第二屆台灣機器人減重手術國際論壇

2ND TIFRBS

2nd Taiwan International Forum on Robotic Bariatric Surgery

中國醫藥大學新竹附設醫院-階梯會議室

2025 08:50

10/04



2ND TIFRBS

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PN 1083199-TW RevA 03/21

AGENDA

Time	Topic	Speaker	Moderator
08:50-09:00	Opening Remarks	中國醫藥大學新竹附設醫院 沈名吟 副院長	
09:00-09:30	History and Development of Robotic Surgery in Taiwan	台灣機器人手術醫學會理事長 國立台灣大學醫學院附設醫院 吳耀銘 教授	中國醫藥大學新竹附設醫院 李威傑 教授
09:30-10:00	Robotic Bariatric Surgery in Taiwan	台灣代謝及減重外科醫學會理事長 台北榮民總醫院-外科部 方文良 教授	
10:00-10:30	Robotic Bariatric Surgery in America	Riverside Methodist Hospital, Ohio Health Dr. Calloway Robertson	台灣代謝及減重外科醫學會理事長 台北榮民總醫院-外科部 方文良 教授
10:30-11:00	Robotic Bariatric Surgery in India	Max Super Speciality Hospitals Dr. Vivek Bindal	三軍總醫院 徐國峯 主任
11:00-11:20		茶敘	
11:20-11:50	Robotic Bariatric Surgery in China	蘇州大學附屬第一醫院 周曉俊 教授	義大大昌醫院 宋天洲 副院長
11:50-12:20	Robotic Bariatric Surgery in Malaysia	Sunway Medical Centre, Penang Dr. Kelvin Voon	彰濱秀傳紀念醫院 林建華 部長
12:20-12:50	Live Surgery and Video Section (Robotic OAGB)(VR教學)	中國醫藥大學新竹附設醫院 李威傑 教授	台中慈濟醫院 李旻憲 主任
12:50-13:20	Live Surgery and Video Section (Robotic Sleeve Plus Surgery)	彰濱秀傳紀念醫院 林建華 部長	基隆長庚醫院 王致遠 醫師
13:20-14:00	Lunch Symposium： Recent Advancement in Medical Treatment of Obesity	臺大醫院 嚴愛文 醫師	高雄長庚紀念醫院 林育弘 助理教授
雙通道減重手術工作坊 Bipartition SASI Workshop			
14:20-14:50	History of Bipartition	桃園天晟醫院 徐光漢 副院長	台灣代謝及減重外科醫學會理事長 台北榮民總醫院-外科部 方文良 教授 中國醫藥大學新竹附設醫院 古君平 醫師
14:50-15:20	International Consensus of Bipartition	中國徐州醫科大學 朱孝成 教授	
15:20-15:50	Technique of SASI	義大大昌醫院 宋天洲 副院長	
15:50-16:20	Complication of SASI	三軍總醫院 徐國峯 主任	
16:20-16:50	Taiwan SASI Study Group Update	高雄長庚紀念醫院 林育弘 助理教授	
16:50-17:00	Group Discussion	中國醫藥大學新竹附設醫院 李威傑 教授	

主辦單位:

中國醫藥大學新竹附設醫院
CHINA MEDICAL UNIVERSITY HSINCHU HOSPITAL

TSMBS

贊助單位:

Medtronic INTUITIVE

MODERATOR



中國醫藥大學新竹附設醫院
李威傑 教授

09:00-09:30	History and Development of Robotic Surgery in Taiwan 吳耀銘 教授
09:30-10:00	Robotic Bariatric Surgery in Taiwan 方文良 教授



吳耀銘 教授 Prof. Yao-Ming Wu
臺大醫院
National Taiwan University Hospital

現職
國立臺灣大學醫學院附設醫院癌醫中心分院 副院長
臺大醫院 專任主治醫師
臺大醫學院外科 專任教授

學歷
國立臺灣大學醫學院 醫學系 醫學士

經歷
臺大醫院外科 住院醫師
臺大醫院外科 主治醫師
美國紐約Albert Einstein醫學院肝臟研究中心 研修醫師
美國賓州匹茲堡大學肝臟移植 研修醫師
台大醫學院外科 兼任助理教授

