



Gastric Sleeve Surgery

YOUR GUIDE TO GASTRIC SLEEVE SURGERY AND WEIGHT LOSS

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Obesity and major health risks

Obesity is a serious, chronic disease and not a simple condition. Obesity is the second leading cause of preventable death following smoking. It is defined as an excessively high amount of body fat in relation to lean body mass which generally results from caloric intake which exceeds energy usage.

If you are obese, severely obese, or morbidly obese, you may be at risk of:

- Shorter life expectancy: Compared to people of normal weight, obese people have a 50% -100% increased risk of dying prematurely
- Diabetes (type 2)
- Joint problems (e.g. arthritis)
- High blood pressure
- Heart disease
- Gallbladder problems
- Certain types of cancer (breast, uterine, colon)
- Digestive disorders (e.g. gastro-oesophageal reflux disease, or GORD)
- Breathing difficulties (e.g. sleep apnoea, asthma)
- Psychological problems such as depression
- Problems with fertility and pregnancy
- Urinary incontinence
- Risks to psychological and social well-being
- Negative self-image
- Social isolation
- Discrimination
- Difficulties with day-to-day living
- Normal tasks become harder when you are obese, as movement is more difficult
- You tend to tire more quickly and find yourself short of breath
- You may find it difficult to maintain personal hygiene



Surgical weight loss options

PRACTICAL INFO	GASTRIC BANDING	GASTRIC SLEEVE	GASTRIC BYPASS
Procedure	Minimally invasive laparoscopic procedure	Moderately invasive laparoscopic procedure, removing about 75% of the stomach.	Invasive laparoscopic procedure, involving multiple areas of the abdomen. Changes normal processes of digestion.
Reversibility	Reversible	Non reversible	Reversible
Operating time	30-40 min	45-60 min	60-90 min
Advantages	<ul style="list-style-type: none"> No change to normal digestion Lower risk of early surgical complications Lowest mortality rate 	<ul style="list-style-type: none"> Feel full sooner No foreign body around the stomach Low mortality rate Less follow up appointments after surgery Improved quality of life Improved or resolved conditions associated with obesity Regarded as "set and forget" procedure. 	<ul style="list-style-type: none"> Best known long term operation Rapid initial weight loss Improves or totally resolves diabetes Maximum amount of weight loss
Risks or Complications	<ul style="list-style-type: none"> Bleeding Tubing leak Band infection Slippage Band erosion into the stomach Food intolerances Gastric acid reflux Reoperation risk 	<ul style="list-style-type: none"> Staple separation or leakage Gastric acid reflux (rare) 	<ul style="list-style-type: none"> Changes to normal digestion Staple separation or leakage More follow up than after gastric sleeve Gastric stomach ulcer Dumping syndrome Risk of internal hernia No gastroscopic access to duodenum
Average Hospital Stay	1 day	2-3 days	2-4 days
Average time off Work	1 week	2-4 weeks	2-4 weeks
Quality of life	Can be compromised. Some types of foods are not tolerated.	Very good. Most type of foods are well tolerated. Eating is normal, but portions are restricted.	Good
Sickness, vomiting, productive burping	Frequent, if the band is overtight.	None to very rare	None to very rare
Follow-up	Regular visits to adjust the band are crucial for successful weight loss	Regular follow-ups every 1-2 months for the first 6 months, then 3 -6 monthly to check on the progress	Regular follow-ups every 1-2 months for the first 6 months, then 3 -6 monthly to check on the progress
Average weight loss	62%	72%	78%

What is Gastric Sleeve Surgery?

Gastric sleeve surgery, also known as sleeve gastrectomy, is a surgical procedure performed for the treatment of obesity. The procedure is a restrictive bariatric surgery to treat morbidly obese patients with a BMI of 35 and above. It encourages weight loss by restricting the stomach size so it holds only a limited amount of food. This helps patients to eat less without hampering the normal digestive process.

