

Medtronic

Take a stand against obesity

Patient education brochure for
Laparoscopic Sleeve Gastrectomy



Considering Weight-Loss Surgery?

For some, obesity can be a lifelong struggle. For many, weight-loss surgery can help turn a patient's life around and help that individual start living again.

At the top of the list of obesity-related comorbidities are adult onset diabetes (type 2 diabetes) and high blood pressure. High blood pressure caused by clinically severe obesity can contribute to heart attacks, congestive heart failure, and stroke. Health concerns such as sleep apnea, asthma, low-back pain, urinary stress incontinence, and severe acid reflux (GORD) can also result from increased weight. Significant weight loss can often ease these conditions or reverse them completely.

What are the criteria for patients considering surgery?

Obesity is very difficult to treat. Many patients have tried multiple diets, medications, and exercise regimens that had results that did not last. Surgery to promote weight loss by restricting food intake and interrupting digestive processes is an option for clinically severe obese patients who have been unsuccessful with other weight-loss treatments.

Eligible patients for weight-loss surgery often have a body mass index, or BMI, of 40 or greater.

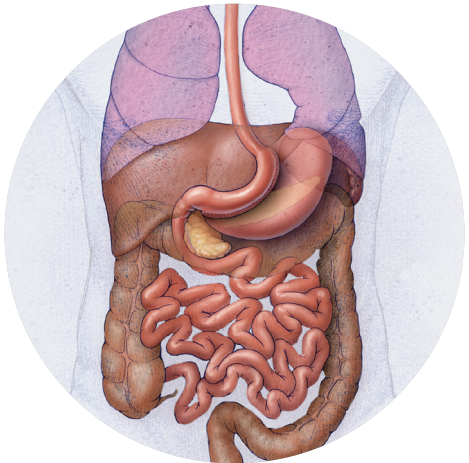
Weight-loss surgery may also be an option for people with a BMI of 35 or greater who suffer from a comorbidity that may improve with weight loss or people who have a BMI over 30 and have uncontrolled type 2 diabetes and at increased cardiovascular risk.⁴ However, as is true for other treatments for obesity, successful results depend significantly on knowledge, personal motivation, and behavior.



Introduction to Sleeve Gastrectomy

The sleeve gastrectomy is a surgery only on the stomach (it is a restrictive procedure) and does not involve any surgery on intestine (which would make it malabsorptive). Sleeve gastrectomy has also been called partial gastrectomy and vertical sleeve gastrectomy. It basically consists of making a stomach that looks like a pouch into a long tube; therefore the name "sleeve." The sleeve gastrectomy (SG) removes two-thirds of the stomach, which provides for quicker satiety (sense of fullness) and decreased appetite. The smaller stomach pouch restricts food intake by allowing only a small amount of food to be eaten at one time. After the separation of the stomach into a smaller tube, the remainder of the stomach is removed. The valve at the outlet of the stomach remains; this allows the normal process of stomach emptying to continue, which allows for the feeling of fullness.

Sleeve gastrectomy is now an established first procedure (or the first stage of a two-part surgery) to prepare the obese patient for biliopancreatic diversion or gastric bypass. It is also used as a single-stage procedure. There is no anastomosis



or new connection made between the stomach and small intestine in this procedure. There is no rerouting of the intestine. There is no malabsorption. There is no dumping syndrome. The sleeve gastrectomy is believed to have an advantage over the adjustable gastric band because of the removal of the part of the stomach that produces the hormone ghrelin, which controls the desire to eat.

The potential complications of the operation on average are typically less than 0.5% compared with 2% to 3% in a combined procedure. *Refer to the back of this brochure for a list of risks.*

Results Depend on Personal Commitment

Bariatric surgery requires personal responsibility and lifestyle changes. Successful results always depend on motivation and the behavior of the patient.

Studies show that patients that commit to eating healthy food, taking nutritional supplements, and having routine blood work for monitoring purposes have the best long-term results.

Surgery gives patients the physical tool to assist with weight loss. Patients must be committed to making the emotional and physical changes necessary after weight-loss surgery. This commitment will ensure successful weight loss and long-term weight maintenance.

Lack of exercise, poorly balanced meals, constant grazing, eating processed carbohydrates, and drinking carbonated beverages are some of the most common reasons for weight regain. To avoid weight regain, patients will need to practice good eating and exercise habits for the rest of their lives. This can be seen as a small exchange when compared with the potential for restored health and improvement or elimination of many comorbidities.

Why choose sleeve gastrectomy?

Sleeve gastrectomy has the following advantages:

1. It does not require the implantation of a foreign body such as a silastic ring used in gastric banding.
2. The procedure mechanically decreases the size of the stomach but also decreases the secretion of the hormone ghrelin, which is responsible for the feeling of satiety (fullness).
3. The procedure offers the benefit of initially decreasing the body weight in the severely obese patient to prepare this patient for a staged procedure or other surgery at a later time.



Benefits

Over time, the medical and emotional benefits of weight-loss procedures may include:

- Significant weight loss
- Improvement of type 2 diabetes
- Lower blood pressure
- Lower cholesterol
- Relief of sleep apnea
- Relief of acid reflux
- Decrease in joint pain, improvement in mobility
- Improvement of mood and self-esteem
- Improvement to asthma conditions
- Reduction of migraines

Risks

Weight-loss surgery, as with any major surgery, has risks of which you should be made aware.² These may include:

- An internal infection from leakage of digestive juices into the body cavity
- Wound infections at incision sites
- Hernias or a weakening of the abdominal wall
- Development of gall bladder disease and/or gall stones caused by rapid weight loss
- Blood clots that may cause a more serious condition called a pulmonary embolism
- Vitamin deficiencies (These may be prevented with daily vitamin supplements; periodic lab testing may be required.)
- As with any surgical procedure, risk of death

This educational brochure is intended for patients who might be considering weight-loss surgery. It offers a broad overview of the procedure. If you would like to learn more about weight-loss surgery and what it could mean for you, a member of your family, or a friend, please discuss the options further with a medical professional.

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2. Elder KA, Wolfe BM. Bariatric surgery: a review of procedures and outcomes. *Gastroenterology*. 2007;132:2253-2271.

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4. NZOS and ADS. 2020. The Australian Obesity Management Algorithm. Available at: https://static1.squarespace.com/static/5e3b5875edc1485d14d6fe3a/t/5f333410b37c0216c50936dc/1597191187793/Australian+Obesity+Management+Algorithm+update_22Jun2020.pdf. Accessed December 2021.

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