History and Development of Robotic Surgery in Taiwan

Robotic surgery in Taiwan has advanced rapidly over the past two decades. The first da Vinci system was introduced in 2004, initially applied in urology and later expanded to gynecology, general surgery, and bariatrics. Major medical centers established structured training and accreditation programs, making robotic assistance a routine across specialties. In 2022, the HUGO™ RAS system received approval for clinical use, bringing modular design and cloud connectivity that introduced competition and enhanced digital integration. At the same time, Taiwanese research teams developed robo tic platforms for spine and microsurgery, highlighting the nation's strengths in precision manufacturing and biomedical engineering. These developments align with Taiwan's Smart Healthcare strategy, which emphasizes interoperability, predictive analytics, and quality standardization. As a result, Taiwan has become not only an early adopter of international technologies but also a regional innovator, contributing significantly to precision medicine and surgical innovation in the Asia-Pacific region.

ACADEMIC BACKGROUND

- Degree of Medicine: National Yang-Ming University, Taipei, Taiwan
- Degree of Doctor (PhD) : Institute of Clinical Medicine, National Yang-Ming University, Taipei, Taiwan
- Professor (2021~): Department of Surgery, National Yang Ming Chiao Tung University, Taipei, Taiwan

SURGICAL TRAINING COURSE

- Resident and Chief Resident of Department of Surgery, Taipei Veterans General Hospital, Taipei, Taiwan
- Fellow of Department of Surgery, Taipei Veterans General Hospital
- Attending Physician of Division of General Surgery, Department of Surgery, Chi Mei Medical Center,
- Liou Ying Campus, Tainan, Taiwan
- Attending Physician of Division of General Surgery, Department of Surgery, Taipei Veterans General
- Hospital, Taipei, Taiwan
- Director of Bariatric and Metabolic Surgery Center, Taipei Veterans General Hospital, Taipei, Taiwan
- Vice Director of Gastric Cancer Medical Center, Taipei Veterans General Hospital, Taipei, Taiwan
- Director of Taiwan Society of Metabolic & Bariatric Surgery (TSMBS)
- Director of Weight Management Medical Center, Taipei Veterans General Hospital, Taipei, Taiwan



方文良 教授 Prof. Wen-Liang Fang
台北榮民總醫院
Taipei Veterans General Hospital
台灣代謝及減重外科醫學會 理事長
Director of Taiwan Society of Metabolic & Bariatric Surgery (TSMBS)

Robotic Bariatric Surgery in Taiwan

Over the past two decades, Taiwan has witnessed a nearly **20-fold increase** in metabolic and bariatric surgeries, from 225 cases in 2005 to over 4,500 in 2024, reflecting growing public confidence in surgical safety and efficacy. While laparoscopic surgery remains the gold standard, robotic platforms demonstrate clear advantages in complex scenarios such as revisional procedures, super-obese patients, and elderly populations. These include **3D visualization, enhanced instrument dexterity, tremor filtration, and improved ergonomics**.

Currently, Taiwan's leading centers employ the **da Vinci systems (Xi, SP)** and **Medtronic's Hugo RAS system**. Several medical centers are pioneering clinical adoption and research for robotic bariatric surgery. Data from MBSAQIP and IFSO registries indicate that although robotic surgery involves **longer operative times and higher costs**, it is associated with **lower complication, readmission, and reoperation rates** in complex cases, with a shorter learning curve.

Despite cost and insurance barriers, Taiwan is well positioned to become a regional leader in **robotic metabolic surgery in the near future**, driven by technological advancements, competitive medical tourism, and strong academic expertise.

MODERATOR



台北榮民總醫院
方文良 教授

MODERATOR



三軍總醫院
徐國峯 主任

10:00-10:30	Robotic Bariatric Surgery in America Dr. Thomas Calloway Robertson
10:30-11:00	Robotic Bariatric Surgery in India Dr. Vivek Bindal

EDUCATION
Medical School:
Loyola University Chicago Stritch School of Medicine, Maywood, Illinois
August 2008-June 2012, Doctor of Medicine with Honors in Research
Post-Graduate Training: General Surgery Residency
June 2012-June 2017 OhioHealth Riverside Methodist Hospital, Columbus, Ohio
Fellowship Training: Bariatric and Advanced GI Surgery
August 2017-July 2018 Carolinas Medical Center Charlotte, North Carolina

