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VIDEO.001

METABOLIC AND BARIATRIC SURGERY

Spontaneous splenic rupture after sleeve: video case report

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Purpose: To present the first video case report of spontaneous splenic rupture after laparoscopic sleeve gastrectomy (LSG). **Methods:** Clinical case: female patient, 27 years old, BMI = 40, without metabolic comorbidities, and several failed weight loss attempts. She was treating post-COVID chronic pain with duloxetine. Abdominal Ultrasonography (AUS) showed NAFLD grade II and cholelithiasis (asymptomatic). Upper gastrointestinal endoscopy revealed mild antral gastritis without esophagitis or hiatal hernia. She was scheduled for LSG combined with cholecystectomy. **Results:** Both procedures were uneventful, and the patient was discharged after 24 hours. After five days, she was admitted to the emergency department with abdominal pain radiating to her left shoulder and general weakness. Hypotension, tachycardia, and noticeable pallor were recorded. Urgent AUS revealed free peritoneal fluid. Immediate laparoscopic reintervention was proposed and showed a moderate amount of blood throughout the peritoneal cavity, with a large clot covering the spleen. Removing these clots was unsuccessful but revealed splenic rupture with active bleeding. Conversion to laparotomy was required, and a splenectomy was performed. No staple-line bleeding was observed. The postoperative period was uneventful, and the patient was discharged after four days of hospital stay. The anatomopathological examination of the spleen had no pathological findings. Postoperative AUS had no signs of porto-splenic thrombosis. The patient emphatically denied any abdominal or thoracic trauma. **Conclusion:** Spontaneous splenic rupture is rare after sleeve gastrectomy, with only two previously reported cases. The cause is still ill-defined, but as a life-threatening condition, it should be considered in cases of significant bleeding after LSG.

VIDEO.002

METABOLIC AND BARIATRIC SURGERY

Revisional laparoscopic Roux-en-Y gastric bypass after sleeve gastrectomy

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Background/Purpose: The occurrence of severe gastroesophageal reflux disease (GERD) and weight regain after sleeve gastrectomy (SG) are the situations that most frequently require surgical revision. Roux-en-Y gastric bypass (RYGB) is one of the most successful alternatives for controlling severe GERD after SG. **Methods:** We present a video of the conversion of SG to RYGB due to GERD and partial weight regain. We used as a parameter a final length of approximately 50 to 60% common limb (CL), 30% biliopancreatic limb (BPL), and 10 to 20% alimentary limb (AL) in these situations. Technical details are shown, particularly the creation of the gastric pouch starting from the gastric sleeve, as well as the construction of the mechanical gastro-enteric and entero-enteric anastomoses. Complication data from the various stages of the surgery are presented, in addition to comments on the technical strategies performed. **Results:** Total limb length in this case was 7m, distributed as 2m of BLP, 1m of AL, and 4m of CL. The patient had minimal pain and nausea with non-opioid analgesia in the postoperative period, received liquids orally, and walked on the same day of the operation. Hospital discharge occurred uneventfully the day

after the surgery, and the patient returned to work after seven days. The weight loss one year later was equivalent to a primary RYGB, and the esophageal reflux resolved early. Complications in 1,141 gastroenterostomies performed this way, including primary RYGB surgeries performed in our center, are stenosis 0.09%, ulcers 0.5%, and fistulas zero. Symptomatic internal hernias occurred in 0.4%, and symptomatic adhesions in 0.6%. **Conclusion:** Surgical revision of SG to RYGB is safe, straightforward, and effective for controlling GERD after SG, and, in many cases, such as this, is also effective on WR control.

VIDEO.003

METABOLIC AND BARIATRIC SURGERY

Conversion of RYGB to SADI-S: case report

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Background/Purpose: Metabolic and bariatric surgery (MBS) is an efficient treatment for obesity. Despite the recent advances in MBS, weight regain (WR) and insufficient weight loss (IWL) remain a challenge. Approximately 10-20% of patients submitted to Roux-en-Y gastric bypass (RYGB) present with WR or IWL. Revisional surgery may be required to manage some cases of weight control failure. Among the options, conversion of RYGB to duodenal switch (SADI-S and BPD-DS) has shown a greater EWL% than any other procedure. This paper aims to report a case of conversion from RYGB to SADI-S due to WR. **Methods:** We present a 42-year-old female patient submitted to an open RYGB thirteen years ago (BMI 56.40 to 34.60). Nonetheless, she developed progressive WR, reaching a BMI of 56.47, and hypertension and type 2 diabetes. There were no signs of complications. The pouch length was 6cm, and the stoma size was 1.5cm. After several failed attempts at weight loss, conversion to SADI-S was considered. **Results:** A laparoscopic section of the gastrojejunostomy and enteroanastomosis (EA) were performed, followed by a new EA. The excluded stomach was submitted to a vertical section with partial gastrectomy. A two-layered hand-sewn gastrogastic anastomosis was carried out. Circumferential dissection of the first portion of the duodenum was performed 3cm from the pylorus, preserving the right gastric artery. Section with a linear stapler, hand-sewn, end-to-side duodenoileal, and one-layered anastomosis was completed, with a common limb length of 300cm. The patient was discharged on the third postoperative day. **Conclusion:** Conversion from RYGB to SADI may be technically safe in experienced hands and a viable alternative to surgical management of post-RYGB WR.

VIDEO.004

METABOLIC AND BARIATRIC SURGERY

Conversion of gastric plication with fundoplication to Roux-en-Y gastric bypass

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Background/Purpose: Gastric plication with fundoplication (GP-FP), an alternative to mild obesity with refractory GERD, is a novel technique developed for patients who are ineligible for bariatric surgery, according to the NIH. However, it has had a less durable effect on weight loss, with weight regain reaching 58.3%, resulting

in a high rate of revisions, with disrupted folds in 80%. In such cases, conversion to RYGB surgery may be the safest and most viable option for revision surgery. **Methods:** We report a 32-year-old female patient with a gastric plication with fundoplication (GP-FP) ten years ago due to GERD and obesity. Her symptoms relapsed, suffering from chronic cough, regurgitation, and dyspepsia, associated with progressive weight regain in the past three years (current BMI=34). Preoperative upper endoscopy revealed erosive esophagitis with signs of fundoplication. A Roux-en-Y gastric bypass (RYGB) surgery was considered. **Results:** The procedure started with a complete dissection of the hiatal region, showing a valve done with the body and part of the fundus, which was redundant and migrated to the mediastinum. Stitches to the body with some residual plications were identified. The valve (both wraps) was undone, the hernia reduced, and the hiatus closed with Ethibond® sutures. Then, a short and thin gastric pouch was created to exclude the gastric fundus, and a 4.5mm linear stapled gastrojejunal anastomosis was performed. A RYGB with 120-cm biliopancreatic and 100 cm alimentary limbs was then carried out. The postoperative period was uneventful. **Conclusion:** Although technically demanding, converting from GP-FP to RYGB surgery may be the safest option for addressing weight regain and gastroesophageal reflux in patients who have undergone this technique.

VIDEO.005

METABOLIC AND BARIATRIC SURGERY

Is it possible to perform revisional bypass surgery in the presence of a gastric ring?

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Background/Purpose: Over the years, bariatric surgery has achieved excellent results, leading to sustained weight loss and ensuring a reduction in patient morbidity through safe surgery. Despite this, due to issues such as gastroesophageal reflux disease (GERD) and weight regain, we have also observed an increase in the indication for revision bariatric surgeries, including the various existing surgical techniques. The presence of a gastric ring can increase the complexity of the procedure. **Methods:** This case report obtained data from a medical record review and pre- and intraoperative monitoring of a patient undergoing revision bariatric surgery in a general surgery service in Rio de Janeiro. **Results:** A female patient, 36 years old, underwent gastropasty (Roux-en-Y gastric bypass) in 2020, with gastric ring placement, progressed with weight regain, in addition to GERD and hypertension, with a current BMI of 38 kg/m² and, therefore, indication for revisional surgery. During the revision procedure in 2023, the following were identified: the alimentary limb (AL) measuring 90 cm, the biliopancreatic limb (BPL) measuring 50 cm, and the presence of the gastric ring with multiple adhesions. The gastric ring was removed with a sealing clamp, then, by sectioning the common limb, the BPL was reconstructed, now measuring 120 cm, with a stapler and manual suture, laparoscopically. The procedure systematization was a key point for the successful outcome. **Conclusion:** Today, revisional bariatric surgeries are more present and recommended, being complex but feasible. Furthermore, it was believed that the gastric ring enhanced weight loss in bariatric surgery due to greater restriction. This fact initially made the procedure more challenging, in addition to other issues related to previous surgical manipulation. However, despite still representing a challenge for the surgeon, especially in the presence of an associated gastric ring, it was possible to perform it with good results, guaranteeing a better quality of life for the patient.

VIDEO.006

METABOLIC AND BARIATRIC SURGERY

Standardization of laparoscopic sleeve gastrectomy with monopolar energy in the Brazilian Public Health System (SUS)

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Background: Obesity is a chronic and relapsing disease with epidemic status. A quarter of the world's population will have obesity by 2035. Bariatric surgery is the most effective treatment, but still relatively scarce in the Brazilian Public Health System (SUS). Today, only a few centers perform laparoscopic bariatric procedures in Brazil, primarily due to the associated costs. **Purpose:** To present the standardization of sleeve gastrectomy (SG) by laparoscopy with monopolar energy performed at a reference hospital within the Brazilian Unified Health System (SUS) in the northwestern region of São Paulo. **Methods:** SG is started by isolating the angle of His. The greater curvature is released up to 3-5 cm from the pylorus. The first stapling is performed, and the 32 F Fouchet bougie is introduced. Subsequent staple firings are performed up to the gastric esophageal angle. The entire greater curvature is released with monopolar energy, and vascular control is performed with metal clips. Finally, the greater omentum is fixed to the sleeve gastrectomy with 3-0 polydioxanone sutures. **Results:** The procedure was performed on 79 patients at the Hospital Base da Faculdade de Medicina de São José do Rio Preto (HB-FAMERP), representing 40% of bariatric surgeries performed in 2022. 28% of patients were male and 72% female. The average follow-up period was 12 months, with an excess weight loss of approximately 50%. There were three complications: a fistula in the angle of His and two subphrenic collections. The fistula was treated with endoscopic drainage, and the collections were treated with percutaneous drainage. **Conclusion:** Laparoscopic Sleeve Gastrectomy with monopolar energy is a good option in the Unified Health System, as in addition to reducing costs, it does not interfere with the fundamental principle of this surgical technique (gastric remnant of approximately 100 ml, tubular, and with fast emptying). Thus, it is worth noting the low rate of complications and the good clinical evolution of the patients after an average follow-up of 12 months.

VIDEO.007

METABOLIC AND BARIATRIC SURGERY

Two-stage sleeve gastrectomy with transit bipartition as an alternative approach in super obese patients

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Hospital Carvalho Beltrão - Coruripe - AL - Brasil.

Purpose: Present the 2-stage surgical technique of Sleeve Gastrectomy with Transit Bipartition (SGTB). Super-super-obesity is one of the challenges for Bariatric Surgery, and the video presented shows this technique as an option for treating such patients. **Methods:** Video used to present the surgical technique. **Results:** The patient with an initial weight of 176 kg and BMI of 60.9 kg/m² underwent surgery with Isolated Transit Bipartition (Ileum gastric bypass). In the second stage, 14 months later, the patient weighed 161 kg and had a BMI of 55.7 kg/m². Four months after SG-TB, the patient had 30 kg and a BMI of 44.9 kg/m², reaching 44.2% Excess Weight Loss. **Conclusion:** The 2-stage bariatric surgery treatment strategy already described by Godoy and Santoro proved to be a feasible

and safe option in super-super-obesity. This case report confirms what was previously described and presents an alternative to more complex cases of obesity.

VIDEO.008

METABOLIC AND BARIATRIC SURGERY

Gastric band removal and RYGB conversion: case report

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Background/Purpose: To present the gastric band (GB) removal revisional surgery procedure and its conversion to Roux-en-Y Gastric Bypass (RYGB). The patient complained of significant dysphagia for solid and pasty foods and weight regain. Dysphagia due to digestive tract stenosis caused by GB, leading to loss of the patient's quality of life. The gastric band was used as a treatment for obesity from 1984 onwards. It was brought to Brazil in the mid-1990s and has been abolished nowadays due to its complications and lack of effectiveness in weight loss. **Methods:** Video used to present the surgical technique. **Results:** Female patient, 65 years old, with arterial hypertension, 109 kg, 1.59m, and BMI 43 kg/m². In the revisional surgery, the entire gastric band device was removed, thus avoiding leaving a foreign body in the patient. The existing adhesions and fibrosis were removed so that the whole device could be removed. Upon return after one month of the procedure, the patient presented no complaints, was able to eat a solid diet without dysphagia, and had a weight loss of 8%. The mechanical device that caused stenosis in his digestive transit was eliminated. **Conclusion:** Removal of the gastric band effectively improved the patient's dysphagia, thus contributing to her weight loss, improving her quality of life, and eating without dysphagia. Bariatric revisional surgery has proven valuable and is an essential strategy in more complex clinical cases.

VIDEO.009

METABOLIC AND BARIATRIC SURGERY

Laparoscopic sleeve gastrectomy: surgical steps

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Background/Purpose: Sleeve Gastrectomy (SG) achieves better results than other techniques and is comparable in some aspects to the Roux-en-Y gastric bypass. These benefits have been associated with different pathophysiologic mechanisms unrelated to weight loss, such as increased gastric emptying and intestinal transit, and activation of hormonal mechanisms, such as increased GLP-1 hormone and decreased ghrelin. Knowing that SG is the most commonly performed bariatric surgery in the world, it is necessary to know all the technical aspects that involve the step-by-step procedure for the best result in terms of weight loss and control of comorbidities, as well as reducing complications such as gastric twist, leak or post-surgical gastroesophageal reflux. **Methods:** Video editing of SG to treat morbid obesity showing step-by-step tips and tricks for surgical standardization. **Results:** Video edited with main essential points for the success of the SG technique. **Conclusion:** Knowledge of the step-by-step tips and tricks involved in the SG technique is necessary for better results in weight control and comorbidities and for reducing complications.

ORAL.001

METABOLIC AND BARIATRIC SURGERY

Esophagic lichen planus after RYGB

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Background: Lichen planus (LP) is a chronic inflammatory disease affecting skin and membranes. Although esophageal involvement was considered rare, it is now known that it is often misdiagnosed. Pathophysiology still needs to be fully understood, and diagnosis is suspected based on endoscopic findings and the patient's clinical history. It can evolve to esophageal stricture and squamous cell carcinoma. Treatment is very challenging, with frequent relapses. The most used treatments are topical corticosteroids associated with systemic corticosteroids and traditional systemic drugs such as methotrexate. Emerging anti-inflammatory therapies such as JAK inhibitors are under investigation. **Methods:** Literature review and clinical case report of a 39-year-old woman diagnosed with esophagic LP (ELP) after RYGB. **Results:** The patient weighing 200kg was submitted to banded-RYGB in 2009, and the sylastic ring was removed in 2013 because of slippage, with a slight improvement in bloating symptoms. In 2016, with normal endoscopy, she began to lose taste and heartburn. In 2017, she evolved with significant clinical worsening and the appearance of skin lesions and oral cavity erosions. Eight months later, with substantial odynophagia (even in the use of high doses of PPI), she was hospitalized and submitted to several tests, including new endoscopies that demonstrated extensive edema of the entire esophagus, with erosions from the proximal third, covered by fibrin. Diagnoses of collagenosis and some skin diseases were ruled out, and several treatments with corticosteroids (systemic and topical), methotrexate, chloroquine, and azathioprine were tried, with slight improvement. Finally, in 2021, the diagnosis of ELP was confirmed. As there was no significant improvement in 2023, she was again hospitalized. The family said that although the patient had received all the conditions to obtain the high-cost drugs, she never used them. Treatment was initiated, and the patient is improving. **Conclusion:** A high index of suspicion and endoscopic biopsy improves ELP diagnosis, especially in those with extraesophageal manifestations. Effective therapies are lacking and vary significantly.

ORAL.002

METABOLIC AND BARIATRIC SURGERY

Waiting time for bariatric surgery at a public University Hospital: the role of body mass index at the first visit

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Background/purpose: Bariatric surgery (BS) is the most effective treatment for severe obesity. However, the prolonged waiting time for this procedure remains a concern, especially considering the increased risk of morbidity and mortality. BS in patients with severe obesity is technically more difficult for surgeons. Accordingly, this study aimed to evaluate the waiting time of eligible patients for BS in a university hospital and its association with body mass index (BMI) at the first visit. **Methods:** The study included 270 patients (225 females/45 males; aged 43 ± 9 years; BMI = 49.2 ± 7.2 kg/m²) who underwent laparoscopic Roux-en-Y Gastric Bypass or Sleeve Gastrectomy at a public hospital between September 2021 and June 2023. BMI was obtained in the first medical visit, and the waiting time until surgery was recorded in weeks/months of follow-up. The statistical analysis was performed using a Python program. **Results:** In total, 27 patients had obesity grade 2, 130 had obesity grade 3, 89 had a BMI between

50-59.9 kg/m², and 24 had a BMI of more than 60 kg/m². The mean waiting time for BS was 4.8 ± 2.2 months. It was positively correlated to BMI ($r=0.42$; $p < 0.001$). We noticed that for every two additional units of BMI, a one-week increase in waiting time for BS is expected (obesity grade 2 = 4.19 ± 1.65 months; obesity grade 3 = 4.33 ± 1.56 months; BMI between 50-59.9 kg/m² = 5.35 ± 2.53 months, and BMI ≥ 60 kg/m² = 7.07 ± 2.29 months). **Conclusion:** Our data reassure us that patients with higher BMI experience longer waiting times for BS. Therefore, healthcare professionals must recognize this and focus their therapeutics on a more individualized approach.

ORAL.003

COESAS

Adaptations in body composition, muscle quality, muscle thickness, and subcutaneous thickness of bariatric patients: a pilot study

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Background/Purpose: Individuals who undergo bariatric surgery (BS) experience body composition (BC) parameters changes, leading to morphological and neuromuscular adaptations after surgery. Muscle quality (MQ) has been considered a measure of the relationship between muscular performance (MP) parameters and BC. At the same time, MQ by tension specific (MQ_{ST}) refers to force production per muscle area unit. Changes in MQ_{ST} may precede the loss of muscle mass (MM), and therefore, its evaluation can reflect changes in functional capacity. Thus, MQ_{ST} can assist in assessing morphological adaptations following an intervention, especially in BS. This study compared BC, MQ_{ST}, muscle thickness (MT), and subcutaneous fat layer thickness (SFLT) before and after BS. **Methods:** Two women (mean age 43 years) were assessed two weeks before and twelve weeks after BS. BC was evaluated using dual-energy X-ray absorptiometry (GE Lunar Prodigy, USA). MQ_{ST} was estimated by normalizing the isometric peak torque (PT) of the right limb extensors (i.e., MP measurement) evaluated by isokinetic dynamometry (CYBEX Norm, USA), using the box of fat-free mass (FFM) of the right thigh muscles (i.e., BC measurement). Additionally, MT and SFLT were assessed by B-mode ultrasound images of the vastus lateralis (VL) and rectus femoris (RF) muscles, acquired using Nemio XG ultrasound equipment (Toshiba, Japan). **Results:** BC showed an average reduction of 12.5% in body mass and 15.9% and 8.8% in fat mass and FFM, respectively. Regarding MQ_{ST}, there was a marginal change of 0.5%. Additionally, there was a reduction of 9.5% and 23.2% for the VL muscle in MT and SFLT, respectively. For the RF muscle, there was a reduction of 29.0% and 18.2% in MT and SFLT, respectively. **Conclusion:** Of the total lost body mass, 29.4% was related to FFM. However, MQ_{ST} was not changed after BS. This behavior appears to result from a similar reduction observed in force and FFM. MT of both VL and RF muscles was reduced after bariatric surgery.

ORAL.004

COESAS

Psychological aspects and inappropriate eating behaviors: incidence in post-bariatric surgery patients

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Background: Obesity is a multifactorial disease, predisposing individuals to emotional distress and psychiatric disorders. **Purpose:**

To assess the incidence of psychological aspects and inappropriate eating behaviors in patients who underwent bariatric surgery.

Methods: This retrospective study reviewed the records of 107 patients from a private clinic who received psychological support pre- and postoperatively between June 2021 and June 2022. The sample considered the presence of symptoms: stress, anxiety, and depression; use of psychotropic drugs; eating behavior: hyperphagia, grazing, compulsive loss of control, and night eaters. A descriptive analysis was used to assess the results. **Results:** The average age of the patients was 37 ± 9.0 years old, predominantly female at 84.1%, 49.5% with higher education, and 58.9% married. The analysis revealed an incidence of 47.7% for anxiety pre-surgery and 71% post-surgery, stress of 2.8% pre- and 8.4% post; depression decreased from 15% pre- to 7.5% post-surgery. Regarding psychotropics, there was an increase to 41.1% postoperatively, compared to 36.4% pre-surgery. Concerning inappropriate eating behavior, 63.6% of new grazing episodes and 17.8% of night eaters were identified after surgery, 40.2% of patients attended psychological consultations, and only 2.0% continued follow-up. **Conclusion:** There was low adherence to psychological monitoring, an increase in the cases of psychotropic intervention, and a rise in indicators of psychological symptoms. Thus, it is essential to highlight the significance of associating psychotherapeutic interventions as a crucial ally in treatment, aiming to promote patient well-being. This support will aid in building tools to prevent worsening mental health and improve the quality of life.

ORAL.005

METABOLIC AND BARIATRIC SURGERY

Cardiorespiratory fitness in patients who are candidates for bariatric surgery is there a relationship between ergospirometry and surgical risk

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Background/Purpose: Low cardiorespiratory fitness (CRF) is frequently observed in surgical obesity candidates, often linked to a sedentary lifestyle, reduced engagement in physical exercise programs, and physiological and anatomical changes caused by excess weight. Despite CRF being recognized as a significant predictor of surgical risk in various clinical populations, its validity in patients awaiting bariatric surgery remains unclear. This brief communication aims to analyze existing studies discussing CRF assessment before bariatric surgery and its association with the risk of complications during and after the procedure. **Methods:** This brief communication is a sub-analysis derived from a comprehensive review that accesses CRF assessment through ergospirometry (the gold standard evaluation) in patients eligible for bariatric surgery. **Results:** Three studies were eligible for this review. Two studies established CRF cut-off values associated with the highest risk of surgical complications, namely, VO₂peak (<15 ml/kg/min) and anaerobic threshold (<11.4 ml/kg/min). Conversely, the third study found no apparent relationship between CRF assessment values and the occurrence of poor prognoses during and after surgery. Moreover, CRF was not correlated with extended hospital stays post-surgery, as there were no significant differences in complication rates between individuals with the lowest and highest CRF values. Interestingly, the authors identified the Obesity Surgery Mortality Risk Score Scale (OSMRS) as a valuable predictor of post-surgery risk and prolonged hospital stay, regardless of CRF test results. **Conclusion:** Although cardiorespiratory fitness assessment through ergospirometry is an essential biomarker, measuring CRF through ergospirometry may not be directly associated with the risk of surgical complications in individuals with obesity eligible for bariatric surgery. Finally, it is crucial to highlight that these conclusions are based on only three studies, and further studies are needed to clarify the role of CRF in post-bariatric surgery outcomes.

ORAL-006

COESAS

Nutritional laboratory comparative analysis between pre and one-year of postoperative bariatric surgery

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Background/Purpose: Bariatric surgery is highly effective for treating obesity, but its malabsorptive component can reduce nutrient absorption, leading to deficiencies. This study aims to describe nutritional deficiency levels in pre and postoperative periods at a private clinic. **Methods:** This is a retrospective cohort with data from roux-en-y gastric bypass patients, followed during the pre and postoperative period for 12 months between 2016-2017. Biochemical tests are measured in the pre-and postoperative moments: iron (serum iron, ferritin), vitamin A, vitamin B12, vitamin D, zinc, and selenium. The following parameters were considered to determine deficiencies: serum iron (Women < 50 / Men < 65), ferritin (Women < 10 / Men < 22), vitamin B12 < 130, vitamin D < 20, zinc < 30, selenium < 63. Descriptive analyses used the statistical program SPSS. **Results:** Data from 76 patients (58 female, 18 male), mean age 41.13 ± 12.9 years old, showed increasing iron deficiencies parameters (N/%) in both pre and postoperative phases: pre 18/28.57% vs. postoperative iron 52/82.54%, and ferritin: pre 47/70.15% vs. postoperative 52/78.79%. Improvements were observed for vitamin A (pre 0/0.0% vs. postoperative 12/19.67%), vitamin D (pre 15/21.74% vs. postoperative 5/7.94%), and selenium (pre 66/78.57% vs. postoperative 29/49.15%). No significant changes were seen for vitamin B12 (0/0.0% in both periods) and zinc (pre-1/1.69 % vs. postoperative 0/0.0%). **Conclusion:** Iron proved to be a mineral of significant concern as we found a high deficiency in the preoperative and a worsening in the postoperative period. There was an improvement in vitamin D and selenium levels, possibly due to supplementation in the postoperative phase. Due to the high rates of deficiencies in both analyzed periods, patients should be under constant monitoring to maintain their health effectively.

ORAL-007

METABOLIC AND BARIATRIC SURGERY

pHmetry as a predictor of gastroesophageal reflux disease in patients after sleeve gastrectomy

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Background/Purpose: Obesity is a multifactorial chronic disease with increasing prevalence worldwide, associated with different comorbidities, with gastroesophageal reflux (GERD) being one of the most prevalent. Bariatric surgery is the most effective treatment, and Sleeve Gastrectomy (SG) is the leading surgical technique worldwide, with excellent results in weight loss and reversal of comorbidities. SG, however, is associated with GERD, with several diagnostic methods. We aim to evaluate preoperative 24-hour pHmetry as a predictive tool for de novo GERD. **Methods:** Observational, descriptive, and retrospective study, with 212 patients undergoing SG between July 2018 and March 2022, divided into two groups: 106 without preoperative pHmetry (88.7% women, 43 ± 9 years and body mass index [BMI] of 39.8 ± 8 kg/m²) and 106 with preoperative pHmetry (89.6% women, 39 ± 9 years and

BMI of 39.2 ± 4.7 kg/m²). The postoperative evaluation of GERD at 12 months was through endoscopic control and the application of the GerdQ questionnaire. **Results:** Reflux symptoms (35.8%), GerdQ positive (43.4%), grade A esophagitis (29.2%), grade B esophagitis (13.2%), and grade D esophagitis (0.9%) were more prevalent in the group without pHmetry (p ≤ 0.03), the absence of this study being a risk factor (OR 2.36); there was a 100% improvement in GERD symptoms in those GerdQ-positive preoperatively, and 34.4% had de novo GerdQ. **Conclusion:** GERD is one of the most undesirable adverse events after SG. pHmetry is a fundamental test that allows better patient selection, reducing the percentage of de novo GERD and possibly long-term complications.

ORAL-008

METABOLIC AND BARIATRIC SURGERY

Effects of Roux-en-Y bypass gastroplasty in nonalcoholic steatohepatitis

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Background/Purpose: Obesity, as a chronic disease, has become a global health issue associated with more than 80% of cases of nonalcoholic fatty liver disease (NAFLD) fat accumulation in the liver. Nonalcoholic steatohepatitis (NASH) is the most common stage, which can eventually lead to liver fibrosis and cirrhosis. Lifestyle changes can improve NASH when there is a loss of 10% of total weight. For this reason, one of the best therapeutic options is bariatric surgery, an effective treatment for sustained weight loss, improvement of metabolic function, and regression of NAFLD. **Methods:** This is a prospective observational study on patients undergoing Roux-en-Y Gastric Bypass (RYGB) with intraoperative liver biopsy from January 2022 to December 2022. Inclusion criteria were preoperative liver enzyme screening (elevated), total abdominal ultrasonography (hepatic steatosis), and annual postoperative follow-up. **Results:** Of 530 patients, 50 met the inclusion criteria. We evaluated 31 patients, who were 66.7% female, with an average age of 40.3 ± 8.43 and preoperative BMI of 40.2 ± 9.98 kg/m². Moderate and severe hepatic steatosis were 52.4% and 47.7%, respectively; altered liver enzymes were TGO 47.2 ± 28.4, TGP 44.9 ± 27.63, and GGT 61.4 ± 43.52; and intraoperative liver biopsy had 62.2% moderate and 37.8% severe steatohepatitis. Of those patients, 4 maintained mild hepatic steatosis (with improvement of the grade), 17 patients had normal imaging tests, and 11 patients managed to normalize their liver enzymes in their postoperative control (TGO 27 ± 12.87; TGP 30 ± 20.47; GGT 31.13 ± 23.09). **Conclusion:** Bariatric surgery is associated with significant improvement in patients with NASH one year after surgical treatment.

ORAL-009

COESAS

Adverse childhood experiences among patients with severe obesity: a frequency and associations study in a bariatric center

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Background/Purpose: Adverse childhood experiences (ACEs), such as a dysfunctional family environment, neglect, and physical or sexual violence, are associated with health problems in adulthood, including psychiatric disorders and obesity. We aim to investigate the frequency of adverse childhood experiences in a sample of 393 candidates with obesity in a

bariatric center at the Hospital das Clínicas, Faculty of Medicine, University of São Paulo. Additionally, will be evaluated the association between these adversities and psychiatric comorbidities. **Methods:** 393 patients from the initial 2011 study were re-invited and re-evaluated in a second cross-sectional study. The Composite International Diagnostic Interview (CIDI 3.0) and The Family History Research Diagnostic Criteria Interview were used to investigate ACEs. The Structured Clinical Interview for DSM-5 (SCID-5) assessed the history of psychiatric disorders. Healthcare professionals, including clinical psychologists and a psychiatrist, conducted the interviews. **Results:** A total of 187 patients, with an average age of 52.1 years, underwent reevaluation, of which 151 (80.7%) were women. 139 (74.3%) underwent bariatric surgery between 2011 and 2019. In total, 165 (88.2%) patients experienced some form of ACE, and 138 (73.7%) received a diagnosis of a psychiatric disorder. **Conclusion:** The population attending the Hospital das Clínicas in São Paulo predominantly comprises individuals from lower socioeconomic classes, increasing their vulnerability to adverse childhood experiences. Therefore, it is crucial to understand the frequency of these adversities in this obese population seeking help at a public hospital to assess the severity of the problem.

ORAL.010

METABOLIC AND BARIATRIC SURGERY

Treatment of weight regain after laparoscopic Roux-en-Y gastric bypass with endoscopic application of argon plasma coagulation

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Background: Laparoscopic Roux-en-Y Gastric Bypass (LRYGB) is one of the leading surgical techniques for treating obesity. However, 25% of patients experience postoperative weight regain. The endoscopic application of argon plasma coagulation (EAAPC) in the gastroenteroanastomosis (GEA) of LRYGB has proven to be a promising technique for treating these patients. **Purpose:** To evaluate the effectiveness, complications, and satisfaction of patients undergoing endoscopic application of argon plasma coagulation in GEA in patients with weight regain after LRYGB at a single hospital. **Methods:** This is a single-center observational retrospective study with 48 patients who underwent EAAPC in GEA. Data collection was carried out in electronic medical records, in addition to a telephone survey, collecting information on anthropometry, complications, and a questionnaire on satisfaction and quality of life after the procedure. **Results:** There was an average reduction of 2.62 kg/m² in body mass index between the procedure and the end of the study, equivalent to approximately 8.2 kg, with 62.5% satisfaction and a low complication rate among patients analyzed. **Conclusion:** Endoscopic application of argon plasma coagulation in GEA appears to be a safe and effective procedure for weight loss in post-LRYGB patients, with a reasonable satisfaction rate among patients.

ORAL.011

COESAS

Revisional bariatric surgery and clinical associations: determinants and patient profile

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Background: Bariatric surgery (BS) has become increasingly common due to the global obesity epidemic. However, unfortunately, some individuals undergoing BS do not achieve the expected success, and revisional bariatric surgery may be necessary in some cases. **Purpose:** To evaluate the association of revisional bariatric surgery with clinical and sociodemographic determinants. **Methods:** Data were collected

retrospectively from the medical records of 115 patients who underwent laparoscopic bariatric surgery between 2021 and 2022. Inclusion criteria considered the records of adult patients of both sexes who had undergone bariatric surgery. Descriptive statistics and independent Chi-Square tests were used for data analysis using the SPSS software, version 23. **Results:** The sample was predominantly female (82.6%), with an average age of 39 years (± 9.0), married (66.1%), higher education (52.2%), with obesity for more than five years (61.7%), initial weight of 118.0kg (± 27.7), Initial Body Mass Index (BMI) of 43.0kg/m² (± 7.5), sedentary (79%), non-smokers (89.6%), nonalcoholics (56.5%), and with comorbidities before surgery (61.7%). In this sample, revisional bariatric surgery did not show significant associations with patients' age ($p > 0.1$), gender ($p > 0.7$), education level ($p > 0.2$), marital status ($p > 0.2$), and duration of obesity ($p > 0.8$). However, there is significance between bariatric surgery and BMI ($p \leq 0.0$), type of bariatric surgery ($p \leq 0.0$), comorbidities at the time of choosing the surgical technique ($p \leq 0.0$), and reasons for conversion of surgery ($p \leq 0.0$). **Conclusion:** In this study, we could identify an association between clinical aspects and revisional bariatric surgery, highlighting the need to broaden discussions about this technique, which is still little explored, and its role in contributing to patients' quality of life.

ORAL.012

COESAS

The relationship between nutritional deficiencies after bariatric surgery and psychiatric disorders: a scoping review

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Background/Purpose: Bariatric surgery is the branch of surgery that focuses on weight loss for patients with obesity. Since it involves various procedures, assessing the patient's mental health before, during, and after the surgery is crucial. This scoping review explores the connection between nutritional deficiencies and psychiatric disorders in adults during the postoperative period of bariatric and metabolic surgery. **Methods:** A comprehensive literature review was conducted using five databases - PubMed, Scopus, Web of Science, Embase, and CINAHL - yielding 1.906 articles related to bariatric surgery, nutritional deficiencies, and mental disorders. **Results:** From the 1.906 identified articles, 270 were selected according to their relevance for the present study using the Rayyan platform. We excluded articles that were inconsistent with our study's purpose. We identified that the Wernicke-Korsakoff Syndrome, primarily caused by thiamine (vitamin B1) deficiency after surgery, is the primary focus in many studies; however, other mental disorders that may be developed by the lack of nutrients in the postoperative period receive less attention. **Conclusion:** This review identifies a scientific gap concerning several other mental disorders and nutritional deficiencies that affect adults during the postoperative period of bariatric and metabolic surgeries. Our results emphasize the need for further research to establish a solid foundation to better evaluate the nutritional supplementation required for postoperative patients.

ORAL.013

METABOLIC AND BARIATRIC SURGERY

Is there space for the treatment of super-super obesity in the public health system? Analysis of surgical results in a tertiary hospital in the interior of São Paulo

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Background: The prevalence of obesity in Brazil increased from 11.8% in 2006 to 20.3% in 2019. This group has patients with

super-super obesity (BMI>60). This population is at higher risk and requires special care pre-and postoperatively. **Purpose:** To evaluate the results of patients with super-super obesity (BMI>60) undergoing bariatric surgery at a tertiary hospital in the interior of São Paulo. **Methods:** Retrospective, observational, single-center study. Data were collected from electronic medical records between March 2020 and February 2023. Twenty-five patients were included in the data analysis. The data analyzed were gender, BMI, comorbidities, type of surgery performed, length of stay, readmission and reoperation rates, and preoperative and postoperative weight loss. **Results:** Among the 25 patients analyzed in the study, 48% underwent Sleeve Gastrectomy, 44% underwent Roux-en-Y Gastric Bypass, and 8% underwent One Anastomosis Gastric Bypass (OAGB). The mean preoperative BMI was 66.74 kg/m². The average preoperative weight loss was 5.46%, while 28% of patients required hospitalization to lose weight preoperatively. The median length of stay was two days. The readmission/reoperation rate was 4% (1 patient). The average reduction in BMI after six months of surgery was 22.92%. **Conclusion:** Treating patients with super-super-obesity is complex, requiring specific protocols and intensified multidisciplinary action. Despite the resource limitations of the Public Health System, it is possible to offer surgical treatment to these patients with results and complication rates within those recommended by current literature.

