




Comparison of surgical procedures

The following information provides an overview of the differences between surgical weight loss options. Only you and your surgeon can evaluate the benefits and risks of weight loss surgery and choose the most appropriate procedure for you.



	GASTRIC BANDING	SLEEVE GASTRECTOMY	GASTRIC BYPASS
			
Procedure description	<p>The REALIZE® Adjustable Gastric Band wraps around the upper part of the stomach, dividing the stomach into a small upper pouch that holds about ½ cup of food and a larger lower stomach.</p> <p>The degree of band tightness affects how much food you can eat and the length of time it takes for food to leave the stomach pouch.</p>	<p>During the sleeve gastrectomy procedure, a thin vertical sleeve of stomach is created using a stapling device. The sleeve is about the size of a banana. The rest of the stomach is removed.</p>	<p>In this procedure, the surgeon creates a small stomach pouch and attaches a section of the small intestine directly to the pouch. This allows food to bypass a portion of the small intestine.</p>
How it works to help you lose weight	<p>By creating a smaller stomach pouch, the REALIZE Band limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer.</p> <p>As you eat less food, your body will stop storing excess calories and start using its fat energy supply.</p>	<p>By creating a smaller stomach pouch, a sleeve gastrectomy limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer.</p> <p>As you eat less food, your body will stop storing excess calories and start using its fat supply for energy.</p>	<p>By creating a smaller stomach pouch, a gastric bypass limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer. By bypassing a portion of the small intestine, it also causes your body to absorb fewer calories.</p> <p>As you eat less food, and absorb fewer calories, your body will stop storing excess calories and start using its fat supply for energy.</p>
How it affects digestion	<p>Allows for normal digestion and absorption. Food passes through the digestive tract in the usual order, allowing it to be fully absorbed in the body.</p>	<p>Allows for normal digestion and absorption. Food passes through the digestive tract in the usual order, allowing it to be fully absorbed in the body.</p>	<p>Changes the body's normal digestive process to reduce the number of calories and nutrients that are absorbed.</p>
Reversible	Yes	No	No
Total excess body weight lost	43% ¹	33% to 85%, ² with an average of 55% ²	61.6% ³

FACTORS COMMON TO ALL PROCEDURES

Cost savings over time

A recent study showed that bariatric surgery pays for itself in about 2 years.⁴ One important reason is that weight loss surgery may help to improve or resolve conditions associated with obesity, such as type 2 diabetes and high cholesterol,³ so patients save money on related prescription drugs, doctor visits, and hospital visits.⁴

Open or laparoscopic surgery

Weight loss surgery can be performed using open surgery or laparoscopic surgery. Laparoscopic surgery is considered to be minimally invasive because it's performed through small incisions. A laparoscopic procedure usually results in a shorter hospital stay, faster recovery, smaller scars, and less pain than open surgical procedures. Most surgeons prefer the laparoscopic approach.

Effect on pregnancy

Most doctors recommend waiting at least 1 year after the surgery before starting a pregnancy.

Important safety information

The REALIZE® Adjustable Gastric Band is used in morbidly obese adult patients for significant long-term weight loss. It may not be right for individuals with certain digestive tract conditions. All surgery presents risks. Weight, age, and medical history determine your specific risks. Ask your doctor if bariatric surgery is right for you. For more information, visit www.REALIZE.com or call 1-866-REALIZE (1-866-732-5493). For potential risks associated with other bariatric procedures, please visit www.REALIZE.com/potentialrisks.

GASTRIC BANDING

SLEEVE
GASTRECTOMY

GASTRIC BYPASS

HEALTH BENEFITS SHOWN IN CLINICAL TRIALS

Type 2 diabetes	47.8% resolved ¹ 80.2% resolved or improved ³	56% resolved ² 37% improved ²	83.8% resolved ³ 90.6% resolved or improved ³
High blood pressure resolved	43.2% ³	49% ²	67.5% ³
High cholesterol resolved	78% improved ³ In addition, patients in the U.S. clinical trial experienced a 22% increase in good cholesterol (HDL) 36 months after surgery ¹	43% resolved ²	94.9% improved ³
Obstructive sleep apnea resolved	94.6% ³	60% ²	86.6% ³
Average costs (actual out-of-pocket costs vary and depend on whether insurance covers the procedure)	\$10,000 to \$17,000	\$26,000 for open surgery and \$17,000 for laparoscopic surgery ⁴	\$26,000 for open surgery and \$17,000 for laparoscopic surgery ⁴
Average surgery time	30 minutes to 1 hour	1.5 to 3.5 hours ⁵	1 to 2 hours
Length of hospital stay	1 to 2 days	2 to 7 days ⁵	2 days ⁵

Resolution statistics above reflect observations in the confines of studies; EES has no independent data to suggest permanent resolution.

1. REALIZE Adjustable Gastric Band: Summary of safety and effectiveness data. Available at: http://www.accessdata.fda.gov/cdrh_docs/pdf7/P070009b.pdf. Accessed on November 11, 2009.
2. EES summary of data contained in review article: Brethauer SA, Hammel JP, Schauer PR. Systematic review of sleeve gastrectomy as staging and primary bariatric procedure. *Surg Obes Relat Dis*. 2009;5:469-475.
3. Buchwald H, Avidor Y, Braunwald E, et al. Bariatric surgery: a systematic review and meta-analysis. *JAMA*. 2004;292:1724-1737.
4. Crémieux PY, Buchwald H, Shikora SA, Ghosh A, Yang HE, Buessing M. A study on the economic impact of bariatric surgery. *Am J Manag Care*. 2008;14:589-596.
5. Cottam D, Qureshi FG, Mattar SG, et al. Laparoscopic sleeve gastrectomy as an initial weight-loss procedure for high-risk patients with morbid obesity. *Surg Endosc*. 2006;20:859-863.
6. Schauer PR, Ikramuddin S, Gourash W, Ramanathan R, Luketich J. Outcomes after laparoscopic Roux-en-Y gastric bypass for morbid obesity. *Ann Surg*. 2000;232:515-529.

© Ethicon Endo-Surgery, Inc. 2010. All rights reserved. DSL# 09-1211.PC OSS# PTE072