HOSPITAL APPOINTMENTS
August 2018- Present: Bariatric and General Surgeon, OhioHealth Riverside Methodist Hospital

CERTIFICATIONS
Board Certification:
2018-2028 American Board of Surgery, Certificate #63401

HONORS AND AWARDS
2014 Outstanding Resident of the Year Award from Riverside Methodist Emergency Department

MEMBERSHIPS IN PROFESSIONAL SOCIETIES
American College of Surgeons
American Society for Metabolic and Bariatric Surgery



Thomas Calloway Robertson, MD
Riverside Methodist Hospital, Ohio Health

Robotic Bariatric Surgery in America

This presentation provides an overview of current developments in robotic surgery, highlighting three main areas: clinical experience, data-driven optimization, and surgical training innovations. Dr. Robertson shares his professional journey, detailing his five-year general surgery residency followed by specialized robotic surgery training, and his extensive experience with diverse procedures using the da Vinci system.

The session emphasizes the importance of medical data analysis for monitoring surgical performance. Comparisons with national benchmarks, improvements in compression techniques, and the use of force-feedback instruments were discussed as strategies to optimize outcomes and refine procedural workflows.

Additionally, the presentation addresses advances in surgical training and visualization. Key points include patient preparation, the value of mentorship from experienced surgeons, adoption of online learning platforms, streamlined procedural checklists for surgical teams, and the superior visualization capabilities of modern robotic systems compared with traditional training methods.

Overall, the presentation demonstrates how integrating technology, data analysis, and innovative training approaches can enhance surgical proficiency, improve outcomes, and shape the future of robotic surgery.

DESIGNATIONS

- Head of Department, Institute of Minimal Access, Bariatric & Robotic Surgery, Max Super Specialty Hospitals, Vaishali, Patparganj, Noida (Delhi NCR)
- Director, Shri Balmukand Apex Hospital, Solan (HP)
- Chairman, Clinical Robotic Surgery Association (India)
- President, Society for Surgery of Alimentary Tract (India chapter)
- Vice-President, Abdominal Wall Reconstruction Surgeon Community
- Secretary, Association of Robotic Innovative Surgeons
- Treasurer, Obesity Surgery Society of India
- Global board of Directors, Clinical Robotic Surgery Association
- Associate Editor, International Journal of Advanced Robotic & Innovative Surgery
- Associate Editor, Journal of Bariatric Surgery
- Editorial board member of prestigious “Surgery for Obesity and Related Diseases”journal, official journal of American Society of Metabolic & Bariatric Surgery, USA



Dr. Vivek Bindal
MBBS (MAMC), MS (MAMC), DNB, MNAMS, FNB (MAS), FACS (USA), FRCS (Glasgow, UK)
Max Super Speciality Hospitals

Robotic Bariatric Surgery in India

Over the past 15 years, robotic bariatric surgery in India has undergone a remarkable transformation. Initially limited to a few centers and procedures, it now encompasses a wide range of techniques including sleeve gastrectomy, Roux-en-Y gastric bypass, and revision surgeries. The evolution of Intuitive Surgical’s da Vinci systems-from early models to the latest Xi and SP platforms-has significantly enhanced surgical precision, ergonomics, and patient outcomes. More recently, indigenous and global entrants such as Mantra (India), Hugo (Medtronic), Versius (CMR Surgical), and Borns have introduced competitive alternatives, driving innovation and cost optimization.

Despite high upfront costs, insurance coverage for bariatric surgery is gradually improving, especially in urban centers. Surgeon training and credentialing have become more structured, with simulation-based modules and proctoring pathways ensuring safety and consistency. The Obesity Surgery Society of India (OSSI) plays a pivotal role in standardizing protocols, promoting education, and advocating for patient access. As robotic platforms diversify and become more accessible, India is poised to become a global leader in robotic metabolic surgery, balancing technological advancement with affordability and clinical excellence.





