important steps

- Revision of sleeve gastrectomy
- Dissection of magnetic duodeno-ileal anastomosis.
- Intraoperative endoscopy
- Dissection of the duodenum.
- Section the duodenum.

SaludMadrid Hospital Clínico San Carlos

IS DUODENAL BIPARTITION EQUIVALENT TO SADI-S ?

NO



– SADI is predictable, you know what happens with known Common Channel: 250-300-…cm

– In Duodenal Bipartititon can be variable, **we don´t know** how much pass through GJ

Contents lists

Journal of Gas

journal hom

Original Article

Sleeve gastrectomy with duodenoileal
feasibility and safety at 1-year follow-

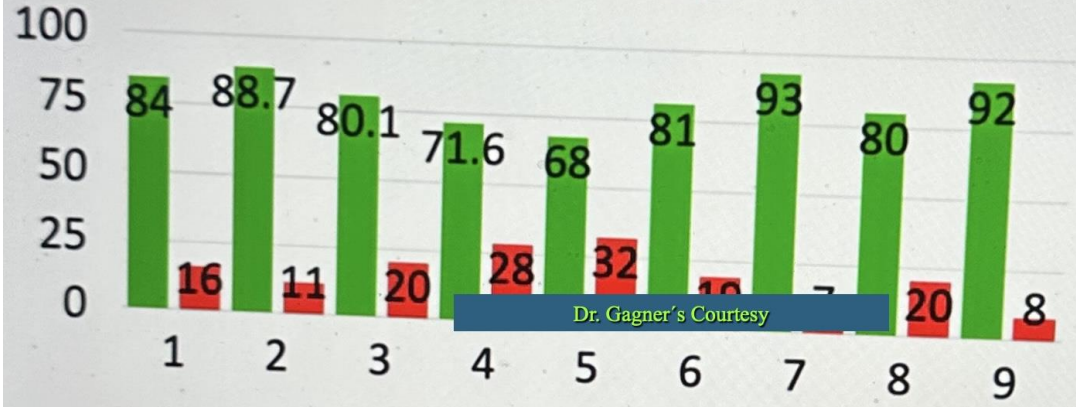
Guy-Bernard Cadière [a], Mathilde Poras [a,*], Marie-
Raoul Muteganya [a], Marc van Gossum [a], Benjamin
Michel Gagner [c]

[a] Division of Digestive Surgery, Centre Hospitalier Universitaire Saint-Pierre, Brussels,
[b] NVS Consulting, Brussels, Belgium
[c] Department of Surgery, Westmount Square Surgical Center, Westmount, Quebec, Ca

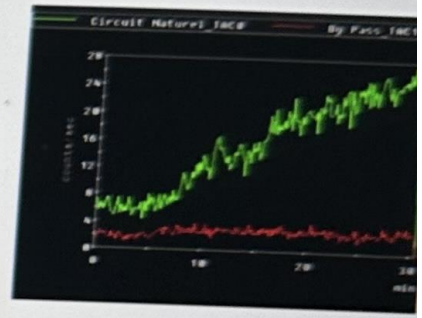
Dr. Gagner´s Courtesy

isotopic study :duodenal-ileostomy versus gastro-ileostomy

Duodeno-ileal bipartition



Median 19 %



Dr. Gagner´s Courtesy

% Ileal Derivation

% Natural route

Gastro-ileal Bipartition (SASI)

Median 81 %

to know the
pic emptying
tition into the
nto the ileum.

