



One Anastomosis Gastric Bypass vs Banded One Anastomosis Gastric Bypass mid-term follow up: A Retrospective cohort Study.

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Introduction

- The rising prevalence of extreme obesity (BMI>50) highlights the critical need for more effective bariatric interventions, as traditional procedures in this cohort are often limited by suboptimal weight loss and high rates of weight regain.
- Consequently, modifications such as the banded one-anastomosis gastric bypass (BOAGB) - which is adding a gastric band to limit the expansion of the newly created pouch. But, comparative data evaluating its clinical efficacy remains sparse.

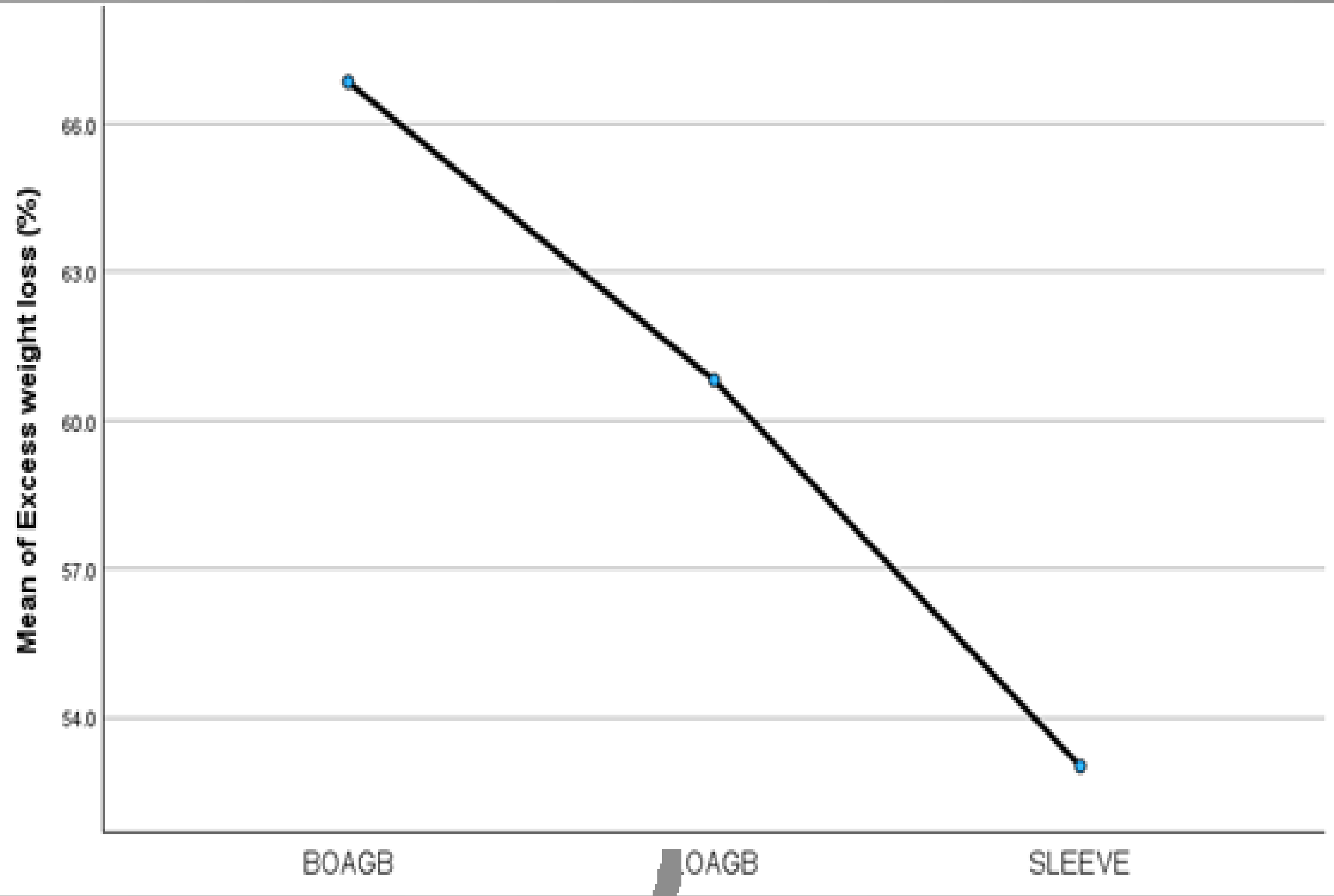
Methods

- This retrospective cohort study compared patients who underwent banded one-anastomosis gastric bypass (BOAGB) at our institution—with a minimum postoperative follow-up of three years—against cohorts that underwent standard one-anastomosis gastric bypass (OAGB) or sleeve gastrectomy (SG).
- Data extraction encompassed baseline demographics, obesity-related comorbidities, perioperative surgical outcomes, postoperative complications, and quality-of-life metrics.
- We had 111 patients enrolled, of them 24 (21.6%) were BOAGB patients, 44 had undergone OAGB (39.6%) and 43 had LSG (38.7%).

Results

- BMI one year post-surgery was on average 34.3 (± 5.3) and 3 years post-surgery it was on average 33.9 (± 7.1) kg/m².
- When looking at the sub-groups comparisons (i.e. BOAGB vs. OAGB, LSG) there were no differences in BMI 1 year post-op, BMI upon the survey, current HbA1c levels, quality of life and patient's satisfaction from the procedure, but Excess weight loss (EWL) was significantly higher in BOAGB (66.9% in the BOAGB group vs. 60.8% in the OAGB group and 53.1% in the LSG group, $p=0.043$).
- The complications and re-admission rates were similar between the groups – this is depicted in the table below.
- Excess weight loss was highest in the BOAGB group (66.8 $\pm$ 26.5%), then the OAGB patients (60.8 $\pm$ 18.8%) and the lowest was in the SG patients (53 $\pm$ 19.2%), $p=0.043$, as depicted in figure adjacent.

Variable	BOAGB	OAGB	SG	p-value
ED referrals	45.8	35.1	27.9	0.333
Need for revisions (%)	12.5%	4.5%	9.3%	0.484
BMI upon the survey	33 $\pm$ 9.4	33.2 $\pm$ 5.5	35.2 $\pm$ 6.7	0.326
current HbA1c levels,	5.28 $\pm$ 0.46	5.4 $\pm$ 0.47	5.41 $\pm$ 0.42	0.721
quality of life	7.2 $\pm$ 3	6.6 $\pm$ 2.3	6.8 $\pm$ 2.7	0.692
Patient's satisfaction from the procedure	9 $\pm$ 1.5	8.2 $\pm$ 2.4	8.1 $\pm$ 2.9	0.408
Excess weight loss	66.9 $\pm$ 26.5%	60.8 $\pm$ 18.8%	53.1 $\pm$ 19.2%	0.043



Conclusions

- Our study has shown that BOAGB had a similar safety profile as OAGB and LSG, but with better EWL at the end of the follow-up period.
- In selected cases, BOAGB is as safe as a OAGB or LSG procedures regarding short- and mid-term complications, weight loss, and quality of life and with superior Excess weight loss.
- Further studies are needed to characterize which are the best suited patients for this innovative procedure.

References

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