11:20-11:50	Robotic Bariatric Surgery in China 周曉俊 教授
11:50-12:20	Robotic Bariatric Surgery in Malaysia Dr. Kelvin Voon



周曉俊 教授 Dr. Zhou Xiao Jun
蘇州大學附屬第一醫院
The First Affiliated Hospital of Soochow University

醫學博士、主任醫師、博士生導師
蘇州大學附設第一醫院 胃腸外科行政副主任

- 中國醫師協會大腸直腸腫瘤專業委員會 委員
- 中國醫師協會外科醫師分會機器人外科專家工作小組委員
- 中國醫師協會外科醫師分會經肛腔鏡外科專家工作小組委員
- 江蘇省醫學會外科學分會結直腸外科學組 委員
- 江蘇省醫學會外科學分會減重與代謝外科學組 委員
- 江蘇省醫師協會大腸直腸腫瘤專業委員會 副主任委員
- 江蘇省醫師協會外科醫師分會減重與代謝外科學組委員
- 蘇州醫學會外科學分會微（無）創學組 組長
- 蘇州醫學會外科學分會胃腸學組 委員

Robotic Bariatric Surgery in China

This presentation examines the clinical integration of robotic systems in bariatric surgery, emphasizing procedural precision, safety, and postoperative outcomes. Drawing on representative cases, the da Vinci surgical platform is demonstrated to enhance technical accuracy, reduce operative trauma, and support accelerated recovery in procedures such as sleeve gastrectomy and Roux-en-Y gastric bypass. The session outlines key elements of robotic workflow, including intraoperative coordination, ergonomic advantages, and patient selection criteria for complex metabolic profiles. Further discussion addresses the institutional adoption of robotic bariatric surgery, highlighting the importance of structured training programs, multidisciplinary collaboration, and cost-effectiveness analysis. The presentation concludes by underscoring the role of surgical innovation in standardizing care quality and promoting scalable, high-performance models across diverse clinical settings.

Dr. Kelvin Voon is the Head of Division of Surgery, and a Consultant Upper Gastrointestinal, Bariatric & Robotic Surgeon in Sunway Medical Centre Penang. He completed his specialist training in General and Upper GI Surgery in Malaysia, followed by fellowships in Esophagogastric Cancer Surgery in Shanghai and Clinical Obesity & Bariatric Surgery in Taiwan. He is a fellow of the Royal College of Surgeons of Edinburgh, Ireland and the American College of Surgeons.

Recognized for his contributions in the field of surgery in Malaysia, he was instrumental in establishing the Upper GI & bariatric surgical services in northern region. He previously served as Head of the Department of Surgery at Penang General Hospital, the largest government tertiary hospital in Northern Peninsular Malaysia.

He holds leadership roles in several professional societies including Malaysia Upper GI Surgical Society (MUGIS), Malaysian Society for Metabolic & Bariatric Surgery, as well as the Malaysia Upper GI Fellowship Training Committee. His clinical interests include minimally invasive esophagogastrectomy, robotic surgery, bariatric procedures, endoscopy & clinical nutrition.



Dr. Kelvin Voon
Sunway Medical Centre, Penang

Robotic Bariatric Surgery in Malaysia

Malaysia faces the highest obesity rate in Southeast Asia, making bariatric and metabolic surgery an essential component of national health strategies. In parallel, Malaysia also leads the region with the most installed robotic surgical systems, positioning the country at the forefront of robotic innovation in surgery. Robotic bariatric surgery is therefore on the rise, with increasing adoption in tertiary and private centres for procedures such as sleeve gastrectomy, gastric bypass, and revisional surgery.

Robotic platforms offer enhanced three-dimensional visualization, improved dexterity, and ergonomic advantages for surgeons. These technical strengths may be particularly useful in high-BMI or revisional cases. However, the true benefits of robotic bariatric surgery compared to conventional laparoscopy remain not well established. Current data suggest comparable short-term safety and efficacy, but long-term outcomes on weight loss, metabolic remission, and complication rates require further study.

The high cost of robotic systems is a significant barrier to widespread adoption. This is compounded by the fact that metabolic bariatric surgery is not covered by medical insurance in Malaysia, limiting access for many patients who could benefit. Going forward, robust local data, cost-effectiveness studies, and policy support will be critical to define the role of robotic bariatric surgery in Malaysia's fight against obesity.

