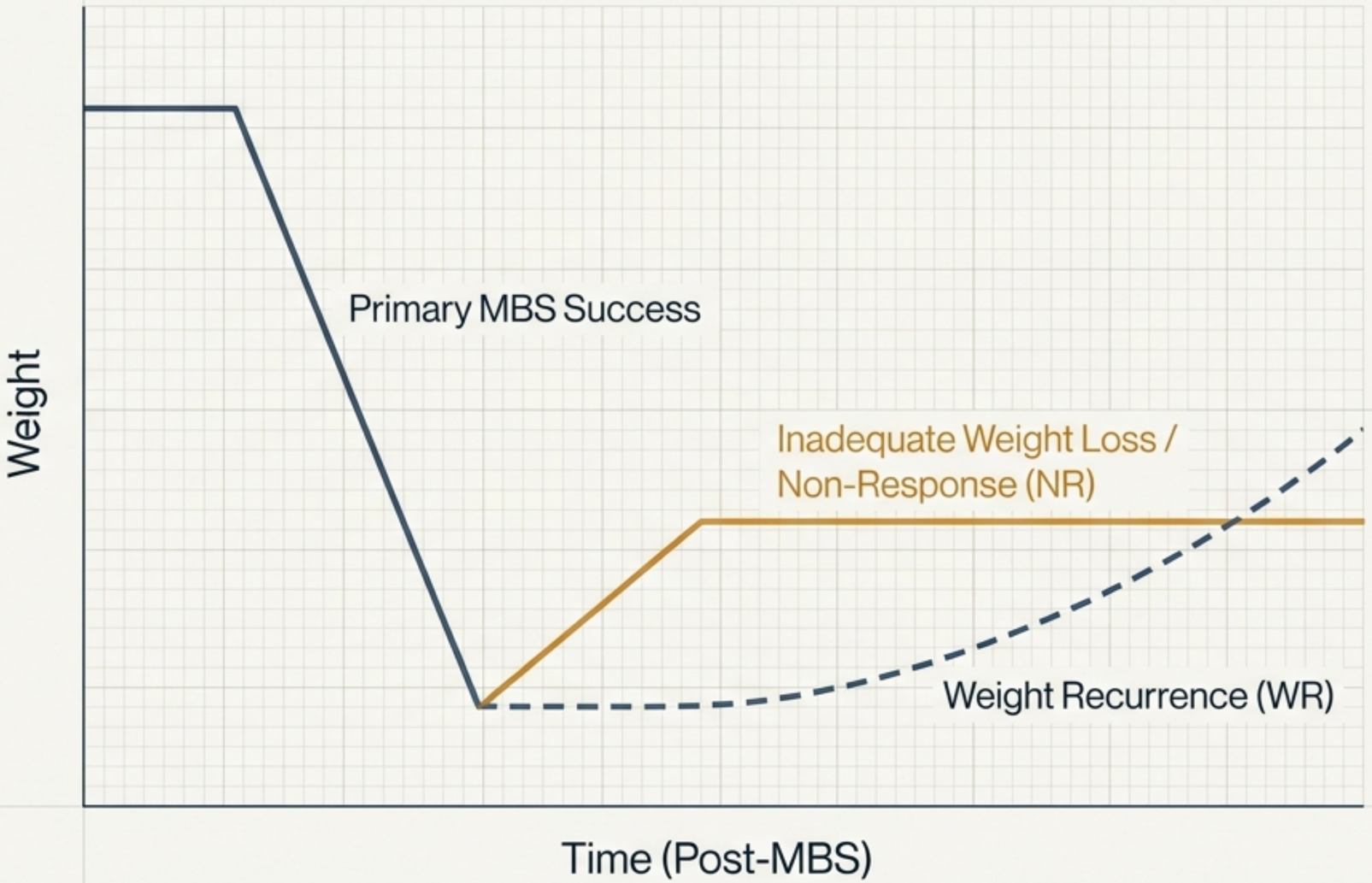
Treatment Algorithms for Non-Response and Weight Recurrence

A Clinical Visual Translation of the 2026 ASMBS Statement

Source: Surgery for Obesity and Related Diseases, 2026
Target Audience: Bariatric Surgeons, Obesity Medicine Specialists, and Multidisciplinary Care Teams



