WEIGHT LOSS SURGERY PROCEDURE OPTIONS: OVERVIEW

Upper GI Surgery
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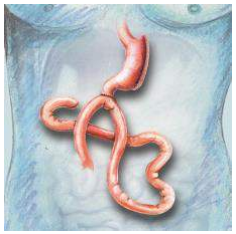
Procedure	Description	BMI	Est. Wt Loss	Advantages	Disadvantages
	Laparoscopic Gastric Band	35 or 30+ comorbidities	15%-20%	Low complication rate, reversible	Challenging for patient to adapt to.
	Laparoscopic Sleeve Gastrectomy	40 or 35+ comorbidities	25%-35%	Easiest procedure to adapt to	Irreversible. Vitamin requirement for life. Reflux risk.
	Laparoscopic Gastric Bypass	40 or 35+ comorbidities	30%-50%	Powerful operation	Moderately challenging adaptation for patient, vitamin requirement for life, nutritional risks.
	Laparoscopic Omega Loop Bypass	40 or 35+ comorbidities	30%-50%	Lower risk of bowel twists than bypass, also simpler operation than bypass.	Larger risk of reflux and ulcers than Gastric Bypass.
	Lap. Single Anastomosis Duodenal Switch (SADI)	40 or 35+ comorbidities	30%-50%	Powerful operation	Largest nutritional risks

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WEIGHT LOSS SURGERY PROCEDURE OPTIONS: THE DETAIL

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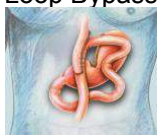
Description	Variations	Suitable For	Est. Wt. Loss	Advantages	Disadvantages	Minor Complications	Major Complications	10 yr Re-Op Rate	Disclaimers
Lap. Gastric Band	Plicated band. For patients wishing for the procedure to behave more like a "sleeve".	BMI 35-45, or BMI 30+ with co-morbidities. Younger, highly motivated and organised people who will lose weight with appetite suppression.	15%-20%	Reversible. Safest procedure. Short hospital stay. Quick recovery.	Highest side effect profile while eating compared with other operations. Can have irreversible effect on oesophageal function if band is overtightened.	Reflux. Food intolerances. Regurgitation of lumpy food.	Rare, under 1 in 1000 early on. Band slippage will occur if the band is overtight. Risk of band erosion about 0.3% per year.	50%	Overtightening the band at patient request with daily or near daily vomiting will create significant risk of emergency complications.
Lap. Sleeve Gastrectomy	Banded sleeve gastrectomy. This will cause more swallowing problems and vomiting but may lead to more weight loss.	BMI 40+, or BMI > 35+ co-morbidities. Patients who wish to lose weight quickly with lowest side effect profile.	25%-35%	Good weight loss. Seems to suit the largest range of patients. Low risk of major operative complications and nutritional disturbances.	Irreversible. Requires patients to re- train their eating habits within 2 years or weight regain occurs. Need daily multivitamins and nutritional monitoring.	Reflux, controlled with a tablet in 10%, increasing to 20% at 10 years.	Leaks (internal infections), bleeding and blood clots under 1%. Major side effects in 2-3%.	20%	Small but real risk of dangerous and permanent complications in patients who are non-compliant with multivitamins.
Lap. Gastric Bypass	Banded bypass. This is our preferred version as it leads to better long-term weight loss than non-banded bypass.	BMI 40+, or BMI > 35+ co-morbidities. People who need to lose more weight (> 40-50kg). Poorly controlled diabetics. Poorly controlled reflux. People who have had previous Lapband or other gastric surgery.	30%-50%	Reversible/modifiable. Good short and long-term weight loss (25+ years duration) with proven improvement in survival as well as reduction of weight associated diseases.	5% of patients get problems with prolonged food intolerances. 2-3% of patients develop small bowel twists - need surgery. Gastric ulceration in 2-3%. Abdominal pain common in patients taking opioid pain meds long term. Need daily multivitamins, 6 monthly Vit B12 injections and nutritional monitoring lifelong.	Food intolerances early on, persisting in 5%. Constipation. Intolerance to very fatty and sugary foods (dumping).	Leaks (internal infections), bleeding and blood clots under 1%. Major side effects in 2-3%. Risk of stomach ulcers in 2-3%, risk of bowel blockages in 2-3%.	20%	Small but real risk of dangerous and permanent complications in patients who are non-compliant with multivitamins. Smoking, alcohol and aspirin-like drugs will likely cause bleeding or perforating ulcer disease in patients who are not taking strong antacids. Regular drinkers have an increased risk of becoming alcoholic.
Lap Omega Loop Bypass 	Banded bypass. May lead to better long term weight loss than non-banded version but has more side effects.	BMI 40+, or BMI > 35+ co-morbidities. People who need to lose more weight (> 40-50kg). Poorly controlled diabetics. People who have had previous Lapband or other gastric surgery.	30%-50%	Reversible/modifiable. Seems similar in results to gastric bypass as well as being easier therefore sometimes safer to perform. Less risk of small bowel blockages post-surgery than a bypass.	5% of patients get problems with prolonged food intolerances. Gastric ulceration occurs more frequently than in gastric bypass. Risk of loose bowels, and greater risk of nutritional problems than a gastric bypass. Need daily multivitamins, 6 monthly Vit B12 injections and nutritional monitoring lifelong.	Food intolerances early on, persisting in 5%. Constipation. Intolerance to very fatty and sugary foods (dumping). Reflux in 5-10%. Loose bowels for a while are not uncommon.	Leaks (internal infections), bleeding and blood clots under 1%. Major side effects in 2-3%. Risk of stomach ulcers in 3-5%. Malnutrition in under 5%.	20%	Small but real risk of dangerous and permanent complications in patients who are non-compliant with multivitamins. Smoking, alcohol and aspirin-like drugs will likely cause bleeding or perforating ulcer disease in patients who are not taking strong antacids. Regular drinkers have an increased risk of becoming alcoholic.
Lap. Single Anastomosis Duodenal Switch (SADI)	Standard "old fashioned" duodenal switch. Leads to significantly higher risk of malnutrition.	BMI 40+, or BMI > 35+ co-morbidities. People who need to lose more weight (> 40-50kg). Poorly controlled diabetics. People who have had previous Sleeve surgery.	30%-50%	May prove to be an ideal option for some patients who have regained weight after a Sleeve. Especially for people who have regained weight because of snacking.	We don't have as much long-term data as for other operations. Risk of malnutrition and loose bowels greater than other operations.	Loose bowels and bloating if excessive carbohydrate or fatty food	Leaks (internal infections), bleeding and blood clots under 1%. Major side effects in 2-3%. Severe malnutrition in 5%.	Unknown %	Non-compliance with vitamin & mineral supplements highly likely to lead to potentially irreversible nutritional complications

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