



SICOB FALL MEETING
LIVESURGERY
28 - 29 OTTOBRE 2024
MILANO, FONDAZIONE CARIPLLO

Presidenti del Congresso P. Gentileschi, M. A. Zappa
Segreteria Scientifica E. Galfrascoli, M. P. Giusti

Fondazione
CARIPLLO



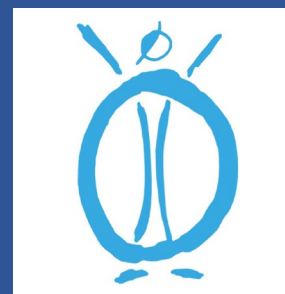
www.fallsicob.app

LINEE GUIDA E ZONE D'OMBRA

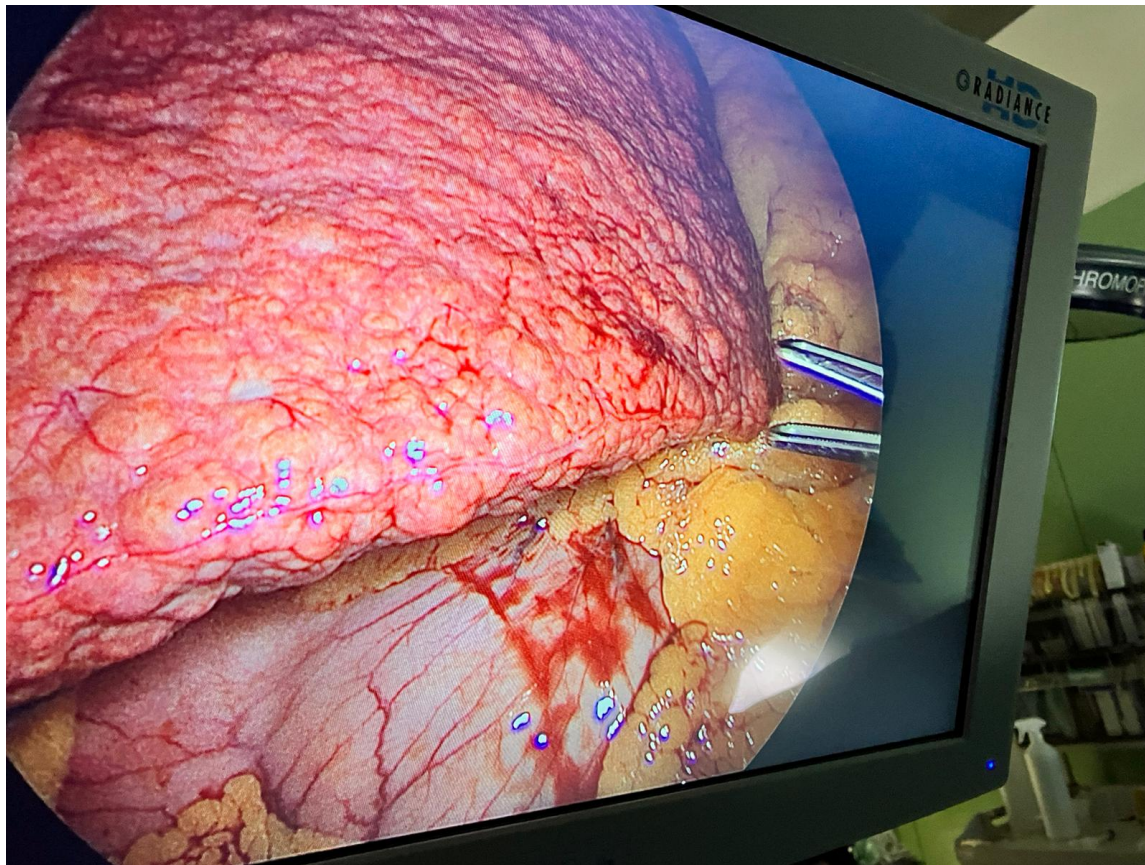
CASI PARTICOLARI: Cirrosi, Trapianti, HIV

Giovanni Fantola

Chirurgia Metabolica e dell'Obesità
ARNAS Brotzu
Cagliari



CIRROSI



Cosa fare?

Procedere con Sleeve gastrectomy?

Procedere con biopsia epatica?

