

# Treating Obesity with Sleeve Gastrectomy

## Obesity puts your health at risk

Living with excess weight has been shown to put your health at risk.<sup>1</sup> The risk increases sharply as your obesity becomes more severe.<sup>1</sup> Serious health problems may also result when dieting leads to “weight cycling” (the repeated loss and regain of body weight).<sup>2</sup> Obesity dramatically increases the risk of type 2 diabetes<sup>3</sup>, high blood pressure<sup>3</sup>, high levels of triglycerides<sup>1</sup> (a type of blood fat)<sup>3</sup>, heart disease and stroke<sup>3</sup>, arthritis<sup>3</sup>, and obstructive sleep apnea<sup>3</sup>. Higher body weights are also associated with cancer and early death.<sup>3</sup>

## Bariatric surgery is the most effective treatment for obesity

Without the medical intervention that bariatric surgery provides, many patients with severe obesity are not successful in managing their weight and related health conditions. Most nonsurgical weight loss programs are based on a combination of diet, behavior modification, and regular exercise. Published scientific papers report that these methods alone rarely resolve severe obesity because they fail to help people maintain weight loss.<sup>4</sup> In fact, more than 95% of people regain the weight they lose within a few years after treatment.<sup>5</sup> “[Bariatric surgery] is the most effective treatment to date, resulting in sustainable and significant weight loss along with resolution of weight-related health conditions in up to 80% [of people].”<sup>6</sup>

## References

1. American Society for Metabolic and Bariatric Surgery. Obesity in America. [http://www.asbs.org/News07/media/asbs\\_fs\\_obesity.pdf](http://www.asbs.org/News07/media/asbs_fs_obesity.pdf). Accessed November 30, 2009. 2. Weight-control Information Network. National Institute of Diabetes and Digestive and Kidney Diseases. Weight Cycling. Bethesda, MD: National Institutes of Health. 2008. NIH publication 01-3901. 3. Buchwald H. Consensus Conference statement. Bariatric surgery for morbid obesity: Health implications for patients, health professionals, and third-party payers. *Surg Obes Relat Dis*. 2005; (1)371-381. 4. American Society for Metabolic and Bariatric Surgery. Rationale for the surgical treatment of morbid obesity (updated November 23, 2005). Available at: [http://www.asbs.org/News07/patients/resources/asbs\\_rationale.htm](http://www.asbs.org/News07/patients/resources/asbs_rationale.htm). Accessed November 11, 2009. 5. American Society for Metabolic and Bariatric Surgery. Surgery for Morbid Obesity: What Patients Should Know. Toronto: FD Communications, Inc. 2007. 6. ASMBS/ASGE white paper, 2011. 7. [45% to 68% achieved partial or complete remission of diabetes (diabetes resolution based on HbA1c  $\leq 7.0$ ).] Schauer PR, Sangeeta KR, Wolski K, et al. Bariatric surgery versus intensive medical therapy in obese patients with diabetes. *N Engl J Med*. 2012 Apr 26;366(17):1567-76. 8. [EES weighted analysis of data summarized in table 4 of] Brethauer SA, Hammel JP, Schauer PR. Systematic review of sleeve gastrectomy as staging and primary bariatric procedure. *Surg Obes Rel Dis*. 2009; 5:469-475. 9. Wong SKH, Kong APS, So WY et al. Use of Laparoscopic Sleeve Gastrectomy and Adjustable Gastric Banding for Suboptimally Controlled Diabetes in Hong Kong. *Diabetes, Obesity and Metabolism* 2011;14(4):372-374. 10. Weiner RA, Weiner S, Pomhoff I, et al. Laparoscopic sleeve gastrectomy—influence of sleeve size and resected gastric volume. *Obes Surg*. 2007;12:1297-1305. 11. Shi X, Karmali S, Sharma AM, et al. A review of laparoscopic sleeve gastrectomy for morbid obesity. *Obes Surg*. 2010;20:1171-1177. 12. [EES summary of data contained in] Brethauer SA, Hammel JP, Schauer PR. Systematic review of sleeve gastrectomy as staging and primary bariatric procedure. *Surg Obes Rel Dis*. 2009; 5:469-475. 13. Buchwald H, Avidor Y, Braunwald E, et al. Bariatric surgery. A systematic review and meta-analysis. *JAMA*. 2004;292(14):172-37.

