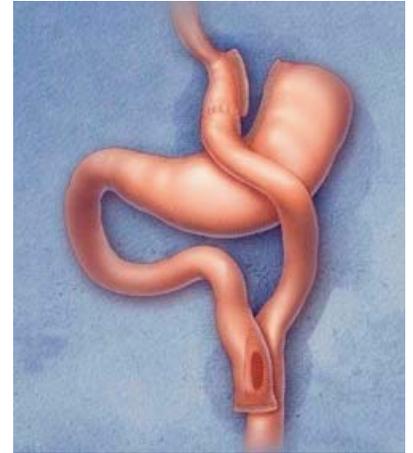


Types of Weight Loss Surgery

Roux-en-Y Gastric Bypass

Roux-en-Y gastric bypass results in reliable weight loss with acceptable risks and minimal side effects if the patient follows post surgery requirements such as diet, vitamin supplementation and exercise. This operation creates a very small upper stomach pouch (less than one ounce) by transecting the stomach. Part of the small intestine is cut about 24 inches below the stomach and is re-connected to the small stomach pouch to provide an outlet to the rest of the intestines. The lower, larger part of the stomach is bypassed by food but reconnects to the remainder of the small bowel six feet downstream from the new pouch. Ingested food passes out of the upper pouch through a small opening into the small intestine. Most of the stomach and the first part of the small intestine are bypassed by the food. The major objective is to exclude most of the stomach.

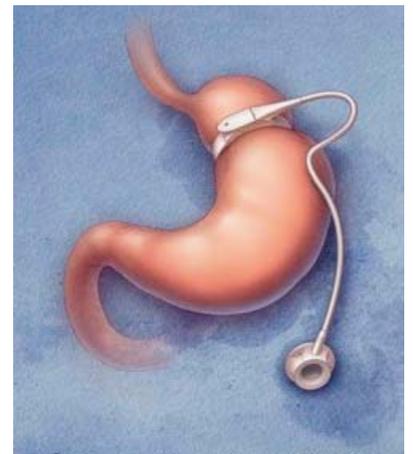
The surgery is usually done with laparoscopic instruments through several small incisions. This approach can result in smaller incisions, less pain, quicker recovery, fewer wound complications, earlier discharge from the hospital and less scarring than the traditional open approach. If for whatever reason, the surgery cannot be safely completed using the small incisions, the abdomen will be opened, and the surgery will be completed as an open procedure.



Adjustable Gastric Band Surgery

In adjustable gastric band surgery, a specialized silicone gastric band is placed around the upper part of the stomach and filled with saline on its inner surface. This creates a new, smaller stomach pouch that can hold only a small amount of food, reducing storage area in the stomach. Like a wristwatch, the adjustable gastric band is fastened around the upper stomach and then locked securely in a ring around the stomach.

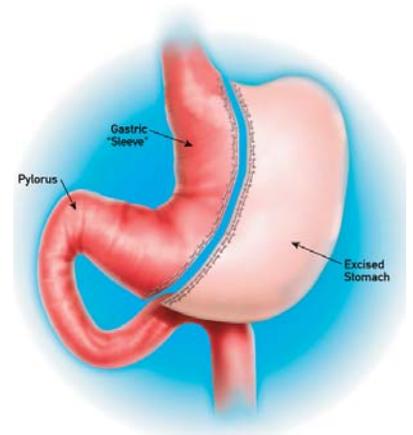
The band controls the stoma (stomach outlet) by dividing the stomach into two portions: one small and one larger portion. Since the stomach is divided into smaller parts, most patients feel full faster. Food is digested normally. The food moves more slowly between the upper and lower stomach as it is digested. As a result, patients eat less and lose weight. The favorable consequences are absence of anemia, dumping and malabsorption, while the disadvantages include the need for strict patient compliance. This procedure recalls the principle of doing the smallest (least invasive) procedure possible to achieve the desired result. The gastric band is designed to be permanent and is not meant to be removed.



Vertical Sleeve Gastrectomy

Laparoscopic vertical sleeve gastrectomy generates weight loss by restricting the amount of food that may be consumed without bypassing the stomach or a portion of the small intestine. A portion of the stomach is removed and a new stomach pouch is formed. This particular procedure helps to reduce the sensation of hunger by possibly eliminating some of the GI hormones responsible for the hunger pains. The stomach is reduced in volume but functions normally so most food items can be consumed but only in smaller portions.

Patients that could be at higher risk for other bariatric procedures because of existing anemia, Crohn's disease or numerous other conditions may be a better candidate for vertical sleeve gastrectomy.



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