ORAL.014

METABOLIC AND BARIATRIC SURGERY

Efficacy of standard triple therapy for *H. pylori* eradication and early postoperative complications in patients undergoing RYGB surgery

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Background/Purpose: *H. pylori* (HP) infection is associated with several diseases. Detection and eradication of HP infection before bariatric surgery is recommended as a measure used to reduce postoperative complications. We evaluated the efficacy of standard triple therapy for HP eradication and early postoperative complications in patients undergoing Roux-en-Y Gastric Bypass (RYGB). **Methods:** This prospective observational study included 543 post-RYGB patients [81.6% female, age 38±9 years, BMI 41.7[38.4–45.4kg/m²] with positive or negative HP confirmed by biopsy before surgery. We classify according to the eradication or persistence of HP through intraoperative gastric mucosal biopsy. All are accompanied for 30 days after surgery to assess complications. **Results:** In total, 36.4% of patients were positive for preoperative HP, and first-line treatment was effective in 90.9%. No differences were detected between the groups regarding clinical complications and endoscopic data, except for the percentage of endoscopy and dilations, which were more significant in the HP-negative group ($P < 0.05$). Symptoms suggestive of bleeding and gastrointestinal stenosis were reported in 2 and 6.4% of HP-negative patients, respectively, with no differences between the groups. No patient with HP positivity before surgery needed dilation. Furthermore, no postoperative clinical complications were detected in those patients whose first-line treatment failed to eradicate HP. **Conclusion:** Standard triple therapy to eradicate HP before surgery was effective in most patients, but its eradication seems irrelevant for early postoperative complications.

ORAL.015

METABOLIC AND BARIATRIC SURGERY

Analysis of the incidence of portomesenteric venous thrombosis in the postoperative period in patients undergoing bariatric surgery from 2012 to 2022 at Santa Catarina Hospital, Blumenau, Brazil

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Background: Bariatric surgery is indicated for treating obesity and its complications. Although bariatric surgery is safe and beneficial for patients, every surgical procedure carries risks of complications. Portomesenteric vein thrombosis (PMVT) is a post-bariatric complication that occurs due to obstruction of venous blood flow by thrombi, leading to tissue ischemia. Therefore, early diagnosis is crucial but often challenging due to the nonspecific symptoms and clinical presentation. **Purpose:** To analyze the incidence of PMVT in the postoperative period of bariatric surgery, to describe the profile of affected patients, clinical presentation, surgical methods with the lowest risk of complications, most commonly used diagnostic method, and treatment approach. **Methods:** Retrospective study with a quantitative and qualitative approach, including 1,394 patients who underwent Sleeve Gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) and developed PMVT. **Results:** The incidence of PMVT was ten patients out of 1,394 (0.72%). All cases were female and underwent SG. The mean age of patients with the complication was 35 years. The most common symptoms were abdominal pain, nausea, and vomiting. The diagnosis was made using contrast-enhanced computed tomography; all patients received anticoagulation therapy. 90% of patients experienced early complications within 30 days postoperatively and showed partial or complete venous recanalization after pharmacological treatment. One patient developed necrosis of the jejunal loops, requiring a laparoscopic approach, and subsequently developed sepsis and shock and died. **Conclusion:** Although rare, the incidence of PMVT cannot be disregarded due to the potential severity of the condition. Early diagnosis and treatment are essential, and complete anticoagulation therapy has been shown to be effective. Additionally, prophylaxis, although not wholly preventing PMVT cases, is recommended.

ORAL.016

METABOLIC AND BARIATRIC SURGERY

Comparison between two staple line reinforcement techniques in laparoscopic sleeve gastrectomy for obesity: leak rate, bleeding and stenosis

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Background/Purpose: Laparoscopic sleeve gastrectomy (LSG) is one of the world's most commonly performed bariatric procedures for treating obesity. This is a very effective technique with good results in long-term weight loss. Despite being a safe procedure, it is not free from complications, with gastric leaks having the highest morbidity and mortality rates. This surgical complication can have its incidence minimized by reinforcing the staple line, which can be performed using an invaginating suture or transfixing suture. The present study aims to compare the two techniques for reducing the incidence of gastric leak, bleeding, and stenosis in the postoperative period. **Methods:** This is a retrospective, descriptive, and observational study, with 1,155 candidates for LSG in a single institution, performed by a single

surgeon between November 2008 and June 2021. The patients were divided into two groups: T1, with 122 patients undergoing LSG with continuous transfixing suture across the entire staple line, and T2, with 1,033 patients undergoing LSG with continuous invaginating suture. **Results:** Of the 1,155 patients, 122 underwent T1, while 1033 underwent T2. Regarding the distribution of variables, there were 850 female and 305 male patients, BMI between 30.5 and 77.9 kg/m², and age between 14 and 73. The complication rate of T1 and T2 was, respectively, 1.63% vs. 0% gastric leaks, 0% vs. 0.2% bleeding, and 3.28% vs. 0.1% strictures. **Conclusion:** Suturing with invagination of the staple line fulfills the proposal of reducing the rate of complications in the postoperative period of LSG, mainly in reducing the appearance of gastric leaks, compared to the transfixation technique. The stenosis rate was slightly higher in the transfixing suture, while the bleeding rate was slightly higher in the invaginating technique.

ORAL.017

METABOLIC AND BARIATRIC SURGERY

The use of ursodeoxycholic acid in the prevention of cholelithiasis: randomized, prospective, one-year follow-up study

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Background/Purpose: Cholelithiasis is among bariatric surgery patients' most frequent adverse effects (BS). This study aimed to assess the effectiveness of ursodeoxycholic acid in preventing cholelithiasis in the postoperative period of BS. **Methods:** This prospective, randomized case-control study was conducted between 2020 and 2023, involving 49 bariatric patients who underwent Roux-en-Y Gastric Bypass (RYGB) laparoscopically. The intervention group (group 1) comprised 23 patients who used ursodeoxycholic acid for six months, while the control group (group 2) consisted of 26 patients who did not use the medication. Three abdominal ultrasonography (AUS) examinations were performed over one year (at one month, six months, and 12 months postoperatively). A statistical significance level of $p \leq 0.05$ was assumed. **Results:** Among the 49 evaluated patients, 41 (83.7%) were female. The mean age was 36.9 ± 9.8 years, and the mean preoperative Body Mass Index (BMI) was 39.7 ± 3.9 kg/m². In the first AUS, the prevalence of biliary sludge in group 1 was 28.6%, and in group 2 was 36.1% ($p=0.592$). As for the occurrence of gallstones, the frequency was 4.8% in group 1 and 4.0% in group 2 ($p=0.907$). In the second AUS, the prevalence of biliary sludge in group 1 was 4.5% compared to 16% in group 2 ($p=0.212$), while concerning gallstones, no findings were observed in group 1 participants, while group 2 had an incidence of 20% ($p=0.026$). In the third AUS, there were no findings of biliary sludge or stones in group 1, while group 2 had 6 cases of gallstones (23%) ($p<0.001$). There was no correlation between the occurrence of biliary sludge or gallstones with preoperative BMI or gender. **Conclusion:** Using ursodeoxycholic acid proved effective in preventing cholelithiasis in the postoperative period of RYGB up to 12 months.

ORAL.018

COESAS

Analysis of adherence to vitamin supplementation in the first year after bariatric surgery: results from a single-center study

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Background: Weight control promoted by bariatric surgery (BS) significantly improves comorbidities, psychosocial status, and,

consequently, the individual's quality of life. However, the procedure can lead to nutritional deficiencies. In this regard, assistance with micronutrient supplementation should be present continuously and dynamically in postoperative follow-up. **Purpose:** To analyze adherence to multivitamin supplementation in the postoperative (PO) period of BS. **Methods:** This is a cross-sectional, single-center study. From March/2023 to June/2023, questionnaires were sent via e-mail to patients between the 6th and 12th PO months after BS. **Results:** We obtained 58 responses, 89% female and 11% male. When analyzing factors that influenced the choice of multivitamins, 61% were based on professional recommendation, 30% on price, and 9% on product presentation. Regarding administration, 70% of patients reported following the schedules recommended by the nutritionist, 18% when they remembered, and 12% administered all the vitamins simultaneously. Regarding the frequency of vitamin use, 75% of the respondents reported daily use, and 25% reported irregular consumption on some days of the week. **Conclusion:** 75% of patients supplement micronutrients daily, and 25% supplement irregularly. This adherence to multivitamin supplementation is due to specialized nutritional assistance that consistently guides patients before and after surgery regarding the importance of vitamin use and prescribes the best commercial alternatives, considering the product's quality and each patient's financial condition.

ORAL.019

METABOLIC AND BARIATRIC SURGERY

Surgical management with Roux-en-Y gastric bypass for patients with severe obesity: experience of 115 cases

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Background/Purpose: Obesity is progressively increasing worldwide, as is the prevalence of patients with a body mass index (BMI) ≥ 50 kg/m². Roux-en-Y gastric bypass (RYGB) has excellent results in weight loss and remission of comorbidities, but the surgical management of patients with BMI ≥ 50 remains controversial. We investigated the efficacy of RYGB in patients with BMI ≥ 50 kg/m² annually to ensure its treatment safety. **Methods:** Observational, retrospective study that included 115 patients (86% women, 36.8 ± 10 years, and preoperative BMI of 54.1 ± 4.4 kg/m²), with 87.8% with a BMI between 50-60 kg/m² and 12.2% with BMI ≥ 60 kg/m², who underwent laparoscopic RYGB between July 2016 and July 2022. The outcome measures were weight loss, improvement or remission of comorbidities, laboratory parameters, and endoscopic findings. **Results:** Excess weight loss after one year was 78.1% (weight and BMI of 82.7 ± 14.7 kg and 31.6 ± 6 kg/m², respectively), 39.8% of the patients with a BMI between 50-60 kg/m² reached grade I obesity, while 28.6% of those with a BMI ≥ 60 kg/m² reached grade 2 and 3 obesity. 67.8% suffered from sleep apnea, and 47% had high blood pressure; postoperatively, the reversal rate of comorbidities was 81.8%; all patients improved their metabolic profile ($p < 0.001$). The preoperative endoscopic reports were 40% gastritis and 22.8% hiatal hernia, improving significantly (preoperative normality of 21.9% and postoperative normality of 64.2%). **Conclusion:** Laparoscopic RYGB is an effective and safe surgical procedure for patients with a BMI ≥ 50 kg/m², evidenced by substantial weight loss and short-term improvement in comorbidities.

ORAL.020

METABOLIC AND BARIATRIC SURGERY

Long-term efficacy of surgical management with Roux-en-Y gastric bypass in patients with severe obesity

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Background/Purpose: Management of patients with body mass index (BMI) ≥ 50 kg/m² has been a challenging problem associated with increased morbidity and mortality. However, Roux-en-Y gastric bypass (RYGB) is a safe and effective procedure for weight control and comorbidities. We investigated the safety and efficacy of RYGB outcomes in patients ≥ 50 kg/m² at five years. **Methods:** Retrospective, observational study that included 19 patients (58% women, 37.3 ± 10 years, preoperative BMI 53.6 ± 4.7 kg/m²) who underwent RYGB between July 2016 and July 2022 with follow-up for five consecutive years. Outcome measures were weight loss, improvement or remission of comorbidities with laboratory parameters, and endoscopic findings. **Results:** With a postoperative follow-up of 5.31 years, excess weight loss was 88% one year after surgery compared to 73.9% at five years. Obesity-related comorbidities were found in 78.9%, the most common being arterial hypertension in 42% and sleep apnea in 23.5%. At five years of follow-up, there was a considerable improvement from 78.5% to 21.4%, in addition to control of the metabolic profile. Abnormal endoscopic findings were reported in 78.9% (31.6% with gastritis and 21% with hiatal hernia), with significant improvement at five years of follow-up. **Conclusion:** RYGB positively and effectively impacts sustained weight loss and improved comorbidities after five years in patients with a body mass index greater than 50 kg/m².

ORAL.021

METABOLIC AND BARIATRIC SURGERY

Conversion of total fundoplication to Roux-en-Y gastric bypass: factors that influence the choice of surgical technique and postoperative evolution

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Background: The conversion of total fundoplication to Roux-en-Y gastric bypass (RYGB) is a complex surgical procedure that can present more complications than primary bariatric surgery alone. A simplified technique, with dissection and release of only the anterior portion of the anti-reflux valve, has been proposed to achieve better postoperative results than the traditional technique. **Purpose:** Identify preoperative and intraoperative factors influencing the choice between the traditional (total valve release) and simplified technique (anterior valve release) of total fundoplication conversion to RYGB. Assess and compare the rate of postoperative complications and surgery duration between the two methods. **Methods:** The present study is a transversal retrospective quantitative analysis. The study's sample consists of 29 patients who had a conversion of total fundoplication to RYGB from 01/01/2018 to 01/07/2022. Preoperative, intraoperative, and postoperative data from both techniques were analyzed and compared. **Results:** Eight patients

were submitted to the traditional technique, and twenty-one to the simplified technique. The finding of hiatal hernia in preoperative upper GI endoscopy and the finding of intraoperative fibrosis were statistically significant positive predictive factors of the choice of the traditional technique. There was no significant difference in surgical duration. More severe complications were identified with the traditional technique, and a biological trend ($p=0.092$) for more complications with this technique.

Conclusion: The simplified technique is a safe procedure with a tendency for fewer postoperative complications. The presence of hiatal hernia in upper endoscopy and intraoperative fibrosis significantly influences the choice of surgical technique.

ORAL.022

METABOLIC AND BARIATRIC SURGERY

Evaluation of hiatoplasty in obese patients undergoing Roux-en-Y gastric bypass

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Background/Purpose: Obesity is a chronic disease with a growing global prevalence and is frequently associated with comorbidities such as gastroesophageal reflux disease (GERD). Roux-en-Y Gastric Bypass (RYGB) is the most recommended technique for controlling obesity in patients with GERD. This study aims to evaluate hiatoplasty in patients with obesity and GERD symptoms undergoing RYGB. **Methods:** This is an observational, descriptive, and retrospective study of 204 patients with GERD symptoms undergoing RYGB with and without HiatoPlasty from January 2020 to April 2022. There were 102 patients in each group, with the following characteristics: 88.2% vs. 91.2% women, age 41.16 ± 9.16 vs. 39.32 ± 9.42 years, weight 112.4 ± 17.6 vs. 111.67 ± 21.1 kg and BMI 41.1 ± 4.03 vs. 41.8 ± 6.5 kg/m² of the study group undergoing RYGB with hiatoPlasty and the control group, respectively, comparing both groups in a postoperative year by endoscopic control and application of the GERD Q questionnaire. **Results:** In the preoperative period, those who had positive GERD Q in the RYGB group with HiatoPlasty were 78 (76.5%) vs. 15 (14.7%) in the annual control. In the annual endoscopic control, 8.8% vs. 12.7% Esophagitis grade A was found; 3.9% vs. 2.9% Esophagitis grade B; 1% vs. 0% Esophagitis grade C and 3.9% vs. 2.9% Hiatal hernia of the study group vs. the control group, respectively. There was evidence of improvement in symptoms in 179 patients (87%) and a significant improvement in normal endoscopic outcomes in those undergoing RYGB with hiatoPlasty, from 9 (8.82%) in the preoperative period to 75 (73.53%) during the postoperative follow-up. **Conclusion:** RYGB with hiatoPlasty in patients with symptoms and endoscopic evidence of GERD showed results similar to RYGB without hiatoPlasty, considering Roux-en-Y gastroPlasty by itself an anti-reflux technique.

ORAL.023

METABOLIC AND BARIATRIC SURGERY

Application and efficacy of a liver fibrosis prediction score in patients undergoing bariatric surgery

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Background/Purpose: Nonalcoholic fatty liver disease (NAFLD) is nowadays one of the major causes of liver transplantation in the USA. Its prevalence in the morbidly obese population can exceed 90%. NAFLD

is a spectrum disease, ranging from isolated steatosis to steatohepatitis (NASH) and fibrosis. Through this study, we aim to analyze the results of routine liver biopsy performed during bariatric surgery and evaluate the effectiveness of a non-invasive score (NAFLD Fibrosis Score - NFS) in identifying the presence of advanced fibrosis in the population with obesity. **Methods:** We performed a retrospective study based on a medical records review. All public health system (SUS) patients who underwent bariatric surgery and intraoperative liver biopsy from 2018 to 2021 in a tertiary hospital in southern Brazil were included. Patients with incomplete laboratory data, a history of cirrhosis, previous chronic hepatitis, or alcoholism were excluded. Anthropometric and laboratory data were collected. Biopsies were graded according to Brunt's criteria for liver fibrosis. The NFS score was used to calculate the risk of advanced fibrosis (F3 and F4); the values <-1.455 and >0.676 were used as a predictor of the presence or absence of advanced fibrosis. **Results:** A total of 158 patients were included. The prevalence of NALFD was 77.2%, and NASH was 47.5%. The prevalence of liver fibrosis was 25.3%, and one patient was diagnosed with cirrhosis at the time of surgery. Analysis of the effectiveness of the NFS score demonstrated a sensitivity of 25% and a specificity of 83.1% in identifying patients with advanced fibrosis. The negative predictive value was 97.7%. **Conclusion:** Bariatric patients have a high prevalence of NASH and fibrosis. The use of the NFS score to predict fibrosis in this population had a very low sensitivity. Therefore, performing a liver biopsy during every procedure may be justifiable despite its potential costs and risks.

ORAL.024

METABOLIC AND BARIATRIC SURGERY

Evaluation of late follow-up of patients with early gastrojejunal anastomosis stenosis after Roux-en-Y gastric bypass

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Background/Purpose: Bariatric surgery (BS) is the most effective treatment for severe obesity. However, some patients experience complications in the postoperative period, such as gastrojejunal anastomosis stenosis. This study aimed to compare the late weight loss of patients with stenosis to a control group without stenosis in a private clinic. **Methods:** This was a case-control study conducted from October 2007 to October 2021, involving 49 patients. Group 1 consisted of 25 patients (46 months of follow-up) with gastrojejunal anastomosis stenosis, and Group 2 (36 months of follow-up) was the Control Group with 24 patients who did not have stenosis. Control Group 2 was randomized by selecting patients operated on the day after each patient in Group 1. Both groups were similar as far as demographic data was concerned. IBM SPSS® version 25.0 software was used for statistical analysis. The Kolmogorov-Smirnov test was used to assess the normality of the sample, and the t-Student test was used to compare the groups. The statistical significance was set at $p < 0.05$. **Results:** On late follow-up, gastrojejunal anastomosis stenosis showed more complementary exams and consultations with the multidisciplinary team, with statistical significance for the related outcomes. A greater weight loss was observed for Group 1 with stenosis (84,2% excess weight loss-EWL) compared to Control Group 2 without stenosis (78,4%EWL) but with no statistical significance. **Conclusion:** Late follow-up of patients with early gastrojejunal stenosis showed that it leads to more complementary exams and consultations with the multidisciplinary team. Weight loss was greater in the Stenosis Group 1 but without statistical significance.

ORAL.025

COESAS

Analysis of the ERAS protocol associated with physiotherapy in the immediate postoperative period of patients undergoing videolaparoscopic bariatric surgery

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Purpose: To analyze the ERAS protocol associated with physiotherapy in the immediate postoperative period of laparoscopic bariatric surgery patients. **Methods:** This analytical, cross-sectional, and retrospective observational clinical study uses continuous data recording analysis. The study included 190 patients of both sexes who underwent bariatric surgery were included in the study. Data were collected in the preoperative, intraoperative, and postoperative periods. Inclusion Criteria: Age ≥ 18 years, laparoscopic bariatric surgery, ERAS protocol, and physiotherapy in the immediate postoperative period. Exclusion Criteria: hemodynamic instability during physical therapy and conversion from laparoscopy to laparotomy. Statistical Analysis: Data are presented in frequency and percentage. The Wilcoxon test was used to compare periods. P-values ≤ 0.05 indicated statistical significance. **Results:** There was a prevalence of female patients (81.6%) with grade 3 obesity (46.8%). 98.9% of patients did not present respiratory disorders in the spirometry test, and 92.6% never smoked. Regarding comorbidities, SAH was present in 24% of patients, followed by DM 2 in 8% of individuals. Regarding length of stay, most patients (45.8%) remained hospitalized for 12 hours. Regarding postoperative changes, more than 90% of patients did not present any changes during this period. Vital signs were maintained at physiological levels, indicating the safety of the ERAS protocol associated with physiotherapeutic assistance. **Conclusion:** A low incidence of postoperative changes can be observed with adequate length of stay. Vital signs remained within physiological levels, demonstrating the safety of the ERA protocol associated with physiotherapy in the immediate postoperative period of patients undergoing laparoscopic bariatric surgery.

ORAL.026

METABOLIC AND BARIATRIC SURGERY

Conversion from sleeve gastrectomy to RYGB: experience with 40 cases

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Purpose: To assess the safety and efficacy of conversion outcomes from SG to RYGB. **Methods:** Observational, retrospective study included 40 patients (97.5% women, age 41.8 ± 9 years, weight, and body mass index [BMI] of 86.8 ± 20.5 kg and 33.7 ± 6.2 kg/m² respectively), 22(45%) patients with GERD, 7(17.5%) with obesity recurrence, and 11 (27%) with both, undergoing revisional surgery SG to RYGB in the period from 2019-2022. Outcome measures were weight loss and medical history, including improvement or remission of GERD and comorbidities by endoscopic and 24-h pHmetry findings. **Results:** In the 1-year postoperative period of SG, the patients had a mean weight of 70.83 ± 11 kg, 67.5% were overweight, total weight loss (TWL) of 34%, and excess weight loss (EWL) of 87%. Hypertension was diagnosed in 38.1%. 50% had reports of sliding hiatal hernia, and 27.7% had B esophagitis. The reasons for the conversion to RYGB were the presence of GERD in 45% of patients, 17.5% had a recurrence

of obesity (weight of 108 ± 16 kg), at 42 months postoperative with a %weight gain of 41.7 ± 28 and 38.1% for both reasons. The mean interval of the procedures was 42 months. After one year of revisional surgery, the patients presented a mean weight of 69.5 ± 3 kg, 41.7% eutrophic with a TWL of 18 % and an EWL of 87.9 %. The prevalence of comorbidities decreased to 15%, and 72.2% of the patients presented normal endoscopy. All patients achieved GERD remission, and 45% of the group with recurrence of obesity improved to overweight. **Conclusion:** The conversion of SG to RYGB is an effective procedure and a safe alternative for treating gastroesophageal reflux, weight loss, and improvement of associated comorbidities. Our results appear to be similar to those with a primary RYGB.

ORAL.027

METABOLIC AND BARIATRIC SURGERY

Importance and epidemiological aspects of bariatric surgery for the Brazilian public health system

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Purpose: To assess the cost-benefit that bariatric surgery (BS) provides to the public health system. **Methods:** This is a systematic review of articles published on the LILACS and SCIELO platforms, referring to bariatric surgery with a focus on the number of procedures performed in Brazil, as well as its relationship with public spending, between 2018 and 2023. **Results:** Between 2009 and 2019, 83,929 thousand BS were performed in the Unified Health System (SUS), with Roux-en-Y gastric bypass as the main technique (93,7%). Laparoscopy is the method that presents fewer complications, less postoperative pain and rapid recovery. Despite being the most expensive, there are other long-term gains, such as lower cost and shorter average hospitalization time. Thus, the patient returns to daily activities in a shorter period, thus reducing social security and hospital costs. In 2011 alone, SUS spent R\$488 million on obesity-related diseases and complications, of which approximately R\$116 million was spent directly on patients with severe obesity. Worldwide, obesity has generated high costs for the State, with Portugal as an example, where 29% of health costs were used with complications of obesity. Although BS has a high cost for its realization, it reduces expenses related to treatments, medications and pathologies caused by excess weight. With the advancement of technologies, BS procedures in SUS have increased, and in 2008, 3,258 procedures were performed with an average hospitalization time of 5.7 days. Only in the first half of 2018, 6,644 surgeries were performed, with an average hospitalization time of 2.9 days. **Conclusion:** Bariatric surgery has scored positively for reducing SUS' expenses, as it reduces hospitalization time and the possible complications that a patient with obesity is susceptible to.

ORAL.028

METABOLIC AND BARIATRIC SURGERY

Evaluation of the influence of melatonin supplementation on glycemic control and obesity in obese and diabetic Wistar rats

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Background: Melatonin is a hormone synthesized by the pineal gland and regulated by the circadian rhythm responsible for stimulating the release of this hormone into the bloodstream at night. Its physiological mechanisms are closely related to metabolic diseases such as obesity

and type 2 diabetes mellitus. **Purpose:** To evaluate the influence of melatonin supplementation on glycemic metabolism and weight of obese and diabetic Wistar rats. **Methods:** This is an experimental, prospective, and randomized study, with a duration of 1 year, from 2018 to 2019, at the Positivo University laboratory in Curitiba, Paraná. Sixteen Wistar rats were submitted to a regimen of fattening, with induction of obesity and diabetes. The study was divided into three phases. The first phase was the pre-induction phase, which dealt only with the three weeks of weaning of the animals. In the Induction Phase, for 24 weeks, the animals were induced into obesity and diabetes with a hypercaloric diet. In the Experimental Phase, after diagnosis of obesity and diabetes, they were divided into two randomly equal groups called the Control Group and the Melatonin Group. Supplement melatonin in nocturnal water at 20 mg/kg/day for eight weeks. **Results:** The influence of melatonin was positive on the control of obesity, with an improvement in weight, caloric and food intake, and decreased waist circumference in the Melatonin group. The impact on the glycemic control of the animals was discrete, a fact that may be related to the number of animals, melatonin dosage, and time of the experiment. Even so, the insulin profile showed improvement only by the QUICK Index, where the Melatonin Group presented a lower insulin value than the Control Group without melatonin supplementation. **Conclusion:** The influence of melatonin supplementation on obese and diabetic animals was positive, with a more significant impact on the control of obesity than glycemic and insulin control.

ORAL.029

METABOLIC AND BARIATRIC SURGERY

5-year of revisional bariatric surgery experience in a single Brazilian SRC center

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Background/Purpose: Insufficient weight loss or weight regain, late-surgical complication (GERD), and malnutrition indicate revisional bariatric surgery. The aim is to report our 5-year experience, the reason for revisional surgery, demographic profile, and the treatment performed (revisional surgery). **Methods:** In an observational study, from January 2018 to January 2023, 35 patients were submitted for revisional bariatric surgery in a SRC center in São Paulo, Brazil. **Results:** The median age was 44 years, BMI of 31.87 kg/m^2 , and weight was 91.68 kg. Of the 35 patients, 18 (51%) presented as a reason for reoperation GERD and 12 patients (34.2%) had weight regain. Both groups had surgery converted to RYGB, and two patients (5.71%) presented malnutrition/hypoglycemia after RYGB. In these cases, were performed bowel transit reconstruction with duodenal inclusion (gastro-gastric anastomosis or jejunal bypass). One patient had achalasia after RYGB and was treated with Heller cardiomyotomy with fundoplication of the excluded stomach. Two patients (3.54%) had nonspecific abdominal pain after RYGB and underwent adhesiolysis and mesenteric defect closure surgery. All patients were followed up, and those with previous GERD had symptom improvement. The patients with weight regain after the first surgery undergoing revisional surgery presented a median weight loss of 10 kg in the first month and 20% excess weight loss in 6 months. Those with malnutrition/hypoglycemia had clinical improvement, with an increase in albumin levels from 1.8 to 3.6 g/dl in 6 months. The other patients showed significant improvement in abdominal pain. There was no mortality. **Conclusion:** Revisional bariatric surgery is indicated after failed clinical and multidisciplinary treatment. It is an effective option and presents an acceptable morbidity rate in the best centers of excellence in bariatric and metabolic surgery.

ORAL.030*METABOLIC AND BARIATRIC SURGERY***Analysis of the incidence and treatment results of gastroesophageal reflux disease in gastric sleeve postoperative follow-up in a private service**

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Background: Gastroesophageal reflux disease (GERD) can be caused or worsened by laparoscopic Sleeve Gastrectomy (LSG). The treatment of GERD after LSG is initially performed through clinical-pharmacological therapy; however, revisional surgery may be required. **Purpose:** To verify the incidence of GERD in individuals who underwent LSG with and without simultaneous cruroplasty, the rate of patients that obtained satisfactory symptomatic relief only with the use of clinical-pharmacological therapy and those who needed revision surgery to treat the disease, and to check the time taken to develop de novo GERD. **Methods:** This observational study performed a quantitative and retrospective analysis of the first 24 months after LSG. The study population consisted of 147 patients who underwent LSG from January / 2016 to December / 2017. **Results:** 103 patients met the proposed data requirements and were included in the research. Seventy-two were female, and 31 were male. The median body mass index was 40 kg/m², and the median age was 39 years. Nine of the participants in the survey developed post-surgical GERD. Six obtained satisfactory symptomatic relief with clinical and pharmacological treatment; three required cruroplasty. No patient met the criteria necessary to perform the Roux-en-Y bypass. No patient who underwent cruroplasty concomitantly with LSG developed GERD. The median time for de novo GERD was 467 days. **Conclusion:** GERD is a relevant complication in the postoperative period of LSG. The clinical-pharmacological treatment promotes satisfactory symptomatic relief in most individuals, making revisional surgery an option for selected cases. Although controversies in the literature, the present study shows that cruroplasty concomitant with LSG is a possible option. Additional studies with long-term follow-up are needed to clarify the relationship between LSG and de novo GERD accurately.

ORAL.031*METABOLIC AND BARIATRIC SURGERY***What are the main reasons for hospitalization in the first 30 days of postoperative bariatric surgery? Analysis of 597 patients**

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Background/Purpose: Year after year, the rate of complications and mortality after bariatric surgery has been dropping. The medical community knows that the use of new technologies, high-volume centers, and the surgical team's expertise, especially concerning diagnosis and treatment of complications, is essential to further reduce morbidity and mortality rates. This study aims to analyze complications and hospital readmissions for clinical or surgical treatment in the first 30 days after surgery. **Methods:** This observational study included 597 consecutive patients submitted to Laparoscopic Roux-en-Y Gastric Bypass and Sleeve Gastrectomy in a SRC credited center from December 2022 to February 2023. All patients were classified through the Clavien-Dindo grade. **Results:** Of the 597 patients that were submitted to bariatric surgery, only 20 (3.3%) needed rehospitalization, with 13 (2.17%) for clinical treatment and 7 (1.17%) for

surgery/interventional radiology treatment. The main reasons were clinical complications with nausea, vomiting, and abdominal pain in 7 patients (1%), fistula in the angle of His and gastrojejunal anastomosis in 4 patients (0.6%); bleeding, small bowel obstruction, with gastrojejunal anastomosis stenosis due to edema in 2 patients (0.5%); Acute myocardial infarction in 1 patient. Of these, 7 (98.8%) had Clavien-Dindo I, 5 (0.83%) Clavien-Dindo II, four each (0.18%) Clavien-Dindo IIIA and Clavien-Dindo IIIB; no patient had Clavien-Dindo IVA, IVB, and V. Only two patients needed surgical treatment, all of them with intestinal obstruction. There was no mortality. **Conclusion:** We have a low incidence of complications and hospital readmissions (3.3%) compared to other bariatric excellence centers. Only 0.5% of patients needed surgical treatment in the first 30 days after bariatric surgery, and all had a good evolution.

ORAL.032*COESAS***Handgrip strength assessment in severely obese patients on the waiting list for bariatric surgery: a study in the Brazilian public health system (SUS-PE)**

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Background/Purpose: Handgrip strength is an indicator of overall strength levels and also acts as a marker of physical frailty and other health-related parameters in the general population. In patients eligible for bariatric surgery, handgrip strength (HGS) may be associated with the extent of post-surgery weight loss and physical frailty. This study aimed to describe HGS in patients with severe obesity on the waiting list for bariatric surgery through the Brazilian Public Health System (SUS) and compare these data with the available scientific literature to assess the perspectives and better management of these patients before and after surgery. **Methods:** This study evaluated the HGS of patients with severe obesity (BMI > 40 kg/m²) using a hand dynamometer. Three measurements were taken, and the mean values were described and compared with those reported in the scientific literature. **Results:** A total of 30 patients were evaluated, including 26 women and four men, with an average weight of 129.6 ± 31.5, BMI of 43.8 ± 6.6, and mean HGS values of 29.3 ± 8.69 (measurement 1), 32.17 ± 7.3 (measurement 2), and 33.7 ± 7.19 (measurement 3). **Conclusion:** The results obtained in this study align with the mean values reported in the scientific literature for patients on the waiting list for bariatric surgery and other diverse populations. Based on these findings, HGS assessment can be a valuable tool in preoperative evaluation and postoperative management of patients undergoing bariatric surgery. It can help identify individuals who might benefit from additional interventions related to physical activity and exercise programs before surgery, potentially leading to improved outcomes and enhanced overall well-being in the postoperative period. Further studies and a comprehensive approach to evaluating handgrip strength and its implications for patient care could aid in optimizing the care of individuals undergoing bariatric surgery.

ORAL.033*METABOLIC AND BARIATRIC SURGERY***Fast track in bariatric surgery on a SRC Center: analysis of 15,173 patients operated in the last ten years**

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Background/Purpose: The latest evidence shows that ERAS protocol in Metabolic and Bariatric Surgery (MBS) is beneficial. ERAS can reduce

morbidity rates after surgery and may shorten functional recovery and length-of-stay (LOS) in bariatric surgery and rate hospital readmission in the early 30 postoperative days. This study aims to analyze hospital readmission in the first 30 days after MBS. **Methods:** Observational study of 15,173 consecutive patients submitted to bariatric surgery in a SRC center in São Paulo, Brazil, in the past ten years. The patients were divided into two groups. Group 1 (from 2013 to 2015) presented the criteria: (1) absence of an indication to ICU, (2) patients living in the same city of surgery, (3) absence of intra-operative complications, and (4) less than three comorbidities. Group 2 (from 2016 to 2023) all that required ICU, poor diet acceptance, or surgical complications. **Results:** We operated on 3,566 patients between January 2013 and December 2015 and 11,607 patients between January 2016 and January 2023. In 2013, the patients were discharged on the third postoperative day. In the following years, the mean discharge day was the first post-op. In group 1, 2,638 patients (74%) were included in our criteria, and 2,426 of those (92%) received early discharge. 68% of all patients were discharged on the first day using these strict criteria. In group 2, 11,026 patients (95%) received early discharge in the first 24 hours after surgery. 30-day readmissions decreased from 3.8% in Group 1 to 2.1% in Group 2. It demonstrates better results in the last eight years. **Conclusion:** Including all patients as criteria for ERAS protocol in the last eight years reduced the duration of hospitalization stay (less than 24h) and maintained or reduced low readmission rates. Therefore, applying ERAS protocols in bariatric surgery effectively shortens the length of a hospital stay without compromising morbidity.

ORAL.034

METABOLIC AND BARIATRIC SURGERY

Roux-en-Y gastric bypass as revisional bariatric surgery after failed antireflux surgery: analysis of 142 patients with pre- and postoperative endoscopic control

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Background/Purpose: Most patients with obesity undergoing antireflux surgery have GERD recurrence. RYGB has been accepted as the bariatric surgery of choice for these patients with Nissen fundoplication. However, many surgeons are discouraged from performing this revisional procedure because of the high complication rates. This study evaluated the results of 142 patients who underwent revisional RYGB. **Methods:** Retrospective analysis of 142 patients, with a mean BMI of 37.76 kg/m² and mean weight of 100 kg, previously submitted to antireflux surgery and later to RYGB due to persistence of reflux symptoms and obesity. Only the anterior band of the fundoplication was undone. Preoperative endoscopy was performed in all patients; 70 (49.2%) patients had findings: 44 (31%) patients had disrupted fundoplication, with 22 (15.5%) of them with associated esophagitis and the other 22 (15.5%) with no esophagitis. In addition, 6 (4.2%) patients had a hiatal hernia, 5 of them (3.5%) had esophagitis, and 1 (0.7%) did not. Of those 36 (23.3%) patients with esophagitis: 25 (17.6%) A, 6 (4.2%) B, 3 (2.1%) C, 2 (1.4%) D, and 5 (3.5%) Barrett. **Results:** Revisional RYGB after antireflux surgery presented complications in 18 patients (12.6%): 12 (8.4%) gastrojejunostomy stenosis; 1 (0.7%) intraluminal bleeding; 1 (0.7%) anastomotic ulcer; 1 (0.7%) extraluminal bleeding; 1 (0.7%) pneumothorax, 1 (0.7%) gastrogastic fistula, and 1 (0.7%) gastric perforation. Post-RYGB control endoscopy was performed in 127 of 142 (89.4%) patients: 18 (14.1%) had findings or signs of persistent GERD; 16 of them (12.5%) had esophagitis: 11 (8.6%) A, 4 (3.1%) B, 1 (0.7%) C, and no grade D; 1 (0.7%) Barrett; 1 (0.7%) gastrogastic fistula. The mean BMI after RYGB was 26.58 kg/m², and the mean weight after surgery was 70kg. The average weight loss after RYGB was 29.52kg. The average surgical time was 57.76 minutes. **Conclusion:** Laparoscopic revisional RYGB after fundoplication presents satisfactory results in treating obesity and GERD. Revisional surgical procedures should be performed by experienced surgeons and in specialized medical centers.

