Role of bariatric surgery

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UEG Week Barcelona 2026 | Presentation

Surgery | Hepatobiliary

October 19, 2026

Bariatric surgery shows benefits for NASH/MAFLD with weight loss correlating to liver improvement, though evidence quality remains limited and patient selection—particularly for cirrhotic patients—requires careful multidisciplinary evaluation.

KEY POINTS

- The speaker reported that studies demonstrate liver improvement after bariatric surgery correlating with weight loss, with data showing changes over five years.
- International guidelines now include compensated cirrhosis as a potential indication, though the speaker personally disagrees with this expansion and notes recommendations weaken as liver disease advances.
- A 50-year Genoa cohort study of biliopancreatic diversion showed sustained weight loss (BMI 25 at 40 years, 92% excess weight loss) but 85% nutritional and metabolic complications, leading to abandonment of aggressive malabsorption approaches.
- The two main current operations are sleeve gastrectomy (higher hemorrhage risk due to vascular dissection) and gastric bypass (absorption concerns), with choice requiring individualized risk-benefit assessment.
- The speaker stated that decompensated patients should never be operated on, and acknowledged that systematic liver fibrosis screening is not routinely performed at their centre for bariatric referrals despite recognizing this gap.
- The speaker described GLP-1 receptor agonists after bariatric surgery as the future, used for weight regain in the 20-25% of patients who are non-responders or require reoperation, with potential future combination with endoscopic treatments.

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