Non fare niente?

Esami ematici, EGDS, ecografia epatica nella norma

CIRROSI



Surgery for Obesity and Related Diseases ■ (2024) 1–35

SURGERY FOR OBESITY
AND RELATED DISEASES

Review article

Scientific evidence for the updated guidelines on indications for metabolic and bariatric surgery (IFSO/ASMBS)

Maurizio De Luca, M.D.^{a,*}, Scott Shikora, M.D.^b, Dan Eisenberg, M.D.^c,
Luigi Angrisani, M.D.^d, Chetan Parmar, M.S., D.N.B., F.R.C.S.^e,
Aayed Alqahtani, M.D., F.R.C.S.C., F.A.C.S.^f, Ali Aminian, M.D.^g, Edo Aarts^h,
Wendy A. Brown, Ph.D., M.B.B.S., F.R.A.C.S., F.A.C.S.ⁱ, Ricardo V. Cohen, M.D., Ph.D.^j,
Nicola Di Lorenzo, M.D.^k, Silvia L. Faria, Ph.D.^l, Kasey P. S. Goodpaster, Ph.D.^m,
Ashraf Haddad, M.D.ⁿ, Miguel F. Herrera, M.D., Ph.D.^o, Raul Rosenthal, M.D.^p,
Jacques Himpens, M.D.^q, Angelo Iossa, M.D.^r, Mohammad Kermansaravi, M.D.^s,
Lilian Kow, B.M.B.S., Ph.D.^t, Marina Kurian, M.D.^u, Sonja Chiappetta, M.D., Ph.D.^v,
Teresa LaMasters, M.D.^w, Kamal Mahawar, M.B.B.S., M.Sc.^x, Giovanni Merola, M.D.^y,
Abdelrahman Nimeri, M.D., M.B.B.Ch.^b, Mary O’Kane, M.Sc., R.D.^z,
Pavlos K. Papasavas, M.D.^{aa}, Giacomo Piatto, M.D.^{ab}, Jaime Ponce, M.D.^{ac},
Gerhard Prager, M.D.^{ad}, Janey S. A. Pratt, M.D.^{ae}, Ann M. Rogers, M.D.^{af},
Paulina Salminen, M.D., Ph.D., F.A.C.S.^{ag}, Kimberley E. Steele, M.D., Ph.D.^{ah},
Michel Suter, M.D.^{ai}, Salvatore Tolone, M.D., Ph.D.^{aj}, Antonio Vitiello, M.D., Ph.D.^{ak},
Marco Zappa, M.D.^{al}, Shanu N. Kothari, M.D.^{am}

Level of evidence 2b
Grade of recommendation B

Recommendation:

1. Obesity is a significant **risk factor** for MAFLD and liver cirrhosis
2. MBS has been associated with histologic improvement of MAFLD and regression of liver fibrosis
3. MBS is associated with a risk reduction of progression of MAFLD to liver cirrhosis
4. MBS in patients with ‘decompensated’ cirrhosis is associated with high perioperative mortality
5. Careful patient selection and consideration of the choice of surgical procedure are important to ensure the best outcomes.

CIRROSI

Published in final edited form as:

Clin Gastroenterol Hepatol. 2021 March ; 19(3): 436–445. doi:10.1016/j.cgh.2020.10.034.

AGA Clinical Practice Update on Bariatric Surgery in Cirrhosis: Expert Review

Heather Patton, MD, AGAF, FAASLD¹, Julie Heimbach, MD, FAASLD^{2,*}, Arthur McCullough,
MD, FAASLD^{3,*}

Il rischio di **scompenso epatico** in paziente cirrotico:

14% normopeso

31% sovrappeso

43% obeso

Fibrosi epatica

La regressione della fibrosi si ottiene con perdita di peso $\geq 10\%$ (63.2% vs 9.1%; $p=0.001$) e nei pazienti sottoposti a chirurgia bariatrica (47.4% vs 4.5%; $p=0.001$)

Ipertensione portale (trans-giugulare, HVP)G)

Il miglioramento HVP)G si ottiene con un calo di peso $\geq 10\%$ (-23.7 vs -8.2; $p=0.024$)

La **MORTALITA'** cambia drasticamente nei casi di:

Cirrosi compensata 0.9% (vs 0.3% NIS study)

Cirrosi scompensata 16.3%

CIRROSI

Published in final edited form as:

Clin Gastroenterol Hepatol. 2021 March ; 19(3): 436–445. doi:10.1016/j.cgh.2020.10.034.

