

# 22nd WORLD CONGRESS

29 August to 2 September 2017

QEII Centre, London



Organised by:



The British Obesity &  
Metabolic Surgery Society



International Federation for the  
Surgery of Obesity and Metabolic Disorders

## Wednesday 30<sup>th</sup> August 2017

### Postgraduate Courses

#### Enhancing weight loss and weight loss maintenance with banded Gastric Bypass, banded Sleeve Gastrectomy and banded Gastric Plication

[Track: Postgraduate course](#)

##### Course Directors

Mathias Fobi

Mohit Bhandari

##### Course Summary:

The course will present the rationale for placing a ring or band at the time of the initial gastric bypass, sleeve and plication operations to enhance weight loss and weight loss maintenance. The surgical techniques, short and long-term outcomes of comparatively better weight loss and weight loss maintenance as compared to the non-banded operations will be presented and discussed. The complications from the ring or band and the management will be presented and discussed.

##### Course Objectives:

- To educate bariatric surgeons about:
- The role of standardizing the restriction in gastric bypass, sleeve gastrectomy and gastric plication operations
- The surgical technique of placing the ring/band in the gastric bypass, sleeve gastrectomy and gastric plication operations
- The beneficial outcome of banding the gastric bypass, sleeve gastrectomy and gastric plication operations and
- The management of complications from banding the pouch in the gastric bypass, sleeve and gastric plication operations

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## Part 1:

**Chair: Mal Fobi**

**Moderators:** Lilian Kow (Australia), Luc Lemmens (Belgium)

13:30-13:45: Introduction to course - mechanism of action for weight loss and maintenance  
Rationale for banding the pouch in the GBP, Sleeve and Plication Operations  
Speaker: Mathias Fobi (USA/India)

13.45-14.00: Banding the Gastric bypass - comparison to LGBP  
Speaker: Luc Lemmens (Belgium)

14.00-14:15, Banding the Sleeve Gastrectomy - comparison to LSG  
Speaker: Mohit Bhandari (India)

14:15-14.30: Banding the OAGBP (MGB)  
Speaker: Michael Van Den Bossche (UK)

14.30-14.45: Banding the gastric plication - comparison to LSG  
Speaker: CK Haung (Taiwan)

14.45-15.00: Long-term outcome of banding the gastric bypass  
Speaker: Vigo De La Cruz (Spain)

15.00-15.15: Systematic Review and Meta Analysis of Primary Banded Gastric Bypass  
Speaker: Henry Buchwald (USA)

15.15-15.30: Panel Discussion. Chair, Moderators and all speakers

15.30-15.50 Coffee break

## Part 2

**Chair: Mohit Bhandari**

**Moderators:** Marco Anselmino (Italy), Rudolf Weiner (Germany), Paolo Gentileschi (Italy)

15.50-16.00: Video of primary BGBP

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Speaker: Muffazala Lakdawala (India)

16.00-16.10: Video of primary banded sleeve gastrectomy

Speaker: Konrad Karcz (Germany)

16.10-16.20: Video of primary banded gastric plication

Speaker: Wei-Jei Lee (Taiwan)

16.20-16.30: Video of primary banded OAGBP

Speaker: Karl Miller (Austria)

16.30-16.40: Video - Band over Bypass. Adjustable band on a gastric bypass for weight regain

Speaker: TBC

16.40-16.50: Video - Revision of gastric bypass to banded gastric bypass for non-responders

Speaker: Michael Van Den Bossche (UK)

16.50-17.00: Video of Revision of LAGB to BGBP

Speaker: Jan Willem Greve (Netherlands)

17.00-17.10: Video of Revision of Sleeve to BGBP

Speaker: Mohit Bhandari (India)

17.10-17.20: Video, Management of Band migration or erosion

Speaker: Manoel Neto Galvao (Brazil)

17.20-17.40: Panel Discussion Questions and answers: Chair, Moderators and all speakers

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## Essentials in Bariatric Surgery Emergencies

Track: Postgraduate course

Venue: Albert

### Course Directors:

Evangelos Efthimiou – Chelsea and Westminster Hospital, London, UK

Henry Buchwald – University of Minnesota, USA

Haris Khwaja – Phoenix Health, UK

Bariatric (weight loss) and metabolic surgery is a rapidly evolving specialty. This course aims to provide a comprehensive approach to common emergencies that can be associated with these operations. It is designed for clinicians and integrated health professionals who may be involved in the care of bariatric patients.

