

Introduction to Sleeve Gastrectomy

The Sleeve Gastrectomy (SG) is laparoscopic or key hole surgery of the stomach, it is a 'restrictive' procedure and does not involve any surgery on or re-routing of the intestine. Sleeve gastrectomy is also known as tube or vertical sleeve gastrectomy, and is different from the stomach stapling procedures used in the past.

SG removes about three quarters of the stomach, which results in a decreased appetite and early satiety. Smaller amounts of food provide a sense of fullness. Food passes as normal down the oesophagus, through the resized stomach and into the small intestine.

SG has been used as a successful tool to assist with weight loss, initially as a staging procedure to more aggressive surgery, and since 2003 as a standalone operation - once its advantages and good results became apparent.

Advantages specific to Sleeve Gastrectomy

- It does not require the implantation of a foreign body such as the silastic ring, port and connecting tube used in gastric banding.
- The procedure mechanically decreases the size of the stomach which decreases the secretion of the hormone (ghrelin) that is responsible for appetite.
- On average, patients will decrease their BMI by 12 in the first year.
- Patients generally have a better eating quality of life when compared to adjustable gastric banding.
- There is good documented evidence of remission or improvement of medical conditions such as diabetes, hypertension and sleep apnoea.

Risks specific to Sleeve Gastrectomy

- Significant complications are unusual but may occur in 1% and include bleeding and/or leakage from the staple line.



Mr Adam G. Cichowitz



43 Docker Street
Wangaratta 3677

Ph: 03 5721 4366
Fx: 03 5721 9744

Had enough of the diet and exercise rollercoaster?



Bariatric surgery may be something that you have been considering for some time. It is certainly not to be rushed into and may not be appropriate for all patients.

This brochure is for general introductory purposes only and is not intended to provide complete information relating to bariatric surgery or replace a personal consultation with a doctor.

If you would like to find out if obesity surgery is an option for you, please speak to your doctor.

Please discuss the options with your Doctor

Considering Weight Loss (Bariatric) Surgery

Obesity is a chronic and progressive disease that can affect multiple organs in the body. Over 25% of Australians are obese. People with severe obesity are at greater 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 severe obesity can contribute to heart attacks, congestive heart failure and stroke. Health concerns such as sleep apnoea, asthma, severe acid reflux (GORD), depression and infertility in women, are also a result of increased weight. Significant weight loss can often ease these conditions or reverse them completely.

What are the criteria for patients considering bariatric surgery for severe obesity?

Obesity is very difficult to treat. Many patients have tried multiple diets, medications and exercise regimes with results that did not last. Surgery to promote weight loss is an option for severely obese patients that have been unsuccessful with other weight loss treatments.

Eligible patients for weight loss surgery would usually have a body mass index (BMI) of 35 or greater, however each patient is evaluated individually depending on medical co-morbidities. You can work out your BMI.

$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m)} \times \text{height (m)}}$$

Bariatric surgery requires long term monitoring and changes to diet and lifestyle

Studies show that patients who commit to eating healthy food, exercising regularly, taking nutritional supplements and have routine blood tests for monitoring purposes have the best long term results.

Surgery gives patients the physical 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.

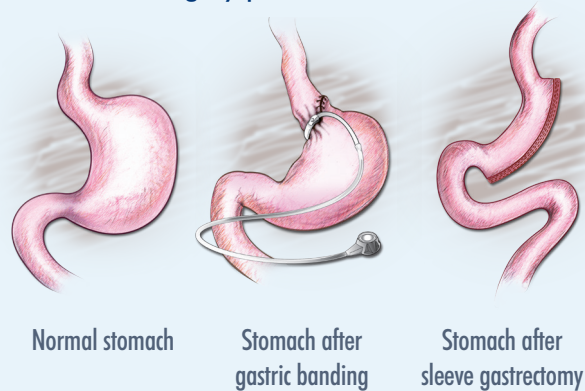
Lack of exercise, poorly balanced meals, constant grazing, eating processed carbohydrates and drinking sweet beverages are some of the most common reasons for weight regain.

General bariatric surgery risks

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

- Development of gall stones - due to rapid weight loss.
- Wound infections at incision sites.
- Vitamin deficiencies- may be preventable by taking daily vitamin supplements. Periodic blood tests may also be required.
- Hernias – a weakening of the abdominal wall.
- Blood clots – may cause a more serious condition called pulmonary embolism.
- The risks of any general anaesthetic and operation.
- There is a risk of mortality, as in any surgical procedure.

Bariatric surgery procedures



Introduction to Gastric Banding

An option for the treatment of obesity is the Laparoscopic Adjustable Gastric Band (LAGB). This is a keyhole procedure requiring the insertion of a silicon ring around the upper stomach. This slows the passage of food. Several weeks after insertion, the band is filled with saline by an injection through the skin on the abdomen into a port which connects via a tube to the band. This places extra pressure on the stomach and starts the process of dietary restriction and weight loss.

Advantages specific to the Gastric Band

- Relatively simple and potentially reversible procedure.
- The gastric band is fully adjustable.
- On average, patients will decrease their BMI by 7 in the first year by following the advice of the bariatric team and maintaining contact with your family doctor.

Risks specific to the Gastric Band

- Slippage of the band and a small risk of erosion into the stomach. These can result in emergency surgery and removal of band.
- A small risk of problems with the access port.

Patient requirements

- For good long term success the patient will need to be seen about every 4 weeks by the clinic and the band will need adjustment on a regular basis, especially in the first year.
- Some patients may not be suitable for a gastric band as they are not committed or able to attend the clinic regularly.
- Some patients find that some foods do not pass easily through the band. The bariatric practice staff and dietitians can make further recommendations.
- Patient must be committed to small portion sizes and eating slowly.