

S.I.C.O.B. EVENTI



CONGRESSO SICOB PUGLIA

CASTELLANA GROTTA 12-13 GIUGNO 2025

Il paziente in chirurgia bariatrica e metabolica:

**il percorso multidisciplinare e la
meta in un centro d'eccellenza**

Resp. Scientifico
Roberta Isernia

iscriviti: sicobpuglia.it

La chirurgia metabolica nella prevenzione e nella cura del prediabete e del diabete mellito

Dott. Marco Castellana

**Specialista in Endocrinologia
e Malattie del Metabolismo**

Bariatric surgery significantly reduces progression from prediabetes to diabetes compared with the general population: 15-year single-institution data

Prevenzione del diabete mellito tipo 2

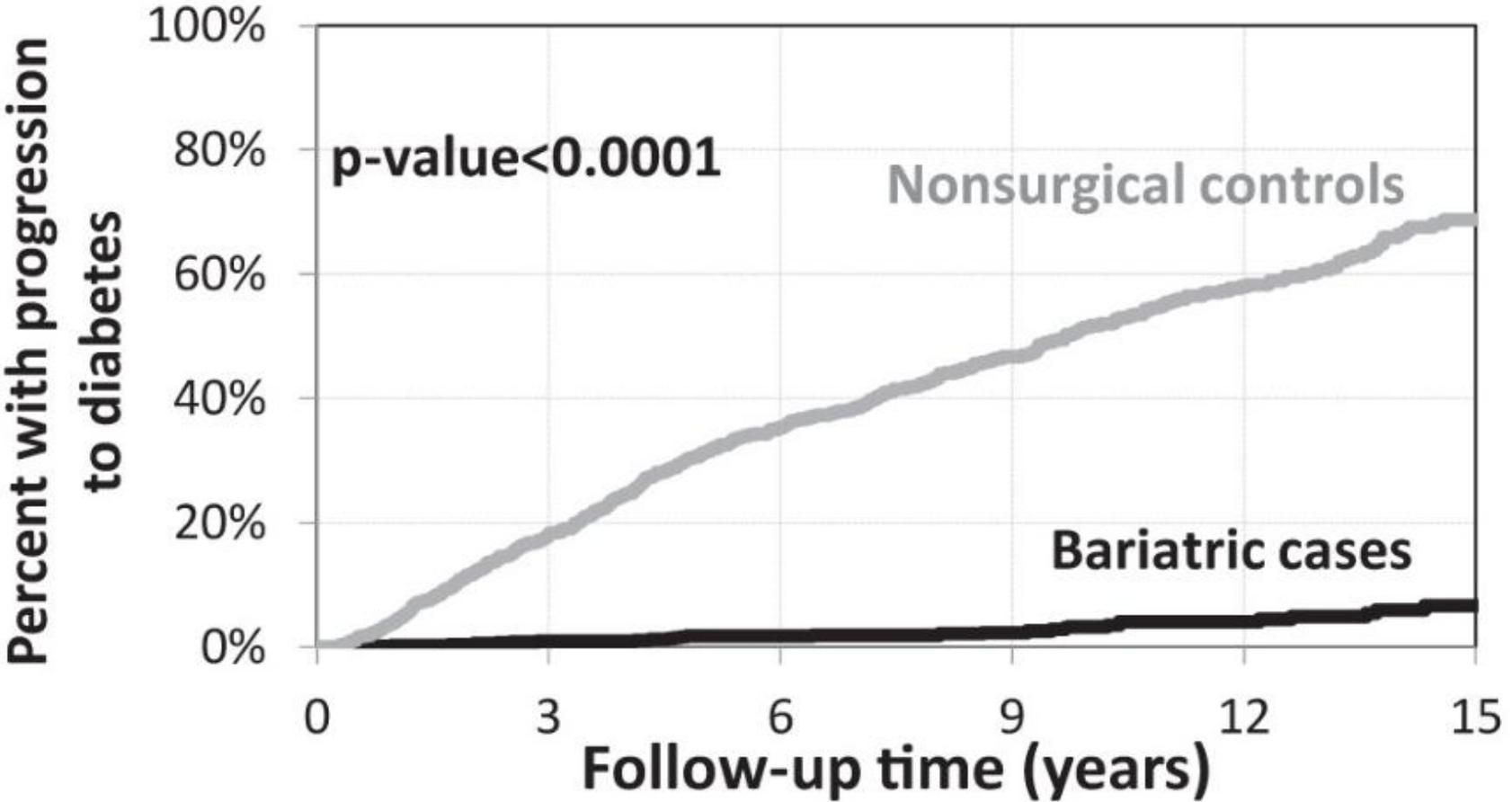


Fig. 1. Progression to type 2 diabetes mellitus in the surgical group versus nonsurgical control group.

Miglioramento del compenso glicemico

The Journal of Clinical Endocrinology & Metabolism, 2021, Vol. 106, No. 3, 922–933

