The Bellevue Center for Obesity & Weight Management (212) 562-3917

Use the following chart to help decide which option is right for you.

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Berints Surgery CENTER OF DOF THE CONTROL OF THE CO	Bypass Proving Pouch Storagh Short resented Pylorus	Band	Sleeve
Weight Loss	 Lose an average of 70% of your excess weight. about 5-10% of people regain weight or fail to lose weight. 	 Lose an average of 40% of your excess weight. More variability in weight loss. About 15-20% of people regain weight or fail to lose weight. 	 Lose an average of 60% of your excess weight. lack of long-term data beyond 5 years. failure rate about 15-20%
Follow-Up	 Not as frequent as band, same as sleeve gastrectomy. This is important to monitor for nutritional deficiencies. 	 Monthly for first year. Follow-up is required for adjustments and success after band. 	Not as frequent as band, same bypass.
Complications	Complication rate higher than band or sleeve. Complications are potentially more severe or life threatening (but rare) because surgery is more complex (cutting & rearranging intestines).	 Complications are rarely life— threatening. Safest surgical option for weight loss. it is the least invasive because there is no cutting/stapling of the stomach (compared to bypass or sleeve). 	Overall complications less likely than with bypass because there is no rearranging but it is still higher than band.
Advantages	 Maximal weight loss, most longterm data about how well it works. Rapid weight loss Lowest failure rate Highest potential for resolution of diabetes (80%) No foreign body No monthly adjustments More difficult to cheat than the band 	 No stapling/cutting of the stomach Minimal nutritional risks Adjustable – gradual weight loss which can be controlled by band adjustments 50-60% resolution of diabetes Complications are rarely lifethreatening Safest weight loss procedure offered "Reversible"- but we expect it to stay in for life! 	 More weight loss than band, almost as much as bypass (up to 5 yrs) No foreign body No monthly adjustments Lower overall complications than bypass because no connection or re-arranging of intestine required Preserves natural anatomy If weight regain after 2-3 years can be converted to bypass (or band)
Disadvantages	 More invasive: cutting the stomach & rearranging the intestines Complications, although rare, can be life-threatening Harder to reverse than the band Cannot do endoscopic surveillance of bypassed stomach 	 Foreign object implanted in your body Frequent follow-up visits Needs more commitment Easier to cheat than the gastric bypass Higher failure rate compared to bypass and sleeve Less weight loss compared to bypass and sleeve 	 Involves cutting of the stomach, more invasive than the band Not much data after 5 years Long term weight regain is unknown Not all insurance companies cover the sleeve.