### PROVISIONAL PROGRAMME

09.10 – 09.15	Welcome and introduction <b>Speaker: Evangelos Efthimiou - confirmed</b>
Session 1	Moderators: <b>Evangelos Efthimiou, Henry Buchwald</b>
09.15- 09.30	How to avoid post-operative complications intra-operatively <b>Speaker: Henry Buchwald</b>
09.30-9.45	Early complications of laparoscopic Gastric bypass (including mini-bypass) – managing complications <b>Speaker: Gianluca Bonanomi</b>
09.45-10.00	Late complications of laparoscopic Gastric bypass – presentation and detection <b>Speaker: Haris Khwaja</b>
10.00 -10.15	Laparoscopic Sleeve gastrectomy – managing complications <b>Speaker: Marco Adamo</b>
10.15-10.30	Laparoscopic Duodenal switch and malabsorptive operations – managing complications <b>Speaker: Georgios Vasilikostas</b>

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10.30–10.45	Panel discussion and questions <b>Haris Khwaja and Henry Buchwald</b>
10.45 -11.00	Coffee break
Session 2	Moderators: <b>Sanjay Agrawal, Rudolf Weiner</b>
11.00-11.15	Long term problems with gastric bands – presentation of cases and management <b>Speaker: James Smellie</b>
11.15-11.30	Duodeno-jejunal sleeve - managing complications <b>Speaker: Jan Willem Greve</b>
11.30–11.45	Gastric balloons – managing complications <b>Speaker: Evangelos Efthimiou</b>
11.45-12.00	Novel procedures – who should be dealing with complications? <b>Speaker: Natan Zundel</b>
12.00-12.15	Management of anastomotic and remnant ulcers <b>Speaker: Rudolf Weiner</b>
12.15-12.30	Management of bowel obstruction after bariatric surgery <b>Speaker: Bruno Dillemans</b>
12.30-12.45	Management of leaks <b>Scott Shikora</b>
12.45–13.00	Cholelithiasis after bariatric surgery – prevention and management <b>Speaker: Sanjay Agrawal</b>
13.00 -13.45	Lunch
Session 3	Moderators: <b>Haris Khwaja, Denise Ratcliffe</b>
13.45- 14.00	Prevention and management of anaesthetic complications in morbidly obese patients <b>Speaker: Kevin Haire</b>
14.00-14.15	Nutritional complications after bariatric surgery <b>Speaker: Kelli Edmiston</b>



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14.15-14.30	Psychological illness after bariatric surgery <b>Speaker: Denise Ratcliffe</b>
14.30-14.45	Pregnancy and the bariatric patient <b>Speaker: Cynthia-Michelle Borg</b>
14.45-15.00	Coffee break
<b>Session 4</b>	<b>Moderators: TBC, Evangelos Efthimiou</b>
15.00-15.15	Abdominal pain after bariatric surgery - presentation of cases and management <b>Speaker: Hutan Ashrafian</b>
15.15-15.30	Medical emergencies in bariatric surgery patients <b>Speaker: Alex Miras</b>
15.30-16.15	Video presentations <b>Leaders: TBC</b>
16.15-16.30	Q&A session to panel <b>Chair: Evangelos Efthimiou</b>
16.30	Closing remarks: <b>Evangelos Efthimiou</b>

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## Key Issues in Obesity Peri-operative Care (Educational Course)

**Track: Postgraduate course**



*Endorsed by*



**Course Directors: Mike Margaron (UK), Jon Cousins (UK)**

**Faculty:** Chris Bouch (UK), Günther Frank (Austria), Jan Mulier (Belgium), Jon Redman (UK), Daniela Godoroja (Romania), Naveen Eipe (Canada), Euan Shearer (UK), Nick Barron (UK), Faruq Badouiddin (Dubai), Andrew McKechnie (UK)

### Course Overview and Target Audience

This course will be delivered by experts in Bariatric anaesthesia to provide an update of the key issues in the peri-operative management of the Morbidly Obese patient.

It will address the major co-morbidities affecting this population, including the impact of the metabolic syndrome and the latest understanding of sleep apnoea and its relevance and impact on the peri-operative course. It will discuss cardiovascular and respiratory pathophysiology relevant to the morbidly obese then cover the fundamentals of drug dosing, airway challenges and finish by updating on current best practices in analgesia, nausea prevention, thromboprophylaxis and post-operative levels of care.

The course is based on the Bariatric Anaesthesia Revalidation course recognized by the UK Royal College of Anaesthetists and by the UK Society for Obesity and Bariatric Anaesthesia, as the knowledge base for certification in Bariatric Anaesthesia.

The target audience will be consultants and senior trainees who work with morbidly obese patients.

Most sessions will be applicable to all surgeons and clinicians involved in pre-operative work up of patients undergoing bariatric surgery, the sessions either side of lunch will be more focussed at those delivering anaesthesia and intra-operative care.

Discussions will be interactive to address practical questions.

The day will consist of five hours of lectures and one hour of questions, discussion and pro-con interactive feedback.

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## Course Objectives

Upon completion of this activity, participants should be able to:

- Describe the key pathological processes associated with significant obesity and understand the relevance of these conditions to the peri-operative course of patients undergoing bariatric surgery. Specifically they should recognize the impact of the pattern of fat distribution and the presence of the metabolic syndrome as major risk factors for peri-operative morbidity.
- Describe the screening, investigation and management of sleep apnoea and other obesity-related cardio-respiratory diseases.
- Describe principles of drug dosing regimens and understand body weight scalars used in obese patients. Know the benefits and contraindications of multi-modal analgesia adjuncts and enhanced recovery strategies. Know the most appropriate anaesthetic agents and techniques to use in these patients
- Recognize the high-risk patient and appropriately stratify resources.
- Recognize the patient at high risk of thrombo-embolic events and be able to balance the risks and benefits of management strategies.
- Recognize and describe airway assessment and management strategies in the morbidly obese.

