



A STRONG COMMITMENT TO SUPPORT PATIENTS SUFFERING FROM OBESITY

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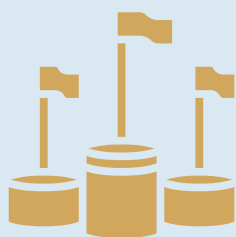
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Vivalto Santé Group



1st

confirmed
Mission-Driven Company
in the healthcare sector



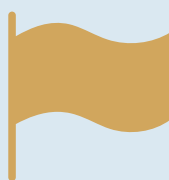
100

private hospital
centers and clinics
in France and abroad



6,000

physicians



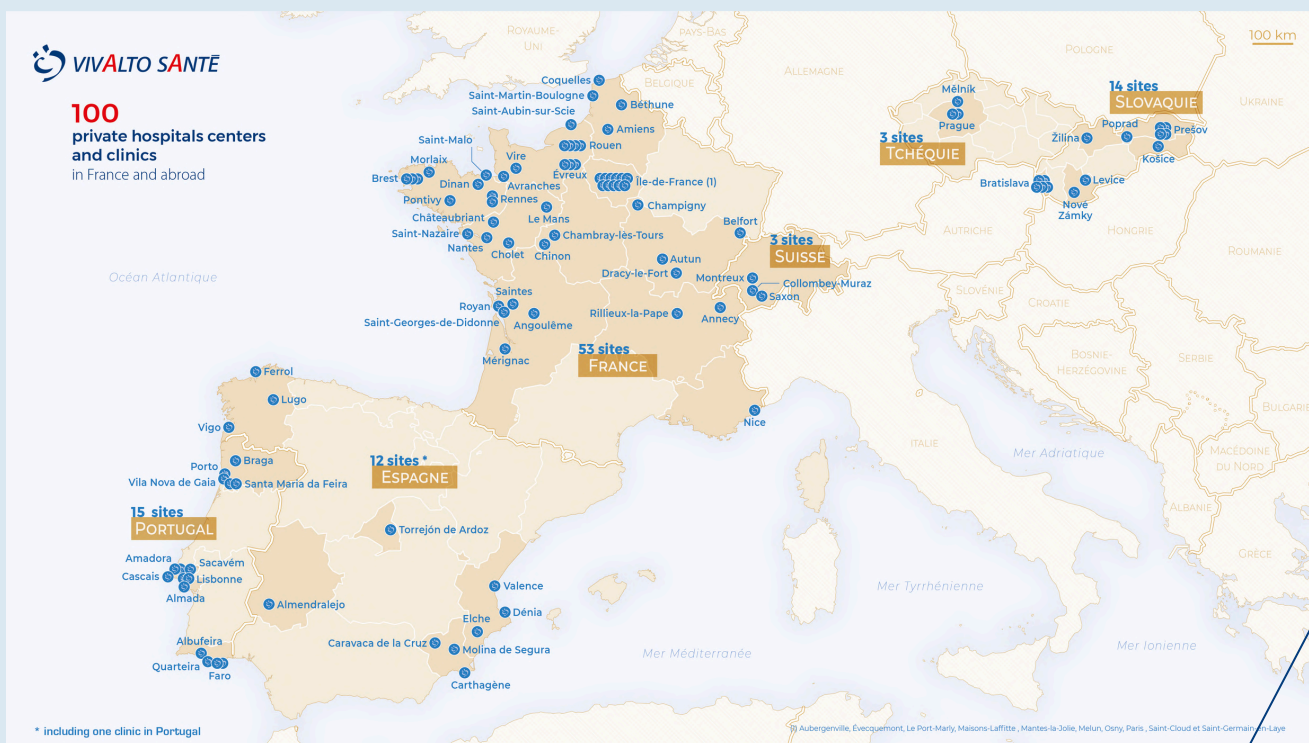
6

countries



21,000

employees



Our mission, for the benefit of all and in a sustainable way, is to care for and support patients throughout their healthcare pathway and their lives. It is founded on an innovative partnership with doctors and a strong commitment from the women and men of the Group.



 **VIV**ALTO SANTĒ

1. Vivalto Santé's commitment to the treatment of obesity and bariatric surgery

Vivalto Santé in France has been at the forefront of innovative approaches to combat obesity.

Among Vivalto Santé France's 53 clinics, more than ten take care of people suffering from obesity. We have a structured approach based on recommendations for organising, coordinating and developing the obesity care network in the region, as defined by the French health authorities.

Multidisciplinary Collaboration and patient-centered care

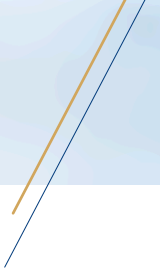
Vivalto Santé's commitment to patient-centered care is evident in its tailored treatment plans that prioritize individual needs and preferences.

Our patient-centred approach has enabled us to set up coordinated multidisciplinary teams to meet the care needs that obesity brings. Endocrinologists, gastroenterologists, bariatric and orthopaedic surgeons, anaesthesiologists, nurses, nutritionists, physiotherapist, psychologists, adapted physical activities instructor, occupational therapist, social workers, etc... work collaboratively to provide holistic care to patients.

From pre-operative assessments to post-operative follow-up, Vivalto Santé ensures that patients receive comprehensive support throughout their weight loss journey, promoting long-term success and well-being.

