

## Bariatric Solutions International acquires bariatric portfolio from A.M.I.

**B**ARIATRIC Solutions International (BSI) has acquired A.M.I.'s bariatric portfolio, which includes the A.M.I. Soft Gastric Band System. The acquisition has expanded BSI's already comprehensive product range of bariatric medical devices and it is hoped will allow the company to expand into new markets and increase its offerings to potential customers.

"We are very excited to have acquired A.M.I.'s range of medical devices to help treat obesity," explained Arno van der Veeke, Managing Director of BSI. "These products will be incorporated in our already established bariatric portfolio of products. Over the next few months, we intend to expand our global capabilities and deliver strong, continued growth across our business."

In addition to the A.M.I. Soft Gastric Band System, BSI's new, expanded range of products includes the A.M.I. Safe Puncture Port Low Profile – a low-profile port of titanium, a large base plate, safety edges and a catheter protection sleeve.

BSI's current product portfolio includes:

- **MiniMizer Gastric Ring** – specially designed to prevent dilatation of the gastric pouch/sleeve after RYGB, LSG and MGB-OAGB and is very easy to place and close, aided by a blunt, silicone-covered introduction needle that simplifies retrogastric placement. The Ring can be tailored to suit several closing positions from the largest to the smallest ring size: from 8.0 cm length (approx. 26 mm internal diameter), to 7.5 cm length (approx. 24 mm internal diameter), 7.0 cm length (approx. 22 mm internal diameter) and 6.5 cm length (approx. 20 mm internal diameter).



- **The TUBE** – a Gastric Calibration Tube that is made of medical grade silicone and has six small holes for suction and aspiration avoiding kinking of the tube because of holes being too large. The TUBE has a soft tip to prevent damage to the oesophagus, which is dyed blue for clear visualization of the tube in case of circular stapling. Cm-Marking allows for clear positioning of the tube. There is an innovative clip at the end of the tube which allows the anaesthetist to close the tube with the same hand with which he/she holds the end of the tube after he/she has injected the first syringe of methylene blue. Available in 32, 34, 36, 38, 40Fr, and

colour coded.

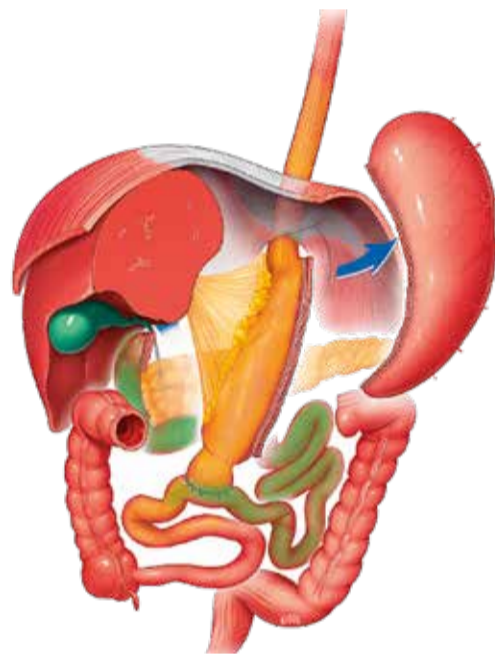
- **Minimizer Extra Gastric Band** – its two-sizes in-one concept offers the possibility to choose the correct size during the procedure by closing the band in either position 1 (diameter 31 mm) or position 2 (diameter 26 mm). Being able to choose the correct size from the beginning one avoids early refilling of the band or avoids refilling at all. The band has retaining loops allowing for direct fixation to the stomach, securing the gastric band against slipping.
- **P Galore Band Introducer** – with one additional curving section, this makes the bending tip 5 mm longer. The tip can be bent in an angle of 100° by twisting the knob at the handpiece. In this way, it can also be used as a unilateral dissector.
- **Pinky Trigger** – a dynamic device, which allows for back-and-forth movement of the tip by pulling the lower handle at the handpiece. The patented technology used in the Pinky Trigger makes it a direct extension of the surgeon's finger and therewith a gentle, yet firm blunt dissector. Benefits of the Pinky Trigger include a single-hand operation, active dissection, fixation possible at any level of the 130° curvature, tactile feedback at any level of the 130° curvature and validated cleaning and sterilisation process.
- **Cobra Liver Retractor** – is both atraumatic, yet firm, comes as a 5 mm instrument and creates a surface of retraction of 8 or 12 cm wide.