Roux-en-Y Gastric Bypass vs Sleeve Gastrectomy for Remission of Type 2 Diabetes

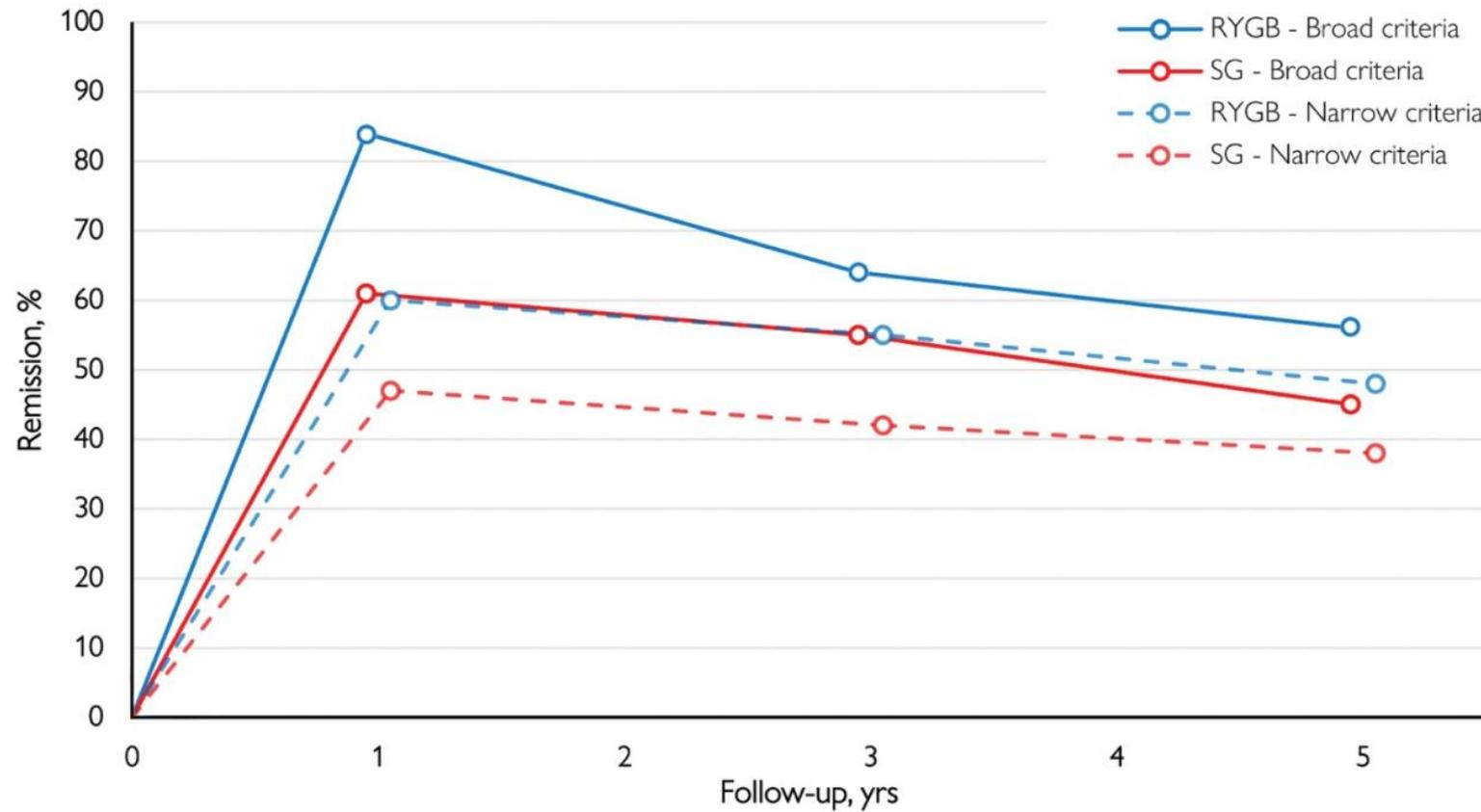