Our specialized surgical teams offer various procedures performed by coelioscopy in the majority of cases.

- **Gastric Banding:** An adjustable silicone band is positioned at the upper part of the stomach to slow down the progression of food and reduce the amount ingested by accelerating the sensation of satiety.
- **Sleeve Gastrectomy:** The principle of sleeve gastrectomy is to reduce the capacity of the stomach and remove the area of secretion of a hormone that promotes appetite (ghrelin). This technique therefore causes early satiety, and you will eat less.
- **Gastric Bypass:** The principle of bypass is to reduce the capacity of the stomach and divert the food so that it is less absorbed by the body. The rerouting of the digestive tract alters the release and sensitivity to incretins, contributing to improved glycemic control and metabolic changes that aid in weight loss.
- **Biliopancreatic diversion:** A restrictive and malabsorptive procedure, involves reducing food intake and intestinal absorption. Gastrectomy decreases stomach size, while the small intestine is divided. Food reaches the large intestine, while digestive secretions are directed to the end of the small intestine. Consequently, digestion and absorption occur over a limited small intestine segment, with much of the food passing directly to the large intestine without absorption.



The organization employs state-of-the-art surgical techniques, including minimally invasive procedures like coelioscopy surgery, which offer reduced recovery times and improved outcomes for patients undergoing bariatric surgery.

Vivalto Santé is dedicated to advancing the field of bariatric surgery through ongoing research initiatives, participation in clinical trials, and continuous improvement of quality of care and professional development and training for the teams. By staying at the forefront of medical advancements and best practices in obesity management, Vivalto Santé consistently enhances its surgical outcomes and patient satisfaction rates.

Impact on Health and Well-Being

The impact of Vivalto Santé's efforts in obesity surgery extends beyond surgical outcomes to encompass significant improvements in the health and quality of life of individuals struggling with obesity.

By providing effective weight loss solutions and empowering patients to make sustainable lifestyle changes, Vivalto Santé plays a crucial role in combating the obesity epidemic and promoting overall health within the community. Vivalto Santé has set up "Vivalto Sport" to reinforce the support that each patient needs all along is care pathway and beyond.

The implication of "Vivalto Sport" for obesity management involves utilizing physical activity as a cornerstone in treatment. By incorporating structured exercise programs, expert coaches and cutting-edge equipment, Vivalto Sport aims to improve overall health, promote weight loss, and enhance metabolic function. This initiative recognizes the importance of exercise in combating obesity and emphasizes its role alongside dietary interventions and medical management.

By prioritizing patient needs, innovative techniques, and community education, Vivalto Santé exemplifies excellence in addressing the complex challenges of obesity through a holistic and patient-centered approach.

Vivalto Santé continues to lead the way in advancing the field of obesity surgery, making a significant impact on the health and well-being of individuals struggling with obesity.



2. CLINICAL RESEARCH IN BARIATRIC SURGERY

1. ON-GOING CLINICAL TRIALS

Investigating site: Hôpitaux Privés Rennais – Saint Grégoire

- **BESURE:** Bariatric surgery with mesh repair of ventral hernia: a randomized controlled trial
- **BIPASS:** Prospective multicentric randomized trial comparing the efficacy and safety of Sleeve Gastrectomy with Transit Bipartition (SG+TB) versus Roux-en-Y GastricBypass (RYGB)
- **OMEGA-10:** Evaluation of OAGB (One Anastomosis Gastric Bypass) long-term adverse events
- **PRECISURG:** Effect of lengthening the alimentary loop or the biliary loop on the remission rate of type 2 diabetes after gastric bypass in severely obese patients - Controlled, multicenter, randomized clinical trial

Sponsoring site: Hôpitaux Privés Rennais – Saint Grégoire

- **ARG BP Trial (category 1):** Prospective, open, randomized, single-center study, comparing the effectiveness and safety of the combination of endoscopic Argon Plasma Coagulation (APC) + nutritional support versus nutritional support alone in weight regain after gastric bypass.

Vivalto Santé Institute Project and Hôpitaux Privés Rennais – Saint Grégoire: Patients' Experience

TOMO Project: Evaluation of Peer Support

Clinical studies completed

- **SADISLEEVE:** Prospective multicenter randomized trial comparing the efficacy and safety of Single-Anastomosis Duodeno Ileal bypass with Sleeve gastrectomy (SADI-S) versus Roux-en-Y Gastric Bypass (RYGB)
- **SIGNALS:** Validation Study of the NASHMIR Test for Non-alcoholic Steatohepatitis (NASH) Diagnosis in Patients with Severe or Morbid Obesity
- **YOMEGA:** Prospective multicentric randomized trial of efficiency and safety of laparoscopic omega loop bypass versus Roux-en-Y-gastric bypass

2. PUBLICATIONS (not exhaustive)

Hôpitaux Privés Rennais – Saint Grégoire
Polyclinique Lyon Nord – Rillieux La Pape
Hôpital Privé du Confluent – Nantes
Hôpitaux Privés Rouennais – Rouen
Clinique Mathilde -Rouen

Kermansaravi M, Parmar C, Chiappetta S, et al. Best practice approach for redo-surgeries after sleeve gastrectomy, an expert's modified Delphi consensus. Surg Endosc. 2023;37(3):1617-1628. doi:10.1007/s00464-023-09879-x

