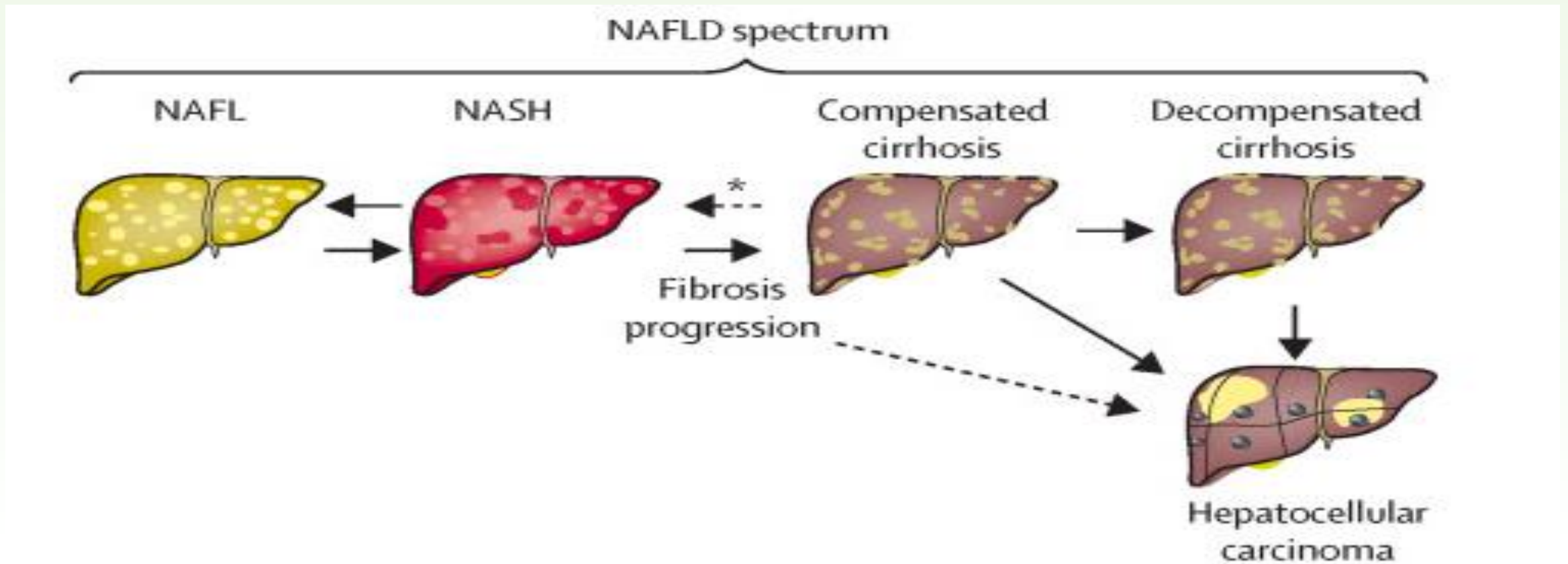


NCSG Fellows Debate CON Bariatric Surgery

Nicholas Koutlas, MD
Mentors: Claire Meyer, MD; Sean Rudnick, MD
Atrium Health Wake Forest Baptist