For information and ordering, please contact: info@bariatricsolutionsinternational.com or visit: www.bariatric-solutions.com

## SADI-S superior as a revisional option for weight recidivism after SG compared to the OAGB-MGB

**B**OTH the one anastomosis gastric bypass (OAGB-MGB) and single anastomosis duodeno-ileal bypass (SADI-S) have shown efficacy as revisional procedures for weight regain following SG, SADI-S exhibits superior outcomes compared to the OAGB-MGB with regard to weight loss, resolution of comorbidities, complication rates, and reoperation rates, according to researchers from Hamad Medical Corporation, Doha, Qatar. The outcomes were reported in the paper, 'Comparative analysis of five-year efficacy and outcomes of single anastomosis procedures as revisional surgery for weight regain following sleeve gastrectomy', published in *Surgical Endoscopy*.

The investigators noted that both SADI-S and OAGB-MGB have been proposed as technically simpler yet equally effective alternatives to the Roux-en-Y procedures – biliopancreatic diversion with duodenal switch (BPD-DS) and the Roux-en-Y Gastric bypass (RYGB), respectively. Therefore, they examined the comparative effectiveness of the SADI-S and the OAGB-MGB as revisional procedures, with respect to their impact on weight loss, resolution of comorbidities, incidence of complications, and rates of reoperation in patients who had weight regain after SG with up to or more than five years of follow-up.



The study retrospectively analysed a database of 91 patients who underwent SADI-S (n=42) or OAGB-MGB (n=49).

All patients who underwent the SADI-S or OAGB-MGB procedures were provided with the same postoperative bariatric protocol, which encompassed dietary instructions, protein supplements, multivitamins, proton pump inhibitors (PPIs) and scheduled outpatient follow-up appointments.

**Outcomes**

The mean pre-SG weight was 133±29.1 kg in the OAGB-MGB group and 141.5±27.8 kg in the SADI-S group. The mean pre-SG BMI was 52±11 kg/m<sup>2</sup> for the OAGB-MGB group and 50±8 kg/m<sup>2</sup> for the SADI-S group. The mean pre-revisional procedure BMI was 43.0±6.8 for the OAGB-MGB group and 45.9±10.3 in the SADI-S group.

Significant weight loss was observed at five-years follow-up for the SADI-S group compared to the OAGB-MGB group (30.0±18.4 vs. 19.4±16.3, p=0.008) and a marked reduction in BMI in SADI-S patients from an average of 45.9±10.3 to 33.7±5.8 (p<0.001).

Also at five years of follow-up, patients who underwent the SADI-S procedure demonstrated significant enhancements in serum lipids profile, including triglycerides, cholesterol, LDL, and HDL, when compared to those who underwent OAGB-MGB. Conversely, there were no statistically significant differences in A1c values, serum

protein, serum albumin, INR, serum zinc, and Hb levels between the two groups, indicating comparable outcomes.

In the OAGB-MGB group, 14 out of 49 patients (28.6%) experienced complications, with five cases (10.2%) requiring conversion to another procedure. Within the SADI-S group, nine out of 42 patients (21.42%) experienced complications following surgery.

"Our study is subject to several limitations. Notably, its retrospective design, despite the use of prospectively collected data from electronic medical records", they noted. "Furthermore, there is a dearth of information regarding quality of life following revisional procedures. However, our study boasts several strengths, including a comparatively larger sample size for revisional procedures than previous studies and a longer follow-up duration of five years post-surgery."

Although SADI-S procedure exhibited superior outcomes, the researchers stated OAGB-MGB still serves as an effective and safe alternative for patients experiencing weight regain following SG.

To access this paper, please visit: <https://link.springer.com/article/10.1007/s00464-023-10234-3>

## Body contouring does not offer clinically significant, long-term sustained weight loss benefit

**F**OR patients with massive weight loss after bariatric surgery, subsequent body contouring to remove excess skin is not itself associated with long-term weight loss and does not impart a clinically significant, long-term sustained weight loss benefit according to researchers from the Montefiore Medical Center, Bronx, NY.

