



## Gastric Band vs. Gastric Sleeve Surgery

When you have to make a choice, how do you decide which type of bariatric surgery is best for you? Like many other patients before you, you may know you want to undergo weight loss surgery, but you just aren't sure which procedure to choose. If you are at this point in the process, don't feel like you have to rush into making a decision - make sure you take the time you need to learn about the various surgical options and set up a consultation with a bariatric surgeon to see which one is best suited to your personal situation.

Two popular types of weight loss surgery for you to consider are **laparoscopic adjustable gastric banding (LAGB)**, a method that involves implanting a medical device (such as the LAP-BAND or REALIZE Band) around the stomach to control eating, and **laparoscopic sleeve gastrectomy (LSG)**, commonly referred to as gastric sleeve surgery, an operation which surgically reduces the size of the stomach to limit food intake.

The following chart is a side-by-side comparison of gastric banding and gastric sleeve that briefly summarizes how these surgeries work and what to expect in terms of advantages, disadvantages, dietary guidelines, and weight loss results of these two types of weight loss surgery.

Weight Loss Procedure	Laparoscopic Adjustable Gastric Band	Gastric Sleeve
		
<b>Approach to Weight Loss</b>	<b>Restrictive</b> Limits amount of food that can be eaten Slows digestion Creates satiety	<b>Restrictive</b> Limits amount of food that can be eaten Reduces hunger sensations
<b>Anatomy Changes</b>	<b>Stomach</b> Creates a new small (1-2 oz)	<b>Stomach</b> Reduces stomach size by

	stomach pouch by placing an adjustable silicone band around top part of stomach	removing 60% to 80% of the stomach along the greater curvature, leaving only a narrow tube
<b>Dietary Guidelines</b>	<p>800 calories per day during weight loss period (2-3 years)</p> <p>1000-1200 calories per day, once goal weight is achieved</p> <p>eat protein-rich foods</p> <p>avoid fibrous, dry, or doughy foods as they can get stuck if eaten</p> <p>avoid high fat and high calorie foods</p> <p>drink 6-8 cups of water a day</p> <p>avoid carbonated drinks</p>	<p>600 to 800 calories per day during weight loss period (1-2 years)</p> <p>1000-1200 calories per day, once goal weight is achieved</p> <p>eat protein-rich foods</p> <p>avoid high fat and high calorie foods</p> <p>drink 6-8 cups of water a day</p> <p>avoid carbonated drinks</p>
<b>Eating Habits</b>	<p>eat 3 small meals a day</p> <p>avoid snacking</p> <p>no drinking with meals</p> <p>eat slowly and chew food thoroughly</p>	<p>eat five small meals a day</p> <p>avoid snacking</p> <p>do not eat and drink at same time</p> <p>chew food thoroughly</p> <p>do not lay down or rest horizontally after eating</p>
<b>Nutritional Supplements</b>	<p>Multivitamin</p> <p>Calcium</p>	<p>Multivitamin</p> <p>Calcium</p> <p>Vitamin B12</p>
<b>Operating Time</b>	1 hour	1 hour
<b>Hospital Stay</b>	less than 24 hrs - overnight	Average of 2 - 3 days
<b>Time off Work</b>	1 week	2 weeks
<b>Recovery Time</b>	6 weeks	3 weeks
<b>Surgery Method</b>	Laparoscopic	Laparoscopic
<b>Adjustable</b>	Yes	No
<b>Reversible</b>	Yes	No

Medical Implant	Yes	No
Surgery Risks and Disadvantages	<p>General surgical risks including infection</p> <p>Band slippage (&lt;5%), band erosion (&lt;1%), or port problems</p> <p>Stoma obstruction</p> <p>Band needs fills and adjustments by doctor</p> <p>Requires more patient effort for initial weight loss than with gastric bypass or duodenal switch</p>	<p>General surgical risks, including blood clots, bleeding, infection, and pneumonia</p> <p>Leakage at stomach suture/staple edge</p> <p>Not reversible</p> <p>Requires more patient effort for initial weight loss than with gastric bypass or duodenal switch</p> <p>Some insurance companies consider it experimental and do not approve coverage</p>
Surgery Benefits and Advantages	<p>Simple and relatively safe procedure</p> <p>Reversible</p> <p>Adjustable</p> <p>Does not remove or alter any part of the stomach or intestines</p> <p>Short hospital stay</p> <p>Quick recovery period</p> <p>Low malnutrition risk</p> <p>Low rate of major complications</p> <p>Patient support programs offered by band manufacturers (My LAP-BAND Journey and REALIZE mySUCCESS)</p>	<p>Does not require a medical device implant into body</p> <p>Pyloric valve and small intestine are kept intact</p> <p>Reduces hunger (the portion of stomach that produces Ghrelin, the hunger stimulating hormone, is removed)</p> <p>Option for patients who do not qualify for band or bypass</p> <p>Few food intolerances</p> <p>Low malnutrition risk</p> <p>May be converted to gastric bypass or duodenal switch for additional weight loss</p> <p>Revision option for gastric band patients</p>
Average Weight Loss	<p>Slow and steady rate of weight loss</p> <p>Settles at final weight 3-4 years after surgery</p> <p>40-50% weight loss after 1</p>	<p>Quicker rate of weight loss</p> <p>Short term results primarily favorable, especially in low BMI patients (BMI 35 - 45)</p>

**year**

**55% weight loss after 5 years**

**Expected weight loss an average of 55% of excess weight at 2 years**

**Long term results not yet available**

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As you consider the various types of weight loss surgery, keep in mind that weight loss surgery is only a tool to help you lose weight - the method that works best for some people is not necessarily the one that is best-suited for your personal situation