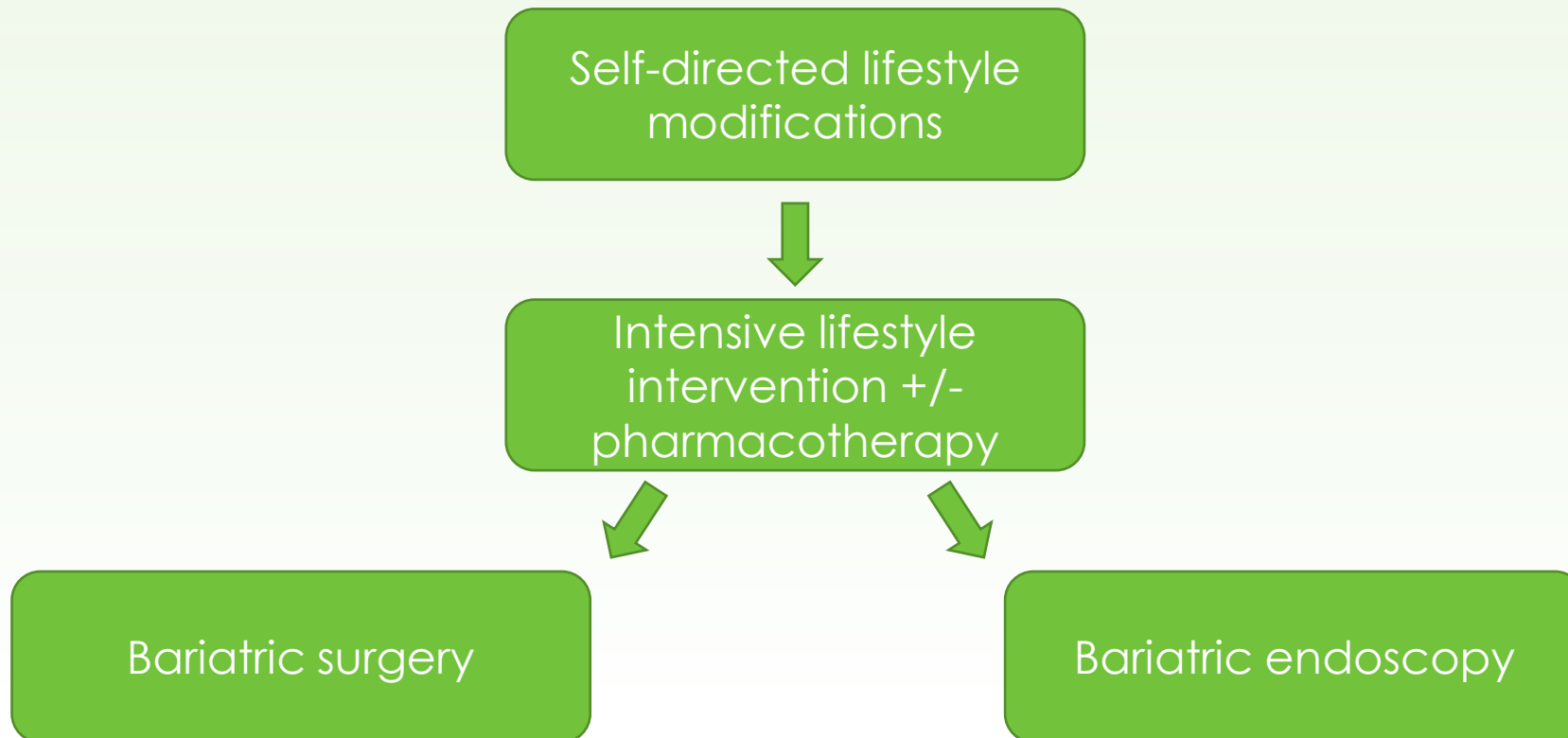
NAFLD



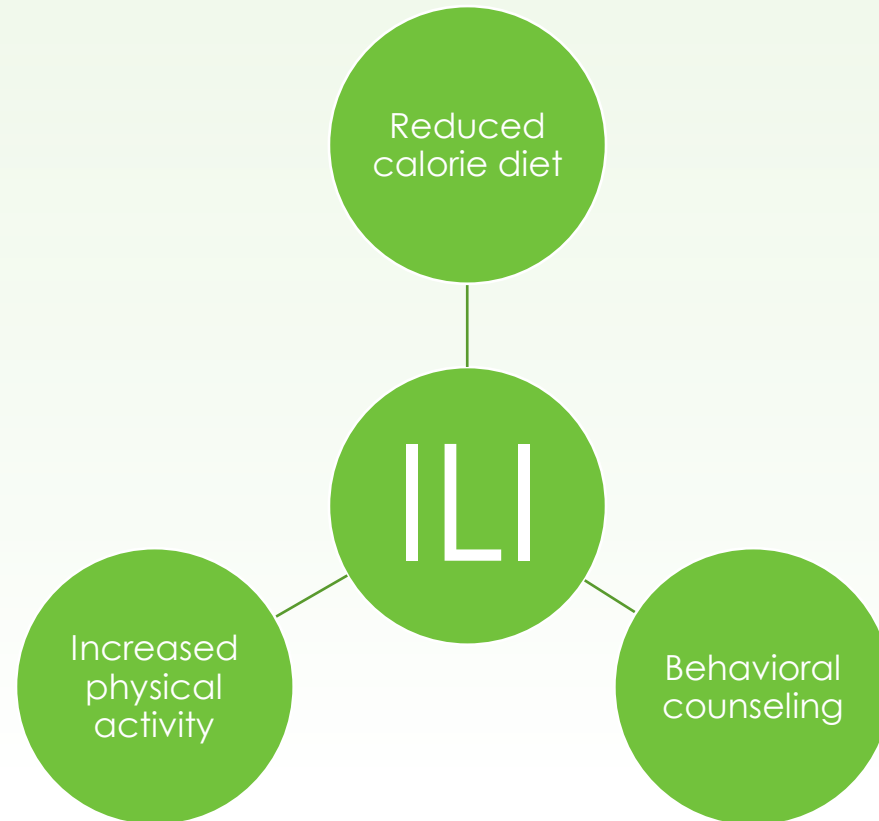
Weight Loss



Weight Loss Algorithm



Intensive Lifestyle Intervention (ILI)

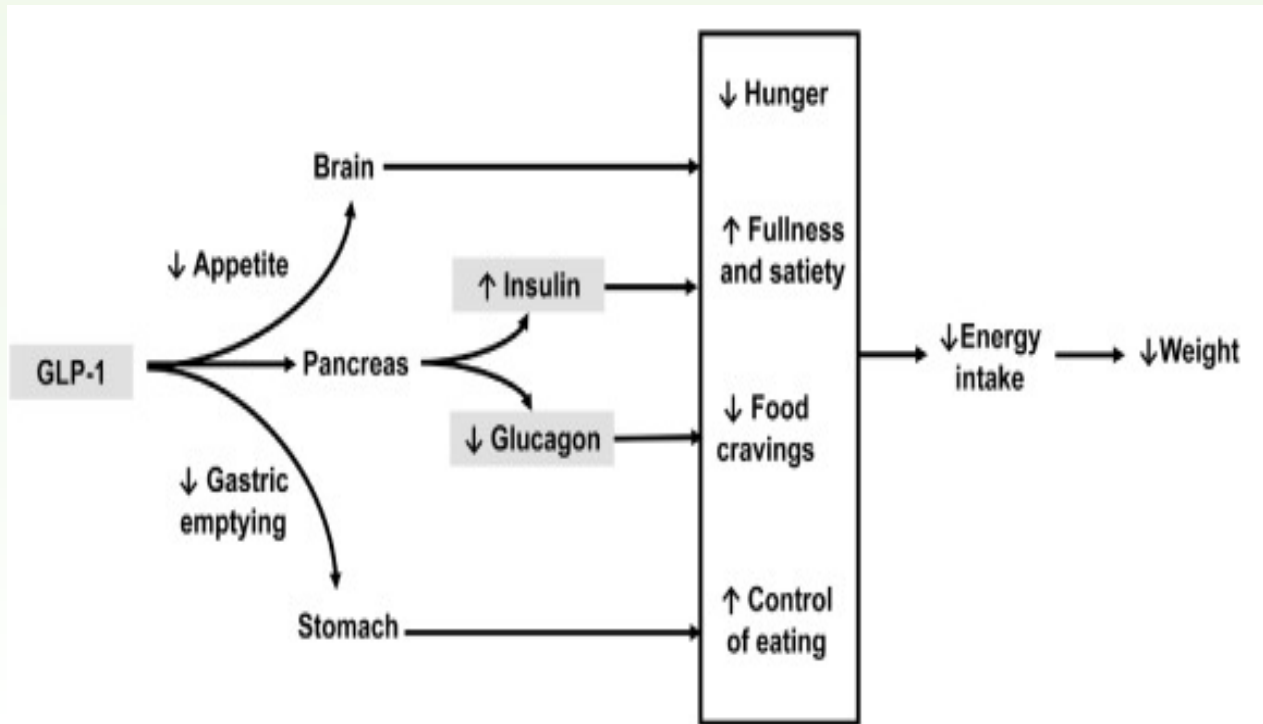


- Intensive lifestyle intervention in NASH¹
 - Mean weight loss 9.2% of total body weight (TBW)
 - 72% had reduction in steatohepatitis
 - 45% who lost at least 10% had regression of fibrosis²
- Intensive lifestyle intervention in cirrhosis³
 - Mean weight loss ~5% TBW
 - HVPG decreased by over 10% in 42% of patients
 - No decompensations