This course introduces and includes aspects of the advanced discussions around sleep apnoea, analgesic regimens and enhanced recovery, which will follow on the afternoon of the next day.



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## Agenda

Time	Topic	Speaker(s)
08:45-0850	Welcome & Introduction	Mike Margaron
<b>Session 1a: Introduction and Background (Moderators: tbc)</b>		
08:50-09.00	Anaesthetic disasters and obesity: Why we run this course..	Euan Shearer
09:00-09.10	Epidemiology and Anthropology of Obesity	Jon Cousins
09:10-09.25	BMI, Fat Distribution & Relevance to Drug Dosing	Mike Margaron
09:25-09.35	Inflammation & Metabolic Syndrome	Jon Redman
09:35-09.50	Cardiovascular effects of Obesity	Nick Barron
09:50-10.05	Pulmonary effects of Obesity	Günther Frank
10:05-10.10	Panel discussion	
<b>10:10-10:30</b>	<b>Early morning Coffee</b>	
<b>Session 1b: The Co-morbidities</b>		
10:30-10.45	Sleep Apnoea: Pathophysiology and Mechanisms	Jon Redman
10:45-11.00	Sleep Apnoea: Screening and Management	Chris Bouch
11:00-11.10	Assessment of Cardiopulmonary Reserve	Nick Barron
11:10-11.20	The role of the MDT - Risk-benefit assessments	Euan Shearer
11:20-11.25	Panel discussion	
<b>11.30-11:45</b>	<b>Late morning Coffee</b>	

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## Session 2: Airway Issues in the Obese (Moderators: tbc)

11:45-12:00	Apnoeic desaturation and airway disasters	Andy McKechnie
12:00-12:15	Difficult Airway prediction and management	Mike Margaron
12:15-12:30	Videolaryngoscopy and advanced airway techniques	Daniela Godoroja
12:30-12:40	Reflux and the RSI myth	Günther Frank
12:40-12:55	The Ideal Induction – a pro-con debate	TBC
12:55-13:00	Discussion	

## 13:00 - 13:45 Lunch

## Session 3: Intra-operative Care (Moderators: tbc)

13:45-14:00	Ventilation in the obese. What really matters.	Jon Redman
14:00-14:15	The Pneumoperitoneum: When to focus, how to fix it..	Jan Mulier
14:15-14:35	Analgesia and Opioid-sparing strategies	Naveen Eipe
14:35-14:50	The Ideal Anaesthetic technique	Euan Shearer
14:50-15:00	Panel discussion	

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**15:00- 15:30** Afternoon Tea

## Session 4: Post-operative Management

15:30- 15.45	Thromboprophylaxis: the essential knowledge.	Chris Bouch
15:45- 16.00	Post-op care: which patient needs ICU?	Jon Cousins
16:00- 16.15	Surgery & complications the non-surgeon must know	Faruq Badouiddin
16:15- 16.25	Panel discussion	
16:25- 16.30	Summing up & closing remarks:	Euan Shearer
16:30	Adjourn	

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## Postgraduate Course for Metabolic Surgery London 2017

### Track: Postgraduate course

Course Director: Francesco Rubino

Course Co-Directors: Marco Bueter, Ricardo Cohen, Carel Le Roux

### Introduction

There is a growing understanding that the dramatic improvement of the metabolic syndrome typically seen after bariatric surgery results from mechanisms beyond just the effects of reduced food intake and body weight. This has induced a gradual ideological shift towards the term “metabolic surgery”. Unfortunately, this advance in knowledge has not been translated into routine management algorithms for T2DM, and patients with “Diabesity” still represent less than 25% of individuals undergoing bariatric surgery. Clarifying the underlying physiological mechanisms by which metabolic surgery induces and sustains health benefits should enable clinicians to improve their practice, as traditional mechanical concepts such as restriction and malabsorption are now outmoded. Instead, other mechanisms including changes in gut hormones regulating hunger and satiety, altered taste, reduced preferences for foods high in fat and sugar, altered gut microbiota, changes in bile metabolism, etc. may be more important.

### Course overview and target audience

The course will cover all current aspects of “Metabolic Surgery”, targeting all generations of clinicians in the field. With key opinion leaders as faculty, the course aims to improve clinical practice. After completion, attendants will be able to better understand how metabolic surgery works and how they can implement what they have learned to improve their clinical practice.

### Objectives

1. To bring those new to the field quickly up to speed with important background information and recent breakthroughs.
2. To give busy clinicians take-home messages about metabolic surgery that they can implement to improve their clinical practice.
3. To update experts with the latest state-of-the-art science in the field.

