

Surgical Options for Weight Loss

Vertical Sleeve Gastrectomy

Physical changes	Between 2/3 – 3/4 of the stomach is removed. This leaves a long, narrow, vertical “sleeve” (shaped like a banana) which can hold 2-4 oz (60-120 ml). The part of the stomach that creates a hunger-causing hormone (ghrelin) is removed. No intestinal bypass performed.
Eligibility	<ul style="list-style-type: none"> • BMI≥40 • BMI≥35 with other conditions: Type 2 Diabetes, hypertension, sleep apnea, heart disease or other health issues. • BMI 30-34.9 with Type 2 Diabetes that is not well controlled with medication and diet, may be considered • Multiple, serious, supervised attempts at weight loss were unsuccessful • Willing to make significant lifestyle changes
Mechanism	<ul style="list-style-type: none"> • Significantly restricts the volume of food that you can eat • No malabsorption • Feel full with smaller amount of food
Expected weight loss	55% excess weight lost after 2 years
Laparoscopic or minimally invasive surgery	4-5 small incisions on abdomen, instruments and camera are inserted through incisions, less chance of wound complications, less pain and quicker recovery
Length of operation	1.5 hours
Hospital stay	1-2 nights
Time off work	1-2 weeks. Varies, depending on how strenuous the job is.
Safety	Risks similar to gallbladder surgery or hip replacement
Advantages	<ul style="list-style-type: none"> • Most foods are well tolerated • Decreased appetite • No malabsorption • No foreign object in body • Lower risk of protein and vitamin deficiencies • Resolution of many health problems: Type 2 diabetes (about 60%), hypertension, sleep apnea, high cholesterol
Disadvantages	<ul style="list-style-type: none"> • Not reversible • Risk of leaks at staple line, which might require further surgery • Potential for blockages in sleeve • Reflux is sometimes worse

Adjustable Gastric Band

Physical changes	An adjustable silicone band is placed around the top part of the stomach separating it into a small section and a larger section. The upper portion is a small 1-2 ounce (30-60 ml) pouch. A port is inserted just below the skin to allow for saline to be inserted into the band.
Eligibility	<ul style="list-style-type: none"> • BMI≥40 • BMI≥35 with other conditions: Type 2 Diabetes, hypertension, sleep apnea, heart disease or other health issues • BMI 30-34.9 with Type 2 diabetes that is not well controlled with medication and diet, may be considered • Multiple, serious, supervised attempts at weight loss were unsuccessful • Willing to make significant lifestyle changes
Mechanism	<ul style="list-style-type: none"> • Moderately restricts the volume and type of foods you can eat • No malabsorption • Limits food intake, reduces appetite and slows digestion • Feel full with smaller amount of food
Expected weight loss	47% excess weight lost after 2 years
Laparoscopic or minimally invasive surgery	4-5 small incisions on abdomen, instruments and camera are inserted through incisions, less chance of wound complications, less pain and quicker recovery
Length of operation	1 hour
Hospital stay	Go home same day
Time off work	1 week. Varies, depending on how strenuous the job is.
Safety	Risks similar to gallbladder surgery or hip replacement
Advantages	<ul style="list-style-type: none"> • Reversible • No cutting, removal or rerouting of any part of stomach or intestines • Lowest risk protein/ vitamin deficiencies • Resolution of many health problems- Type 2 Diabetes (about 50% patients), hypertension, sleep apnea, high cholesterol • Restriction is adjustable
Disadvantages	<ul style="list-style-type: none"> • Weight loss is slower • Frequent trips to surgeon for adjustments • Slipping or infection of band can require further surgery • Band may erode into stomach, requiring surgery to remove band • Port problems • Many foods not tolerated well (rice, nuts, popcorn, dense meats) • Foreign object in body

Roux-en-Y Gastric Bypass

Physical changes	Small 1-2 ounce pouch (30-60 ml) from the stomach is connected to the small intestine. The stomach remains in the body and is connected to the lower part of small intestine.
Eligibility	<ul style="list-style-type: none"> • BMI≥40 • BMI≥35 with other conditions: Type 2 Diabetes, hypertension, sleep apnea, heart disease or other health issues • BMI 30-34.9 with Type 2 diabetes that is not well controlled with medication and diet, may be considered • Multiple, serious, supervised attempts at weight loss were unsuccessful • Willing to make significant lifestyle changes
Mechanism	<ul style="list-style-type: none"> • Significantly restricts the volume of food that you can eat • Intestines are rerouted which causes malabsorption • Only small amounts of calories and nutrients can be absorbed • Feel full with smaller amount of food
Expected weight loss	67% excess weight lost after 2 years
Laparoscopic or minimally invasive surgery	4-5 small incisions on abdomen, instruments and camera are inserted through incisions, less chance of wound complications, less pain and quicker recovery
Length of operation	2 hours
Hospital stay	2-3 nights
Time off work	2-3 weeks. Varies, depending on how strenuous the job is.
Safety	Risks similar to gallbladder surgery or hip replacement
Advantages	<ul style="list-style-type: none"> • Rapid weight loss • Most foods, except sweets and fats, are well tolerated • Resolution of many health problems- Type 2 diabetes (about 80% patients), hypertension, sleep apnea, high cholesterol • No foreign object in body
Disadvantages	<ul style="list-style-type: none"> • Difficult to reverse • Decreased nutrient absorption (vitamin B12, calcium, iron, zinc) • Dumping syndrome: nausea, vomiting, diarrhea, flushing, dizziness, light-headedness, and sweating • Potential for leak • Potential for infection • Potential for bowel obstruction

