



## 350 - BARIATRIC SURGERY IN ROUTINE CARE: WHAT WE SEE AFTER FIVE YEARS

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### Resumen

**Introduction:** Most of what we know about bariatric surgery (MBS) comes from early follow-up studies or controlled cohorts. In fact, the long-term impact of MBS in routine clinical practice is not well defined. It's important to look beyond early weight loss and evaluate how weight, metabolic status and liver-related risk evolve several years after surgery.

**Objectives:** To assess weight loss, glycaemic control, and hepatic fibrosis risk in patients with at least 5 years of follow-up after MBS, and to explore whether outcomes differ by surgical technique.

**Methods:** We review the records of 310 patients who underwent sleeve gastrectomy, Roux-en-Y gastric bypass or one-anastomosis gastric bypass between 2011 and 2020. At 5 years, we assessed total (%TWL) and excess (%EWL) weight loss. Remission of type 2 diabetes (T2D) was defined as  $HbA_{1c} < 6.5\%$  without glucose-lowering treatment. Hepatic fibrosis risk was estimated using the NAFLD fibrosis score.

**Results:** At 5 years, weight loss remained clinically relevant across techniques. Mean%TWL was 25.8% in the bypass group (n = 125) and 23.3% after sleeve gastrectomy (n = 95), with %EWL of 61.9% and 56.7%, respectively. Among patients with T2D prior to surgery (n = 111), mean  $HbA_{1c}$  at 5 years was  $5.61\% \pm 0.85$ , suggesting that a proportion of them met criteria for sustained remission (46.8%), although this was not explicitly recorded in all cases. In the subgroup with available liver data (n = 191), NAFLD fibrosis score indicated high-risk values in 19%, indeterminate in 32%, and low risk in 49%. The mean score was -1.68.

**Conclusions:** 5 years after surgery, MBS resulted in sustained weight loss and favourable glycaemic profiles, with slightly better outcomes observed after bypass.  $HbA_{1c}$  values were consistent with remission of T2D in part of the cohort. However, nearly one in five patients showed signs of increased hepatic fibrosis risk, supporting the need to include liver monitoring in long-term follow-up, alongside weight and glycaemic metrics.