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## PROGRAM

8.25 – 8.30	Welcome remarks
8.30 – 10.30	<b>SESSION 1 – Physiology &amp; Mechanisms</b>
8.30 – 9.00	TBC Evidence for the anti-incretin factor
9.00 – 9.30	Dimitri Pournaras The role of bile acids
9.30 – 10.00	TBC The role of endocrine gut factors
10.00 – 10.30	<b>COFFEE BREAK</b>
10.30 – 12.00	<b>SESSION 2 – Glycaemia and brain</b>
10.30 – 11.00	Phil Schauer Diabetes and glycemia after Metabolic surgery
11.00 – 11.30	Marco Bueter Behaviours that improve glycaemia after surgery
11.30 – 12.00	Alex Miras Brain imaging that explains the behaviours of patients after surgery
12.00 – 13.00	<b>LUNCH</b>
13.00 – 14.30	<b>SESSION 3 – Kidney &amp; Liver</b>
13.00 – 13.30	Francois Pattou NASH after surgery
13.30 – 14.00	Ricardo Cohen Diabetic kidney disease in humans after surgery
14.00 – 14.30	Neil Docherty Diabetic kidney disease in rats after surgery
14.30 – 15.00	<b>COFFEE BREAK</b>
15.00 – 16.30	<b>SESSION 4: The future of Metabolic Surgery</b>
15.00 – 15.30	TBC The medical bypass - reality or myth?
15.30 – 16.00	TBC Interdisciplinary metabolic boards – lessons learned from the tumour boards
16.00 – 16.30	Questions and discussion
16.30 – 16.45	Closing remarks



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## Primary care and Integrated Health Professionals

**Track: Postgraduate course**

### Improving long-term care to patients undergoing bariatric surgery - a study day aimed at all healthcare professionals

**SCOPE Accredited**

**This event has been awarded 3.5 SCOPE points.**

#### **Target audience:**

All healthcare professionals in primary and secondary care, including doctors, nurses, dietitians and psychologists, involved in the management of patients with severe and complex obesity

#### **Objectives:**

The objective of this course is to meet the educational needs of healthcare professional within primary and secondary care involved in the management of the bariatric patient. Sessions have been organised to be delivered jointly to all delegates along with parallel sessions to meet the specific needs of general practitioners, dietitians, psychologists and specialist nurses.

#### **Directors:**

**Mr Sean Woodcock,**

**Mrs Mary O’Kane,**

**Ms Tracy Martinez (IFSO Integrated Health Chair)**

**Registration 09.00 – 09.30**

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Primary care	Nurse	Dietitian	Psychology	Physician
<p>AM Session 1</p> <p>09.30 - 10.15</p> <p>Chair: <b>Tracy Martinez</b></p> <p>Moderators: <b>Sean Woodcock, Mary O’Kane</b></p> <p>Audience: ALL Groups</p> <p>Venue: Rutherford + Abbey (capacity 200)</p> <p>9.30 – 10.00: Key note lecture: Bariatric surgery and type 2 diabetes</p> <p><b>Speaker: TBC</b></p> <p>10.00 - 10.15: Comments and questions</p> <p>10.15 – 10.30 Coffee break</p>				

## AM Session 2 - 10.30-12.30

Break out session

Location	Primary Care (GP) (Moore)	Dietitian (D) (Abbey)	Psychology (P) (Rutherford) Joint meeting of Network of Psychology work on obesity and bariatric surgery	Nurses (N) (Wesley)
<b>LEAD</b>	Sean Woodcock/Carly Hughes	Mary O’Kane/ Denise Thomas	Vanessa Snowdon Carr	Jeremy Gilbert & Jenny Abraham
<b>10.30-11.00</b>	All you need to know about a bariatric service- The patient pathway	The nutritional aspects of SADIs  Speaker: Antonio Torres	Mindful eating: evidence base and practice.  Speaker: Jackie	The Role of the Bariatric nurse in America  Speaker: Tracy

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	Speaker: Carly Hughes		Doyle	Martinez
<b>11.00-11.30</b>	Models of Shared Care  Speaker: Helen Parietti	Nutritional aspects of MGB/OAGB  Speaker: Maureen Boyle	Compassion and act with severe obesity  Speaker: Helen Moffat	Improving health by using technology  Speaker: TBC
<b>11.30-12.00</b>	Raising the subject of weight in a primary care consultation  Speaker: Zoe Williams	Managing weight maintenance and weight regain  Speaker: Luca Busetto	Integrating mindfulness into group interventions: dietetics and psychology working together.  Speaker: Amy Bull	Red Flags for referral to psychology and overview of CBT or using mindfulness as an intervention to improve eating behaviour  Speaker: TBC
<b>12.00-12.30</b>	Traffic light system to deal with bariatric emergencies  Speaker: Sean Woodcock	Evaluating the success of bariatric surgery: Key outcomes to consider  Speaker: Karen Coulman	Using mindfulness and compassion-based practice post-operatively: outcomes, anecdotes and group discussion.  Speaker: Vanessa Snowden-Carr	Recognising post-operative complications and preventing avoidable admissions  Speaker: John Morton

