



Stomach Intestinal Pylorus Preserving Surgery (SIPS)

YOUR GUIDE TO SIPS SURGERY AND WEIGHT LOSS

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Obesity and major health risks

Obesity often results from taking in more calories than are burned by exercising or daily activities. However, sometimes obesity and weight gain can be caused by genes, endocrine disorders, medications and mental disorders.

Obesity is a serious chronic disease and is the second leading cause of preventable death following smoking. 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% higher 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
- You tend to tire more quickly and find yourself short of breath
- Normal tasks become harder when you are obese, as movement is more difficult
- You may find it difficult to maintain personal hygiene



Surgical weight loss options

PRACTICAL INFO	GASTRIC BANDING	GASTRIC SLEEVE	GASTRIC BYPASS	MINI GASTRIC BYPASS	SIPS (STOMACH PYLORUS-SPARING SURGERY)
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.	Simplified form of a standard gastric bypass, less invasive, restrictive and malabsorptive techniques.	Invasive laparoscopic procedure involving a combination of a sleeve gastrectomy and a small bowel bypass
Reversibility	Reversible	Non reversible	Reversible	Reversible	Non reversible
Operating time	30-40 min	45-60 min	60-90 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 	<ul style="list-style-type: none"> Shorter surgery time Lower complication rate Shorter recovery time Less follow up appointments after surgery Improved quality of life Equally successful as a gastric bypass 	<ul style="list-style-type: none"> Greatest weight loss Helps resolve diabetes Decreases cholesterol Less dumping
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 	<ul style="list-style-type: none"> Ulcers Hernias Minor incision infections 	<ul style="list-style-type: none"> Increased bowel movements Risk of wound infection Risk of hernia development
Average Hospital Stay	1 day	2 - 3 days	2 - 4 days	1 - 3 days	3 days
Average time off Work	1 week	2 - 4 weeks	2 - 4 weeks	2 weeks	3 weeks
Quality of life	Can be compromised. Some types of foods are not tolerated	Very good. Most type of foods are tolerated. Eating is normal, but portions are restricted	Good. Eating is normal, but portions are restricted	Very good. Eating is normal, but portions are restricted	Very good. Eating is normal, but portions are restricted.
Sickness, vomiting or productive burping	Frequent, if the band is overtight	None to very rare	None to very rare	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	Regular follow-ups every 1-2 months for the first 6 months	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%	60 - 80%	90%

What is SIPS?

SIPS (stomach intestinal pylorus preserving surgery) is a modified version of the duodenal switch, which has been used for the treatment of morbid obesity for 30 years. SIPS combines the benefits of sleeve gastrectomy and intestinal bypass.

SIPS is a non-reversible procedure. Sleeve gastrectomy removes 75% of the stomach resulting in a reduced capacity to eat and a reduced level of ghrelin, the hormone which causes hunger. The Intestinal bypass involves dividing the top part of the small bowel (duodenum) just beyond the outlet of the stomach (pylorus), and joining the lower part of the small bowel (ileum) to this top part.

ADVANTAGES OF SIPS

Studies show SIPS can provide greater weight loss than either a standard sleeve gastrectomy or gastric bypass.

SIPS surgery is a less complicated procedure than the duodenal switch and causes fewer complications with short bowel syndrome and nutritional deficiencies. The benefits of sleeve and bypass are combined, meaning there is less risk of marginal ulcers between the stomach pouch and small intestine, internal hernia, unstable blood sugar fluctuations and dumping syndrome.

HOW IS SIPS SURGERY PERFORMED

SIPS surgery is performed in three steps:

- A sleeve gastrectomy is created.
- Dr Dolan will then transect the top of the small bowel (duodenum) just beyond the outlet valve of stomach (pylorus).
- A loop of the lower part of the small bowel is then connected to this top section of the small bowel (duodenum).



Post-surgical care

Following your surgery, two or three days will be spent in hospital recovering. During this time, you will be given pain controlling medications to ensure your complete comfort.