ORAL.035

METABOLIC AND BARIATRIC SURGERY

Identification of biochemical and histopathological predictors of liver fibrosis in individuals with obesity undergoing bariatric surgery: a multivariate analysis

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Background: Non-alcoholic fatty liver disease (NAFLD) comprises a broad spectrum of histopathological changes, with a risk of progressing to severe forms, such as liver cirrhosis. Given its clinical and epidemiological relevance, identifying biochemical markers and histological findings for the occurrence of liver fibrosis is important as it allows for adequate staging of the disease and programming interventions. **Purpose:** To identify biochemical and histopathological markers associated with liver fibrosis in individuals with obesity undergoing bariatric surgery. **Methods:** Retrospective cross-sectional study involving 171 individuals who underwent bariatric surgery with liver biopsy from January/2018 through November/2022. Clinical, laboratory, and histopathological aspects were analyzed. Correlation analyses were carried out using simple and multiple regressions between the severity of histopathological abnormalities and the degree of fibrosis. **Results:** The average age was 38.4 years, with a predominance of females (87.7%). The average body mass index (BMI) was 38 kg/m². The most observed comorbidities were hypertension (39.2%), dyslipidemia (14%), and type 2 diabetes (14%). The main histopathological findings on biopsy liver disease were macrovesicular steatosis (74.9%), microvesicular steatosis (17.5%), hepatocellular ballooning (40.4%), lobular inflammation (34.5%), portal inflammation (29.2%), and fibrosis (31.6%). In the multivariate analysis, significant and independent associations were observed in the intensities of microvesicular steatosis (R=0.32; p=0.001), lobular inflammation (R=0.41; p=0.001), and glucose levels (R=0.29; p=0.007), with the degree of liver fibrosis. **Conclusion:** The degrees of intensity of microvesicular steatosis, lobular inflammation, and glucose levels are independent predictors of the degree of liver fibrosis in NAFLD in individuals with obesity; that is, the greater the intensities of these variables, the greater the fibrosis stage. Thus, they are significant markers of the disease progression to its severe forms.

ORAL.036

COESAS

Analysis of protein supplementation adherence after bariatric surgery: results from a single-center study

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Background: There is still no consensus regarding protein recommendations after bariatric surgery (BS). However, the ASBMS guideline recommends a minimum intake of 60 g/day. Patients undergoing BS may encounter difficulties achieving the minimum recommendation, particularly during the first postoperative (PO) year. As a result, dietitians should prescribe protein supplements to complement their diet and continuously and dynamically monitor adherence to this supplementation. **Objective:** To analyze adherence to protein supplementation during the PO period after bariatric surgery. **Methods:** This is a cross-sectional, single-center study. From March/2023 to June/2023, questionnaires were sent via e-mail to patients between the 2nd and 12th months PO after BS. **Results:** We obtained 124 responses. 89% of the respondents were female, and

11% were male. Regarding the time since the surgery, 47% were six months PO, and 22% were one year PO. 98% of the patients reported having used protein supplementation during the PO period; of these, 68% were still using it at the time of the response. Whey protein was the most used protein source (99%), and 1% of patients used collagen. When we compared the prescribed amount versus the actual intake, 51% of patients consumed the full prescribed dose of 2 to 3 measures/day, and 49% consumed at least one measure/day. 63% reported daily protein supplement consumption, and 27% reported consuming it 1 to 3 times weekly. **Conclusion:** Our results demonstrate higher adherence to protein supplementation than those reported in the literature. 51% of patients supplement the full prescribed dose, and 49% take partial doses. We can conclude that this adherence to protein supplementation is due to specialized nutritional assistance, which provides consistent preoperative guidance and dynamic postoperative follow-up, enabling informed access to the most suitable supplements available.

ORAL.037

METABOLIC AND BARIATRIC SURGERY

Female sexual function before and after gastric bypass surgery: comparative evaluation with 1-year of follow-up

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Background/Purpose: Obesity is a multifactorial disease caused by the excessive accumulation of body fat, with harmful effects on health, which can be a risk factor for other conditions, including sexual dysfunctions, especially in women of reproductive age. Bariatric surgery (BS) is the most effective treatment for severe obesity, with significant results in weight loss, such as improved quality of life and resolution of comorbidities. This study aimed to evaluate the impact of BS on the sexual function of women of reproductive age. **Methods:** This prospective cohort study was conducted with women who underwent Roux-en-Y Gastric Bypass (RYGB) and were followed by a multidisciplinary team in a private service between July 2016 and November 2017. The evaluation was performed preoperatively and repeated one year after the surgery. For this analysis, we used the Female Sexual Function Index (FSFI) questionnaire, divided into six domains (desire, arousal, lubrication, orgasm, satisfaction, and pain) that assess sexual function. Sexual dysfunction was characterized when the obtained value was less than 26. **Results:** The average FSFI score was 20 ± 10.6 preoperatively, indicating sexual dysfunction, and 26.3 ± 7.5 postoperatively ($p=0.004$), showing an improvement in female sexual function according to the total FSFI score. Moreover, there was a specific improvement in the following domains: desire ($p=0.013$), arousal ($p=0.007$), orgasm ($p=0.012$), satisfaction ($p<0.001$), and pain ($p=0.032$). Regarding the lubrication domain, there was no statistically significant change. Before the surgical intervention, 59.1% of women had sexual dysfunction, which reduced to 40.9% after one year. **Conclusion:** Through longitudinal evaluation, it was possible to conclude that BS improves female sexual function, with significant gains in the domains of desire, arousal, orgasm, satisfaction, and pain.

ORAL.038

METABOLIC AND BARIATRIC SURGERY

A preoperative intragastric balloon to reduce surgical risk in 496 super-obese patients

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Background/Purpose: Intragastric balloons represent an endoscopic therapy to achieve weight loss by mechanical induction of satiety.

Patients with BMI $> 50\text{kg/m}^2$ usually have a higher surgical risk, complications, and mortality risk. In addition, they frequently present difficulty managing associated diseases. The use of the intragastric balloon (IGB) is well established in the literature as an alternative for acute weight loss of patients with clinically severe obesity associated with control of decompensated comorbidities. This study analyzes IGB as a preoperative procedure for initial weight loss and surgical risk reduction. **Methods:** From November 2000 to January 2023, 496 patients with super obesity (mean BMI = 52kg/m^2) were treated with IGB at least four months before surgical treatment. Associated severe grade diseases were arterial hypertension (55%), diabetes (25%), sleep apnea (65%), and osteoarthritis (45%). **Results:** The mean percent excess weight loss was 25.2%, the mean weight loss was 16.5kg, and the mean BMI reduction was 7.1kg/m^2 . The IGB group had only minor complications (nausea, vomiting, gastroesophageal reflux) and three cases of early balloon withdrawal (within two months) due to patient intolerance. We found that 85% of patients showed satisfactory improvement in hypertension, diabetes, sleep apnea, and surgical risk reduction from ASA III/IV to ASA II. All these patients were submitted to bariatric surgery (RYGB 80%, LAGB 8%, SG 6%, or BPD 6%) without major complications. There was no mortality. Only 15% of patients needed a two-stage surgery. **Conclusion:** IGB is an effective non-surgical technique to prepare BMI > 50 patients, reducing the severity of major complications and changing surgical risk. Overall, IGB is effective as a bridging therapy with an adequate procedural safety profile.

E-POSTER.001

METABOLIC AND BARIATRIC SURGERY

Excluded stomach volvulus after gastric bypass: case report

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Background/Purpose: Obesity is a chronic disease and one of the biggest public health problems worldwide. Bariatric and Metabolic Surgery is considered the most effective treatment for obesity control, with Gastric Bypass being one of the most used techniques. Gastric volvulus of the excluded stomach is a rare complication, which motivated us to report this case. **Methods:** A 34-year-old female patient, submitted to Laparoscopic Roux-en-Y Gastric Bypass 5 years ago for the treatment of Morbid Obesity, was admitted to the Emergency Room with abdominal pain in the epigastrium and left flank. The abdomen was soft, without peritoneal irritation. After 24 hours, she still had abdominal pain, and a CT scan of the abdomen was performed, which showed an oval and hypodense image, defined limits and lobulated contour, metallic artifact in the periphery, $7.0 \times 5.1\text{cm}$, in the region close to the gastroenteroanastomosis. An urgent exploratory laparoscopy showed volvulus of the upper half of the excluded stomach, with an area of necrosis. Distortion of the volvulus and Partial Gastrectomy with a 60mm stapler was performed. The patient was discharged from the hospital on the second postoperative day. **Results:** Gastric volvulus is rare, characterized by abnormal rotation of the stomach on its axis, which can lead to varying degrees of obstruction and necrosis. Mortality ranges from 15% to 20%. It was first described in 1866 by Berti in autopsy findings, and Berg performed the first successful surgical treatment in 1897. The classification is based on its etiology and axial rotation, as proposed by Singleton. Diagnosis is challenging due to the non-specific symptoms. Abdomen CT is the method of choice for its accuracy. Surgical treatment is the most indicated. There are reports of Gastric volvulus with Gastric Band Surgery, Sleeve Gastrectomy, and conversion from Fundoplication to Bypass, but not for primary Gastric Bypass. **Conclusion:** The increase in bariatric procedures resulted in many patients with altered gastric anatomy, making it necessary to suspect volvulus in these patients.

E-POSTER.002*METABOLIC AND BARIATRIC SURGERY***Esophagojejunal anastomotic stenosis: case report**

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Purpose: To report a case of a patient with esophagojejunal anastomotic stenosis after Laparoscopic Roux-en-Y Gastric Bypass, whose management involved endoscopic treatment with the placement of a self-expanding metal stent. **Methods:** This is a descriptive case report study of a patient with esophagojejunal anastomotic stenosis after Roux-en-Y Gastric Bypass. **Results:** A 59-year-old female patient with grade III obesity (height 1.55m, weight 108 kg, BMI 44.9) and a history of Nissen laparoscopic fundoplication surgery for gastroesophageal reflux in 2008 underwent Laparoscopic Roux-en-Y Gastric Bypass in October 2022 without complications. In the postoperative period, she developed a condition of frequent vomiting and nausea, necessitating hospitalization. Imaging exams revealed stenosis at the esophagojejunal anastomosis. Ten serial endoscopic dilations were performed using a hydrostatic balloon; during the last EGD, further dilation was not possible due to recurrent stenosis. The decision was made to proceed with endoscopic treatment involving stenotomy and luminal apposition with a self-expanding metal stent, with a follow-up endoscopy scheduled in 6 months. The patient was discharged from the hospital with good tolerance to an oral diet, presenting a BMI of 33.2 and a weight loss of 28 kg four months after the surgery. **Conclusion:** Laparoscopic Roux-en-Y Gastric Bypass is a surgical procedure performed on patients with grade III obesity or grade II with comorbidities. This procedure has shown good outcomes in patients with obesity associated with gastroesophageal reflux disease. However, in situations where there is a history of previous laparoscopic Nissen fundoplication surgery, ischemia leading to local fibrosis may be a predisposing factor for the occurrence of esophagojejunal anastomotic stenosis after Roux-en-Y Gastric Bypass. In cases of refractory stenosis, stenotomy and luminal apposition with a self-expanding metal stent are effective treatments.

E-POSTER.003*METABOLIC AND BARIATRIC SURGERY***Physical function and capacity assessment in patients eligible for bariatric surgery: a preliminary study of 6-minute walk-test and 30-second sit-to-stand test**

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Background/Purpose: While guidelines provide valuable information about different parameters of patients eligible for bariatric surgery, little is known about their physical function and capacity parameters. In various populations, evaluating physical function and capacity serves as a descriptive measure to aid decision-making and quantify the effect of interventions. Two commonly used tests are the 6-minute walk and 30-second sit-to-stand tests. Both are widely employed due to their reflection of daily life demands and ease of application. **Methods:** The present study aims to describe the physical function and capacity using the 6-minute walk test and the 30-second sit-to-stand test in patients with severe obesity (BMI ≥ 40 kg/m²) on the waiting list for bariatric surgery through the Brazilian Unified Health System (SUS-PE). **Results:** A total of 6 women and four men were evaluated, with an average weight of 129.6 ± 31.5 kg, BMI of $45.2 \pm$

5.6 kg/m², sit-to-stand test result of 9.5 ± 1.9 , and 6-minute walk test result of 338.4 ± 98.8 meters. **Conclusion:** Compared to findings in the scientific literature for the same population and others with physical limitations, the observed data suggest that patients on the waiting list for bariatric surgery may require interventions for increased physical activity and engagement in an exercise program before the surgery. Consistent with this notion, various studies indicate that participating in a preoperative exercise program improves postoperative patient outcomes.

E-POSTER.004*COESAS***The Impact of implementing a nutritional group in preparing for bariatric surgery in a public hospital in São Paulo**

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Background/Purpose: Bariatric surgery (BS) is effective for obesity, but preoperative liquid diet guidance poses postoperative dietary risks. This study aims to create an intervention to shorten the interval between the last nutritional counseling (NC) and post-surgery follow-up, minimizing complications. **Methods:** An active search in the institution's database identified eligible surgery waiting list patients and assessed the time gap between their last NC and surgery. Data, including dietary errors and post-surgery symptoms, were recorded. A weekly nutritional guidance group was established for eligible patients on the waiting list. **Results:** In 2020, patients had a 1-month gap between their last NC and surgery. In 2021, due to increased demand, 53% waited at least three months, and in 2022, over 76% waited 6 to 16 months for their surgery after the last guidance. This resulted in weight regain, dietary errors, anxiety, and impacts on the postoperative process. In 2022, at least 33 patients experienced weight regain and required nutritional follow-up. Regarding dietary errors, of the 120 patients who underwent surgery before the group's creation, 36% reported failures within the first 45 days after surgery, including symptoms like nausea, vomiting, food obstruction, pain, discomfort, heartburn, bloating, and inadequate weight loss. After establishing the intervention group in February 2023 to provide support and reinforce pre- and postoperative NC, the interval between the last guidance and surgery was reduced to a maximum of 75 days, and dietary errors decreased from 36% to 1.5%. Since the group's creation until June 2023, 64 patients were invited, resulting in increased adherence, a stronger patient-professional bond, improved patient comprehension, higher quality care, increased patient satisfaction, and reduced complaints. **Conclusion:** Implementing the group-enhanced support reduced errors, improved symptom management, decreased anxiety, and improved patients' quality of life.

E-POSTER.005*METABOLIC AND BARIATRIC SURGERY***Carcinogenesis related mechanisms in obesity**

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Background/Purpose: In recent years, there has been an increase in the prevalence of obesity as well as chronic diseases related to excess weight, such as type 2 diabetes, cardiovascular diseases, and cancer. The accumulation of body fat, especially visceral fat, has been associated with an increase in the incidence of at least 14 types of cancer, mainly in females. According to global estimates, 3.5% of new cancer cases

in men and 9.5% in women are directly related to being overweight. **Methods:** A literature review of the main mechanisms involved in tumor pathogenesis and the possible mechanisms related to the lower incidence of cancers after bariatric surgery. **Results:** Obesity is characterized by chronic low-grade inflammation, with increased inflammatory markers that will trigger a non-specific activation of the immune system and, consequently, an increased risk of neoplasms. The stress on adipocytes induces hypoxia, apoptosis, and the release of several inflammatory mediators, especially interleukins (IL)-1, IL-6, IL-8, TNF α , and reactive oxygen species. All these mechanisms are related to a higher risk of carcinogenesis metabolic and cardiovascular diseases. The state of hyperinsulinemia and the consequent increase in insulin-like growth factor (IGF)-1 also contribute to carcinogenesis in these patients. **Conclusion:** Evidence available in the literature, mostly from cohorts, has described a reduction in both the incidence of cancer and overall mortality in obese patients undergoing bariatric surgery. The mechanisms related to this risk reduction are multiple and not dependent solely on weight loss, involving a series of metabolic, hormonal, and inflammation changes after surgery.

E-POSTER.006

METABOLIC AND BARIATRIC SURGERY

Upper gastrointestinal bleeding after sleeve gastrectomy

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Background: Sleeve gastrectomy (SG) treats obesity but can present postoperative complications. **Purpose:** To describe one of the complications of bariatric surgery. **Methods:** A case report of upper gastrointestinal bleeding in a SG patient. **Results:** Case report: female patient, 38 years old, with a BMI of 41.79, with hepatic steatosis who underwent SG in October 2020 and cholecystectomy in May 2023. In July 2023, she was admitted to the emergency room with hematemesis and melena presenting arterial hypotension. During the endoscopic examination, duodenal varices with active blood were observed. He underwent clipping of hemorrhage. After stabilization of the hemorrhagic condition, a patient underwent an angiotomography, which showed thrombosis of the anterior mesenteric vein with venous vascular neoformation. During the return visit, she complained of pain in his left lower limb. An ecodoppler of the lower limb, which showed venous thrombosis, was requested. A patient with contraindications to using anticoagulants had an inferior vena cava filter placed. An attempt was made to recanalize the superior mesenteric vein endovascularly with percutaneous puncture without success. The patient remained under observation to take future therapeutic measures. The patient is in good general condition, with no signs of active blood. Kept under observation. **Conclusion:** Patients undergoing sleeve gastrectomy may experience thrombosis of the mesenteric vessels as a complication.

E-POSTER.007

COESAS

Loss of skeletal muscle mass in individuals with grade 3 obesity six months after bariatric surgery

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Background/Purpose: Several tools are available for assessing obesity, including bioimpedance analysis (BIA). Bariatric surgery is

an effective alternative in the treatment of morbid obesity. Today, the most used techniques are bypass and sleeve. However, besides the benefits, it can have disadvantages, with protein deficiency commonly reported, causing a reduction in skeletal muscle mass (SMM). Thus, this study aimed to determine the evolution of MME loss, using BIA, in individuals with grade 3 obesity after six months of undergoing bariatric surgery using both techniques. **Methods:** This is a cohort study with patients followed by the multidisciplinary team of a private clinic in RS in the year 2022. Eighteen medical records of adults of both sexes who underwent periodic follow-ups with the team and BIA exams were analyzed in the post-surgery series. **Results:** 66.6% of the sample were women, while 33.4% were men. Age ranged from 18 to 58 years old, with an average of 35.8. The most common technique was bypass, performed in 72.2% of the sample, followed by sleeve in 27.8%. The individuals' body weight before surgery ranged from 93.7 to 223.9 kg, with an average of 136.2; weight after six months ranged from 67.5 to 162.2 kg, with an average of 101.3. Overall, patients had an average loss of 17.7% of MME during the studied period. On average, those who underwent bypass lost 18.6% of MME, and those who underwent sleeve lost 17.4%. In the post-surgical diet, the consumption of high-biological value proteins and the practice of physical exercise are encouraged for both techniques. **Conclusion:** No significant difference was observed in the loss of MME between the surgical techniques performed after six months.

E-POSTER.008

METABOLIC AND BARIATRIC SURGERY

One year of videolaparoscopic bariatric surgery through SUS in the municipality of Santo Ângelo: report of 121 operated patients

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Background/Purpose: Bariatric surgery (BS) has been identified as an effective method for weight loss in patients with severe obesity. Brazil is the second country that most performs BS in the world. In 2017, the Unified Health System (SUS) incorporated bariatric surgery via laparoscopy. This access route was incorporated in the SUS in Santo Ângelo/RS in 2022. This study aims to report the experience of this service of laparoscopic BS in the SUS and the complication rates. **Methods:** 121 patients of both sexes who underwent laparoscopic gastroplasty over 11 months were analyzed. 15% were men, and 85% were women aged between 18 and 67, with an average of 43.5. The individuals' BMI ranged from 38.2 to 66 kg/m², with an average of 45.6. **Results:** In 50.4% of patients, bypass was performed, followed by sleeve 49.6%. Preparation for surgery is standardized, with anti-thrombotic stockings, postoperative respiratory physiotherapy, and a 24-hour companion being mandatory. During hospitalization, the patient is maintained on prophylactic heparin, intravenous analgesics, and anti-emetics. The drain is left in place for up to eight days. The diet is introduced when the patient is awake postoperatively, starting with 30 ml of liquid. The patient is discharged around 24 hours postoperatively. Early complications occurred in 1.6% of cases – including a coagulation disorder and atelectasis, no late complications, no reoperations, and no deaths. **Conclusion:** By carrying out standardized preparation and good practices in conducting the surgical procedure, it is possible to obtain a low risk of complications in the SUS, deviating from the national statistics.

E-POSTER.009*METABOLIC AND BARIATRIC SURGERY***Efficacy and resolution of metabolic diseases in older adults after gastric bypass**

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Background: Obesity is a true global epidemic. The number of older adults with obesity is increasing worldwide. It is important to identify the best treatment strategy for these patients. **Purpose:** To evaluate bariatric surgery results in the elderly, especially its effectiveness for weight loss and resolution of associated metabolic diseases. **Methods:** This retrospective review compared 62 elderly (≥ 60 years old) gastric bypass patients to 178 non-elderly patients (18 to 59 years old) regarding the procedure's effectiveness on weight loss and obesity-associated metabolic diseases (diabetes, hypertension, and dyslipidemia) at 12 and 24 months. **Results:** The mean age of the elderly group was 62.8 ± 2.4 years. Older patients had higher rates of diabetes and hypertension ($P < 0.001$), but both groups had comparable rates of dyslipidemia ($P = 0.358$). The length of hospital stay was the same for both groups ($P = 0.058$). There were no differences between the groups in total weight loss or body mass index at 12 or 24 months. Among the elderly group, the remission rates for diabetes, hypertension, and dyslipidemia at 24 months were 51.5%, 45.5%, and 48.8%, respectively. Non-elderly patients were more likely to respond to bariatric surgery, with higher resolution rates. The use of medications to control metabolic diseases was significantly reduced in both groups. **Conclusion:** Gastric bypass is effective in patients over 60 years of age and is associated with good results in terms of weight loss and improved obesity-related comorbidities, although it was less effective than in non-elderly patients.

E-POSTER.010*METABOLIC AND BARIATRIC SURGERY***Cholelithiasis after surgical treatment of obesity through sleeve gastrectomy or gastric bypass and its relationship with previous BMI**

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Background/Purpose: Obesity is a chronic disease that affects a large part of the world's population, and its classification is through the Body Mass Index (BMI). In patients who do not respond to clinical treatments, bariatric surgery (BS) becomes an option, with Sleeve Gastrectomy (SG) and Roux-en-Y Gastric Bypass (RYGB) being the most used. Cholelithiasis is one of the best-known complications after BS, and the rapid weight loss caused by the surgery is associated with multiple physiological factors that predispose to the formation of gallstones, especially during the first year. **Methods:** This is a retrospective, descriptive, and observational study that included medical records of 133 patients who underwent laparoscopic BS between June 2012 and June 2022, of which 36 underwent SG (91% female, mean age 40.5 ± 4.76 , BMI 9 ± 10.13) and 97 RYGB (86% female with mean age 35.5 ± 17.84 , BMI 24.25 ± 25.54), with follow-up for 12 months to detect the development of cholelithiasis, in addition to the relationship with initial BMI and hepatic steatosis. **Results:** Of the 133 patients who developed cholelithiasis, 36 (27%) underwent SG and 97 (72%) RYGB. Most of the

post-bypass group had an initial BMI of 40-49 (49%) and moderate hepatic steatosis in 37%. While patients undergoing sleeve gastrectomy had an initial BMI of 35-40 (67%) with mild hepatic steatosis in 39%, in most patients, the diagnosis of cholelithiasis was 49% between 10 and 12 months post-bariatric. **Conclusion:** There is a higher rate of post-bariatric cholelithiasis in patients with an initial BMI of 35-40, with mild to moderate hepatic steatosis, and with greater development between 10-12 months after bariatric surgery.

E-POSTER.011*METABOLIC AND BARIATRIC SURGERY***Characterization of intestinal obstruction in patients undergoing laparoscopic RYGB from October 2012 to July 2023**

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Background/Purpose: Roux-en-Y gastric bypass (RRYGB) is one of the most common surgical treatments for obesity. Its most frequent complication is internal hernia, its most common presentation in the Petersen's space, which can lead to small intestine obstruction. Closure of mesenteric defects should be seen as a routine part of the procedure to reduce the risk of their development. The present study aims to characterize the symptoms of intestinal obstruction arising as a complication of RYGB. **Methods:** Observational, descriptive, and retrospective study, which includes 50 patients with intestinal obstruction due to Petersen's hernia, divided into two groups, the first 47 without closure and the second 3 with closure of the Petersen's space with (88% female, average age) 41.98 ± 10.53 years and weight and body mass index (BMI) of 108.56 ± 15.77 kg and $40,704.53 \text{ kg/m}^2$, respectively) in patients undergoing Roux "Y" Bypass. The outcome measures are presented with pre- and postoperative data in our population group. **Results:** In 94% of the patients, no surgical Petersen space closure was performed; of this population, 100% presented dyslipidemia, and 68% had hepatic steatosis; the most frequent cause of development of obstructive syndrome was internal hernia in 100% of which 82% presented internal Petersen's hernia, incisional hernia in 4.46%, adhesions, and anastomotic stenosis in 2%, respectively. The most common perioperative clinical presentation was abdominal pain in 94%. **Conclusion:** Of the patients who presented complications, the most common cause was Petersen's hernia, whose surgical technique was without closure of the Petersen space.

E-POSTER.012*METABOLIC AND BARIATRIC SURGERY***E-book - multiprofessional educational tool focused on bariatric surgery**

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Purpose: To create an e-book model of multi-professional information essential to enhance adherence to the guidelines in the pre- and postoperative phases of bariatric surgery. **Methods:** The e-book was created by the multi-professional team of the Integrated Gastro Surgery and Obesity Service (SIGO) located in Aracaju, Sergipe, under the coordination of surgeons Fábio Almeida and Juliana Moura from July to September 2022. The development occurred through a multi-professional team, including doctors, nutritionists, psychologists, and physical educators. The process unfolded in three stages: a study of the common general questions during

clinical consultations in each specialty organization and a presentation of information by each team member, culminating in the creating of the digital e-book. The first stage involved identifying the main recurring questions in each specialty during clinical consultations. The second stage involved objectively describing the technical-scientific content to facilitate patient understanding after reading. In the final stage, an external professional organized and transformed the content into a digital format to enhance aesthetics, clarity, and usability. **Results:** This work facilitated the creation of educational material tailored to candidates for bariatric surgery. It aimed to provide greater clarity, confidence, and autonomy in the process through explanatory texts, easy-to-understand images, and illustrations. **Conclusion:** This e-book model is a playful, easily accessible tool containing reliable information from a multidisciplinary team. This educational material empowers patients with confidence and autonomy, crucial skills for the pre- and postoperative stages of bariatric surgery.

E-POSTER.013

METABOLIC AND BARIATRIC SURGERY

Creation of regional culinary recipes adapted to the post-bariatric liquid and soft phases

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Purpose: To create regional culinary recipes adapted for the postoperative period of bariatric surgery. **Methods:** The culinary recipes were adapted by nutritionists from the Integrated Gastro Surgery and Obesity Service (SIGO) located in Aracaju, Sergipe, with the assistance of a nutrition intern in July 2020. The process unfolded in three stages: researching the possibilities of recipes that could be used in this phase and selecting them, organizing for execution, and finally, completing nutritional calculations and recipe assembly. The first stage involved researching regional culinary recipes and their potential application in the postoperative phases required for bariatric surgery. In the second stage, recipes were selected, ingredients were organized, adaptations were made to meet the energy and protein demands after bariatric surgery, and logistics for their preparation were planned. In the third and final phase, the recipes were prepared following the Brazilian Society of Bariatric and Metabolic Surgery guidelines. The recipes were calculated for calorie content, macronutrients, and yield. **Results:** It was possible to adapt regional recipes to the evolving stages of the postoperative period of bariatric surgery. Nutritional values and macronutrient distribution were also developed to facilitate nutritional prescription. **Conclusion:** These recipes become an important tool for adherence to and compliance with the dietary adaptations necessary for surgery, especially regionally, as they promote healthy and nutritious consumption in the process of evolving dietary consistencies in the postoperative period of bariatric surgery.

E-POSTER.014

METABOLIC AND BARIATRIC SURGERY

The role of restriction in weight control after bypass surgery

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Background/Purpose: Obesity is a chronic disease associated with serious complications. Bariatric surgery is effective for weight

control and its comorbidities, with the Roux-en-Y gastric bypass (RYGB) being the leading technique in Brazil with excellent short and long-term results. The modern concept of metabolic surgery does not include restriction or malabsorption for long-term weight control. However, one of the technical situations related to the recurrence of obesity is the diameter of the anastomosis (>2cm), supporting the rationale for performing a calibrated anastomosis. Stenosis is one of its early complications (3 to 4 weeks after surgery) and generally occurs in the gastrojejunal anastomosis. This study will analyze the presence of stenosis and its relationship with weight loss. **Methods:** Observational, descriptive and retrospective study, 1,201 patients who underwent RYGB were included from January 2019 to December 2021, 2 study groups were formed, group with stenosis (GS) [n=112; 87.1% women, 40.6±10.3 years and BMI 42.5±6.4kg/m²] and control group (CG) [n=112; 88.4% women, 39.8±9.3 years and BMI 41.3±4.7kg/m²], with a follow-up of 12 and 24 months. **Results:** 9.32% presented stenosis (n=1,201), 36.6% at two months, and 20.5% at <30 days. In the weight loss analysis, at 12 months, the EG presented %TWL 38.6±8.7 (p=0.008) %EWL 99.6±28, at 24 months %TWL 38.9±7.5 %EWL 102.6±23 (p=<0.02), CG at 12 months %TWL 36±5.4 %EWL 95±19.7, at 24 months %TWL 35.5±7 %EWL 94±21.3. In the endoscopic control at 12 months, 6.3% of the patients with stenosis presented anastomotic ulcers (p=0.031) (OR=7.4). **Conclusion:** Weight loss at 12 and 24 months is greater in the GS undergoing dilatatory digestive endoscopy compared to the control group.

E-POSTER.015

METABOLIC AND BARIATRIC SURGERY

A comparison of surgical techniques for superobese patients

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Purpose: This study compares the evolution of Super-obesity (BMI >50kg/m²) treatment among three groups: Roux-en-Y Gastric Bypass (RYGB), Sleeve Gastrectomy (SG), and One Anastomosis Gastric Bypass (OAGB). These three groups are the primary surgical techniques for Super-obesity treatment. **Methods:** The patients enrolled in the study were submitted to bariatric surgery between March 2022 and July 2022, all with a BMI higher than 50kg/m². The clinical data: weight loss, comorbidity, complaints, and complications were collected on the day of surgery, two months, six months, and 12 months after the bariatric surgery. **Results:** We studied nine patients, with an average of 31.5 years old, three males and six females, with an average of 61.75kg/m² BIM. All of them had comorbidity; 100% had Hepatic steatosis, 66.6% esophagitis, 55.5% hypertension, 44.4% diabetes, and 11.1% arthrosis, cholelithiasis, PCOS, varicose veins, hiatal hernia, or depression. The mean percentage loss weight after one year was 35.8% with RYGB, decreasing 20.6kg/m² of BMI, followed by OAGB that lost on average 31.5% weight, decreasing 20.6kg/m² of BMI, and SG presents a weight loss of around 26.20%, decreasing 13.6kg/m² of BMI. **Conclusion:** The present study shows the challenge of identifying the fittest technique owing to the multiple comorbidities, technical difficulty, inappropriate materials, and anatomical variation. Despite the small sample evaluated, it was possible to notice better results on malabsorptive surgeries. However, it should be considered that restrictive surgeries still can be an option; besides being easier and safer to execute, results proved that all the comorbidities decreased or even solved, and after all, could be a possibility in a second moment, when the patient got a better condition, to realize another surgery malabsorptive.

E-POSTER.016*METABOLIC AND BARIATRIC SURGERY***Revisional bypass for weight regain: case report**

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Background/Purpose: Bariatric surgery currently represents the most effective method for treating morbid obesity. However, weight regain is still a challenge, affecting around 1 out of 4 patients. **Methods:** APCVC, female, 41 years old, seeks medical assistance due to insufficient weight loss after undergoing a bypass in February 2010. She had a preoperative BMI of 41 kg/m². After the surgery, the BMI reached 34, but at the time of the appointment, the BMI was 38 kg/m² after weight regain. During the investigation, a contrast X-ray of the esophagus, stomach, and duodenum was requested, revealing an enlarged gastric fundus. Revisional surgery was proposed in 2019, and a new bypass was performed, creating a 5cm gastric pouch from the gastric esophageal transition, a 70cm biliopancreatic limb, and a 120cm alimentary limb. The patient progresses with good weight loss after the surgical approach, with a current BMI of 36 kg/m². **Results:** With the increase in bariatric surgeries, there has also been a greater incidence of failures and complications related to the procedure. Despite increasing morbidity and mortality, Revisional surgeries are the necessary therapy for these cases, and laparoscopy provides better results. **Conclusion:** The reported case demonstrates that an appropriate technique produces satisfactory results in weight loss and the importance of maintaining outpatient follow-up for early identification and reintervention.

E-POSTER.017*METABOLIC AND BARIATRIC SURGERY***Revisional gastric bypass due to ineffectiveness of intestinal bypass: case report**

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Background: Lazzarotto surgery is based on reducing the absorption area of the small intestine by performing an intestinal bypass. However, sometimes, this procedure, in addition to not achieving the expected result, creates new problems for the patient. **Purpose:** To demonstrate revisional surgery outcomes. **Methods:** Patient EC, 46 years female, underwent intestinal bypass in 2009, developing persistent diarrhea with foul-smelling feces, excessive flatulence, protein-calorie malnutrition, and continued obesity with a BMI of 44 at admission in 2018. She was then subjected to revisional surgery with conversion to gastric bypass, with a pouch being created 5cm from the gastroesophageal junction, a 120 cm alimentary limb (AL), and a 70cm biliopancreatic limb (BPL). For this, it was necessary to carry out lysis of several adhesions, and as a surgical tactic, the proximal stump of the jejunum was used as a BPL while the AL continued to the previous jejunoileal anastomosis; it was not necessary to redo intestinal transit at the site, thus reducing surgical trauma. The procedure was uneventful, and the postoperative period was as expected. Currently, the patient is progressing with settling the symptoms presented upon admission, without new complaints, with satisfactory weight loss and a BMI of 27. **Results:** Although Lazzarotto's surgery has helped some patients lose weight, a success rate of just 54% has put it out of favor. The main indications for revision surgery in these patients are diarrhea, abdominal pain, difficulty with memory and balance, chronic electrolyte disorders,

arthralgia, and even cirrhosis. **Conclusion:** Currently, intestinal bypass is not an authorized technique for bariatric surgery by the Federal Council of Medicine. This surgery can be undone and transformed by another standard technique. Conversion is a complex revision surgery with several technical details carried out by a few professionals, but it greatly benefits the patient.

E-POSTER.018*COESAS***Effects of bariatric surgery on functional capacity and spatiotemporal parameters during gait: case study**

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Background/Purpose: From a functional standpoint, obesity impairs gait biomechanics. Studies have shown the impact of bariatric surgery (BS) on body composition and the consequent reduction of "skeletal overload," leading to improved functional capacity (FC) and metabolic state. However, the influence of BS on gait spatiotemporal parameters (STP) is unknown. This study aimed to assess the effects of BS on FC and STP in gait. **Methods:** A case study was conducted on a female participant (49 years old). To determine FC, five functional tests were used: (1) 6-minute walk test (6MWT), (2) 30-second sit-to-stand test (STS30s), (3) 30-second arm curl test (AC30s), (4) time-up-and-go test (TUG), and (5) half-squat test (HST). Gait evaluation was conducted using a treadmill-based setup equipped with a VICON motion analysis system consisting of 8 infrared cameras with a sampling frequency of 200 Hz, at speeds of 1.5, 3.0, 4.5, and 6 km/h in a randomized order. From the kinemetry data, the following variables were calculated: stride velocity (SV), stride frequency (SF), stride length (SL), and duty factor (DF). **Results:** All functional tests showed improvement: 14% in 6MWT, 25% in STS30s, 5% in AC30s, 11% in TUG, and 25% in HST. The STP did not change at lower speeds (1.5 and 3.0 km/h). However, SL increased at 6 km/h (7%), and a consequent decrease in SF (6%). At 4.5 km/h, there was a decrease in SL (4%) and a consequent increase in SF (5%). **Conclusion:** The spatiotemporal parameters at 4.5 km/h are related to the patient's self-selected walking speed (SSWS), which increased from 3.6 km/h pre-BS to 4.5 km/h post-BS. There was an improvement in all FC parameters and gait optimization during SSWS (4.5 km/h). It is recommended that the transport cost be analyzed to determine the ideal walking speed and its relationship with energy expenditure, which are fundamental parameters for FC post-BS.