**Lunch: 12.30- 13.30**

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## PM Session

**13.30 – 17.00**

**Audience: ALL Groups**

**Venue: Rutherford + Abbey**

**13.30** Patient focus - patient support group - what patients need to know (patient delivered)

Speaker: Ken Clare

**14.00** Reactive hypoglycaemia - case studies with explanation and management

Speaker: Andrea Pucci

**15.00** Contraception and pregnancy post bariatric surgery - case studies and management

Speaker: Yitka Graham

**16.00 Tea break**

**16.15** Nutritional deficiencies - case studies and management

Speaker: Manisha Sharma

**17.00 End of Session**

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## BARIATRIC/METABOLIC REVISIONAL ADVANCED SURGERY UPDATE POSTGRADUATE COURSE

**Track:** Postgraduate course

**Introduction:** Obesity means a complex, chronic and incurable disease associated with several different mechanisms of development. Bariatric/Metabolic surgery is the standard of care for the treatment of morbid obesity and related diseases. The success of the surgery demonstrated by increased longevity and quality of life underscores the importance of the adequate preparation of the patient combined with the proper choice of the procedure and a suitable long-term follow-up. Although remission is the norm, poor response to treatment is becoming more relevant, not only because of inadequate procedures, but also due to the increasing numbers of primary operations. Considering the lifetime nature of the treatment, a new field of specialization is evolving, Revisional Bariatric/Metabolic Interventions (RBMI) addressing this complex, but vital topic of lifelong metabolic control.

**Course overview and target audience:** This course will address not only the current known about the pathophysiology of primary operations, but also why some patients have a poor response to treatment and what to do to correct them. Patient selection, what to do, when to do it and possibly more importantly, what not to do will be discussed. This course is designed for all novice, expert and non-surgical caregivers involved with the bariatric/metabolic team. We will discuss the fundamentals of RBMI, what to do to optimize the result of the primary procedure avoiding reoperation, how to study the patient with weight regain and the best practice for those with documented poor response of the initial procedure.

### Objectives

1. Understand the main aspects related to success or poor response in bariatric/metabolic surgery;



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2. Define RBMI – Revisional Bariatric/Metabolic Interventions;
3. Discuss the benefits of standardization of primary procedures;
4. Identify individuals who might benefit from RBMI;
5. Develop a rational approach for poor response for common bariatric/metabolic procedures;
6. Understand non-surgical options to accomplish the same goals as surgery;
7. Recognize the alternatives of revision for the different situations in bariatric surgery.

## Directors

Shaw Somers (UK)

Ahmed Ahmed (UK)

Almino C. Ramos (Brazil)

## 9.30 WELCOME AND INTRODUCTION: Ahmed R Ahmed

### 9.35 - 11.00 - Module 1: The science behind poor weight loss outcomes

Panel: Shaw Somers, John Dixon, John Morton

09.35 – 09.55: How to define success

Speaker: John Morton (USA)

09.55 – 10.15: What constitutes poor response?

Speaker: John Dixon (Australia)

10.15 – 10.30 Genetics and poor response –

Speaker: TBC

10.30 - 11.00: Panel discussion

**11.00- 11.15 - Tea Break**

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## **Module 2: Optimisation of current management pathways**

Panel: Ahmed R Ahmed, Kelli Edminston, Tricia Tan

11.15 – 11.30: Dietary evaluation prior to revisional surgery

Speaker: Kelli Edminston (UK)

11.30 – 11.45: Psychological evaluation prior to revisional surgery

Speaker: Stephanie Sogg (USA)

11.45 – 12.00: Medical optimisation / assessment

Speaker: Tricia Tan (UK)

12.00 – 12.15: Endoscopic options for revisional weight loss

Speaker: Chris Sutton (UK)

12.15-12.45: Panel discussion

**12.45- 13.15 - LUNCH**

## **Module 3: Revision surgery pathway - best practice (literature reviews)**

Panel: Wendy Brown, Raul Rosenthal, David Kerrigan

13.15 - 13.30: Investigations and surgical assessment

Speaker: Shaw Somers (UK)

13.30 - 13.45: Revising bands

Speaker: Wendy Brown (Australia)

13.45 – 14.00: Revising sleeves

Speaker: Raul Rosenthal (USA)

14.00 - 14.15: Revising Bypass

Speaker: Almino Ramos (Brazil)

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14.15 – 14.30: Revising DS  
Speaker: David Kerrigan (UK)

14.30 – 14.45: Revising OAGB  
Speaker: Jean-Marc Chevallier (France)

14.45 - 15.15: Panel discussion

## **15.15 – 15.30: TEA**

### **Module 4: Technical aspects of revision surgery —How I do it (VIDEOS)**

Panel: Ahmed R Ahmed, Kelvin Higa, Almino Ramos

15.30 – 15.45: LAGB revision  
Speaker: Bruno Dillemans (Belgium)

15.45 – 16.00: Sleeve revision  
Speaker: Ahmed R Ahmed (UK)

16.00 – 16.15: RYGB revision  
Speaker: Kelvin Higa (USA)

16.15 -16.30: OAGB revision  
Speaker: Kamal Mahawar (UK)

16.30 – 16.45: What to do with the unhappy DS patient?  
Speaker: Jacques Himpens

