

Bariatric Surgery Overview

KEY POINTS

Over the last 25 years, the proportion of people in Australia who are overweight or obese has risen dramatically.

Combatting obesity with commercial weight loss programmes or weight loss drugs can be effective but many people will regain the weight that was lost from these endeavours. Bariatric, or weight loss, surgery has been around for over 50 years in various forms and has been proven to provide not only significant weight loss but importantly, weight loss which is sustained for the long term.

For those suffering with morbid obesity, bariatric surgery can potentially provide improvements in a number of medical conditions as well as in quality of life and psycho-social functioning.

Diabetics can expect resolution or improvement in over 80% of cases, depending on the severity and length of diagnosis of the diabetes. The choice of operation is also important. Other conditions which may improve with weight loss surgery include sleep apnoea, hypertension, asthma, stress incontinence amongst a number of others.

Standard guidelines for selection for bariatric surgery are accepted as follows:

BMI over 40 kg/m² or...

BMI over 35 kg/m² with obesity related illness (e.g. diabetes)

As procedures become safer and better understood, lower BMI groups are increasingly being included and cases outside these guidelines may often be acceptable depending on individual circumstances.

Three operations are currently offered as routine in Australia:

1. Laparoscopic Gastric Banding
2. Laparoscopic Sleeve Gastrectomy
3. Laparoscopic Gastric Bypass

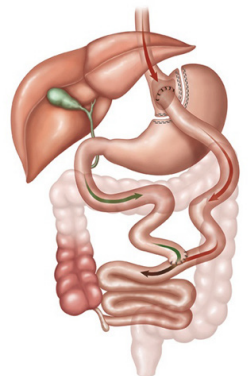
Although gastric banding is generally regarded as the “safest” operation in terms of up-front complications, there is approximately 20% chance of a second or third operation to maintain the system over 5 years. Sleeve and bypass surgery generally give more reliable weight loss outcomes and usually with a better quality of life compared to banding although long term data after sleeve gastrectomy are not currently available.

The choice of operation depends on many things, including the current and likely medical impact of your level of obesity, your age, previous surgery and your own aversion to risk or irreversible procedures. Broadly speaking we are more likely to recommend sleeve or bypass surgery to patients at higher BMIs with obesity-related medical problems, particularly Type II diabetes.

Note that performing gastric bypass or sleeve gastrectomy surgery after a band has been in place results in increased complication rates due to the residual scarring from the band.



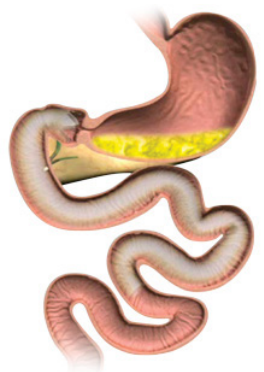
GASTRIC BAND



GASTRIC BYPASS



SLEEVE GASTRECTOMY



ENDOBarrier