E-POSTER.019*COESAS***Treatment strategies to control binge eating in the postoperative phase of bariatric surgery**

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Background/Purpose: Given the complexity of binge eating disorder and its multifactorial etiology, it is of utmost importance that the professionals involved in patient care, pre-and post-surgery, know how to differentiate its manifestations, distinguishing them from similar changes in eating behavior, in order to provide its adequate management. **Methods:** This is a descriptive study of an exploratory nature based on literature research carried out in databases, such

as Pubmed, Scielo, Sociedade Brasileira de Cirurgia Bariátrica e Metabólica (SBCBM), Sanarmed, and Google Scholar. **Results:** Once binge eating episodes are confirmed, treatment aimed at controlling them should be carried out through a multidisciplinary approach, emphasizing the work of psychiatrists, psychologists, and nutritionists. Among the pharmacological options, although only Lisdexamfetamine is approved for this purpose, the combined use of drugs (anticonvulsants, antidepressants, anti-obesity) is common, and new promising options continue to be analyzed, as recent studies suggest. Regarding psychological issues, evidence suggests that better results are obtained through intervention protocols based on cognitive-behavioral approaches (with techniques for emotional regulation, self-monitoring, psychoeducation, cognitive restructuring, coping and problem-solving strategies, assertiveness, and mindfulness, among others). In nutritional terms, there is a suggestion that, when compulsive phenomena are identified, an approach be adopted where weight loss is not at the forefront until imbalances in eating behavior are treated, with special attention to issues relating to nutrient absorption and possible pharmacokinetic changes that could harm the treatment. **Conclusion:** The best treatment for binge eating episodes involves the efforts of a specialized multidisciplinary team, attentive to the different possibilities of manifestations of altered eating behaviors before and after surgery. To this end, it remains necessary to commit to efforts aimed at further researching this topic.

E-POSTER.020

COESAS

Potential action of irisin in obesity in response to physical exercise

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Background/Purpose: Irisin, a myokine secreted by muscle contraction, may be associated with some of the benefits of physical exercise, such as energy expenditure and thermogenesis, and may have a potential role in helping to treat obesity and its comorbidities. The objective was to conduct a literature search on the influence of irisin in response to exercise on the health of adult individuals with obesity. **Methods:** Searches for clinical trials were carried out in Pubmed, Lilacs, and Scielo in the last ten years. The keywords used were obesity and irisin and exercise and physical activity. **Results:** Of the 23 studies found, 16 were excluded because they did not meet the inclusion criteria. The seven eligible articles presented results correlating irisin levels with cardiometabolic and neuropsychological parameters improvements. A sedentary lifestyle and poor diet seem to reduce irisin levels, concomitantly with the worsening of some metabolic markers. Some studies have linked baseline changes in FNDC5/irisin with aerobic activities at a high weekly frequency. Serum irisin concentrations show an inverse correlation with BMI and waist-to-hip ratio and a positive correlation with anthropometric markers of muscle mass and fat-free mass. When using an exercise counseling model, slight weight loss was sufficient for cardiometabolic health improvements but not plasma irisin levels. Some studies have observed FNDC5/irisin secretion peaks during or shortly after combined training (CT). Although these effects do not influence basal levels of FNDC5/irisin, it is possible to speculate that the beneficial changes in metabolism in TC may have occurred partially due to the summation of the secretor's peaks. **Conclusion:** Irisin appears to have a direct influence on the health of individuals with obesity when exposed to exercise. This is a public with many particularities, and more studies are necessary to meet their demands.

E-POSTER.021

COESAS

Instruments to assess motivation for exercise in the preoperative bariatric surgery

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Background/Purpose: Considering the growing evidence highlighting the importance of performing Physical Activity (PA) in the preoperative period and motivation to adhere to exercise programs, it is essential to identify the instruments that can be used for this purpose. The aim was to perform a literature review on the instruments used to evaluate exercise application in patients in the preoperative period of bariatric surgery. **Methods:** A data source used in Pubmed through combining keywords and their synonyms using the Boolean operators "OR" and "AND". The keywords were: Exercise, Preoperative Exercise, Physical Activity, Training, Bariatric Surgery, Metabolic Surgery, Gastric Bypass, "Roux in Y", Weight Loss Surgery, Preoperative, Preoperative, Pre-surgery, Before, "Surveys and Questionnaires", Psychological Tests, Questionnaire, Survey, Test, Instrument, Rating Scale, Treatment Motivation, Adherence, and Compliance. Studies with assessment instruments for applying exercise practice in patients in the preoperative period of bariatric surgery were included. **Results:** 31 articles were found, of which 30 were excluded: 4 did not deal with the defined subjects, nine did not present an assessment instrument, ten were postoperative, 4 described the patients' profile, three assessed self-efficacy or level of physical activity. The eligible article used the Behavioral Regulation for Exercise Questionnaire-2 (BREQ-2), which assesses changes in motivations for practicing PA. This questionnaire includes 19 items, rated on a five-point Likert scale that assesses extrinsic and intrinsic motivation. **Conclusion:** The BREQ-2 questionnaire was not originally developed for bariatric patients. In this sense, building an assessment instrument targeted and appropriate to this context is essential. This could contribute to developing more effective interventions and, consequently, help patients undergoing bariatric surgery in the long term.

E-POSTER.022

COESAS

Adherence to physical activity monitoring in the postoperative period of bariatric and metabolic surgery

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Background/Purpose: Monitoring and encouraging the practice of physical exercise throughout the process involving bariatric surgery is extremely important. This helps maintain weight and lean mass, form healthy lifestyle habits, improve health conditions, and raise awareness about the importance of starting physical activity pre-and postoperatively. The objective was to evaluate adherence to physical activity monitoring in a bariatric surgery team in southern Brazil. **Methods:** Pre- and postoperative patients were evaluated from March 2020 to March 2023, accompanied by a team from a bariatric surgery program in southern Brazil. Monitoring of physical activity began with preoperative evaluation through an anamnesis carried out by a physical education professional, application of strength tests, and anthropometric measurements.

Patients were instructed to return for reevaluation 30 days after surgery and encouraged to continue this follow-up. After this period, treatment continued to be offered at an additional cost but without obligation to continue. **Results:** 213 patients were evaluated preoperatively, 164 females, with a mean age of 40 years and an initial BMI of 40 kg/m². After the surgical procedure, only 49 patients returned for follow-up during the first year, and of these, 48 had experience with some physical exercise during their lives, and 21 were practicing some type of physical activity close to the surgical procedure date. The modalities practiced individually or collectively varied in intensities and types of training: bodybuilding, dancing, walking, functional exercises, and Pilates, among others. **Conclusion:** In the postoperative period, low adherence to monitoring by the physical education professional that makes up this multidisciplinary team was found. The data presented demonstrate that we need to create strategies for monitoring these patients in the postoperative period, and practicing exercises in the preoperative period seems to promote greater adherence in the postoperative period.

E-POSTER.023

COESAS

Assessment of physical activity level in bariatric surgery and primary health care patients during the COVID-19 pandemic

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Background/Purpose: Physical inactivity is related to the development and worsening of chronic non-communicable diseases, and the social isolation imposed by the COVID-19 pandemic appears to have impacted the increase in sedentary behavior. The objective was to evaluate whether individuals in a bariatric surgery program and treated in primary health care achieved the level of PA recommended by the WHO during the COVID-19 pandemic. **Methods:** Data were collected between November 2020 and October 2022 in individuals who attended PESOIII – Supervised Exercise Program for Obesity III and at TCHÊ MEXE Adult, programs carried out at the Hospital de Clínicas de Porto Alegre. A structured questionnaire was applied using Google Forms, evaluating the level of PA performed in the last seven days. This questionnaire was used as a prior assessment to participate in online exercise programs during the pandemic. Patients who knew how to use the electronic devices necessary to complete the questionnaire and who did not have physical limitations that prevented walking were included. **Results:** The average age was 52.6 (± 13.3), 54% had a BMI above 40 kg/m², and 84.5% were female. Low-intensity PA was more predominant in both programs, with 60.5% of individuals practicing low-intensity PA and 39.5% of moderate PA. 65.7% of individuals in the bariatric surgery program, PESOIII, had low PA levels, and 34.3% had moderate PA levels. In the primary health care program, TCHÊ MEXE, 50% of individuals performed at low and 50% at moderate PA levels. **Conclusion:** The COVID-19 pandemic reduced the amount of PA performed by the population. More than half of the individuals evaluated had a BMI greater than 40 kg/m², which may also have influenced these results. These individuals have many musculoskeletal limitations and reduced functional capacity, which the pandemic may have worsened. Physical activity programs that serve these populations need to be implemented in health centers.

E-POSTER.024

COESAS

Psychological procedures used for preoperative assessment of bariatric surgery in the state of Rio Grande do Sul

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Background/Purpose: Preoperative psychological assessment can be carried out using different techniques, such as diagnostic interviews, projective tests, psychometric tests, public domain scales, and questionnaires. The choice of assessment methods is related to the professional training of the psychologist. The objective was to identify which procedures are used in the Public Health System for psychological assessment before bariatric surgery in the state of Rio Grande do Sul. **Methods:** This is a descriptive, quantitative, and cross-sectional observational study. All psychologists working in the 07 hospitals accredited to the Public Health System in the state of RS in June 2023 were included in the sample. A standardized questionnaire was applied about which psychological procedures are used in pre-bariatric surgery psychodiagnosis. The HCPA-CEP approved this project under opinion number 6.042.984. **Results:** Eight psychologists met the inclusion criteria and completed the questionnaire. 50% of them work in the hospital network in the state capital, 75% have some specialization, and the average time working in bariatric surgery teams is three years. 75% of psychologists responded that they carry out the semi-structured or unstructured diagnostic interview technique, and 25% use the structured one. Of the total, 62.5% use some psychometric test, 50% use some scale or questionnaire in the public domain, and only 25% said they use some projective test. **Conclusion:** Quantitative and/or self-report data are used in preoperative psychological assessments, obtained through scales, open or semi-structured interviews, questionnaires, and psychometric tests. Accurate diagnoses can contribute to a satisfactory postoperative period.

E-POSTER.025

METABOLIC AND BARIATRIC SURGERY

Bariatric surgery reversal: what is the reason?

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Purpose: Present a case of gastric bypass reversal. **Methods:** Female patient, 35 years old, with maximum weight and BMI of 98.8 kg and 35.87 kg/m², respectively, underwent gastric bypass on 01/12/21. She had the following comorbidities: systemic arterial hypertension, obstructive sleep apnea syndrome, dyslipidemia, hypermenorrhea, menstrual irregularity, and polycystic ovary syndrome. The patient also had atherosclerotic plaques in the carotid arteries with 30% obstruction, and her father died of acute myocardial infarction. During the routine check-up at the 4-month post-surgery, the patient complained of abdominal pain, diarrhea, foul-smelling flatulence, nausea, reflux, heartburn, postural hypotension, symptoms of hypoglycemia, and dumping syndrome; all triggered daily by various types of food. She also tested positive for influenza and COVID during the postoperative period. Probiotics and glutamine were initiated, and the diet was adjusted. An upper digestive endoscopy was requested, revealing an incompetent cardia, and abdominal ultrasound showed no abnormalities. In the 8-month post-surgery, the patient returned with worsening symptoms, persistent abdominal distension, foul-smelling gas, diarrhea up to 10 times a day, daily hypoglycemic symptoms, and excessive weight loss. A hydrogen breath test was performed,

and the result was positive for bacterial overgrowth. Acarbose was initiated but did not improve the hypoglycemia. By 15 months, with 54 kg and continuing to lose weight and worsening daily symptoms, the patient requested a surgery reversal. **Results:** The surgery was conducted on 05/06/23, with a reversal of gastric bypass with stapled anastomosis of the pouch to the remaining stomach and resection of the alimentary limb. There was a complete resolution of diarrhea, hypoglycemia, dumping syndrome, and other symptoms. **Conclusion:** About 50 days after surgery, she has gained 4 kg. At present, the patient is very happy with the results.

E-POSTER.026

COESAS

Adherence to nutritional monitoring in the postoperative period of metabolic and bariatric surgery

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Background/Purpose: Nutritional monitoring in bariatric surgery helps in adequate weight loss, maintenance of lean body mass, formation of healthy lifestyle habits, and reduction of post-surgical complications. The objective was to evaluate adherence to nutritional monitoring in a bariatric surgery team in southern Brazil. **Methods:** Patients were monitored pre- and postoperatively by a team from a bariatric surgery program in southern Brazil. The intervention with the nutritionist began before surgery with an assessment that included food history, anthropometric measurements, and bioimpedance examination. This assessment aimed to understand the patient's food consumption, adapt vitamins and minerals when necessary, and propose some dietary changes to better adherence to postoperative treatment. After surgery, nutritional reassessments occurred at 30, 60, and 90 days. After that, they were carried out every three months. Patients were instructed on the importance of following nutritional monitoring for at least the first year after surgery. These postoperative cares were provided at an additional cost. **Results:** Nutritional assessment was carried out with 50 patients; 90% were female, with a mean age of 37 years, a preoperative weight of 109.8kg (ranging from 78.8kg to 168.5kg), and a BMI of 41kg/m² (ranging from 33.3 kg/m² to 54.6 kg/m²). All patients returned for follow-up with the nutritionist within the first 30 days. Of these patients, 49 returned after 60 days of surgery, 26 within 90 days, 14 within 120 days, 19 after six months, and only nine after one year of the procedure. Of these 50 patients, 43% live in the same city where the team operates, and the other 57% are from neighboring cities. **Conclusion:** The first 60 days achieved satisfactory nutritional monitoring. It is believed that during this period, there will be more doubts about the evolution of food consistencies and adaptations. After this period, in the first year, there was a considerable reduction in adherence to monitoring.

E-POSTER.027

COESAS

Psychologist's roles in the bariatric surgery teams of the public health system in the state of Rio Grande do Sul

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Background/Purpose: Psychodiagnosis investigates psychological processes using psychological methods, techniques, and theories. The choice of the psychological technique and theory that underlies this psychodiagnosis is up to the autonomy of each psychologist, depending

on the training of this professional. The objective was to identify the psychological techniques and theories used for pre-bariatric surgery assessment in teams caring for patients in the Public Health System in Rio Grande do Sul. **Methods:** This is a study with a quantitative approach using a descriptive, cross-sectional observational design. The sample included all psychologists who carry out a preoperative assessment and are linked to one of the bariatric surgery programs of the 07 hospitals accredited by the SUS in the state of RS in June 2023. A standardized questionnaire was applied with questions about the theory of psychology that supports your psychodiagnosis. The HCPA CEP approved this project under opinion number 6,042,984. **Results:** Eight psychologists met the inclusion criteria and completed the questionnaire. 75% of psychologists had some postgraduate degree. Of the psychologists with a postgraduate degree, 33.2% have a postgraduate degree linked to psychological assessment, and only 16.6% have training linked to bariatric surgery. Of the total sample, 50% of them base their psychodiagnosis using psychoanalysis, and the other half use the principles of cognitive behavioral therapy. **Conclusion:** Psychoanalysis and cognitive-behavioral therapy were the most used psychological techniques and theories in the preoperative period of bariatric surgery. This is in line with the literature on the psychological treatment of obesity and eating disorders, in which the predominance of these two approaches is observed. The psychologist conducts his pre-bariatric surgery psychodiagnosis in a way congruent with his training, providing a more complete and specialized approach to care.

E-POSTER.028

METABOLIC AND BARIATRIC SURGERY

Development of GERD in patients after vertical gastropasty surgery: 5-years evolution

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Background/Purpose: Obesity is a chronic disease that is difficult to control. Laparoscopic sleeve gastropasty (LSG) is the most frequently performed bariatric surgery procedure worldwide for the treatment of obesity. One of the main controversies is the appearance of GERD in the postoperative period of LSG, and some studies report that the incidence of de novo GERD ranges between 0% and 34.9%. Its incidence doubled from baseline within two years and increased to 35% at five years. Therefore, it is important to determine and diagnose the presence and appearance of GERD symptoms after LSG. **Methods:** Observational, descriptive, and retrospective study with 233 patients undergoing LSG between July 2018 and August 2023. Compares GERD symptoms preoperatively, one year, and five years postoperatively using UGE results and the GERD-Q questionnaire. At the time of surgery, the average age was 45.7% ± 9.4 years, with 89.7% men and 10.3% women, with a weight of 103.9 ± 14.4 kg and a BMI of 39.2 ± 3.8 kg/m². In the first postoperative year, the average weight was 69.5 ± 10.5 kg. Five years postoperatively, the mean weight was 75.9 ± 12 kg. **Results:** Preoperatively, 63.5% of patients presented a BMI corresponding to grade 2 obesity, and 2.1% presented reflux symptoms. One year after surgery, 47.9% reached normal weight, 44.3% were overweight, and 22.1% presented reflux symptoms. At five years postoperatively, 21.7% were of normal weight, 58.1% were overweight, and 66.7% had reflux symptoms. An increase in the diagnosis of grade A esophagitis was also identified with 44%. Comparing the results of GERD-Q in the first year with 11.1% and GERD-Q in five years with 88.9% of patients with a positive test. **Conclusion:** New-onset GERD in postoperative LSG patients is an unfortunate side effect that occurs mainly in the medium and long term.

E-POSTER.029

METABOLIC AND BARIATRIC SURGERY

Early postoperative complications after revision RYGB surgery in patients with primary gastric bypass

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Background/Purpose: There is an increasing number of revisional bariatric surgeries (RBS), and the RYGB has established itself as one of the safest procedures for RS. However, the greater complexity of these procedures leads to more complications. We will investigate early postoperative complications (<30 days) after revisional Roux-en-Y gastric bypass (RYGB-RV). **Methods:** This observational and retrospective study included 32 patients (93.8% women, age 42.2±9.6 years, weight and body mass index (BMI) of 111.6±15.8kg and 42.05±6.87kg/m² respectively, underwent RYGB to RYGB-RV by a single surgeon in the period 2019-2022. The outcome measures were the most frequent complications (stenosis, bleeding, fistula, abdominal wall hematoma) that led to a clinical or surgical reintervention in the first 30 days. **Results:** 18% of the patients presented complications, the most frequent being stenosis in 13.3%, and 3.3% due to fistula, digestive bleeding, and abdominal wall hematoma, respectively; requiring surgical intervention in 6.7% (1 patient due to fistula and another due to abdominal hematoma). In addition, it was evidenced in those patients with BMI ≥ 50 kg/m² in 66.7% (p = 0.005, OR = 14), with 75% presenting stenosis, followed by patients with BMI ≥ 40 kg/m² in 16.7% (p=0.006). The reason for RBS in these patients was 84.4% due to recurrence of obesity, with a mean time of 6.94±1.4 years presenting a weight loss of 12.32±7.07kg in 30 days. **Conclusion:** RYGB to RYGB-RV is an intervention with a low rate of complications, demonstrating safety and effectiveness in treating obesity in the short and long term.

E-POSTER.030

METABOLIC AND BARIATRIC SURGERY

Lifestyle in pre-bariatric patients

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Purpose: The present study aims to determine the life habits of patients undergoing bariatric surgery. **Methods:** This is a cross-sectional study with a quantitative approach, previously approved by CEP 56313521.2.0000.5549. The sample consisted of obese candidates for bariatric surgery who agreed to participate in the study by signing the Informed Consent Form. Data were obtained through interviews evaluating the practice of physical exercise, alcohol consumption, and smoking. **Results:** 11 patients participated in the study; the mean age was 33.45 years, and the mean BMI was 42.93 kg/m². Among the 11 participants, three (27.3%) reported practicing continuous physical activity. The other 8 (72.7%) claimed to be sedentary. Regarding alcoholism, 4 (36.4%) participants reported drinking alcohol regularly. In this study, no participant declared himself a smoker. **Conclusion:** The present study showed that the majority (72.7%) of the evaluated patients do not practice physical exercises regularly. On the other hand, a smaller portion of the participants consume alcohol routinely. It is evident, therefore, that these patients need multidisciplinary follow-up in the perioperative period to adjust their lifestyle in order to achieve good results with bariatric surgery.

E-POSTER.031

COESAS

Nutritional education for bariatric patients

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Background: Bariatric patients who have regained weight demand special nutritional support to change their behavior and improve their eating habits. **Objective:** To demonstrate a nutritional education model based on multidisciplinary groups to treat bariatric patients. **Methods:** The present work presents a nutritional education model for bariatric patients with weight regain. The entire nutritional education process takes place during hospitalization for obesity treatment. Through weekly meetings lasting one hour and with the participation of nutritionists, doctors, and psychologists, important topics such as dumping, food choices, weight regain, binge eating, energy density of food, post-bariatric chewing, meal time, hydration, and supplementation of vitamins and minerals. From conversation circles, reading texts, and preparing culinary recipes, it is possible to promote the exchange of information and develop skills for changing lifestyle habits necessary to continue reducing obesity and treating existing comorbidities. **Results:** Through these ludic-educational meetings, patients acquire more information and share good and bad experiences associated with weight loss while receiving guidelines that help implement viable routines to maintain long-term weight loss. **Conclusion:** The present model of nutritional education through groups with bariatric patients is a playful and creative way developed from multidisciplinary practices, which provide important moments of reflection and learning in the weight loss process after bariatric surgery.

E-POSTER.032

METABOLIC AND BARIATRIC SURGERY

Stage 4 osteoporosis after fourteen years of biliopancreatic diversion: intensive clinical treatment

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Background: Studies have demonstrated detrimental skeletal consequences following bariatric surgery, mainly after biliopancreatic diversion (BPD). Anti-osteoporosis treatment, including zoledronic acid, is mandatory. This surgery can also evolve with other metabolic and nutritional complications. **Methods:** Literature review and clinical case report of a woman with obesity (BMI of 48,06 kg/m²) and arterial hypertension who underwent BPD in 2009 at the age of 47 years old, with a common limb of 80 cm due to a previous fundoplication with multiple adhesions. **Results:** She maintained satisfactory weight control over the years and did not have diarrhea or protein malnutrition. However, she had an initial irregular follow-up and evolved with osteoporosis, pathological fractures, and a 6 cm reduction in height over these 14 years. In 2012, she had the first record of pathological fractures in the second and third right costal arches and T12 vertebra. Over these years, she also had fractures in the 7th, eighth, and ninth costal arches on the same side, and in 2020, she had new fractures on the left side. The 2014 bone densitometry (BMD) of L1-L4 had a BMD of 0.544/cm² (T-score -4.6). Strontium treatment followed by teriparatide was performed from June 2016 to June 2018. There was a significant gain of BMD in 0.122. In 2018, the treatment was transitioned to zoledronic acid with annual doses. The evolution of BMD revealed no significant gain in the femur. However, L1-L4

presented a significant gain in bone mass from 2019 to 2022. The patient did not want to reverse the bariatric surgery. **Conclusion:** There was a clinical therapeutic response in the treatment of osteoporosis. The BPD requires periodic and frequent follow-up throughout life, particularly to bone metabolism.

E-POSTER.033

COESAS

The role of hypogonadism in the body composition of obese men in the preoperative period of bariatric surgery

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Background/purpose: Obesity and hypogonadism are linked in a vicious cycle; low testosterone levels favor weight gain, and adiposity induces hypogonadism. This study aims to describe the clinical characteristics, hormonal profile, and body composition of men with obesity in the preoperative period of bariatric surgery and compare data between hypogonadal and eugonadal, considering low those with total testosterone (TT) <264 ng/dL (Endocrine Society) and TT <164 ng/dL (below the normal limit). **Methods:** The study was conducted from June 2019 to December 2021 in two obesity treatment referral centers. Patients underwent clinical evaluation, androgen deficiency screening using ADAM (Androgen Deficiency in the Aging Male questionnaire), hormonal assessment, and assessment of body composition through body mass index (BMI) and body fat percentage (FM-%) measured by electrical bioimpedance and dual-energy X-ray absorptiometry. **Results:** Thirty patients, mean age 35.6±8.8 years, 129.4±14.0 kg, and BMI 42.3±4.7 kg/m². Considering TT <264 ng/dL, 22 patients (73%) had hypogonadism, mean TT 198.9±68.7 ng/dL (p<0.001). Using TT <164 ng/dL, seven patients (23%) had hypogonadism, with a mean TT of 116.6±28.9 ng/dL (p<0.001). In ADAM, 93.3% had a positive screening, with a mean of 4.9±1.4, with no significant difference between hypogonadal and eugonadal patients. In body composition, with hypogonadism criteria of TT <264 ng/dL, there was no significant difference compared to eugonadal. Considering hypogonadism TT <164 ng/dL, hypogonadal had significantly higher values of weight (139.0 x 126.5 kg; p=0.036), BMI (46.1 x 41.2 kg/m²; p=0.014), FM-% (48.0 x 42.8%; p=0.010) and FM-kg (66.3 x 53.9 kg; p=0.007) than eugonadal. **Conclusion:** Hypogonadism is an important and prevalent condition related to male obesity in our sample, present in at least 23% of the patients. Considering TT below the lower limit of normality for the characterization of hypogonadism, we identified a significant worsening in body composition parameters.

E-POSTER.034

BARIATRIC AND METABOLIC SURGERY

Sleeve gastrectomy in the control of obesity and management of gastroesophageal reflux

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Background/Purpose: This article is an integrative literature review on the surgical management of obesity through bariatric surgeries, focusing mainly on the relationship between Sleeve Gastrectomy (SG) and gastroesophageal reflux disease (GERD). The guiding question of this study was: Do obese patients undergoing SG surgery, compared to gastric bypass, have a higher chance of worsening or developing symptoms of GERD? The hypothesis to be tested is that

despite its association with GERD, SG is the safest and most effective technique for weight control in patients with obesity. **Methods:** To analyze this hypothesis, an integrative literature review was conducted by searching the SciELO and Web of Science (Pubmed and Medline) databases, using the keywords bariatric surgery, sleeve gastrectomy, and gastroesophageal reflux. **Results:** After the selection, reading, analysis, and discussion of the studies, it became evident that the current literature available on the surgical management of obesity and other metabolic disorders associated with this disease indicates SG as the first-choice surgery due to its relative ease of execution and lower incidence of postoperative complications. **Conclusion:** However, an individualized analysis of each patient's case is necessary since the use of this surgical intervention is contraindicated in patients with preexisting GERD, as there is a high chance of worsening the condition in the postoperative period, requiring surgical conversion and, consequently, increasing the incidence of morbidity and postoperative complications.

E-POSTER.035

METABOLIC AND BARIATRIC SURGERY

Complications after bariatric surgery: analysis of procedures performed over four years

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Background/ Purpose: Obesity is a severe public health problem. The treatment of this disease is complex and multidisciplinary, but we have bariatric surgery (BS) as an effective tool for treating severe obesity refractory to clinical treatment. Despite advances in terms of operation safety, BS is not free of complications. This study aims to analyze data related to complications in a bariatric surgery service in the interior of Minas Gerais. **Methods:** Clinical, cross-sectional, descriptive, analytical, and retrospective studies of 585 patients who underwent BS between 2019 and 2023 were selected for analysis. **Results:** The distribution between genders was uneven, with a predominance of women 82.5% vs. 17.5% of men. The BMI variation between patients ranged from 31.6 to 70.0 Kg/m², with an average of 42.73 Kg/m². The most performed BS technique was the Bypass (83.4%), followed by Sleeve Gastrectomy (15.7%). Among the analyzed patients, 2.05% had complications, predominately of early complications (83.3%). Complications were not related to the surgical technique. **Conclusion:** The data shown in this study align with those found in the literature, except for the rate of postoperative complications, which proved to be considerably lower.

E-POSTER.036

METABOLIC AND BARIATRIC SURGERY

Weight regain and clinical outcomes in post-bariatric patients without medical follow-up: a cross-sectional study

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Background/purpose: Bariatric surgery (BS) induces significant weight loss, improves metabolic and cardiovascular comorbidities, and reduces mortality. Post-bariatric weight regain (WR) can occur and is associated with serious health outcomes. We investigated WR and clinical outcomes of patients who lost medical follow-up. **Methods:** We recruited 94 patients post-Roux-en-Y gastric bypass

or post-sleeve gastrectomy, 87.2% females, aged 42 ± 9 years, and BMI 32.9 ± 6.5 kg/m². All were without specialist bariatric care for at least one year. They had an excess weight loss of $88.7 \pm 18.6\%$, ratio of weight regain (RWR) of $22.9 \pm 20.3\%$ (range of 0 to 87.8%), and a time since surgery of 6.1 ± 4.0 years. They were allocated into groups according to time since surgery $<$ or \geq five years (G5- or G5+). Clinical history, physical examination, and anthropometric assessment were obtained in the first appointment. **Results:** Of the total, 16% of patients had hypertension, 4.3% had dyslipidemia, 5.3% had type 2 diabetes mellitus, and 12.8% were smokers. Of note, only 58.5% of patients attended their second appointment. BMI, percentage of patients with class II and III obesity, waist circumference, heart rate, and RWR were higher in G5+ vs. G5- ($p \leq 0.05$). Lipid and glycemic profile and serum levels of urea and aspartate aminotransferase were similar between groups ($p \geq 0.08$), while uric acid, creatinine, and alanine aminotransferase were higher in G5+ compared to G5- ($p \leq 0.04$). **Conclusion:** High RWR and poor metabolic profile were detected in those with a longer time since surgery. Our study suggests that post-bariatric patients need long-term health care.

E-POSTER.037

METABOLIC AND BARIATRIC SURGERY

Impact of bariatric surgery on cardiovascular factors and type-2 diabetes mellitus

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Background: Obesity is a major global health problem due to its serious consequences and increasing prevalence. Bariatric surgery has sustained weight loss and effective long-term control of obesity-associated comorbidities. **Objective:** The study aims to analyze the impact of bariatric surgery on cardiovascular (CV) risk factors and type 2 diabetes mellitus (T2DM). **Methods:** This is a retrospective, descriptive, and cross-sectional study with a quantitative approach. A database was consulted from 2020 to 2021. A total of 100 patients were included during the evaluation period. Patients were evaluated for body mass index (BMI), weight, blood glucose, triglycerides, LDL cholesterol, HDL cholesterol, and HbA1c. For all data, results with $p \leq 0.05$ were considered significant. Quantitative data analyses were described by mean and standard deviation, and the longitudinal variability of quantitative medians was evaluated using generalized estimating equations. **Results:** BMI and total body weight decreased by 61.9% and 61.2%, respectively. Glycemia, triglycerides, and LDL cholesterol decreased over the studied period. HDL cholesterol increased by 20%. The decline was statistically significant for all variables ($p < 0.001$) except for LDL cholesterol. In patients with diabetes, HbA1c decreased by 28%, reducing the metabolic syndrome in all its components. **Conclusion:** The loss of excess weight, achieved through bariatric surgery, improved metabolic syndrome in all parameters, including obesity, T2DM, hypertension, and dyslipidemia. As a result, there was a reduction in CV risk in the studied population.

E-POSTER.038

METABOLIC AND BARIATRIC SURGERY

Iron deficiency in patients in preoperative evaluation for bariatric surgery

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Background: Currently, obesity is a major global health problem due to its severe consequences and its increasing prevalence. Iron

deficiency (ID) is particularly frequent in patients with obesity due to increased circulating levels of acute-phase reactant hepcidin and inflammation associated with adiposity. Therefore, inflammation in individuals with obesity is closely related to ID. **Purpose:** To evaluate iron deficiency in candidates for bariatric surgery. **Methods:** This is a retrospective, descriptive, and cross-sectional study with a quantitative approach. A database was consulted from 2020 to 2021. Seventy-five patients were included. The patients were evaluated regarding sex, age, weight, body mass index (BMI), and iron and ferritin dosages in the preoperative period. Iron deficiency was classified by levels < 50 Ug/dL and < 65 Ug/dL for women and men, respectively. Ferritin levels classified as deficient were those below 15 ng/ml for both genders. For all data, results with $p \leq 0.05$ were considered significant. Quantitative data analyses were described by mean and standard deviation, and the longitudinal variability of quantitative medians was evaluated using generalized estimating equations. **Results:** Seventy-five adult patients were included, with a prevalence of females (85.3%) and a mean BMI of 47.99 ± 7.56 kg/m². The means of serum iron ($n=70$) and ferritin ($n=60$) were 76.33 ± 37.06 Ug/dl and 160.82 ± 159.43 ng/ml, respectively. There was a high prevalence of serum iron deficit (62.9%). Ferritin, however, was in deficit in only 1.7% of the study population. **Conclusion:** This study revealed an important presence of ID in the group of obese patients evaluated, with greater sensitivity for detection employing serum iron. The biochemical evaluation of patients undergoing bariatric surgery is of utmost importance to avoid postoperative complications, being an ally for a complete and timely recovery.

E-POSTER.039

COESAS

Perceptions of physical exercise benefits and barriers in patients with obesity subjected to Roux-en-Y gastric bypass

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Background/purpose: Regular physical activity has been shown to provide several mental and physical health benefits to post-bariatric patients. Therefore, understanding the benefits and barriers of exercise would help increase physical activity and reduce sedentary time. **Methods:** We enrolled 69 patients with Roux-en-Y gastric bypass (85.5% females, aged $= 44 \pm 7$ years, body mass index $= 29.8 \pm 4.2$ kg/m²) in clinical follow-up in our public health care unit. Individuals' perceived benefits and barriers to exercise were evaluated using the Exercise Benefits and Barriers Scale. **Results:** Among the benefits identified, 75.4% of patients reported that exercise improves carrying out daily activities, and 82.6% improves performance at work. Psychological factors reported more frequently were: improves self-esteem/makes the body look better (94.2%), exercise lessens feelings of stress and worry/improves mental health/increases the feeling of well-being/relax (91.3%), like to exercise (79.7%), and exercise facilitates social contact (73.9%). Of physical factors, 91.3% of patients related that exercise improves physical condition/flexibility, 88.4% increases muscle strength, and 59.4% reduces muscle fatigue. The most common exercise barriers were socioeconomic (82.6% lack of cost, 78.3% lack of familiar support, 65.2% places far to exercise are too far away, and 56.5% lack of time), psychological (82.6% embarrassed to exercise, 76.8% lack of self-discipline/motivation, and 76.8% lack of interest/enjoyment), and physical (59.4% pain/musculoskeletal discomfort and 47.5% fatigue/lack of energy). **Conclusion:** Addressing these barriers may be essential to increase this population's engagement in physical activity.

E-POSTER.040**COESAS****Cognitive-behavioral group therapy for depressive and binge eating symptoms to individuals with weight regain after bariatric surgery: a randomized controlled pilot trial**

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Background/Purpose: To investigate the effects of cognitive-behavioral group therapy (CBGT) delivered through an online intervention on depression, anxiety, binge eating, and weight change in individuals who experienced weight regain (WR) two years after undergoing bariatric surgery. **Methods:** Eligible participants were patients with severe obesity who underwent bariatric surgery more than two years ago. Patients were recruited from a university bariatric center after identification through medical records. Of the 142 patients, 33 had regained 15% of the total weight from the lowest weight achieved after the surgical procedure. After excluding 13 participants who refused to participate, 20 were randomly allocated into two groups: the target intervention group, which received eight sessions of online CBGT, and the control group, which watched three online lectures. During sessions of CBGT, psychoeducational lectures were delivered on eating habits, anxiety, and sleep hygiene. Nutrition and physical education professionals also provided specific guidance. At the end of each session, homework was assigned to strengthen the participant's cognitive and behavioral change. Outcomes of participants of both groups were evaluated before (T0) and after the intervention (T1) through the Beck Depression Inventory-II, the General Anxiety Disorder-7, the Binge Eating Scale, and the body mass change. **Results:** There was a marginal reduction in symptoms of depression ($p = 0.055$) and a significant change in binge eating ($p=0.004$) in both groups, but no variation in body mass and anxiety symptoms was observed. **Conclusion:** The findings of this pilot study indicated that eight-session CBGT was feasible and beneficial for patients with WR after bariatric surgery.

