

Modern Bariatric and Metabolic Surgery for Your Patients

Living with Obesity

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THIS IS MODERN MEDICINE

Introduction and Background and COI

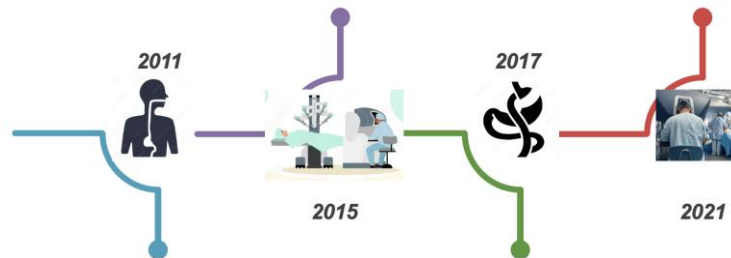


Consultant Upper GI Surgeon – Oesophago-Gastric Cancer, Bariatric and General Surgeon

- Undergraduate – Trinity College Dublin , Upper GI Surgical Training in Dublin Ireland,
- **Fellowship in Lille**, France - Professor Christophe Mariette - 2.5 year in Department of
- **Current Practice** - Upper GI Surgeon in Beaumont Hospital, Dublin Ireland
- First **Robotic Oesophagectomy** Program in Beaumont Hospital
- **One of the Highest Volume Robotic Bariatric Surgery Programs in Europe**
> 400 bariatric cases per annum

My Practice

- Hernias
- Gallbladders
- Reflux
- Bariatrics



Obesity and Bariatric Surgery

1. Obesity and Ireland
2. Obesity a Disease
3. Bariatric Surgery
 - Who?
 - What can you expect for your patient?



WHAT IS THE DISEASE OF OBESITY ?

- Abnormal or excessive fat accumulation that presents a risk to health.
- **BMI > 25 is overweight, BMI over 30 is obese.**

Normal Weight
(BMI 18.5 to 24.9)



BMI 18.5-24.9

Overweight
(BMI 25 to 29.9)



BMI 25-29.9

Obese
(BMI 30 to 34.9)



BMI 30-34.9

Severely Obese
(BMI 35-40)



BMI 35-39.9

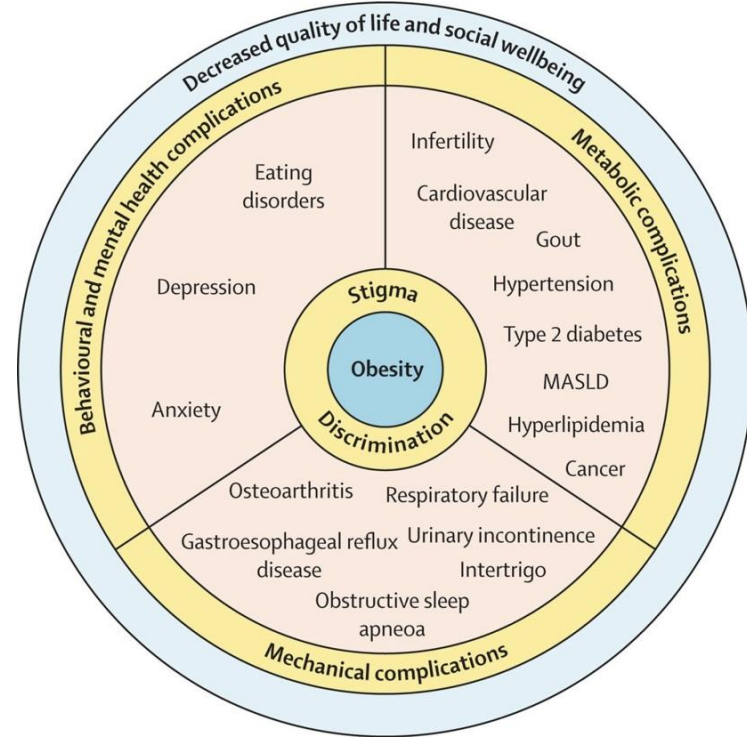
Morbidly Obese
(BMI > 40)



BMI > 40

IRELAND ON COURSE TO BE MOST OBESE COUNTRY IN EUROPE BY 2030

- 60% Irish adults living with overweight or obesity
- Obesity rates in females set to increase from 23% to 57% by 2030
- Obesity is set to overtake smoking as the *leading cause of cancer*
- *Female Cancers a particular concern*



Patient 1

- 46 year old
- On public waiting list for 7 years.
- **Discovered his insurance covers surgery**

- Type II DM - 10 years
- Obstructive Sleep Apnoea
- Hypertension
- NAFLD
- Arthralgia

- **193kg BMI 61**

- **Robotic RYGB** 14 months ago

Patient 1

- Type II DM resolved
- OSA resolved
- Single medication for BP
- Mobile and active
- 123kg BMI 38