MODERATOR



台中慈濟醫院
李旻憲 主任

MODERATOR



基隆長庚醫院
王志遠 醫師

12:20-12:50	Live Surgery and Video Section (Robotic OAGB)(VR) 李威傑 教授
12:50-13:20	Live Surgery and Video Section (Robotic Sleeve Plus) 林建華 部長



李威傑 教授 Prof. Wei-Jei Lee
中國醫藥大學新竹附設醫院
China Medical University Hsinchu Hospital

現任
中國醫藥大學新竹附設醫院醫學減重中心 外科教授
國立臺灣大學醫學院 外科兼任教授
國立成功大學醫學院 外科兼任教授
中國江蘇省蘇州明基醫院減重代謝手術中心 院長
臺北市中心診所醫院減重手術中心 主任
臺灣代謝及減重外科醫學會 常務監事
世界減重外科聯盟亞太分會 董事會主席

學歷
國立臺灣大學醫學院臨床醫學研究所 醫學博士Ph.D.
國立臺灣大學醫學院 醫學士MD.

學位獲得
國立成功大學醫學院 外科兼任教授
科威特國家特聘外科 講座教授
國立臺灣大學 外科教授

醫學會職務
世界減重外科聯盟亞太分會董事會 主席 2021-Now
亞太糖尿病外科研究小組 主席 2012-Now
世界減重外科聯盟亞太分會 理事長 2013-2015
臺灣代謝及減重外科醫學會 理事長 2012-2017
亞太代謝及減重外科醫學會(APMBSS) 理事長 2004-2010
臺灣內視鏡外科醫學會 理事長 2004-2008

Live Surgery and Video Section (Robotic OAGB)(VR教學)

This case presents a patient with a history of vertical banded gastroplasty (VBG) who later required revisional surgery and underwent conversion to one-anastomosis gastric bypass (OAGB) using the da Vinci robotic platform. The revision underscored several challenges inherent to revisional bariatric surgery, including dense adhesions from the prior VBG and the need for precise anatomical identification to ensure safe reconstruction. Robotic assistance provided enhanced three-dimensional visualization and wristed instrumentation, which facilitated meticulous dissection, calibrated small bowel measurement, and accurate pouch-to-limb alignment. A double-layer suturing technique was employed to reinforce the anastomosis, protect the posterior wall, and optimize efferent limb placement, thereby reducing the risk of leakage, strictures, or bile reflux. Beyond the technical aspects, this case highlights the increasing role of robotic systems in enabling surgeons to manage highly complex revision procedures with greater safety and precision. By combining advanced technology with structured operative strategy, robotic revision surgery not only addresses complications from earlier procedures but also offers patients improved long-term outcomes, reinforcing its growing importance in the evolution of bariatric surgery practice.



林建華 部長 Dr. Chien-Hua Lin
彰濱秀傳紀念醫院
Chang Bing Show Chwan Memorial Hospital

EDUCATION
B.S., School of Medicine, National Defense Medical Center, Taiwan

PROFESSIONAL EXPERIENCES
Chief of department of surgery, Chang-bin Show-Chwan Memorial Hospital.
Chief of bariatric & metabolic surgery center, Chang-bin Show-Chwan Memorial Hospital.
Director of bariatric & metabolic surgery course, IRCAD, Taiwan
Researcher of Strasbourg University Hospital, IRCAD
Consultant, Tri-service general hospital, National Defense Medical Center.

Live Surgery and Video Section (Robotic Sleeve Plus Surgery)

Robotic assisted surgery is a rapidly developing field of minimally invasive bariatric surgery in the last 20 years. Its wide diffusion has led to the development and standardization of robotic assisted approaches for bariatric operations. In this study, we present the first two Roux-en-y gastric bypass (RYGB) operations performed with the new Hugo™ RAS system (Medtronic, Minneapolis, MN, USA). And one case of Whipple operation performed hybrid with ligature and Hugo system.

MODERATOR



高雄長庚紀念醫院
林育弘 助理教授

Lunch Symposium

13:20-14:00	Recent Advancement in Medical Treatment of Obesity 嚴愛文 醫師



嚴愛文醫師 Dr. I-Weng Yen
臺大醫院
National Taiwan University Hospital

現職
國立臺灣大學醫學院附設醫院 代謝內分泌科主治醫師
中華民國糖尿病學會 秘書長
財團法人糖尿病關懷基金會 副執行長

學歷
2011 國立台灣大學醫學系畢業
2023 國立台灣大學醫學院臨床醫學所碩士班 畢業
2024- 國立台灣大學醫學院臨床醫學所博士班 就讀中

經歷
2011-2012 國立台灣大學醫學院附設醫院 不分科住院醫師
2012-2017 國立台灣大學醫學院附設醫院 內科住院醫師
2017-2018 國立台灣大學醫學院附設醫院 代謝內分泌科總醫師
2018-2024 國立台灣大學醫學院附設醫院新竹分院 代謝內分泌科主治醫師

Recent Advancement in Medical Treatment of Obesity

Obesity is a chronic, relapsing disease that affects more than half of Taiwanese adults and is associated with over 200 complications, including type 2 diabetes, cardiovascular disease, fatty liver, and certain cancers. Lifestyle modification remains the foundation of care, but biological mechanisms strongly favor weight regain, making long-term management difficult.

