
Choosing a Bariatric Surgery Procedure

Bariatric surgery is a type of surgery to help you lose weight when diet and exercise alone have not been successful. It's a choice for some people who are obese and have health problems, such as diabetes, heart disease, arthritis, and sleep apnea. Diabetes and some other health problems may get better with weight loss.

Comparing surgery with medical treatment

People who have bariatric surgery tend to lose much more weight than people who get medical treatment for their weight loss. This means that surgery is more likely to help with health conditions linked to obesity. These may include diabetes, heart disease, arthritis, or sleep apnea. But the results vary. Some people can have large weight loss with medical treatment alone. And some people don't lose as much weight as they want after surgery.

Types of bariatric surgery

Surgeons do bariatric surgery using a number of different methods. The type of bariatric surgery that works best for you will depend on several factors. These include your general health, your medical needs, and your own preference. The types of surgery include:

- **Lap banding.** This surgery is also known as laparoscopic adjustable gastric banding or LAGB. During lap banding your surgeon places an adjustable band around the top of your stomach. Your surgeon also places a small device called a port under the skin of your belly (abdomen). A thin tube leads from the band to the port. Fluid is injected into the port and flows to the band to make it squeeze tighter around the top of the stomach. Or fluid can be removed through the port to loosen the band. The band around your stomach reduces the amount of food that you can eat at one time.
- **Gastric bypass.** This is also called a Roux-en-Y gastric bypass. This surgery also reduces the amount of food you can eat at 1 time. And it reduces the number of calories and nutrients you can absorb from the foods you eat. During gastric bypass, your surgeon separates part of the stomach to create a small pouch. The pouch is then attached to a part of your small intestine. This small pouch holds less food, making you feel full faster. As food bypasses the rest of the stomach and upper part of your small intestine, you absorb fewer calories and nutrients.
- **Sleeve gastrectomy.** This is a type of surgery that removes up to 85% of the stomach. It's also known as a gastric sleeve. The surgery turns the stomach into a narrow tube that looks like a sleeve. The sleeve holds much less food, and you feel full faster. Your stomach also makes less of the main hormone that causes hunger.
- **Biliopancreatic diversion with duodenal switch (BPD/DS).** This is a less common type of weight-loss surgery. In this procedure, your surgeon removes part of the stomach to create a gastric sleeve, as with the sleeve gastrectomy. The sleeve is then attached to a part of the lower small intestine. The sleeve holds much less food, and your body absorbs far fewer calories and nutrients from food.

Advantages and disadvantages of each type of surgery

Type of surgery	Advantages	Disadvantages
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Lap banding	<ul style="list-style-type: none"> • Lap banding is a simpler surgery • After lap band surgery, it is fairly easy to loosen or tighten the band • A tighter band might help you feel fuller sooner and help you lose weight • Your risk for serious complications right after your surgery is low • It can lead to loss of about half of a person's excess body weight after 2 years • Can be reversed 	<ul style="list-style-type: none"> • Slower and less early weight loss than other surgeries • You may be more likely to need a follow-up surgery • Not right for you if you think you'll have a hard time following a nutritional program • You may need to see your healthcare provider more often after this surgery • You may need to have band or port removed or replaced because of leaking or other problems • Band may slip out of position • May cause nausea, vomiting, acid reflux, and trouble swallowing
Gastric bypass	<ul style="list-style-type: none"> • Tends to be a very successful surgery • Can lead to loss of about two-thirds of a person's excess body weight after 2 years 	<ul style="list-style-type: none"> • Increased risk for complications • Can't be reversed • You are more likely to have nutritional problems with vitamin B-12, folate, calcium, and iron. This may mean that you need to take vitamin/mineral supplements for the rest of your life. • Can cause dumping syndrome. This is diarrhea or nausea caused by food emptying too quickly from the stomach into the small intestine.

Type of surgery	Advantages	Disadvantages
Sleeve gastrectomy	<ul style="list-style-type: none"> • Less complex than a gastric bypass • Fewer complications than gastric bypass 	<ul style="list-style-type: none"> • You may have trouble absorbing certain nutrients. This may mean that you need to take vitamin/mineral supplements for the rest of your life. • You may develop narrowing (strictures) in your intestines • Increased risk for abdominal hernias • Can't be reversed • Chance of acid reflux
	<ul style="list-style-type: none"> • Better at controlling hunger than lap banding • Can lead to loss of about two-thirds of a person's excess weight • Most helpful for a person who is extremely obese 	
BPD/DS	<ul style="list-style-type: none"> • A choice for people who haven't had much success with other weight-loss surgery 	<ul style="list-style-type: none"> • Has a higher risk for complications than other weight-loss surgeries • Reduces the absorption of essential vitamins and minerals. This may mean that you need to take vitamin/mineral supplements for the rest of your life. • High risk for deficiencies of calcium, iron, and fat-soluble vitamin (A, D, E, and K)
	<ul style="list-style-type: none"> • Leads to the highest amount of weight loss 	<ul style="list-style-type: none"> • High risk of developing protein-energy malnutrition

General risks of bariatric surgery

All surgery has risks. Your risks may vary according to your general health, your age, the type of surgery you choose, and the amount of weight you need to lose. Talk with your healthcare provider about the risks that most apply to you. Risks of bariatric surgery include:

- Bleeding
- Infection
- Blockage of your bowels (intestinal blockage)
- Blood clots in your legs that may travel to your lungs or heart
- Heart attack

- Internal and abdominal wall hernias
- Need for follow-up surgery
- Gallstones (a later complication)
- Nutritional problems (a later complication)
- Mental health problems after the procedure
- Weight regain
- Death

The post-surgery diet

You will get instructions about how to adapt to your new diet after your surgery. You will likely be on liquid nutrition for a few weeks after surgery. Over time, you'll start to eat soft foods and then solid foods. If you eat too much or too fast, you will likely have stomach pain or vomiting. You'll learn how to know when your new stomach is full.

Your healthcare provider or nutritionist will give you more directions about your diet. These may vary depending on the type of surgery you had. You'll need to learn good habits like choosing healthy foods and not skipping meals. Your healthcare provider or nutritionist may also need to screen you for low levels of certain nutrients. This is more of a problem with gastrectomy, gastric bypass, and BPD/DS surgery.

Managing your health after surgery

You may need to work with your healthcare providers ongoing to stay healthy. This depends on what type of surgery you have. Your medical team will keep track of your health, especially as you lose weight quickly in the first 6 months or so after your surgery. Weight loss tends to be at its peak around a year after surgery. You will need to make long-term (permanent) lifestyle changes to stay at a healthy weight. These include a healthy diet, regular exercise, stress management, and good sleep hygiene. Your healthcare team has resources to help you in each of these areas.

Talk with your healthcare provider about your goals

Work with your healthcare provider to see which surgery may work for you. It's important to have sensible goals about what bariatric surgery might achieve for you. Some people may still be somewhat overweight a year or 2 after their surgery. Even if you don't lose all of your excess weight, health issues, such as high blood pressure, should get better. You may be able to reduce the amount of medicines that you need to take.

Talk with your healthcare provider. Ask questions and express your concerns. Together you can decide the right treatment for your needs.