Sleeve Gastrectomy

In *Sleeve Gastrectomy*, about three quarters of the stomach is removed with a staple device, converting the stomach from a sac into a narrow tube. Patients are not able to eat large meals and the reduce calorie intake results in weight loss. It has comparable weight loss to a gastric bypass surgery but long term results (> 10yrs) are just being reported. It is a technically easier operation to perform than a gastric bypass. Patients no or well controlled acid reflux, older patients and those who in remote areas may be more suitable for this procedure.

Pros

- Lower risk than a gastric bypass
- More effective than a band
- No hardware to malfunction
- Reliable weight loss
- Effective for diabetes
- No dumping syndrome or ulcers like in bypass
- Technically easier to perform



- Risk of reflux disease
- <u>Irreversible</u> procedure
- No consistent long term data beyond 10 years



Complication	How common?
Death	0.12% (1/800)
Bleeding	1%
Infection	1%
Leak	1-2%
Stricture	1-2%
Reflux	5-10%
Hair loss	Affects about 1/3 patients, self-limiting
Excess skin	variable

Note: These figures are for a primary operation in an otherwise healthy patient. Your risk may vary and will be discussed in more detail at the consultation