## How it works to help you lose weight

The sleeve gastrectomy is a bariatric and metabolic procedure that causes weight loss by creating physical and chemical changes in your body. The sleeve gastrectomy works physically by changing the shape and size of your stomach reducing the amount of food you eat at one time. The sleeve gastrectomy works chemically by changing the signals your stomach sends to the rest of your body, including your brain. These signals in your body control your blood sugar levels, increase feelings of fullness, decrease hunger and affect how your body processes and stores the calories from food.

**Sleeve gastrectomy has been shown to resolve or improve:**

- Type 2 diabetes – 45-58% resolved<sup>7,8,9,†</sup>
- Sleep apnea – 60% resolved<sup>8</sup>
- High blood pressure – 50% resolved<sup>8</sup>
- High cholesterol – 77% resolved<sup>10</sup>

Bariatric and metabolic surgery has helped thousands of people discover life at a healthier weight and resolve many of the health risks associated with severe obesity.

† Diabetes controlled in patients without medication. Control of diabetes is defined as HbA1c  $\leq 7.0\%$ .

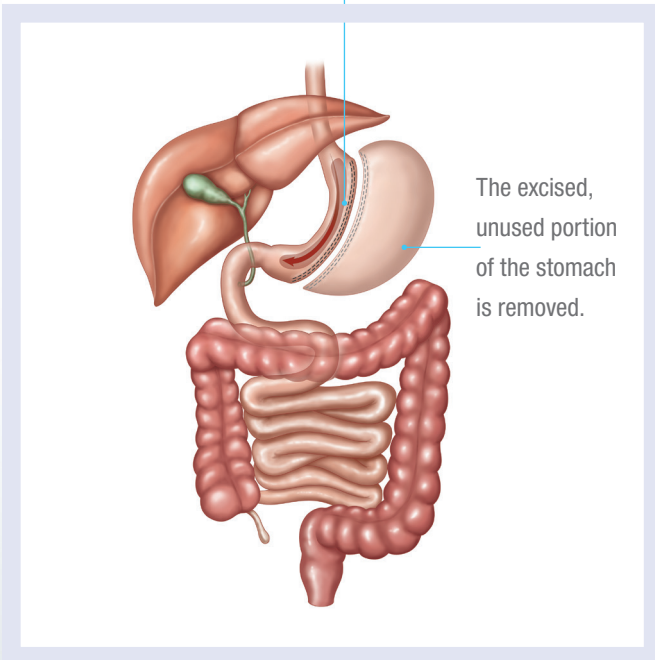


# Sleeve Gastrectomy



## The procedure

A thin vertical “sleeve” of stomach is created using a stapling device. This sleeve is about the size of a banana.



- Surgeons create a small stomach “sleeve,” or pocket, that is shaped like a banana. It also about the size of a banana, usually holding about 3 oz.
- After the “sleeve” is created, the leftover part of the stomach is removed. When you eat, the food goes from the sleeve to the intestine, where it is absorbed

## Advantages

- Food passes through the digestive tract in the usual order, allowing vitamins and nutrients to be fully absorbed into the body.
- In clinical studies patients lost an average of 66% of their excess weight.<sup>12</sup>
- Shown to help resolve high blood pressure (49%), obstructive sleep apnea (60%), and to help improve type 2 diabetes (45-58%) and high cholesterol\* (77%).<sup>7,8,12,13</sup>

\* Figure is for hyperlipidemia. Hyperlipidemia is a general term for high fats in blood, which may include cholesterol and/or triglycerides.

## Risks

The following are in addition to the general risks of surgery:

- Complications due to stomach stapling, including separation of tissue that was stapled or stitched together and leaks from staple lines.
- Gastric leakage
- Ulcers
- Dyspepsia
- Esophageal dysmotility
- Nonreversible since part of the stomach is removed

**Talk with your surgeon about the possible surgical risks.**

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