

FACT SHEET -- METABOLIC AND BARIATRIC SURGERY

OVERVIEW

- Metabolic surgery, also known as weight-loss and bariatric surgery is the [most effective and durable treatment for severe obesity producing significant weight loss](#) and [preventing, improving, or eliminating](#) many related diseases including type 2 diabetes, heart disease, hypertension, obstructive sleep apnea and certain cancers.
- Recommended for individuals with BMI >35 regardless of presence, absence, or severity of comorbidities and should be considered in patients with metabolic disease and BMI 30-34.9.
- Studies show [bariatric surgery is as safe or safer than some of the most commonly performed surgeries](#) in America including gallbladder surgery, appendectomy and knee replacement.

IMPACT ON WEIGHT AND DISEASE

Weight Loss

- Patients having metabolic surgery may lose as much as 60% of excess weight after six months and 77% depending on procedure in as early as 12 months and sustain weight loss over time
- Safety, efficacy and [durability and of weight loss after five, 10, and 20 years](#) has been consistently shown across multiple studies.

Disease Improvement or Resolution

- ***Diabetes*** -- [Five-year randomized](#) (*NEJM*, 2017) clinical trial showed metabolic/bariatric surgery and intensive medical therapy was more effective than intensive medical therapy alone in decreasing or resolving diabetes.
 - 51% of individuals with a BMI 30 to 39.9 who had metabolic/bariatric surgery experienced remission.
- ***Heart Disease*** -- *Journal of the American Heart Association* study (2017) found that individuals who had surgery are at [nearly half the risk](#) of developing a severe cardiovascular event 8 years after surgery compared with similar patients who did not have surgery.
- ***High Blood Pressure*** – [Randomized clinical trial](#) (*Journal of the American College of Cardiology*, 2024) found metabolic/bariatric surgery is better at controlling hypertension than medication alone in people with obesity.
 - Surgical patients had an 80.7% reduction in how many medications they were using, while those who had received medication only had a 13.7% reduction. Nearly half (46.9%) of the surgical patients had complete remission and no longer required any medication.
- ***Cancer*** – [Clinical study](#) (*JAMA*, 2022) finds metabolic/bariatric surgery significantly lowers incidence of obesity-associated cancer and cancer-related mortality -- a 32% lower risk of developing cancer and a 48% lower risk of cancer-related death compared with adults who did not have the surgery.

SAFETY AND RISKS

- Bariatric surgery has been in existence since the 1950s and has undergone an unprecedented transformation from a high-risk surgery to one of the safest operations in the world since the first laparoscopic gastric bypass (RYGBP) was performed in 1994.

- The risk of major complications from metabolic/bariatric surgery is about 4% overall and the risk of death is about 0.1% and may vary by procedure.

BARIATRIC SURGERY PROCEDURES -- Click on links for full descriptions.

- [Sleeve Gastrectomy](#)
- [Roux-en-Y Gastric Bypass](#)
- [Adjustable Gastric Band](#)
- [Biliopancreatic Diversion with Duodenal Switch](#)
- [Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy \(SADI\)](#)

BARIATRIC AND METABOLIC SURGERY PROCEDURE ESTIMATES – 2016 – 2022

Nearly 280,000 procedures were performed in 2022 – the most ever but still only about 1% of those who meet eligibility requirements get weight-loss surgery.

	2022	2021	2020	2019	2018	2017	2016
Sleeve	160,609	152,866	122,056	152,413	154,976	135,401	125,318
RYGB	62,097	56,527	41,280	45,744	42,945	40,574	40,316
Band	2,500	1,121	2,393	2,375	2,660	6,318	7,310
BPD-DS	6,096	5,525	3,555	2,272	2,123	1,588	1,236
Revision	30,894	31,021	22,022	42,881	38,971	32,238	30,077
SADI	1,567	1,025	488	—	—	—	—
OAGB	1,057	1,149	1,338	—	—	—	—
Other	6,189	7,339	1,221	6,060	5,847	5,606	5,665
ESG	4,600	2,220	1,500	—	—	—	—
Balloons	4,358	4,100	2,800	4,655	5,042	6,280	5,744
Total	279,967	262,893	198,651	256,000	252,564	228,005	215,666

- **ASMBS/IFSO Guidelines 2022** -- [Recommendations](#) expand patient eligibility for metabolic and bariatric surgery and endorse it for patients with type 2 diabetes beginning at a body mass index (BMI) of 30.
 - States “metabolic and bariatric surgery is currently the most effective evidence-based treatment for obesity across all BMI classes” and that “studies with long-term follow up, published in the decades following the 1991 NIH Consensus Statement, have consistently demonstrated that metabolic and bariatric surgery produces superior weight loss outcomes compared with non-operative treatments.