AGA Clinical Practice Update on Bariatric Surgery in Cirrhosis: Expert Review

Heather Patton, MD, AGAF, FAASLD¹, Julie Heimbach, MD, FAASLD^{2,*}, Arthur McCullough, MD, FAASLD^{3,*}

*Best Practice Advice:
Bariatric surgery should be considered in selected
patients with **compensated** cirrhosis*

Come selezionare i pazienti cirrotici da candidare a
chirurgia bariatrica?
(*BAVENO VI guidelines, ipertensione portale
 clinicamente significativa*)

- Varici esofagee
- Conta piastrinica

HVPG < 10mmHg

- Valutare uso di alcool

In caso di cirrosi scompensata?

Valutare la candidabilità al **trapianto di fegato**

Considerare la chirurgia bariatrica concomitante o
successiva al trapianto



CIRROSI

Published in final edited form as:

Clin Gastroenterol Hepatol. 2021 March ; 19(3): 436–445. doi:10.1016/j.cgh.2020.10.034.

AGA Clinical Practice Update on Bariatric Surgery in Cirrhosis: Expert Review

Heather Patton, MD, AGAF, FAASLD¹, Julie Heimbach, MD, FAASLD^{2,*}, Arthur McCullough,
MD, FAASLD^{3,*}

La SLEEVE GASTRECTOMY è l'intervento più sicuro

SLEEVE GASTRECTOMY

Complicanze 16.7%

Scompenso epatico 3.83%

Mortalità 0.45%

BYPASS GASTRICO

Complicanze 28.6%

Scompenso epatico 3.5%

Mortalità 3.22%

DIVERSIONE BILIOPANCREATICA

Scompenso epatico 13.3%

Mortalità 17.6%

CIRROSI

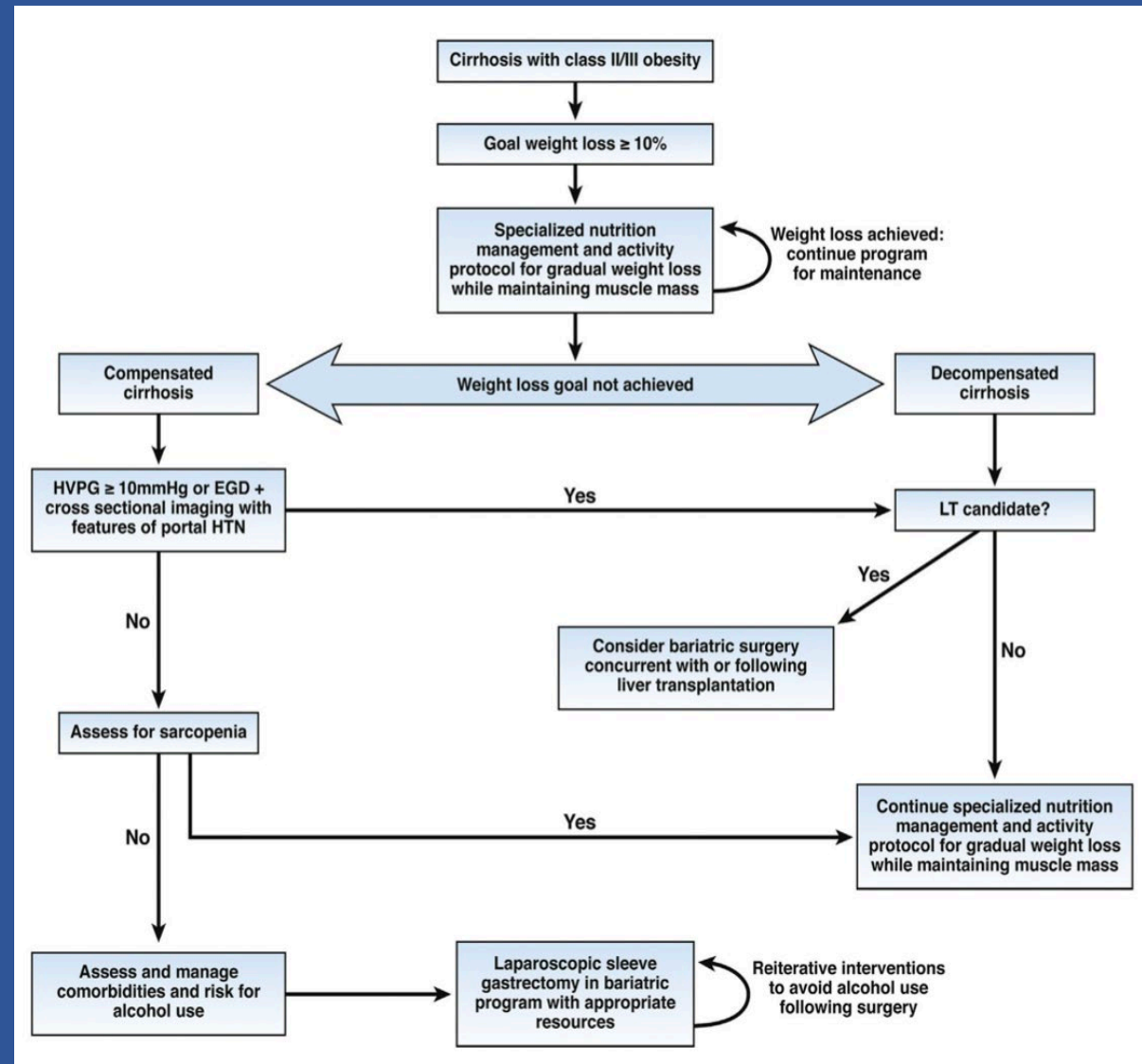
Published in final edited form as:

Clin Gastroenterol Hepatol. 2021 March ; 19(3): 436–445. doi:10.1016/j.cgh.2020.10.034.

AGA Clinical Practice Update on Bariatric Surgery in Cirrhosis: Expert Review

Heather Patton, MD, AGAF, FAASLD¹, Julie Heimbach, MD, FAASLD^{2,*}, Arthur McCullough, MD, FAASLD^{3,*}

Importante:
Goal → 10% WL
Valutazione della sarcopenia
HVPG cutoff 10mmHg
Valutazione candidabilità trapianto



TRAPIANTI



Surgery for Obesity and Related Diseases ■ (2024) 1–35

SURGERY FOR OBESITY
AND RELATED DISEASES

Review article

Scientific evidence for the updated guidelines on indications for metabolic and bariatric surgery (IFSO/ASMBS)

Maurizio De Luca, M.D.^{a,*}, Scott Shikora, M.D.^b, Dan Eisenberg, M.D.^c,
Luigi Angrisani, M.D.^d, Chetan Parmar, M.S., D.N.B., F.R.C.S.^e,
Aayed Alqahtani, M.D., F.R.C.S.C., F.A.C.S.^f, Ali Aminian, M.D.^g, Edo Aarts^h,
Wendy A. Brown, Ph.D., M.B.B.S., F.R.A.C.S., F.A.C.S.ⁱ, Ricardo V. Cohen, M.D., Ph.D.^j,
Nicola Di Lorenzo, M.D.^k, Silvia L. Faria, Ph.D.^l, Kasey P. S. Goodpaster, Ph.D.^m,
Ashraf Haddad, M.D.ⁿ, Miguel F. Herrera, M.D., Ph.D.^o, Raul Rosenthal, M.D.^p,
Jacques Himpens, M.D.^q, Angelo Iossa, M.D.^r, Mohammad Kermansaravi, M.D.^s,
Lilian Kow, B.M.B.S., Ph.D.^t, Marina Kurian, M.D.^u, Sonja Chiappetta, M.D., Ph.D.^v,
Teresa LaMasters, M.D.^w, Kamal Mahawar, M.B.B.S., M.Sc.^x, Giovanni Merola, M.D.^y,
Abdelrahman Nimeri, M.D., M.B.B.Ch.^b, Mary O’Kane, M.Sc., R.D.^z,
Pavlos K. Papasavas, M.D.^{aa}, Giacomo Piatto, M.D.^{ab}, Jaime Ponce, M.D.^{ac},
Gerhard Prager, M.D.^{ad}, Janey S. A. Pratt, M.D.^{ae}, Ann M. Rogers, M.D.^{af},
Paulina Salminen, M.D., Ph.D., F.A.C.S.^{ag}, Kimberley E. Steele, M.D., Ph.D.^{ah},
Michel Suter, M.D.^{ai}, Salvatore Tolone, M.D., Ph.D.^{aj}, Antonio Vitiello, M.D., Ph.D.^{ak},
Marco Zappa, M.D.^{al}, Shanu N. Kothari, M.D.^{am}