Year	Total Cases	Sleeve, n (%)	RYGB, n (%)	Band, n (%)	BPD-DS, n (%)	SADI, n (%)	OAGB, n (%)	Other, n (%)
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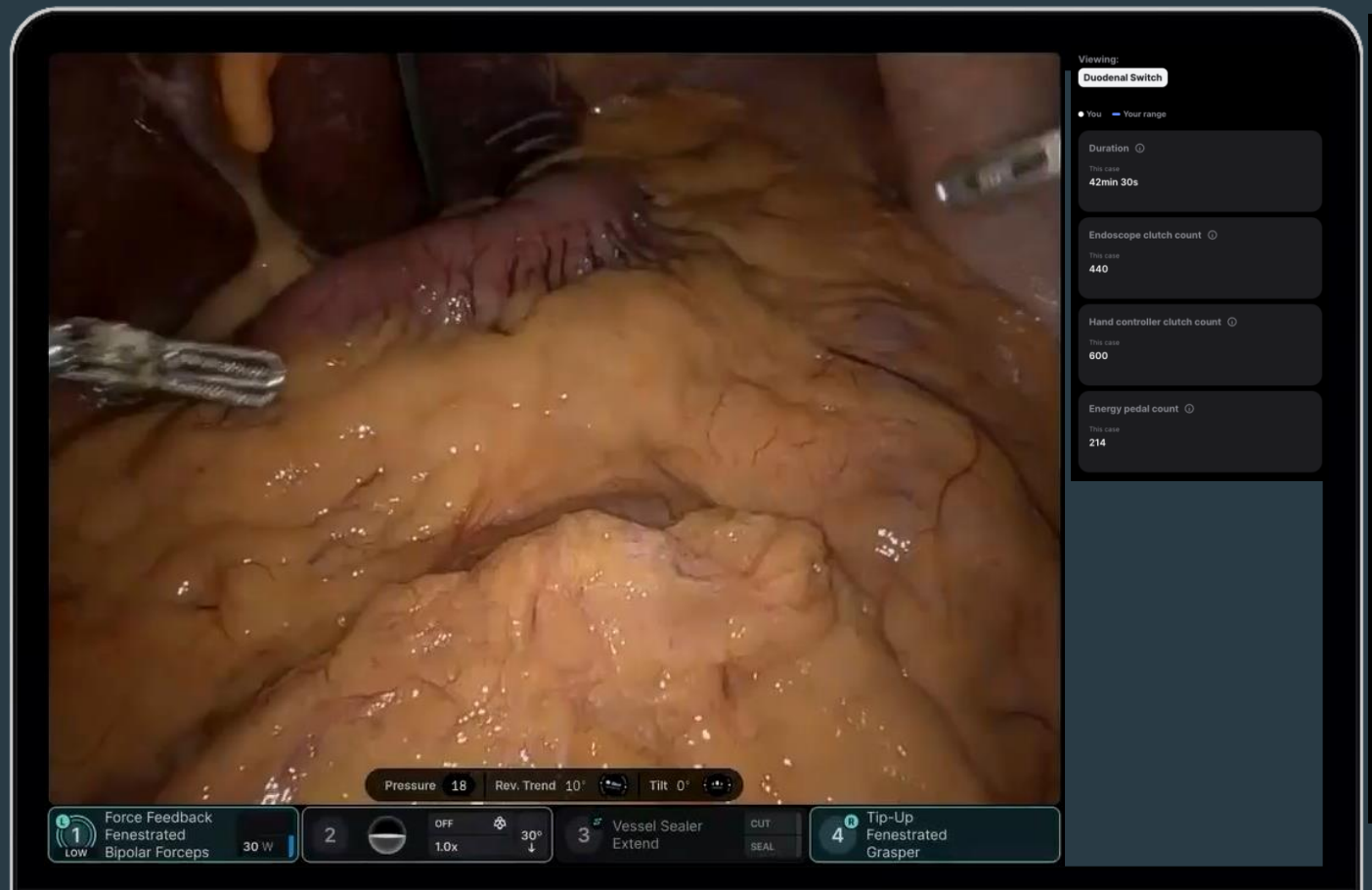
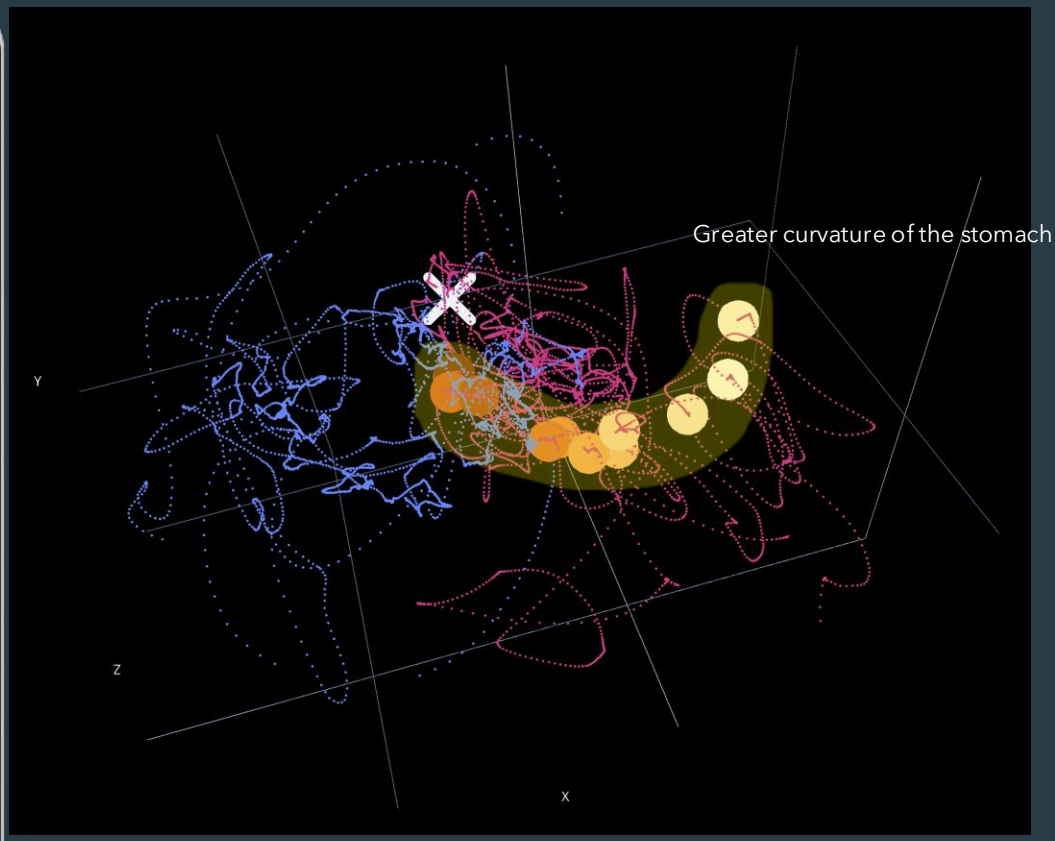
Dissection to the Duodenum





- FFB Fenestrated Bipolar
- Vessel Sealer Extend
- Energy Activations (VSE)
- Angular Notch of Stomach

"SA

Rise

Re

r


Medtronic
Engineering the extraordinary
You're invited
Metabolic & Bariatric Surger
A Growing Field
Please join us for an engaging dinner discussion.
Rami E. Lutfi, MD
Chicago Institute of Advanced
Chicago, IL

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"Advancing Multimodal Obesity Care"

24-27 August 2027

ifso2027.org

IFSO PARIS 2027

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MAAKE
KOMAPSUMNIDA
JUSPAXAR
DANKSCHEEN
SHUKRIA
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MERCI
SPASSIBO
SNACHALHUYA
NUHUN
CHALTU
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YUSPAGARÀTAM
HUI
GUI
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