Reenaers C, de Roover A, Kohnen L, et al. Bariatric Surgery in Patients With Inflammatory Bowel Disease: A Case-Control Study from the GETAID. Inflamm Bowel Dis. 2022;28(8):1198-1206. doi:10.1093/ibd/izab249

Singhal R, Ludwig C, Rudge G, et al. 30-Day Morbidity and Mortality of Bariatric Surgery During the COVID-19 Pandemic: a Multinational Cohort Study of 7704 Patients from 42 Countries. Obes Surg. 2021;31(10):4272-4288. doi:10.1007/s11695-021-05493-9

Sterkers A, Blanchet MC, Genser L, et al. Obesity surgery and COVID-19 pandemic: What is the suitable attitude to adopt?. J Visc Surg. 2021;158(1):1-3. doi:10.1016/j.jviscsurg.2020.12.002

Quilliot D, Coupaye M, Ciangura C, et al. Recommendations for nutritional care after bariatric surgery: Recommendations for best practice and SOFFCO-MM/AFERO/SFNCM/expert consensus. J Visc Surg. 2021;158(1):51-61. doi:10.1016/j.jviscsurg.2020.10.013

Mahawar KK, Omar I, Singhal R, et al. The first modified Delphi consensus statement on sleeve gastrectomy. Surg Endosc. 2021;35(12):7027-7033. doi:10.1007/s00464-020-08216-w

Sterkers A, Blanchet MC, Genser L, et al. Chirurgie de l'obésité et épidémie de Covid-19 : quelle attitude aujourd'hui ? [Obesity surgery and Covid-19 pandemic: What is the suitable attitude to adopt?]. *J Chir Visc*. 2021;158(1):1-3. doi:10.1016/j.jchirv.2020.11.004

Pouwels S, Omar I, Aggarwal S, et al. The First Modified Delphi Consensus Statement for Resuming Bariatric and Metabolic Surgery in the COVID-19 Times. *Obes Surg*. 2021;31(1):451-456. doi:10.1007/s11695-020-04883-9

Robert M, Poghosyan T, Delaunay D, et al. Prospective multicentre randomised trial comparing the efficacy and safety of single-anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S) versus Roux-en-Y gastric bypass (RYGB): SADISLEEVE study protocol. *BMJ Open*. 2020;10(9):e037576. Published 2020 Sep 1. doi:10.1136/bmjopen-2020-037576

Kassir R, Rebibo L, Genser L, et al. Recommandations de la SOFFCO-MM en vue de la reprise de l'activité de chirurgie bariatrique et métabolique pendant et après la pandémie Covid-19 [SOFFCO-MM guidelines for the resumption of bariatric and metabolic surgery during and after the Covid-19 pandemic]. *J Chir Visc*. 2020;157(4):323-334. doi:10.1016/j.jchirv.2020.05.002
Kassir R, Rebibo L, Genser L, et al. SOFFCO-MM guidelines for the resumption of bariatric and metabolic surgery during and after the Covid-19 pandemic. *J Visc Surg*. 2020;157(4):317-327. doi:10.1016/j.jviscsurg.2020.06.005

Dimbezel V, Nedelcu A, Danan M, et al. Endoscopic Findings 5 Years Following Sleeve Gastrectomy. *Obes Surg*. 2020;30(10):3847-3851. doi:10.1007/s11695-020-04757-0


Verdure L, Genser L, Rebibo L, et al. Bariatric Surgery is feasible in patients with Ehlers-Danlos Syndrome. *Surg Obes Relat Dis*. 2020;16(9):1328-1331. doi:10.1016/j.soard.2020.03.033

Ienca R, Al Jarallah M, Caballero A, et al. The Procedureless Eclipse Gastric Balloon Program: Multicenter Experience in 1770 Consecutive Patients [published correction appears in *Obes Surg*. 2020 May 5;] [published correction appears in *Obes Surg*. 2020 Nov;30(11):4691-4692]. *Obes Surg*. 2020;30(9):3354-3362. doi:10.1007/s11695-020-04539-8

Desprez C, Melchior C, Wuestenberghs F, et al. Pyloric distensibility measurement after gastric surgery: Which surgeries are associated with pylorospasm?. *Neurogastroenterol Motil*. 2020;32(5):e13790. doi:10.1111/nmo.13790

Mahawar KK, Himpens JM, Shikora SA, et al. The first consensus statement on revisional bariatric surgery using a modified Delphi approach. *Surg Endosc*. 2020;34(4):1648-1657. doi:10.1007/s00464-019-06937-1

Grzegorzczuk-Martin V, Fréour T, De Bantel Finet A, et al. IVF outcomes in patients with a history of bariatric surgery: a multicenter retrospective cohort study. *Hum Reprod*. 2020;35(12):2755-2762. doi:10.1093/humrep/deaa208



Robert M, Espalieu P, Pelascini E, et al. Efficacy and safety of one anastomosis gastric bypass versus Roux-en-Y gastric bypass for obesity (YOMEGA): a multicentre, randomised, open-label, non-inferiority trial [published correction appears in Lancet. 2019 Mar 30;393(10178):1298]. Lancet. 2019;393(10178):1299-1309. doi:10.1016/S0140-6736(19)30475-1

3. CONGRESS PARTICIPATION

YOMEGA: Oral presentation at the 39th Annual Meeting 2023 in Las Vegas, June 25-29, 2023.