Level of evidence 2b
Grade of recommendation B

Recommendation

1. Obesity is associated with end-stage organ disease and may limit access to transplantation. Obesity is also a relative contraindication for SOT and poses unique technical challenges during surgery.
2. Published data supports considering patients with end-stage renal disease and obesity grade 3 being able to be listed for kidney transplant after MBS.
3. MBS is shown to be safe and effective as a bridge to liver transplantation in selected patients who would otherwise be ineligible.
4. MBS can also improve heart transplants outcomes.
5. Limited data suggest that MBS could improve eligibility for lung transplantation.
6. MBS can be performed post-SOT or concomitantly to reduce complication rates and mortality.

TRAPIANTO DI FEGATO

Surgical Endoscopy (2024) 38:4138–4151
<https://doi.org/10.1007/s00464-024-10930-8>



COMPREHENSIVE REVIEW

Obesity, organ failure, and transplantation: a review of the role of metabolic and bariatric surgery in transplant candidates and recipients

Omar M. Ghanem¹ · Alejandro Pita² · Mustafa Nazzal³ · Shaneeta Johnson⁴ · Tayyab Diwan¹ · Nabeel R. Obeid⁵ · Kristopher P. Croome⁶ · Robert Lim⁷ · Cristiano Quintini⁸ · Bryan A. Whitson⁹ · Holly Ann Burt¹⁰ · Charles Miller² · Matthew Kroh² on behalf of SAGES & ASTS

TIMING:

Chirurgia bariatrica

Prima

Simultaneo

Dopo

Trapianto di fegato

PRIMA (selezione dei pazienti)

- MELD score 3.0 <15
- Piastrine > 50 k/uL
- INR <2.5
- Albumina >2.5 mg/dl
- Assenza di varici esofagee
- Assenza di ascite (o minima)

SIMULTANEO

- Controindicato in pazienti con MELD elevato

DOPO

- Aumento delle complicanze

La **SLEEVE GASTRECTOMY** è preferibile rispetto al byapss gastrico

TRAPIANTI

Surgical Endoscopy (2024) 38:4138–4151
https://doi.org/10.1007/s00464-024-10930-8