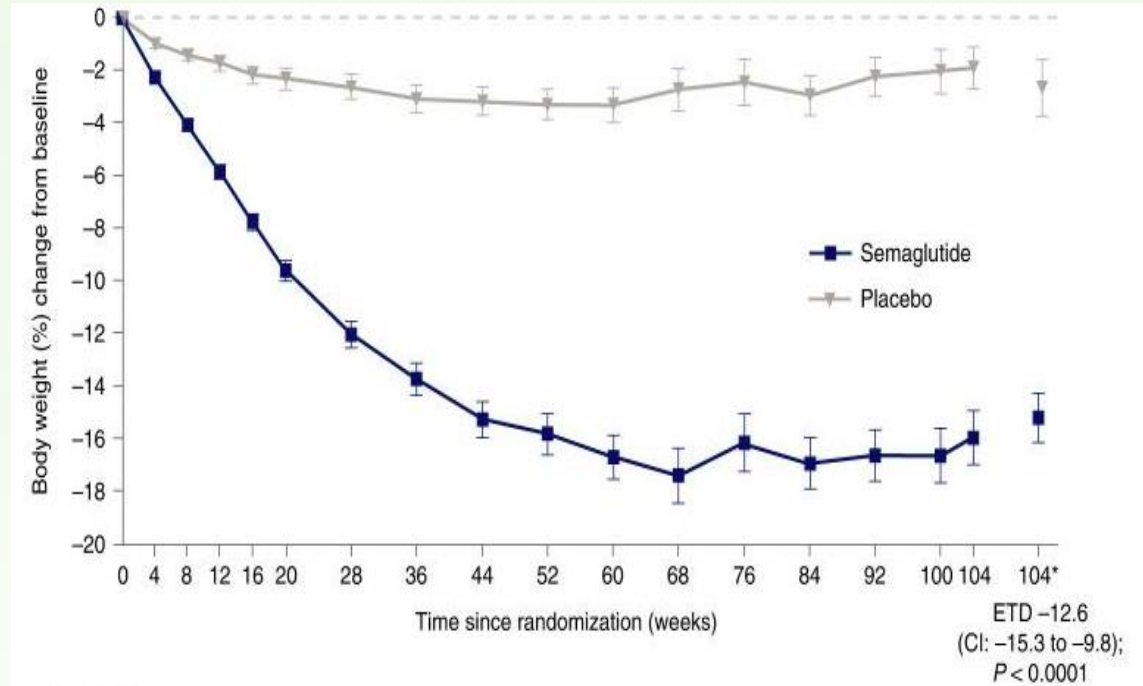
Jensen MD, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: A report of the American College of Cardiology/American Heart Association Task Force on practice guidelines and the obesity society. *Circulation*. 2013; 129(25, Suppl. 2):S102–S138

1. Promrat K, et al. Randomized controlled trial testing the effects of weight loss on nonalcoholic steatohepatitis. *Hepatology*. 2010 Jan;51(1):121-9.
2. Vilar-Gomez E, et al. Weight Loss Through Lifestyle Modification Significantly Reduces Features of Nonalcoholic Steatohepatitis. *Gastroenterology*. 2015 Aug;149(2):367-78
3. Berzigotti A, et al. Effects of an intensive lifestyle intervention program on portal hypertension in patients with cirrhosis and obesity: The SportDiet study. *Hepatology*. 2017 Apr;65(4):1293-1305.