1. Lusíadas commitment to the treatment of obesity and bariatric surgery

Lusíadas Group commitment statement for the Multidisciplinary Treatment of Obesity and Metabolic Syndrome:

1. **Early Intervention and Awareness:** We pledge to start obesity treatment early, recognizing it as a chronic disease with genetic factors. Emphasizing early awareness, we aim to minimize physical and mental strain by intervening at onset.
2. **Comprehensive and Evolving Treatment Approach:** Our commitment involves a multidisciplinary strategy, including nutritional, psychological, and physical aspects. We start with lifestyle modifications and progress to interventions like medication and bariatric surgery as needed, ensuring personalized care.
3. **Long-Term Support and Success Monitoring:** We promise long-term support with a dedicated team, including meticulous pre-surgical preparation and extensive post-operative follow-up for at least five years. Our goal is a success rate over 98% and an obesity recurrence rate below 5%, focusing on innovative surgical techniques for superior metabolic effects and fewer complications.

This commitment statement reflects our Group's dedication to tackling obesity comprehensively, proactively, and with a focus on sustained success and well-being for everyone under our care, through a multidisciplinary, diversified, approach.

Our Team includes:

- Surgeons
- Gastroenterologists
- Psychologists
- Psychiatrists
- Nutritionists
- Endocrinologists
- Internists
- Physical Therapists

There are clinical specialties that may be necessary for the rehabilitation or postoperative optimization of our patients. Specialties such as Pneumology, Immunohemotherapy, Plastic Surgery, and Dental Medicine also stand out in this field.

The process evolves over time. Lifestyle changes, such as improving diet quality and increasing physical activity, are the initial focus. If these changes prove ineffective with professional guidance, the next steps may involve medications, endoscopic methods, or bariatric surgery.

Endoscopic treatments, like intra-gastric balloons or endoscopic gastroplasties, are certainly less invasive and show promise but are still under development and research. In less severe stages of the disease, they appear to be more effective than medications but less so than surgery, often with temporary results and a risk of weight regain at an earlier stage.

Surgery is considered highly effective for substantial and potentially long-lasting results, especially when guided by a multidisciplinary team. In some centers, success rates exceed 90%, with less than 5% recurrence of obesity. However, surgical approach may be definitive and most of the cases demands long-lasting supplement support and dedicated follow-up.

Our dedicated Lusíadas multidisciplinary team aims to:

- Characterize the patient to establish the best possible treatment plan.
- Prepare the patient for surgery and the behavioral transformation intended for the follow-up.
- Supplement medical action to help the patient adhere to nutritional supplementation rules and follow-up plans, preventing patient dropout, a common source of treatment inefficacy.
- Support the patient throughout their journey, encouraging and helping to resolve difficult or unexpected situations.

Regarding our technical skills, we can perform all bariatric procedures validated by the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO). This includes:

- Gastric Sleeve gastrectomy
- Gastric bypass (Roux-en-Y)
- One anastomosis gastric bypass
- Single anastomosis duodeno-ileostomy with Sleeve (SADI-S)
- Biliopancreatic diversion with duodenal switch
- Complex revisional surgeries.

Newer techniques with more intense metabolic effects, avoiding the unpleasant and unnecessary restrictive and malabsorptive effects, seem to provide better results (greater weight loss and control of associated diseases) with fewer long-term nutritional complications. These include:

- Intestinal Transit Bipartition
- Ileal interposition

Revisional Surgery

As pioneers in minimally invasive bariatric surgery, the Lusíadas Group prioritizes providing high-quality "revisional surgery" to patients. Revisional surgery comprises procedures aimed at enhancing the condition of patients who have previously undergone metabolic surgery. Approximately 20% of surgeries for obesity-related conditions may experience relapse, with diminished results and returning symptoms, highlighting the importance of such interventions.

We perform three types of revisional surgeries:

- **Revision Surgeries:** These adjustments are for patients who previously underwent surgery and now need minor modifications to improve results or quality of life. For example, altering intestinal segment measurements to correct excessive or insufficient weight loss, maintaining the same surgical procedure with enhanced effects.
- **Conversion Surgery:** This type is for patients who initially achieved success but later regained weight. They can undergo a reoperation to upgrade the initial surgical technique to a more potent one, offering greater metabolic effects and returning to the previously achieved weight.
- **Reversal Surgery:** This procedure is necessary when a patient needs to "undo" a previous surgery and return to a normal state. For instance, removing a displaced band causing vomiting to restore normal anatomy and physiology.

2. CLINICAL RESEARCH IN BARIATRIC SURGERY

1. ON-GOING CLINICAL TRIALS

- "Creation of Side-to-Side Compression Anastomosis Using the GT Metabolic Solutions Magnet System, GJ Biofragmentable to achieve Gastro-Ileal or Gastro-Jejunal Diversion in Adults with Obesity"
- The purpose of this trial is to evaluate the feasibility/performance, safety, and initial efficacy of the Magnet System, GJ Biofragmentable to create side-to-side anastomosis to achieve Gastro-Ileal Diversion.
- Operationally seamless, 2-stage, open-label, multicenter study enrolling up to 35 subjects at 6 study centers across Canada, Europe, and the Middle East as follows: Stage 1: First-in-human (FIH) and proof-of-concept with 5 subjects; and Stage 2: Feasibility with up to 30 subjects.

