

## Benefits

The medical and emotional benefits of weight loss procedures begin almost immediately after surgery. Over time, the benefits may include:

- Significant weight loss
- Improvement of type 2 diabetes
- Lower blood pressure
- Lower cholesterol
- Relief of sleep apnoea
- Relief of acid reflux
- Decreased joint pain, improved mobility
- Improved mood and self-esteem

## Risks

Weight loss surgery, as with any major surgery, has risks of which you should be made aware. These may include:

- An internal infection from leakage of digestive juices into the body cavity
- Wound infections at incision sites
- Hernias - a weakening of the abdominal wall
- Development of gall bladder disease and/or gall stones - due to rapid weight loss
- Blood clots - may cause a more serious condition called a pulmonary embolism
- As with any surgical procedure, there is a risk of death

This educational brochure is intended for patients who might be considering weight loss surgery. It offers a broad overview of the procedure and it is not intended to provide complete information relating to such procedure.

If you would like to learn more about weight loss surgery and what it could mean for you, a member of your family, or a friend, please ensure that you discuss the options further with a physician.



## An Introduction Laparoscopic Sleeve Gastrectomy



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## Considering Weight Loss (Bariatric) Surgery?

Obesity is a chronic and progressive disease that can affect multiple organs in the body. People with morbid obesity are at great medical risk of disability or premature death. At the top of the list of obesity related co-morbidities are type 2 diabetes and high blood pressure. High blood pressure caused by morbid obesity can contribute to cardiovascular disease and stroke. Health concerns such as sleep apnoea, low-back pain, urinary stress incontinence and severe acid reflux (GORD) can also be a result of increased weight. Significant weight loss can often ease these conditions or reverse them completely.

## What are the criteria for patients considering surgery for obesity or bariatric surgery?

Obesity is very difficult to treat. Many patients have tried multiple diets, medications and exercise regimens achieving results that often do not last. Surgery to promote weight loss by restricting food intake is an option for morbidly obese patients that have been unsuccessful with other weight loss treatments.

Eligible patients for weight loss surgery often have a body mass index, or BMI, of 40 or greater. A BMI of 40 translates to about 45kg over ideal body weight for men or 36kg over ideal body weight for women.

Weight loss surgery may also be an option for people with a BMI of 35 or greater who suffer from progressive life-threatening obesity related health problems such as diabetes, obesity-related heart disease or severe sleep apnoea. However, as is true for other treatments for obesity, successful results depend significantly on knowledge, personal motivation and behaviour.

## Introduction to Sleeve Gastrectomy

The sleeve gastrectomy is surgery on the stomach alone. It is a restrictive procedure and does not involve any surgery on the intestine (which would make it malabsorptive).

Sleeve gastrectomy has also been called partial gastrectomy, tube gastrectomy and vertical sleeve gastrectomy. It basically consists of making a stomach that looks like a pouch into a long tube; therefore the name "sleeve." The sleeve gastrectomy removes two-thirds of the stomach, which provides for quicker satiety (sense of fullness) and decreased appetite. The smaller stomach pouch restricts food intake by allowing only a small amount of food to be eaten at one time. After the separation of the stomach into a smaller tube, the remainder of the stomach is removed.

The valve at the outlet of the stomach remains, this provides for the normal process of stomach emptying to continue which allows for the feeling of fullness.

Sleeve gastrectomy is successfully used as a single stage procedure. It can also be a first procedure (or first stage of a two part surgery) to prepare the obese patient for biliopancreatic diversion or gastric bypass. There is no anastomosis or new connections made between the stomach and small intestine in this procedure.

There is no rerouting of the intestine. There is no malabsorption or dumping syndrome. The sleeve gastrectomy is believed to have an advantage over the adjustable gastric band due to removal of the part of the stomach that produces the hormone (Ghrelin) that controls the desire to eat.

The potential complications of the operation on average are typically less than 0.5% compared to 2%-3% in a combined procedure.



## Weight loss surgery (bariatric surgery) requires personal responsibility, lifestyle changes and long-term monitoring.

Surgery gives patients the tool to assist with weight loss. Patients must be committed to making the emotional and physical changes necessary after weight loss surgery.

This commitment will ensure successful weight loss and long-term weight maintenance.

Lack of exercise, poorly balanced meals, constant grazing, eating processed carbohydrates and drinking sweetened beverages are some of the most common reasons for weight regain.

Healthy habits of food intake and exercise will need to be practised for the rest of the patient's life. This can be viewed as a small exchange when compared to the potential for restored health and improvement or elimination of many of the co-morbidities.

## Why choose the Sleeve Gastrectomy?

The sleeve gastrectomy has the following advantages:

- It does not require the implantation of a foreign body such as a silastic ring used in gastric banding.
- The procedure mechanically decreases the size of the stomach and also decreases the secretion of the hormone ghrelin which is responsible for the feeling of satiety (fullness).
- The procedure offers the benefit of initially decreasing the body weight in the severely obese patient to prepare this patient for a staged procedure or other surgery at a later time if necessary.