16.45 – 17.15: Revisional pot pourri videos– VBG, plications, gastroplasty  
Speakers: Ahmed Ahmed and Shaw Somers

17.15 – 17.30: Panel discussion

**17.30 – 17.45: SUMMARY AND CONCLUSIONS – Shaw Somers**

# 22nd WORLD CONGRESS

29 August to 2 September 2017  
QEII Centre, London



Organised by:



The British Obesity & Metabolic Surgery Society



International Federation for the Surgery of Obesity and Metabolic Disorders

## One Anastomosis/Mini Gastric Bypass Course and Consensus Meeting

Track: Postgraduate course

**One Anastomosis/Mini Gastric Bypass** is a bariatric procedure which involves creation of a lesser curvature based long gastric pouch followed by a loop gastro-enterostomy approximately 150 – 200 cm distal to the duodeno-jejunal Flexure.

### Course Objectives:

1. Current Status of OAGB/MGB and its journey so far
2. Understand Objections to this procedure
3. Understand its role as a revisional/metabolic procedure
4. Understand how it compares against other newer procedures
5. Understand its technical details
6. Achieve a Consensus on peri-operative practices surrounding OAGB/MGB

**Course Directors:** Kamal Mahawar, Peter K Small

**Co-Directors:** Jean-Marc Chevallier, Kuldeepak Singh Kular, Pradeep Chowbey

### PROVISIONAL PROGRAMME

08:50 – 09.00	Welcome <b>Speaker: Kamal Mahawar</b>
<b>Session 1</b>	<b>The Journey so far</b> Each Talk 20 minutes (15 minutes + 5 minutes for discussions)
<b>Chairpersons:</b>	<b>Peter Small, Jean-Marc Chevallier, Kuldeepak Kular, Pradeep Chowbey</b>
09.00 - 09.20	Review of the Literature on OAGB/MGB

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	<b>Speaker: Mohit Bhandari</b>
09.20 - 09.40	Randomised Controlled Trials on OAGB/MGB <b>Speaker: Pradeep Chowbey</b>
09.40 - 10.00	My Views on OAGB/MGB <b>Speaker: Natan Zundel</b>
10.00 – 10.20	Role of OAGB/MGB for Revisions after Sleeve Gastrectomy <b>Speaker: Scott Shikora</b>
10.20–10.40	Does OAGB/MGB cause less early dumping than RYGB? <b>Speaker: Jacques Himpens</b>
10.40 -11.00	Role of OAGB/MGB as a metabolic procedure <b>Speaker: Wei-Jei Lee</b>
11.00 -11.20	Coffee break
<b>Session 2</b>	<b>Controversies Surrounding OAGB/MGB</b> Each Talk 20 minutes (15 minutes + 5 minutes for discussions)
<b>Chairpersons</b>	<b>Arun Prasad, Kuldeepak Singh Kular, Asnat Raziel</b>
11.20-11.40	History of the OAGB/MGB: An Overview of its International Performance <b>Speaker: Shlok Balapuri (UK)</b>
11.40 - 12.00	Why I believe Banded RYGB is superior to OAGB/MGB? <b>Speaker: Mal Fobi</b>
12.00 - 12.20	Why I believe SADI is superior to OAGB/MGB? <b>Speaker: Antonio Torres</b>
12.20 - 12.40	SAGI: The less invasive malabsorptive procedure.



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	<b>Speaker: Maurizio De Luca</b>
12.40 - 13.00	My Concerns with OAGB/MGB <b>Speaker: Abdelrahman Nimeri</b>
13.00 - 13.20	OAGB/MGB: My Objections/Suggestions <b>Speaker: Jayashree Todkar</b>
13.20 - 13.40	Readmissions and re-operations after OAGB/MGB <b>Speaker: Mahindra Narwaria</b>
13.20-14.00	Lunch
<b>Session 3</b>	<b>Key Technical Aspects of OAGB/MGB</b> Each Talk 20 minutes (15 minutes + 5 minutes for discussions)
<b>Chairpersons</b>	<b>Samuel Dresner, Jacques Himpens, Rudolf Weiner</b>
14.00- 14.20	Key Technical Aspects in the performance of OAGB/MGB <b>Speaker: Kuldeepak S Kular</b>
14.20-14.40	An ideal OAGB/MGB pouch <b>Speaker: Ramana Balasubramanian</b>
14.40-15.00	Optimum Bilio-Pancreatic Limb length in OAGB/MGB <b>Speaker: Peter K Small</b>
15.00-15.20	Complications of OAGB/MGB and how to prevent them? <b>Speaker: Om Tantia</b>
15.20-15.40	Esophageal and gastric potential damage following OAGB/MGB. Is a follow up needed? <b>Speaker: Mario Musella</b>