Pharmacotherapy has therefore become an important adjunct. Earlier agents such as orlistat and bupropion/naltrexone showed modest efficacy, while GLP-1 receptor agonists, including liraglutide and semaglutide, produced clinically meaningful weight loss and metabolic improvements. The latest advance is tirzepatide, a dual GIP/GLP-1 receptor agonist, approved in Taiwan in 2025. In the SURMOUNT trials, tirzepatide achieved average weight reductions over 20%, significant waist circumference decreases, improved blood pressure, lipids, and glycemia, and even reduced diabetes incidence among high-risk individuals.

This lecture will summarize current evidence on anti-obesity pharmacotherapy, highlighting the efficacy, safety, and clinical role of incretin-based therapies. Emphasis will be placed on how these agents can be integrated into obesity care in Taiwan to achieve sustained weight reduction and improved long-term outcomes.

雙通度減重手術工作坊
(Bipartition SASI Workshop)



MODERATOR

台北榮民總醫院
方文良 教授



MODERATOR

中國醫藥大學新竹附醫
古君平 醫師

14:20-14:50	History of Bipartition 徐光漢 副院長
14:50-15:20	International Consensus of Bipartition 朱孝成 教授
15:20-15:50	Technique of SASI 宋天洲 副院長
15:50-16:20	Complication of SASI 徐國峯 主任
16:20-17:00	Taiwan SASI Study Group update 林育弘 助理教授



徐光漢 副院長 Dr. KongHan Ser
中壢天晟醫院
Ten-Chan General Hospital
台灣代謝減重手術發展協會 理事長
Taiwan Metabolici and Bariatric Surgery Development Association (TMBSDA)

現職
天晟醫院新創副院長
中壢天晟醫院一般及消化外科 主任
中壢天晟醫院減重與代謝手術中心 主任
台灣減重代謝手術發展協會 理事長
台灣減重與代謝外科醫學會 理事

學歷
台灣大學醫學院 醫學系

經歷
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History of Bipartition

The concept of intestinal “bipartition” in bariatric surgery has evolved through decades of innovation. In the 1970s, Scopinaro introduced biliopancreatic diversion(BPD), which produced strong weight loss but often caused severe nutritional deficiencies. During the 1980s and 1990s, Hess and Marceau developed the duodenal switch, combining sleeve gastrectomy with intestinal rerouting. This showed that stimulating the ileum early could enhance weight reduction and improve diabetes control. In 2003, Brazilian surgeon Sérgio Santoro formally proposed “ileal bipartition.” Instead of excluding the stomach or duodenum, he created an additional pathway linking the stomach to the distal ileum. This allowed part of the ingested food to reach the ileum earlier, triggering powerful hormonal responses such as GLP-1 and PYY release, which improve satiety and insulin sensitivity. From the 2010s onward, several modified techniques such as SASI, SADI-S, and DIOS-emerged, aiming to position bipartition as a metabolic surgery, especially valuable for patients with obesity and type 2 diabetes. Over the last decade, these procedures have shown the potential to combine effective weight loss with fewer nutritional complications compared to traditional malabsorptive operations. However, bipartition techniques remain innovative rather than mainstream, and long-term data are still needed before they can be established as standard surgical options.



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International Consensus of Bipartition

Transit Bipartition (TB) was the first ever Metabolic and Bariatric Surgery (MBS) procedure designed to avoid mechanical restriction and malabsorption, primarily aiming at metabolic events.The "First World Consensus on Transit Bipartition Surgery" is a groundbreaking initiative in the field of bariatric and metabolic surgery, aimed at establishing a unified understanding and set of guidelines for the practice of intestinal bipartition surgery. This consensus is the result of collaborative efforts by leading surgeons, researchers, and healthcare professionals from across the globe who recognize the growing importance of this surgical procedure in the treatment of obesity and related metabolic disorders.