- This trial is currently in the negotiation phase and awaits authorizations from legal authorities.
- The "OAGB / OATB" project - a cohort study
 - One Anastomosis Gastric Bypass versus One Anastomosis Transit Bipartition (ongoing)
 - 50 + 50 cases
 - Approved by Hospital Lusíadas Amadora Ethics Committee
- One Anastomosis Gastric Bypass versus One Anastomosis Transit Bipartition (ongoing)
 - Analysis of surgical results and incretin profile
 - 10 + 10 cases
 - Research project as part of Rui Ribeiro's doctoral program
 - Approved by Hospital Lusíadas Amadora Ethics Committee

2. PUBLICATIONS (not exhaustive)

- Our clinicians have published over 50 peer-reviewed scientific papers, from which we highlight :

1. Kermansaravi M, Chiappetta S, Parmar C, Shikora SA, Prager G, LaMasters T, Ponce J, Kow L, Nimeri A, Kothari SN, Aarts E, Abbas SI, Aly A, Aminian A, Bashir A, Behrens E, Billy H, Carbajo MA, Clapp B, Chevallier JM, Cohen RV, Dargent J, Dillemans B, Faria SL, Neto MG, Garneau PY, Gawdat K, Haddad A, ElFawal MH, Higa K, Himpens J, Husain F, Hutter MM, Kasama K, Kassir R, Khan A, Khoursheed M, Kroh M, Kurian MS, Lee WJ, Loi K, Mahawar K, McBride CL, Almomani H, Melissas J, Miller K, Misra M, Musella M, Northup CJ, O'Kane M, Papasavas PK, Palermo M, Peterson RM, Peterli R, Poggi L, Pratt JSA, Alqahtani A, Ramos AC, Rheinwalt K, Ribeiro R, Rogers AM, Safadi B, Salminen P, Santoro S, Sann N, Scott JD, Shabbir A, Sogg S, Stenberg E, Suter M, Torres A, Ugale S, Vilallonga R, Wang C, Weiner R, Zundel N, Angrisani L, De Luca M. Current recommendations for procedure selection in class I and II obesity developed by an expert modified Delphi consensus. *Sci Rep.* 2024 Feb 11;14(1):3445. doi: 10.1038/s41598-024-54141-6. PMID: 38341469; PMCID: PMC10858961.

2. Ponce de Leon-Ballesteros G, Pouwels S, Romero-Velez G, Aminian A, Angrisani L, Bhandari M, Brown W, Copaescu C, De Luca M, Fobi M, Ghanem OM, Hasenberg T, Herrera MF, Herrera-Kok JH, Himpens J, Kow L, Kroh M, Kurian M, Musella M, Narwaria M, Noel P, Pantoja JP, Ponce J, Prager G, Ramos A, Ribeiro R, Ruiz-Ucar E, Salminen P, Shikora S, Small P, Stier C, Taha S, Taskin EH, Torres A, Vaz C, Vilallonga R, Verboonen S, Zerrweck C, Zundel N, Parmar C. Metabolic and Bariatric Surgery in Patients with Obesity Class V (BMI > 60 kg/m²): a Modified Delphi Study. *Obes Surg.* 2024 Mar;34(3):790-813. doi: 10.1007/s11695-023-06990-9. Epub 2024 Jan 19. PMID: 38238640.

