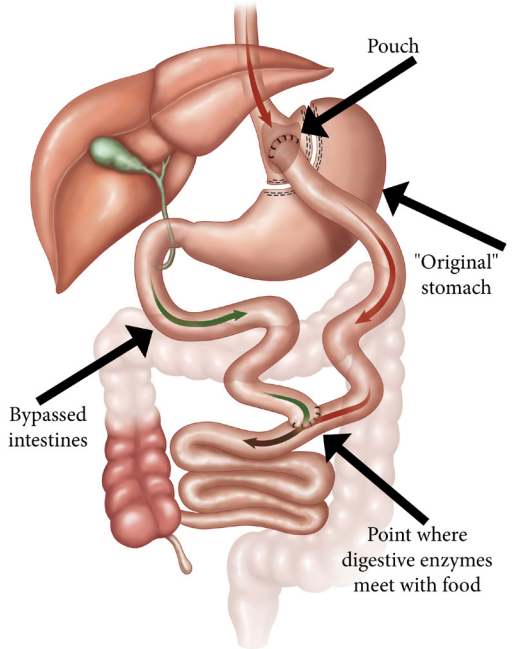
Fairfield Medical Center

Types of Bariatric Surgery
Side by Side Comparison

Gastric Bypass



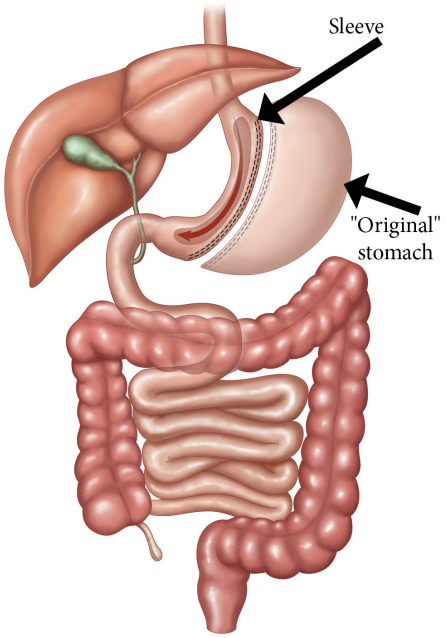
Surgical Mechanisms Used:
- ✓ Restriction
- ✓ Malabsorption
- ✓ Hormonal Changes
- ✓ Dumping Syndrome

Average Results:
70% of excess body weight after two (2) years.

Length of Surgery:
2–2$^{1/2}$ hours

Vitamins Required After Surgery:
✓ Yes

Sleeve Gastrectomy



Surgical Mechanisms Used:
- ✓ Restriction
- ✓ Malabsorption
- ✓ Hormonal Changes*
- × Dumping Syndrome

** Hormonal changes occur to a lesser degree than gastric bypass*

Average Results:
60% of excess body weight after five (5) years.

Length of Surgery:
1–1$^{1/2}$ hours

Vitamins Required After Surgery:
✓ Yes

Which procedure is right for me?

Your healthcare team will help you determine which surgery is best for you. It is important to remember that both of these procedures are non-reversible, and will require significant diet and lifestyle changes.

Both procedures are most commonly performed laparscopically – using several small incisions and cameras for guidance instead of a large midline incision – resulting in shorter hospital stays (1-2 days), quicker recoveries (2-4 weeks), less post-operative pain, more immediate mobility and less scarring. If an open procedure is right for you, your team will discuss what to expect from your surgical experience.

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Potential Risks of Bariatric Surgery

Bariatric surgery is generally regarded as safe. The associated mortality rate (risk of death) is actually equal to that of more common procedures, such as hysterectomies and gallbladder surgeries. Depending on which surgery is determined to be best for you, the Bariatric Services Team will discuss the specific risks of said procedure with you during your consultation. Below you will find some of the most commonly discussed risks and complications, their descriptions and the rate of occurrence associated with each procedure:

Associated with both procedures | Associated with gastric bypass | Associated with sleeve gastrectomy

Complication	Description	Gastric Bypass	Sleeve Gastrectomy
Mortality	Chance of death as a result of surgery	0.1-0.5%	0.1-0.4%
Anastomotic Leak	Poor healing at the connection site of the stomach/intestine may cause contents of the GI tract to "leak" into the abdominal cavity – requires immediate surgery.	1%	N/A
Staple Line Leak	Poor healing of the recently divided and stapled stomach may cause contents of the GI tract to "leak" into the abdominal cavity – requires immediate surgery.	N/A	1%
Bowel Obstruction	Scar tissue or surgery-related hernias can cause intestinal blockages, preventing digested materials from passing normally – requires immediate surgery.	1-2%	N/A
Gastric Stricture	Scar tissue/swelling may cause the sleeve to narrow, preventing food from passing. This can be corrected endoscopically with dilation (stretching), but may require surgery.	N/A	0.5-1%
Anastomotic Stenosis	Narrowing at the connection site of the stomach/intestine may cause frequent vomiting, this can occur 6-12 weeks after surgery. This can be corrected endoscopically with dilation (stretching), but may require surgery.	5%	N/A
Splenectomy	The spleen, which lives close to the stomach, can cause bleeding complications during surgery. In very rare cases, the spleen may need to be removed.	0.5%	0.5%
Bleeding	May occur secondary to damage to the spleen, blood vessels or other abdominal sources. In severe cases, blood transfusion and/or return to surgery may be necessary.	3%	2%
Trocar Injuries	Trocars are surgical instruments used during laparoscopic surgery. If damage occurs to bowel or blood vessels, repair may require open surgery/delay of your procedure	0.05%	0.05%
DVT/Pulmonary Embolism (PE)	When DVT blood clots, which are formed deep in the legs, break loose and travel to the lungs, emergency treatment is required. Pulmonary embolism can be deadly.	1-3%	1-3%
Marginal Ulcer	An ulcer, or sore, may occur in the gastric pouch or near the anastomosis (connection site). These may cause pain, vomiting or bleeding, and treatment is required.	5%	N/A
Gastric Pouch/ Anastomotic Dilation	Over time, the gastric pouch may expand, resulting in the ability to eat more food and ultimately leading to weight gain. This may require surgical revision.	10%	N/A
Wound Infection	Redness, warmth and yellow or green discharge may indicate an infection at the surgical site. Treatment is required, and may include a procedure to open and drain the wound along with several weeks of daily wound care.	5%	5%
Fascial Dehiscence	This occurs when the muscle layer comes apart within days of surgery, typically secondary to infection – requires immediate surgical repair.	1%	1%
Incisional Hernia	An incision may cause weakness in the abdominal wall, allowing tissue – and sometimes intestines – to protrude at the affected site. Externally, this may appear as a bulge beneath the skin. This complication is much more common (20%) in open surgeries than laparoscopic.	1%	1%
Kidney Failure	This complication is rare, but may occur due to dehydration, medication or muscle breakdown from prolonged use of anesthetics. Full recovery is expected, but may require temporary dialysis.		
Protein deficiency	Inadequate absorption of protein following weight loss surgery is uncommon. To avoid complication, consume 60 grams of protein daily.		
Vitamin/Mineral Deficiency	Vitamin and mineral deficiencies occur more commonly than protein deficiencies. These can typically be corrected by taking the appropriate supplements.		