

Adjuvant Medical Therapy with subcutaneous semaglutide following Bariatric Surgery

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Weight regain or insufficient weight loss can occur following bariatric surgery leading some to consider revisional procedures. GLP-1 agonists may provide similar weight loss as revisional bariatric surgery with less risk, thus represent a valid therapeutic alternative for this patient cohort.

Retrospective evaluation of a database of patients who underwent a laparoscopic Roux-en-Y gastric bypass by a single surgeon. Consecutive patients who underwent a linear stapled/handsewn gastrojejunostomy from 1st September 2016 till 31st December 2017 were compared to consecutive patients who underwent a handsewn gastrojejunostomy from 1st January 2014 till 31st December 2015. Rates of stricture, bleeding and weight Loss was recorded. Over this time period, there were no other changes in surgical technique or peri-operative management.

73 patients had data available for interim-analysis at time of submission. Median % total body weight-loss (%TBWL) for patients completing 4 months of treatment was 7.7% (range -2.5- 22.0%) or median 7.6 (-2.3- 22.4)kg weight loss, and for 7 months 8.9% (range -1.5-28.1)% TBWL or 10.6 (-1.4--27.7)kg weight loss ($p < 0.001$ for 4 and 7 month data, respectively). Adverse effects were minor and there were no severe adverse effects.

Subcutaneous once weekly Semaglutide can be safely used as adjuvant pharmacotherapy following bariatric surgery and results in significant weight-loss in patients with weight regain or inadequate weight-loss. Durability of weight loss following discontinuation of therapy will likely determine whether pharmacologic adjuvants have a current roll for patients with partial response or weight regain after bariatric surgery.