**Vertical Sleeve Gastrectomy**

Vertical Sleeve Gastrectomy (VSG) is an alternative to gastric banding. This procedure generates weight loss by stapling and dividing the stomach vertically, removing more than 85 percent of its capacity and restricting the amount of food that can be eaten.

VSG originally had been performed as a first-stage of bariatric surgery in patients who were at high risk for complications from more extensive types of surgery due to body weight or medical conditions. However, more recent information indicates that some patients who undergo a VSG can actually lose significant weight and avoid a second procedure. During VSG most of the stomach is removed, which may decrease production of a hormone called ghrelin and thereby reduce hunger more than other pure restrictive operations, such as gastric band.

**Changing Your Lifestyle**

Candidates for weight loss surgery must make a commitment to a healthy diet and exercise programs. St. Peter’s multidisciplinary team is ready to provide you with the guidance and support you will need to achieve your weight loss goals. Commitment to your lifestyle change is critical to successful weight loss before and after surgery.

Patients considering weight loss surgery are required to go through a pre-assessment period. During this time, members of our health care team will work with you to prepare you for the surgery. The length of the pre-assessment period will vary based on the needs of the individual patient.

**Insurance**

Insurance coverage is continually changing. Coverage is dependent upon your individual plan and benefits. You can learn more about the type of information you will need for insurance approval at one of our weight loss surgery information sessions.

You are encouraged to contact your health insurance provider about your coverage. If your insurance does not provide coverage or you do not have insurance, we do have provisions for self-pay.

**Changing Your Lifestyle**

If you are considering weight loss surgery, come meet our team at one of our Weight Loss Surgery Informational Seminars. We will be ready to answer your questions and provide information to help you in making this life-changing decision. If you would like more information, visit our website at www.sphcs.org/BariatricCare or call St. Peter’s at 525-2-CARE (525-2227).
“You’re not alone…
We’re here to help.”

Millions of Americans fall into the category of clinically severe obesity. In fact, obesity is the most chronic disease in the United States. With increased weight, individuals have an increased risk for more than 30 obesity-related diseases such as Type 2 diabetes, heart disease, sleep apnea, hypertension and high cholesterol. Bariatric surgery can improve or resolve these obesity-related diseases.

When non-surgical approaches to weight loss are unsuccessful, bariatric surgery may be an option. Many patients who have had weight loss surgery have lost up to 70 percent of their excess weight. But weight loss surgery is not a quick fix. Only through a strong commitment to education, surgery and lifestyle changes can long-term results be achieved.

Who is a Candidate?
You may be considered a candidate for weight loss surgery if you:
• Have a Body Mass Index (BMI) of 40 or greater or weigh at least 100 pounds over your ideal body weight
• Have a BMI between 35-40 and have at least two significant associate illnesses such as diabetes, hypertension, arthritis, and sleep apnea
• Are at least 19 years of age
• Have no drug or alcohol dependence or have at least one year of sobriety
• Have medically documented attempts to lose weight
• Have a personal ongoing commitment to improve your health and lifestyle
• Have quit smoking

What’s My BMI?
Body Mass Index (BMI) is a measurement of body fat based on an individual’s height and weight. Generally, your BMI is a reliable method of determining overall weight classifications, with the exception of those who are muscular or expectant mothers. To calculate your BMI, visit www.sphcs.org/BMI.

Surgical Options
There are three types of bariatric weight loss surgery that have been proven successful in fighting clinically severe obesity with significant, long-term results. The type of procedure that is appropriate for you must be determined between the surgeon and yourself.

Gastric Bypass Surgery
The Roux-en-Y bypass surgery has been the primary surgical option for weight loss for many years and is extremely effective in helping obese individuals lose excess weight and regain good health.

During this procedure, the surgeon creates a tiny stomach pouch. This small stomach pouch can hold only about two to four tablespoons (three ounces) at a time, drastically reducing the amount of food that can be eaten at one time.

After the pouch is created, a Y-shaped section of the small intestine is re-routed and attached to the new pouch. This re-routing allows food to bypass the lower stomach and the upper parts of the small intestine. This reduces the amount of calories and nutrients the body absorbs.

In more than 95 percent of the cases, the Roux-en-Y gastric bypass procedure can be achieved through minimally invasive, or laparoscopic, methods. Recovery time, patient discomfort, and risks are all reduced with a laparoscopic procedure. However, not all patients are candidates for laparoscopic procedures.

Shortly after surgery, patients are in their room. Sitting up in a chair or walking around is encouraged. Gradually, physical activity will increase, with near-normal to normal activity resuming a few weeks after surgery.

Adjustable Gastric Banding
The Lap-Band® (laparoscopically placed stomach band) induces weight loss by reducing the capacity of the stomach through a band fastened around the upper stomach to create a new, smaller pouch. As a result, patients experience a greater sense of fullness and are satisfied with smaller amounts of food.

The operation is accomplished by placing the band (an adjustable belt-like silicone ring with an inflatable inner surface) around the upper stomach. This is connected to an access port below the skin surface using thin, kink-resistant silicone tubing. The port allows the surgeon to adjust the band to meet the patient’s weight-loss needs by controlling the amount and consumption rate of food. Adjustments to the band are performed on an outpatient basis and are determined by the patient’s weight loss and individual progress.

Because this procedure is almost always performed laparoscopically and requires no division of the stomach or repositioning of the small intestine, the risk of leak or obstruction is very low, but not impossible.