3. Silvério-António M, Rodrigues AM, Teixeira F, Tavares-Costa J, Bernardo A, Pimenta S, Lagoas Gomes J, Aguiar R, Videira T, Pinto P, Santos H, Sequeira G, Teixeira L, Ribeiro RM, Fonseca JE, Vieira-Sousa E. Sex and body mass index impact on digit circumference for Leeds Dactylitis Index calculation. *Clin Exp Rheumatol*. 2024 Jan;42(1):174-177. doi: 10.55563/clinexprheumatol/v78pc5. Epub 2024 Jan 2. PMID: 38179711.
4. Ribeiro R, Viveiros O, Taranu V, Rossoni C. One Anastomosis Transit Bipartition (OATB): Rational and Mid-term Outcomes. *Obes Surg*. 2024 Feb;34(2):371-381. doi: 10.1007/s11695-023-06988-3. Epub 2023 Dec 23. PMID: 38135740.
5. Rossoni C, Bragança R, Santos Z, Viveiros O, Ribeiro R. OAGB Bowel Function in Patients With up to 5 Years Follow-Up: Updated Outcomes. *Obes Surg*. 2024 Jan;34(1):141-149. doi: 10.1007/s11695-023-06917-4. Epub 2023 Nov 10. PMID: 37946012; PMCID: PMC10781852.
6. Sherf-Dagan S, Biton R, Ribeiro R, Kessler Y, Ben-Porat T, Raziel A, Rossoni C, Kais H, Bragança R, Santos Z, Goitein D, Viveiros O, Graham Y, Mahawar K, Sakran N. Gastrointestinal reported outcomes following one anastomosis gastric bypass based on a multicenter study. *Expert Rev Gastroenterol Hepatol*. 2023 Jan-Jun;17(6):635-643. doi: 10.1080/17474124.2023.2211766. Epub 2023 May 21. PMID: 37165861.
7. Sherf-Dagan S, Biton R, Ribeiro R, Kessler Y, Raziel A, Rossoni C, Kais H, Bragança R, Santos Z, Goitein D, Viveiros O, Graham Y, Mahawar K, Sakran N, Ben- Porat T. Nutritional and Lifestyle Behaviors Reported Following One Anastomosis Gastric Bypass Based on a Multicenter Study. *Nutrients*. 2023 Mar 21;15(6):1515. doi: 10.3390/nu15061515. PMID: 36986245; PMCID: PMC10053792.
8. Kermansaravi M, Parmar C, Chiappetta S, Shikora S, Aminian A, Abbas SI, Angrisani L, Bashir A, Behrens E, Bhandari M, Clapp B, Cohen R, Dargent J, Dilemans B, De Luca M, Haddad A, Gawdat K, Elfawal MH, Himpens J, Huang CK, Husain F, Kasama K, Kassir R, Khan A, Kow L, Kroh M, Lakdawala M, Corvala JAL, Miller K, Musella M, Nimeri A, Noel P, Palermo M, Poggi L, Poghosyan T, Prager G, Prasad A, Alqahtani A, Rheinwalt K, Ribeiro R, Shabbir A, Torres A, Villalonga R, Wang C, Mahawar K, Zundel N. Best practice approach for redo- surgeries after sleeve gastrectomy, an expert's modified Delphi consensus. *Surg Endosc*. 2023 Mar;37(3):1617-1628. doi: 10.1007/s00464-023-09879-x. Epub 2023 Jan 24. PMID: 36693918.
9. Ramos Mussa Dib, V. , Scussel Madalosso, C. , Esselin de Melo, P. , Ribeiro, R. , Trentin Scortegagna, G. and Adami Chaim, E. (2023) SADI-S with Extended Duodeno-Bulb Preservation: Case Report. *Surgical Science*, 14, 131-142. doi: 10.4236/ss.2023.142017.
10. Chiappetta S, Stier C, Ghanem OM, Dayyeh BKA, Boškoski I, Prager G, LaMasters T, Kermansaravi M; PGEMU collaborators. Perioperative Interventions to Prevent Gastroesophageal Reflux Disease and Marginal Ulcers After Bariatric Surgery - an International Experts' Survey. *Obes Surg*. 2023 May;33(5):1449-1462. doi: 10.1007/s11695-023-06481-x. Epub 2023 Feb 13. PMID: 36781593.

3. CONGRESS PARTICIPATION

3.1. Scientific conferences with active participation 2023 (lectures, moderations, live surgeries)

- SAGES 2024 - Magnetic surgery session (Montreal - March 23):
 - Lecture - "SASI" as a second stage? (on-line)
- DASA meeting (Brasil - March 23)
 - Lecture - OAGB and Transit bipartition: when and why? (on-line)
- CUF Academy Course (March 23): laparoscopy and robotics
 - Session moderation (Lisbon)
- XXV Congresso da APNEP (April 2023)
 - Complete session organization with participation only from our team (on-line)
- 2as Jornadas de cirurgia ambulatória do Hospital Lusíadas de Braga
 - 1 Session moderation (Braga)
- Metabólica Amapá (May 2023)
 - Lecture and 2 live surgeries (Macapá)
- 3rd International & SR LATAM Robotic Surgery Cingres (August 23)
 - 1 lecture, 1 session moderation, 1 exposition lecture (Rio de Janeiro)
- IBSC 2023 - International Bariatric Surgery Course (Madrid - September 23)
 - 1 lecture, 1 live surgery (Madrid)
- 2o Encontro Lusíadas - Hérnia e Parede Abdominal: Hérnia Incisional (September 23)
 - 1 lecture (Lisbon)
- XXII Congresso brasileiro de cirurgia metabólica (October 23)
 - 2 lectures, 1 conference, 1 panel, 1 póster (Rio de Janeiro)
- 8th International surgery of obesity and metabolic disorders congress (Turkey - October 23)
 - 2 lectures, 1 live surgery (Antalia)
- CIBS 2023, Controversies in bariatric surgery (S.Petersbourg 2023)
 - Commentator in a session (on-line)
- LIBSS 2023 - London International Bariatric Surgery Symposium (November 23)
 - 1 lecture, 2 session moderations (London)
- 20th International B.E.S.T. congresso 2023 (December 23)
 - 1 lecture
- Uma manhã com a Gastreenterologia HLB | April 1 (Braga)
 - 1 lecture - "Tratamento Cirúrgico DRGE: Quando intervir?"
- XIII Congresso Nacional de Cirurgia Ambulatória | June 15-17
 - Best Oral Communication - "2 anos sleeve gástrico em regime de ambulatório"
 - 1 lecture on Novas Tecnologias e Inovação - "Telemonitorização - o exemplo de um projeto piloto"
- V International Congress of Metabolic Surgery | November 9-10 (Lisbon)
 - Panel Discussion of videos on cirurgia metabólica de conversão pós bypass
- 2as Jornadas Cirurgia Ambulatória - Lusíadas | May 6 (Braga)
 - 1 lecture "Transformação Digital em Cirurgia de Ambulatória | Telemonitorização e cuidados domiciliários: Estratégia para alargamento dos critérios de inclusão"

