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Summary

Panel discussion: Obesity in Pan America

UEG Week Berlin 2025 | Presentation

Endoscopy | Mechanisms & Personalised Medicine | Surgery

October 7, 2025

A GI specialist discusses bariatric surgery as a cost-effective obesity treatment, stating it has lower complication rates than previously thought and more durable results than current pharmacologic options, though newer GLP-1 agents may change the landscape in the future.

KEY POINTS

- The speaker stated that one year of semaglutide or tirzepatide costs approximately the same as total bariatric surgery in their countries, and surgery addresses the problem in one intervention rather than requiring lifelong medication.
- The speaker reported that bariatric surgery complication rates are now less than half those of laparoscopic cholecystectomy, with fistulas occurring in less than 2% of cases and loss of effectiveness in less than 15% of patients.
- Patients with higher BMI and obesity-related comorbidities should be prioritized for surgery according to the speaker, as they benefit most from rapid intervention.
- A panelist noted that real-world GLP-1 weight loss is 8-10% (about half of clinical trial results) with discontinuation rates of 70-80%, suggesting clinical trial outcomes may not reflect actual practice.
- Endoscopic options for weight regain after bariatric surgery can provide 10-15% total body weight loss, or 15-20% when combined with GLP-1 agents, according to a panelist.
- The speaker recommended waiting 10-15 years to understand the long-term effects of GLP-1 medications and acknowledged that newer agents with monthly dosing may improve the pharmacologic treatment landscape in the future.

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