Does it really work?

This operation is rapidly increasing in popularity in Australia. It sits between bands and bypass with respect to the amount of weight loss achieved, and although only recently available in Australia there is ever increasing evidence that it is reliably very effective. After the first 3 to 6 months, most patients find the weight loss and weight management quite straightforward and so follow-up involves many less appointments compared with the other operations. And whenever you need some help, you can just call on our team.

Operative Risks

For any operation there are risks, and in particular there is a risk of infection, bleeding and injury. The overall risk of major complications is around 2%. The most common outcome is no complications or a minor problem that will pass such as wound infection (5%). The most common major complication is a leak from the staple line, which occurs in around 1 to 2%. "Eating Squeezing" is an unpleasant feeling that occurs in some people after the surgery. It involves being barely able to eat any food due to a squeezing sensation whenever food is swallowed. Fortunately this resolves after a few months.

More Information

Sleeve Gastrectomy surgery is very effective. However, it is important to consider the other options, namely Gastric Bands and Gastric Bypass. Information on each of these can be found on our website or in other information sheets including *A guide to Weight Loss Surgery*. This brief information sheet is best considered a reference to be used in conjunction with discussions with your surgeon.

To discuss weight loss surgery including Laparoscopic Sleeve Gastrectomy with Mr Geoffrey Draper please discuss this with your GP and obtain a referral.

MELBOURNE BARIATRICS
PENINSULA

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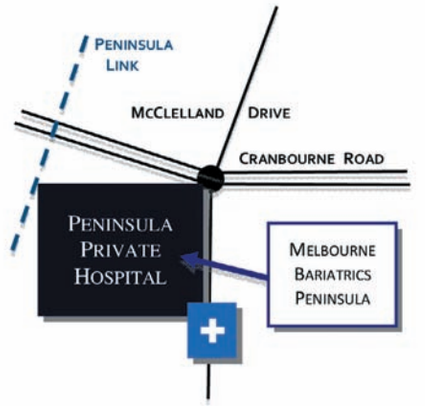

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LAPAROSCOPIC SLEEVE GASTRECTOMY

a new version of stomach stapling for weight loss

A guide to Sleeve Gastrectomy

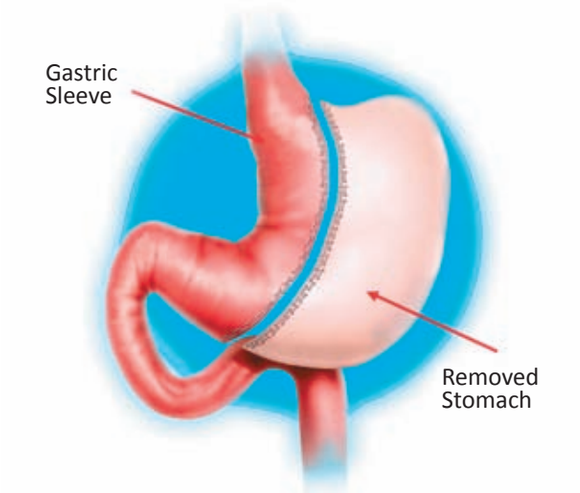
MELBOURNE BARIATRICS
PENINSULA

Laparoscopic Sleeve Gastrectomy

a new version of stomach stapling for weight loss

What is a Sleeve?

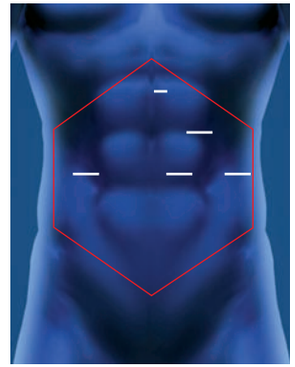
This operation is the most recent advancement in weight loss surgery. It is also known by many other names including Tube Gastrectomy It involves removing two thirds of the stomach and is not reversible. It usually achieves more than 75% excess weight loss weight loss. Over 80% of obesity related conditions improve or resolve. It lies between the gastric band and bypass with regards weight loss, surgical risks and complexity. The entry and exit points of the stomach are the native parts (gastro-oesophageal junction and pylorus), which makes eating



Sleeve Gastrectomy

The stomach holds food and when a meal or drink fills it up it starts stretching and we call this feeling satiation or "I am full". The Sleeve decreases the amount of food the stomach can hold and therefore what can be eaten. Over time, the stomach does not enlarge and so fullness continues to occur early in a meal.

Highlighted stomach in the upper abdomen.



White Lines indicate the five usual incision sites.

feel more natural than with the other procedures. The lifestyle and eating style changes needed to maximise the results of this operation are less. It can be converted into a bypass operation if required for further weight loss but this is rarely required.

The weight loss achieved is partly due to a smaller stomach and less hunger. Patients do not experience "dumping" (feeling unwell if certain foods such as fats and sugars are eaten) mal-absorption or excessive weight loss, each of which can occur in bypasses.

The Sleeve has the most *natural* eating style.

People who have a Sleeve eat just like they do before the operation but in much smaller amounts, eat more slowly and need to chew well. Bands, however, give a restricted feeling and potential for blockages when eating, and bypasses require avoiding certain foods to prevent dumping, malabsorption symptoms and malnutrition.

How it is done?

Five small (5 to 15mm) incisions are made in the wall of the abdomen and instruments introduced through them. The inside of the abdomen can then be visualised and the stomach carefully separated from the surrounding structures. Two-thirds of the stomach is removed by passing a stapler up along one side, with a bougie (or tube) inside the stomach to ensure it is the desired size. This creates a tube shaped or sleeve shaped stomach. Quite often there is a slight distortion of the stomach (Hiatus Hernia) near where the Sleeve is to be made and so this is repaired if present. The operation takes around 60 minutes. Most patients stay in hospital for 2 days after the surgery and return to work after 2 weeks convalescence.

Who tends to choose the Sleeve?

Obviously, everybody needs to make their own choices, but it can be helpful to know why other people choose the Sleeve. It tends to be people who are worried they are not going to be able to attend follow up appointments; they live too far away, have busy lives etc. People who don't think they will be able to follow all the eating rules and lifestyle changes required of the other operations. Sweet tooths and emotional eaters also find the Sleeve more reliable generally compared with the Gastric Band.

The Sleeve is probably the simplest weight loss operation to live with in the long term. It significantly decreases how much can be eaten at a time, no matter what is chosen, and so this operation is popular with "social eaters" and "all-night-eaters".