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15.40-16.00	Coffee break
<b>Session 4</b>	<b>OAGB/MGB: Latest Updates</b> Each Talk 15 minutes (10 minutes + 5 minutes for discussions)
<b>Chairpersons</b>	<b>Antonio Torres, Kuldeepak Kular, Abdelrahman Nimeri, Jayashree Todkar</b>
16.00-16.15	Bile reflux after OAGB/MGB: clinical and experimental data <b>Speaker: Jean-Marc Chevallier</b>
16.15-16.30	OAGB/MGB: An Update from Asia <b>Speaker: Arun Prasad</b>
16.30-16.45	<b>OAGB/MGB: Perspectives of a Cancer Surgeon</b> <b>Speaker: Samuel Dresner</b>
16.45-17.00	I said I'll never perform OAGB/MGB and then I did! <b>Speaker: Neil Jennings</b>
17.00-17.15	What are the objections to OAGB/MGB? <b>Speaker: William Carr</b>
17.15-17.30	Survey of OAGB/MGB Surgeons <b>Speaker: Michael Van den Bosche</b>
17.30-17.50	Consensus Findings on OAGB/MGB <b>Speaker: Kamal Mahawar</b>
17.50-18.00	Closing remarks <b>Speaker: Peter K Small</b>

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## BARIATRIC ENDOSCOPY POSTGRADUATE COURSE

### Track: Postgraduate course

#### Background:

*Bariatric Endoscopy* (BE) deals with the use of advanced endoscopic techniques to treat bariatric surgery complications and may also be used for the management of primary and secondary obesity. The interest about BE among bariatric surgeons, gastroenterologists and endoscopists is growing fast. This post-graduate course aims to provide training and information on such interventions by means of practical sessions together with didactic lectures and discussion by some of the most eminent experts in this growing field.

**BE for surgical complications:** Surgical treatment of obesity had been growing exponentially on last years, allowing better weight and comorbidities control when compared with medical treatment. When surgical complications are encountered, traditional surgical approach with reoperations and revisions may be associated with high morbidity and mortality rates. Endoscopic endolumenal approach to such problems is currently gaining ground due to its less invasive nature avoiding extra damage to abdominal wall. This is considered a new and unknown field by most endoscopists even if they are experts due to the fact the BS complications may behave differently from surgical complications in lean patients.

**BE as obesity treatment:** Traditional clinical treatment of obesity is prone to fail on obese patients. Bariatric surgery (BS) is a very effective treatment but just a few surgical candidates (< 2%) are offered it. So this leaves enough room for less invasive ways to treat obesity. Traditionally BE treats obesity with space occupying temporary devices like intragastric balloons. Recently BE it is evolving into more sophisticated and may more durable devices and ways to treat obesity by mimicking BS restrictive procedures like bands and gastroplasty with endoscopic stapling and suturing, even reaching hard to imagine boundaries like internal bowel diversion thus expanding BE to reach endoscopic treatment of Type 2 Diabetes possible.

**BE as a treatment for post-op BS weight regain or poor weight loss:** BS is a known safe and effective way to treat morbid obese patients on long term but as obesity is such a difficult disease to treat, poor weight loss can and will happen. Specifically after

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Roux-and-Y Gastric Bypass (RYGB), weight regain can happen in up to 20% and more after long-term follow-up. Revisional surgical procedures can correct abnormal anatomy like gastric pouch enlargement or dilation or gastrojejunostomy enlargement. However the cost-benefit, in terms of severe possible complications, makes this a major undertaking even by experienced bariatric surgeons. To bridge this gap, endoscopic RYGB endoscopic revision is being developed and is growing with devices approved for clinical use to create folds and bumps or perform endoscopic suturing. The efficacy and durability of these endoscopic procedures are still being evaluated long-term, however, its safety, initial efficacy and possibility of being redone makes it palatable.

#### **Workshop / course outlines:**

To offer a comprehensive coverage of Bariatric Endoscopy and its interfaces by means of practical sessions, didactic lectures and discussion worldwide experts on this field integrating the surgical procedure anatomy, surgical approach and therapeutic endoscopic options thus given the attendee a multi-dimensional" comprehension of this complex matter.

(1 full day)

#### **Course Directors**

Manoel Galvao Neto  
George Eid

#### **Course Co-ordinator:**

Cynthia-Michelle Borg

#### **Tentative program**

08.30 – 08.40

#### **Course introduction and highlights**

Speaker: Manoel Galvao Neto (Brazil)

#### **Module 1: BE for surgical complications module**

Chair: Manoel Galvao Neto (Brazil)

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## 1.A: 08.40 – 09.15: **Gastric Band BE**

Moderator: Karl Miller (Austria)

08:40 – 09:00: Endoscopic treatment of band erosion and the interface with its other complications – technical aspects and results

Speaker: Josemberg Campos (Brazil)

09:00 – 09:15: Discussion

## 1.B: 09.15-09.50: **RYGB BE**

Moderator: Caetano Marchesini (Brazil),

09:15– 09:35 - Endoscopic treatment of RYGB complications

Speaker: Eduardo Moura (Brazil)

09:35 – 09:50: Discussion

## 1.C: 09:50– 10:30: **Sleeve Gastrectomy BE**

Moderators: Rachel Moore (USA), Almino Ramos (Brazil)

09.50 – 10:10 - Sleeve Gastrectomy complications - Endoscopic treatment

Speaker: Gianfranco Donatelli (France)

