



International Federation for the Surgery of Obesity and metabolic disorders  
**European Chapter**

**IFSO-EC General Council meeting**  
Napoli, May 12<sup>th</sup> 2017 13.00 – 14.30  
Room: VESUVIO

**AGENDA**

Attending: Executive Council Members; Sub-Committee Representatives  
Notified National Society delegates  
Secretariat (MM)  
Prof Melissas (invited for item 13)

**1. Welcome, Apologies & Proxies**

No apologies, nor proxies. The meeting has a quorum

**2. Matters Arising**

**a) IFSO-EC Bank account**

**MS** - The bank account was opened in Prague. The money which is currently on the Austrian bank account will be transferred soon to the new account. Maurizio De Luca, the new Treasurer, will prepare a full report for the meeting in London.

**b) IH representation within IFSO-EC / GC / Ex Com**

**MS** - an IH representative should be included in our EC. An IH committee should be set up. In order to do so we'll ask our Societies' Presidents to suggest some candidates for the position of IH C. Chair. The Chair will then appoint its members in mutual agreement with the EC. For a period of time the position of Chair of the IH Committee will be not voting member, like the other Committees' Chairs.

**c) Rules for future congresses and symposia**

**MS** –written rules for future congresses and symposia should be set to define reimbursement rules and standard policies to be used in each Congress. MF to write draft which will be discussed during next EB meeting

**3. President's Report**

**MS** - IFSO-EC has appointed a PCO for meetings: Guarant for 5 years. IFSO's core PCO, MCM has supported us very much for this Symposium.

**4. Executive Directors' Report and IFSO-EC-ev report**

**MF** - The Chapter has been established legally in the Netherland and opened an independent bank account. It has been decided that every year the Chapter will organize a congress/symposium. The symposium will consist of an already existing meeting that will have the brand of IFSO-EC. The Chapter is financially improving.

**5. Report on the present meeting**

**MS** – The number of registered participants is 277 from 43 countries.

The attendance is very good and the program is also very interesting. Live surgeries were performed very smoothly. The venue is beautiful.

One third of the participants received free registration. The proportion is not right. Written rules should be set up for future meetings.

**6. EASO collaboration**

**Reported by MF** – EASO is not going to have a joint meeting with IFSO-EC.

There are very few surgical papers at ECO this year in Porto. This is a clear shift from EASO side.

Basic scientists are concerned that a joint meeting could be too surgically oriented.

Maybe a second joint meeting could be scheduled in 2021 or 2022. A decision will be probably taken in Porto next week.

## **7. IFSO-EC 2018 Congress in Athens**

**JM** - The organization is in progress. Promotion will start soon. The Scientific committee will be involved in the scientific content of the congress.

**MS** – Any idea/suggestion is appreciated.

**Asnat Raziel** – in Israel there is an interesting research program on Microbioma.

## **8. IFSO-EC 2019 Symposium**

**MS** – The location hasn't been defined yet. Any suggestion from our members would be appreciated. AF to check once again with KM and RW, possible other UK surgeons, to see what is possible, and report to EB asap

## **9. IFSO-EC 2020 Congress and voting system**

**MS** – Two bids have been received for 2020: Prague and Durban. IFSO 2020 will be in July in Miami so IFSO-EC should be in late March/early April. Our PCO should have evaluated the two bids, but it has a conflict of interest with Prague. So IFSO's PCO, MCM, will evaluate the 2 bids and then we can vote.

**Rudolf Weiner** – we should vote now.

**Bart van Wagenveld** – I agree.

**Marco Adamo** – The budget was overestimated so the bid is not valid at all.

**Asnat Raziel** – We want to vote now.

**MF** – if the majority of the General Council asks to vote, then we should vote.

**AF** – **Motion:** the General Council noted the Executive Council's concern about the conflict of interest and about the fact there is not enough information, nevertheless it wants to vote now. Motion is seconded and passed without opposition.

Voting by show of hands: all in favor of Prague as location for the IFSO-EC in 2020.

## **10. IFSO-EC Symposium in London at IFSO 2017**

**MS** – The EC has decided not to have an IFSO-EC Symposium in London because the slot we had been assigned had too many concurrent sessions.

**Marco Adamo** – I'm part of the Council of BOMSS and we feel uncomfortable with this; there should have been more communication and interaction between IFSO-EC and BOMSS in the organization of symposia.

## **11. EAC-BS report**

**Reported by JM** - The COE Program was endorsed by IFSO during the General Council Meeting in Paris 2009.

There are 92 Centers (23 Academic Hospitals-25%, 15 State Hospitals-16.3%, 54 Private Institutions-58.7%) and 155 Surgeons from 25 countries in the area of Europe, Middle East and Africa (IFSO-EC) accepted to participate in the COE program by the end of April 2017. Forty four (44) Centers and 64 surgeons have already been evaluated and have received the COE designation. One surgeon has been evaluated and has received the Surgeon of Excellence (SOE) designation and 9 more surgeons are under evaluation.

By the end of April 2017, 46,344 patients were entered prospectively into the IBAR™. From those 40,761 (87.9%) were subjected to primary bariatric procedures, 3653 (7.9%) to re-do procedures and the rest 1930 (4.2%) to 2-stages operations. In the geographic area of IFSO's EC the primary procedures performed were Gastric bypasses 14,553 (35.7%), Sleeve gastrectomies 18,038 (44.25%), Adjustable gastric banding 2,578 (6.32%), Biliopancreatic diversion Scopinaro 185 (0.45%), BPD-DS 733 (1.8%), Mini gastric-bypass 3,541 (8.69%), Gastric plication 255 (0.63%), Gastroplasty 5 (0.01%) and other bariatric procedures 873 (2.15%).

For primary operations, intra-operative reported complications' rate is 0.88%, post-operative complications 1.55%, re-admissions for early complications 1.17% and re-admissions for late complications 1.61%. The reported overall mortality rate is 0.03%. Verification of data by site-visitation was performed for 64 COE surgeons and 1 SOE surgeon.

From the accumulated data into IBARTM, a study comparing 6.413 Sleeve Gastrectomy patients with 10.622 patients with Roux-en-Y Gastric bypass patients was undertaken. This study was published on *Obesity Surgery* and presented at the joint IFSO-EASO Meeting in Gothenburg, June 2016.

**12. Any Other Business**

No other business

**13. Next Meeting (Athens 2018)**

The next General Council meeting will be held next year in Athens.

The meeting closes with no other business at 14.30