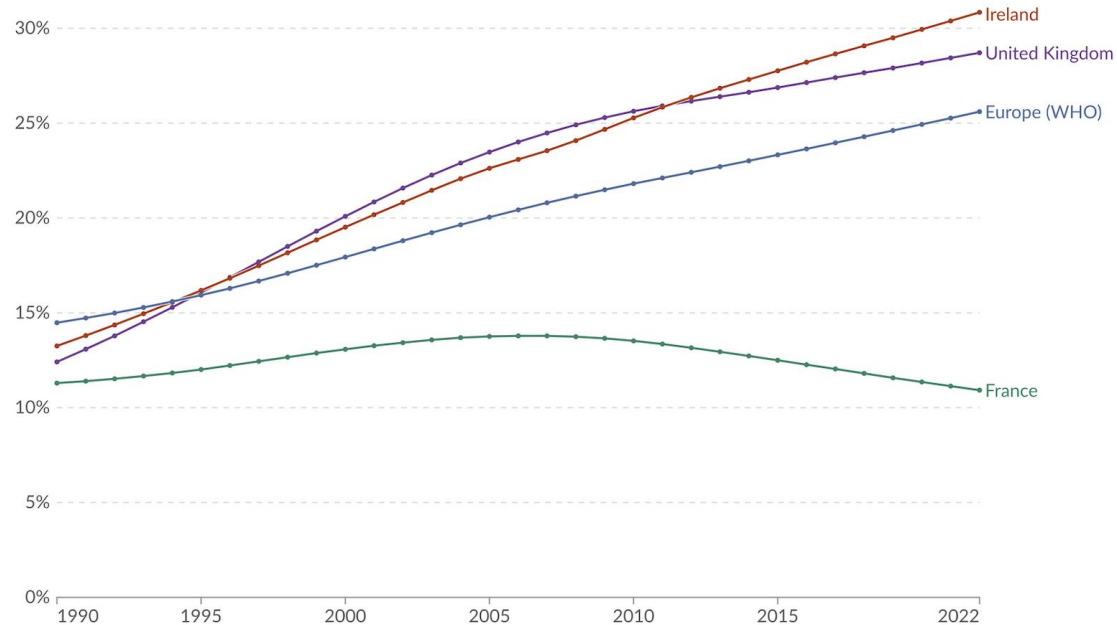
“Life now is an absolute joy—I’m out walking, playing golf, and back on the roads. I’m off all insulin now—it’s all been reversed. I love going shooting, heading to rugby matches, and just enjoying this new version of me. I’m a very happy man with what I’ve achieved in just over a year.

How does Ireland Fare in Obesity Statistics – WHO Data

Obesity in adults, 1990 to 2022

Our World
in Data

Estimated prevalence of obesity¹, based on general population surveys and statistical modeling. Obesity is a risk factor² for chronic complications, including cardiovascular disease, and premature death.



Data source: World Health Organization - Global Health Observatory (2025)

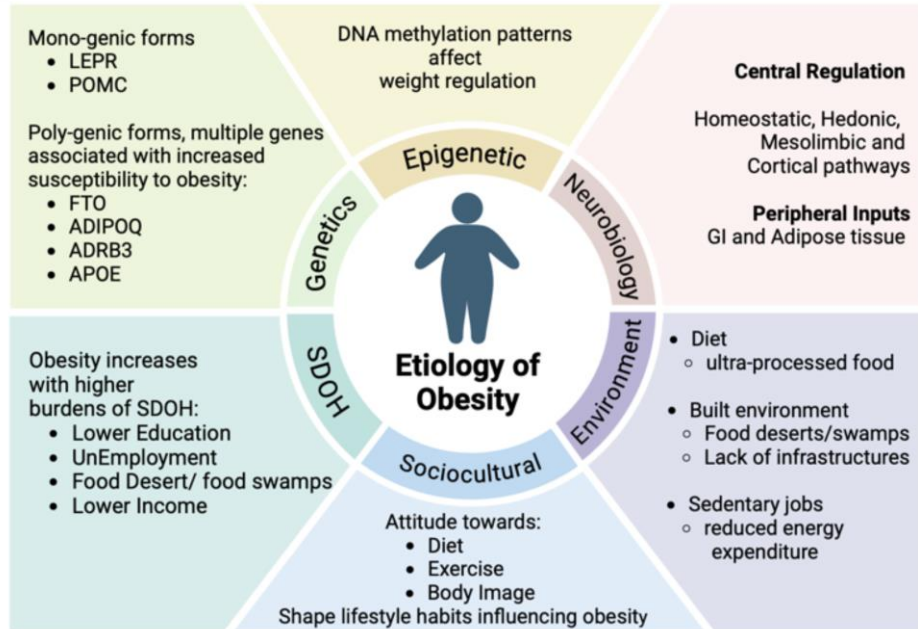
OurWorldinData.org/obesity | CC BY

End the Myth

Obesity is not the result of laziness

Obesity is not your patient's fault

The Drivers of Obesity – Genetics Play a Major Role



Genetic contributions to body mass index over adolescence and its associations with adult weight gain: a 25-year follow-up study of Finnish twins

Alvaro Obeso^{1,2}, Gabin Drouard², Aline Jelenkovic¹, Sari Aaltonen², Teemu Palviainen², Jessica E. Salvatore³, Danielle M. Dick³, Jaakko Kaprio² and Karri Silventoinen⁴



The NEW ENGLAND
JOURNAL of MEDICINE

CURRENT ISSUE ▾ SPECIALTIES ▾ TOPICS ▾

ORIGINAL ARTICLE



The Body-Mass Index of Twins Who Have Been Reared Apart

Authors: Albert J. Stunkard, M.D., Jennifer R. Harris, Ph.D., Nancy L. Pedersen, Ph.D., and Gerald E. McClearn, Ph.D. [Author Info & Affiliations](#)

Five Steps on Obesity in Primary Care – Talking Obesity is Not Always Easy



1. Initiate

1.A Ask permission



2. Diagnose

2.A Assess BMI

2.B Measure waist circumference



3. Discuss

3.A Start the conversation

3.B Take weight history

3.C Set realistic and attainable goals



4. Treat

Discuss a multifaceted approach:

