

## Who is a Candidate?

If you are 60-100 or more pounds overweight and haven't had success with more conservative methods, such as diets, exercise and behavior modification, bariatric surgery may be part of the solution that you've been looking for. **At Long Island Laparoscopic Doctors Bariatric Program**, we have a dedicated, multi-disciplinary team that will work with you each step of the way along your journey.

Your body mass index (BMI) and guidelines from the National Institutes of Health are used as a guide to decide if you are a candidate for bariatric surgery. Surgical weight loss candidates\* usually have a BMI of 35 or greater, typically 100\*\* or more pounds overweight, and other health issues related to excessive weight, which may include:

- Type II Diabetes
- High Cholesterol
- Hypertension
- Sleep Apnea
- Joint and Back Pain
- Acid Reflux Disease
- Urinary Stress Incontinence

## Our Approach

- Strong interdisciplinary team approach: surgical, psychological, medical, nutritional, health and fitness
- Cutting edge, evidence-based approach to bariatric medicine
- 24/7 emergency care by skilled bariatric surgeons and bariatric clinical providers
- Support and guidance to assist patients in getting back to a healthy lifestyle
- Continued mission "Clinical Excellence. Service to People." offering "New hope. New confidence. New life."

\*\*Patients with less than 100lbs and a BMI of 30 with co-morbidities may be candidate for select procedures.



Join us at one of our **FREE Bimonthly seminars** or watch our online webinar At [JourneyToTheNewYou.com](http://JourneyToTheNewYou.com)



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# Bariatric Weight Loss Surgery

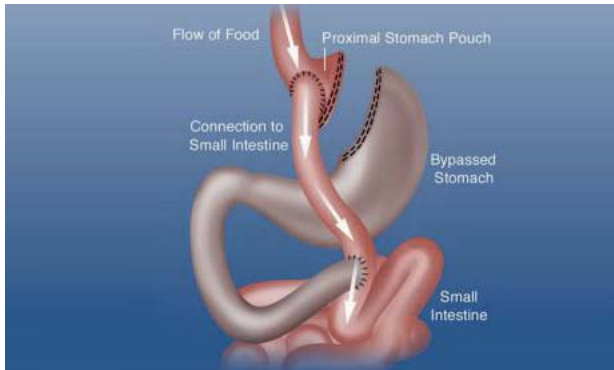


[www.JourneyToTheNewYou.com](http://www.JourneyToTheNewYou.com)  
[www.LiLapDoc.com](http://www.LiLapDoc.com)

# Choosing the Right Procedure

The following chart provide a quick overview of the innovative bariatric procedure performed by our team. All procedures are performed laparoscopically. This is a good place to start when discussing the options with your physician.

## Roux-en-Y Gastric Bypass



Weight loss is achieved by both restrictive and malabsorptive means. The stomach is separated into two parts. The upper portion becomes a pouch about the size of a golf ball.

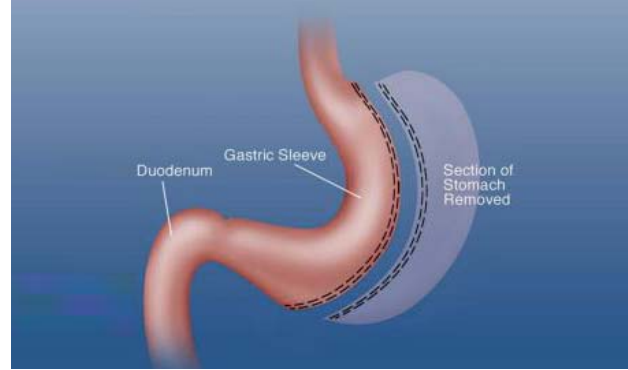
### Advantages

- The gold standard in bariatric procedures. Statistically produces the greatest amount of excess weight loss results (60-70% at 2 years) with the most improvement in obesity-related health issues.
- Successful long term weight loss is achieved with limited dietary compliance through both a restrictive component and a malabsorptive component.
- More weight loss with less long term maintenance than gastric banding.
- Best long term durability; Rapid weight loss and best medical correction of diabetes and acid reflux.
- Longer track record in the United States than any other technique.

### Disadvantages

- Longer operation (2 hours) with the risk of leak or other complications.
- A small potential number of patients may experience dumping syndrome (a short term feeling of nausea induced when a patient eats certain sweets and simple carbohydrates).
- Non-adjustable and may require additional intake of vitamin supplements.
- Risks from nutritional deficiencies are higher than restrictive only procedures.

## Vertical Sleeve Gastrectomy



Weight loss is achieved by removing 75% – 85% of the stomach without bypassing the intestines or causing gastrointestinal malabsorption.

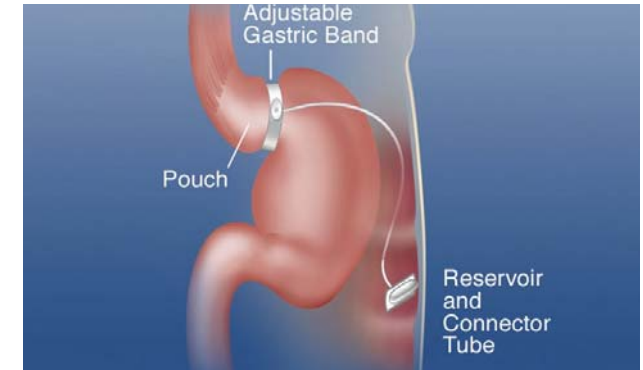
### Advantages

- Requires no adjustment and greatly restricts the amount of food that can be consumed, without loss of nutrient absorption into the body.
- More weight loss than gastric banding.
- This procedure decreases both the size of the stomach and the secretion of the hormone ghrelin which stimulates the appetite.
- Most foods can be consumed in small amounts. Rare to have vitamin and protein deficiencies, marginal ulcers, dumping syndrome or malabsorption.
- Very effective first stage procedure for high BMI patients (BMI > 50 kg/m<sup>2</sup>) Can be converted to Roux-en-Y gastric bypass as a second stage procedure.

### Disadvantages

- Leaks or other complications related to stomach stapling may occur.
- Long-term studies have not been completed as they relate to sustainable weight loss.
- Potentially slower weight loss than gastric bypass.

## The Adjustable Gastric Band



Weight loss is achieved by reducing the stomach's volume. An inflatable silicone band is implanted around the upper stomach to create a new, small stomach pouch that limits and controls the amount of food that can be consumed.

### Advantages

- Least invasive and least traumatic of all weight loss surgical options, shorter hospital stay.
- No cutting, stapling or rerouting of the stomach.
- A purely restrictive weight loss method.
- Patients rarely have vitamin deficiencies because there is no malabsorption.
- Can be adjusted to meet individual needs or changing circumstances.

### Disadvantages

- Slower initial weight loss (40-50% of excess weight).
- Regular follow-up visits critical for optimal results.
- Requires implanted device.
- Greater reliance on patient compliance for success.
- Less weight loss than gastric bypass and sleeve gastrectomy.
- Risk of band slippage or erosion.

\* The selection of which procedure is best for you is based on a number of factors and eligibility requirements, including medical history, age, body mass index (BMI), and previous weight loss treatment results. These same factors will also affect how much weight a patient can expect to lose after surgery