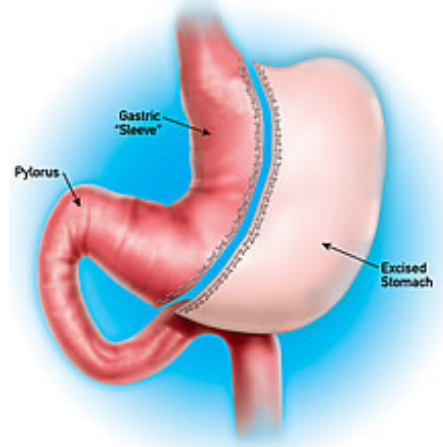




Sleeve Gastrectomy

The sleeve gastrectomy was initially the first stage operation to the more drastic Duodenal switch procedure. However it has become a bariatric operative option in it's own right in recent years since many patients have achieved very successful weight loss with this method without having to go for the second stage of the duodenal switch. It can be performed as an open or a laparoscopic procedure.



As you can see from the above picture, the stomach is literally reduced to a tube, 1/4 the capacity it had previously. The rest of the stomach is then removed. The pyloric sphincter at the bottom of the stomach is still intact and therefore there are no issues like dumping syndrome which affect the RNY patients who take any sugar. There is no mal absorption to this surgical option either so the weight loss is purely from portion control and the restrictive qualities of the sleeve.

It is a good option for someone who has 4-6 stone to lose and do not want the high maintenance of the band. It is used for high risk super morbidly obese patients who may then go on to have the duodenal switch in a subsequent operation once they have shed some weight with the sleeve. It is also the option for those who have several co morbidities underlying surgery, although this would of course need to be discussed with your surgeon.

Pro's

Less risky procedure for the super morbidly obese - can then be surgically advanced to the duodenal switch or the RNY gastric bypass

Minimally invasive laparoscopic procedure

Good option for 4-6 stone weight loss goal

Weight loss is through restriction of the stomach size

The pyloric sphincter is not bypassed so there is no dumping syndrome.

The amount of stomach removed can be discussed pre op and tailored to meet your needs.

Con's

The remaining 3/4 of the stomach is removed completely from the body so this surgical procedure is **irreversible**.

Risk of staple /suture line leakage post op - the suture line is the entire length of the stomach so you would need to be mindful that post op if you have any excess pains especially when you are eating or drinking, you need to report these to your surgeon straight away. Leakages are checked for in theatre so don't happen that often, but all the same, not taking it easy in the first few days post op when the sutures are knitting the stomach back together can lead to a leak. This is very dangerous if left unattended so please do not ignore this. If you have excessive pain, report it asap.

There is no malabsorption with this procedure so weight loss is through restriction alone. This is therefore a good option for volume eaters, because it will become physically impossible to eat large amounts. If you weight gain is not through volume eating then a procedure with a malabsorptive structure will be more suitable to your needs.

Some report slower weight loss with the sleeve.

Potential risk of some hair loss post op.