4.A Lifestyle therapy

4.B Pharmacotherapy

4.C Bariatric surgery



5. Follow-up

5.A Assess progress

5.B Modify treatment

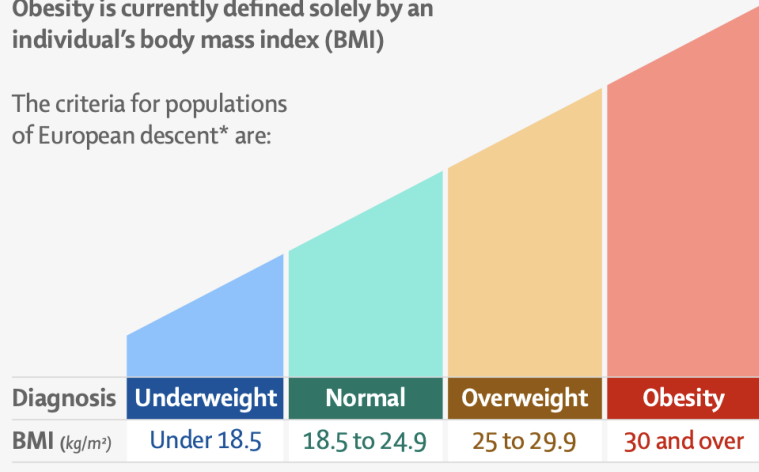
5.C Make a new appointment

Weight and Health not Linear Relationship – BMI a Simplistic Tool?

Limitations of the current definition of obesity

Obesity is currently defined solely by an individual's body mass index (BMI)

The criteria for populations of European descent* are:



Although BMI is **useful** for identifying individuals at increased risk of health consequences...



It **is not** a direct measure of fat



It **does not** establish the distribution of fat around the body

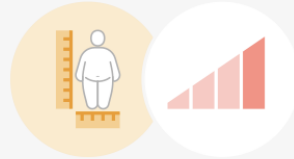


It **cannot** determine when excess body fat is a health problem

Diagnosis and Management of Pre-Clinical and Clinical Obesity

Excess body fat?

The first step in such a diagnosis is confirming excess body fat, which can be achieved via one of the following three criteria:



At least one measurement of body size and BMI

Measurements of body size

The commission defines three measurements of body size that can be used to confirm excess body fat:



Waist circumference

≥102 cm for men*

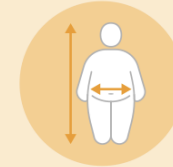
≥88 cm for women*



Waist-to-hip ratio

>0.90 for men*

>0.85 for women*



Waist-to-height ratio

>0.50 for all*

Excess body fat can pragmatically be assumed if BMI is >40 kg/m²

4 Medical history, physical examination, and standard blood test

- Are there signs/symptoms of organ dysfunction?
- Does the individual experience limitations of day-to-day activities?



Obesity is a Disease – Obesity is not a Choice Treatment is not a Choice

Prescription Pad
vs
Multidisciplinary Beacon Bariatric Team

.... Maybe Both!



THIS IS MODERN MEDICINE

Medication –vs- Referral for Bariatric Surgery

- **GLP-1 agonist (e.g. semaglutide, tirzepatide):**
 - Suitable **BMI ≥ 30** , or ≥ 27 with comorbidities.
 - Works well in patients with **moderate obesity** or those unwilling/unfit for surgery.
 - Ongoing Injections , Adherence, Cost
- **Bariatric surgery:**
 - **BMI ≥ 40** ,
 - ≥ 35 with significant comorbidities.
 - Most effective Treatment
 - Once off - Lifelong

Weight Loss Expectations

- **GLP-1s:**
 - **10-15% total body weight loss** (if continued).
 - Effect is medication-dependent; weight regain occurs if stopped.
 - GI Side effect, pancreatitis
- **Bariatric Surgery:**
 - **25–35% total body weight loss** sustained long-term.
 - Safe

Stronger and more durable than medication impact on obesity and comorbidity remission.

Medication –vs- Referral for Bariatric Surgery

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Stronger and more durable than medication

GLP1 vs Surgery – Who Wins Long Term ?

2-year comparative study —results are clear:

▣ Bariatric Surgery vs GLP-1s (semaglutide/tirzepatide):

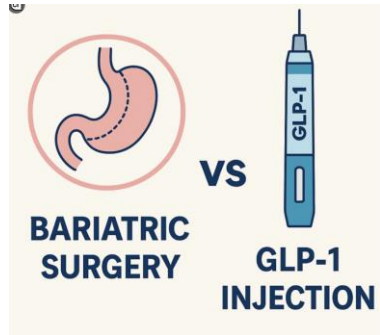
- ◆ **25.7%** total body weight loss with **Surgery** vs **5.3%** with **GLP-1s** (intention-to-treat)
- ◆ Surgery had better HbA1c and other health outcomes
- 🔍 Low weight loss in the medication group - therapy interruptions and discontinuation.

But that's exactly the point!

- ☐ If a treatment is regularly interrupted by high out-of-pocket costs, drug shortages, that limits its real-world effectiveness.

📌 Bottom line:

Severe obesity (BMI ≥ 35), **Bariatric surgery still provides superior long-term outcomes**—and it does so reliably, without being derailed by market forces.



Patient 2

- 32 year old Female
- **Infertility** - Unable to conceive
- Hypertension
- Arthralgia
- 128 kg BMI 44
- Sleeve Gastrectomy 3 years ago

Patient 2

- 32 year old Female
- **Conceived surprisingly** 10 months after surgery
- **Beautiful baby girl Ella**
- Hypertension **resolved**
- Arthralgia gone and **mobility soared**
- **80 kg**
- Sleeve Gastrectomy 2.5 years ago

So What about Surgery

Evidence of its outcomes and Long Term Data

Swedish Obese Subjects Study



The NEW ENGLAND
JOURNAL of MEDICINE

Carlsson LMS et al.
N Engl J Med 2020;383:1535-1543



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Life Expectancy after Bariatric Surgery in the **Swedish Obese Subjects Study**

- Compared long-term mortality and life expectancy bariatric surgery v usual obesity care
- 4047 obese subjects
 - 2010 bariatric surgery
 - 2037 conventional treatment
- Surgery- Life expectancy 3.0 years longer than in control patients

