"The old warhorse“: Sleeve resection, bypass procedures

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UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

Endoscopy | Surgery

October 5, 2025

A randomized controlled trial with 10-year follow-up comparing gastric sleeve and gastric bypass found that bypass achieved superior weight loss and that 30% of sleeve patients required conversion to another procedure due to reflux or suboptimal weight loss.

KEY POINTS

- At 10 years, gastric bypass showed five BMI points more excess BMI loss than sleeve in intention-to-treat analysis, and the speaker reported that 30% of sleeve patients required conversion to bypass or other anatomy due to reflux, suboptimal weight loss, or both.
- The speaker stated that at 14 to 15 years after sleeve, patients have a greater than 60% chance of requiring another procedure, and all randomized trials with five- and ten-year results show bypass superior to sleeve.
- De novo gastroesophageal reflux disease occurred in more than 30% of sleeve patients who did not have GERD at baseline, and reflux esophagitis was much more prominent in the sleeve group.
- Both procedures had the same rate of vitamin and micronutrient deficiencies, and relevant complications were around 1% in experienced hands with mortality comparable to laparoscopic cholecystectomy.
- The speaker stated that a recent Cleveland Clinic study in Nature Medicine comparing surgery to obesity medications in diabetic patients showed the surgical group had lower risk of death, major adverse cardiovascular events, chronic kidney disease, and retinopathy at lower cost.
- The speaker recommends that obesity management should be multidisciplinary, multiprofessional, and multimodal, and stated that gastric bypass is superior to sleeve and that metabolic bariatric surgery is safe, durable, and the most effective choice.

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