

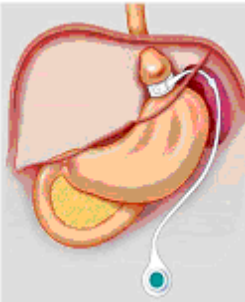


Modality of Weight Loss	Restrictive and Malabsorptive (stomach and intestines)	Restrictive (stomach only)	
<b>Type of Operation</b>	<a href="#"><u>Roux-en-Y Gastric Bypass Surgery</u></a>	<a href="#"><u>Vertical Sleeve Gastrectomy</u></a>	<a href="#"><u>Adjustable Gastric Band</u></a>
<b>Anatomy</b>	Small 1 ounce pouch (20-30cc) connected to the small intestine. Food and digestive juices are separated for 3-5 feet.	Long narrow vertical pouch measuring 2-3 oz (60-100cc). Identical to the duodenal switch pouch but smaller. No intestinal bypass performed.	An adjustable silicone ring (band) is placed around the top part of the stomach creating a small 1-2 ounce (15-30cc) pouch.
			
<b>Mechanism</b>	<ul style="list-style-type: none"> <li>Significantly restricts the amount of food that can be consumed</li> <li>Mild malabsorption</li> <li>"Dumping Syndrome" when sugar or fats are eaten</li> </ul>	<ul style="list-style-type: none"> <li>Significantly restricts the amount of food that can be consumed</li> <li>NO malabsorption</li> <li>NO dumping</li> </ul>	<ul style="list-style-type: none"> <li>Moderately restricts the amount and type of foods able to be eaten</li> <li>Only procedure that is adjustable</li> <li>Delays emptying of pouch</li> <li>Creates sensation of fullness</li> </ul>
<b>Weight Loss</b> United States Average statistical loss at 10 years	<ul style="list-style-type: none"> <li>70% loss of excess weight</li> <li>Sustained weight loss at &gt;10 years</li> </ul>	<ul style="list-style-type: none"> <li>60%-70% excess weight loss at 2 years</li> <li>Long term results not available at this time</li> </ul>	<ul style="list-style-type: none"> <li>60% excess weight loss</li> <li>Requires the most effort of all procedures to be successful</li> </ul>
<b>Long Term Dietary Modification</b> (Excessive carbohydrate/high calorie intake will defeat all procedures)	<ul style="list-style-type: none"> <li>Patients must consume less than 800 calories per day in the first 12-18 months; 1000-1200 thereafter; 3 small high protein meals per day</li> <li>Must avoid sugar and fats to prevent "Dumping Syndrome"</li> <li>Vitamin and/or protein deficiency usually preventable with supplements</li> </ul>	<ul style="list-style-type: none"> <li>Must consume less than 600-800 calories per day for the first 24 months; 1000-1200 thereafter</li> <li>No dumping, no diarrhea</li> <li>Weight regain may be more likely than in other procedures if dietary modifications not adopted for life</li> </ul>	<ul style="list-style-type: none"> <li>Must consume less than 800 calories per day for 18-36 months; 1000-1200 thereafter</li> <li>Certain foods can get "stuck" if eaten (rice, bread, dense meats, nuts, popcorn) causing pain and vomiting</li> <li>No drinking with meals</li> </ul>
<b>Nutritional Supplements Needed</b> (Lifetime)	<ul style="list-style-type: none"> <li>Multivitamin</li> <li>Vitamin B12</li> <li>Calcium</li> <li>Iron (menstruating women)</li> </ul>	<ul style="list-style-type: none"> <li>Multivitamin</li> <li>Calcium</li> </ul>	<ul style="list-style-type: none"> <li>Multivitamin</li> <li>Calcium</li> </ul>
<b>Potential Problems</b>	<ul style="list-style-type: none"> <li>Dumping syndrome</li> <li>Stricture</li> </ul>	<ul style="list-style-type: none"> <li>Nausea and vomiting</li> <li>Heartburn</li> </ul>	<ul style="list-style-type: none"> <li>Slow weight loss</li> <li>Slippage</li> </ul>

	<ul style="list-style-type: none"> <li>• Ulcers</li> <li>• Bowel obstruction</li> <li>• Anemia</li> <li>• Vitamin/mineral deficiencies (Iron, Vitamin B12, folate)</li> <li>• Leak</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate weight loss</li> <li>• Weight regain</li> <li>• Additional procedure may be needed to obtain adequate weight loss</li> <li>• Leak</li> </ul>	<ul style="list-style-type: none"> <li>• Erosion</li> <li>• Infection</li> <li>• Port problems</li> <li>• Device malfunction</li> </ul>
<b>Reversible</b>	Difficult: requires an open operation	No	Yes; may need to be removed
<b>Hospital Stay</b>	2-3 days	1-2 days	Overnight (<1 day)
<b>Time off Work</b>	2-3 weeks	1-2 weeks	1 week
<b>Operating Time</b>	2 hours	1.5 hours	1 hour
<b>Recommendation</b>	Most effective for patients with a BMI of 35-55 kg/m <sup>2</sup> and those with a "sweet-tooth". Virtually all insurance companies will authorize this procedure.	Utilized for high risk or very heavy (BMI > 60 kg/m <sup>2</sup> ) patients as a "first-stage" procedure. Very low complication rate due to quicker operating room time and no intestinal bypass performed. Insurance companies will authorize this procedure in select patients.	Best for patients who enjoy participating in an exercise program and are more disciplined in following dietary restrictions. Many insurance companies will NOT authorize this procedure.