- XXVI IFSO World Congress | August 30 - September 1 (Napoli)
 - 2 lectures:
 - "Continuous monitoring after Laparoscopic Gastric Bypass: a pathway to ambulatory?"
 - "Sleeve gastrectomy in peritoneal dialysis patients: a feasible option"
- Jornadas de Cirurgia de Obesidade | 13 - December (Getafe)

3.2 Regular scientific on-line forums

- Bariatric Channel (Rui Ribeiro is International Director) - monthly 2 days sessions covering metabolic disease and metabolic surgery topics presented and discussed by international experts.
 - <https://www.bariatricchannel.com> - includes free library with all the sessions records
- Barialink Academy (Rui Ribeiro is a founding member) - monthly forum for difficult revisional cases discussion presented and discussed by international teams and experts.
 - <https://www.barialink.com>

3.3 Scientific Events Organization

- XXV Congresso da APNEP (April 2023)
 - Complete session organization with participation only from our team
 - <https://congresso2023.apnep.pt/?>
- V Congresso Internacional de Cirurgia Metabólica do grupo Lusíadas
 - The fifth Editions of our 2 days congress where national and international specialists debate the metabolic disease physiopathology and treatment, with focus in metabolic surgery.
 - Regularly with more than 100 attendees and extra on-line streaming
 - <https://www.factorchave.com/v-congresso-internacional-cirurgia-bariatrica-metabolica/>
- EMEA Advanced Pathway: OAGB Masterclass - 2nd edition
 - Educational program for European surgeons, including theoretical and hands-on activities, sponsored by Johnson & Johnson, and promoted by six specialized centers from Italy, Israel, Belgium, Germany, UK, and Portugal
 - The program includes local metabolic surgery centers ORs activities in Italy, Germany, and Portugal (our center)

4. FELLOWSHIP PROGRAM

- Surgeon to Surgeon sessions - in 2023 we received metabolic disease treatment professionals in Amadora Hospital Unit (CMTO) and OR for benchmarking purposes:
 - 1 surgeon from UK for 1 week
 - 1 surgeon from Brazil for 1 month
 - 8 surgeons from Colombia for 3 days
 - 1 brazilian endocrinologist for 1 month
 - 3 portuguese metabolic surgeries for 2 days each (Hospitais do CHLN, Hospital de Vila Franca de Xira, e Hospital de Braga)
- Our scientific activity and international recognition resulted in the 2023 International Federation for the Surgery of Obesity and Metabolic Diseases Scholarship for a surgeon, won by the junior surgeon of the team in Hospital Lusíadas Braga.





1. OB klinika's commitment to the treatment of obesity and bariatric surgery

OB Klinika, a.s. (OBK) is the largest Center for treatment of obesity and metabolic disorders in the Czech Republic, performing almost 600 bariatric-metabolic operations/year, and taking care of more than 25 000 obese out patients/year. It has been engaged for many years at top Czech and European level in complex treatment and prevention of obesity and related metabolic disorders such as surgical treatment of obesity, diabetes type 2, dyslipidemia, disorders of bearing joints, urogynaecological problems and others.

The head of OBK is Prof. Martin Fried, MD, CSc., a recognised specialist in the Czech Republic and world wide in minimally invasive, laparoscopic, bariatric and metabolic surgery. OBK meets all the national and European standards, provides complex therapeutic and nursing care not just for obese patients, but also for defined groups of obese diabetes type 2 patients, for whom surgery can significantly improve or completely cure them of this disease in more than 80% of cases.


OB Klinika provides orthopaedic services (i.e. big joints /hip and knee/ endoprosthesis operations) and other ortho care for both, obese and non-obese patients, as well as it runs busy plastic/esthetic surgery unit and gastroenterology unit.

OBK also disposes of top OR and Wards technology and staff working in surgical wards and intensive care units and OBK therefore offers care of a high European standard.

Treatment in OB Klinika is complex and patient centred as well as individually tailored.

Thus, patients centred care, starts from initial consultations, throughout pre-operative assessment and specialized examinations, and in appropriate cases continues with surgical interventions/operations and hospitalization ending up with post operative follow-up. This centred care is available for the patients literally on two floors of OB klinika. All the specialists, such as internists-obesitologists, diabetologists, bariatric surgeons, nutritionists, psychologists, gastroenterologists as well as anesthesiologists are based in OB klinika.

On top of that, patients' care is highly individually tailored and in accordance with specialists recommendations and patient profile and desire, final decision about the treatment modalities and if appropriate, type of surgical operation is chosen.



Therefore, OB Klinika provides a whole spectrum of bariatric surgical procedures (surgical treatment of obesity such as reducing stomach size, or surgery affecting the absorption of nutrients, lipids, minerals, as well as almost purely metabolic procedures affecting small intestine in Type 2 diabetic patients, etc.), and mini-invasive surgery for other surgical diseases, particularly in high risk and obese patients. The most frequently performed is minimally invasive, reversible and anatomy sparing operation – laparoscopic gastric plication where OB klinika's patients are experiencing excellent long-term results. Other operations available for the patients according to their clinical profile are: adjustable gastric bandings, partial jejunio-ileal bypass, biliopancreatic diversion and reoperations for own patients as well as for patients referred to OB Klinika, especially after sleeve gastrectomies performed elsewhere.

