

## 2025 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. Patients of Asian descent may have metabolic disease at even lower BMIs.
- 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

#### *Significant Weight Loss*

- Patients having metabolic and bariatric surgery may lose as much as 77% of their excess weight within the first year depending on the procedure.
- Sustained [weight loss after five, 10, and 20 years](#) has been consistently shown across multiple studies.

#### *Significant Impact on Disease*

- **Diabetes** -- Metabolic and bariatric surgery led to superior glycemic control compared with medical/lifestyle intervention with less diabetes medication usage and higher rates of diabetes remission. ([JAMA 2024](#))
- **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 eight 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.
- **Chronic Kidney Disease** -- Patients with type 2 diabetes and obesity saw a [significant decrease in progression of chronic kidney disease](#) compared to those who received GLP-1 diabetes medications.

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### **SAFETY AND RISKS – Safer than Ever**

- Bariatric surgery has been in existence since the 1950s and has evolved from a high-risk surgery to one of the safest operations in the world, comparable to common operations including gallbladder surgery, appendectomy and joint replacement.
  - Risk of major complications is about 4% and risk of death is about 0.1% and may vary by procedure.

## BARIATRIC SURGERY PROCEDURES

- [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 – 2017 – 2023

*More than 270,000 procedures were performed in 2023 – a slight drop of 3.5 % from the previous year likely due to patient trial of the new GLP-1s. The number still represents only about 1% of those who meet eligibility requirements for metabolic and bariatric surgery.*

	2023	2022	2021	2020	2019	2018	2017
<b>Sleeve</b>	157,254	160,609	152,866	122,056	152,413	154,976	135,401
<b>RYGB</b>	63,132	62,097	56,527	41,280	45,744	42,945	40,574
<b>Band</b>	773	2,500	1,121	2,393	2,375	2,660	6,318
<b>BPD-DS</b>	3,775	6,096	5,525	3,555	2,272	2,123	1,588
<b>Revision</b>	32,267	30,894	31,021	22,022	42,881	38,971	32,238
<b>SADI</b>	2,387	1,567	1,025	488	—	—	—
<b>OAGB</b>	555	1,057	1,149	1,338	—	—	—
<b>Other</b>	3,898	6,189	7,339	1,221	6,060	5,847	5,606
<b>ESG</b>	4,587	4,600	2,220	1,500	—	—	—
<b>Balloons</b>	1,461	4,358	4,100	2,800	4,655	5,042	6,280
<b>Total</b>	<b>270,089</b>	<b>279,967</b>	<b>262,893</b>	<b>198,651</b>	<b>256,000</b>	<b>252,564</b>	<b>228,005</b>

The total bariatric procedure numbers are based on the best estimation from available data (BOLD,ACS/MBSAQIP, National Inpatient Sample Data and outpatient estimations).

- **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.
  - “Metabolic and bariatric surgery is currently the most effective evidence-based treatment for obesity across all BMI classes” and “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.”