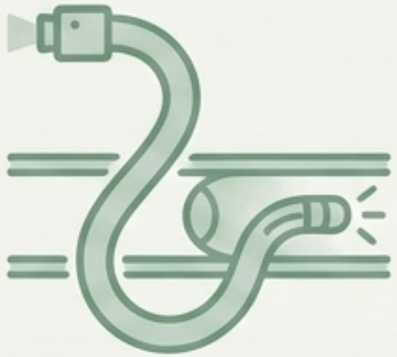
The Clinical Impact

These trajectories trigger the persistence or recurrence of metabolic disease and diminish quality of life, necessitating secondary interventions.

The Multidisciplinary Intervention Arsenal

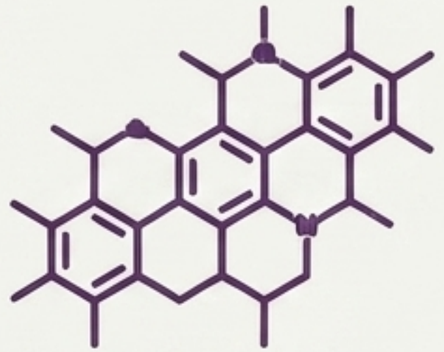
Surgical Revisions

Anatomical modifications for primary procedure failures.



Endoscopic Therapies

Minimally invasive, intra-luminal interventions.

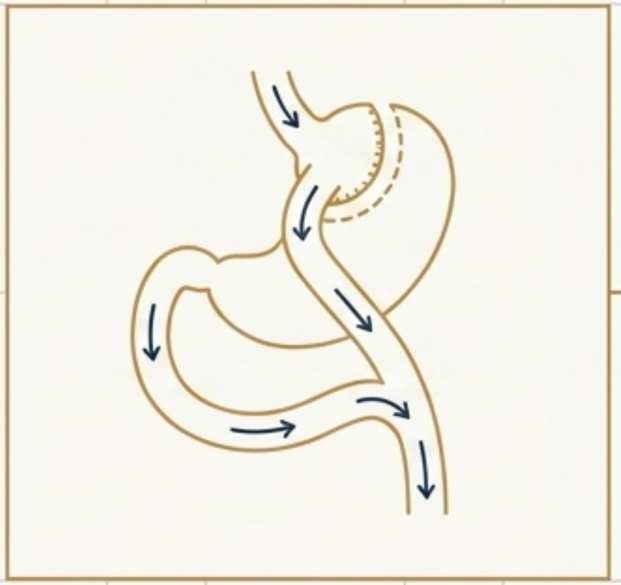


Obesity Modifying Medications [OMMs]

Pharmacological metabolic correction.

Effective management demands an individualized, case-by-case approach across these three modalities.

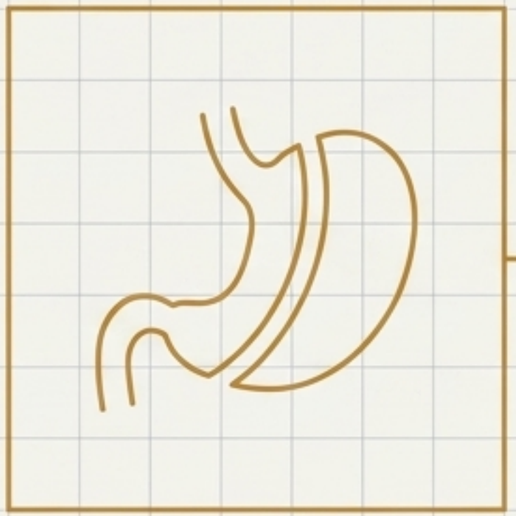
Surgical Revision Pathways: Prior RYGB



- Pouch Revision
- Banding
- Distalization
- Conversion to BPD-DS (Biliopancreatic Diversion with Duodenal Switch)
- Conversion to SADI-S (Single Anastomosis Duodeno-Ileostomy with Sleeve)

Procedural selection depends on anatomical integrity, metabolic profile, and surgeon expertise.