E-POSTER.041**METABOLIC AND BARIATRIC SURGERY****Osteogenesis imperfecta and obesity: implications for the indication of bariatric surgery**

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Background/Purpose: Osteogenesis imperfecta (OI) is a genetic disease that causes changes in the collagen production that makes up the bone matrix, resulting in bone fragility and increased risk of fractures. Patients with OI are more susceptible to obesity due to physical limitations and a sedentary lifestyle. The indication of bariatric surgery does not yet have evidence of its benefits. **Methods:** Literature review and clinical case report of a 27-year-old man with OI, and also obesity, hypertension, and type 2 diabetes mellitus, accompanied in a University Hospital. **Results:** He was followed for more than two years and used several medications (Topiramate, Sertraline, and Orlistat) without a satisfactory response to any intervention, being referred to the Bariatric Surgery Service with 142 kg and a BMI of 53.8 kg/m². There were no fractures in the last five years, and he was walking with difficulty due to his weight. Was evaluated by the Bariatric, Nutrology, Endocrinology,

and Medical Genetics teams. Despite some considerations in favor of the operation, the surgery was contraindicated because the patient had a genetic mutation of the Col1A1 gene, which would be related to a worse prognosis of bone mass. Even with pure restrictive operation, weight loss could further reduce this bone mass. Two reports in the literature on bariatric surgery performed in a patient with OI describe significant bone mass loss after two years of surgery, and there are currently no long-term follow-up data that supports the surgical indication in this population. **Conclusion:** There is no consensus on the indication of bariatric surgery in patients with OI. Detailed genetic evaluation and multidisciplinary discussion should be mandatory to consider a possible surgical indication. Bariatric surgery, in the case of genetic mutations that course with less severe disease phenotypes, should be further studied.

E-POSTER.042**COESAS****Evaluation of bone microarchitecture of patients undergoing Roux-en-Y gastric bypass surgery**

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Background/purpose: Bariatric surgery (BS) is the most effective obesity treatment and promotes several cardiometabolic benefits. However, significant weight loss and factors related to the surgery can be associated with bone mass loss. **Methods:** We invited 24 patients subjected to Roux-en-Y gastric bypass [22 females/5 males, aged 39±5 years, body mass index (BMI) 28.2±3.5 kg/m², excess of weight loss (EWL) 97.9±20.5%, rate of weight regain (RWR) 15.7±10.2%, and time since surgery 4.3±1.2 years] and six controls BMI-, age-, and gender-matched to participate of the study. Volumetric bone mineral density (vBMD) and bone microarchitecture were measured on the distal radius and tibia using a high-resolution peripheral quantitative computed tomography system (HR-pQCT) (XtremeCT, Scanco Medical AG, Brüttisellen, Switzerland). **Results:** The groups were similar concerning vBMD and structural parameters of the trabecular and cortical bone, except for trabecular density (D_{trab}) and percentage of trabecular bone volume (BV/TV), which were lower in those subjected to BS ($p \leq 0.02$). The trabecular thickness (TbTh) at the distal radius was lower in the bariatric group ($p=0.002$). D_{trab} and BV/TV at both sites were inversely correlated to EWL ($r=-0.49$ and $r=-0.53$; $p \leq 0.01$) but not to BMI, RWR, and time since surgery ($p \geq 0.20$). **Conclusion:** Patients undergoing BS had worse results in analyzing parameters related to bone quality. Furthermore, a correlation was observed between the worsening of bone quality and the EWL.

E-POSTER.043**COESAS****Obesity and rs1801260 polymorphism in the CLOCK gene: role in sleep duration, binge eating behavior, and anthropometric indicators**

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Purpose: To compare the effects of the presence and absence of the risk allele for the CLOCK gene polymorphism rs1801260 (T>C) on nighttime sleep duration, eating behavior, and anthropometric

indicators in obesity. **Methods:** An analytical, observational study was conducted with women with grade 1 and 2 obesity. Blood samples were collected to determine the rs1801260 polymorphism. The genotyping was performed in the 7500 Fast Real-Time PCR System. Nighttime sleep duration, wake time, and the number of eating occasions were assessed through self-reported data. The Binge Eating Scale was used to analyze binge eating behavior. The anthropometric analysis included body weight, waist circumference, and body mass index. Statistical analyses were performed using the SPSS program 22.0, considering a significant p-value <0.05. All participants were divided into three groups based on their genotypes. **Results:** A total of 58 adult women with obesity were included in the study, with 37 with wild genotype (TT) and 21 with the polymorphism (16 heterozygous (TC) and 5 homozygous (CC) genotypes). Comparing the three groups, it was observed that carriers of the risk alleles in the homozygous state (CC) had the highest average hours of sleep per night (p=0.01) and the shortest wake time (p=0.002). No significant differences were found in the other indicators between groups. The sleep duration for the group with polymorphism (CC) exceeded the recommended duration, which may disrupt the sleep-wake rhythm, increasing the risk of metabolic complications. **Conclusion:** This study concludes that the CLOCK gene polymorphism rs1801260 in both alleles (CC) may increase nighttime sleep duration and decrease wake time in Brazilians with obesity. It is important to note that exceeding the recommended sleep duration can disrupt the circadian rhythm and compromise long-term health. Therefore, further studies on this topic are recommended.

E-POSTER.044

METABOLIC AND BARIATRIC SURGERY

Advanced gastric remnant cancer after Roux-en-Y gastric bypass: case report and literature review

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Background/Purpose: Obesity is associated with an increased risk of gastric cancer, and gastric malignancies have not been fully characterized after bariatric procedures. Diagnosing and treating gastric remnant cancer (GRC) after RYGB is challenging and represents a significant limitation because it has no typical symptoms and signs in the early stage. The incidence of GRC is still unclear, and 5-year survival rates range from 7% to 80%. Endoscopic methods for evaluation are difficult to access and highly complex. Thus, the diagnosis is late, and the surgical approach occurs in advanced neoplasms with a worse prognosis. The most frequent histological type is adenocarcinoma. **Methods:** Literature review and case report of a 64-year-old woman with excluded stomach neoplasm with pancreas invasion, 11 years after RYGB, submitted to gastrectomy of the excluded stomach and pancreaticoduodenectomy. **Results:** Patient with severe epigastric pain without changes on physical examination, weight loss, or anemia. Abdominal tomography showed thickening of the antro-pyloric region with dilation of the excluded stomach and enlargement of regional lymph nodes. She underwent gastrectomy of the excluded stomach with pancreaticoduodenectomy due to neoplastic invasion. She was discharged 15 days after surgery. In the anatomopathological study, moderately differentiated adenocarcinoma (pT4bN1) was observed. **Conclusion:** Data on GRC after RYGB are scarce and should be further studied due to the growing number of patients undergoing bariatric surgery. Nonspecific symptoms in the patient after RYGB should not be neglected and may be investigated. Clinical suspicion of neoplasia should be remembered.

E-POSTER.045

METABOLIC AND BARIATRIC SURGERY

Videolaparoscopic revisional gastroplasty in a patient with *situs inversus totalis*: case report

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Background/purpose: Report the case of a female patient with Situs Inversus Totalis (SIT) with multiple previous open procedures who underwent laparoscopic revisional bariatric surgery (RBS). **Methods:** The information was obtained by reviewing medical records, analysis of radiological images, operative notes, and literature review. **Results:** Patient with SIT had previous jejuno-ileal bypass by Lazarotto's technique, with undesired therapeutic results. This case reports a laparoscopic RBS with an operative time of 240 minutes. The patients had good postoperative recovery, a short hospital stay, and satisfactory weight loss. **Conclusion:** In this case, laparoscopic RBS was well indicated, with satisfactory results despite the limiting factors.

E-POSTER.046

METABOLIC AND BARIATRIC SURGERY

Postoperative complication of laparoscopic Roux-en-Y gastric bypass

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Purpose: To report a case of postoperative complications of laparoscopic Roux-en-Y Gastric Bypass (RYGB). **Methods:** Case report: A hypertensive patient with hepatic steatosis diagnosed with grade III obesity underwent laparoscopic RYGB. **Results:** Four days after the surgical procedure, she presented signs of anastomotic dehiscence. An exploratory laparoscopy was performed, in which the defect of the previous stapling of the anastomosis was sutured. After 2 days of progression, the patient presented a new dehiscence. Initially, an attempt was made to repair it by video. However, due to complications, a laparotomy was chosen, in which the passage of an esophageal prosthesis in the gastric pouch area, dehiscence repair, and cavity drainage were performed. Three days after the procedure, the patient evolved with emesis and foul-smelling and purulent fluid drainage through the abdominal drain. She underwent a new exploratory laparotomy, which revealed hemoperitoneum, clots adhered to loops and mesentery, pouch gastritis necrosis, complete anastomotic dehiscence, as well as visible prosthesis and firm adhesions in the gastroenteroanastomosis. As a result, the gastric pouch was resected, and the esophagojejunal anastomosis was redone with 3.0 polydioxanone and cotton sutures. The patient remained in the Intensive Care Unit. After 20 days of the procedure, an esophagojejunal anastomosis endoscopy identified the presence of foreign bodies in the lumen and two fistulous orifices, one of which was repaired with a vacuum drain and the other with a double J. Following this, the patient recovered well and was discharged from the hospital. **Conclusion:** Studies have shown that laparoscopic RYGB is a safe procedure; however, complications like the one described in this case can occur, requiring the medical team's and surgeons' knowledge and technical expertise to manage the case effectively.

E-POSTER.047*METABOLIC AND BARIATRIC SURGERY***New challenges for treatment of morbid obesity: robotic bariatric surgery and new interventions**

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Purpose: Conduct a literature review on treating morbid obesity to identify problems arising from each method. **Methods:** Integrative-exploratory literature review study, qualitative and observational. The following online databases were used for this study: SciELO, PubMed, Virtual Health Library (VHL), and Brazilian Virtual Library of Theses and Dissertations. Articles and case reports that addressed the theme of the present study between the years 2018 and 2023 were adopted as inclusion criteria. **Results:** The main interventions described are laparoscopic adjustable gastric banding (LAGB), sleeve gastrectomy (SG), Roux-en-Y gastric bypass (RYGB), biliopancreatic diversion with or without duodenal switch (BPD/DS). The studies demonstrated that conventional clinical treatment showed promising results in the short term, but in the long term, especially after two years, they were not as effective since, even considering the possibility of complications and the need for revisional surgery, bariatric intervention is about three times more effective than the clinical method alone. **Conclusion:** Therefore, robotic bariatric surgery is the best option for treating morbid obesity, as it is a minimally invasive alternative, reduces surgical risks, offers more tools to the surgeon, and reduces hospital length of stay.

E-POSTER.048*METABOLIC AND BARIATRIC SURGERY***Sleep quality in patients submitted to bariatric surgery: pilot study**

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Background/Purpose: Patients with obesity are more prone to poor sleep quality, which could interfere with the eating routine and, consequently, weight loss (WL) outcomes after bariatric surgery (BS). The present study aimed to evaluate sleep quality after two years of BS. **Methods:** Cross-sectional pilot study with women submitted to Roux-en-Y Gastric Bypass (RYGB) at a public hospital in Goiânia. Sleep quality was evaluated using the Pittsburgh scale up to two years after surgery. **Results:** The results correspond to the analysis of 54 responses from participants with a mean age of 46.71 ± 9.1 years. According to the Pittsburgh scale, the average overall score of the sample was 7.35 ± 3.9, which indicates poor sleep quality, represented by 50% (n=27) of women with poor sleep quality, 22.2% (n=12) with indicators of sleep disorders, and only 27.8% (n=15) had good sleep quality. Among the factors that contributed to the poor overall score were sleep fragmentation when getting up at night to go to the bathroom and waking up in the middle of the night or early in the morning. **Conclusion:** It is possible to identify that after the second year, patients submitted to BS have poor sleep quality. This directs us to future investigations regarding the quality of sleep of women over more than two years to confirm whether this scenario is maintained and the possible influence of this parameter on the loss and maintenance of adequate body weight.

E-POSTER.049*COESAS***Group psychoeducational support for bariatric patients**

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Background: Bariatric patients demand psychological support to develop resources in the cognitive, affective, and social dimensions in the face of morbid obesity, and the challenges after surgery arise throughout the weight loss process after regaining it. **Purpose:** To describe a model of psychological support performed with bariatric patients who regained weight. **Methods:** The present work presents a model of psychological support aimed at bariatric patients who are under hospitalization for pre-surgical weight reduction or who are undergoing treatment after regaining weight. **Results:** Psychological support occurred during hospitalization in a reference hospital to treat obesity. Through weekly meetings, patients participated in psychoeducational activities aimed at self-knowledge, including developing awareness of obesity as a disease, specific management of the biopsychosocial condition of being a bariatric patient, and relapse prevention after hospital discharge. The meetings were multidisciplinary, and the psychologist listened to the patients and provided guidance on managing psychological processes and developing coping resources. At each meeting, the facilitators guided the patients in building the necessary tools for hospital discharge. **Conclusion:** Psychological support is important because bariatric surgery brings specific challenges regarding managing functional behaviors for a consistent lifestyle with the treatment of obesity.

E-POSTER.050*METABOLIC AND BARIATRIC SURGERY***The stigmatization of obesity in patients who underwent bariatric and metabolic surgery and how this implies the expected treatment results**

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Background/Purpose: The stigmatization of obesity in patients undergoing bariatric and metabolic surgery and how this impacts the expected treatment outcome. **Methods:** This is a narrative literature review study. The literature search was conducted between January and July 2023 by querying the following databases: PubMed, Scielo, and Google Scholar. The search terms used were: "bariatric surgery," "multidisciplinary follow-up," "obesity," "preoperative," and "obesity stigma," along with their corresponding terms in English, linked using the boolean operator "AND." For the research, electronically available systematic review and meta-analysis scientific articles in Portuguese, English, and Spanish published from 2007 to 2023 were included if they were related to the study's theme. **Results:** Accepting preoperative weight creates a bias strongly linked to depression, anxiety, and lower quality of life regardless of BMI. Studies have also shown associations with higher body weight, reduced exercise motivation, and patterns of eating disorders after bariatric surgery. Weight bias in preoperative assessment has been predictive of non-attendance at post-surgical appointments and weight regain. Weight-related stigma experiences have also been related to eating disorders after bariatric surgery. Long-term multidisciplinary follow-up is important for sustaining positive changes after surgery and may play a role in preventing

weight regain through behavioral changes and physical activity.

Conclusion: In conclusion, it is crucial to address and mitigate weight stigma within the healthcare system and to understand how the preoperative and postoperative approach through weight bias can impact the surgical success and quality of life of patients undergoing bariatric surgery.

E-POSTER.051

COESAS

Lunch habits, anxiety, and depression in women with obesity before bariatric surgery

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Background/Purpose: Obesity is a multifactorial disease in which mental disorders such as depression and anxiety may play an essential role in eating behavior, modifying or intensifying inappropriate meal habits. Once these habits remain, it may be even more worrying after bariatric surgery due to its deleterious potential at this stage. The present study aims to evaluate the association between lunch habits, anxiety, and depression in women with obesity before bariatric surgery. **Methods:** A cross-sectional study with women (n=69). Eating main meals and replacing them with snacks were evaluated. Meal habits, anxiety, and depression diagnosis, as well as health perception, were self-reported by participants. Statistical analyses were performed using SPSS v.25, considering significant $p < 0.05$. Descriptive statistics were expressed in mean and standard deviation (SD). The chi-squared test was used to evaluate the association between variables. **Results:** The study included 69 women with a mean \pm SD age of 48 ± 11.5 and BMI 46 ± 6.4 . Most women reported having regular or poor health conditions (83%), 25% replaced lunch with a snack at least once a week, and a greater proportion of women with this behavior reported having depression (43%; $p=0.004$), using antidepressants (53%; $p=0.035$) and having anxiety (43%; $p=0.047$). All participants who reported replacing lunch with a snack at least once a week considered their health condition to be regular or poor ($p=0.029$). **Conclusion:** A higher proportion of women with obesity, candidates for bariatric surgery, who had depression or anxiety, or who used antidepressants had the habit of replacing lunch with a snack at least once a week. In addition, they had worse health self-perception.

E-POSTER.052

METABOLIC AND BARIATRIC SURGERY

Gastric bypass in a morbidly obese patient with end-stage chronic kidney disease: case report

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Background/Purpose: Obesity is a risk factor for developing chronic kidney disease and may be a barrier to kidney transplantation in patients with end-stage kidney disease (ESKD). The chance of a patient with obesity receiving a kidney increases by 9 to 11% for each BMI point lost. However, with high frequency, bariatric surgery is not performed due to the belief of a greater risk of surgical complications, even though bariatric surgery can be an important pillar in treating these patients. **Methods:** Clinical case

description of a patient with obesity (BMI 38.4 kg/m^2), type 2 diabetes for more than ten years, and ESKD with a failed kidney transplantation, who underwent Roux-en-Y gastric bypass (RYGB) surgery and, later, new kidney transplantation. **Results:** A study of the pathophysiology of obesity-associated kidney disease indicates that chronic inflammation and abnormal lipid metabolism contribute to renal cell damage. The patient with morbid obesity, since the age of 20 evolves with progressive renal loss, both due to obesity and the development of arterial hypertension and diabetes mellitus. For such a situation, bariatric surgery would be indicated before his first kidney transplant. Due to obesity, chronic inflammation, aggravated by infections, led to severe graft dysfunction and total failure. Bariatric surgery was associated with increased access to kidney transplantation due to significant weight loss. After bariatric surgery, patients with ESKD achieve weight loss like the general population. Thus, the indication of a new kidney transplantation was possible after RYGB due to significant weight loss and better control of comorbidities, including diabetes. **Conclusion:** Weight loss allows better control of comorbidities and permits the patient to undergo kidney transplantation with less surgical risk and less graft dysfunction. Bariatric surgery is a safe and adequate method for treating morbidly obese patients with ESKD.

E-POSTER.053

COESAS

Bariatric and metabolic surgery in Amapá: impact on patients' quality of life 90 days after surgery performed by BARISUS

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Background: Obesity represents a severe public health problem. In Amapá, 56% of the population is overweight, and 20% suffer from obesity (VIGITEL, 2018). In this context, the BARISUS program was established through a Parliamentary Amendment and the Government of the State of Amapá, aiming to provide surgical treatment to individuals with obesity. **Purpose:** This study aims to assess the impact of metabolic and bariatric surgery (MBS) on patients' quality of life 90 days after the surgery. **Methods:** During the first phase of BARISUS, from August 2022 to February 2023, 64 surgeries were performed. For this study, 18 patients (28.12% of the total) of both genders were selected, who were 90 days post-surgery. The research was conducted considering the scientific literature, including the Brazilian Society of Bariatric and Metabolic Surgery, and data from patients' medical records before and 90 days after surgery were analyzed, including BMI, associated comorbidities, and patients' reports on signs and symptoms. **Results:** The study revealed an average reduction of 20.29% in BMI for patients classified as having Grade II obesity before surgery and an average reduction of 20.45% in BMI for those with Grade III obesity, indicating little difference between the groups. Comorbidities: Regarding participants with diabetes (61.12%) and hypertension (50%), it was observed that 100% of the patients are now free of medications, indicating that this effective control is a result of the entero-hormonal action of the procedure, stimulating the production of hormones that effectively control these comorbidities in the immediate postoperative period. Signs and Symptoms: 100% of the patients reported improved sleep due to the reduction in sleep apnea and joint pain. **Conclusion:** The study demonstrates that significant improvement in quality of life can be achieved in the first 90 days after MBS. It also highlights the importance of parliamentary amendments in alleviating health problems where coverage by the Unified Health System (SUS) is lacking.

E-POSTER.054

COESAS

CLOCK gene variation and cardiometabolic risk: effects on body composition, lipid profile, and glucose levels in Brazilian woman with obesity

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Purpose: To investigate the effect of rs1801260 polymorphism in the CLOCK gene on body composition, lipid profile, and fasting blood glucose levels in Brazilian women with obesity. **Methods:** This is a cross-sectional study including women with obesity divided into 3 groups according to the genotype of rs1801260 polymorphism. Blood samples were collected after a 12-hour fast, and glucose levels and lipid profile (total cholesterol, triglycerides, and low-density lipoprotein cholesterol (LDL-c)) were evaluated. The genotyping was performed in the 7500 Fast Real-Time PCR System. The anthropometric measurements (weight, height, and waist circumference) were evaluated, and the body mass index was calculated. Additionally, fat mass (FM) percentage was determined using bioelectrical impedance. For statistical analysis, Statistical Package for Social Science, Version 22.0, considering significant p-value < 0.05. **Results:** Fifty-eight women were analyzed in the study, of which thirty-seven did not have the risk genotype (TT), while sixteen had the polymorphism in the heterozygous state (TC) and five in the homozygous state (CC). There was no significant difference between the presence or absence of the risk genotypes on anthropometric indicators, fasting blood glucose levels, and lipid profiles. **Conclusion:** Our study suggests no difference in anthropometric indicators, lipid profile, and glucose levels in Brazilian women without or with the rs1801260 polymorphisms in the CLOCK gene. However, knowing the possibility of this variant with cardiometabolic risk, we recommend that further studies be conducted on this topic. We emphasize that there are few studies evaluating the rs1801260 polymorphisms in these variables in Brazilian women with obesity.

E-POSTER.055

METABOLIC AND BARIATRIC SURGERY

Robotic versus laparoscopic RYGB: a retrospective single center study

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Background: Bariatric surgery is the best therapeutic option for patients with obesity. As a result of the advancement of technology, the robotic Roux-en-Y gastric bypass (RYGB) has emerged as a breakthrough and presents promising results despite its still high costs compared to the laparoscopic procedure. **Purpose:** To compare data from patients submitted to robotic versus laparoscopic RYGB, performed at a single center by a single surgeon, over 4.5 years. **Methods:** Retrospective study with data collection from the medical records of 221 patients (121 laparoscopic procedures vs. 100 with robotic daVinci platform). The variables analyzed were sex, age, body mass index (BMI), comorbidities, surgical time, length of hospital stay, drain debt, and postoperative complications. With these variables, a detailed statistical analysis was performed to compare both groups. **Results:** Patients with robotic RYGB had shorter operative time (102.41 ± 39.44 min. vs 113.86 ± 39.03 min., p=0.018) and shorter length of

stay (34.12 ± 20.59 h vs 34.93 ± 11.74 h, p=0.007). The drain debt (ml) had no statistically significant difference between the groups. However, it is worth noting that the collected volume of drain debt in older age groups (over 50 years) was lower (35% on average) in the robotic surgery group compared to the laparoscopic group. There were no serious complications. **Conclusion:** The robotic group had a shorter operative time, shorter hospital stay, and less drain debt in older patients than the laparoscopic group. No difference was found regarding strictures, bleeding, or leakage. Therefore, studies like this are important to demonstrate that the robotic technique can provide benefits.

E-POSTER.056

METABOLIC AND BARIATRIC SURGERY

Intestinal malrotation in gastric bypass: case report

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Background/Purpose: Thirty-six years-old male patient with obesity (150.6kg, 1.75m high and BMI = 49.17 kg/m²), hypertension, dyslipidemia, and pre-diabetes, with no previous surgical procedure, underwent laparoscopic Roux-en-Y gastric bypass (RYGB) for weight loss and control of metabolic syndrome. Intraoperatively, the gastric pouch confection was uneventful. Treitz ligament was not detected in the habitual topography, and the small intestine was located towards the right side with multiple adhesions to itself, the omentum, and the abdominal wall. The cecum, appendix, and right colon were identified medially towards the left, below the small intestine. A case of congenital intestinal malrotation was identified without intestinal obstruction.

Methods: After adhesiolysis, the angle of Treitz was identified in the right upper quadrant, from where we counted 100cm of the jejunum, and a technique adaptation was needed from simplified bypass, sectioning the jejunum before performing the gastrojejunal anastomosis and jejunojejunal anastomosis, to compensate for the intestinal malrotation, avoiding mesenteric rotations. **Results:** The patient had usual postoperative recovery and awaits weight loss to undergo surgical revision for appendectomy and cecopexy. **Conclusion:** The intestinal rotation process is determined in embryogenesis, which forms a physiological herniation towards the umbilical cord, rotates around the superior mesenteric artery, and then returns to the abdominal cavity. In intestinal malrotation, it occurs incompletely, determining abnormal disposition and fixation. The diagnosis is usually made intraoperatively or by image. Full cavity inventory in all quadrants is necessary at the beginning of the procedure, avoiding difficulties along its execution, being able to switch technique to a Sleeve Gastrectomy, and avoiding lower abdominal manipulation.

E-POSTER.057

COESAS

Bariatric surgery increases the DNA methylation levels in 3'UTR CpG sites of the NF-YA gene

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Background/Purpose: Bariatric surgery can modify obesity-related epigenome signatures through changes in DNA methylation, suggesting that epigenetic regulation can mediate the beneficial metabolic

effects of surgery. This study aimed to investigate the Differential Methylated Regions (DMRs) in women undergoing bariatric surgery.

Methods: This study enrolled women with obesity before and after six months of Roux-en-Y Gastric Bypass (RYGB). Clinical measurements (anthropometric and body composition) and peripheral blood samples were collected after 12 hours of fasting for biochemical and genetic analysis. DNA extraction and bisulfite conversion were performed to hybridize the samples on the 450k Infinium Methylation Beadchip. Bioinformatic analysis was performed using the R package ChAMP. Statistical analysis included Shapiro-Wilk, paired t-test or Wilcoxon, and Pearson or Spearman's correlation. Descriptive statistics were presented by mean \pm SD. **Results:** A total of 24 women were enrolled. The surgery decreased BMI (44.6 ± 6.3 kg/m² to 33.5 ± 4.9 kg/m², $p < 0.0001$), glucose (96.8 ± 28.7 mg/dL to 83.8 ± 6.8 mg/dL, $p = 0.0008$), total cholesterol (182.6 ± 37.9 to 152.8 ± 32.8 , $p = 0.0002$), LDLc (110.7 ± 34.3 to 88.8 ± 24.8 , $p = 0.005$) and triglycerides-TG (130.3 ± 41.9 to 78.9 ± 22.6 , $p < 0.0001$). After six months of RYGB, there were 12 DMRs, and 3 of them (SOD3, NFYA, and MUC4) were associated with type 2 diabetes (T2D). Interestingly, seven CpGs sites of NF-YA, a protein-coding gene involved in fatty acid metabolism, gluconeogenesis pathways, and glucose metabolism, showed higher methylation levels in the 3'UTR portion. **Conclusion:** Bariatric surgery promoted epigenetic changes in the DNA. The enriched targets participate in important metabolic pathways, and some DNA methylation changes occur in regulatory regions that post-transcriptionally influence gene expression.

E-POSTER.058

COESAS

Association between LEPR rs1137101 polymorphism, lipid profile, and food intake in women with obesity: a pilot study

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Background/Purpose: Genetics is one relevant etiological factor for the genesis of obesity. Some polymorphisms, such as rs1137101 in the LEPR (leptin receptor), have been implicated as candidates for obesity due to their role in appetite control, energy balance, and glucose and lipid metabolism. However, the association of these variations with obesity in humans is still controversial. This study aims to evaluate the association between LEPR rs1137101 (c.668A>G) polymorphism, lipid profile, and food intake in women with obesity. **Methods:** This cross-sectional study included 47 Brazilian women with obesity. Blood samples were collected after 12h overnight fasting to assess lipid fractions (TC (total cholesterol), TG (triglycerides), HDL (high-density lipoprotein), and LDL (low-density lipoprotein) and genotyping. Food intake was obtained through a 24-hour dietary recall. Macronutrients were quantified through Brazil Nutri software. Women were divided into groups, according to the genotype, as follows: G1 (N=7) GG, G2 (N=24) AG, G3 (N=16) AA. For statistical analyses, SPSS v.25 was used, considering $p < 0.05$ significant. Data was expressed in median (\pm interquartile range-IR). The Mann-Whitney test was used to compare the variables between groups. **Results:** Participants had a BMI (median \pm IR) of 45.16 (9.3) kg/m² and an age (median \pm IR) of 51(20) years. In terms of food intake, carbohydrate ($p = 0.029$), protein ($p = 0.046$), fiber ($p = 0.031$), and cholesterol consumption ($p = 0.047$) were higher in women with allele A for LEPR polymorphism. Regarding lipid profile and anthropometric indicators, no difference was observed between groups. **Conclusion:** Our results suggest that LEPR rs1137101 polymorphism does not seem to influence lipid profile. However, it may be associated with ingesting carbohydrates, protein, fiber, and cholesterol in women with obesity.

E-POSTER.059

METABOLIC AND BARIATRIC SURGERY

Gastrogastric stricture after conversion of Roux-en-Y gastric bypass (RYGB) to single anastomosis duodenoileal bypass (SADI-S)

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Background/Purpose: Strictures of the gastrogastrostomy (GG) are not uncommon after conversion of RYGB to SADI-S, with some series showing an incidence of 0-33%. Ischemia, marginal ulcers, and individual healing are implicated. Symptoms are persistent postoperative vomiting and dysphagia, typically in the first 1 to 2 months postoperatively (PO). **Methods:** We present a 42-year-old female patient who was submitted to conversion from RYGB to SADI-S due to progressive weight regain. The surgery, although technically demanding, was uneventful. Surgery began with a section of the gastrojejunostomy (GJ) and enteroanastomosis (EA); reconnection of the alimentary and biliopancreatic limbs was carried out. The excluded stomach was vertically sectioned and partially excised. The GG anastomosis was achieved using a two-layered hand-sewn with polydioxanone 3-0. Circumferential dissection of the first portion of the duodenum was performed 3cm away from the pylorus, preserving the right gastric artery, sectioned, and then a hand-sewn, end-to-side duodenoileal, one-layered anastomosis performed, with a common limb length of 300cm. The patient was discharged on the third PO. **Results:** On the 21st PO, postprandial regurgitation developed; an upper endoscopy revealed stenosis of the GJ. Therefore, endoscopic balloon dilation was chosen. After two dilation sessions, the symptoms regressed, with the diameter of the anastomosis opening. **Conclusion:** Endoscopic balloon dilation may be a minimally invasive alternative to approach stenosis of the GG anastomosis of the revisional SADI-S after RYGB surgery. Notwithstanding, further studies are needed to establish the best GG technique in revisional SADI-S.

E-POSTER.060

COESAS

Equity in nutritional care in the bariatric surgery process

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Background/Purpose: Bariatric surgery (BS) is an effective obesity treatment, improving quality of life and nutritional status and reducing diabetes and hypertension risks. This study assesses maintaining weight loss (WL) through a consistent nutritional program and physical activity (PA) in a public BS service. **Methods:** This retrospective study was conducted at the Nutrition and BS outpatient clinic of Public Hospital in São Paulo. Outpatient appointments were conducted from October 2020 to May 2023 with patients referred from Basic Health Units after the expected WL was not achieved within 2 years. Printed guidelines were developed for dietary reeducation, focusing on the socioeconomic condition and comorbidities of each individual. The first and only bariatric rehabilitation outpatient clinic within the Unified Health System was created, offering individualized physical exercises according to each patient's condition for pre- and post-surgery follow-up. **Results:** 813 patients (660 women and 153 men) were assessed, with at least 15% having physical disabilities or low functional capacity. All evaluated returned monthly for nutritional appointments to ensure better monitoring and follow-up of WL. To optimize this, 10% of these patients chose to undergo regular physiotherapy at the institution and attended the rehabilitation outpatient clinic twice a week for PA until the date of surgery. The remaining patients had

irregular follow-up. Among those evaluated, 71% maintained consistent WL throughout the entire follow-up, 29% gained weight at some point during the process, and 18% of them currently have a lower weight than their initial weight. **Conclusion:** The psychosocial, physical, and economic conditions should be individually considered to ensure equity in the process, as not everyone has the same resources. Nutritional monitoring is essential for safe WL and is part of the pre and postoperative education, while exercise helps reduce anxiety levels, benefiting patients when integrated into the institution's flow.

E-POSTER.061

COESAS

The presence of FTO rs9939609 or CLOCK rs1801260 polymorphisms alters the sleep-wake cycle of Brazilian women with obesity

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Purpose: To investigate the isolated and combined effects of the FTO rs9939609 and CLOCK rs1801260 gene polymorphisms on nighttime sleep duration, wake time, nighttime eating, snacking behavior, and the number of eating occasions (EO) per day in obesity. **Methods:** This observational study included women with class 1 and 2 obesity, divided into three groups: 1) without either genetic variant in both genes; 2) with one variant in one of the genes; and 3) with both variants. Blood samples were collected for genotyping. The genotyping was performed in the 7500 Fast Real-Time PCR System. Self-reported data assessed sleep duration, wake time, nighttime eating, and EO. The anthropometric analysis included body weight and waist circumference. All analyses were conducted using the SPSS program, version 22.0, with a significance level set at $p < 0.05$. **Results:** 46 women were included in this study, with 6 showing no polymorphism for any of the analyzed genes, 24 showing one of the variants in FTO or CLOCK, and 16 showing both variants. Only the group with at least one of the variants exhibited shorter nighttime sleep duration ($p = 0.020$) and longer wake time ($p = 0.025$). No other significant differences were observed between the groups regarding anthropometric indicators, number of EO per day ($p = 0.758$), and percentage of women who reported snacking or having nighttime meals among the groups. **Conclusion:** This study concludes that apparently there was no combined effect of the analyzed gene polymorphisms on nighttime eating habits, snacking behavior, or the number of EO. However, only one of the polymorphisms did alter the sleep-wake cycle in Brazilian women with obesity. It is important to highlight that further studies need to be developed in this area, as these alterations may contribute to metabolic complications and eating habits.

E-POSTER.062

METABOLIC AND BARIATRIC SURGERY

Literature review on medical monitoring of weight loss in patients undergoing bariatric surgery

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Background/Purpose: To review the literature on weight loss in patients undergoing bariatric surgery (BS) to understand the factors associated with this process, analyze the main complications, and seek to elucidate the best post-surgical clinical strategies. **Methods:** Exploratory and descriptive systematic review of longitudinal studies found in the databases Web of

Science, Science Direct, Wiley Library, Springer Link, Taylor, Francis, PubMed, and JSTOR, and searches on the Google Scholar platform. **Results:** The systematic search yielded 871 articles, 74 suitable for screening and 16 for data extraction. Analysis of the articles reveals that in the postoperative period of BS, medical and multidisciplinary monitoring is important, including nutrition and emotional support. Lifestyle change, diet, and physical activity are essential for long-term success. The patient must be aware of possible complications and follow medical instructions for a proper recovery. **Conclusion:** More studies are needed on adherence to postoperative care after BS. Cognitive Behavioral Therapy (CBT) is essential in a multidisciplinary therapeutic regimen to help patients manage goals and treat maladaptive behaviors, but bariatric surgery is not a one-size-fits-all solution to obesity and has risks and complications.

E-POSTER.063

METABOLIC AND BARIATRIC SURGERY

Effectiveness of gastric bypass and sleeve gastrectomy in weight reduction

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Background/Purpose: To evaluate the effectiveness of bariatric surgery techniques, Roux-en-Y Gastric Bypass (RYGB) and Sleeve Gastrectomy (SG). **Methods:** This is a quantitative cross-sectional study, where data were collected from 68 patients on age, sex, surgical technique adopted, operative time, weight loss in the first week and total, history of diet and physical activity, and associated comorbidities. **Results:** 53% of patients underwent SG, losing 5-10kg (60.29%) in the first week. 32.35% of those interviewed reported having had the surgery more than 20 months before the interview, 30.88% corresponded to the period between 12 and 24 months and the remainder up to 12 months. 80.8% had a total weight loss of more than 30kg. The majority (95.5%) tried, unsuccessfully, to diet before surgery, and 57.35% did not practice any type of physical activity due to unidentified factors, and this circumstance is relevant in encouraging physical reeducation in patients with overweight. 45.5% of patients had no obesity-associated comorbidities, 14.7% had hypertension and orthopedic problems, 5.88% had sleep apnea, 1.47% had diabetes mellitus, and 16.17% reported having other comorbidities. After surgery, only one patient had an associated infection (1.47%). Comparing the techniques, RYGB showed better results, with 44.11% of patients losing more than 30kg, while SG had 36.76%. All patients would recommend surgery, relating it to postoperative success and satisfaction, with 88.23% rating it between 9 and 10. **Conclusion:** Both techniques showed similar weight loss and therapeutic success. Comparative studies are important to guide doctors and patients in choosing the best method, in addition to emphasizing the importance of changing lifestyle habits after surgery for the success of the treatment.

E-POSTER.064

COESAS

Association of unhealthy food consumption with surgery time in bariatric patients in the Covid-19 pandemic in Brazil, 2023.

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Background/Purpose: Associate the consumption of unhealthy foods with the time of surgery in bariatric patients in the context of the COVID-

19 pandemic in Brazil. **Methods:** This was a cross-sectional study with an online questionnaire during the pandemic, including patients aged > 18 from both genders. **Results:** The study had 412 respondents. The female patients were predominant (92%), with Gastric Bypass in 284 (68.9%), with most interviewees having an income higher than seven minimum wages, and only 11 reported having an income of less than one minimum wage. Most unhealthy food consumption, such as ultra-processed foods (cookies, instant noodles, sausages, and sweetened beverages), occurred after the first and third years of surgery. **Conclusion:** The female gender seeks in more significant proportion to perform bariatric surgery. Regarding food intake, it was evident that the longer the surgery time, the greater the search for ultra-processed foods.