10:10 – 10:30: Discussion

**10.30-10.50: Coffee**

## **Module 2: Practical**

Lead: George Eid (USA)



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## 10:50 – 12:50: **Bariatric endoscopy – practical session**

Faculty: George Eid (USA), Gontrand Lopez- Nava (Spain), Rachel Moore (USA), Chris Sutton (UK), Christine Stier (Germany), Josemberg Campos (Brazil), TBC

## **12:50 – 13:30: Lunch Break**

### **Module 3: BE as obesity treatment**

Chair: Natan Zundel (Brazil)

13:30 – 15:45

### **Endoscopy treatment of obesity and metabolic comorbidities**

Christine Stier (Germany), Chris Sutton (UK)

**3.A:** 13:30 – 13:45 - What to expect from BE as a primary treatment option for obesity - present and future perspectives

Speaker: Christopher Thompson (USA)

**3.B:** 13:45 – 14:00 - Intra-gastric balloons as space occupying devices - Overview and results

Speaker: Jaime Ponce (USA)

14:00 – 14:15 – Gastric endoscopic plication

Speaker: Gontrand Lopez-Nava (Spain)

14:30 – 14:45 - Gastric aspiration therapy

Speaker: TBC

14:45 – 15:00 - Endoscopic endoluminal tissue remodeling and endoluminal magnetic bowel diversion

Speaker: Manoel Galvao Neto (Brazil)

15:00 – 15:15 – Endoscopic endoluminal bowel diversions

Speaker: Jan Willem Greve (Holland)

15:15 – 15:30 – Evidence base analysis of endoscopic treatment of obesity and

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diabetes

Speaker: TBC

15:30 – 15:45 - Interaction / Questions

15:45- 16:00 – Coffee break

#### **Module 4: BE for poor weight loss and GERD**

Moderators: Samer Mattar (USA), Gontrand Lopez-Nava (Spain)

#### **Endoscopy treatment on weight regain post bariatric surgery**

16:00 – 16:15 - Defining post-op weight regain

Speaker: Almino Ramos (Brazil)

16:15 – 16:30 - RYGB endoscopic revisions

Speaker: Christine Stier (Germany)

16:30 – 16:45- LSG endoscopic revisions

Speaker: George Eid (USA)

16:45 – 17:00: Discussion

#### **Endoscopic treatment post bariatric GERD**

17:00 – 17:15 – Non-Ablative Radio Frequency

Speaker: TBC

17:15 – 17.30 - Discussion and adjourn

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## Bariatric Surgery Research: From Concept to Publication and Presentation

Track: Postgraduate course

Directors: Scott A. Shikora  
Michel Suter  
Jane Blazeby  
Chris Rogers

Course Objectives:

1. To become familiar with the steps necessary for conceiving and carrying out a research project.
2. To understand basic medical statistics.
3. To be able to recognize the necessary requirements for writing a paper worth publishing.
4. To become familiar with the process of critically reviewing a published manuscript

07:30-08:00 Registration

### Session 1 – Developing a Research Project

08:00-08:20: Overview of Study Designs:

Speaker: John Dixon

08:20-08:40: How to do a Thorough Literature Search

Speaker: Raul Rosenthal

08:40-09:00: Facing the IRB

Speaker: John Morton

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09:00-09:20: Obtaining Funding  
Speaker: Phil Schauer

09:20-09:40 AM: Critical Paper Review # 1  
Speaker: Jane Blazeby

**09:40-10:00: Coffee Break**

## Session 2 – Overview of Statistics for the Novice Researcher

10:00-10:20: Why do We Need Statistics?  
Speaker: Chris Rogers

10:20-10:40: Power Analysis - Determining the Size of the N  
Speaker: Chris Rogers

10:40-11:00 AM: Overview of Medical Statistics  
Speaker: Paul Davidson

11:00-11:20 AM: How to Pick the Correct Statistical Analysis  
Speaker: Paul Davidson

11:20-11:40 AM: Critical Paper Review # 2  
Speaker: Abdelrahman Nimeri

11:40-12:00 PM: Panel Discussion Q & A

**12:00-13:30: Lunch**

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## Session 3 – Writing a Manuscript

13:30-13:50: Overview of Manuscript Components  
Speaker: Paul O'Brien

13:50-14:10: Tables and Figures, Friend or Foes?  
Speaker: Luigi Angrisani

14:10-14:30: Ethics in Research and Publishing  
Speaker: Scott Shikora

14:30-14:50: Critical Paper Review # 3  
Speaker: Sanjay Agrawal

**14:50-15:20: Break and Exhibits**

## Session 4 – Getting Your Work Published

15:20-15:40: How to Create a PowerPoint Presentation  
Speaker: Almino Ramos

15:40-16:00: What do You do When your Paper is Rejected?  
Speaker: Michel Suter

16:00-16:20: Selecting the Most Appropriate Journal  
Speaker: Wendy Brown

16:20-16:40: Critical Paper Review # 4  
Speaker: John Dixon

16:40-17:00: Panel Discussion Q & A

**17:00: Adjourn**

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