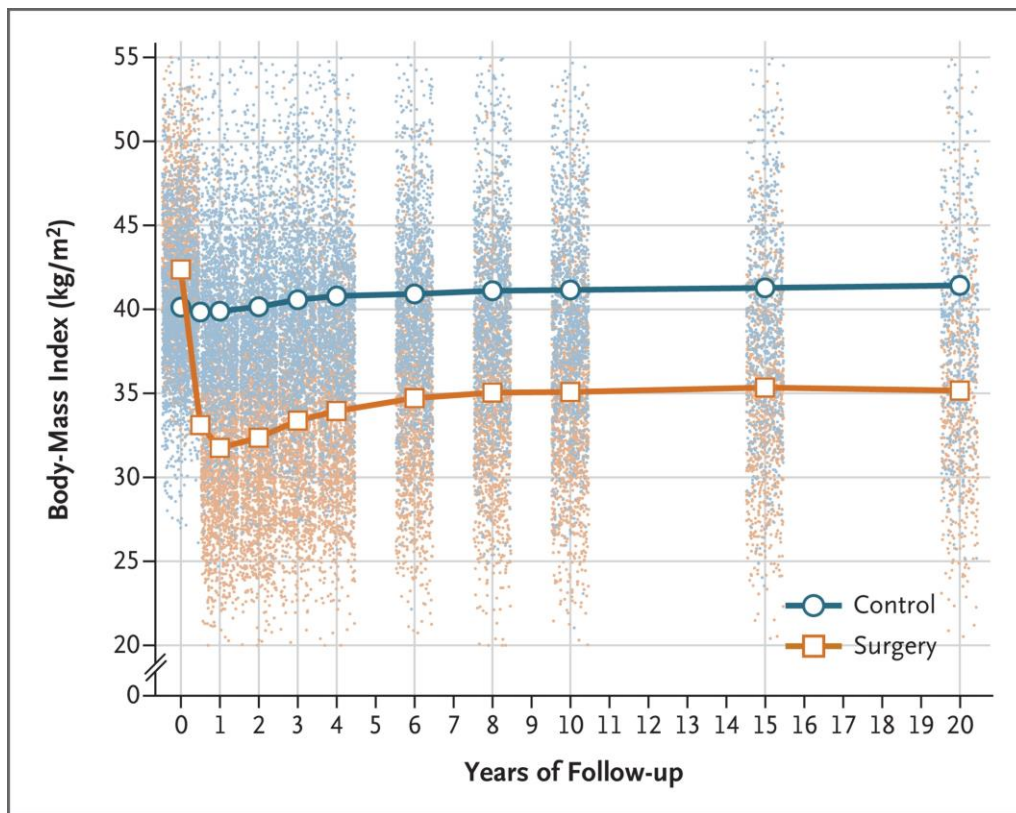
ESTABLISHED THAT

Bariatric Surgery results in

- ❖ **long-term weight loss**
- ❖ **decreased mortality**



Body-Mass Index over a Period of 20 Years in the Control and Surgery Groups.



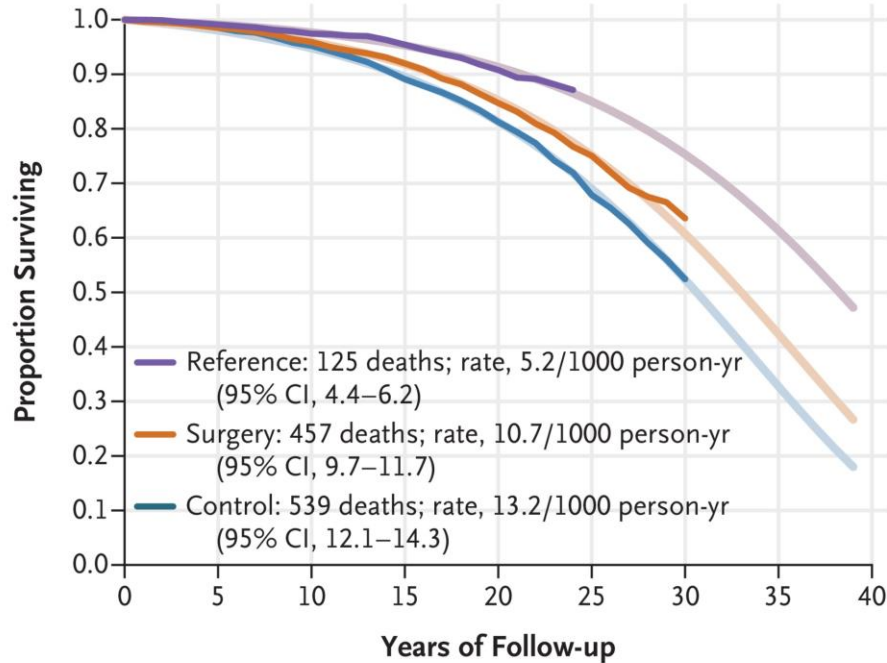
Carlsson LMS et al.
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Weight Loss:

Controls was less than $\pm 2\%$ during the period of up to 15 years

Surgical 1 to 2 years: gastric bypass, 32% - After 10 years, losses from baseline stabilized at 25%.

Survival in the Surgery and Control Groups and in the Reference Cohort.



No. at Risk

Reference	1135	1125	1106	1083	905	0	0
Surgery	2007	1915	1837	1744	1390	580	34
Control	2040	1961	1815	1589	1238	488	26



Carlsson LMS et al.
 N Engl J Med 2020;383:1535-1543

129 deaths in control group
 101 deaths in surgery group.

Reduced deaths after surgery
 from Cardiovascular and
 Cancer Causes

CONCLUSIONS

**Bariatric surgery for severe obesity
 is associated**

- long-term weight loss
- decreased mortality.