"In contrast to previous studies, we found that body contouring procedures do not lead to improved weight loss or weight maintenance after bariatric surgery," said Dr Teresa Benacquista, Montefiore Medical Center, and co-author of the study. "Rather, the reported benefits of body contouring appear to be in improving quality of life."

Body contouring refers to a range of surgical procedures to remove excess skin in patients with major weight loss, with the aim of improving the patient's appearance, reducing discomfort and improving physical function.

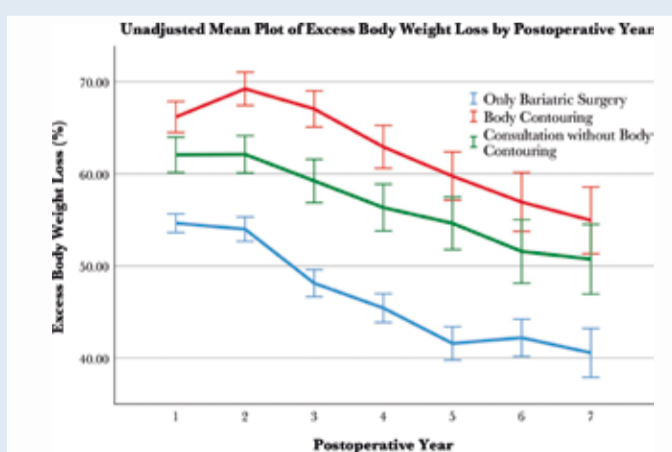


Figure 1: Yearly excess body weight loss trend for 7 years after bariatric surgery. Error bars = standard error. Credit: Plastic & Reconstructive Surgery (2022). DOI: 10.1097/PRS.00000000000010097

Previous studies have suggested that patients who undergo body contouring have more sustained weight loss over time, although some studies have reported conflicting results.

This study reported in the paper, 'Analysis of Body Contouring and Sustained Weight Loss in a Diverse, Urban

Population: A 7-Year Retrospective Review', published in the *Plastic & Reconstructive Surgery* journal, included 2,531 patients who underwent bariatric surgery between 2009 and 2012. Of these, 350 patients underwent body contouring a median of two years later. Another 364 patients consulted with plastic surgeons

about body contouring but did not proceed to surgery. The remaining 1,817 patients had neither body contouring nor a consultation.

At follow-up, patients who underwent body contouring did indeed have more sustained weight loss. After one year, average body mass index (BMI) was about 3 kg/m<sup>2</sup> lower in the body contouring group, compared to patients who had bariatric surgery only. By seven years, BMI was 5 kg/m<sup>2</sup> lower for patients who underwent body contouring.

However, weight loss was also greater for patients who had a consultation but did not proceed with body contouring. For this group, average BMI was 1.5 kg/m<sup>2</sup> lower at one year compared to patients without a consultation, and 2.3 kg/m<sup>2</sup> lower after seven years.

Further analysis focused on 259 patients from the consultation group who had sufficient weight loss to be considered candidates for body contouring. For these patients, average BMI after seven

years was about the same as for patients who underwent body contouring: 31 versus 30 kg/m<sup>2</sup>, compared to 35 kg/m<sup>2</sup> for those with no consultation or body contouring. Analysis by percentage of excess body weight lost showed a similar pattern.

Weight loss was also affected by the type of bariatric surgery: patients undergoing sleeve gastrectomy had lower sustained weight loss, compared to gastric bypass. Among body contouring patients, average difference in excess body weight loss was about eight percent at seven years' follow-up.

"Given the similarity of the mean BMI and EBWL responses between the body contouring group and the plastic surgery consultation group, we conclude that the impact of body contouring on weight loss is likely minimal, and the difference in weight loss as compared with the bariatric-only group is secondary to individual patient factors," the authors write.

In the authors' study

population, patients identifying as black had significantly worse sustained weight loss. Black patients had lower sustained weight loss, compared to other racial/ethnic groups. In contrast to previous studies of weight loss after bariatric surgery, most patients in the new analysis identified as Black (about 29%) or Hispanic/Latinx (62%).

"Our findings suggest that in a chiefly minority race, urban population, body contouring after bariatric surgery does not impart a clinically significant, long-term sustained weight loss benefit" the authors concluded. "The benefit of body contouring in massive weight loss patients is likely psychosocial and improves physical functionality. In addition, we observed gastric bypass procedures to be associated with improved long-term weight loss as compared with sleeve gastrectomy."

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