

Weight Loss Surgery: The Ultimate Introductory Guide to Bariatric Surgery, Including Gastric Bypass,

WEIGHT-LOSS SURGERY

To qualify for the procedure, patients must have a BMI of 40 or more, or a BMI of 35 or more with obesity-related conditions, such as heart disease or diabetes, according to the American Society of Metabolic and Bariatric Surgery. Patients who want a gastric band must have a BMI of 30 or more in addition to an obesity-related condition.

Types of surgery

Gastric Bypass Surgery
This surgery causes food to bypass the first part of the small intestine, resulting in fewer calories absorbed from the food.

Gastric bypass can be done using open surgery, or laparoscopy, which involves making a small incision, the use of a tiny camera and thin surgical instruments to do the bypass.

PROS: Weight loss, normalizes high blood pressure and high cholesterol, relief from sleep apnea.
CONS: Increases risk of blood clots, lung problems, gallstones and bad acids.

Laparoscopic Gastric Banding
A band is placed around the top part of the stomach to create a small pouch to hold food. The band limits the amount of food eaten.

The procedure is conducted laparoscopically.

PROS: Surgery may take only 30 to 60 minutes; does not involve any cutting or stapling inside the belly.
CONS: Increases risk for gallstones; band may slip partly out of place.

Vertical Sleeve Gastrectomy
The surgeon removes about about 80 to 90 percent of the stomach. The smaller stomach is about the size of a banana and limits the amount of food eaten.

The procedure is conducted laparoscopically.

PROS: Surgery may take only 30 to 60 minutes; conditions that may improve are asthma, type 2 diabetes, arthritis, high blood pressure, obstructive sleep apnea, high cholesterol, and gastroesophageal disease (GERD).
CONS: Weight loss is slower and not as significant as with gastric bypass surgery.

Gastric Plication
Plication is a variation of the gastric sleeve or gastrectomy. A smaller stomach is created by suturing rather than removing stomach tissue, which preserves its natural nutrient absorption capabilities.

PROS: Conditions associated with obesity may improve (asthma, type 2 diabetes, arthritis, high blood pressure, obstructive sleep apnea, high cholesterol, gastroesophageal disease, etc.).
CONS: Complications are similar to any major surgical procedure.

Ileal Transposition
This procedure helps control blood sugar levels. The procedure helps control blood sugar levels by moving the part of the gut hormone GIP-1, which causes the pancreas to produce more insulin. This surgery is considered key to managing the twin epidemics of diabetes and obesity.

Surgery is conducted laparoscopically.

PROS: High success rate and effective in controlling blood sugar levels.
CONS: Complications are similar to any major surgical procedure.

Before surgery
Flow of food: Stomach, Duodenum, Jejunum, Small intestine.

After surgery
1. Staples divide the stomach.
2. Part of the small intestine, called the jejunum, is connected to the pouch.
3. Staples divide the stomach.
4. Duodenum bypassed.
5. Jejunum.

Before surgery
Gastric band divides stomach into two sections. This creates a small pouch with a narrow opening that goes into the larger section of the stomach.

After surgery
Port is used to adjust the gastric band after surgery.

Before surgery
1. Using a video monitor to guide the instruments, surgeon removes a portion of the stomach.
2. The remaining portions of the stomach are joined together using staples.

After surgery
New stomach area.

Before surgery
Suture.
Stomach.
Small intestine.

After surgery
Stomach.
Small intestine.

Before surgery
Stomach.
Jejunum (small intestine).
Colon.

After surgery
Stomach.
Jejunum (small intestine).
Colon.

http://www.nlm.nih.gov/medlineplus/weightlossurgery.html
http://www.mylife.com/health/weightlossurgery/100822
http://www.webmd.com/diet/weight-loss-surgery/what-is-gastric-bypass-surgery
SOURCES: National Institute of Health (NIH), MAYO CLINIC, WEBMD.COM, R. TORO / www.mylife.com

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