Key Areas of Focus in the Consensus: 1. Surgical Techniques 2. Mechanisms of Action 3. Outcomes and Effectiveness 4. Multidisciplinary Approach . By establishing clear guidelines and fostering global collaboration, this consensus will improve patient outcomes, increase the safety and effectiveness of the procedure, and expand the understanding of its long-term benefits and risks. As research and practice in this field continue to evolve, the consensus document will likely be updated to incorporate new evidence and insights.



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Technique of SASI

Single Anastomosis Sleeve Ileal (SASI) bypass is a bariatric technique designed to integrate the restrictive effects of sleeve gastrectomy with the metabolic benefits of a single gastroileal anastomosis. The procedure begins with a sleeve gastrectomy, followed by a side-to-side anastomosis between the gastric sleeve and ileum, usually positioned 50% of total small bowel from the ileocecal valve. This configuration allows dual food pathways, preserving partial physiological digestion while enhancing hormonal regulation of satiety and glucose control.

This presentation will focus on the technical aspects of SASI, including patient selection, surgical steps, and critical intraoperative considerations. Key points such as precise measurement of the ileal limb, creation of the anastomosis, and strategies for minimizing complications will be highlighted. Early clinical outcomes suggest SASI achieves significant weight reduction and metabolic improvement with lower nutritional risk compared to traditional bypass procedures.

SASI represents a promising evolution in bariatric surgery, offering surgeons a versatile tool to address obesity and its comorbidities. A clear understanding of the operative technique is essential for optimizing results and minimizing risks.

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Complication of SASI

The single-anastomosis sleeve ileal (SASI) bypass has emerged as a technically straightforward, effective bariatric/metabolic procedure that combines a restrictive sleeve gastrectomy with a single loop ileal diversion to enhance incretin response and metabolic benefit. Short- and mid-term series and several systematic reviews report that SASI achieves favorable weight loss and diabetes remission comparable or superior to sleeve gastrectomy and similar to other single-anastomosis procedures, while maintaining a generally acceptable safety profile.

Complications after SASI can be grouped into early surgical events and later metabolic/nutritional or functional problems. Early perioperative complications reported across multicenter cohorts include anastomotic leak, intra-abdominal/abdominal wall bleeding, wound infection, and peri-anastomotic stenosis; pooled early major complication rates in modern series range roughly from ~3–6% with overall complication rates reported up to ~10–12% in some meta-analyses.

Mid-to-longer term concerns emphasize nutritional deficiencies (iron, vitamin B12, albumin), protein malnutrition (less common than after longer biliopancreatic diversions when longer common channels are preserved), and bile or biliary reflux with potential esophageal symptoms — the latter flagged in preclinical and clinical comparative studies as an area needing surveillance. Reoperation indications include symptomatic anastomotic complications, obstruction/internal herniation, refractory bile reflux, and malnutrition requiring conversion or limb length revision.

Quality of evidence is mostly observational, heterogeneous in limb length and surgical technique, and limited by short follow-up in many series; recent systematic reviews call for standardized reporting, longer follow-up for nutritional and reflux outcomes, and prospective comparative trials versus OAGB/SADI and RYGB to define relative safety and durability.

Clinicians should balance SASI's metabolic advantages with vigilant perioperative care, standardized nutrient surveillance, and low threshold for investigating biliary reflux or anastomotic complications.



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Taiwan SASI Study Group Update

This study presents a retrospective analysis of 1,479 patients undergoing either single anastomosis sleeve jejunal bypass (SASJ) or sleeve gastrectomy (SG) across five Taiwanese bariatric centers. Developed as a systematic variation of SASI, SASJ demonstrated superior two-year total weight loss (%TWL: 34.0% vs. 30.1%, $p < 0.001$) and more pronounced improvements in HbA1c and cholesterol levels compared to SG. Both procedures effectively reduced fasting glucose and triglycerides, with SASJ showing a minor trade-off in hemoglobin and albumin levels that remained within normal limits. Re-admission and re-operation rates were low and comparable. These findings support SASJ as a promising alternative to SG, warranting further long-term evaluation and consideration in metabolic surgery programs.

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