GLP-1 Receptor Agonists



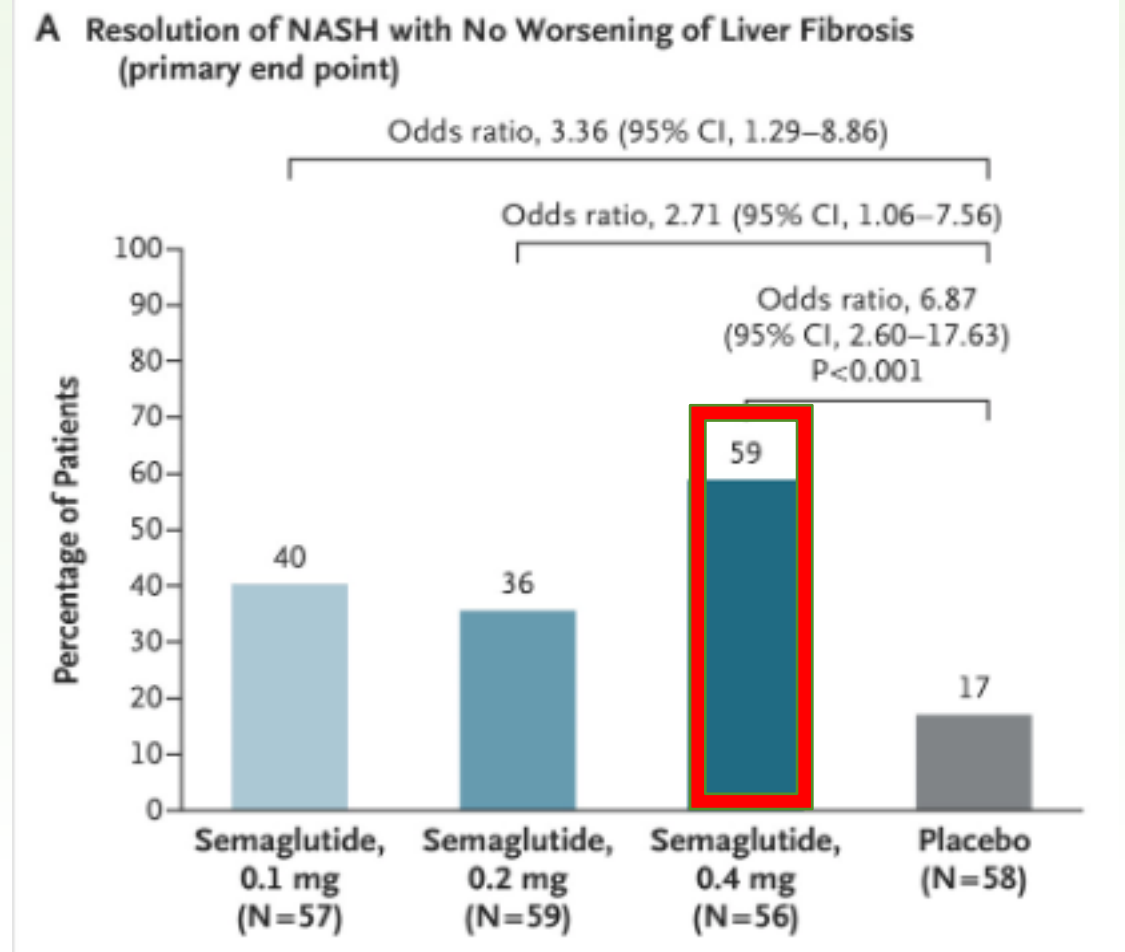
Chao AM, et al. Semaglutide for the treatment of obesity. *Trends in Cardiovascular Medicine*. 2021



- Semaglutide in obese/overweight
 - 15.2% mean weight loss at 2 years
 - ~36% lost 20+%
 - Durable!

Semaglutide in NASH

- RCT of 320 NASH patients
 - Daily 0.1 mg, 0.2 mg, 0.4 mg, or placebo for 72 weeks
- Mean weight loss 13% in 0.4 mg group
- 43% in 0.4 mg group had improvement in fibrosis
- Nausea (42%), constipation (22%), vomiting (15%) most common adverse effects
 - 7% stopped drug



Morbidity and Mortality of Bariatric Surgery

	No cirrhosis	Compensated cirrhosis	Measure
Overall complications	6.3%	13.6%	OR 2.10, 95% CI 1.47-3.00 p < 0.0001
Post-op bleeding	1.1%	2.39%	OR 2.22, 95% CI 1.95-2.54 p < 0.00001
LOS (days)	2.5 +/- 0.14	3.3 +/- 0.92	Mean difference 0.66 p = 0.01
In-hospital/90-day mortality	0.23%	0.83%	OR 3.59, 95% CI 2.84-4.54 p < 0.00001

Khajeh E, et al. Outcomes of bariatric surgery in patients with obesity and compensated liver cirrhosis. *Surg Obes Relat Dis.* 2022;18(6):727-737.

