

Procedural Considerations

Sleeve Gastrectomy	Pros	Cons
	<p>Does not require the implantation of a foreign body, such as a silastic ring used in gastric banding.</p>	<p>Potentially slower weight loss than Roux-en-Y Gastric Bypass or Duodenal Switch.</p>
	<p>The procedure both 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 removes part of the stomach that produces this hormone).</p>	<p>Not as much clinical data available (when compared to gastric bypass and adjustable gastric banding).</p>
	<p>There is no malabsorption.</p>	<p>Potential for gastric leaks (due to stapled resection of the stomach).</p>
	<p>There are no anastomoses or rerouting of the intestinal tract.</p>	
	<p>Less vitamin deficiencies when compared to gastric bypass.</p>	
	<p>Less long-term maintenance than gastric banding (no band fills needed).</p>	
	<p>No vitamin or mineral deficiencies due to malabsorption.</p>	
	<p>More weight loss than Adjustable Gastric Banding.¹</p>	
<p>Can offer the benefit of initially decreasing body weight in the severely obese patient, to prepare him/her for another surgery at a later time.</p>		

1. Hutter, M et al. First Report from the American College of Surgeons Bariatric Surgery Ctr. Network Laparoscopic Sleeve Gastrectomy has Morbidity and Effectiveness Positioned Between the Band and the Bypass. Annals of Surgery, Vol 254, No 3, 410-22. September 2011

General Surgical Risks

Weight loss surgery, as with any major surgery, has risks of which you should be made aware. Although surgical complications are infrequent, it is important for you to fully understand any potential risks so you can make an informed decision. Your surgical team will use their expertise and knowledge to avoid complications. If a problem does occur, your surgical team will use those same skills to attempt to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.

In general, less serious problems tend to occur more frequently than serious issues which rarely occur. If a complication does arise, you, the surgeon and the nursing staff will need to cooperate in order to resolve the problem. Some complications can involve an extended hospital stay and recovery period.

It is important to know that bariatric surgery cannot be completely reversed. The decision to have this procedure must be made in consultation with your surgeon and a very careful consideration of the potential benefits and risks and lifelong consequences.

There is no amount of weight loss that is guaranteed for bariatric surgery. Weight control is the personal responsibility of the patient. As is true for other treatments for obesity, successful results depend significantly on knowledge, personal motivation and behavior.

Potential side effects of bariatric surgery include, but are not limited to:

- Nausea and vomiting
- Gas and bloating
- Lactose intolerance
- Temporary hair thinning
- Depression and psychological distress
- Changes in bowel habits

Potential complications of bariatric surgery include, but are not limited to:

- Infection, bleeding or leaking at suture/staple lines
- Blockage of intestines or stomach pouch
- Dehydration
- Blood clots in the legs or lungs
- Vitamin and/or mineral deficiency
- Protein malnutrition
- Incisional hernia
- Irreversibility, or difficulty reversing some procedures
- Revisional procedure(s) sometimes needed
- Death

Speak to your physician about other possible side effects and/or complications that may not be listed here.