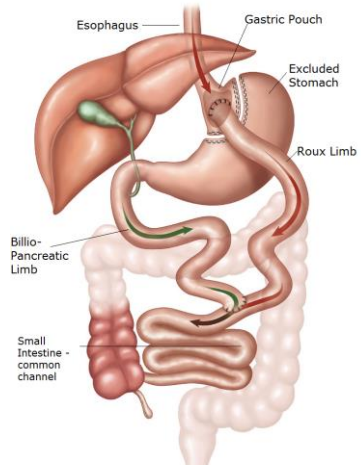
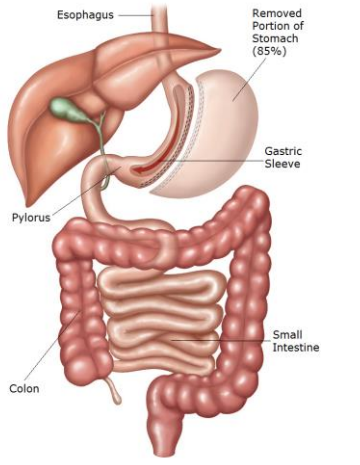


## Comparison of the two primary (not revision) surgeries we perform

	<b>Laparoscopic Gastric Bypass</b>	<b>Laparoscopic Vertical Sleeve Gastrectomy</b>																																												
<b>Graphic Representation</b>																																														
<b>Anatomy</b>	Small 7-10 ml gastric pouch is connected to the small intestine bypassing the stomach. Food and digestive juices are separated for 3-5 feet.	Most of the stomach is removed in a "vertical" fashion leaving a "banana" shaped stomach remnant.																																												
<b>Mechanism of Action</b>	Significantly restricts the volume of food that can be eaten. Mild malabsorption. "Dumping Syndrome" if wrong foods such as sugar or fats are eaten	It restricts somewhat the volume of food that can be eaten. It also allows food to pass quickly down the gut. It removes the Ghrelin producing cells of the stomach. All these may reduce appetite.																																												
<b>What surgical approach is used for each surgery?</b>	Laparoscopic or minimally invasive with 5 small cuts are used. No adjustment port therefore avoids the larger 2 cm skin cut.	Laparoscopic or minimally invasive with 5 small cuts are used. No adjustment port therefore avoids the larger 2 cm skin cut.																																												
<b>What Weight Loss can I expect with each?</b>	75% of extra weight lost at 5+ years	~55% of extra weight lost at 3-5 years Long Term Results Not Available!																																												
<b>What diet and life style changes are required of this surgery?</b>	Patients must consume less than 800 calories per day in the first 12-18 months; 1000-1200 thereafter 3 small high protein meals per day. If excess sugar and fats are eaten the operation is designed to cause "Dumping Syndrome" (not pleasant) Vitamin deficiency/ protein deficiency usually preventable with supplements Must exercise (e.g. walk 10,000 steps per day using pedometer)	Patients must consume less than 800 calories per day in the first 12-18 months; 1000-1200 thereafter 3 small high protein meals per day. Vitamin deficiency/ protein deficiency usually preventable with supplements Must exercise (e.g. walk 10,000 steps per day using pedometer)																																												
<b>Lifetime Nutritional Supplements Required</b>	Multivitamin Vitamin B12 Calcium Iron (menstruating women)	Multivitamin Calcium																																												
<b>Risk of Death and Short-term and Long-term Complications after each surgery</b>  (These are the personal statistics of Dr. Christou's practice)	<table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;"><b>SHORT TERM</b></th> </tr> </thead> <tbody> <tr> <td><b>Death*</b></td> <td style="text-align: right;"><b>0 %</b></td> </tr> <tr> <td><b>Staple line leak</b></td> <td style="text-align: right;"><b>2.1 %</b></td> </tr> <tr> <td>Internal Bleeding</td> <td style="text-align: right;">1.5 %</td> </tr> <tr> <td>Colon Perforation</td> <td style="text-align: right;">0.1%</td> </tr> <tr> <td>Deep vein thrombosis</td> <td style="text-align: right;">0.4 %</td> </tr> <tr> <td>Liver/Spleen laceration</td> <td style="text-align: right;">1.4 %</td> </tr> <tr> <td>Port site infection</td> <td style="text-align: right;">1.2 %</td> </tr> <tr> <td>Heart attack</td> <td style="text-align: right;">0.2 %</td> </tr> <tr> <td>Pulmonary Embolus</td> <td style="text-align: right;">0.2 %</td> </tr> <tr> <td>Systemic Inflammatory Response Syndrome (SIRS)</td> <td style="text-align: right;">0.2 %</td> </tr> </tbody> </table> <p style="font-size: small;">* - Patients operated at our private hospital All patient death rate=0.4%</p>	<b>SHORT TERM</b>		<b>Death*</b>	<b>0 %</b>	<b>Staple line leak</b>	<b>2.1 %</b>	Internal Bleeding	1.5 %	Colon Perforation	0.1%	Deep vein thrombosis	0.4 %	Liver/Spleen laceration	1.4 %	Port site infection	1.2 %	Heart attack	0.2 %	Pulmonary Embolus	0.2 %	Systemic Inflammatory Response Syndrome (SIRS)	0.2 %	<table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;"><b>SHORT TERM</b></th> </tr> </thead> <tbody> <tr> <td><b>Death*</b></td> <td style="text-align: right;"><b>0 %</b></td> </tr> <tr> <td><b>Staple line leak</b></td> <td style="text-align: right;"><b>2.2 %</b></td> </tr> <tr> <td>Internal Bleeding</td> <td style="text-align: right;">1.5 %</td> </tr> <tr> <td>Deep