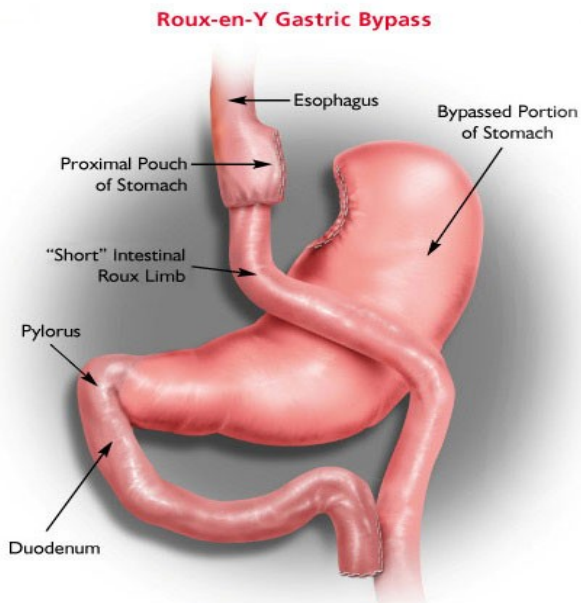


LAPAROSCOPIC ROUX- EN- Y GASTRIC BYPASS VERSUS ADJUSTABLE GASTRIC BANDING



The Laparoscopic Roux-en-Y gastric bypass is a restrictive and malabsorptive procedure and is the leading weight loss surgery in the U.S. It has been performed since the 1960's and numerous studies have proven it to be safe and effective for long-term weight loss. In this procedure a small gastric pouch is created. The rest of the stomach, the duodenum, and a small part of the jejunum are bypassed. The bypassed portion is then reconnected to the small intestine farther down to maintain a flow of gastric juices that aid in digestion.

LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS

RESULTS:

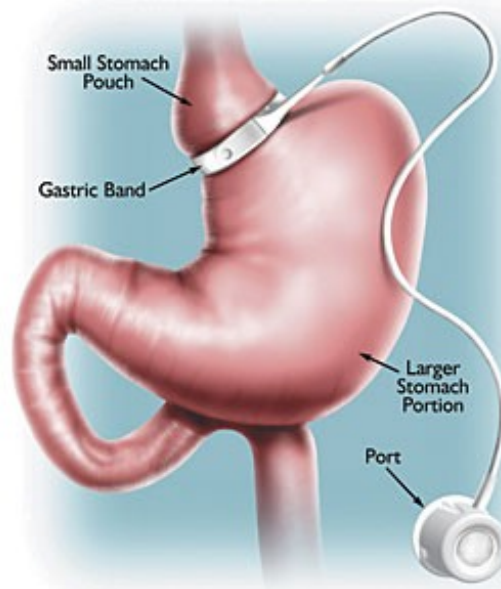
- 75-80% (average) excess weight loss at 1 year
- 60-70% excess weight loss maintained at 15 years
- Type II Diabetes resolved in 84% of patients
- Hypertension resolved in 75% of patients
- Hyperlipidemia improved in 95% of patients
- GERD resolved in 98% of patients
- Obstructive sleep apnea resolved in most of patients

POSTOPERATIVE COURSE:

- Overnight stay in hospital
- Out of work in 1-3 weeks
- Liquid or pureed diet for about 1 month
- Multivitamin, calcium, and B₁₂ supplements recommended
- May need oral iron supplementation

POSSIBLE RISKS/COMPLICATIONS:

- Bleeding, DVT, PE, staple line leakage, stricture, ulceration, bowel obstruction, iron/vitamin deficiency
- Overall operative complication risk 5%
- Overall operative mortality risk 0.2%



The Lap-Band® procedure is purely a restrictive surgical procedure which was approved by the FDA in 2001. The Lap-Band is an inflatable silicone band that is placed around the upper part of the stomach (near the gastroesophageal junction) to restrict the amount of food that can be consumed at one time. Tubing connects the gastric band to an access port placed below the skin. The band must be tightened regularly by adding saline into the access port in order to maintain adequate weight loss.

ADJUSTABLE GASTRIC BANDING (LAP-BAND®)

RESULTS:

- 30% (average) excess weight loss at 1 year
- 50% excess weight loss at 5 years (no 15 year data yet)
- Type II Diabetes resolved in 48% of patients
- Hypertension resolved in 38% of patients
- Hyperlipidemia improved in 78% of patients
- GERD resolved in 32% of patients
- Obstructive sleep apnea resolved in most patients

POSTOPERATIVE COURSE:

- Outpatient or overnight stay in hospital
- Out of work in 1-2 weeks
- Liquid or pureed diet for about 1 month
- MVI and calcium supplements recommended
- Low risk of iron or B₁₂ deficiency (no malabsorption)

POSSIBLE RISKS/COMPLICATIONS:

- Bleeding, DVT, PE, band slippage/prolapse, band erosion, problems accessing port, port infection
- Overall operative complication risk 5%
- Overall operative mortality risk 0.1%

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