COMPREHENSIVE REVIEW

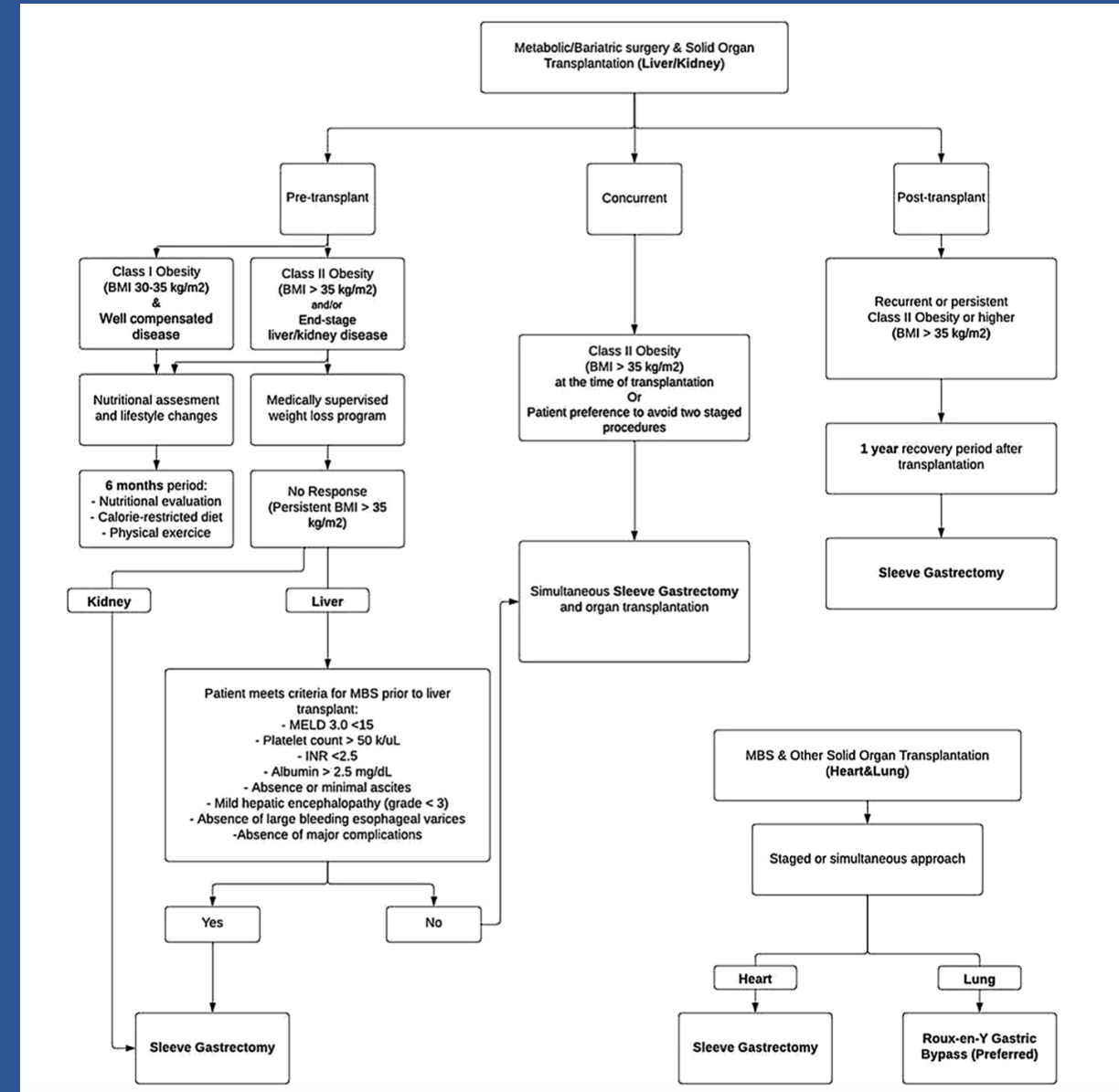
Obesity, organ failure, and transplantation: a review of the role of metabolic and bariatric surgery in transplant candidates and recipients

Omar M. Ghanem¹ · Alejandro Pita² · Mustafa Nazzal³ · Shaneeta Johnson⁴ · Tayyab Diwan¹ · Nabeel R. Obeid⁵ · Kristopher P. Croome⁶ · Robert Lim⁷ · Cristiano Quintini⁸ · Bryan A. Whitson⁹ · Holly Ann Burt¹⁰ · Charles Miller² · Matthew Kroh² on behalf of SAGES & ASTS

CUORE:

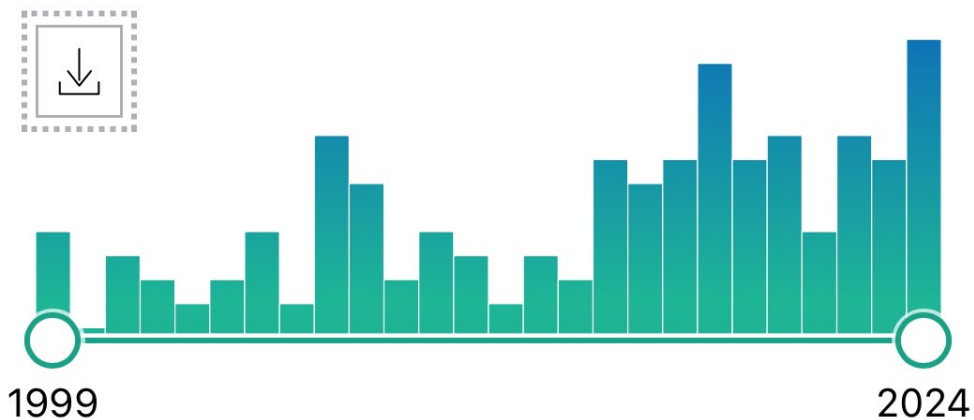
- pazienti con LVAD (left ventricular assist device) che ha aumentato la sopravvivenza e ridotto la priorità al trapianto
- ISHLT criteria: BMI>35 controindicazione relativa al trapianto di cuore
- SLEEVE intervento di scelta