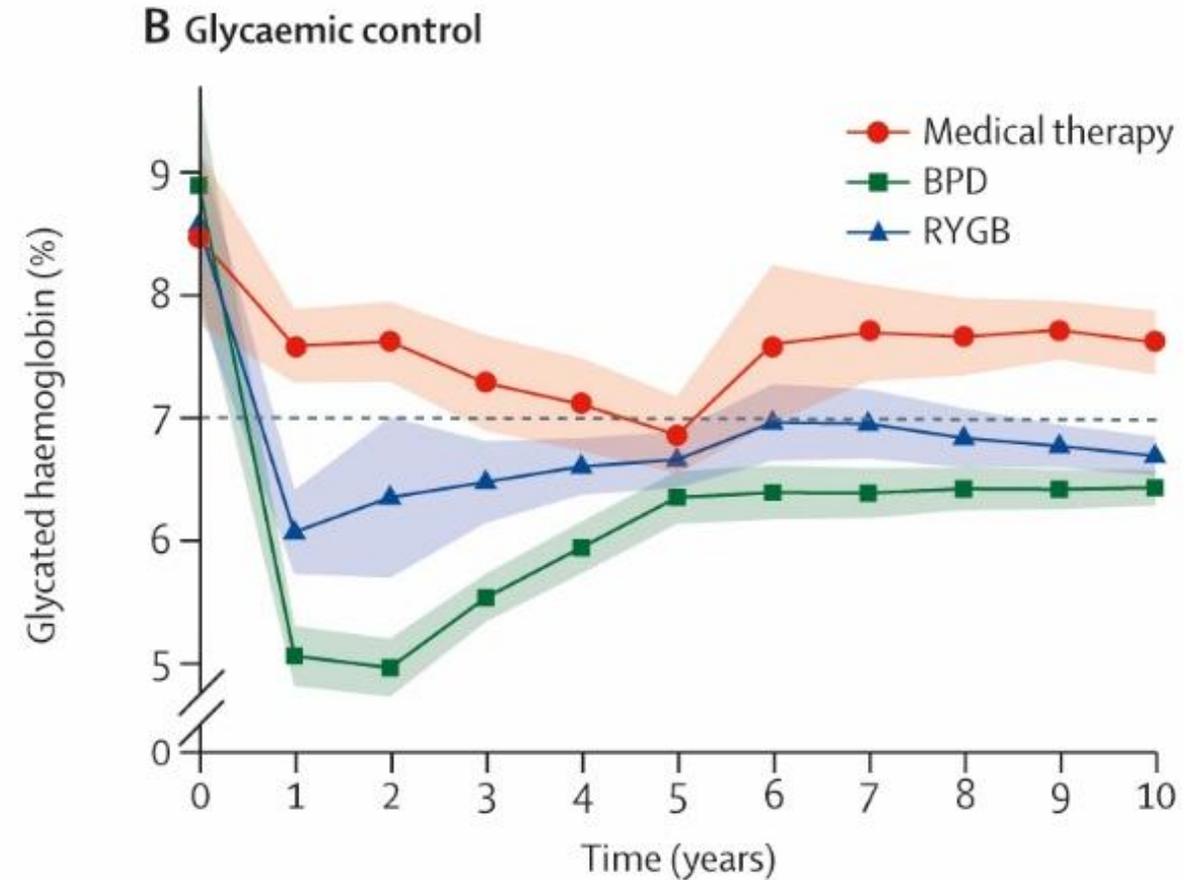
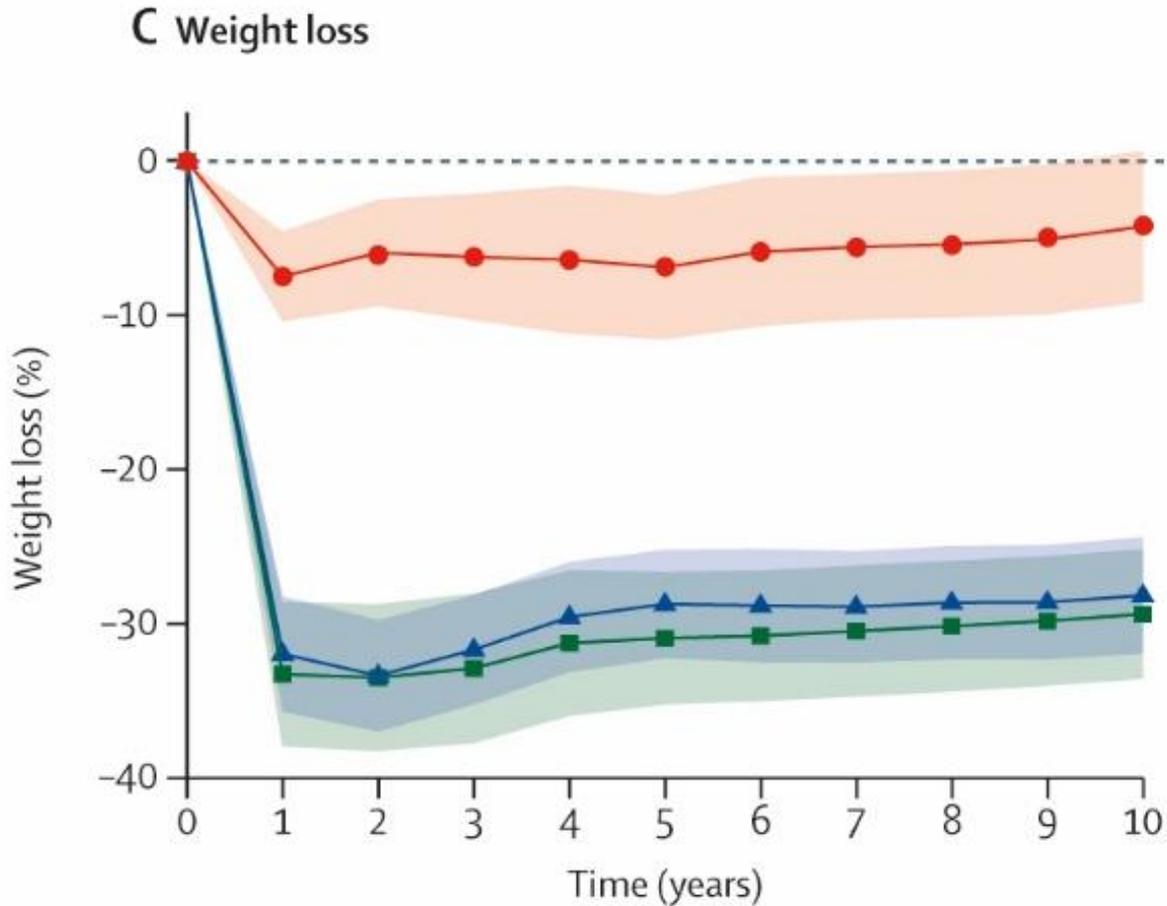


