

Bariatric Surgery Comparison Chart

Modality of Weight Loss	Restrictive and Malabsorptive (stomach and intestines)	Restrictive (stomach only)	
Type of Operation	Roux-en-Y Gastric Bypass (RYGB)	Sleeve Gastrectomy (SG)	Laparoscopic Adjustable Gastric Band (LAGB)
Anatomy	Small 30cc gastric pouch Pouch connected to the small intestine. Food excluded from digestive juices for 100-150cm.	Long narrow gastric sleeve (100cc). No intestinal bypass performed. Majority of stomach removed	An adjustable silicone band is placed around the top part of the stomach creating a small 30-60cc pouch.
Mechanism	<ul style="list-style-type: none"> • Food volume is restricted • Mild malabsorption • Negative feedback in the form of dumping syndrome when sugar or fats are consumed Faster release of GLP-1 and PYY increases early satiety	<ul style="list-style-type: none"> • Food volume is restricted • NO malabsorption • NO dumping Good physiological sense of fullness from restriction in reduced stomach Increased GLP-1 and PYY. Decreased ghrelin levels curb appetite	<ul style="list-style-type: none"> • Food volume is restricted • Adjustable tightness of band delay pouch emptying and prolong sense of fullness
Weight Loss United States Average statistical loss at 10 years	<ul style="list-style-type: none"> • Excess weight loss 60- 70% • Lost within 12-18 months • Initially greater weight loss which levels off. 	<ul style="list-style-type: none"> • Excess weight loss 50- 60% • Lost within 12-24 months. • Initially greater weight loss which levels off 	<ul style="list-style-type: none"> • Excess weight loss 50- 60% Lost over 36 months. <ul style="list-style-type: none"> • Weight loss gradual over first year but similar to other procedures by 2-3 years postop • Requires the most effort of all bariatric procedures to be successful.
Long Term Dietary Modifications (Excessive carbohydrate/high calorie intake will defeat all procedures)	<ul style="list-style-type: none"> • 3 small high protein meals per day • Must avoid sugar and fats to prevent "Dumping Syndrome" • Vitamin deficiency/protein deficiency 	<ul style="list-style-type: none"> • No dumping, no diarrhea • Weight regain may be more likely than in other procedures if dietary modifications not adopted for life 	<ul style="list-style-type: none"> • Certain dense foods can get stuck if not chewed well (causing pain and vomiting). • No drinking with meals

	usually preventable with supplements		
Nutritional Supplements	<ul style="list-style-type: none"> • Multivitamin • Vitamin B12 • Calcium • Iron (menstruating women) 	<ul style="list-style-type: none"> • Multivitamin • Calcium 	<ul style="list-style-type: none"> • Multivitamin • Calcium
Potential Problems	<ul style="list-style-type: none"> • Dumping syndrome • Stricture • Ulcers • Bowel obstruction • Anemia • Vitamin/mineral deficiencies (Iron, Vitamin B12, folate) • Anastomotic Leak <p>Weight regain Technically challenging</p>	<ul style="list-style-type: none"> • Nausea and vomiting • Heartburn • Inadequate weight loss • Weight regain • Staple line leak • Additional procedure may be needed to obtain adequate weight loss <p>Technically easy</p>	<ul style="list-style-type: none"> • Slow weight loss • Slippage • Erosion • Infection • Port problems/ Device malfunction • Additional procedure may be needed to obtain adequate weight loss <p>Technically easy</p>
Hospital Stay	2-3 days	1-2 days	Overnight (<1 day)
Time out of School	2-3 weeks	1-2 weeks	1 week
Operating Time	2 hours	1.5 hours	1 hour
Insurance coverage	Most payors will cover the RYGB even in adolescents.	Third party payors have been "reluctant" to cover the SG, especially in children since it is considered an experimental procedure.	The adjustable gastric band is not FDA approved for use in patients 18 or under. Many payors will NOT authorize this procedure. Medicaid will pay in some states.