

# The Bellevue Center for Obesity & Weight Management

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Use the following chart to help decide which option is right for you.



	<p><b>Bypass</b></p>	<p><b>Band</b></p>	<p><b>Sleeve</b></p>
<b>Weight Loss</b>	<ul style="list-style-type: none"> <li>• Lose an average of 70% of your excess weight.</li> <li>• about 5-10% of people regain weight or fail to lose weight.</li> </ul>	<ul style="list-style-type: none"> <li>• Lose an average of 40% of your excess weight.</li> <li>• More variability in weight loss.</li> <li>• About 15-20% of people regain weight or fail to lose weight.</li> </ul>	<ul style="list-style-type: none"> <li>• Lose an average of 60% of your excess weight.</li> <li>• lack of long-term data beyond 5 years.</li> <li>• failure rate about 15-20%</li> </ul>
<b>Follow-Up</b>	<ul style="list-style-type: none"> <li>• Not as frequent as band, same as sleeve gastrectomy.</li> <li>• This is important to monitor for nutritional deficiencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly for first year.</li> <li>• Follow-up is required for adjustments and success after band.</li> </ul>	<ul style="list-style-type: none"> <li>• Not as frequent as band, same bypass.</li> </ul>
<b>Complications</b>	<ul style="list-style-type: none"> <li>• Complication rate higher than band or sleeve. Complications are potentially more severe or life threatening (but rare) because surgery is more complex (cutting &amp; rearranging intestines).</li> </ul>	<ul style="list-style-type: none"> <li>• Complications are rarely life-threatening.</li> <li>• Safest surgical option for weight loss. it is the least invasive because there is no cutting/stapling of the stomach (compared to bypass or sleeve).</li> </ul>	<ul style="list-style-type: none"> <li>• Overall complications less likely than with bypass because there is no rearranging but it is still higher than band.</li> </ul>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Maximal weight loss, most long-term data about how well it works.</li> <li>• Rapid weight loss</li> <li>• Lowest failure rate</li> <li>• Highest potential for resolution of diabetes (80%)</li> <li>• No foreign body</li> <li>• No monthly adjustments</li> <li>• More difficult to cheat than the band</li> </ul>	<ul style="list-style-type: none"> <li>• No stapling/cutting of the stomach</li> <li>• Minimal nutritional risks</li> <li>• Adjustable – gradual weight loss which can be controlled by band adjustments</li> <li>• 50-60% resolution of diabetes</li> <li>• Complications are rarely life-threatening</li> <li>• Safest weight loss procedure offered</li> <li>• “Reversible”- but we expect it to stay in for life!</li> </ul>	<ul style="list-style-type: none"> <li>• More weight loss than band, almost as much as bypass (up to 5 yrs)</li> <li>• No foreign body</li> <li>• No monthly adjustments</li> <li>• Lower overall complications than bypass because no connection or re-arranging of intestine required</li> <li>• Preserves natural anatomy</li> <li>• If weight regain after 2-3 years can be converted to bypass (or band)</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• More invasive: cutting the stomach &amp; rearranging the intestines</li> <li>• Complications, although rare, can be life-threatening</li> <li>• Harder to reverse than the band</li> <li>• Cannot do endoscopic surveillance of bypassed stomach</li> </ul>	<ul style="list-style-type: none"> <li>• Foreign object implanted in your body</li> <li>• Frequent follow-up visits</li> <li>• Needs more commitment</li> <li>• Easier to cheat than the gastric bypass</li> <li>• Higher failure rate compared to bypass and sleeve</li> <li>• Less weight loss compared to bypass and sleeve</li> </ul>	<ul style="list-style-type: none"> <li>• Involves cutting of the stomach, more invasive than the band</li> <li>• Not much data after 5 years</li> <li>• Long term weight regain is unknown</li> <li>• Not all insurance companies cover the sleeve.</li> </ul>