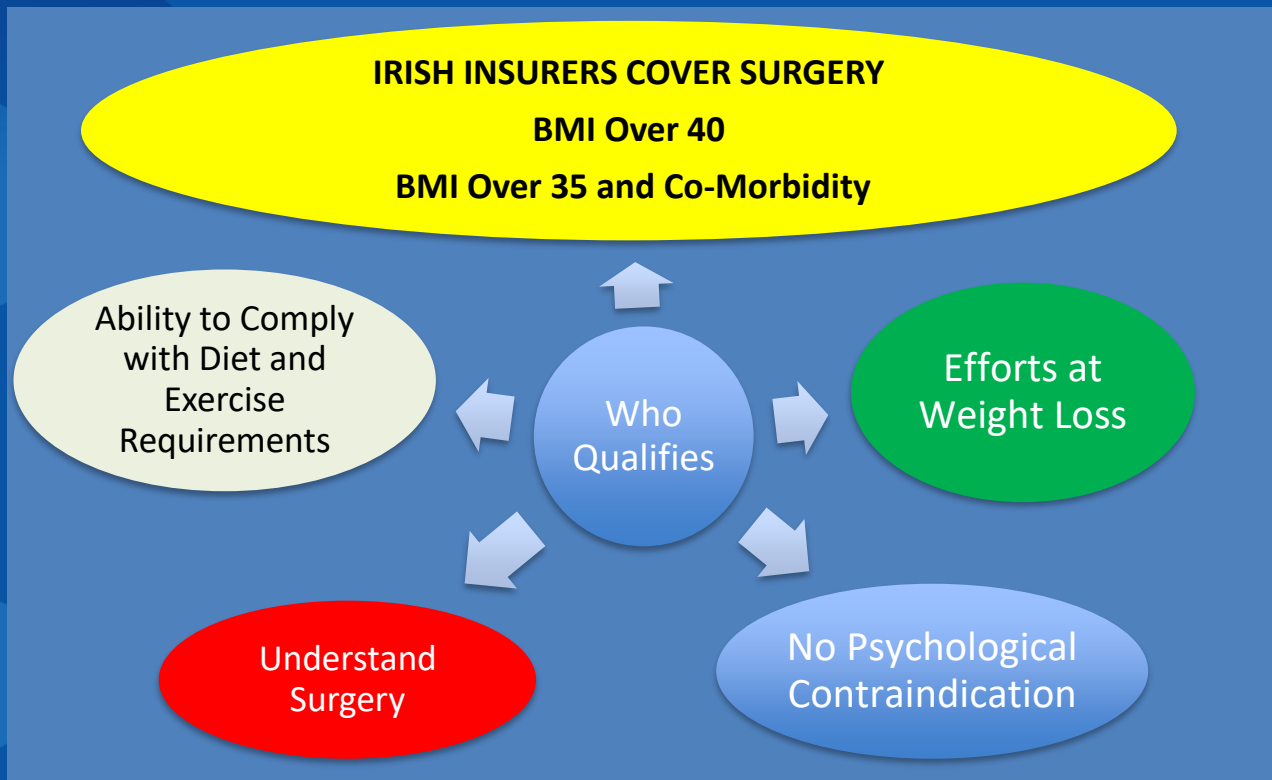
Building Bariatric Surgery in the Beacon Hospital - Who, Why and How and Our Goals

- Criteria
- Team
- Assessment
- Surgery
- Aftercare
- Nutrition and Exercise
- Outcomes in 5-10 years?

Beacon Bariatric and Metabolic Surgery

- **Criteria**

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Bariatric Practice Manager



Deborah

Blackrock WeightCare Practice Manager, Deborah has more than 25 years experience in a wide variety of healthcare management roles. Deborah has an MSc in Health Service Management from Royal College of Surgeons in Ireland and oversees the day-to-day running of the surgical practice ensuring our team is working together to deliver the best possible patient experience.

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Bariatric Specialist Nurse

The Centre of the Service



Bariatric Surgery Endoscopy

Mr Achille Mastroiome is a General and Upper GI Surgeon. Achille was born in Italy where he completed his higher surgical completed a Fellowship in Hepatobiliary/Pancreatic and Upper GI. Since 2018 he has worked as a Locum Consultant General and Upper GI Beaumont and now has been appointed as a Consultant surgeon interventional endoscopy for the non invasive treatment of colorectal disease.

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Bariatric Digital Marketing Manager



Ms. Barkha Jain

Digital Marketing Mgr for largest Bariatric Surgical Service in India

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Surgeon



Mr. William Robb

British Obesity and Metabolic Surgery Society
Association of Upper Gastrointestinal Surgery
French EscoCoeTumours Research Group

Mr. William Robb M.D., F.R.C.S.I. is a Consultant Upper specialises in minimally invasive and robotic stomach. Mr. Robb spent 2 years in the department of digestive centre. There he trained extensively in minimally invasive 2 years as a Consultant in the Bristol Royal Infirmary.

Bariatric Surgery Endoscopist



Mr Achille Mastroiome

Bariatric Surgery Endoscopy

Mr Achille Mastroiome is a General and Upper GI Surgeon. Achille was born in Italy where he completed his higher surgical completed a Fellowship in Hepatobiliary/Pancreatic and Upper GI. Since 2018 he has worked as a Locum Consultant General and Upper GI Beaumont and now has been appointed as a Consultant surgeon interventional endoscopy for the non invasive treatment of colorectal disease. In 2022 he completed a Master in Bariatric and Metabolic Surgery where he focused on the endoscopic treatment of obesity, irritable bowel syndrome, gastroesophageal reflux disease, endoscopic gastric sleeve procedures and endoscopic bariatric surgery.

