OVERVIEW OF BARIATRIC SURGICAL PROCEDURES

THE “DUODENAL SWITCH”
Aka: Biliopancreatic Diversion with Duodenal Switch or DS.
- Cholecystectomy
- Optional Appendectomy
- Mostly, Not Purely Malabsorptive
- Relatively New (10-15 Year Experience)
- Avg. 80-85% Excess Body Weight Loss
- Little Long-Term Weight Regain
- Good for BMI >55
- Caution in BMI < 45
- Normal Eating Pattern
- Soft BM’s, Foul Gas
- Small Risk of Protein Malabsorption
- Protects Against Dumping Syndrome
- Protects Against Marginal Ulceration

THE ROUX-EN-Y (RNY) GASTRIC BYPASS
- The “Gold Standard”
- Well Known, Much Experience
- Mostly, Not Purely Restrictive
- Avg. 70-75% Excess Body Weight Loss
- Good for “Sweets Eaters”
- Good if Follow-Up Less Reliable
- Small Frequent Meals
- Chance of Dumping
- Chance of Marginal Ulceration
- Mild Long-Term Weight Regain
**LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING**
- Several Years Experience in US
- Avg. 45-55% Excess Body Weight Loss
- Purely Restrictive
- No Malabsorption Issues
- No Bowel Rearrangement
- Overnight Hospital Stay
- No Drain
- Requires Fills of Band Before Begins to Exert Effect
- Chance of Band Slippage or Erosion
- Limited Lifespan of Device
- Unknown Weight Regain, Probably More Than with RNY

**LAPAROSCOPIC SLEEVE GASTRECTOMY**
- Simplest, Cheapest Operation
- Several Years Experience in US
- 50-60% Excess Body Weight Loss
- Purely Restrictive
- No Malabsorption Issues
- No Bowel Rearrangement
- No Foreign Body Issues
- No Chance of Slippage, Erosion
- Overnight Hospital Stay
- No Drain
- Unknown Weight Regain, Probably More Than with RNY
- Can Be Part Of Staged, Two-Part DS or RNY Operation in High-Risk Patients