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LOSING TO LIVE: Vertical sleeve a common weight-loss surgery

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STAN LIM/STAFF PHOTOGRAPHER

Doctors Nojan Toomari, left, and Ninh Nguyen, middle, perform a minimally invasive surgery to remove a portion of a stomach from Jennifer Garcia at UC Irvine Medical Center on Tuesday, Oct. 30 2013 in Orange. To the right observing is third year medical student Ara Salibian

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A Text Size

BY DAVID OLSON | STAFF WRITER | January 26, 2014; 01:32 PM

The vertical sleeve gastrectomy that reduced the size of Jennifer Garcia's stomach is one of the three most common types of weight-loss surgery.

About 150,000 to 160,000 weight-loss procedures — called bariatric surgeries — were performed in 2010 in the United States, according to an estimate by the American Society for

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Metabolic and Bariatric Surgery. No precise count exists, and the society does not have more recent estimates. Some experts believe the current number is significantly higher.

[reasons for obesity](#)

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JENNIFER GARCIA'S SURGERY

Dr. Ninh Nguyen recommended a vertical-sleeve gastrectomy for Jennifer Garcia. The procedure is less risky than other techniques, especially for extremely obese people such as Garcia, he said.

The surgery usually is performed by making small incisions in the abdomen. A tiny camera is inserted into one opening and is used to guide surgical instruments that are manipulated through the other openings.

A vertical-sleeve gastrectomy is a simpler operation than a gastric bypass because it doesn't involve rerouting or reconnecting the intestines.

The typical surgery costs \$11,500 to \$26,000, according to the society. Most are performed by inserting surgical instruments and a tiny camera through small incisions in the abdomen. The surgeon uses video images from the camera to see inside the abdomen.

All three procedures reduce the amount of food that can be consumed in a single sitting. But the surgeries differ in what is done to the stomach and how that affects the body.

— Vertical sleeve

procedure: Surgeons

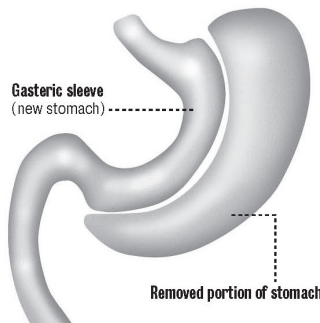
remove most of the stomach, including the part that contains a majority of the cells that produce ghrelin, a hormone that stimulates hunger.

— **Gastric bypass:** The flow of food is redirected past most of the stomach. The procedure also blocks food from entering the uppermost part of the small intestine, which reduces absorption of fat and calories and releases appetite-inhibiting hormones earlier in the digestive process.

— **Laparoscopic adjustable gastric banding,** or lap-band surgery: An inflatable band is placed around the top of the stomach. The band can be adjusted to allow the ingestion of more or less food.

VERTICAL SLEEVE GASTRECTOMY

Restricts the amount of food a person can eat by reducing the size of the stomach. The procedure removes a portion of the stomach, making it roughly the size and shape of a banana.

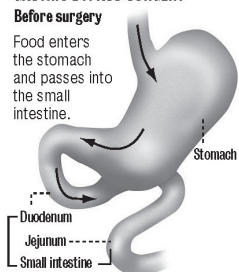


OTHER COMMON WEIGHT-LOSS PROCEDURES

GASTRIC BYPASS SURGERY

Before surgery

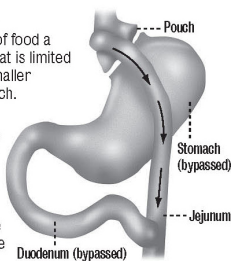
Food enters the stomach and passes into the small intestine.



After surgery

The amount of food a person can eat is limited due to the smaller stomach pouch.

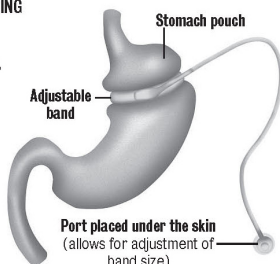
Food is redirected to bypass most of the stomach and the first section of the small intestine (duodenum).



LAPAROSCOPIC GASTRIC BANDING

The laparoscopic adjustable band, made of silicone rubber, is wrapped around the upper portion of the stomach.

The band decreases the functional size of the stomach, causing a feeling of fullness after a small amount of food is consumed.



For all three types of surgery, the risk of death or life-threatening complications is less than 0.1 percent, said Dr. Kristina Rother, a clinical investigator with the National Institute of Diabetes and Digestive and Kidney Diseases who has researched bariatric surgeries.

About 10 percent of patients experience side effects shortly after the surgery, such as dehydration, excessive bleeding, infections, blood clots and the leaking of stomach juice.

A gastric bypass generally leads to slightly more weight loss than a vertical sleeve

SOURCES: MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM



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<p style="color: blue; font-weight: bold;">Puma Parent Day</p> <p style="font-size: 0.9em;">Chaparral High School 8:00 am</p>	
<p style="color: blue; font-weight: bold;">LifeStream Blood Drive</p> <p style="font-size: 0.9em;">Mt. View High School 8:30 am</p>	<input type="button" value="v"/>
Tuesday	JAN 28
Wednesday	JAN 29

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procedure, but a vertical sleeve is less complicated, and research shows it may be safer, especially for extremely obese patients, Rother said. Gastric banding typically offers the least weight loss of the three procedures, she said.

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On average, bariatric-surgery patients maintain half of their loss of excess weight — the number of pounds above the ideal body weight — five years after surgery, according to the bariatric-surgery society.

Research shows that 60 to 80 percent of patients maintain a significantly lower weight as long as 20 to 30 years after the surgery, Rother said.

The procedures reduce the risk of death in very obese patients, as well as the likelihood of developing obesity-related diseases and conditions that include diabetes, heart disease and some types of cancer, she said.

Contact David Olson at 951-368-9462 or dolson@pe.com

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