E-POSTER.065

METABOLIC AND BARIATRIC SURGERY

Prevalence of depressive disorder after bariatric surgery

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Background/Purpose: Systematic review (SR) of the prevalence of depressive disorder after bariatric surgery. **Methods:** Exploratory and descriptive SR. Search in databases: PubMed, SCIELO, LILACS, and Elsevier. **Results:** The systematic search yielded 630 articles, 46 suitable for screening and 20 for data extraction; 10 studies were excluded due to data overlap. Ten articles were included in the SR, in addition to one study by manual search. The prevalence rate of post-bariatric depression was 15.3% (95% CI: 15.0-15.5%, $p < 0.001$). The impact of post-bariatric surgery depression on the mental component was evaluated in 4 studies. In the random effects model ($p < 0.001$, $I^2 = 98\%$), the grouping of effect sizes revealed a statistically significant association between post-bariatric depressive manifestations and the mental component. Subgroup analysis among patients with depression revealed that the prevalence of severe depression was 1.9%, the prevalence of moderate depression was 5.1%, and the prevalence of mild and minimal depression was 12.7%. Three studies evaluated the correlation between post-bariatric depressive manifestations and eating disorders. There was a statistically significant positive association (correlation 0.164; 95% CI: 0.079-0.248; $p < 0.001$) between postoperative depression and eating disorders in the random effects model. The association between post-bariatric depression and weight loss was reported in three articles. In the random effects model ($p = 0.048$, $I^2 = 67\%$), there was a statistically significant negative association between postoperative depression and weight loss (correlation -0.135; 95% CI: -0.176 to -0.093; $p < 0.001$). On the other hand, there was no statistically significant association between post-bariatric surgery depression and BMI. **Conclusion:** There is a high demand for patients with post-surgery depression. Emotional unpreparedness, procedure effects, complications, weight regain, and binge eating affect the patient's mental health. The importance of educational actions to prevent depression and improve the mental health of the target audience.

E-POSTER.066

METABOLIC AND BARIATRIC SURGERY

Sleeve gastrectomy or Roux-en-Y gastric bypass: which is the best technique for treating super obesity?

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Background: Treating obesity is an urgent, complex, and challenging problem. Bariatric surgery effectively treats patients with grade II and

III obesity, with consolidated outcomes in the literature. However, for individuals with super obesity (SO), body mass index (BMI) ≥ 50.0 kg/m², there is limited available data regarding both the surgical technique and its effectiveness. It is known that surgical treatment of patients with SO is more challenging, regardless of the surgical technique, compared to other groups. **Purpose:** To evaluate the outcomes of super obese patients who underwent bariatric surgery at a reference institution in the Brazilian Unified Health System (SUS) in the northwestern region of São Paulo. **Methods:** Retrospective cohort study with 48 super obese patients operated on at the Hospital de Base da Faculdade de Medicina de São José do Rio Preto (HB-FAMERP) in 2022. **Results:** 23 patients underwent sleeve gastrectomy (SG), and 25 underwent Roux-en-Y gastric bypass (RYGB). BMI ranged between 50.0 and 81.0 kg/m² in men and 50.6 and 80.30 kg/m² in women. The average preoperative BMI of SG patients was 58.9 kg/m², 55.8 kg/m² for RYGB. After an average follow-up of 12 months, the average BMI was 41.77 kg/m² in the first group and 38.17 kg/m² in the second group. There was an incidence of complications of approximately 6.0%. **Conclusion:** Currently, the evaluation of bariatric surgery outcomes in SO patients is not a consensus, but when considering the BMI goal, it should be less than 40.0 kg/m². However, when considering excess weight loss (EWL), bariatric surgery is effective when there is a reduction of 50% EWL. In our study, both SG and RYGB patients had an EWL > 50%. However, only those with RYGB achieved an average BMI < 40 kg/m². Therefore, all patients showed control and remission of comorbidities. Thus, we can consider that RYGB is more effective than SG in patients with super obesity.

E-POSTER.067

COESAS

Adherence to psychological follow-up after bariatric and metabolic surgery in university hospital

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Background/Purpose: The growth of obesity has a major impact on public health worldwide. As it is a chronic disease, treatment must be continuous. Adherence to post-bariatric and metabolic surgery (PBMS) has been considered an important criterion for maintaining good results. Psychological Follow-up (PF) makes it possible to monitor the patient with early interventions in the difficulties caused by the process of dietary and behavioral changes, optimizing the results regarding weight regain, mental health, and quality of life. This study presents the results of the practice of PF in PBMS in a high-complexity hospital. **Methods:** During the first 18 months, the first interview takes place in the hospital bed, followed by semi-structured, individual, online interviews, monthly for the first six months and quarterly from the 7th to the 12th meeting. **Results:** In the immediate postoperative period, 39 patients were followed up between March 2021 and July 2023, 33 women and 6 men. The frequency of attendance at the PF in the immediate postoperative period was 84.44%, with the following themes prevailing at each stage: 1st Difficulties with the diet, readaptation to the sensations of hunger and satiety; 2nd, 3rd, 4th Eating behaviors and support network; 5th, 6th Body image and self-esteem; treatment gains and challenges; eighth, ninth, 10th Motivation, dysfunctional eating behaviors, alcohol use, social interaction. **Conclusion:** PF in PBMS achieved significantly higher adherence than that reported in the literature. Hypotheses raised: Remote care facilitates access and lowers costs for the low-income population; Offer of specialized psychological treatment; Linkage to the service/multidisciplinary team; Creation of a support network, identification, and support among patients in the program; Structured PF protocol with topics defined according to each stage of treatment.

E-POSTER.068

COESAS

The importance of continuing multidisciplinary follow-up in the late postoperative period of bariatric and metabolic surgery: case report of bulimia in university hospital

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Background/Purpose: To analyze the complexity of the late postoperative period in the treatment of obesity through a case study of the diagnostic hypothesis of Bulimia Nervosa (BN), seeking reflections to improve the care and quality of life of the patient after metabolic and bariatric (MBS). **Methods:** Case report, brief and focal psychological care. Six semi-structured online interviews lasting 60 minutes each were conducted by a psychologist and a psychology trainee, in addition to face-to-face consultations with the nutrition team in 2021. The patient was a 34-year-old white female. In the preoperative period, she had a 41.6 kg/m² BMI. She underwent a Sleeve Gastrectomy (SG), reaching a BMI of 22.5 kg/m² in 2019, and, at the time of the interviews, she had a BMI of 33.9 kg/m² in 2021. Four and a half years after BMS, the patient came to the psychology team with the following complaints: weight recurrence, irregular eating patterns, a sense of failure and frustration, self-induced vomiting, and social isolation. During the psychological interviews, episodes of subjective binge eating, nibbling behavior, dissatisfaction with body image, and inducing vomiting 3 to 4 times a day were observed. **Results:** With multidisciplinary follow-up, she achieved a reduction in vomiting episodes from the association of the family relationship with compulsion, achieving changes in eating behavior, including healthy habits, and reaching a BMI of 32.4 kg/m² in 2023. The report deals with a case of BN in the postoperative period of BCM, highlighting the consequences of multidisciplinary treatment. **Conclusion:** It was observed that the psychological follow-up addressed deep psychological issues, in addition to behavioral aspects, and together with the nutritional follow-up, the interventions carried out had positive effects on the patient's treatment.

E-POSTER.069

COESAS

Dentistry and pre-bariatric surgery challenges

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Background/Purpose: The initial preoperative goals are to guide patients in need to have at least bilateral chewing stability in two posterior teeth, in addition to the anterior teeth, and to be as free as possible from potential foci of infection. Dental care is already requested prior to medical treatments and certain surgeries. Thus, over time, it becomes opportune and necessary for patients to undergo medical treatments and surgeries to have at least reasonable oral conditions, with zero foci of active infection. Currently, bariatric surgeons are opening up space in the multidisciplinary team to the Surgeon-Dentist, aware that good digestion begins by chewing the food in the mouth as efficiently as possible. Our hospital unit has been journeying to bariatric surgery since July 2022. **Methods:** Searches for scientific evidence were conducted on the Google Scholar and PubMed platforms, associating terms such as oral and oral conditions, bariatric surgery, obesity, metabolic syndrome, dental outbreaks, and chewing. We collected data in our database and reviewed it

from July 2022 to July 2023. **Results:** If those in need do not have follow-up with their usual dentists, we refer them to the articulated support network, which are postgraduate courses or even colleges, to have the lowest possible cost in resolving their pending issues. Establishing pause criteria such as inflamed gums, active periodontal disease, and residual roots of broken teeth. We have the following results: Of 849 patients who have already undergone our evaluation, we need to pause 271, 158 have already been released for surgery, and 246 pending issues have been resolved. And already outlining new perspectives for evaluating the variation in the buffering capacity of saliva in the postoperative period. **Conclusion:** Including dentists in a multidisciplinary bariatric team can add a lot to the preparation of patients on the way to surgery, especially in their post-surgical evolution.

E-POSTER.070

COESAS

Preoperative body mass index and the percentage of excessive weight loss after bariatric surgery: longitudinal study

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Background/purpose: Bariatric surgery is recognized as a highly effective treatment for obesity. However, the impact on weight loss may be different depending on the patient's initial Body Mass Index (BMI). The objective of the present study is to evaluate weight loss over the first year after surgery in patients with severe obesity or super obesity. **Methods:** Patients were grouped, according to preoperative BMI, into two groups: severe obesity (OB), whose initial BMI was 40-50 kg/m², and super obesity (SOB), whose BMI was above 50 kg/m². The anthropometric data regarding weight loss were taken from the patient's medical records. Preoperative weight loss (%WL) and the percentage of excess weight loss (%EWL) at 6 and 12 months postoperatively were analyzed. **Results:** The OB group consisted of 32 patients (87.5% women; 44.8±8.5 years; initial BMI = 44.6±3.5 kg/m²) and the SOB group consisted of 19 patients (84.2% women; 47.2±8.6 years; initial BMI = 53.6±3.0 kg/m²). Preoperatively, there was no significant difference in weight loss between the groups. Postoperatively, patients with higher BMI showed greater total weight loss (45.6±14.1 vs. 41.2±10.9) however, lower %WLE at all times developed, in 6 months, OB group = 62.5±9.8 vs. OS = 45.0±13.0 (p<0.0001); and at 12 months, OB = 77.8±14.6 vs. SOB = 63.3±15.0 (p<0.001). Both groups obtained higher %EWL up to months, advancing the speed of loss up to 1 year (0-6 months, OB = -30.1±7.2 and SOB = -33.6±9.8; 6-12 months, OB = -7.2±5.3; SOB = -9.8±6.1, no difference between groups). **Conclusion:** Initial BMI does not influence preoperative weight loss; however, individuals with a higher initial BMI experience lower %EWL throughout the first year after bariatric surgery. Despite this, they still present a good result, reaching %EWL within the recommended range concerning postoperative time.

E-POSTER.071

METABOLIC AND BARIATRIC SURGERY

Gastric GIST of Carney syndrome versus morbid obesity: case report

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Purpose: The purpose of this poster is to report one case of morbid obesity associated with Carney Syndrome, treated in a

single surgical procedure. **Methods:** Bariatric Surgery (BS) is known to be the most effective treatment for severe obesity. Carney Syndrome is an autosomal hereditary genetic disease characterized by endocrine tumors, pulmonary tumors, gastrointestinal tumors (GIST), and cardiac myxomas mainly affecting young women. The case of a patient diagnosed with Carney Syndrome (previously operated on for pheochromocytoma via video adrenalectomy, pulmonary segmentectomy for pulmonary chondroma, and total thyroidectomy for thyroid tumor) is presented. Preoperatively, the patient had a BMI of 50 kg/m², and during the investigation, two subepithelial lesions were identified by endoscopy and confirmed as low-grade GIST in the middle body of the stomach. BS with a Roux-en-Y Gastric Bypass (RYGB) with resection of the gastric remnant and consequent resection of the two gastric GISTs. **Results:** The procedure was performed without complications, and the patient was discharged on postoperative day 1. Follow-up in the outpatient clinic showed no complications and appropriate weight loss. **Conclusion:** Syndrome Carney involves surgical removal of the tumors and a multidisciplinary medical team, including cardiologists, endocrinologists, surgeons, and dermatologists, among others. Therefore, lifelong health monitoring and surveillance is necessary for these patients.

E-POSTER.072

METABOLIC AND BARIATRIC SURGERY

Gastro-gastric fistula as a late complication of Roux-em-Y gastric bypass

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Background/Purpose: Gastro-gastric fistulas as a complication of Roux-en-Y Gastric Bypass (RYGB) were initially reported in 1994. There are few reports of this complication in a late presentation, as in this case. In this, we report a patient who underwent gastropasty by our team and returned after 24 years with this complication. **Methods:** Data were collected through files of the patient's previous consultations and medical records. **Results / Case report:** A female patient, 48 years old, returned to the office after 24 years of RYGB. At the time of the first surgery, the patient had a BMI of 47.6 kg/m² and liver steatosis. In previous surgery, she progressed well. Her minimum BMI was 26 kg/m², but she developed Weight Regain (WR), reaching a BMI of 34 kg/m². Physical examination was unremarkable. An upper digestive endoscopy was performed, which revealed a gastro-gastric fistula. Tomography showed RYGB with patent gastroenteric anastomosis. Opacification of the oral contrast medium of the excluded stomach, as well as the duodenal arch, through the fistulous orifice (0.9 cm in the axial plane x 1.0 cm in the coronal plane) that communicates the residual gastric chamber with the excluded one, characterizing a gastro-gastric fistula. Pouch 66.5 cc. No contrast extravasation into the cavity. A surgical approach was then indicated, performed video laparoscopically, and resected the gastro-gastric fistula with the aid of a stapler, reinforcement with manual suturing, and drainage of the cavity. The intraoperative blue test was negative. The patient evolved well and was discharged on the second postoperative day. **Conclusion:** The incidence of gastro-gastric fistula after gastric bypass is low, but it is a late complication that must be known and suspected by the surgeons. After identification, resolution can be achieved via laparoscopy, reducing morbidity.

E-POSTER.073

COESAS

Influence of polymorphism in the gene LEP rs7799039 on the microbial richness and alpha-diversity of phyla and genera: a pilot study

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Background/Purpose: The reduction in the richness and diversity of the GM, as well as the presence of the risk allele of the leptin gene (LEP), have been associated with an increase in body mass index (BMI), impaired lipid profile, and cardiometabolic disease. **Methods:** Cross-sectional study, carried out with 48 adult women with obesity grades II and III, divided into two groups: without (n= 23) and with polymorphism (n= 25). A properly trained team performed Blood collection after a 12-hour overnight fast. For the analysis of the GM, the in-house DNA transmission method was used, followed by the sequencing of the 16S rRNA gene, with the amplification of the V3/V4 regions, in a system of two polymerase chain reactions. The sequencing depth was up to 100,000 reads per sample. For genotyping, use the 7500 Fast Real-Time PCR System. Statistical analyses were performed using SPSS version 25.0, considering p-value < 0.05, and results were expressed as median and interquartile range. **Results:** In the group without polymorphism, BMI (mean ± standard deviation) was 47.31 (8.18) kg/m², and age was 48.26 (12.43). In the group with polymorphism, BMI was 46.83 (6.94) kg/m² and age was 50.53 (11.86). No statistical differences were observed between the richness of phyla (p=0.977) and genera (p=0.271) and the alpha-diversity of phyla (p= 1.00) and genera (p=0.284) between groups. There was a statistical difference for triglycerides (TG) (p=0.025) and very low-density lipoprotein cholesterol (VLDL-c) (p=0.05) among the analyzed women. **Conclusion:** The population with polymorphism had higher serum TG and VLDL-c values, corroborating that the expression of the LEP gene rs7799039 could influence the lipid profile. Unlike what has been reported in the literature, there was no association between BMI, GM composition, and polymorphism, requiring further studies to confirm whether they have a causal relationship.

E-POSTER.074

COESAS

Richness and diversity of phyla and genera of the gut microbiota in women with obesity: a comparison between pre and post menopause

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Background/Purpose: Menopause consists of a reduction in the levels of estrogen and progesterone, which can cause metabolic changes, such as weight gain and a high risk of developing obesity in women. Evidence shows that the gut microbiota (GM) regulates the estrogen cycle and metabolism. Therefore, the present study aims to compare alterations in the richness and diversity of GM phyla and gender in women with grade II and III obesity in pre and post-menopause for a better understanding of the influence of GM in the modulation of women's health by

hormonal changes. **Methods:** Observational study, including 26 adult women with Body Mass Index $\geq 35\text{Kg/m}^2$. GM analysis was performed using the ribosomal 16S rRNA gene sequencing method, with amplification of the V3/V4 regions. Menopause data were self-reported. The population was divided into two groups according to the presence or absence of menopause. The SPSS 22.0 program was used for statistical analyses, considering p-value <0.05 , and the Mann-Whitney test was performed to compare groups. Data were expressed as median and interquartile range. **Results:** No statistical difference was observed between phylum richness ($p=0.201$), phylum diversity ($p=0.776$), and gender ($p=0.060$) in non-menopausal ($n=10$) and menopausal ($n=16$) women. There was a statistical difference regarding gender richness ($p=0.031$) between the analyzed groups. **Conclusion:** The findings suggest that there is a statistical difference in GM richness at the taxonomic level of gender, increased in obese menopausal women when compared to non-menopausal ones. This study corroborates that menopause can play an important role in the composition of GM. Therefore, additional studies are needed to deepen and expand knowledge about these differences.

E-POSTER.075

METABOLIC AND BARIATRIC SURGERY

Definitive treatment of refractory dumping syndrome after gastric bypass using SARR procedure: case report

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Background: Roux-en-Y Gastric Bypass (RYGB) is one of the most commonly performed bariatric procedures worldwide for the surgical treatment of obesity and the resolution or improvement of associated comorbidities. However, some patients may develop complications, including dumping syndrome. In cases of refractory dumping, reversion to normal anatomy through some surgeries, such as the SARR procedure, may be necessary and should be considered a viable definitive treatment option. **Purpose:** To present the definitive treatment of dumping syndrome refractory to clinical treatment after gastric bypass through the SARR procedure. **Methods:** A case report, collecting information from medical records after signing the consent form of the patient who underwent definitive treatment for dumping syndrome refractory. **Results:** The patient, R.F., male, 38 years old, with obesity, underwent a complete preoperative procedure and realized RYGB. During postoperative follow-up, he developed significant weight loss, associated with several daily episodes of diarrhea accompanied by intense asthenia, sweating, hypoglycemia, and hypotension. Due to the continued complaints and association of the condition with severe protein-calorie malnutrition and hypovitaminosis, the Sarr procedure was realized on 03/10/2023, and after this second approach, the patient evolved satisfactorily, with significant improvement of diarrhea, hypotension, and cramps. In the case studied, the reversal of the malabsorptive component showed an important change in the patient's quality of life, improving complaints of diarrhea and refractory dumping; in addition, it showed an important improvement in the protein malnutrition condition. **Conclusion:** Although the literature is scarce, the Sarr procedure is a beneficial and definitive treatment alternative for refractory Dumping Syndrome after RYGB, especially in cases where the patient maintains disabling symptoms even with conservative treatment.

E-POSTER.076

COESAS

Beyond the psychological assessment: the role of the psychologist in the treatment of bariatric patients before surgery

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Background/Purpose: The rising global prevalence of obesity poses a significant challenge for healthcare providers. Bariatric surgery has emerged as a highly effective option for managing obesity, offering substantial and enduring weight loss and alleviating associated comorbidities. However, it's vital to recognize that the enduring success of bariatric surgery hinges not only on the surgical procedure itself but also on a comprehensive, multidisciplinary approach that incorporates psychological considerations. This study aims to underscore the importance of psychological support during the preoperative phase, extending beyond mere evaluation, for individuals preparing for bariatric surgery. A robust theoretical framework was constructed through a thorough literature review utilizing reputable databases to achieve this. **Methods:** The research involved clinical case studies, comparing outcomes between those who received prior psychological support alongside evaluation and those who solely underwent psychological assessment before surgery. **Results:** The results unequivocally indicate that robust psychological support in the preoperative phase significantly benefits the patient, leading to a more positive surgical experience and more satisfactory postoperative results. Furthermore, it was noted that psychological support holds the potential to catalyze transformative processes even prior to the surgical intervention. The analysis of case reports brought substantial disparities between the groups to light, particularly regarding behavioral shifts and cognitive alterations related to food. **Conclusion:** From these compelling findings, it is evident that the psychologist's role is paramount in this phase of bariatric treatment. Psychological support emerges as a catalyst for the subsequent stages confronted by the patient post-surgery. These insights underscore the critical involvement of psychology in this clinical context, contributing to a more holistic and efficacious approach to treating bariatric patients.

E-POSTER.077

METABOLIC AND BARIATRIC SURGERY

Incarcerated umbilical hernia after RYGB surgery: what is the best perioperative time for the treatment of ventral hernias in bariatric patients?

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Purpose: To present a case of a patient with incarcerated umbilical hernia (UH) during postoperative bariatric surgery (BS) recovery. **Methods:** Case report on postoperative complications after BS. **Results:** A 54-year-old female patient with super obesity, BMI 55 kg/m^2 (weight 129 kg, height 1.53 m), with android ("apple") body distribution, associated with comorbidities: insulin-dependent diabetes mellitus, arterial hypertension, hypothyroidism, pneumopathy, and hip joint disease. After multidisciplinary monitoring in an obesity treatment program for five years, she underwent a gastric bypass on 11/01/2022. Because of visceral obesity, trocar placement and surgical manipulation were

difficult, making it necessary to use additional trocars. On 22/03/2022, she was readmitted due to an incarcerated UH and treated with an exploratory laparoscopy that reduced the incarcerated small bowel and placed a dual-layer intraperitoneal mesh. The postoperative recovery was uneventful, and the patient was discharged after three days. Currently, she keeps outpatient follow-up with no gastrointestinal symptoms and with 73 kg, BMI 31 kg/m², total weight loss of 43%, and excess weight loss of 79%. **Conclusion:** Weight loss is part of a good preoperative period for the treatment of abdominal hernias. On the other hand, hernias and their complications can compromise the perioperative period of surgical treatment of obesity. It is not yet known what is the ideal time to treat ventral hernias in patients with obesity.

E-POSTER.078

COESAS

Discomfort in contemporary times and interfaces in technoculture: the mental health of the bariatric patient and its relationship with social networks

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Purpose: To review and analyze the available scientific literature that can contribute to the discussion on the subject "Contemporary malaise and the interfaces of technoculture: the mental health of obese patients who have undergone bariatric surgery and their relationship with the stimuli of social networks for comparisons with other bodies". **Methods:** This is an integrative review of the literature on contemporary malaise and its interfaces with technoculture. This review methodology makes it possible to analyze research and synthesize concepts in a broad way, as well as critically analyze the findings. The following stages were done for this integrative review: development of a guiding question, data collection in the literature, classification of the data into levels of evidence, analysis, and discussion of the studies and their results. A search was performed in Capes, the BVS, and SciELO for publications in the last five years. The following question was posed to guide the literature review: "How is the mental health of obese patients who have undergone bariatric surgery related to social media stimuli for comparisons with other bodies?". The descriptors used for the search were "psychology", "mental health", "social networks", "obesity," and "bariatric surgery", selected from MeSH terms. The inclusion criteria were studies that addressed this topic, conducted between 2018 and 2023. **Results:** 110 studies were identified using eligibility and exclusion criteria, and the titles and abstracts were read. **Conclusion:** The studies included in this review support future research, and we hope that the gaps presented here can contribute to the development of new research to better understand the influence of social media use on the behavior of post-bariatric patients and the impacts on mental health.

E-POSTER.079

METABOLIC AND BARIATRIC SURGERY

Changes in serum levels of ghrelin and leptin and their correlation with body composition in patients undergoing gastric bypass

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Background/Purpose: The increasing prevalence of obesity has driven metabolic interventions, such as gastroplasty, leading to

hormonal changes. This study aims to evaluate the behavior of serum levels of ghrelin and leptin and their correlation with body composition in patients undergoing gastric bypass. **Methods:** Analytical, experimental, quantitative, and longitudinal research, lasting twelve weeks, from July 2018 to February 2019. A total of 83 surgeries were performed, with 29 patients initially included in the study, but eight patients were excluded, leaving 21. Data was collected at five-time points, before and after surgery, through anamnesis, blood samples for leptin and ghrelin determination using the ELISA method, and analysis of body composition by tetrapolar bioimpedance. Data was analyzed using BioEstat 5.3 software, considering $p \leq 0.05$ statistically significant. **Results:** Significant variations were found in all variables studied after 120 days of surgery. While there was a reduction in the total body mass of patients, there were also changes in serum levels of ghrelin and leptin. **Conclusion:** Gastric bypass surgery resulted in a significant alteration in body composition, reflected in a change in the classification of the body mass index of the studied patients. Furthermore, a positive response was observed in serum levels of ghrelin and leptin, correlating with total body mass and body mass index.

E-POSTER.080

COESAS

Evaluation of the profile of patients undergoing bariatric surgery after Covid-19 pandemic

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Background/Purpose: The COVID-19 pandemic had a significant impact worldwide, including Brazil. There were changes in elective surgical treatment with the cancellation of procedures and multidisciplinary follow-up conducted through telemedicine. After the schedule was reestablished, surgeries were performed again, but there was a change in the patient profile. **Methods:** Quantitative, cross-sectional, descriptive, and analytical study with data collected from the electronic medical records of patients undergoing bariatric surgery from September 2020 to March 2023. Exclusion criteria were revisional surgery and incomplete data. Data was studied in terms of averages and percentages. **Results:** 161 medical records were analyzed, but 5 had revisional surgery and were excluded. Among the 156 included patients, 86.5% were female, with ages ranging from 18 to 62 years. Regarding the type of procedure, 48.1% had a Sleeve Gastrectomy, 42.9% had a Roux-en-Y Gastric Bypass, and 9% had one Anastomosis Gastric Bypass. Preoperative BMI was 44.3 kg/m² (maximum 91.0 kg/m²), and weight loss was 7% (minimum 5%). Obesity classification was: 25.6% stage 2 with associated comorbidities, 15% had a BMI > 50 kg/m², and 2.6% > 60 kg/m². The majority (84.6%) had some obesity-related comorbidity: hypertension (55.1%), diabetes mellitus (35.3%), hepatic steatosis (25%), and Generalized Anxiety Disorder (16.4%). Only vitamin D levels were below recommended values, with an average of 29. **Conclusion:** The analysis of the profile of patients who underwent bariatric surgery after the start of the COVID-19 pandemic shows that patients had, on average, Grade 3 obesity and a significant percentage of super obese individuals (BMI > 50 kg/m²). Generalized Anxiety Disorder was the fourth most prevalent comorbidity, which can be considered a reflection of the pandemic

E-POSTER.081**METABOLIC AND BARIATRIC SURGERY****Endoscopic treatment of upper digestive bleeding due to marginal ulcer after RYGB: case report**

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Purpose: To present a case report related to one of the complications of Roux-en-Y Gastric Bypass (RYGB): upper gastrointestinal (GI) bleeding due to a marginal ulcer and its clinical management and resolution through endoscopy. **Methods:** Marginal ulcer is one of the late complications reported after RYGB. Therapeutic endoscopy can be used to treat some complications related to bariatric surgery effectively. According to GARRIDO JR et al., factors related to marginal ulcers include hydrochloride secretion from the gastric pouch, ischemia, foreign body effect of suture materials, and use of non-steroidal anti-inflammatory drugs. A 30-year-old male patient, 162 kg, 1.7 m, BMI 56, developed Upper GI bleeding due to a marginal ulcer one month after undergoing RYGB. Treatment was carried out endoscopically, achieving effective hemostasis with a 1:10000 adrenaline solution. **Results:** After endoscopic management, the patient continued to use a proton pump inhibitor (PPI) for another three months and used sucralfate for 15 days without a new episode of upper GI bleeding, with improvement of the ulcerative lesion, visualized on control endoscopy. According to SERRA et al., marginal ulcers after RYGB are diagnosed in 1 to 16% of patients who undergo this type of procedure and are often asymptomatic. **Conclusion:** Diagnostic and therapeutic endoscopy is a great ally in managing the postoperative period of patients undergoing bariatric surgery, and this report shows how effective it is in identifying the causes of complications and resolving them in many cases. It is essential in the follow-up of bariatric patients.

E-POSTER.082**COESAS****Association of dumping syndrome symptoms with food consumption of ultra-processed products in bariatric patients in the context of the Covid-19 pandemic**

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Background/Purpose: Analyze the association between food consumption of ultra-processed products and symptoms of dumping syndrome in bariatric patients in the context of the COVID-19 pandemic. **Methods:** This is a cross-sectional, descriptive, analytical, online study with bariatric patients over 18 years, in the context of the COVID-19 pandemic. Data collection was performed through online survey. **Results:** The study was conducted with 412 participants, most of whom were female, with high school education, monthly family income above seven minimum wages, and with more than three years of surgery. In the markers of consumption of ultra-processed foods, it is observed that there is a predominance of symptoms of dumping, demonstrating the correlation between the consumption of ultra-processed foods and this physiological reaction, since consuming hamburgers and sausages ($p=0.006$) and consuming stuffed biscuits ($p=0.003$) were associated with having symptoms of dumping

after surgery. While the consumption of sweetened beverages did not present a statistically significant association ($p=0.126$). Not consuming instant noodles was associated with the absence of dumping symptoms ($p=0.009$). However, the food consumption of most participants indicated the intake of hamburger and sausages (46.6%), instant noodles (55%) and stuffed biscuits (50.5%). **Conclusion:** There was a high prevalence of Dumping syndrome in bariatric patients, especially in individuals who consumed ultra-processed foods. In addition to the composition of food, symptoms imply eating habits. Finally, the importance of nutritional monitoring for this public is evident.

E-POSTER.083**METABOLIC AND BARIATRIC SURGERY****Gastric ring removal and resizing of the gastric pouch in RYGB gastrojejunal stenosis: case report**

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Background/Purpose: In the late 1980's, Fobi in California and Capella in New Jersey, combined Roux-en-Y Gastric Bypass (RYGB) with a ring restricting the exit of the small functioning gastric chamber with the aim of enhancing efficiency in long-term weight loss. The standardization of this technique quickly made the procedure the most performed in the USA, replacing Mason's vertical banded gastroplasty. In Brazil, this technique was named Fobi-Capella (gastrojejunal Bypass with ring) and introduced around the 90s by Garrido Jr, with excellent results in weight loss compared to procedures that did not use the ring, making this procedure the first choice in most of the services at that time. The mortality rate of Roux-en-Y Gastric Bypass with a ring (RYGB-R) can be as high as 1%, and ring-related complications can be as high as 2.5%. Ring narrowing is one of the complications of this method, usually occurring later. Treatment consists of surgical removal of the ring, although, evidence shows weight regain of approximately 90% of the cases. Some authors suggest resizing the pouch to reduce weight regain, however, to this day there is no criteria for resizing the pouch after removing the ring. **Methods:** Case report. Review of physical and electronic medical records. **Results:** We present two patient cases with a history of RYGB-R, that have shown in recent months, food intolerance and progressive dysphagia. Both underwent ring removal, one with pouch resizing and the other without pouch resizing; being the resizing criteria the BMI, the history of weight loss or regain, and surgeon's experience. During the 2-month follow-up, the patients showed weight stabilization. **Conclusion:** There is no consensus on ring removal and pouch resizing in RYGB-R stenosis. Resizing can be done using the criteria of BMI, history of weight loss and gain, and surgeon's experience.

E-POSTER.084**COESAS****Nutritional profile of patients in the pre- and post-surgical sleeve in a clinic in the city of Fortaleza/CE**

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Purpose: To evaluate the profile of Sleeve bariatric surgery patients during the first year after surgery. **Methods:** Data from the medical records of

both gender patients of a private clinic in the city of Fortaleza/ CE who underwent surgery in 2022 were collected: sex, age, weight, body mass index and whether surgery was performed by private or insurance. **Results:** 47 of the 58 patients were female and 11 males. Only 23 underwent medical follow-up during the study period: 21 women and 2 men with an average age of 39 years (39 for women and 45 for men). 21 patients underwent surgery by insurance and 2 private reimbursements. There was an average pre-surgical weight of 103.25 kg (± 17.63), with BMI 38.51 kg/m² (± 3.46), classified as obesity grade II. After 1 month of surgery, patients reduced body weight to 94.77 kg (± 16.8), but remained in obesity grade II with BMI 35.27 kg/m² (± 3.53), which represents a weight loss of 8.21%. In the period from 3 to 12 months after surgery, there was a significant reduction in body weight with average weight of 73.81 kg (± 13.5), which corresponds to 28.51% of weight loss. **Conclusion:** High female demand for bariatric surgery was found, corroborating data from the literature on seek for obesity treatment and concern with body image imposed by society. The data showed that weight loss is more pronounced 12 months after surgery, changing the classification from obesity to overweight. However, a worrying fact was the loss of follow-up of bariatric patients, which may contribute to weight regain and complications. Therefore, a follow-up with the multidisciplinary team, composed by surgeon, nutritionist and psychologist.

E-POSTER.085

METABOLIC AND BARIATRIC SURGERY

Bariatric surgery in patients with type 1 diabetes mellitus: case report and literature review

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Background: Rising obesity rates in type 1 diabetes mellitus (T1DM) patients poses complex challenges. Bariatric surgery holds promise for weight loss and mitigating obesity-related issues in T1DM individuals. However, its impact on glycemic control remains uncertain. Our study explores a 44-year-old female with T1DM and obesity, who underwent three surgical interventions. We analyze surgical outcomes, seeking to consolidate insights on bariatric surgery in T1DM, emphasizing weight loss, glycemic control, and comorbidity improvement. **Methods:** Patient R.M.M., a 44-year-old woman diagnosed with T1DM and grade II obesity, underwent three surgeries: gastric band (2013), sleeve gastropasty (2016) and sleeve to Roux-en-Y Gastric Bypass (RYGB) conversion (2021). The RYGB produced superior results in weight control, BMI, glycosylated hemoglobin, blood glucose and basal insulin compared to other techniques. **Results:** Data show that after surgery, there was a significant reduction in Body Mass Index, which indicates that RYGB may be an effective approach to weight management in patients with T1DM with overweight or obesity. This reduction in BMI is associated with improvement in insulin resistance and glycemic control. **Conclusion:** In conclusion, when assessing different types of bariatric procedures for patients with T1DM and obesity, RYGB emerges as an effective intervention, significantly enhancing blood glucose stability and offering promising outcomes for this population.

E-POSTER.086

METABOLIC AND BARIATRIC SURGERY

Endoscopic treatment of acute cholangitis in post-RYGB and post-cholecystectomy patient: case report

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Purpose: Presentation of a case report of a patient with cholangitis after open RYGB, in which Endoscopic Retrograde Cholangiopancreatography (ERCP) was used associated with laparoscopic gastrotomy. **Methods:** A 39 years-old female patient with previous open RYGB and cholecystectomy, presented 15 days after abdominoplasty with pain in the upper abdomen associated with jaundice, fecal acholia, choluria, emetic episodes, and fever. Initial investigation tests confirmed choledocholithiasis. Antibiotic therapy was started and ERCP was requested. Laparoscopic access was indicated to create a gastrotomy of the excluded stomach due to previous intestinal transit diversion, and thus continue with the passage of an endoscope and cannulation of the duodenal papilla. **Results:** ERCP findings of a fistula in the suprapapillary duodenal bile duct with frankly purulent secretion, marked dilation of the intra- and extra-hepatic bile ducts, with hepatocolledoc measuring 16mm in diameter associated and a stone measuring 16mm, suggesting choledocholithiasis. Endoscopic papillotomy was performed and, due to the impossibility of eliminating the stone from the duodenum, a plastic biliary endoprosthesis was introduced into the hepatic bile duct. The immediate PO was performed in the ICU, but progressed uneventfully and was discharged in satisfactory clinical conditions for outpatient follow-up. **Conclusion:** Cholangitis is uncommon after RYGB. Furthermore, the importance of intervention via ERCP in these patients is highlighted, as it requires an unconventional and multidisciplinary approach to access the duodenal papilla and main bile duct. Despite the lack of therapeutic standardization, it is presented an alternative therapy with the use of minimally invasive technique, despite previous open surgery.

