



Editorial

International MGB-OAGB Club affiliates with IJS



The **Minigastric Bypass (MGB)** was started by Rutledge in 1997. There was initially some prejudice by surgeons who performed more complex bariatric operations, postulating high reflux. However, with the long conduit, reflux is not a problem. Savatore Talone has shown that (unlike the restrictive sleeve gastrectomy), the MGB has a low-pressure channel (Fig. 1). Studies have shown that the MGB is shorter to perform, safer, has a shorter learning curve, has superior resolution of co-morbidities and diabetes, and leads to enduring weight loss plus superior quality of life, when compared in studies to the other operations.

The **One-Anastomosis Gastric Bypass (OAGB)** variant, first performed by Carbajo in Spain in 2002, has a proximal anti-reflux segment (Fig. 2), and likewise has excellent weight loss.

Both operations can be varied with body mass index, and depend largely on fat malabsorption. Hundreds of papers have been published showing superiority of the MGB-OAGB, which are now the second most common bariatric operations in many countries.

In 2014, the **MGB-OAGB International Club** was formed, holding annual consensus meetings in Paris, Montreal, London, Naples, and

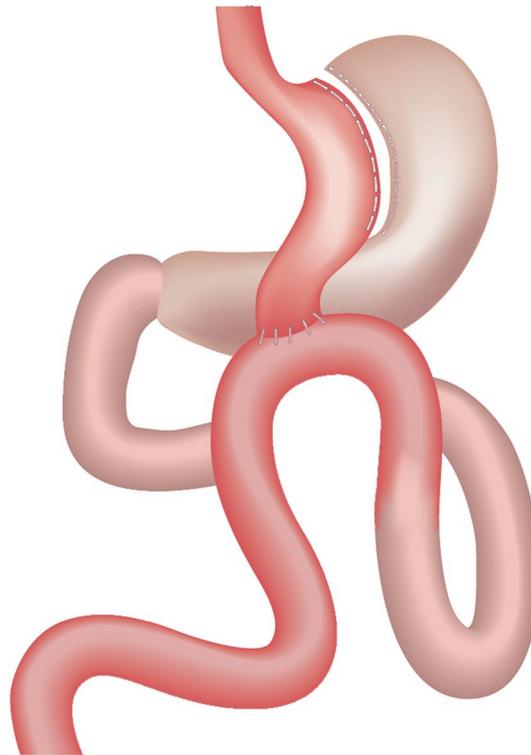


Fig. 1. MGB.

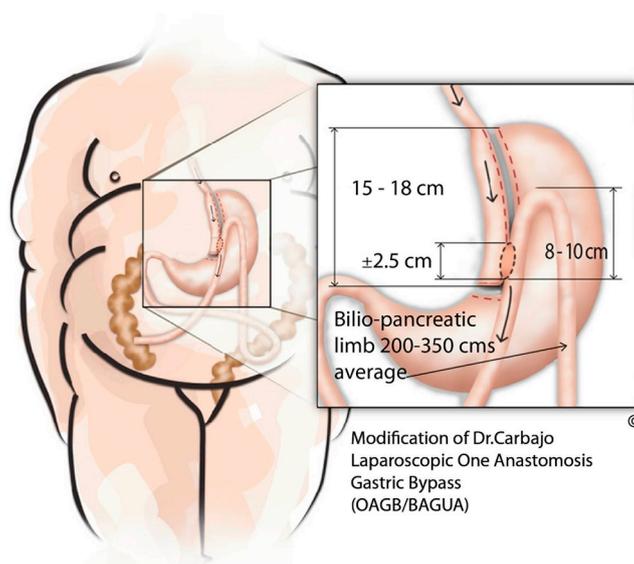


Fig. 2. OAGB.

Valledolid; the 2019 Conference is scheduled for June 20–21 in Cologne, Germany. Presidents have been Kular, Musella, Carbajo and Rheinwalt. The Society comprehensive textbook with 153 authors is *Essentials of Mini – One anastomosis Gastric Bypass*, available from Springer Nature.

We are delighted that the International Journal of Surgery will serve as the official online MGB-OAGB publication, starting January 1, 2019.

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