Department of Surgery
2026 Research Day
6th May 2026 (Wednesday) | 7 am – Noon | MART Auditorium

Title:
Comparing safety and efficacy of primary single anastomosis duodeno-ileal bypass vs one anastomosis gastric bypass: 6 months analysis of MBSAQIP database

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Background:
One anastomosis gastric bypass (OAGB) and single anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S) are being increasingly performed as primary bariatric procedures. However, data comparing their safety and efficacy is limited. The objective of this study is to compare 6-month outcomes of OAGB and SADI-S, in terms of postoperative complications and midterm weight loss.

Methods:
Patients who underwent OAGB and SADI-S as primary procedures were identified within the MBSAQIP database. Inverse probability of treatment weighting (IPTW) was employed to address confounding variables using propensity scores derived from age, BMI, comorbidities, and ASA class. Patients' demographics, comorbidities, 30-day and 6-month outcomes were compared. Logistic regression was performed to assess for complications, including, bleeding, leak, surgical site infection, VTE, death; and weight loss, measured as percent total body weight loss (%TWL).

Results:
A total of 2,420 patients were included (OAGB = 457; SADI-S = 1,963). In adjusted analysis, OAGB was associated with increased odds of severe 30-day complications compared with SADI (OR 0.72, 95% CI 0.55-0.95). However, OAGB was associated with higher odds of major 30-day complications (OR 2.07, 95% CI 0.46–9.19). When major complications occurring at 6 months were analyzed, no significant difference was observed between procedures (OR 1.03, 95% CI 0.54–1.96) 6-month %TWL appeared significantly higher for OAGB compared to SADI. mean (23.4 ± 7.3%SADI vs 22.2% ± 7.6, p=0.042). Hypertension resolution (p=0.003; OAGB 49.3%, SADI 32.1%), and sleep apnea resolution (p=0.001; OAGB 50%, SADI 28.9%) were more common in the OAGB group.

Conclusions (or Preliminary Conclusions):
OAGB and SADI-S demonstrate comparable 6-month safety profiles, with no significant differences in reoperation, or readmission. OAGB achieved significantly greater 6-month weight loss but was associated with a higher rate of postoperative complications in 30 days. Both procedures appear safe and effective, with differences driven primarily by weight-loss efficacy and postoperative care requirements rather than major adverse events.