E-POSTER.087

METABOLIC AND BARIATRIC SURGERY

Thiamine deficiency after bariatric surgery: case report

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Purpose: Report the case of a patient who underwent Roux-en-Y Gastric Bypass (RYGB) that developed beriberi disease and got a late diagnosis even presenting classical symptoms. **Methods:** Medical record review. **Results:** A 29 years-old female patient with a BMI of 49, 12kg/m² associated to liver steatosis, lumbar spine osteoarthritis, cigarette and alcohol consumption, and a previous cerebral thrombosis. She had RYGB in September 2022 and about six months after presented prostration, mental confusion, depression, and nystagmus, associated with pain and paresthesia in lower limbs. She consulted with an Orthopedist due to the low back pain and had some improvement with analgesics and anti-inflammatory. About 3 months later, she was hospitalized after clinical worsening, with the diagnosis of peripheral neuropathy by a Neurologist. Only 10 months after RYGB she complained of these symptoms to the Bariatric Surgeon, along with low acceptance of multivitamins, inadequate diet, low protein intake, sedentary lifestyle, and alcohol drinking at least 3 times per week. An additional investigation about vitamins identified really low levels of Thiamin (Vitamin B1), finally getting a late diagnosis of Beriberi disease. **Conclusion:** Nutritional vigilance is pivotal after bariatric surgery.

E-POSTER.088**METABOLIC AND BARIATRIC SURGERY****Effectiveness of intraoperative methylene blue test in predicting staple line failure**

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Purpose: Diagnostic analysis of Intraoperative methylene blue testing (IMBT) in the prediction of undetected anastomotic failures during surgery, avoiding postoperative leakage of staple lines after bariatric surgery (BS). **Methods:** Systematic review, on the databases of Public Medical Literature Analysis and Retrieval System Online, Scielo, and VHL Regional Portal. The following descriptors were used: "Methylene blue", "Gastric Bypass", "anastomotic fistula" and "vertical gastrectomy", delimited between the years 2018 to 2023. **Results:** Postoperative anastomotic leakage is the main and most common complication after gastric bypass, with reports ranging from 1% to 9%, being a significant cause of morbidity, poor quality of life and prolonged hospital stay. Therefore, the use of IMBT was initiated to check the safety of the suture. Thus, the positive predictive value (PPV) and negative predictive value (NPV) calculate the determination of postoperative leaks and, consequently, the realization of staple line overlaps. MBSAQIP database from 2015 to 2016 showed that out of 175,353 patients undergoing BS, only 1,116 (0.6%) had postoperative bleeding complications, demonstrating the high efficiency of the test. Another study, with 97% of BS being Sleeve Gastrectomy, reported that IMBT was positive in 1.67%, enabling early detection of staple line failure. In addition, IMBT showed a sensitivity of 22%, specificity of 98%, PPV of 11% and NPV of 99%. **Conclusion:** Intraoperative methylene blue test is effective in detecting staple line failure, so that it acts as an important prophylactic tool in reducing postoperative leakage.

E-POSTER.089**METABOLIC AND BARIATRIC SURGERY****Occurrence of gastric fistula in a superobese patient after sleeve gastrectomy: case report**

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Background/purpose: Sleeve gastrectomy (SG) is a simple procedure when compared to other types of bariatric surgery. However, complications can occur, one of the most severe is the gastric fistula, which can lead to sepsis, demonstrating the importance of prompt diagnosis and intervention. Patients with super-super-obesity (BMI > 60 kg/m²) have a higher risk of developing complications. **Methods:** Male, 43 years old, 282 kg, BMI 87 kg/m², went through a SG. Three days later the patient presented with tachycardia. Laboratory workup indicated leukocytosis and an elevated CRP. A positive Methylene blue test indicated the presence of a fistula. He started on antibiotics and had an endoscopy for endoprosthesis in the esophagogastric junction. After 04 days he still had leukocytosis, elevated CRP, and tachycardia. A new endoscopy was performed, demonstrating the need to position another endoprosthesis in the antral region of the stomach. Afterwards, the patient progressed with improvement. After 8 months he had achieved an excess weight loss of 66%. **Results:** The occurrence of gastric fistulas after bariatric surgery is a rare and severe complication. It's the leakage of stomach acid

which can lead to an infection. The main symptoms are tachycardia, nausea, vomiting, fever and leukocytosis. A CT with oral contrast is the best diagnostic method and improves the conduct definition. The use of endoprosthesis aims to diminish the intragastric pressure, draining the liquid and assisting with the closure of the leaking spot. **Conclusion:** The case demonstrates the management of gastric fistula in patients with super-super obesity, displaying the importance of an early diagnosis in order to avoid major complications. The use of Blake-drain in order to indicate endoprosthesis seems to be a safe and minimally invasive treatment.

E-POSTER.090**COESAS****Influence of gender and type of bariatric and metabolic surgery on postoperative weight loss in individuals with obesity treated at a university hospital in Rio de Janeiro**

Hilana Moreira Paiva; Érika Duarte Grangeiro; Leysimar de Oliveira Siais; Priscila de Matos Silva Garcia; Fernanda Mattos; João Régis Ivar Carneiro; Eliane Lopes Rosado. UFRJ - Rio de Janeiro - RJ - Brasil.

Purpose: To evaluate the influence of gender on weight loss after 6 and 12 months of metabolic and bariatric surgery (MBS) using Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy (SG) techniques. **Methods:** This is a cross-sectional, retrospective study. Individuals of both gender, adults and elderly people who underwent MBS between 2012 and 2022 in the Bariatric Surgery Program were included. Anthropometric data (body weight, height and body mass index and excess weight loss in absolute and percentage values) were analyzed. Excess body weight in the baseline period was estimated. For statistical analysis, the individuals, who were categorized according to gender and anthropometric indicators, were analyzed in the preoperative, 6 months and 12 months postoperative periods. All tests were performed using the Statistical Package for the Social Sciences (SPSS) version 22.0, considering $p < 0.05$. **Results:** 80 adult individuals were eligible, 64 women and 16 men. Of these, 42 women and 4 men SG, while 22 women and 12 men had RYGB. When comparing the groups according to gender and surgical technique, no significant difference was observed in anthropometric indicators in the periods analyzed. Therefore, we can highlight that regardless the choice of procedure and gender, individuals achieved a reduction in the analyzed parameters. **Conclusion:** Regardless of gender and surgical technique used, weight loss and reduction in other anthropometric indicators were similar in individuals treated at the MBS program. The importance of MBS as a complementary treatment in cases of severe obesity stands out, adapting the technique to each patient's profile and related diseases.

E-POSTER.091**COESAS****Comparison of weight loss and glycemic control after Roux-en-Y Bypass and Sleeve surgeries**

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Purpose: To evaluate weight loss and glycemic control in adults undergoing bariatric surgery, 6 and 12 months after surgery, comparing the Roux-en-Y Bypass (RYGB) to Sleeve Gastrectomy (SG). **Methods:** Cross-sectional, retrospective study, with data collected from medical

and nutrition records. 91 individuals of both sexes, adults, and elderly, were included, distributed according to the procedure: SG G1 (n=46) and RYGB G2 (n=45). Anthropometric indicators (weight, height, and calculated body mass index (BMI) and percentage of excess weight loss (%PEP)) and laboratory indicators (blood glucose and glycated hemoglobin (HbA1c)) were analyzed. The variables were analyzed at baseline, and 6 and 12 months postoperative. For statistical analysis, SPSS version 22.0 was used, considering $p < 0.05$. **Results:** At baseline, both groups had grade III obesity. After six months, G1 achieved grade I obesity and G2, grade II obesity. After 12 months, both groups presented grade I obesity. Regarding glycemic indicators, both groups had elevated HbA1c values (≥ 5.7 and < 6.5), indicating increased risk for T2DM. After six months, both groups showed normal fasting blood glucose and HbA1c values (< 100 mg/dL and $< 5.7\%$, respectively). At twelve months, fasting blood glucose and HbA1c values remained stable. SG group had a reduction in fasting blood glucose compared to the beginning, but without difference between six and twelve months, and HbA1c did not show changes in the periods evaluated. In the RYGB group, both fasting blood glucose and HbA1c decreased between the beginning and six months PO, remaining stable afterward. **Conclusion:** Patients undergoing RYGB had a higher BMI in the period before and after six months of surgery. There was no significant difference between groups regarding weight loss after 6 and 12 months. RYGB proved to be more effective in reducing HbA1c compared to SG.

E-POSTER.092

COESAS

Anthropometric evolution of patients with grade 5 and 6 obesity undergoing bariatric and metabolic surgery

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Purpose: To compare the anthropometric indicators of patients with obesity (grades 5 and 6) preoperatively and after 6, 12 and 24 months of metabolic and bariatric surgery (MBS) with Sleeve Gastrectomy (SG) and Roux-en-Y Gastric Bypass (RYGB). **Methods:** This is a cross-sectional and retrospective study. Adult individuals of both sexes undergoing MBS were evaluated preoperatively and after 6, 12, and 24 months of MBS. Anthropometric indicators were analyzed (weight, height, body mass index (BMI) and perimeters: waist, abdomen and hips. In addition, excess body weight (EW) and excess weight loss (EWL) were calculated in absolute value and percentage. The Statistical Package for the Social Sciences (SPSS) version 22.0 was used for analysis, considering $p < 0.05$. **Results:** Twelve adult individuals with 48.5 ± 15.0 years-old and 72.56 ± 11.67 kg EW. Significant changes were observed in all anthropometric indicators in the periods analyzed. Body weight reduced from baseline to 6 ($p=0.04$), 12 ($p<0.001$) and 24 months ($p<0.001$) of MBS, with significant difference between these intervals. BMI, WC and PQ showed a significant reduction between baseline and 12 ($p<0.001$) and 24 months ($p<0.001$). It is important to mention that the BMI went from grade 5 to grade 1 after 24 months. EWL reduced between 6-12 months ($p=0.04$) and 6-24 ($p=0.01$), but not 12-24 months interval. **Conclusion:** The present study demonstrates that MBS results in weight loss and loss of excess weight, in addition to a reduction in other anthropometric indicators and in the classification of the degree of obesity, especially at 12 and 24 months postoperatively.

E-POSTER.093

METABOLIC AND BARIATRIC SURGERY

Impact of bariatric surgery on PTH levels: systematic review

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Background/Purpose: Bariatric surgery can affect several aspects of metabolism and hormonal balance. Parathyroid hormone (PTH) is produced by the parathyroid glands and plays an important role in controlling calcium and phosphorus levels in the body. To evaluate PTH levels in patients admitted to bariatric surgery and investigate its association with clinical outcomes. **Methods:** A literature review was carried out using the PubMed database for the period from 2013 to 2023. The descriptors "Bariatric Surgery" OR "Bariatric Surgery" AND "PTH Levels" OR "PTH Levels" were combined for the search. 32 articles were identified, of which 29 were excluded for not meeting the main objective. The final analysis was carried out based on 3 articles. **Results:** Convergence was identified through the articles analyzed regarding the relationship between PTH and parameters related to mineral metabolism. It was observed that the reduction in fat mass resulted in a decrease in circulating PTH, regardless of variations in parameters related to mineral metabolism, such as 25OHD, calcium and phosphorus levels, as well as renal function. On the other hand, another study highlighted that sleeve gastrectomy was associated with high PTH levels, especially postoperatively, which may be related to vitamin D deficiency and lower calcium levels, even with supplementation recommended to patients. Secondary hyperparathyroidism becomes common after malabsorptive bariatric surgery, emphasizing the transmission of the PTH axis in maintaining normocalcemia in states of malabsorption. **Conclusion:** PTH levels in patients admitted to bariatric surgery may be directly related to a variety of relevant clinical symptoms.

E-POSTER.094

COESAS

Evaluation of the percentage of excess weight loss in the postoperative period of bariatric and metabolic surgery

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Purpose: To evaluate the percentage of excess weight loss (% EWL) of patients undergoing metabolic and bariatric surgery (MBS) with Sleeve Gastrectomy (SG) and Roux-en-Y Gastric Bypass (RYGB) after 6 and 12 months. **Methods:** This is a cross-sectional, retrospective study, with data collected from medical records and records from the nutrition team of the obesity and bariatric surgery program (PROCIBA) at the Clementino Fraga Filho University Hospital. Individuals who underwent MBS from August 2012 to August 2022 were included, of both sexes, adults, and elderly, diagnosed with severe obesity and distributed into two groups according to the surgical technique used. The %EWL was calculated using the equation: $\%EWL = (\text{preoperative weight} - \text{current weight}) \times 100 / (\text{preoperative weight} - \text{ideal weight})$. **Results:** A total of 91 patients met inclusion criteria, with 46 SG and 45 RYGB. After 6 months of SG, the % EWL was 62.49% (IIQ = 19.22%), being above expectations and the reference value (50%). After 12 months, the % EWL was 65.38% (IIQ = 9.96%), coinciding with the result margin for this phase (65%). For RYGB, 6 months %EWL was 61.10% (IIQ = 14.18%), demonstrating a higher percentage than

estimated (45 to 55%). After the 12th month, %EWL was 67.92% (IIQ = 10.62%), being comparable with other values cited (60 – 70%) in the literature. **Conclusion:** According to the % EWL, both procedures were successful in the late postoperative period. In this context, both SG and RYGB have similar results regarding the success of MBS in terms of %EWL.

E-POSTER.095

METABOLIC AND BARIATRIC SURGERY

Pharmacobezoar 25 days after revisional bariatric surgery

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Background/Purpose: Pharmacobezoar is a rare postoperative complication, highlighting the need to understand the intricate interaction between postoperative physiological changes and medication use. This study presents a clinical case report and a review of the literature on the incidence, diagnosis and treatment of pharmacobezoars after bariatric surgery (BS). **Methods:** A clinical case was reported of a patient who developed a pharmacobezoar 25 days after revisional bariatric surgery (RBS) with conversion from sleeve to bypass due to gastroesophageal reflux. Additionally, a literature review was conducted using the terms “pharmacobezoar” and “bariatric surgery” in PubMed, covering data from 2004 to 2023. **Results:** The formation of bezoars is considered uncommon, with a prevalence of 0.43% in patients undergoing upper digestive endoscopy. Bezoars are classified into four categories according to their composition: phytobezoars, trichobezoars, pharmacobezoars, and lactobezoars. Pharmacobezoars are those formed by medications. The use of medications, together with changes in gastrointestinal motility and anatomy, favors the formation of bezoars. Patients may be asymptomatic or present with a variety of gastrointestinal symptoms such as intestinal obstruction, ulcers, gastric perforation, and bleeding. The diagnosis is usually established through endoscopy. Treatment options include chemical dissolution, endoscopic removal, or surgical removal. In the case reported, a 33-year-old female patient underwent RBS and after 25 days presented vomiting after eating. The diagnosis was confirmed by endoscopy, which identified the formation of a pharmacobezoar after the use of cefuroxime to treat urinary tract infection. Removal of the bezoar was performed endoscopically, without complications. **Conclusion:** Pharmacobezoars are rare formations, and diagnosis and treatment are generally performed through upper digestive endoscopy. It is important to consider them in the differential diagnosis of obstructive symptoms of the upper gastrointestinal tract in the postoperative period of bariatric surgery.

E-POSTER.096

METABOLIC AND BARIATRIC SURGERY

Post-sleeve leakage associated with pulmonary embolism: case report

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Background: Although safe, sleeve gastrectomy (SG) is not free from complications. While gastric fistula and pulmonary embolism (PE) are well reported and associated with great severity, their association is uncommon. **Methods:** We report the case of a male 58 years-old patient with 130Kg and BMI 42kg/m², that presented intense abdominal pain and peritoneal irritation to

physical examination, disorientation and fever, five days after SG. Abdominal CT showed extravasation near the His angle. Treatment was started with antibiotics and placement of endoprosthesis by endoscopy. In the next day he presented PE. It was chosen to place an Inferior Vena Cava Filter (IVCF), since full anti-coagulation was not indicated because of recent endoprosthesis. Patient evolved with clinical improvement after the procedure and withdrew endoprosthesis after fifteen days. Nine months later, the patient has a BMI of 34 kg/m² with normal life. **Results:** Gastric fistula after bariatric surgery is a rare complication. The location varies according to procedure and CT with contrast is the best diagnostic method. Treatment is based on drainage of abdominal collections with correction of the fistula by endoscopic means, in order to reduce complications inherent to surgical approach. Regarding respiratory complications, PE is the most common and associated with a higher mortality rate, especially with BMI > 40 kg/m². In this case report, the patient presented simultaneously the two most serious complications after bariatric surgery. **Conclusion:** The case demonstrates management of a patient who experienced two of the most serious complications after SG, demonstrating the importance of early and correct diagnosis of such complications to ensure adequate treatment.

E-POSTER.097

COESAS

Association between neck and abdominal circumference and metabolic syndrome in obese patients referred for bariatric surgery at a military hospital in Rio de Janeiro

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Background: The Body Mass Index (BMI) is the most widely used anthropometric indicator in the assessment of obesity because it is easy to apply. However, new indicators are being used for a more efficient diagnosis, such as abdominal circumference, which is related to the risk of cardiovascular diseases, and neck is related to the development of cardiovascular diseases and peripheral insulin resistance. **Purpose:** To evaluate the neck and abdominal circumference of people with obesity and to relate the results of this evaluation to risk factors for the development of metabolic syndrome. **Methods:** Observational study of patients who were candidates for bariatric surgery at the HFAG. Anthropometric evaluation was carried out using body mass index (BMI), neck circumference (NC), abdominal circumference (AC) and laboratory evaluation. Data collection took place in May and June 2023, and was approved by the Research Ethics Committee (CEP) under CAAE number 69798923.0.0000.5250. **Results:** 22 women were assessed, 8 with grade II obesity and 14 with grade III, with an average age of 49 years. 64% had diabetes, 54% hypertension, and 40% dyslipidemia. All of them were at very high risk of developing cardiovascular disease, with an average AC of 119 cm. 68% had the minimum requirements for a diagnosis of metabolic syndrome, and 73% of those with metabolic syndrome had a NC greater than 36.5 cm. The average glycemic level was 107 mg/dl, cholesterol 176 mg/dl, triglycerides 119 mg/dl and HDL-c 46.6 mg/dl. **Conclusion:** Due to the prevalence of obesity and its consequences for the population, anthropometric assessment is essential for defining nutritional strategies. The relationship between NC measurement and metabolic syndrome markers is also noteworthy, which is why its use in cardiovascular risk assessment should be encouraged.

E-POSTER.098**METABOLIC AND BARIATRIC SURGERY****Laparoscopic gastric bypass as a safe and effective alternative in the treatment of severe metabolic syndrome: case report**

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Background/Purpose: Obesity is a highly prevalent disease in the Brazilian population. This clinical condition directly affects the health and quality of life of its patients, as they are more likely to develop a series of comorbidities, such as cardiovascular problems, type 2 diabetes mellitus (T2DM), dyslipidemia, and many others. The aim of this study was to report one case of laparoscopic roux-en-y gastric bypass (RYGB) as a safe and effective alternative in the treatment of severe metabolic syndrome (MS). **Methods:** A 49-year-old female patient with hypertension, T2DM and dyslipidemia was referred for metabolic surgery. **Results:** She underwent RYGB, after recommendation from her cardiologist and evaluation by the surgeon and multidisciplinary team. The procedure was uneventful and soon after she achieved a significant reduction in glycemic levels, blood pressure levels, triglycerides, cholesterol, and a significant weight loss. **Conclusion:** It can be concluded that surgical treatment for patients with obesity and diabetes is an effective alternative, especially in controlling MS, thus improving the quality of life of patients undergoing this procedure.

E-POSTER.099**COESAS****Eat or get anesthesia? Subjective specificities of the mourning patient's relationship with food**

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Background/Purpose: Grief is an eminently human experience, in which there is a process of subjective suffering when faced with the meaning of a loss. When we are faced with someone's grief, we have to look at what is at stake, what do we lose of ourselves when we lose something or someone? This idea is crucial to understanding the intertwining of grief and the experience of obesity. Therefore, it is essential to address the issue of obesity considering not only biological factors, but also the psychological and emotional aspects involved. The objective is to analyze the subjective specificities of the bereaved patient's relationship with food during postoperative follow-up. **Methods:** It is a clinical case study attended at a private clinic in Salvador, specialized in the clinical and surgical treatment of obesity. The data were obtained through the evolution of the psychological record. This is a 35-year-old patient who underwent bariatric surgery (BS) and has difficulty losing weight post-surgery. Obesity accompanied him from childhood to adulthood. He tried numerous attempts to lose weight, including admission to an obesity clinic, but when he left treatment, his father died and his weight began to return. Food appears as a way to numb the pain of unworked grief. After the loss, the patient goes to bariatric surgery. **Results:** After BS it is difficult to maintain treatment and lose weight, and with follow-up there is a subjective update of grief and a return of compulsive crises. During postoperative follow-up, one begins to seek the meaning of food within the compulsive scene, as there was no hunger. Patient recognizes the meaninglessness of the compulsive act and associates it with not working through grief. During follow-up, there was a significant reduction in compulsive crises as the patient was able to elaborate

and give new meaning to her grief. **Conclusion:** Overeating in a short space of time seems to be associated with unworked grief. This is when psychotherapy and specialized clinical management become necessary for post-operative treatment.

E-POSTER.100**METABOLIC AND BARIATRIC SURGERY****The influence of the size of the gastroenteric anastomosis of the gastric bypass in the treatment of patients with morbid obesity**

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Background/Purpose: Laparoscopic Roux-en-Y gastric bypass (RYGB) surgery has become one of the most used techniques. Much is discussed regarding the real influence of the size of the gastrojejunal (GJ) anastomosis of the RYGB on the outcome of patients with morbid obesity undergoing bariatric surgery. The present study proposed to evaluate the influence of the size of the GJ anastomosis on weight loss outcomes after 1,2 and years of RYGB. **Methods:** Patients who underwent bariatric surgery at the Center for Obesity and Metabolic Syndrome at Hospital São Lucas da PUCRS between 2012 and 2014 and who underwent routine upper digestive endoscopy after one year were included. Medical records of 200 patients were reviewed, and preoperative data were collected, and postoperative follow-up. Patients were divided into two groups: anastomosis ≤ 1.5 cm (Group 1) and > 1.5 cm (Group 2) at endoscopy 1 year. The measurement of the size of the anastomosis was obtained by endoscopy. **Results:** Of a total of 200 patients, 4 were excluded from the group with anastomoses ≤ 1.5 cm and 2 from the group with anastomoses > 1.5 cm, all of them due to pregnancy. The average age of the 194 patients evaluated in the sample was 38 ± 9 years, BMI 46 ± 7.7 kg/m² and waist circumference 130 ± 13 cm. It can be highlighted that in a period of 12 months, Group 1 lost 78% of excess weight; while Group 2 lost 82% ($p = 0.104$). At 24 months, Group 1 had a loss of 79%, while Group 2, 82% ($p = 0.29$). Finally, at 36 months, Group 1 lost 83% and Group 2, 80% ($p = 0.538$). **Conclusion:** There were no significant differences in percentage of weight loss between groups of different size of GJ anastomosis, and the present study is still in the data collection phase in order to be able to analyze a greater number of variables.

E-POSTER.101**COESAS****Nutritional monitoring of a patient undergoing bariatric embolization and sleeve gastrectomy in a university hospital**

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Purpose: A case report comparing weight loss and food consumption 6 months after a patient undergoing two different procedures: bariatric embolization (BE) and Sleeve Gastrectomy (SG). **Methods:** Female patients 41 years-old who underwent BE and after 3 years had a SG. Anthropometric data (weight, BMI, waist circumference WC), and food consumption were extracted from the medical records before (T0) and 6 months (T6) after each procedure. Weight loss (in kg e %) and percentage of excess weight loss (%EWL) were calculated 6 months

after each procedure. Fasting Insulin and HbA1c were evaluated in T0 and T6 after BE, HbA1C were analyzed before and 6 months after SG. **Results:** In BE, %EWL was 27.34%, with a percentual weight loss of 7.16% in T6 (T0=92.2/T6=85.6kg). BMI and WC at T0 and T6 were 33.90 kg/m²-31.40 kg/m² and 105-100cm, respectively. There was a significant reduction in total calories consumption between T0 (1588.6kcal) and T6 (711kcal), the same occurred with dietary fibers (T0=16.8g/T6=8.9g). For macronutrients, there was an increase in carbohydrates 53.6 to 56.8% and protein 14.6 to 19.4% and a decrease in lipid consumption (31.8 to 23.8%). There was a decrease in insulin levels (18.71 to 4.78 mg/mL) and an increase in HbA1c (5.6 to 5.9%). Three years after BE, due to weight regain, she underwent SG. At T6, %EWL was 63% and percentual weight loss of 21.36% (103 kg-81kg). BMI and WC reduced from 37.8 to 29.77 kg/m² and 107 to 86cm, respectively. Total kcal reduced 6 months after the SG, T0=1200kcal and T6 816 kcal. There was an increase in the dietary fibers 5.7g – 6.2 g and in carbohydrates 54 – 66%, with a reduction in protein 18 – 16% and lipids 28-18 %. HbA1c decreased from 5.7% to 5.2% in T6 after SG. **Conclusion:** Obesity is a chronic and complex disease, where multiple treatments may be necessary, such as BE and SG. BE can help in the treatment of grade I and II obesity, but more studies are needed to understand its role in changing eating patterns and weight regain. Performing SG in this patient after BE was safe and demonstrated greater weight loss and an improvement in blood glucose.

E-POSTER.102

METABOLIC AND BARIATRIC SURGERY

Conversion from sleeve gastrectomy to gastric bypass due to late esophageal fistula: case report

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Background/Purpose: The main complications after Sleeve Gastrectomy (SG) are leakage and vomiting due to excessive food intake with the volume restriction performed. Revisional bariatric surgery (RBS) is a set of procedures performed in patients previously submitted to bariatric surgery after an unsatisfactory initial approach that led to complications. The main indications are weight regain and/or failure to lose weight, comorbidities or complications such as marginal ulcer, fistula, internal hernia and pouch dilatation/stenosis. **Methods:** RBS case report and literature reviews indexed in PubMed and Scielo. **Results:** A 37-year-old woman who underwent SG on 23/11/2022 for the treatment of grade III obesity returned on the 35th postoperative day with a late esophageal fistula (LEF) in the topography of the His angle. Endoscopic placement of the "Pig Tail" drain in the fistulous tract associated with the nasoenteric tube was chosen for 5 months. Control endoscopy was performed and showed complete resolution of the LEF, and chest tomography, with consolidation in the lower lobe of the left lung and pleural thickening suggesting bronchopneumonia near the gastric surgical stapling due to fistula recurrence. RBS was performed with conversion from SG to Roux-en-Y gastric bypass. **Conclusion:** The occurrence of post-bariatric gastric fistula ranges from 0.9% to 2.6% reaching up to 8%. This complication is often found at the His angle, due to possible ischemia in the area of lateral stapling. The fistula can release secretion into the subphrenic region, leading to complications in the left lung and gastrocutaneous fistula. RBS is still the gold standard for large, complicated or failed endoscopic fistulas.

E-POSTER.103

COESAS

Mental illnesses in individuals before bariatric surgery: literature review

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Background/Purpose: Individuals in the preoperative period of bariatric surgery (BS) may present high levels of psychiatric comorbidities such as: depressive, anxiety and compulsive eating disorders. The objective was to carry out a search in the literature of Randomized Clinical Trials (RCTs) evaluating the presence and follow-up of treatment for mental illnesses in individuals in the preoperative period of bariatric surgery. **Methods:** RCTs searches were carried out in the PubMed and Scielo databases, using the keywords Bariatric Surgery and Mental Disease. The inclusion criteria were studies carried out on individuals who had undergone BS and who had some type of psychiatric illness, such as depression, anxiety or compulsive eating disorders. Studies that did not have mental illness as their main objective or that evaluated the postoperative period were excluded. **Results:** 21 articles were found. Of these, 19 were excluded: 13 did not associate any mental illness, 1 did not deal with BS and 5 evaluated patients in the postoperative period. The two eligible articles emphasized that cognitive behavioral therapy (CBT) interventions improved patients' quality of life and mental health after BS. One of the studies evaluated the effectiveness of a preoperative CBT intervention delivered via telephone (Tele-CBT) and showed improvements when compared to standard treatments to improve eating psychopathology and psychosocial functioning. The other study presented results of a CBT intervention in individuals preoperatively, evaluating depression, anxiety and eating behavior, finding an improvement in these aspects and a significant reduction in BMI. **Conclusion:** Therapeutic approaches with CBT or Tele-CBT proved to be effective strategies for improving symptoms of eating disorders. These interventions demonstrated benefits related to the mental illnesses evaluated, such as improving depression, tolerance to negative emotions, binge eating and anxiety in these patients in the preoperative period of bariatric surgery.

E-POSTER.104

COESAS

Effects of physical exercise and nutrition on the treatment of obesity and cancer prevention: literature review

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Background: Obesity reached epidemic proportions by reaching at least 2.8 million deaths per year. Future projections are that by the year 2025 the number of overweight individuals will increase to 2 billion, thus causing a greater risk of cancer and other diseases. Studies on non-pharmacological treatment of obesity and cancer include a combination of physical activity and proper nutrition. **Purpose:** The objective of this study is to analyze the effects and relationship of exercise and diet for the treatment of obesity and how it can help prevent cancer. **Methods:** A literature review was conducted with 17 articles, with exclusion criteria for those who did not address this topic and inclusion articles related to physical exercise, food, obesity and cancer, in the databases Scielo, Google Scholar and Pubmed. **Results:** A study conducted in the public institution of Maringá, identified that of 252 sedentary adults, 84.1% were overweight, 53.2% were obese and 98% had a risk of metabolic complications. Another study identified that the main risk factors for cancer would be sedentary lifestyle, overweight, diet rich in sausages

and low intake of fruits and vegetables. **Conclusion:** In view of what has been discussed, it was concluded that for the treatment of obesity and prevention of cancer it is necessary to adopt an active and healthy lifestyle, with more constant physical exercise and adequate nutrition.

E-POSTER.105

METABOLIC AND BARIATRIC SURGERY

Endoscopic and histopathological evaluation 10-12 years after mini gastric bypass: risk of gastric cancer?

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Purpose: Evaluation of preoperative and postoperative endoscopic and histopathological results in patients who underwent One Anastomosis Gastric Bypass (OAGB) surgery. **Methods:** Observational and retrospective study. **Results:** From 2009 to 2023, medical records of 127 patients who underwent OAGB were analyzed (72.4% female). Of these, 98 patients underwent Upper Digestive Endoscopy (UGE) in the postoperative period, with the following findings: antritis in 45 patients; duodenitis in 1; esophagitis in 52 (88.46% mild); gastritis in 9 (mild); pancreatitis in 27; incipient hiatal hernia in 10; gastric ulcer in 2 patients, and 1 with columnar metaplasia. Regarding histopathological evaluation, 14 patients were not included. Therefore, 84 patients had the following alterations: H. pylori infection in 69% of the cases; chronic esophagitis in 34 patients (76.4% mild); chronic gastritis in 8; active pancreatitis in 9 and inactive pancreatitis in 16; fundic gland polyps in 2 (H. pylori positive); and intestinal metaplasia and atrophy in 2 patients, with one of them concomitant with H. pylori infection. After 10-12 years, endoscopic and histological evaluations were repeated in these patients with the following findings: esophagitis in 30 patients (90% mild); gastritis in 21 (with only 1 being severe with signs of recent bleeding); pancreatitis in 1 patient; hiatal hernia in 5; anastomotic stenosis in 1; jejunal ulcer in 7 patients; gastric stump ulcer in 1; anastomotic mouth ulcer in 1, and moniliasis in 2 patients. The majority remained without H. pylori infection (89.5%), and histopathological findings included: chronic esophagitis in 37 patients (72.9% mild); chronic gastritis in 45 (88.8% mild); inactive pancreatitis in 1; alkaline reflux in oxyntic mucosa in 4; hyperplastic polyps in 1; papillomatosis and keratinization of esophageal mucosa in 1, and complete intestinal metaplasia in 1 patient. **Conclusion:** In this study, no significant malignant or pre-malignant lesions important for gastric cancer were identified in endoscopic and histological analyses after OAGB.

E-POSTER.106

COESAS

Hedonic hunger in candidates and individuals undergoing bariatric and metabolic surgery

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Background/Purpose: Hedonic Hunger (HH), which refers to the appetite for foods with high palatability, has been identified as

one of the main factors for the global increase in obesity. Several authors have argued that HH can be predictive of outcomes after metabolic and bariatric surgery (MBS), being inversely related to the percentage of weight lost after surgery. The present study aimed to evaluate and compare HH between candidates to MBS and those undergoing MBS. **Methods:** This is a cross-sectional observational study, which included candidates and individuals undergoing MBS, with one-anastomosis gastric bypass (OAGB) and single anastomosis sleeve ileal (SASI). An online survey was sent to participants via Google Forms to collect anthropometric data and assess HH levels through the questionnaire Power of Food Scale. **Results:** 64 individuals were included, 68.8% female, with an average age of 48.39 years. Of the 32 individuals who underwent MBS, 75% had performed OAGB and 25% SASI. Lower HH levels were observed in individuals undergoing MBS (2.60 ± 1.03 vs. 2.83 ± 0.87 ; $p=0.350$). However, there was no significant relationship between HH, and the type of surgery performed ($p=0.093$). No relationship was observed between BMI and HH ($p=0.382$). However, in the group of individuals undergoing MBS, a tendency was observed for a greater percentage of weight loss to be related to a decrease in HH levels ($p=0.284$). **Conclusion:** Lower levels of HH were observed in individuals undergoing MBS, and there was also a tendency for a greater percentage of weight loss to be related to a decrease in HH levels.

E-POSTER.107

METABOLIC AND BARIATRIC SURGERY

Roux-en-Y gastric bypass vs sleeve gastrectomy: which bariatric technique was the most performed in Brazilian regions by the public health system (SUS) between 2016 and 2021?

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Background/Purpose: One in four Brazilians is diagnosed with obesity and 64% of the population is overweight. Additionally, obesity is associated with increased mortality, as it confers a risk factor for non-communicable chronic diseases, such as diabetes mellitus and atherosclerosis. Due to the prevalence of this pathology, the demand for bariatric surgery has also significantly increased. It is known that the Roux-en-Y gastric bypass (RYGB) and the sleeve gastrectomy (SG) are the most frequently performed. This study aims to determine which of these surgical techniques was the most commonly performed in Brazilian regions between 2016 and 2021. **Methods:** This ecological descriptive study is based on secondary data collected via the Internet through the Brazilian Unified Health System Data Processing Department (DATASUS), on the Tabnet platform, on the SUS Informational System page (SIH/SUS), from January to May of 2022. **Results:** Analysis of data regarding RYGB and SG procedures during the study period revealed that RYGB was performed in 98% of cases across all regions. Regarding mortality rates, RYGB had a death rate of less than 1%, whereas no mortality rate data were found for SG. Furthermore, it was observed that the South region had the highest number of surgical procedures, while the North region had the lowest number, despite the latter concentrating the capitals with the highest obesity rates in the country, according to 2021 data from Vigitel. To finalize, a temporal analysis between the years of 2016 and 2021 evidenced an increase in the number of surgeries before the COVID-19 pandemic, with 2019 recording the highest number, totaling 11.478. **Conclusion:** RYGB surgery was the most frequently performed technique when compared to the SG, due to its high degree of effectiveness in terms of weight loss and long-term improvement in comorbidities.

E-POSTER.108**METABOLIC AND BARIATRIC SURGERY****Waist-to-height ratio for evaluating cardiovascular risk in pre-bariatric patients**

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Background/Purpose: The traditional use of waist circumference (WC) and body mass index (BMI) as indicators of cardiovascular comorbidities has been questioned considering the suggestion that the waist-to-height ratio provides a more accurate assessment of body fat distribution and risks associated with excess abdominal fat to evaluate cardiovascular risk in candidates for bariatric surgery (BS).

Methods: A cross-sectional study approved by the Ethics Committee (CEP 56313521.2.0000.5549) with a convenience sample of candidates for BS, of both sexes, over 18 years old, who signed informed consent forms. Sample characterization was performed through interviews. Waist circumference measurement was taken with a measuring tape at the midpoint between the ribs and the iliac bone, and height was measured using an anthropometric scale. **Results:** Eleven patients (10 female / 1 male) with an average age of 33.45 years and an average BMI of 42.93 were included. Different levels of physical activity and medical conditions were observed. Waist-to-Height Ratio (WHR) values ranged from 0.61 to 0.76, indicating a high cardiovascular risk. Systolic blood pressure ranged from 110 to 180 mmHg, and diastolic blood pressure ranged from 70 to 110 mmHg, with waist circumferences ranging from 99 to 126.5 cm. **Conclusion:** The approach highlights that BMI and WC should not be the sole factors evaluated. The inclusion of WHR broadens the view of body fat and health risks. The results emphasize the importance of incorporating WHR as a complement to health assessment, especially when considering associations between waist circumference, BMI, and health indicators.