Surgical Revision Pathways: Prior Sleeve Gastrectomy (SG)



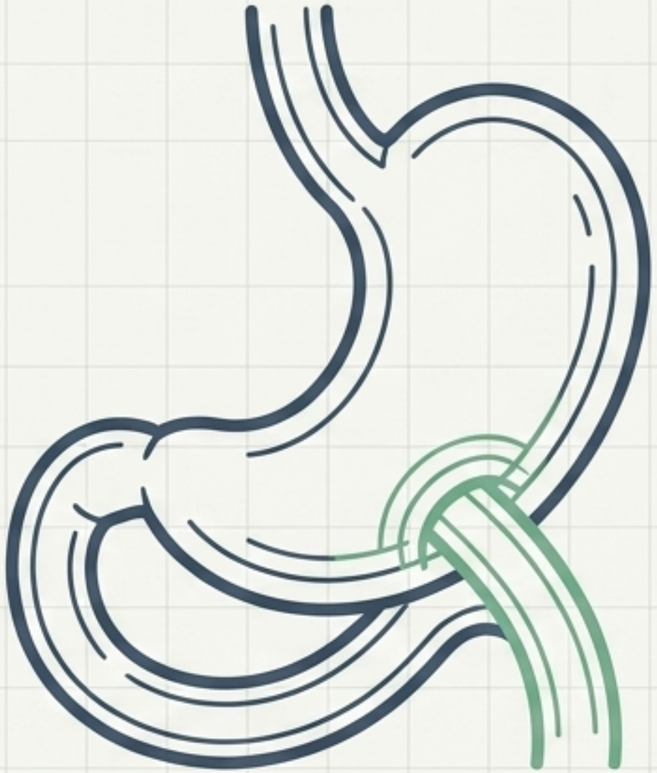
- Re-sleeve
- Conversion to RYGB
- SADI-S
- OAGB (One-Anastomosis Gastric Bypass)

SG revisions offer versatile conversions to both restrictive and malabsorptive profiles.

Endoscopic Interventions

Primary Modalities

- - TORe (Transoral Outlet Reduction)
- - APC (Argon Plasma Coagulation)



Clinical Efficacy Profile

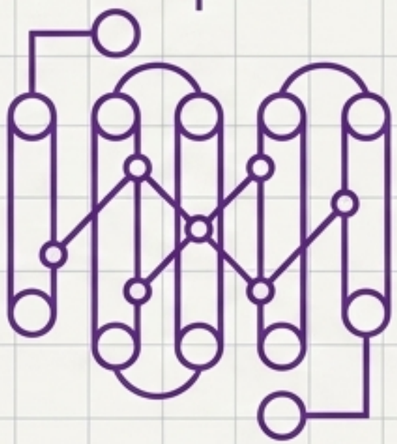
Outcome: Delivers modest but clinically meaningful weight loss.

Advantage: Low complication rates compared to surgical revision.

Role: Ideal for specific anatomical failures (e.g., dilated gastrojejunal anastomosis).

Obesity Modifying Medications (OMMs)

Emerging OMMs represent a major advance in post-MBS management.



Key Pharmacotherapy Classes

- GLP-1 Receptor Agonists: (e.g., Semaglutide)
- Dual GIP/GLP-1 Receptor Agonists: (e.g., Tirzepatide)