Anaesthetic Team

The Centre of the Service



Bariatric Surgery Endoscopy

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Dietitian



Emer O'Driscoll

Registered Dietitian

Emer O'Driscoll holds an MSc in Nutrition and Dietetics from University of Ulster, Coleraine (2014). Emer has experience in clinical and community settings as a nutritionist. Her passions are intuitive eating, counselling and weight management. Emer is actively involved in the support of patients before and after weight loss surgery. She recognises the importance of dietitian follow-up care with a decision through your pre and post-surgical journey. She holds a certificate in Additional Interventions from the Irish Nutrition and Dietetic Institute (INDI) and a CORU registered dietitian.

Dietitian



Niamh Forster

Registered Dietitian

Niamh Forster holds a BSc Human Nutrition and an MSc in Clinical Nutrition and Dietetics from University College Dublin (2008). Niamh has experience in clinical and community settings including weight management. She holds a certificate in Behaviour Change Training. Niamh is a member of the Irish Nutrition and Dietetic Institute (INDI) and a CORU registered dietitian.

Endocrinologist



Dr. Matilde Mijares Zamuner

Registered Endocrinologist

Dr Matilde Mijares Zamuner completed her higher specialist training in Endocrinology, Diabetes and Nutrition in Alicante's University Hospital in 2015. She finished her Master's Degree in Clinical Research in Spain. During her Specialist Training, Dr. Zamuner gained wide experience in the management of obesity and weight loss medicine, diabetes, thyroid and a wide range of endocrine illnesses. Dr Matilde Zamuner moved to Beaumont in 2022.

Psychologist



Mr. Finian Fallon

Registered Psychologist

Dr Finian Fallon provides psychological support and assessment for patients seeking bariatric surgery. Finian collaborates with a number of bariatric teams in Ireland. He has published and contributed to articles in obesity studies and was a Research Fellow at St. Vincent's University Hospital, providing group support for patients along with activity. He has also worked as a Lecturer of Psychology at a private college in Dublin, where he developed education programmes related to CBT.

Beacon Bariatric and Metabolic Surgery

- Criteria
- Team
- **Assessment**
- Surgery
- Aftercare
- Nutrition and Exercise
- Outcomes in 5-10 years?

Refer to william.robbs@imeddoc.net

1. Admin Team Call
2. First Appointment – Dietitian and Surgeon
3. Psychologist, Endoscopy, Bloods, Ultrasound Gallbladder
4. Insurance Application – Approval
5. Pre-Surgery Appointment – Dietitian, Bariatric Nurse Specialist and Surgeon

Beacon Bariatric and Metabolic Surgery

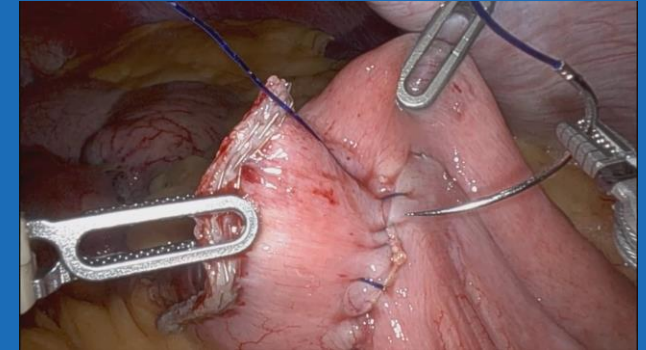
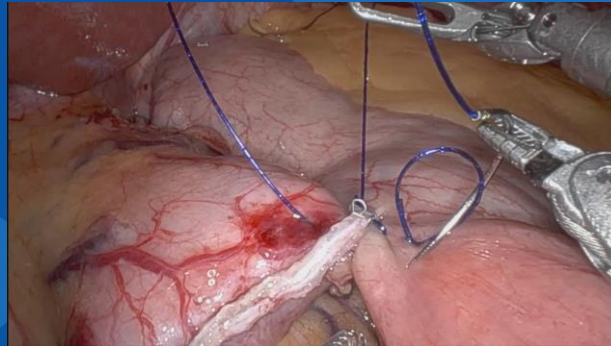
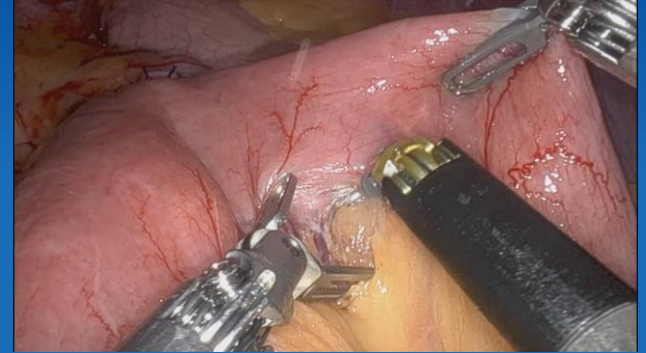
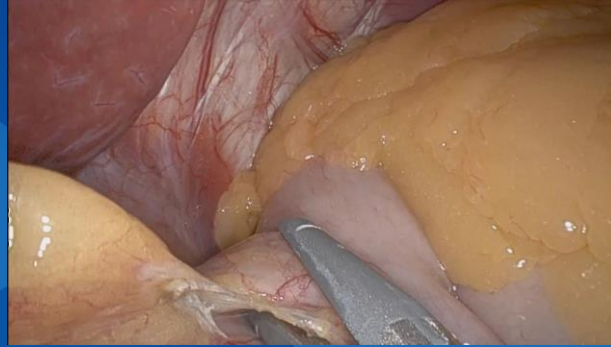
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1252 Total cases		Cases
Gastric Bypass (Roux-en-Y)	555	44%
Sleeve Gastrectomy	336	27%
Hiatal Hernia - Paraesophageal	119	10%
Esophagectomy Transthoracic - Chest Anastomosis	101	8%
SADI-S	32	3%
Gastrectomy - Subtotal	26	2%
Heller Myotomy	20	2%
Revision - Band to Bypass	19	2%
Gastrectomy - Total	16	1%

Beacon Bariatric and Metabolic Surgery

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What Operations?