E-POSTER.109**METABOLIC AND BARIATRIC SURGERY****Report on in-hospital follow-up and monitoring by the multidisciplinary team for patients undergoing bariatric surgery**

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Background/Purpose: This study reports on the in-hospital monitoring of patients undergoing metabolic and bariatric surgery (MBS) using the WhatsApp® application. The multidisciplinary team, comprised of nurses, nursing technicians, physiotherapists, psychologists, nutritionists, surgical instruments, and doctors, shares information within a group, ensuring continuous and collaborative care. The use of the application has shown effectiveness in providing multidisciplinary support to patients, resulting in better post-surgical outcomes and early detection of complications. **Methods:** The multidisciplinary team provides comprehensive care to patients. Using the WhatsApp® application for communication, team members exchange information. Prior to surgery, patient details, including comorbidities and surgical techniques, are exchanged, allowing for detailed planning. The psychologist conducts telephone counseling. The doctor visits, answers questions, and establishes a connection. On the day of surgery, the nursing team administers medications and monitors vital signs. After surgery, the team addresses the patient's needs, including physiotherapy, nursing care, and nutrition. Continuous sharing of information in the WhatsApp® group allows for a coordinated and holistic approach throughout the treatment. **Results:** Real-time

multiprofessional monitoring enables immediate observation of the postoperative period, leading to the early detection of complications. This enables swift and effective interventions, resulting in better outcomes, faster and safer recovery. **Conclusion:** The increasing use of MBS is notable. This approach emphasizes the effectiveness and accessibility of patient care and safety through a multidisciplinary approach and real-time surveillance, with low cost and compliance with the General Data Protection Law (LGPD).

E-POSTER.110**METABOLIC AND BARIATRIC SURGERY****Accuracy of abdominal ultrasound in identifying steatosis and NASH in obese patients**

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Background/Purpose: NAFLD (nonalcoholic fatty liver disease) refers to the accumulation of fat in the liver, with or without associated inflammation and/or fibrosis, ruling out other causes of liver disease. The prevalence of NAFLD ranges from 10-46% in the US; currently, it is one of the major causes of liver transplantation in this country. The gold standard for identifying and grading the disease is liver biopsy, a low-risk but invasive method. Some non-invasive methods have been evaluated for the diagnosis. In this study, we evaluated the ability of simple abdominal ultrasound (AUS) to identify hepatic steatosis and NASH (nonalcoholic steatohepatitis) in patients with obesity. **Methods:** Medical records of patients who underwent bariatric surgery and laparoscopic liver biopsy from January to July 2023 were analyzed. Data were collected about the preoperative AUS and also the anatomopathological result of the liver biopsy. To define NASH, we used the NAS score (NAFLD Activity Score) at a score above 5, based on the biopsy results. **Results:** 63 patients were included. The accuracy of AUS in identifying hepatic steatosis was initially evaluated, with a sensitivity of 82% and a specificity of 77%, with positive (PPV) and negative (NPV) predictive values of 93% and 53%, respectively. The accuracy of ultrasound to identify NASH was also evaluated. Initially, we considered all AUS that showed steatosis for the analysis, obtaining the following results: sensitivity of 100%, specificity of 36%, PPV of 23% and NPV of 89%. Afterwards, we used only AUS that showed moderate to severe steatosis for analysis, obtaining a sensitivity of 50%, specificity of 77%, PPV of 29% and NPV of 89% in identifying NASH. **Conclusion:** Abdominal ultrasound has good accuracy in hepatic steatosis, with reasonable sensitivity and PPV values; however, for the identification of NASH, this test was not accurate, even analyzing only cases with moderate to severe steatosis. Intraoperative liver biopsy is still the gold-standard.

E-POSTER.111**METABOLIC AND BARIATRIC SURGERY****Proposal for a photographic manual for patients undergoing bariatric surgery**

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Background: As a result of bariatric surgery, many individuals have quantitatively and qualitatively inadequate diets, which can cause sarcopenia. **Purpose:** Develop photographic material of portions, which offer adequate distribution of macronutrients according to the recommendations of the 2020 Guidelines. **Methods:** To prepare the manual, the Food Guide for the Brazilian Population (2014) and the reference of the Guidelines:

carbohydrates 130g-40%, lipids 20%-35% and protein 10%-35%, from 1200 to 1400 kcal/day. **Results:** A record of 8 preparations was obtained. Breakfast: Option 1: Tapioca (40g); chicken (60g); avocado (40g); chia (10g); Carbohydrates: 29g-40% Lipids: 9g-29% Proteins: 22g-31%. Option 2: Scrambled eggs (110g); 50g whole meal bread (50g); tomato (10g); Whey protein isolate (15g); apple banana (50g); Carbohydrates: 38g-40% Lipids: 11g-26% Proteins: 32g-34%. Lunch: Option 3: Rice (50g); black-eyed peas (40g); chicken fillet (85g); strawberry pumpkin (25g); arugula (10g); tangerine (110g); olive oil (8g); Carbohydrates: 38g-40% Lipids: 11g-26% Proteins: 32g-34%. Option 4: Rice (50g); carioca beans (40g); chicken thigh (95g); tomato (10g); cabbage (15g); apple (102g); Carbohydrates: 36g-40% Lipids: 10g-26% Proteins: 31g-34%. Afternoon snack: Option 5: milk smoothie with papaya (150ml); Whey protein isolate (15g); whole meal bread (25g); butter (7g); Carbohydrates: 23g-40% Lipids: 7g-26% Proteins: 20g-34%. Option 6: Natural yogurt (110ml); strawberry (40g); oats (20g); Whey protein isolate (10g); Carbohydrates: 18g-40% Lipids: 5g-25% Proteins: 16g-35%. Dinner: Option 7: White rice (50g); carioca beans (40g); beef (85g); beetroot (20g); zucchini (25g); pear (100g); olive oil (5g); Carbohydrates: 36g-40% Lipids: 11g-27% Proteins: 29g-33%. Option 8: White rice (50g); black beans (40g); steak (65g); plain lettuce (10g); carrot (15g); pear orange (140g); Carbohydrates: 33g-40% Lipids: 11g-29% Proteins: 26g-31%. **Conclusion:** In conclusion, the photographic manual can be a good nutritional education tool, with the exception of protein intake as a macronutrient base.

E-POSTER.112

COESAS

Bypass surgery: an analyzes of body composition outcome

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Purpose: To analyze the patient's health and body composition data evolution through three evaluations following bypass surgery. **Methods:** Data were collected from the patient during three different evaluations in 2022, spaced three months apart. These evaluations were conducted by a physical education professional at the Barifitness office in São Paulo using the bioimpedance technique. Data collected included weight, height, waist circumference (WC), abdomen circumference (AC), hip circumference (HC), waist-to-hip ratio (WHR), percentages of muscle mass and fat mass, visceral fat, and basal metabolic rate (BMR). Data were tabulated using Excel and Word. **Results:** Notable results from the evaluations include: In the 1st evaluation, the patient had a BMI of 44.4 and a WHR of 0.84, indicating grade III obesity and centralized fat distribution. Muscle mass and fat mass percentages were 24% and 48.1%, respectively, with visceral fat measuring 20. The BMR was calculated as 2034. In the 2nd evaluation, the patient's weight reduced to 104.7 kg, and BMI decreased to 38.5. The WHR decreased to 0.82, and visceral fat decreased to 18. Muscle mass and fat mass percentages remained similar to the 1st evaluation, with a BMR of 1644. In the 3rd evaluation, the patient's weight reached 97.6 kg, with a BMI of 32.6. The WHR decreased further, reaching 0.60. Muscle mass and fat mass percentages were 33.4% and 40.2%, respectively, and visceral fat remained at 18. The BMR was calculated as 1465. **Conclusion:** Significant reductions in weight, BMI, and body fat measurements were observed, demonstrating the positive effects of surgery and medical care. Additionally, improvements in fat distribution were noted. Our study emphasizes the importance of continuing post-operative treatment, monitoring the patient's progress to maintain long-term results.

E-POSTER.113

COESAS

Prevalence of pernicious anemia in preoperative patients undergoing bariatric surgery in the city of Niterói-RJ

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Purpose: To evaluate the prevalence of vitamin B12 deficiency in preoperative patients undergoing bariatric surgery (BS) in the city of Niterói (RJ). **Methods:** We included adult patients who were treated at a private nutrition clinic in the city of Niterói (RJ) and had an indication for BS within the last 4 years. We evaluated their serum concentrations of vitamin B12, BMI, the presence of gastritis, as well as the use of proton pump inhibitors (PPI). **Results:** Fifty-six patients were evaluated, with a mean age of 36.8±9.4 years. Among the patients included in the study, 87% were scheduled for Roux-en-Y Gastric Bypass (RYGB) and 13% for Sleeve Gastrectomy (SG). The average serum vitamin B12 levels were 460±189 pg/mL, with an inadequacy rate of 43.9% in the study sample. The mean BMI was 41.6±4.8 kg/m². Only three patients were using PPI (5.3%), and 18 had gastritis and/or gastric ulcers (31.6%). No significant correlation was found between Vitamin B12 and age (r=-0.138, p=0.39) or BMI (r=0.147, p=0.36). Patients with gastritis were more likely to have significantly inadequate Vitamin B12 levels (p=0.04). **Conclusion:** Obesity can lead to micronutrient deficiencies due to incorrect dietary patterns, and the presence of gastritis can exacerbate this condition. After BS, several factors contribute to the worsening of these deficiencies, such as poor absorption and/or reduced gastric production of hydrochloric acid, which is essential for the bioavailability of vitamin B12. Therefore, attention should be given to preoperative assessment of this micronutrient, as well as its individualized replacement, to ensure a satisfactory surgical outcome.

E-POSTER.114

COESAS

Comparison of glucose profile, anthropometric indicators and sweets and sweetened beverages consumption in women with obesity with and without the presence of LEP rs7799039 polymorphism

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Background/Purpose: Sweets and sugar-sweetened beverages have been widely consumed on a global scale, and may lead to increased energy density, hyperinsulinemia, and development of obesity. Furthermore, the presence of the risk allele of the leptin gene (LEP) has been associated with increased consumption of the total energy and sweets, and body weight gain. **Methods:** Cross-sectional study, including adult women with grade II and III obesity. Blood analyzes and anthropometric assessment were performed after 12 hours of overnight fasting, by duly trained personnel. Waist/height ratio and body mass index (BMI) were calculated. Food consumption was obtained through the validated Semiquantitative Questionnaire of Food Consumption Frequency. Genotyping was performed using the 7500 fast Real-Time PCR System. For statistical analyses, the SPSS software version 25.0 was used, considering p-value <0.05. Values were expressed as median and interquartile range. **Results:** 48 women were included in the study, with the following characteristics: BMI 46.62 ± 7.41 kg/m² and age 48.61 ± 11.85, in the group without polymorphism (n=25)

and, BMI $45, 77 \pm 6.42 \text{ kg/m}^2$ and age 51.48 ± 11.48 in the group with polymorphism ($n=23$). No statistical differences were observed for anthropometric indicators, such as BMI ($p=0.749$), waist/height ratio ($p=0.516$), neck circumference ($p=0.443$), waist circumference ($p=0.476$), glucose ($p=0.577$), insulin ($p=0.353$), glycated hemoglobin ($p=0.764$), dietary fiber density ($p=0.861$), carbohydrate consumption ($p=0.796$) and frequency of consumption of sweets and sugar-sweetened beverages ($p=0.885$). **Conclusion:** No differences were observed in anthropometric indicators, glycemic profile and sweets and sweetened beverages consumption between groups with and without the presence of the rs7799039 polymorphism in the LEP gene.

E-POSTER.115

METABOLIC AND BARIATRIC SURGERY

Severe acute pancreatitis after revisional bariatric surgery for obesity: case report

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Background/Purpose: Bariatric surgery (BS) has emerged as a therapeutic option for individuals struggling with morbid obesity and its comorbidities, leading to effective and sustained weight loss. In some cases, weight relapse or onset of gastroesophageal reflux disease (GERD) may lead to the need for revisional surgery (RS). Acute pancreatitis is defined as sudden inflammation of the pancreas, which can be severe (SAP), according to the Atlanta criteria, when it presents hemodynamic instability, due to organ failure, which does not resolve within 48 h. SAP is a rare complication, especially in patients undergoing RS and its etiology remains multifactorial including cholelithiasis, pancreatic duct injury, ischemia, and trauma. **Methods:** Case report addressing SAP after RS due to recurrence of obesity in a patient submitted to Sleeve Gastrectomy 7 years ago. **Results:** 44-year-old male with previous Sleeve 7 years ago, presented recurrence of obesity with indication of RS, performed on 27/07/2023 (open Roux-en-Y due to abdominal adhesions). On the 7th day, he sought emergency due to abdominal pain and change of the Blake drain, becoming purulent. After 14h of hospitalization evolved with hemodynamic instability and increased abdominal distension. He underwent laparotomy where a large amount of hemato-purulent fluid with clots, necrosis of the spleen and tail of the pancreas with candle drippings suggestive of SAP were observed. No fistulas were identified. Abdominal cavity drainage with debris removal + total splenectomy was performed. The patient remained in serious condition, evolving to death after 24h. **Conclusion:** In the literature, the incidence of SAP after RS is almost nil ($<1\%$). One of the rarest complications of SAP is pancreatic ascites produced by pancreatic necrosis that may rupture the pancreatic duct and extravasate pancreatic juice into the peritoneum; necrosis of neighboring organs such as colon or spleen may also occur, as it did in this patient.

E-POSTER.116

COESAS

Association of sugar and sweetener consumption with the richness and diversity of the gut microbiota of women with obesity class 2 and 3: pilot study

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Background: Inadequate dietary patterns and dysfunctions in the gut microbiota (GM) may be closely related with obesity. Excessive consumption of sweeteners and sugars can negatively affect the composition of GM,

leading to a possible imbalance known as dysbiosis, which may be associated with obesity and other chronic diseases. So far, there is a scarcity of studies associating sweetener and sugar consumption with GM unbalance in obesity. **Purpose:** To evaluate the association of sugar and sweetener consumption with GM richness and diversity in women with obesity class 2 and 3. **Methods:** This is a cross-sectional study, where 40 adult women with obesity class 2 and 3 were selected. The participants were divided into two groups, according to self-reported consumption of sugar (G1 $n=19$) and sweetener (G2 $n=21$). There was no quantification of sugar consumption, nor was information collected on the type of sweetener consumed. The GM composition was evaluated by the 16S ribosomal sequencing method, which allows, on a large scale, the recognition and classification of microorganisms according to their taxonomy. Statistical analyzes were performed using SPSS v. 22.0, considering $p\text{-value} < 0.05$. **Results:** There was no significant difference between the groups, both in richness, considering the level of genera ($p=0.768$) and phylum ($p=0.872$), and in GM diversity, also at the level of genera ($p=0.611$) and of phylum ($p=0.768$). **Conclusion:** The consumption of sugar and sweetener seems to have a similar influence on GM, in terms of richness and diversity of genera and phyla. However, further studies are needed to analyze the amount of sugar consumed and the types of sweeteners used, as these variables may be involved in defining the GM composition.

E-POSTER.117

COESAS

Comparison between sugar and sweetener consumption on blood glucose, glycated hemoglobin and insulin in women with obesity class 2 and 3: pilot study

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Background: Obesity is a complex disease that has become a public health concern on a global scale. It is associated with inadequate eating patterns, which leads to a series of metabolic complications, including increased blood glucose. Excessive consumption of sugar has been identified as one of the contributing factors to the imbalance of glucose metabolism. Furthermore, the increasing use of sweeteners as an alternative to sugar also raises questions about their possible effects on glucose metabolism. **Purpose:** To compare blood glucose, glycated hemoglobin (HbA1c) and fasting insulin among women with class 2 and 3 obesity who consume sugar and sweeteners. **Methods:** Analytical cross-sectional study, carried out with 40 adult women with obesity class 2 and 3. The participants were divided into two groups, with based on their reports of sugar (G1, $n=19$) and sweetener (G2, $n=21$) consumption. Blood samples were collected in the morning, following the 12-hour overnight fasting protocol, by duly trained personnel, for analysis of fasting glucose, HbA1C and insulin by enzymatic-calorimetric method. SPSS v. 22.0, considering significant $p\text{-value} < 0.05$, for statistical analyses, results were expressed as median and interquartile range. **Results:** The women in the G1 and G2 groups had, respectively, BMI (median \pm interquartile range) of 47.33 (14.48) and 45.15 (9.18) kg/m^2 and age of 41 (19.00) and 45.15 (9.18) kg/m^2 and 58 (12.00) years. Participants using sweetener had significantly higher fasting glucose and HbA1C concentrations ($p=0.003$). Fasting insulin did not differ between groups ($p=0.169$). **Conclusion:** There was a deleterious effect of sweetener consumption on fasting blood glucose and HbA1c in women with obesity class 2 and 3. However, more comprehensive studies are needed, considering possible confounding factors, to better understand the influence of sweetener consumption. sweetener and sugar on glucose metabolism in women with obesity class 2 and 3.

E-POSTER.118

COESAS

Mineral analysis of specific supplements for bariatric patients

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Background: Supplementation is a strategy for maintaining nutritional status in bariatric surgery (BS) patients, whose mineral deficiencies can be worsened after surgery. **Purpose:** To analyze the minerals in supplements on the market for BS patients. **Methods:** The amounts of minerals in these supplements were compared with the Brazilian Guide to Nutrition in Bariatric and Metabolic Surgery. **Results:** Three brands of supplements were found in drugstores and five on the internet, of which two were discarded. The minerals were compared: calcium, iron, zinc, selenium, copper, magnesium, molybdenum, chromium, manganese, and iodine. Based on the recommendation, none of the supplements met all protocols. In preventing iron deficiency, 50% of the supplements were suitable for men and patients without anemia, whereas in the case of an established deficiency, none of the supplements were suitable. For calcium, the guideline suggests supplementation to prevent hypocalcemia and segments the recommendation by surgical techniques, being for Roux-en-Y Gastric Bypass, Sleeve Gastrectomy and Adjustable Gastric Banding from 1,200 to 1,500 mg orally/day and for malabsorptive surgeries of 1,800 to 2,400 mg orally/day. As a result, only one supplement responded. Zinc deficiency is between 19% and 70% depending on the surgical technique, and among the supplements, 50% were used to prevent deficiency. For selenium and copper, 33.33% of supplements met this protocol. Regarding magnesium, the guide did not adopt a protocol. For molybdenum, chromium, manganese and iodine, there is no indication, and not all met RDA/AI for men and women. **Conclusion:** The composition of nutritional supplements varies in the markets researched. Therefore, for the treatment of post-bariatric surgery, personalization of the supplement is recommended.

E-POSTER.119

METABOLIC AND BARIATRIC SURGERY

Osteoporosis and secondary hyperparathyroidism following gastric bypass surgeryJordan Ribeiro dos Santos Souza¹; Maria Clara Medella Almeida¹; Alexandre Naegele de Oliveira²; Karina Schiavoni Scandellai Cardoso dos Reis¹.¹Centro Multidisciplinar UFRJ - Macaé - RJ - Brasil; ²Secretaria Municipal de Saúde - Macaé - RJ - Brasil.

Purpose: To describe a case of osteoporosis and secondary hyperparathyroidism following Roux-en-Y gastric bypass (RYGB) surgery. **Methods:** This is an observational study of a case report, developed based on clinical observation and reviews of medical records. **Results:** A 65-year-old male patient, diagnosed with diabetes and hypertension, body mass index (BMI) of 37.9 kg/m² (obesity class 2), underwent RYGB. Prior to the procedure, the patient had a bone mineral density (BMD) showing femoral neck T-score of -0.9 standard deviation (SD) and total femur T-score of -1.3 SD. After 19 months of surgery, he presented significant bone loss in the femoral neck and total femur, with T-scores of -3.6 SD and -3.1 SD, respectively, consistent with osteoporosis. He experienced a 40% loss of excess weight, had elevated levels of parathyroid hormone (PTH), low levels of vitamin D, PTH of 118 pg/mL, and 25-hydroxyvitamin D of 8 ng/mL. Currently, the patient is undergoing clinical treatment with bisphosphonates, vitamin D, and calcium citrate. Bariatric surgery is not free from adverse events, and bone loss is among its complications especially in

elderly men. RYGB not only causes vitamin D malabsorption but also reduces calcium absorption. To maintain calcium homeostasis, PTH levels increase, leading to secondary hyperparathyroidism, further contributing to the reduction of bone mass. Additionally, a decrease in leptin, ghrelin and insulin, as well as an increase in GLP-1, play a significant role in bone changes after RYGB. **Conclusion:** This case emphasizes the need for periodic evaluation of BMD in patients undergoing bariatric surgery, as this procedure leads to alterations in calcium absorption, as well as other changes in bone metabolism resulting from changes in intestinal hormones, endocrine factors and adipokines due to weight loss.

E-POSTER.120

METABOLIC AND BARIATRIC SURGERY

Lazzarotto surgery, NASH and liver transplantation

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Background/Purpose: Non-alcoholic steatohepatitis (NASH) is a progressive liver disease associated with obesity and metabolic syndrome. Bariatric surgery (BS) is an effective intervention for patients with morbid obesity, but it can also present challenges in managing pre-existing liver conditions. The Lazzarotto surgery, not recognized by the CFM (Federal Council of Medicine), is based on reducing the absorption area of the small intestine by performing a latero-lateral jejunal-ileal bypass, with hepatorenal failure as a side effect. **Methods:** 56-year-old male patient, followed by hepatology with liver cirrhosis due to NASH. In 2008, he underwent BS with Lazzarotto's technique. Simultaneously to the liver transplantation, a revisional bariatric surgery with reversion to normal anatomy was performed. **Results:** The development of NASH with liver cirrhosis after BS would not be expected, with improvement or stabilization of the condition being likely. In this case, with a non-standard procedure, possible complications such as liver failure or worsening of the fibrotic process can occur. Liver transplantation is an option for cirrhosis/NASH patients and its indication has progressively increased throughout the world. However, it does not resolve the underlying metabolic condition. Bariatric surgery is often indicated pre, trans or post-transplant to control the disease. Here it was necessary to perform revisional surgery with reconstruction of the normal anatomy of the small intestine, even with a possible recurrence of obesity, as the surgery previously performed has the potential to add liver damage again. **Conclusion:** Liver transplantation in NASH cirrhosis is increasing worldwide and revisional bariatric surgery with anatomy reconstruction is feasible and indicated during transplantation, especially when it itself contributes to liver disease, due to its performance model.

E-POSTER.121

COESAS

Effect of systemic arterial hypertension on lipid profile and gut microbiota richness and diversity in women with obesityJullyanne da Silva Gil¹; Vivian Oberhofer Ribeiro Coimbra¹; Leysimar de Oliveira Siais¹; Íris Santana de Melo¹; Rayanne Machado Bulhões e Silva¹; Marcelo Ribeiro-Alves²; Eliane Lopes Rosado¹.¹Instituto de Nutrição Josué de Castro - UFRJ - Rio de Janeiro - RJ - Brasil; ²Fiocruz - Rio de Janeiro - RJ - Brasil.

Background/Purpose: Excessive adipose tissue has been associated with imbalance in the composition of gut microbiota (GM), and development and aggravation of cardiovascular risk factors, like dyslipidemia and systemic arterial hypertension (SAH). Greater GM richness and diversity appears to be associated with health. In contrast,

researchers point out that the lower abundance is associated with lifestyle diseases, such as obesity, dyslipidemia and SAH. That way, this study aims to evaluate the effect of SAH on lipid profile and GM richness and diversity in women with obesity. **Methods:** Cross-sectional study, with 38 adult women with obesity class II and III, divided into two groups, according to the presence (n=22) or not of SAH (n=16). For the evaluation of total cholesterol (TC), triglycerides (TG), non-high density lipoprotein cholesterol (n-HDL-c), blood was collected after twelve hours of overnight fasting, and low density lipoprotein cholesterol (LDL-c) and very low density lipoprotein cholesterol (VLDL-c) were calculated. SAH was self-reported. GM was evaluated by the 16S ribosomal sequencing method, with amplification of V3/V4 regions. The SPSS 25.0 program was used for statistical analyses, considering p-value < 0.05. Data were expressed as median and interquartile range. **Results:** The participants had BMI 45.36 ± 10.90 kg/m² and age 52.00 ± 21.00 years. There was a statistical difference in TC (p=0.006), LDL-c (p=0.007), n-HDL (p=0.009) and gender richness (p=0.021) between groups. **Conclusion:** The population with SAH had lower rates of LDL-c, TC and n-HDL-c and greater abundance of genera richness, which has been linked to beneficial health. The findings corroborate that the GM can play an important role in the regulation of SAH.

E-POSTER.122

COESAS

Cost of nutritional treatment for patients undergoing bariatric surgery at a clinic in Rio de Janeiro

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Purpose: To analyze the profile and cost before and after nutritional treatment of patients submitted to bariatric surgery (BS) considering the number of consultations and supplements, in both phases. **Methods:** This is a single-center retrospective and longitudinal study based on the analysis of 100 patients submitted to BS, in a private clinic in Rio de Janeiro, between 2016 and 2022. The data was extracted from the software used by the nutritionist team, containing all their medical records (Software Medx / version 6.5), as well as their anthropometric profile (weight and height), age, social class, and the consultations either before and after the bariatric surgery (Bypass or Sleeve) and the supplements prescribed. **Results:** Analyzed patient profile, 41 years old, 64 female, 36 male, pre-operative weight 121.5kg and BMI 42.46 kg/m², middle/low class, 5 average consultation quantity (2 pre and 3 post-surgery). Roux-en-Y Gastric Bypass was performed in 71 patients, while 29 had sleeve, with postoperative weight 91.34kg (last consultation) and BMI 32 kg/m². The breakdown costs were R\$1,000.00 for 5 consultations. Regarding supplements such as multivitamins and protein, the average cost was pre-prescription R\$298.00 and post-prescription from R\$519.00; having an average monthly cost of R\$498.00 pre and R\$719.00 post per patient. **Conclusion:** The relevance of our study showed a significant and persistent raise during the first 6 years after bariatric surgery in healthcare costs for patients with obesity, and the continued follow-up consultations and supplements. Bariatric surgery costs are high, since it demands special care and most of the patients are in a determined social class that can't afford these costs, ending up not adopting the treatment as recommended. New nutritional treatment policies for these patients should be encouraged to assist them better through this process.

E-POSTER.123

METABOLIC AND BARIATRIC SURGERY

Retrospective analysis of laparoscopic bariatric surgeries performed under the Brazilian public health system (SUS) in a hospital in the interior of São Paulo

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Purpose: To study retrospectively the quantity and efficacy of laparoscopic bariatric surgery (BS) performed by the Brazilian Public Health System (SUS) in a reference hospital in the interior of São Paulo. Additionally, we aim to compare the obtained data with the current literature. **Methods:** This is an observational retrospective study in which an analysis was conducted on existing data from patients who underwent BS from January 2022 to June 2023. **Results:** Despite the growing popularity of laparoscopy in BS, which has proven to be safer and more effective in recent years, it is not yet fully implemented within SUS, mainly due to its high cost. Considering this, 275 laparoscopic BS were performed under SUS during an 18-month period. The surgical techniques employed included Sleeve Gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB), with a prevalence of 46.5% and 49.5%, respectively. Additionally, 4% of the total number of surgeries were revisional procedures. Postoperative complications were observed in 4% of cases, with documented complications including fistula (1.81%), esophageal perforation by Fouchet (0.36%), thromboembolic events (0.72%), abscess (1.09%), and intestinal obstruction (0.36%). When comparing the results obtained with studies conducted in other private and public healthcare facilities, it is evident that the percentage of postoperative complications is very similar. **Conclusion:** The study demonstrates a moderate to high volume of laparoscopic BS in a public healthcare setting. Furthermore, when comparing surgical techniques, complication rates, and major complications with the current literature, the data appear to be highly consistent.

E-POSTER.124

METABOLIC AND BARIATRIC SURGERY

Adenocarcinoma in excluded stomach after gastric bypass

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Background/Purpose: According to the Ministry of Health, 19.8% of Brazilians presented BMI ≥ 30 in 2019, with a 72% increase in the last 13 years. Obesity raises the risk of digestive system neoplasms. Currently, Roux-en-Y gastric bypass (RYGB) is one of the main techniques used in its treatment. However, it hinders the evaluation of gastric neoplasms in the excluded stomach. **Methods:** We present a case report in which laparoscopic gastrotomy of the excluded stomach allowed the diagnosis of gastric adenocarcinoma. **Results:** 68-year-old female, submitted to RYGB 20 years ago, presented with abdominal pain and melena. Lab results showed 5.6 hemoglobin, and CT showed distension of excluded stomach due to fluid compatible with blood, parietal thickening in antrum/pylorus, and free perihepatic fluid. We proceeded with upper endoscopy without signs of bleeding in the gastric pouch or gastrojejunostomy. Diagnostic laparoscopy was carried out with confection of gastrotomy in the excluded stomach for endoscopic access. A prepyloric ulcer was visualized and biopsied, with histopathology report indicating Lauren intestinal type adenocarcinoma. The patient was submitted to surgical resection of the excluded stomach, with preservation of the gastric pouch. The

pathology report indicated G3, pT1bpN1 gastric antrum adenocarcinoma. She received hospital discharge after 7 days without complications. Adjuvant chemotherapy with FOLFOX was initiated. **Conclusion:** RYBG has been considered the standard bariatric procedure for decades. The diagnosis of gastric cancer in patients submitted to RYBG can be a challenge, since 75% of cases occurred in the excluded stomach, resulting in diagnosis at more advanced stages. Therefore, the discussion of approaches allowing earlier diagnosis of cancer in the excluded stomach is of the utmost importance.

E-POSTER.125

METABOLIC AND BARIATRIC SURGERY

Petersen's hernia in pregnant woman: case report

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Background/Purpose: Brazil is the second country with the highest number of bariatric surgery (BS). Despite the advantages, it is not free from complications. Among them, we can mention intestinal obstructions and semi-occlusions, caused by development of internal hernias, which occur through the mesenteric defect at the level of the enteroenteral anastomosis or Petersen's space. **Methods:** Female, 28 years old, G3P2, 23 weeks pregnant, who underwent BS two years ago, entered emergency room with a history of nausea, vomiting and epigastric pain for one day, which improved after administration of symptomatic drugs. Two months later, she presented a new episode of abdominal pain in the epigastric area, with no changes in laboratory tests. Obstetric causes were ruled out, and surgery was suggested once upper digestive endoscopy and magnetic resonance imaging were performed, presenting no findings. **Results:** Laparoscopy approach revealed an internal herniation in the mesenteric defect with the passage of jejunoileal limb and torsion of the alimentary limb close to the gastrojejunal anastomosis, in addition to adhesions in the uterine fundus and peritoneum, confirming the diagnosis of Petersen's hernia. It was then made lysis of adhesions, reduction of herniated content, distortion of the volvulus of the alimentary limb, closure of the mesenteric defect and an enteropexy in the mesocolon. **Conclusion:** Petersen's hernia is a complication that can occur in 0.5% to 9.5% of patients after BS, but its appearance during pregnancy is rare. Symptoms include abdominal pain, nausea and vomiting. Due to the non-specificity of the symptoms, immediate diagnosis is difficult, with a greater risk of complications. In this case, surgery was indicated as a therapeutic diagnostic tool. Early diagnosis of Petersen's hernia, especially in pregnant women, can prevent complications such as ischemia and intestinal perforation.

E-POSTER.126

METABOLIC AND BARIATRIC SURGERY

Relationship between body mass index and blood pressure in candidates for bariatric surgery in public hospitals in the city of Recife – PE

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Background/Purpose: Bariatric surgery (BS) seems to be the most effective intervention for metabolic profile improvement. According to the Brazilian Society of Bariatric and Metabolic Surgery, Brazil is

the second country where the most bariatric surgeries are performed in the world, behind only the United States. Among Brazilian states, Pernambuco is the state that most performs this type of intervention in the Northeast. In addition to high costs for public health, in some cases the wait for surgery can take months or years. Accordingly, the long wait can worsen the health condition, lead to the individual dying before surgery, or increase the risk of complications during and after the procedure. Particular characteristics of this population, such as excess adipose tissue, are associated with adverse health conditions such as hypertension. **Purpose:** To assess the relationship between BMI and blood pressure (BP) in individuals waiting for BS in public hospitals in the Recife-PE. **Methods:** The data obtained from this research correspond to an excerpt from larger research, already linked to Plataforma Brasil, under number 63172522.0.1001.5192, in accordance with resolution 466/12. For the work in question, 39 participants were analyzed, six of which were male. Regarding the age range of the participants, the variation between 35 years and 59 years stands out. To measure blood pressure, an aneroid sphygmomanometer was used, taking three measurements considering the average of the last two according to the guidelines of the Brazilian Society of Hypertension. For correlation analysis, Spearman's correlation coefficient was used. **Results:** The correlation test did not show a positive correlation between body mass index and blood pressure. **Conclusion:** No relationship was found between BMI and BP among eligible candidates for BS who are on the waiting list in public hospitals in the city of Recife - PE.

E-POSTER.127

METABOLIC AND BARIATRIC SURGERY

Intussusception after Roux-en-Y gastric bypass: not always a benign cause

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Background/Purpose: Obesity contributes to around 20% of cancer cases, with small bowel adenocarcinoma (SBA) being particularly linked to visceral obesity. Late-stage diagnosis is common due to the insidious nature of SBA, but some cases present early due to intussusception of the small bowel (SBI). Bariatric surgery (derivative bariatric techniques) can cause SBI through iatrogenic lead points. In adults, especially those with obesity, intussusception should raise concern for cancer. Therefore, we report an illustrative case report. **Methods:** Patient history and literature review. **Results:** We present the case of a 44-year-old man who had undergone Roux-en-Y gastric bypass (RYGB) surgery fourteen years prior to the presented clinical symptom of postprandial abdominal pain. A computed tomography (CT) scan revealed intussusception, and an upper endoscopy identified an intraluminal pediculated polypoid lesion on the alimentary limb. Surgery was performed to remove the tumor, and the final pathology analysis confirmed well-differentiated adenocarcinoma. SBA is a rare form of gastrointestinal (GI) cancer with a worse prognosis than colon cancer. Surgery is the primary treatment option for SBA, and lymphadenectomy is recommended for optimal staging. Abdominal pain and weight loss are common symptoms of small bowel tumors. Diagnosis is achieved through imaging and endoscopic procedures. Obesity is linked to GI adenocarcinomas, including SBA, due to factors like impaired small intestine movement, insulin resistance, and leptin's role in the GI tract. Weight loss can reduce the risk of GI malignancies but may also delay diagnosis. The impact of bariatric surgery on SBA is not fully understood. Adults with SBI should always be investigated due to the high risk of underlying malignancies. Retrograde intussusceptions occur more frequently after derivative bariatric techniques. **Conclusion:** SBA is a rare but deadly condition, and it is crucial to consider malignancy in adult intussusception cases and also examine the small bowel during post-surgical evaluations.

E-POSTER.128**METABOLIC AND BARIATRIC SURGERY****Epidemiology of bariatric surgery before, per and after the Covid-19 pandemic**

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Background/Purpose: Obesity is today considered a public health problem, affecting various socioeconomic levels, causing high costs to the public coffers with the treatment of its comorbidities and weight loss programs. Bariatric surgery (BS) is the surgical treatment option and is indicated for patients with a BMI of over 40 kg/m² regardless of comorbidities; BMI between 35 and 40 kg/m² with comorbidities and BMI between 30 and 35 kg/m² with severe comorbidities as assessed by a specialist in the respective area. This study aimed to analyze the current panorama of laparoscopic BS procedures in Brazil before, per and after the COVID-19 pandemic. **Methods:** Observational and

descriptive collection of data on laparoscopic BS, available on DATASUS for a period of 3 years - January 2020 to December 2022. **Results:** During the period analyzed, 3,268 hospitalizations were observed. There were 60 records in 2019, 548 in 2020, 886 in 2021 and 1774 in 2022. The total mortality rate in the 3 years studied was 0.009, corresponding to 3 deaths, with 2022 being the only year with deaths recorded. The average total hospitalization stay was 2.9 days, with 2019 and 2020 having the longest stays (4.5 and 3.5 respectively). The Brazilian region with the highest number of hospitalizations was the Northeast with 1,133, followed by the Southeast with 969 and the South with 873. Among the states, the state of São Paulo accounted for most of the hospitalizations, with 815. The region with the highest number of deaths was the South, with 2 cases, while the Northeast had 1, and the others had no deaths. **Conclusion:** BS has been growing in the treatment of obesity, increasing by 2,856% between 2019 and 2022. Also, there was an increase of 2,290% during the pandemic period compared to the pre-pandemic period. In 2022, with the epidemiological framework of the pandemic more stabilized, the number of bariatric surgeries was higher than the sum of all the other years.