STUDY GUIDE

American Society for Metabolic and Bariatric Surgery statement on the treatment options for patients with non-response and weight recurrence after metabolic and bariatric surgery.

American Society for Metabolic and Bariatric Surgery · 2026

Study Guide: Treatment Options for Non-Response and Weight Recurrence After Metabolic and Bariatric Surgery

This study guide provides a comprehensive overview of the 2026 American Society for Metabolic and Bariatric Surgery (ASMBS) statement regarding the management of patients who experience inadequate weight loss or weight regain following metabolic and bariatric surgery (MBS).

Core Concepts and Clinical Context

Metabolic and bariatric surgery (MBS) is recognized as the most effective treatment for severe obesity, offering durable weight loss and significant improvements in obesity-related comorbidities. However, the clinical success of these procedures is not universal.

Defining Post-Surgical Challenges

- **Non-Response (NR):** Inadequate weight loss following the initial bariatric procedure.
- **Weight Recurrence (WR):** The regaining of weight after initial successful weight loss.

Consequences of NR and WR

Failure to maintain weight loss or achieve initial goals can lead to:

- Persistence or recurrence of metabolic diseases.
- Diminished quality of life for the patient.
- The necessity for secondary medical or surgical interventions.

Treatment Modalities

The management of NR and WR requires a multidisciplinary, individualized approach. The primary treatment categories include surgical revisions, endoscopic therapies, and pharmacotherapy.

1. Surgical Revisions

Surgical options are tailored based on the patient's original procedure.

Original Procedure	Revisional Surgical Options
Roux-en-Y Gastric Bypass (RYGB)	• Pouch revision • Banding • Distalization • Conversion to biliopancreatic diversion-duodenal switch (BPD-DS) • Conversion to single anastomosis duodeno-ileostomy with sleeve gastrectomy (SADI-S)
Sleeve Gastrectomy (SG)	• Re-sleeve • Conversion to RYGB • Conversion to SADI-S • Conversion to one-anastomosis gastric bypass (OAGB)

2. Endoscopic Therapies

Endoscopic approaches are less invasive than traditional surgery and are noted for having low complication rates. While weight loss is described as "modest," it remains clinically meaningful.

- **Transoral Outlet Reduction (TORe):** An endoscopic procedure to reduce the size of the gastric outlet.
- **Argon Plasma Coagulation (APC):** Used to reduce the diameter of the stoma through thermal energy.

3. Obesity Modifying Medications (OMMs)

Pharmacotherapy represents a major advance in the management of post-MBS patients.

- **GLP-1 Receptor Agonists:** Examples include **semaglutide**.
- **Dual Gastrointestinal Peptide/GLP-1 Receptor Agonists:** Examples include **tirzepatide**.

Challenges in Data and Research

Current research into NR and WR treatments faces several hurdles that limit the quality of available data:

- **High Loss to Follow-up:** Difficulty in tracking long-term patient outcomes.

- **Variability in Outcomes:** Inconsistent results across different patient populations and modalities.
- **Need for Standardization:** A requirement for standardized outcome reporting and prospective studies to better refine treatment algorithms.

Short-Answer Practice Questions

1. **What is the primary difference between Non-Response (NR) and Weight Recurrence (WR)?**
2. **Name two endoscopic therapies mentioned in the ASMBS statement for treating weight recurrence.**
3. **Which class of medications is specifically highlighted as a "major advance" in treating post-MBS weight issues?**
4. **List three surgical revision options for a patient who originally underwent a Sleeve Gastrectomy.**
5. **What are the potential clinical consequences if a patient experiences NR or WR?**
6. **Identify two specific revisional procedures for patients who originally had a Roux-en-Y gastric bypass (RYGB) that involve conversion to a different bypass/switch architecture.**
7. **What factors currently limit the data quality of post-MBS treatment outcomes?**

Essay Prompts for Deeper Exploration

1. **The Evolution of Post-MBS Care:** Discuss the role of Obesity Modifying Medications (OMMs) in the modern treatment landscape. How do medications like semaglutide and tirzepatide change the traditional "surgery-only" paradigm for treating non-response and weight recurrence?
2. **Surgical Decision-Making:** Compare and contrast the revisional surgical options for Roux-en-Y gastric bypass versus Sleeve Gastrectomy. What factors might influence a surgeon's choice between a simple revision (like a re-sleeve or pouch revision) versus a complex conversion (like SADI-S)?
3. **The Multidisciplinary Mandate:** The ASMBS statement emphasizes that NR and WR require "individualized, multidisciplinary management." Explain why a combination of surgical, endoscopic, and pharmacologic options might be necessary rather than relying on a single intervention.
4. **Addressing Research Gaps:** Analyze the limitations of current literature regarding bariatric revisions. Propose why "standardized outcome reporting" is essential for the future of metabolic and bariatric surgery.

Glossary of Important Terms

- **Argon Plasma Coagulation (APC):** An endoscopic therapy used to treat weight recurrence by reducing the size of the stoma.
- **Biliopancreatic Diversion-Duodenal Switch (BPD-DS):** A complex bariatric procedure that can be used as a revisional strategy after RYGB.
- **Glucagon-like Peptide-1 (GLP-1) Receptor Agonists:** A class of OMMs, such as semaglutide, used to induce weight loss in post-MBS patients.
- **Metabolic and Bariatric Surgery (MBS):** Surgical interventions designed to treat severe obesity and improve metabolic health.
- **Non-Response (NR):** The failure to achieve expected or adequate weight loss goals following a primary bariatric procedure.
- **Obesity Modifying Medications (OMMs):** Pharmacological treatments used to manage weight, specifically noted as a major advance in post-surgical care.
- **One-Anastomosis Gastric Bypass (OAGB):** A surgical option for converting a sleeve gastrectomy.
- **SADI-S:** Single anastomosis duodeno-ileostomy with sleeve gastrectomy; a revisional option for both RYGB and SG patients.
- **Transoral Outlet Reduction (TORe):** An endoscopic procedure aimed at reducing the size of the gastric outlet to address weight recurrence.
- **Weight Recurrence (WR):** The regaining of weight after a period of post-surgical weight loss.