Sleeve Gastrectomy

Roux en Y Gastric Bypass

SADI-S

Sleeve Gastrectomy

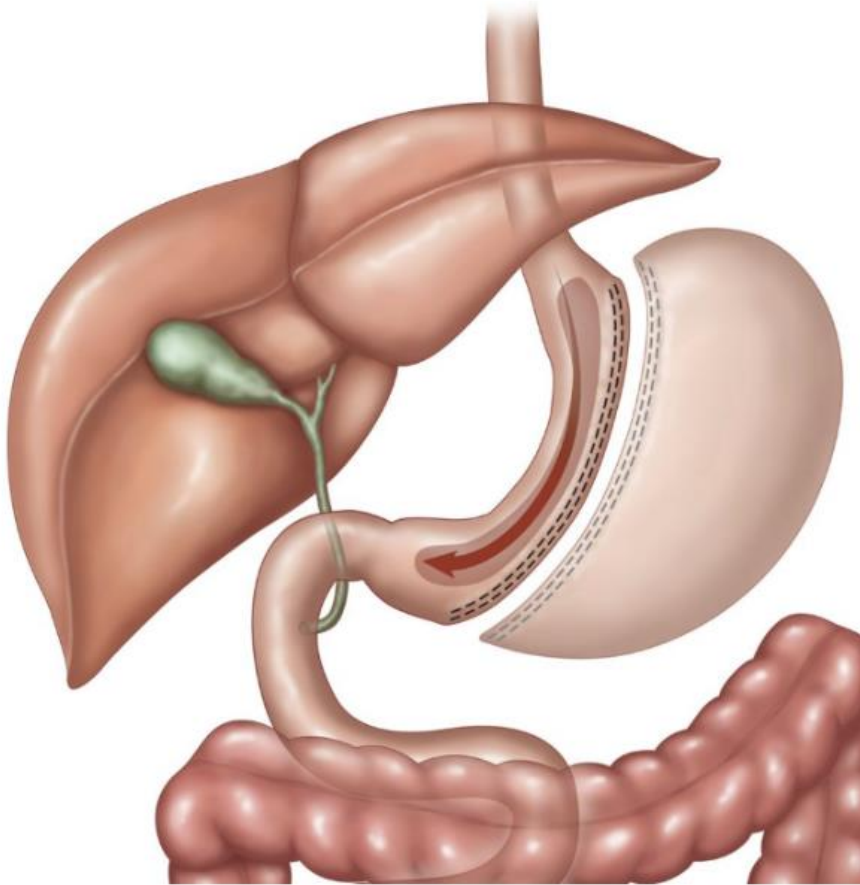
Expected excess weight loss:
60%

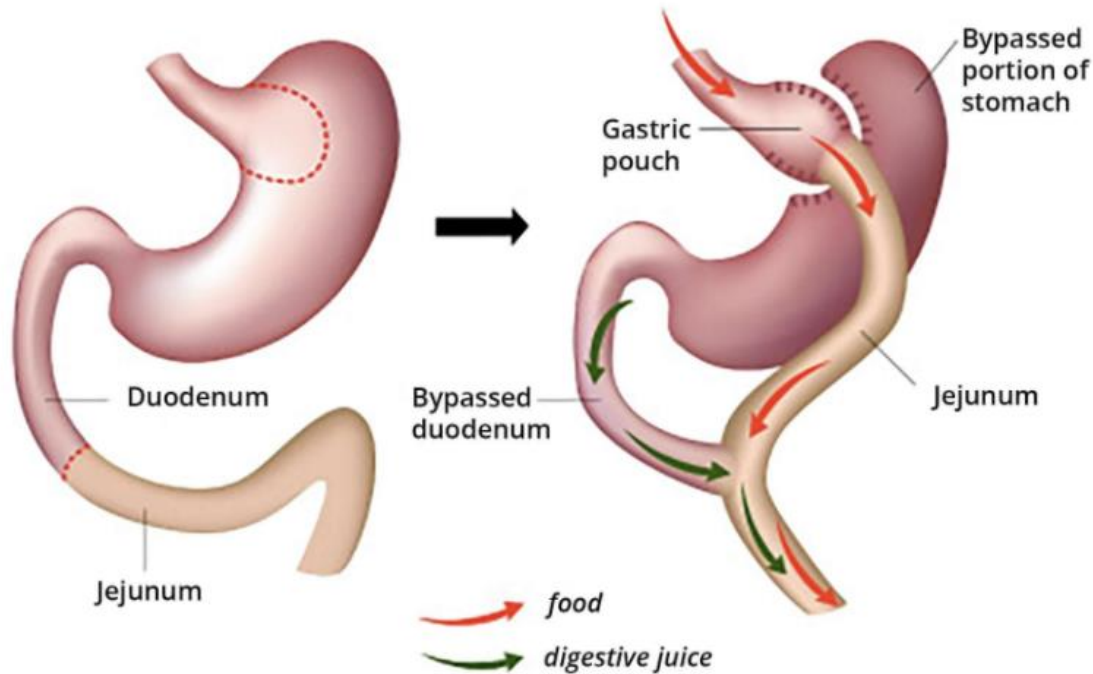
Weight Regain MORE Common

Average length of hospital stay:
2 nights

Multivitamin
Ca²⁺/Vitamin D

Vitamin B12 and Iron





Gastric Bypass

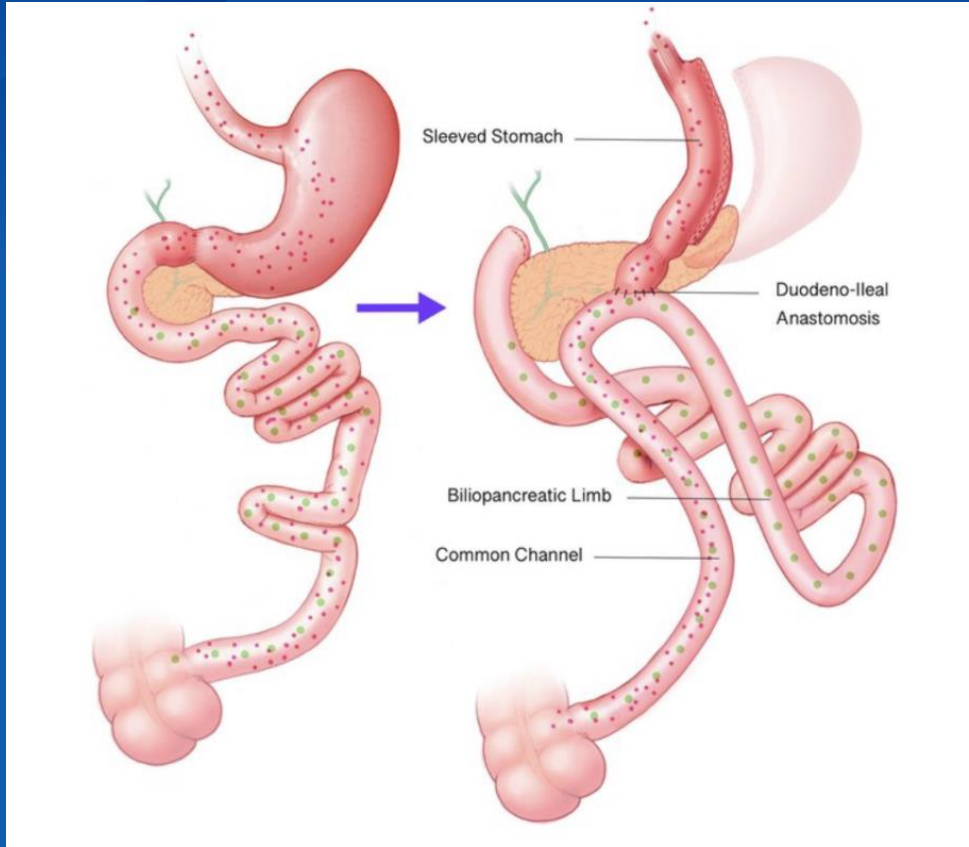
Expected excess weight loss:
70%

Average length of hospital stay:
2 nights

Multivitamin
Ca²⁺/Vitamin D

Vitamin B12 and Iron

Dumping Syndrome



SADI-S

Single Anastomosis Duodeno-Ileal Bypass + Sleeve

Ideal patient:

BMI over 50

Metabolic complications of obesity

Failure of previous sleeve gastrectomy
Weight regain after sleeve
gastrectomy

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Timetable							
	6 Weeks	3 Months	6 Months	9 Months	12 Months	18 Months	24 Months
Surgeon	✓		✓		✓		
Dietitian	✓	Phone Call / Virtual	✓		✓	Phone Call / Virtual	
Physician		✓		✓		✓	✓
Exercise Advice	✓						

GP role in pre- and post-operative care?

Pre-op: Recognise Obesity

Support referral, assess comorbidities and optimise medical conditions ...
But recommend treatment.

Post-op: Lifelong follow-up is essential