Figure 2. Prevalence of remission of type 2 diabetes after Roux-en-Y gastric bypass (RYGB) or sleeve gastrectomy (SG) at each follow-up according to criteria for remission.

Miglioramento del compenso glicemico

Lancet 2021; 397: 293-304

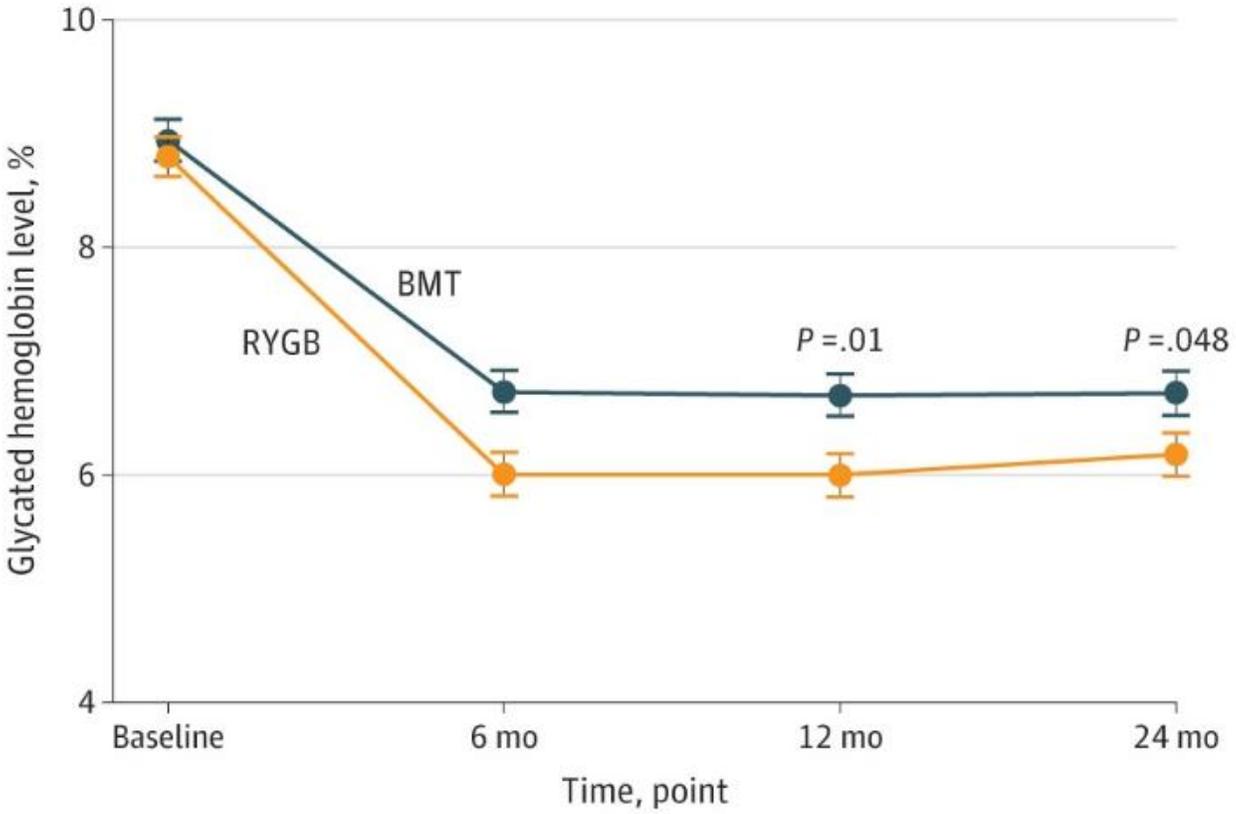
Metabolic surgery versus conventional medical therapy in patients with type 2 diabetes: 10-year follow-up of an open-label, single-centre, randomised controlled trial