You will be kept on a liquid diet for the first two weeks after your surgery, after which Dr Dolan and your dietician will give you a specific diet plan and instructions to follow. It is very important that you drink plenty of fluids throughout your recovery to avoid dehydration.

Dr Dolan's lifelong care plan involves:

- Maintenance phase
- Lifelong aftercare
- Follow-up visits

It is essential that you attend every follow-up visit to ensure your complete recovery and a successful outcome. Patients who do not follow this aftercare plan often do not achieve their desired goals.

Risks and complications

As with all surgical procedures, there are potential risks and complications. Preparing for your SIPS procedure will involve educating you and ensuring you understand these risks. Although very rare under the provision and expertise of Dr Kevin Dolan, these should be openly discussed during your initial consultation.

Although SIPS is a very effective procedure, it is still quite new compared to other bariatric procedures. There is currently no published data of surgery outcomes past five years.

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 during your initial consultation.

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

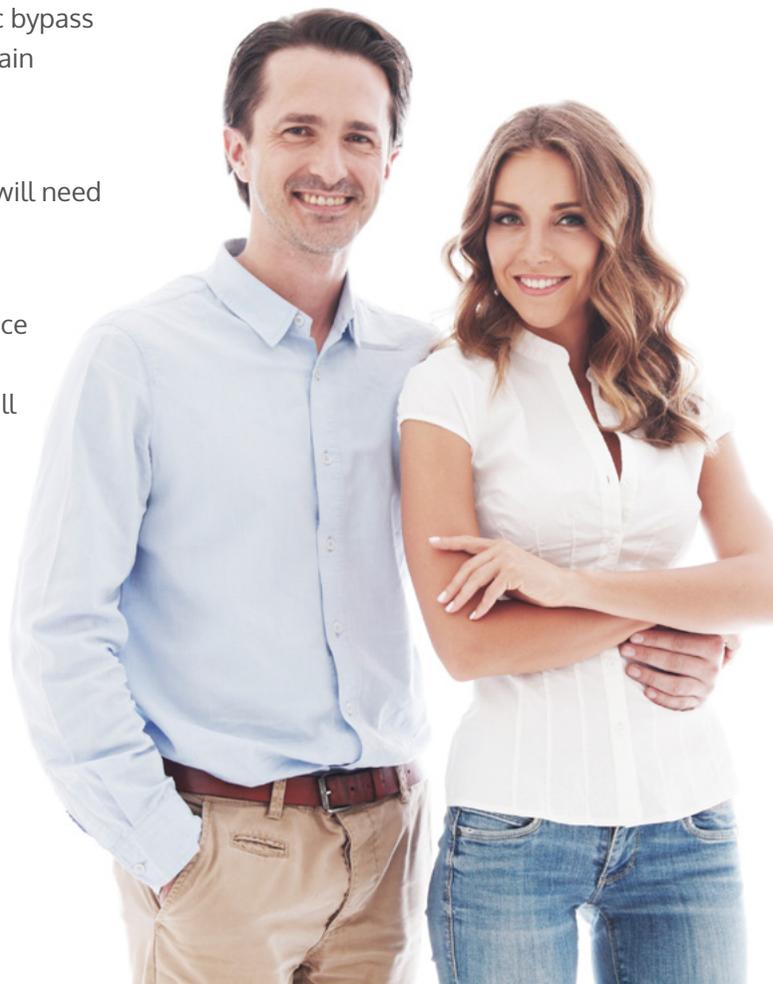
- Out of pocket expenses are generally around \$6,000 for insured patients.
- We offer flexible payment plans.

Medicare and private health 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 strongly depends 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.



SIPS surgery with Dr Kevin Dolan

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.

During your weight loss journey, our dedicated team of qualified and friendly professionals will make sure 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 four locations including Glengarry Hospital in Duncraig, Saint John of God Hospital in Subiaco, Hollywood Hospital in Nedlands and Mercy Hospital in Mount Lawley.



Dr Kevin Dolan Weight Loss Surgeon

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