EAES rapid guideline: systematic review, network meta-analysis, CINeMA and GRADE assessment, and European consensus on bariatric surgery -- extension 2022.

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European Association for Endoscopic Surgery (EAES)

Carrano FM, Iossa A, Di Lorenzo N, et al. EAES rapid guideline: systematic review, network meta-analysis, CINeMA and GRADE assessment, and European consensus on bariatric surgery-extension 2022. Surg Endosc. 2022 Mar;36(3):1709-1725. [73 references] PubMed

View Original Guideline

Overview

Guideline Objective

To provide recommendations on the use of different bariatric procedures

Patient Population

Adult patients with severe obesity and metabolic disease

Recommendations

Recommendation Statements

Note: This guideline is an extension of the recommendations in the *Clinical Practice Guidelines of the European Association for Endoscopic Surgery (EAES) on Bariatric Surgery: Update 2020 Endorsed by IFSO-EC, EASO and ESPCOP*.

We suggest sleeve gastrectomy or laparoscopic Roux-en-Y gastric bypass over adjustable gastric banding, biliopancreatic diversion with duodenal switch and gastric plication for the management of severe obesity and associated metabolic diseases. One anastomosis gastric bypass and single anastomosis duodeno-ileal bypass with sleeve gastrectomy are suggested as alternatives, although evidence on benefits and harms, and specific selection criteria is limited compared to sleeve gastrectomy and Roux-en-Y gastric bypass. (**Weak recommendation; Certainty of the evidence: Low**)

Evidence Rating Scheme

Significance of the 4 Levels of Evidence

Quality Level	Definition
High	We are very confident that the true effect lies close to that of the estimate of the effect.
Moderate	We are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
Low	Our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the true effect.
Very low	We have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of the effect.

Recommendation Rating Scheme

Recommendation Strengths and What They Mean

Strong Recommendation

Benefits outweigh harms for almost everyone. All or nearly all informed patients would likely want this option.

A strong recommendation essentially means "just do it" and there is good reason to believe all informed patients would want this option. The evidence should be of high/moderate quality, but in some instances you can issue strong recommendations based on low/very low quality evidence.

Weak Recommendation

Benefits outweigh harms for the majority, but not for everyone. The majority of patients would likely want this option.

A weak recommendation does not necessarily mean that the guideline panel did not find sufficient evidence to support the suggested course of action. Indeed, there are two fundamental reasons for a weak recommendation: i) the evidence is low quality, so it's hard to be sure of the right course of action OR ii) there is a fine balance between benefits and harms of treatment alternatives. Other drivers for weak recommendations are variability in patients values and preferences or issues related to resource-use, feasibility, or equity. The implications of a weak - also called conditional - recommendation may be difficult to understand for clinicians without further explanation. In general clinicians should "think twice" and consider individual patient factors when applying weak recommendations. For example, patients' values and preferences, comorbitities, polypharmacy, burden of medical care, or personal limitations may result in the alternative course of action being the preferred option. Shared decision-making would be mandated for most weak recommendations.

Practice Statement

Good practice statements represent the guideline panel's view of optimal practice, but are not graded. Panels should use good practice statements when high quality indirect evidence is available, but it would not be a good use of the panel's limited resources to conduct formal evidence summaries. Good practice statements, if used appropriately, are consistent with official GRADE (Grading of Recommendations Assessment, Development and Evaluation) guidance.

Related Content

Supporting Documents

- Appendix Files. Also available from the OSF website.
- PRISMA Flow Chart.
- Study Protocol; 2021.
- Clinical Practice Guidelines of the European Association for Endoscopic Surgery (EAES) on Bariatric Surgery: Update 2020 Endorsed by IFSO-EC, EASO and ESPCOP; 2020.

Implementation Tools

- MAGICapp Version of Guideline.

Patient Education

No patient education materials available.

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ECRI's Guideline Profiles are designed to provide information and assist decision-making. Variations in practice will inevitably, and appropriately, occur when clinicians take into account the needs and preferences of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional using these Guideline Profiles is responsible for evaluating the appropriateness of applying them in a clinical setting.

TRUST Scorecard

Composition of Guideline Development Group (GDG)

Multidisciplinary GDG Members	**Yes**
Methodologist Involvement	**Yes**
Incorporation of Patient and Public Perspective	★★★★☆

Systematic Review of Evidence

Literature Search	★★★★★
Study Selection	★★★★★
Evidence Synthesis	★★★☆☆

Foundations for Recommendations

Strength of Evidence Grade	★★★★★
Description of Benefits and Harms of Recommendations	★★★★☆
Summary of Evidence Supporting Recommendations	★★★☆☆
Strength of Recommendations Rating	★★★★★
Clear Articulation of Recommendations	★★★☆☆

Funding Source	**Yes**
Disclosure and Management of Financial Conflicts of Interests	★★★★☆
External Review	★★☆☆☆
Updating	★★★☆☆

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