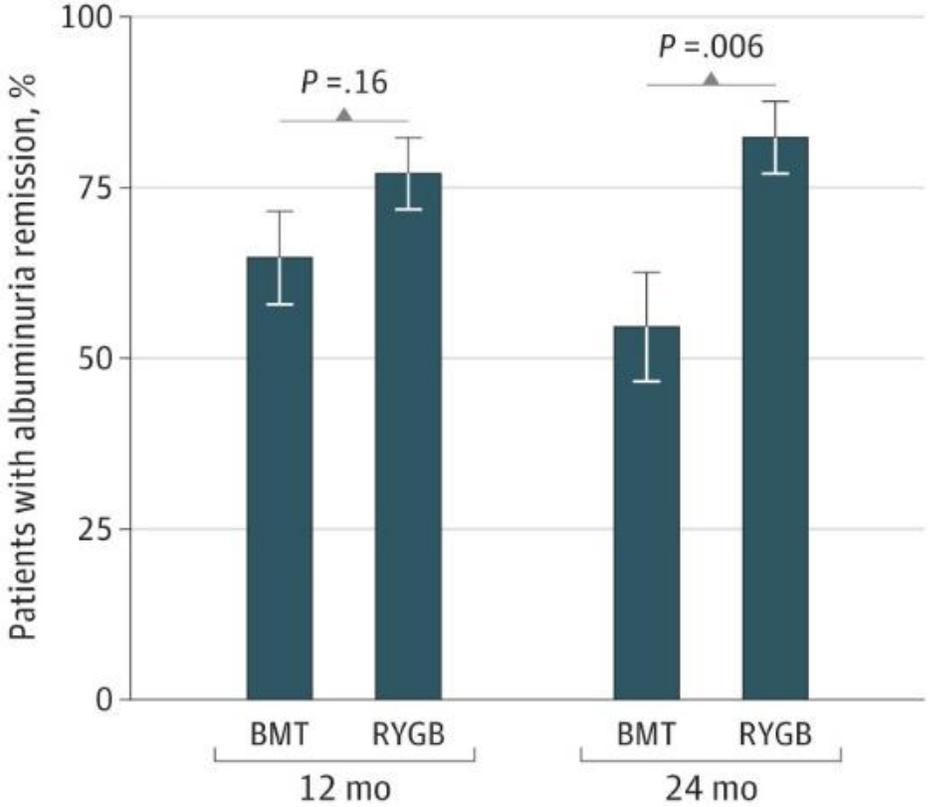
Effect of Gastric Bypass vs Best Medical Treatment on Early-Stage Chronic Kidney Disease in Patients With Type 2 Diabetes and Obesity A Randomized Clinical Trial

Riduzione del rischio di complicanze microvascolari

C Glycated hemoglobin level



A Albuminuria remission



Riduzione del rischio di complicanze macrovascolari

Obesity Surgery (2023) 33:2098–2107

Major Adverse Cardiovascular Events Among Obese Patients with Diabetes After Metabolic and Bariatric Surgery: a Meta-analysis of Matched Cohort and Prospective Controlled Studies with 122,361 Participates

