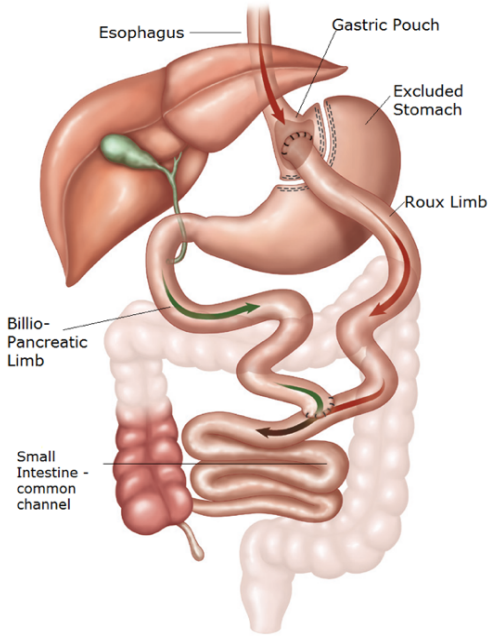
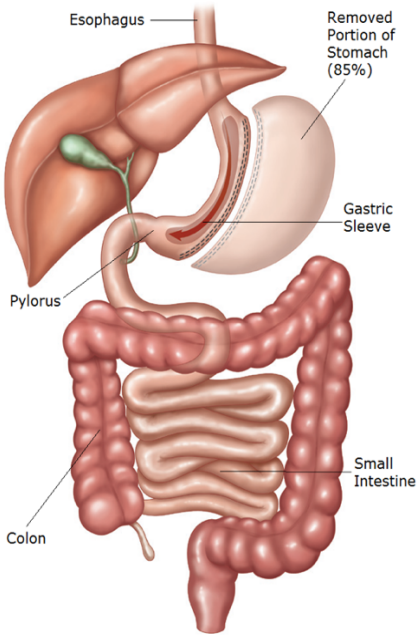
COMPARISON OF THE TWO BARIATRIC SURGERY OPTIONS

	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopic Vertical Sleeve Gastrectomy
Graphic Representation		
How is it done?	Small gastric pouch is connected to the small intestine bypassing most of the stomach. Food and digestive enzymes are separated and meet several feet downstream.	Most of the stomach is removed in a "vertical" fashion leaving a "banana" shaped stomach remnant.
How does it work?	Significantly restricts the volume of food that can be eaten, with decreased absorption of calories. "Dumping Syndrome" occurs if foods with high sugar/high fat content are eaten. Decreases ghrelin level. All of this together reduces hunger and increases satiety.	Significantly restricts the volume of food that can be eaten. Also removes the majority of the ghrelin production of the stomach. All of this together reduces hunger and increases satiety.
What surgical approach is used for each surgery?	Laparoscopic (minimally invasive) approach with 5 small incisions (0.5 - 1.5 cm).	
What weight loss can I expect with this surgery?	~70% of excess weight loss by 1 year postop	~60% of excess weight loss by 1 year postop
What diet and lifestyle changes are required with this surgery?	Patients consume 3 small high protein meals and 2-3 high protein snacks. Meal portions are approx. ½-1 cup per meal. Must delay fluids from solids. Advised to limit concentrated sugars and fat to avoid dumping syndrome. Exercise will improve results.	Patients consume 3 small high protein meals and 2 high protein snacks. Meal portions are approx. ½-1 cup per meal. Must delay fluids from solids. Advised to limit concentrated sugars for best results. Exercise will improve results.

Which vitamims am I required to take for life after surgery?	Multivitamin Vitamin B12 Calcium & Vitamin D Iron	Multivitamin Calcium & Vitamin D Iron (menstruating women)
What are the chances I might die from this surgery, and are there any other immediate risks?	**Short Term Risks** Death 0% Staple line leak 1% Internal bleeding 1% Colon perforation 0.1% Deep vein thrombosis 0.4% Liver/splenic laceration 1.4% Port site infection 1.2% Heart attack 0.2% Pulmonary embolus 0.2%	**Short Term Risks** Death 0% Staple line leak 1% Internal bleeding 1% Deep vein thrombosis 0.4% Liver/splenic laceration 1.4% Port site infection 1.2% Heart attack 0.2% Pulmonary embolus 0.2%
How quickly will I lose the extra weight?	Most of the weight loss occurs within the first year after surgery. The goal thereafter is weight loss maintenance while maintaining good dietary and exercise habits.	
How long does the surgery take to perform?	90 - 120 min	60 min
How long will I be hospitalized for?	1 night	
What is the period of convalescence?	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 1-2 weeks of surgery for non-physical work. For physical work, the recommended convalescence is 4 weeks.	
How long do I wait for the surgery?	4-6 weeks, the time needed for proper preparation for safe surgery	
Who pays for the surgery?	Patients must pay out of pocket, through financing, or their insurance.	
Is the operation reversible?	Possible, only if medically indicated although occurs very rarely.	No.
Our recommendation	**Strongly recommended for patients with type II diabetes, severe GERD (not controlled by medications), hypertension, and people with a high BMI.** **This has been performed for over 30 years and has proven long term durable results.**	**Currently the most popular bariatric surgery in North America with excellent weight loss outcomes.**