INDICATIONS

Gastric sleeve surgery is indicated for people with a BMI of 40 and more, and also in those whose BMI is 35 to 40 and suffering from obesity associated conditions. The surgery is recommended when diet, exercise or medication have not helped in reducing the patient's weight.

SURGERY

The procedure is performed under general anaesthesia. The surgeon makes four small incisions on your abdomen. A laparoscope, a thin instrument with a light and camera attached, is inserted through one incision, allowing your surgeon to clearly view the internal organs on a monitor.

Additional surgical instruments are inserted through the other incisions. Your surgeon will remove nearly 75-80% of the stomach. A thin sleeve shaped like a banana is created by stapling the remaining part of the stomach. At the end of the procedure, the incisions are closed with sutures.

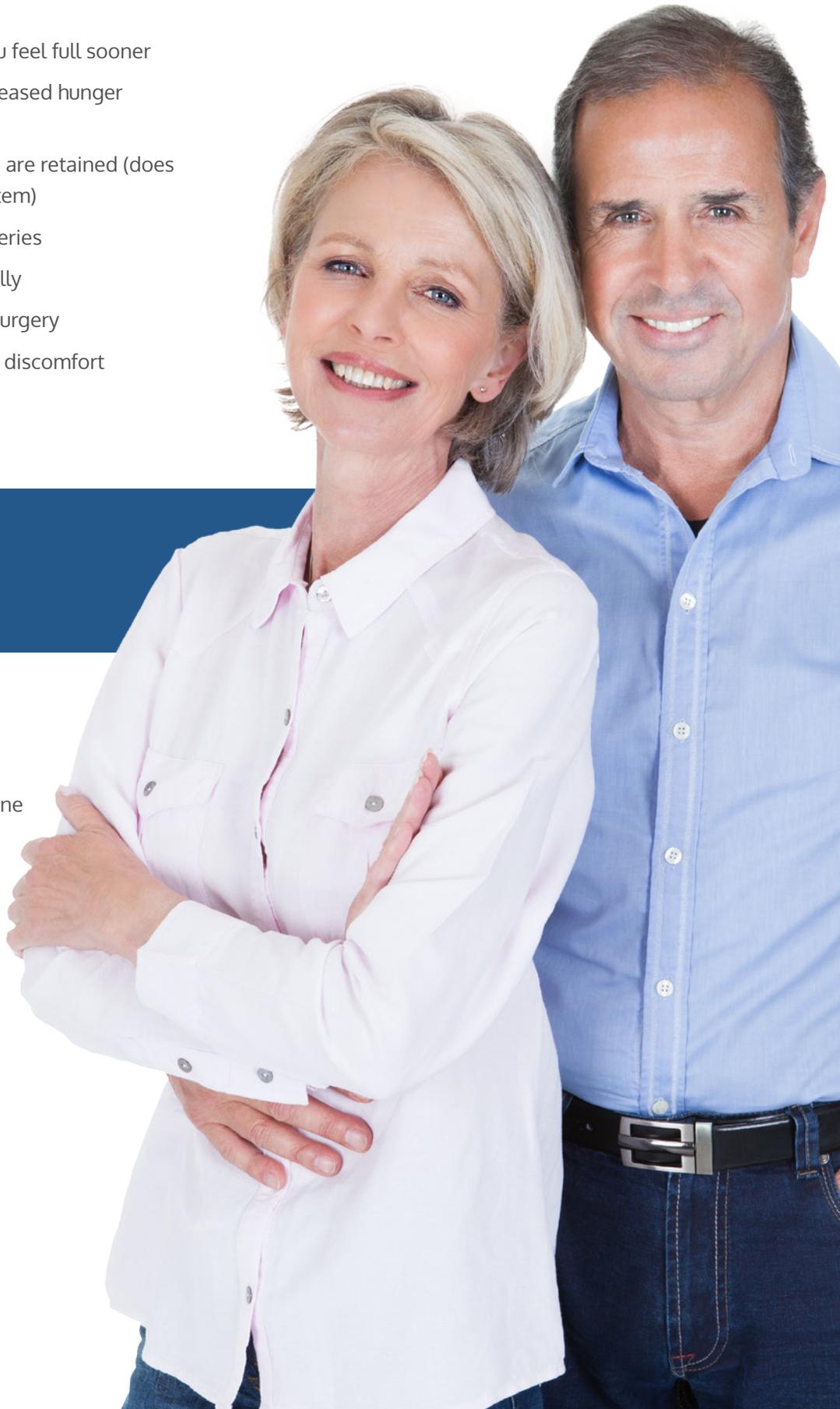


Advantages

- Reduced stomach size makes you feel full sooner
- Reduced stomach results in decreased hunger hormone (ghrelin) production
- Normal functions of the stomach are retained (does not rearrange your digestive system)
- Simpler than other bariatric surgeries
- Can be performed laparoscopically
- No implant used as in lap band surgery
- Minimal post-operative pain and discomfort

Disadvantages

- Irreversible
- Not adjustable
- Risk of leakage from the staple line



Post-surgical care

Following your surgery, you will spend two or three days in hospital, and will be administered pain controlling medications to keep you comfortable. For the first two weeks following your surgery, you will be kept on a liquid diet. Your surgeon and dietician will give you a specific diet plan and instructions to follow after this. It is important to drink plenty of fluids throughout the day to avoid dehydration.

Risks and complications

As with any surgery there are potential risks and complications involved. The risks include blood loss, infections, problems associated with anaesthesia, and deep vein thrombosis (blood clot in the leg). The major complication following gastric sleeve surgery is occasional leakage or breakdown of the gastric contents from the staple line that secures the divided stomach.



Gastric sleeve surgery after failed lap band surgery

Unfortunately, as many as half of all lap band patients will eventually need to have their band removed for a number of reasons, including:

- Inadequate weight loss
- Weight regain
- Persistent comorbid health conditions
- Complications after weight loss surgery

Gastric sleeve surgery is a widely acclaimed option for patients wishing to undergo a subsequent weight loss surgery to maintain and improve long-term weight loss and health problems.

The secondary procedure will depend on the specific needs and health problems of the patient.

Dr Dolan will discuss your suitability for lap band removal and gastric sleeve surgery and help you decide which surgical approach is best suited for your circumstances.



Costs and Funding Options

There are a number of factors which may influence the final cost of surgery. Dr Dolan will be able to provide a more detailed quote after your initial consultation.

Patients can choose from a variety of payment options available depending on their financial circumstances and insurance status:

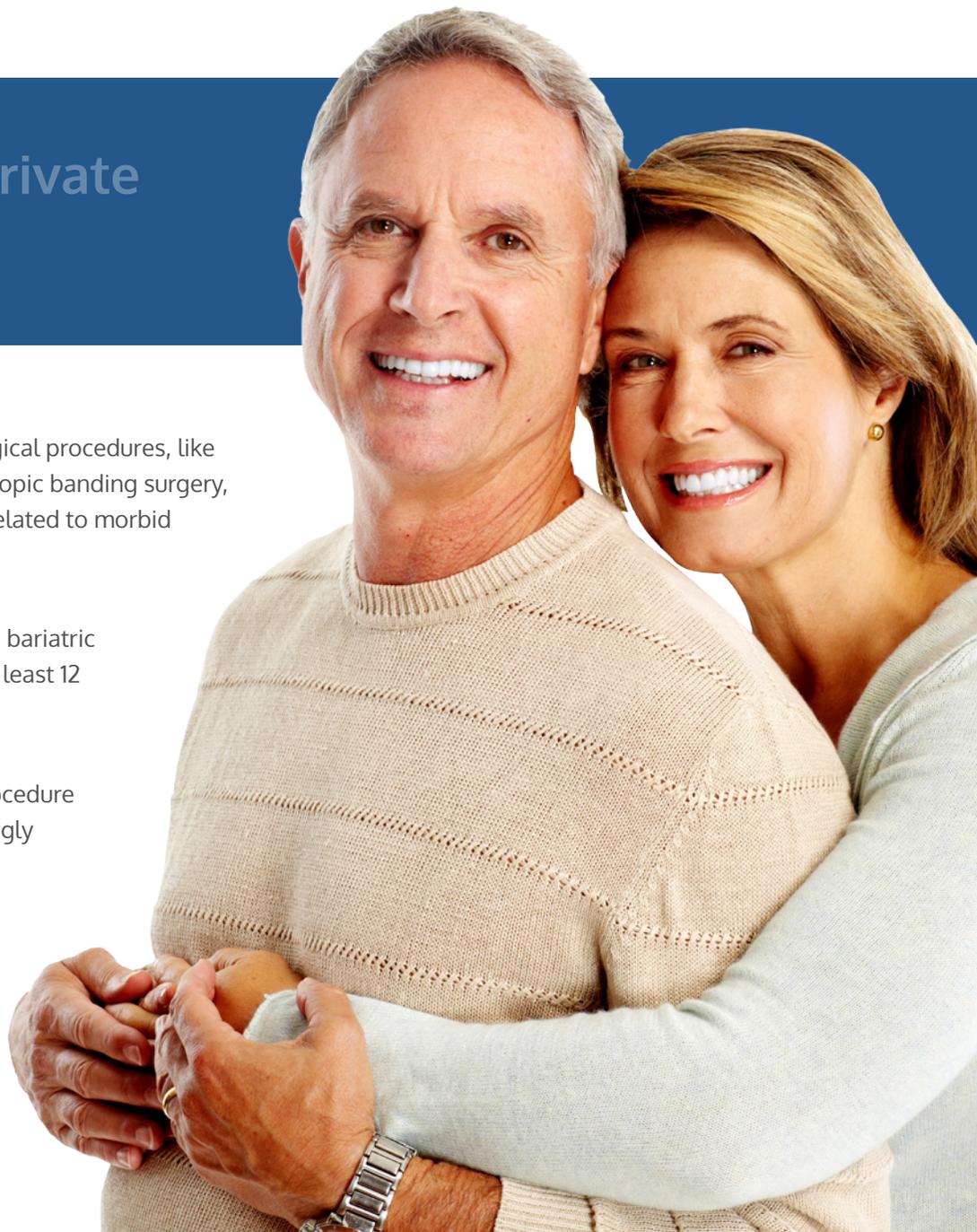
- For patients with private insurance, surgery cost is \$3,000
- For patients without private insurance, surgery cost is \$16,000-18,000

Medicare and Private Insurance

Medicare covers some bariatric surgical procedures, like gastric bypass surgery and laparoscopic banding surgery, when you meet certain conditions related to morbid obesity.

Private insurance in Australia covers bariatric surgery, but you will need to wait at least 12 months after joining a health fund.

It is difficult to provide the exact procedure cost as your insurance claim is strongly dependant on your unique status. Contact your health fund directly for costs and coverage information. You will be provided with a detailed quote at your initial consultation stating the projected out of pocket expenses and inclusions.



Dr Kevin Dolan Weight Loss Surgeon

Dr Kevin Dolan is a highly experienced Advanced Laparoscopic Surgeon who has personally performed more than 7000 laparoscopic weight loss operations over the past 15 years.

He is committed to helping his patients achieve and sustain long-term weight loss, in conjunction with a team of bariatric physicians, dieticians, psychologist, exercise physiologists, nurses and patient support group.

Dr Dolan's major clinical interest is laparoscopic treatment of obesity, and he also performs abdominoplasty, brachioplasty and thighplasty to further assist his patients who have lost substantial amounts of weight.

During your weight loss journey, our dedicated team of qualified and friendly professionals will make sure that you have the support and assistance necessary while you recover from surgery and work towards your weight loss goals.

Our consulting rooms are located on Arnisdale Road, Duncraig WA. Dr Dolan performs bariatric surgery at 4 locations, including Glengarry Hospital in Duncraig, Saint John of God Hospital in Subiaco, Hollywood Hospital in Nedlands and Mercy Hospital in Mount Lawley.

