



# Weighing Risks and Benefits: Comparing Outcomes of Semaglutide to RYGB Conversion Following Sleeve Gastrectomy

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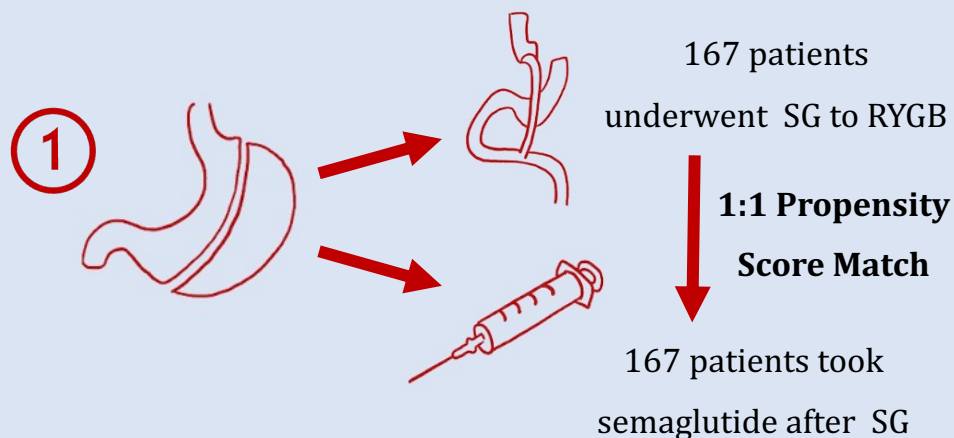
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## BACKGROUND

- ✓ Sleeve gastrectomy (SG) is the most performed metabolic and bariatric surgery
- ✓ Many patients experience recurrent weight regain (RWR) or suboptimal weight loss (SWL) after SG
- ✓ RYGB is the standard treatment, but semaglutide has shown benefits for these patients

## METHODS



### Up to 2 years post-intervention, recorded:

- Weight outcomes (% total weight loss)
- Comorbidity Resolution
- Complications

## RESULTS

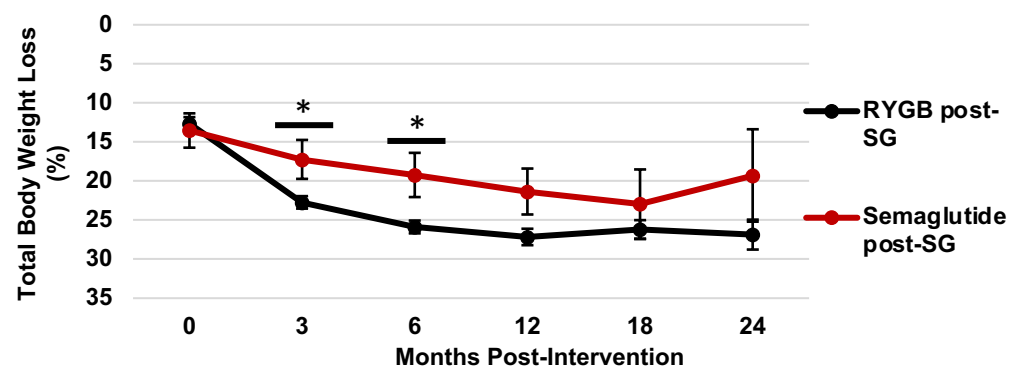


Figure 1a. Improved %TWL Across All Medical and Surgical Patients

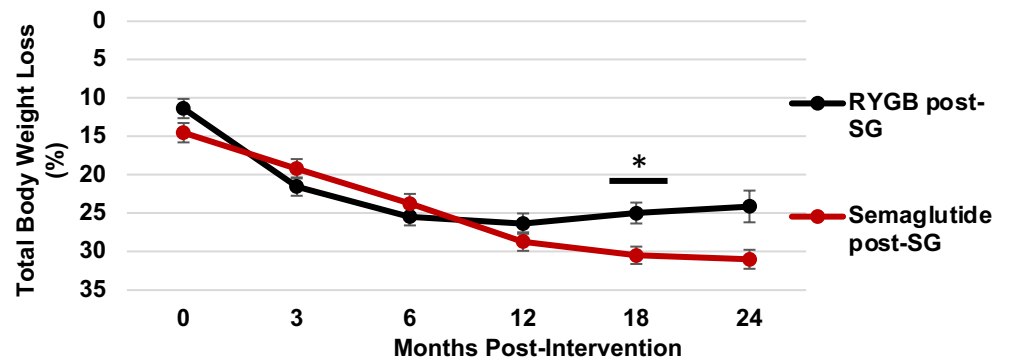


Figure 1b. Greater %TWL in Semaglutide Responders vs Matched Cohort

### Complications

- ✓ **RYGB:** 98 re-interventions (endoscopic + surgical). 30-day readmit (12%), leak (2%), hematoma (1%), DVT (1%)
- ✓ **Semaglutide:** significant GI side effects (43%), medication stopped (7%)

	RYGB (N=167)	Semaglutide (N=167)	P-value
<b>Intervention Age</b> Mean (SD)	43.8 (11.1)	45.4 (11.1)	0.191
<b>Gender</b>			
Female	156 (93.4%)	160 (95.8%)	0.467
Male	11 (6.6%)	7 (4.2%)	
<b>Race</b>			
White	110 (65.9%)	116 (69.5%)	0.55
Black	20 (12.0%)	24 (14.4%)	
<b>Ethnicity</b>			
Non-Hispanic	131 (78.4%)	139 (83.2%)	0.538
Hispanic	31 (18.6%)	24 (14.4%)	
<b>Diabetes Status</b>			
No Diabetes	103 (61.7%)	99 (59.3%)	0.833
Pre-Diabetes	38 (22.8%)	38 (22.8%)	
Diabetes	26 (15.6%)	30 (18.0%)	
<b>Interval: LSG to Intervention</b> Mean (SD)	1630 (957)	1630 (996)	0.942
<b>Pre-Intervention BMI</b> Mean (SD)	38.2 (7.26)	37.4 (7.98)	0.353

Table 1. Surgical and Medical Matched Cohort Characteristics

### Co-Morbidity Improvement

- ✓ Average A1c improved over two years in both cohorts
- ✓ No significant differences in anti-hypertensive use

## CONCLUSIONS

Consider trial of semaglutide for RWR or SWL after SG, reserving RYGB conversion for medication non-responders.