vein thrombosis</td> <td style="text-align: right;">0.2 %</td> </tr> <tr> <td>Staple line bleeding</td> <td style="text-align: right;">0.6 %</td> </tr> <tr> <td>Liver/Spleen laceration</td> <td style="text-align: right;">1.4 %</td> </tr> <tr> <td>Port site infection</td> <td style="text-align: right;">2.0%</td> </tr> <tr> <td>Heart attack</td> <td style="text-align: right;">0.2 %</td> </tr> <tr> <td>Pulmonary Embolus</td> <td style="text-align: right;">0.2 %</td> </tr> <tr> <td>Systemic Inflammatory Response Syndrome (SIRS)</td> <td style="text-align: right;">0.2 %</td> </tr> </tbody> </table> <p style="font-size: small;">* - Patients operated at our private hospital All patient death rate=0.4%</p>	<b>SHORT TERM</b>		<b>Death*</b>	<b>0 %</b>	<b>Staple line leak</b>	<b>2.2 %</b>	Internal Bleeding	1.5 %	Deep vein thrombosis	0.2 %	Staple line bleeding	0.6 %	Liver/Spleen laceration	1.4 %	Port site infection	2.0%	Heart attack	0.2 %	Pulmonary Embolus	0.2 %	Systemic Inflammatory Response Syndrome (SIRS)	0.2 %
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	<b>LONG TERM</b>	<b>LONG TERM</b>
	Anemia 10 % Stricture of the stomach outlet 4.0 % Stomach pouch ulcers 1.4 % Port site hernia 0.8 % Gallstones 14 % Small bowel obstruction 2.6 % Vitamin/mineral deficiencies 2%	Anemia 5 % Stricture of the gastric sleeve 2.0 % Stomach ulcers 1.4 % Port site hernia 0.8 % Gallstones 17 % Small bowel obstruction 2.6 % Vitamin/mineral deficiencies 1%
<b>How Quickly will I lose the extra weight?</b>	Most of the weight loss occurs within the 1-2 years after surgery. The nadir occurs at 2.5 years and followed by some weight regain and stabilization depending on patient compliance with diet and exercise. <b>If you start eating more frequently and inappropriately at 10 years you can regain significant weight.</b>	Most of the weight loss occurs within the 1-2 years after surgery. Some weight regain and stabilization occurs after depending on patient compliance with diet and exercise. <b>If the weight loss is not adequate you may need to have a second surgery to convert the VSG to gastric bypass or the full duodenal switch.</b>
<b>Average Operating Room Time</b>	75 min	60 min
<b>Length of Hospital Stay</b>	2 days (48 h)	2 days (48 h)
<b>What is the period of convalescence?</b>	Because this is minimally invasive surgery patients only need to convalesce for 1 - 2 weeks at home (some patients can return to desk jobs within 1 week of surgery)	Because this is minimally invasive surgery patients only need to convalesce for 1 - 2 weeks at home (some patients can return to desk jobs within 1 week of surgery)
<b>How long do I wait for the surgery?</b>	4-6 weeks, the time needed for proper preparation for safe surgery	4-6 weeks, the time needed for proper preparation for safe surgery
<b>Who pays for the Surgery?</b>	Patients must pay out of pocket, through financing, or their insurance.	Patients must pay out of pocket, through financing, or their insurance.
<b>Is the operation reversible?</b>	<b>YES</b> -Unlike what is stated on some web sites or what you hear from others, laparoscopic surgery can be done to join the new small gastric pouch to the main stomach, since this is not removed at the original surgery. It is not recommended except in very unusual circumstances. <b>Wait regain is almost a certainty.</b>	<b>NO</b> – Once the stomach is removed it cannot get grafted back into the body.
<b>Our Recommendations</b>	<b>Most effective for patients with a BMI of &gt;=35 (with at least one obesity associated disease like diabetes) or BMI &gt;40 kg/m2 especially those with a "sweet-tooth" as it takes away the hunger and produces 10-15% more weight loss than AGBD.</b>  <b>It is considered the "Gold Standard Procedure" for weight loss in North America. The majority of our patients chose this procedure.</b>	<b>Best for patients with BMI=32-50kg/m2 (with at least one obesity associated disease like diabetes) who enjoy participating in an exercise program and are more disciplined and can follow dietary restrictions.</b>  <b>Dr. Christou's main reservation is the lack of long term weight loss results. Time will tell!</b>
<b>Final Note:</b>	RYGBP DOES NOT REQUIRE FURTHER ADJUSTMENTS. PATIENTS MUST MAKE THE COMMITMENT TO RETURN TO US OR THEIR HEALTH CARE PRACTITIONER FOR REGULAR FOLLOWUP.	VSG DOES NOT REQUIRE FURTHER ADJUSTMENTS. PATIENTS MUST MAKE THE COMMITMENT TO RETURN TO US OR THEIR HEALTH CARE PRACTITIONER FOR REGULAR FOLLOWUP.