Mechanism & Application

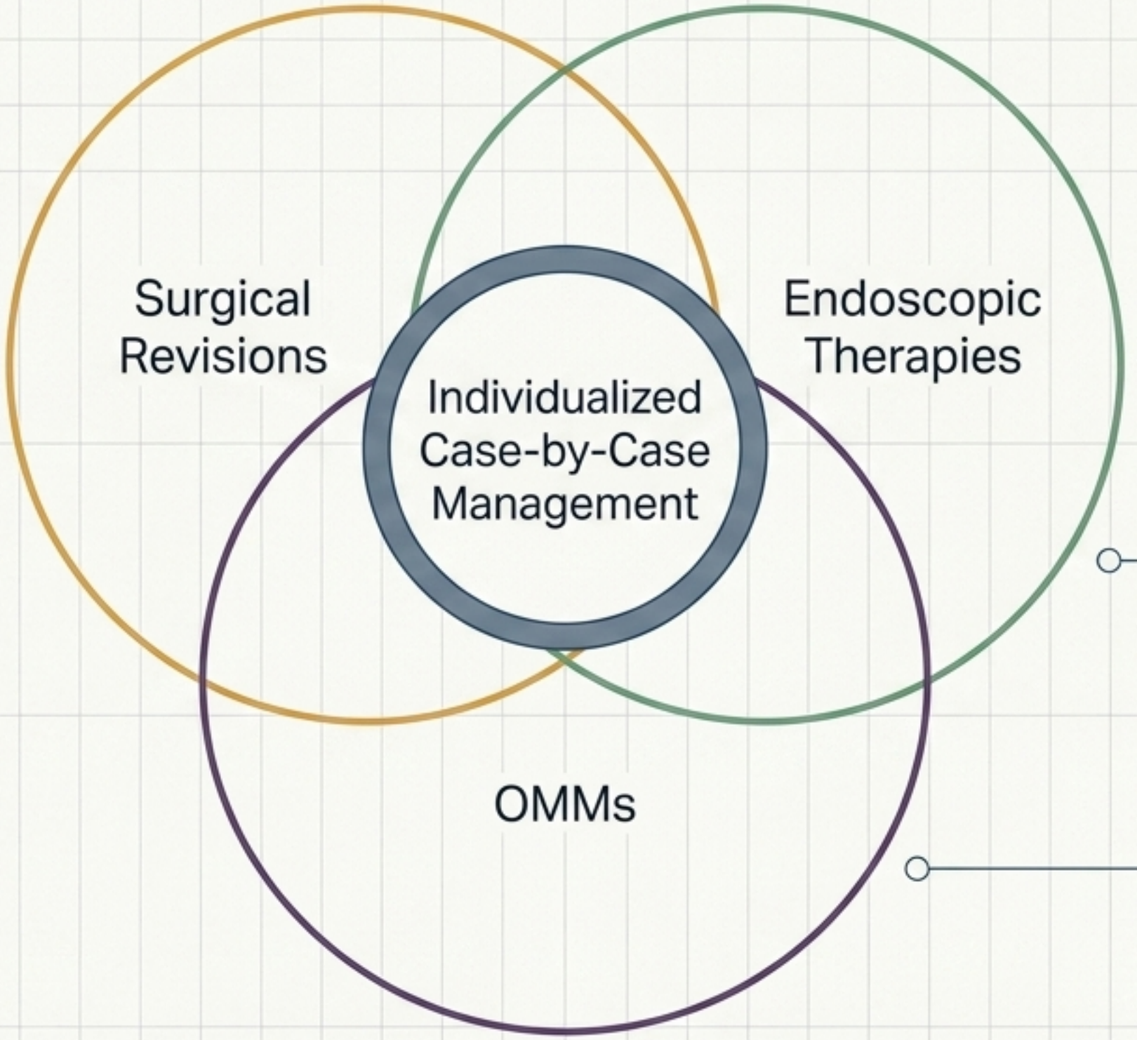
Demonstrated efficacy in producing secondary weight loss and metabolic correction in post-MBS populations, functioning alongside or independent of prior anatomical alterations.

Modality Comparison Matrix

	Surgical Revisions	Endoscopic Therapies	OMMs
Example Therapies	SADI-S, BPD-DS, RYGB, Re-sleeve	TORe, APC	Semaglutide, Tirzepatide
Relative Invasiveness	High (Anatomical re-routing)	Low (Intra-luminal)	Systemic (Non-surgical)
Data Limitations: Across all modalities, data quality is currently limited by variability in outcomes and high loss to follow-up.			

The Multidisciplinary Management Model

MBS non-response and weight recurrence cannot be treated in silos.



Interventions must be tailored to patient anatomy, metabolic severity, and specific failure mechanisms.

The Path Forward: Refining the Algorithms

To optimize these treatment pathways, the field **urgently requires standardized outcome reporting** and rigorous **prospective studies.**

Reference: ASMBS Statement on NR and WR after MBS, 2026.
Authors: Dept. of Surgery, HCA Grand Strand Medical Center, Myrtle Beach, SC.
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