OBK is highly rated as a reference and training centre for Czech and foreign doctors and obesitological-bariatric teams helping to build a standardised and specialised centre for complex treatment of obesity. Thanks to highly standardised, specialised treatment procedures, OBK has become a partner of prestigious foreign institution and is addressing a series of Czech and international research and grant tasks.

As the only workplace of its kind in the Czech Republic, OB Klinika is accredited by the European Commission of the International Federation for Surgery of Obesity and Metabolic Disorders (IFSO-EC), as a “European Center for Excellence for Multidisciplinary Treatment of Obesity”.

OB Klinika meets all national and European standards of care for obese patients. In the past ten years it successfully and repeatedly completes ISO 9001 quality certification issued by TÜV SÜD in Germany.

2. Clinical Research IN BARIATRIC SURGERY

1. ON-GOING CLINICAL TRIALS

Scientific Studies conducted in OB klinika 2023/2024:

1. Trial Title: A Phase 3, randomised, double-blind, parallel-group, event-driven, cardiovascular safety study with BI 456906 administered subcutaneously compared with placebo in participants with overweight or obesity with established cardiovascular disease (CVD) or chronic kidney disease, and/or at least two weight-related complications or risk factors for CVD

Trial Number: 1404-0040

2. Trial Title: Creation of Side-to-Side Compression Anastomosis Using the GT Metabolic Solutions DI Biofragmentable Magnetic Anastomosis System (Magnet System, DI Biofragmentable) to Achieve Jejunio-Ileal Diversion in Adults with Obesity and Type 2 Diabetes Mellitus

Trial Number: suks 2468/2024

2. PUBLICATIONS (not exhaustive)

Fried, Martin & Sramkova, Petra & Dolezalova-Kormanova, Karin. (2023). Laparoscopic Greater Curvature Plication (LGCP). February 2023 DOI:[10.1007/978-3-030-60596-4_48](https://doi.org/10.1007/978-3-030-60596-4_48) In book: Obesity, Bariatric and Metabolic Surgery (pp.883-895), Springer

Haluzík M, Müllerová D, Sucharda P, et al. Obesity pharmacotherapy - update 2023. Farmakoterapie obezity - update 2023. Cas Lek Cesk. 2023;162(1):19-31.

Omran F, Murphy AM, Younis AZ, et al. The impact of metabolic endotoxaemia on the browning process in human adipocytes. BMC Med. 2023;21(1):154. Published 2023 Apr 19. doi:10.1186/s12916-023-02857-z

Metelcová T, Hainer V, Hill M, et al. Postprandial Triglyceride, Glucose and Insulin Levels 10 Years After Bariatric Surgery in Women With Severe Obesity - A Pilot Study: Part 2 - Biliopancreatic Diversion. Physiol Res. 2023;72(S4):S405-S410. doi:10.33549/physiolres.935179

Metelcová T, Hainer V, Hill M, et al. Postprandial Triglyceride, Glucose and Insulin Levels 10 Years After Bariatric Surgery in Women With Severe Obesity - A Pilot Study: Part 1 - Laparoscopic Greater Curvature Plication. Physiol Res. 2023;72(S4):S399-S403. doi:10.33549/physiolres.935145

3. CONGRESS PARTICIPATION

Scientific events organization & Co-Organization

- 9th CECON (Central European Congress on Obesity, Prague, Czech Rep. – organizing the entire Congress
- 11th Congress of International Federation for the Surgery of Obesity and Metabolic Disorders, Zurich, Switzerland
- 12th Congress of IFSO-EC, Vienna, Austria

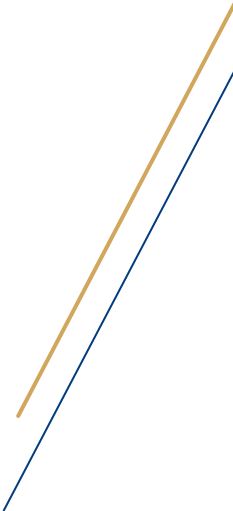
Scientific conferences with active participation (lectures, moderations, live surgeries)

- 9th CECON (Central European Congress on Obesity, Prague, Czech Rep. – organizing the entire Congress
- 11th Congress of International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO-EC), Zurich, Switzerland
- Magnetic Surgery Gastro-intestinal International Symposium, Montreal, Canada
- 26th International Congress of International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO), Naples, Italy
- 19th Prague obesity days (Sonkuv den), Czech Republic
- Czech Congress on Obesity Prevention and Management
- Slovak Congress on Obesity
- Up-coming in May
- 12th Congress of IFSO-EC, Vienna, Austria
- 2nd Magnetic Surgery Gastro-intestinal International Symposium, Montreal, Canada

4. MINIFELLOWSHIPS

Bariatric and Metabolic Surgery Courses and Sessions in 2023 teaching participation in Courses of obesity and metabolic diseases treatment for primary care professionals in Prague

- 2023/2024 two Courses for Diabetologists and Nutritionists 1 week duration
 - 2 nutritionists from the Czech Republic
 - 1 diabetologist from Slovak Republic





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