Annual bloods & supplement checks
Adjust diabetes/hypertension meds as needed
Reinforce lifestyle and engagement

Key point: Structured follow-up; long-term partnership with GP is crucial.

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Dietitian care vital for success



Maintain Muscle mass

Avoid Sarcopenia

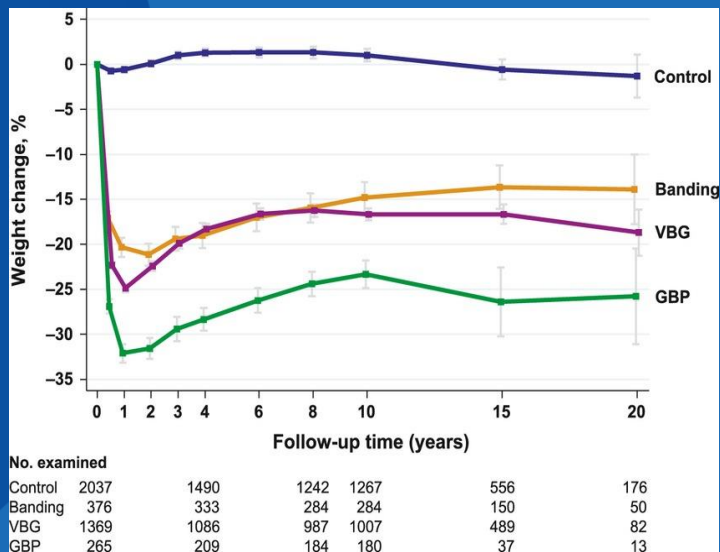
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Review of the key results from the Swedish Obese Subjects (SOS) trial – a prospective controlled intervention study of bariatric surgery

Journal of Internal Medicine, Volume: 273, Issue: 3, Pages: 219-234, First published: 19 November 2012, DOI: (10.1111/joim.12012)

- Outcomes in 10-20 years?



Surgery Myths

- ~~Myth~~ – Comparable to gallbladder surgery
- ~~Laparoscopic~~ – First line treatment for many
- ~~Alternative to GLP1s~~ – Often complementary
- ~~Unaffordable~~ – Covered by insurance



OUR CHALLENGE

Making Surgery Accessible to Patients in Every Village in Ireland

Treat obesity like any other disease

Don't treat the consequences – Treat the Cause

REFERRALS TO BEACON OBESITY AND BARIATRIC CENTRE VIA HEALTHLINK

Thank you