POLMONE: pochi dati (RYGB di scelta per prevenzione del reflusso)





HIV e CHIRURGIA BARIATRICA



Il miglioramento del management dell'HIV ha aumentato la prevalenza di pazienti obesi HIV positivi

→ *Highly active anti-retroviral (HAART) therapy*

I tre elementi critici sono:

1. Sicurezza ed efficacia
2. Uptake/assorbimento, farmacocinetica e disponibilità HAART
3. Scelta dell'intervento



HIV e CHIRURGIA BARIATRICA

Obesity Surgery (2024) 34:3594–3605
<https://doi.org/10.1007/s11695-024-07443-7>

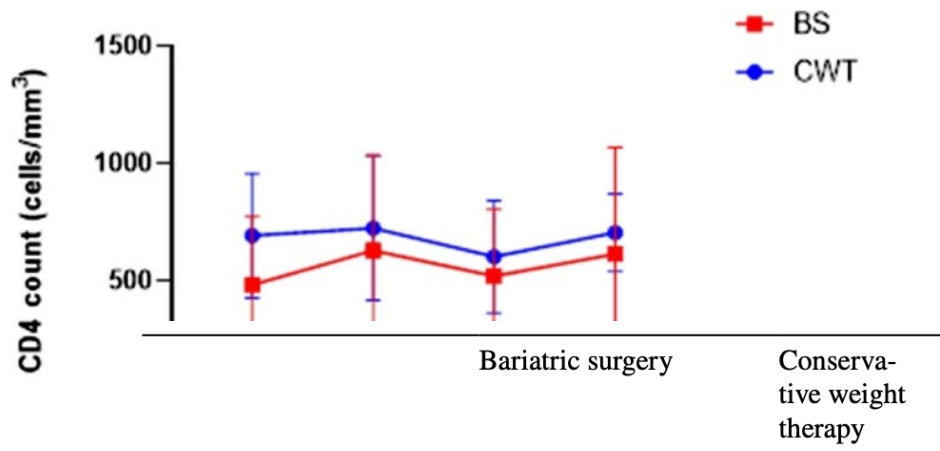


ORIGINAL CONTRIBUTIONS



Five-Year Outcomes of Bariatric Surgery vs. Conservative Weight Management in People with HIV: A Single-Center Tertiary Care Experience

Matyas Fehervari^{1,2} · Anuja T. Mitra² · Narek Sargsyan² · Nuala Davison¹ · Madeleine Turner¹ · Evangelos Efthimiou³ · Haris Khwaja^{1,2} · Naim Fakh-Gomez¹ · Gianluca Bonanomi¹



	Bariatric surgery	Conservative weight therapy
Baseline % (n)	90% (9)	80%
Viral load at 1 year	100	93%
Viral load at 3 years	100	80
Viral load at 5 years	100	85

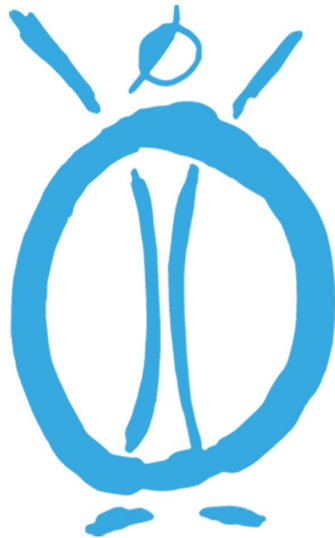
24 pazienti sottoposti a chirurgia (GB, SG e RYGB)
vs
14 pazienti conservativo

RYGB ha i risultati migliori in termini di TWL
(25,30,28% a 1,3,5 anni)

La conta dei CD4 è leggermente inferiore senza
differenze significative

La carica virale rimane azzerata a 5 anni

GRAZIE



giovannifantola@aob.it

Chirurgia Metabolica e dell'Obesità
ARNAS Brotzu, Cagliari