Delayed Adverse Effects of Bariatric Surgery

- Roux-en-Y gastric bypass
 - Anastomotic stricture (6-20%)
 - Marginal ulcers (0.6-16%)
 - Dumping Syndrome (~50%)
 - Hernias (incisional + internal)
 - Small bowel obstruction (3-5%)
 - Gallstone disorders (~38%)
 - Nutritional deficiencies
 - Weight regain (~20%)
 - 22% re-intervention rate at 5 years¹

- Sleeve gastrectomy
 - Sleeve stenosis (0.1-4%)²
 - Staple line bleeding
 - Staple line leak (~5%)
 - GERD (~32%)¹
 - Insufficient weight loss and weight regain (14-37%)³
 - 20% requiring revisional surgery by 7 years

1. Peterli R, et al. Effect of Laparoscopic Sleeve Gastrectomy vs Laparoscopic Roux-en-Y Gastric Bypass on Weight Loss in Patients With Morbid Obesity: The SM-BOSS Randomized Clinical Trial. *JAMA*. 2018; 16;319(3):255-265
2. Hamed H, et al. Gastric Stenosis After Sleeve Gastrectomy: an Algorithm for Management. *Obes Surg*. 2020; 30(12):4785-4793
3. Clapp B, et al. Long term (7 or more years) outcomes of the sleeve gastrectomy: a meta-analysis. *Surg Obes Relat Dis*. 2018; 14(6):741-747

Conclusions

- Bariatric surgery → not a magic bullet!
 - Effective but has ↑ risk of post-operative morbidity and mortality in cirrhosis
 - Delayed complications can be debilitating for patients
 - That's a lot of “bad experiences”
- Intensive lifestyle intervention and/or medications → try first!
 - Safe
 - Effective at achieving goal weight loss (>10%)
 - Associated with fibrosis improvement in NASH



> [Gastroenterology](#). 2020 Oct;159(4):1290-1301.e5. doi: 10.1053/j.gastro.2020.06.006.
Epub 2020 Jun 15.



Bariatric Surgery Provides Long-term Resolution of Nonalcoholic Steatohepatitis and Regression of Fibrosis

Guillaume Lassailly ¹, Robert Caiazzo ², Line-Carolle Ntandja-Wandji ³, Viviane Gnemmi ⁴,
Gregory Baud ², Helene Verkindt ⁵, Massih Ningarhari ¹, Alexandre Louvet ¹,
Emmanuelle Leteurre ⁴, Violeta Raverdy ², Sébastien Dharancy ¹, François Pattou ⁶,
Philippe Mathurin ⁷

- Flaws (several of many)
 - 64 patients had repeat biopsy at 5 years (of 180 initially included)
 - Only 9 had cirrhosis (3 of those had biopsies at 5 years)



Impact of laparoscopic sleeve gastrectomy on fibrosis stage in patients with child-A NASH-related cirrhosis

Mohamed Abdalla Salman¹ · Hani Maurice Sabri Mikhail¹ · Mohammed A. Nafea²  · Ahmed Abd El Aal Sultan²  · Hossam E. Elshafey³ · Mohamed Tourky⁴ · Abeer Awad⁵ · Tarek Elsayed Abouelregal⁵ · Reham Abdelghany Ahmed⁵ · Omar Ashoush⁵ · Alhoussein Alsayed AbdelAal⁶ · Hossam El-Din Shaaban⁷ · Mohamed Atallah⁷ · Mohamed Yousef⁸ · Ahmed Abdallah Salman⁵

• Flaws

- 135 confirmed F4 fibrosis on biopsy during surgery; only 71 completed 30 month follow-up and had repeat biopsy
- Initial biopsy was intra-operative wedge biopsy
 - Overstage fibrosis and thus overestimate fibrosis regression