

## Bariatric Surgery Types

The following descriptions of types of bariatric surgery provide information on their effectiveness for weight loss, risks, indications, side effects, and requirements for changes you need to make, for example, in your diet, all of which should be discussed with your provider.

### Restrictive Surgeries (*Shrink stomach size, slow digestion*)



#### **ADJUSTABLE GASTRIC BAND (REALIZE® AND LAP-BAND®)**

A band around the stomach divides it into two portions, slowing food transit.

*Pros and Cons:* Relatively simpler and safer surgery than the others on this list and reversible, however weight loss is less dramatic and you are more likely to regain some weight long-term. This surgery comprised approximately 37% of cases completed in 2006 (Livingston, 2010).

**Weight Loss:** 40–60% of excess weight at one year (ASMBS, 2014).



#### **VERTICAL (SLEEVE) GASTRECTOMY**

Removes around 75% of the stomach (ASMBS, 2014).

*Pros and Cons:* Relatively simpler surgery than the remainder of the list, so a good choice if your risk is too high for other surgeries, however not reversible. This type of surgery has increased recently in popularity.

**Weight Loss:** 55–70% of excess weight at 2 years (ASMBS, 2014).

### Malabsorptive/Restrictive Surgeries (*Remove or bypass part of digestive tract and shrink stomach size*)



#### **ROUX-EN-Y GASTRIC BYPASS**

Stomach is divided in two, sealed off parts and upper part is connected to lower small intestines. (Mechanick et al., 2013).

*Pros and Cons:* Quick and dramatic weight loss and related health improvement; however, it is irreversible and changes in food absorption reduce nutrients absorbed and limit what can be eaten. Most common type of surgery previously.

**Weight Loss:** 50%–67% of excess weight at 1–2 years (ASMBS, 2014).



#### **BILIOPANCREATIC DIVERSION (BPD)/DUODENAL SWITCH (DS) OR “LONG LIMB” GASTRIC BYPASS**

More of the stomach is removed and more small intestine is bypassed.

*Pros and Cons:* Even more dramatic weight loss than gastric bypass, but also more malabsorption (especially fats) with greater potential for malnutrition and side effects. Rarely used currently.

**Weight Loss:** 75–80% of excess weight at 1 year (ASMBS, 2014).

### Devices



#### **VAGAL BLOCKING THERAPY (NEW AS OF 1/15)**

Subcutaneous implant with wires extending into the abdomen to stimulate the vagus nerve and cause feelings of fullness.

*Pros and Cons:* Does not cause malabsorption, less risky than some of the above surgeries, and reversible; however only modest additional weight loss compared to controls (8.5% more of excess weight) (FDA, 2015).

**Weight Loss:** 8.5% of excess weight at 1 year (FDA, 2015).

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