Table 2 Associations between MBS and risk of major adverse cardiovascular events

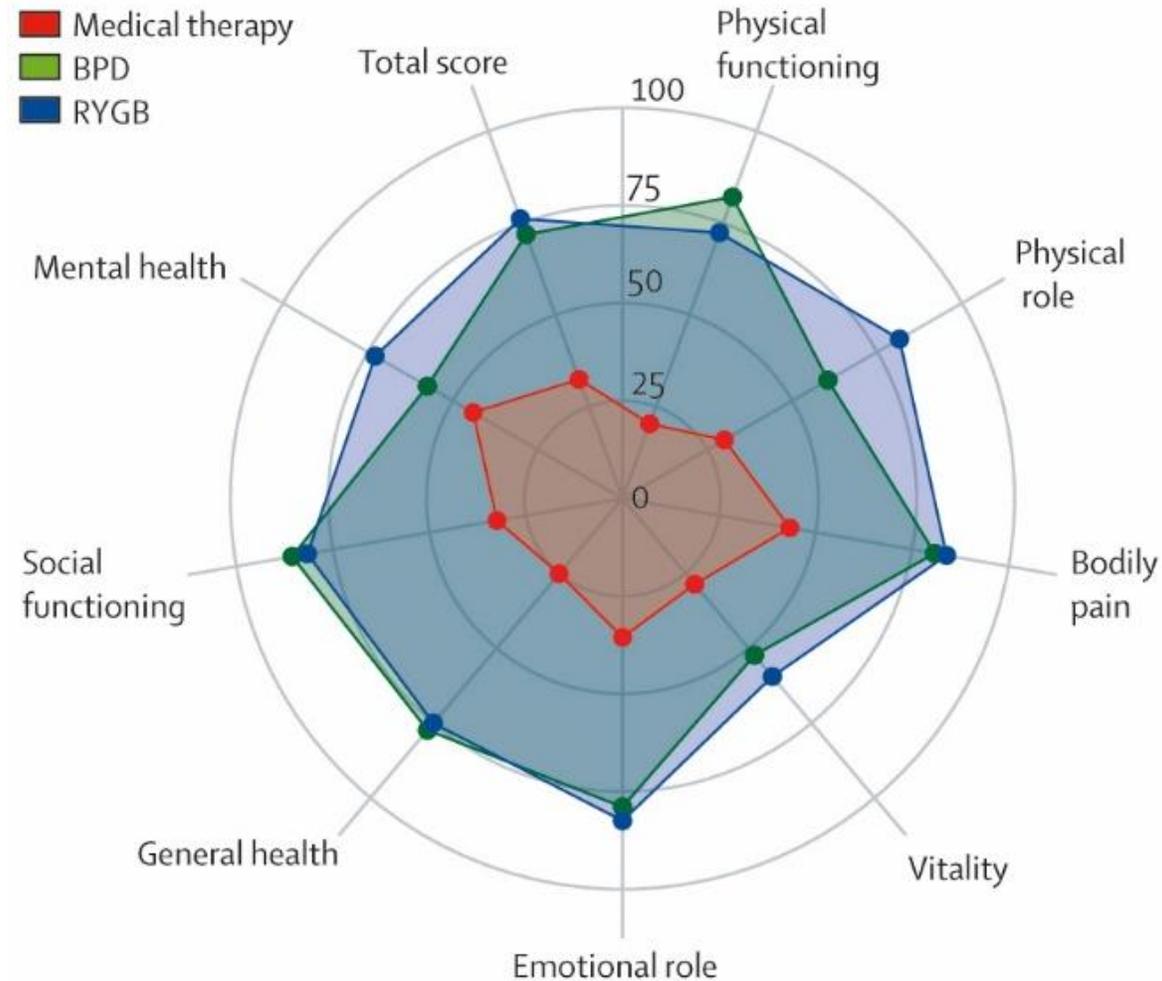
	<i>N</i> ^a	Case/control	OR (95%CI)	<i>P</i> ^b
MACE morbidity	14	27,611/57,329	0.65 (0.59–0.72)	0.001
MACE mortality	8	29,084/56,185	0.49 (0.36–0.67)	0.002
Cerebrovascular disease	5	9125/29,051	0.65 (0.48–0.87)	0.476
Coronary artery disease	7	17,441/45,222	0.67 (0.50–0.92)	<0.001
Atrial fibrillation	7	15,140/33,753	0.80 (0.71–0.90)	0.469
Heart failure	9	15,574/35,731	0.46 (0.38–0.56)	0.070
Myocardial infarction	5	12,274/13,818	0.61 (0.47–0.79)	0.525
Stroke	5	7318/9775	0.62 (0.42–0.93)	0.245
Roux-en-Y gastric bypass	4	14,127/23,275	0.55 (0.49–0.63)	0.385

Miglioramento della qualità di vita

Lancet 2021; 397: 293-304

Metabolic surgery versus conventional medical therapy in patients with type 2 diabetes: 10-year follow-up of an open-label, single-centre, randomised controlled trial

A 10-year QOL score (SF-36)



CASTELLANA GROTTA 12-13 GIUGNO 2025

Il paziente in chirurgia bariatrica e metabolica:

il percorso multidisciplinare e la meta in un centro d'eccellenza

Resp. Scientifico
Roberta Isernia

iscriviti: sicobpuglia.it

