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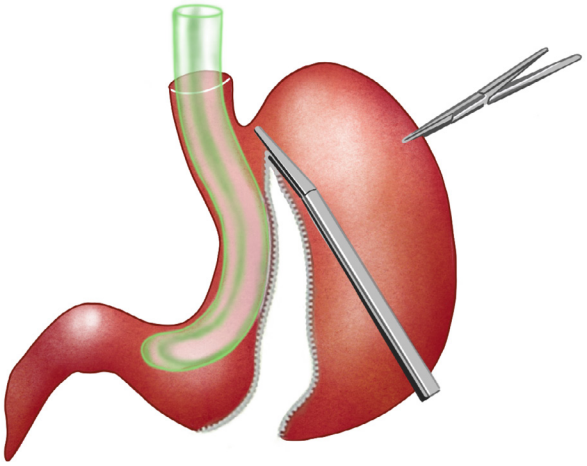
WEIGHT LOSS SURGERY
PATIENT INFORMATION

Weight loss surgery is a significant decision that will impact the rest of a patient's life. So, it's important that you learn the facts about weight loss surgery. There are many options for bariatric surgery and what may be appropriate for one person may not be suitable for another.

Gastric Sleeve

The Laparoscopic Sleeve Gastrectomy, often called the "sleeve", is performed by removing approximately 80% of the stomach. The remaining stomach is the size and shape of a banana.

The smaller volume new stomach pouch (average 150-200mls) holds a considerably smaller volume than the normal stomach and helps to significantly reduce the amount of food (and thus calories) that can be consumed each time (you will feel full and satisfied after a small meal).



- ✔ Decreases hunger
- ✔ Increases fullness
- ✔ Reduces appetite and enhance satiety
- ✔ Reduction in conversion of calories to fat

ADVANTAGES

- ✔ Technically simple and shorter surgery time
- ✔ Can be performed in certain patients with high risk medical conditions
- ✔ May be performed as the first step for patients with severe obesity
- ✔ May be used as a bridge to gastric bypass or SADI-S procedures
- ✔ Effective weight loss and improvement of obesity related conditions
- ✔ Involves a relatively short hospital stay of approximately 1-2 days
- ✔ Requires no foreign objects as in gastric band and no bypass or re-routing of the food stream

DISADVANTAGES

- ✔ Non-reversible procedure
- ✔ May worsen or cause new onset reflux and heart burn
- ✔ Less impact on metabolism compared to bypass procedures

The excess weight loss is expected to be around 60-70%. *

WHO IS BEST SUITED TO A GASTRIC SLEEVE?

- ✔ Patients who desire greater weight loss than what is achieved with gastric banding.
- ✔ Patients who are looking for a less complex operation than a gastric bypass.
- ✔ Patients with high cholesterol, high-blood pressure, osteoarthritis, and obstructive sleep apnoea.
- ✔ Patients who desire greater weight loss than what is achieved with gastric banding.
- ✔ Patients with Polycystic ovarian syndrome.

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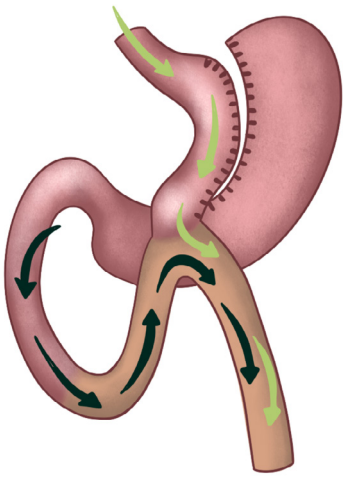
Gastric Bypass

There are two components to the procedure. First, small stomach pouch is created by dividing the top of the stomach from the rest of the stomach. Next, the first portion of the small intestine is divided, and the bottom end of the divided small intestine is brought up and connected to the newly created small stomach pouch. The procedure is completed by connecting the top portion of the divided small intestine to the small intestine further down so that the stomach acids and digestive enzymes from the bypassed stomach will eventually mix with the food.

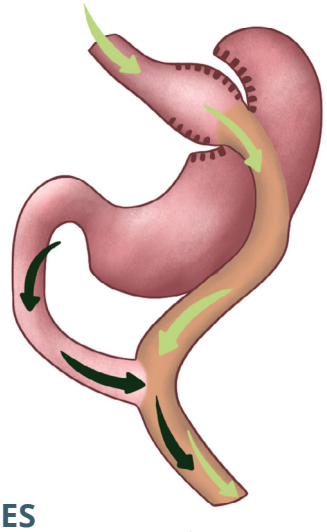
The gastric bypass works through several mechanisms. Firstly, similar to most bariatric procedures, the newly created stomach pouch is considerably smaller and facilitates significantly smaller meals, which translates into less calories consumed. Additionally, there is a segment of small intestine that would normally absorb calories as well as nutrients that no longer has food going through it, therefore, there is, to some degree, less absorption of calories and nutrients.

Most importantly, the rerouting of the food stream produces changes in gut hormones that promote satiety, suppress hunger, and reverse one of the primary mechanisms by which obesity induces type 2 diabetes.

Mini Gastric Bypass (MGB)



Gastric Bypass Roux-en-Y



ADVANTAGES

- ✔ Reliable and long-lasting weight loss
- ✔ Effective for remission of obesity-associated conditions
- ✔ Refined and standardised technique
- ✔ Higher rate of resolution (or improvement) of obesity-related conditions
- ✔ Reversible
- ✔ It is an anti-reflux operation and is thus, most suitable for those with
- ✔ bad reflux/heartburn
- ✔ It may be better for uncontrolled or poorly controlled type 2 diabetes
- ✔ No implant device in the body

DISADVANTAGES

- ✔ Technically more complex when compared to sleeve gastrectomy or gastric band
- ✔ More vitamin and mineral deficiencies than sleeve gastrectomy or gastric banding
- ✔ There is a risk for small bowel complications and obstruction compared to sleeve
- ✔ There is a risk of developing ulcers, especially with NSAID or tobacco use
- ✔ May cause “dumping syndrome”, a feeling of sickness after eating or drinking, especially sweets
- ✔ Potential for vitamin deficiencies (particularly with iron, B12, calcium and folate) which requires regular monitoring
- ✔ Requires strict adherence to life-long vitamin/mineral supplementation and compliance with dietary recommendations
- ✔ Longer follow-up requirements (more doctor’s visits) compared to gastric sleeve

WHO IS BEST SUITED TO A GASTRIC BYPASS?

- ✔ Patients who desire greater and more durable weight loss, but can accept potentially higher risk of long-term side-effects (such as vitamin deficiencies).
- ✔ Patients who want a reversible procedure.
- ✔ Patients who have poorly-controlled or uncontrolled diabetes and want a better chance at a cure for it.
- ✔ Patients with bad reflux/heartburn.
- ✔ Patients who had failed previous weight loss procedures (such as gastric banding or gastric sleeve).