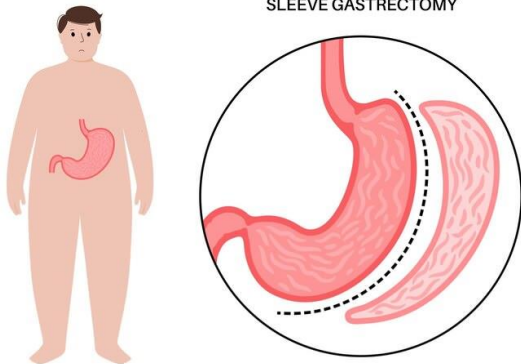


Gastric Sleeve Surgery

The gastric sleeve, also called sleeve gastrectomy, is a bariatric surgery operation to induce weight loss. It works by reducing the size of your stomach. The word “gastrectomy” means removal of part or all of your stomach. The gastric sleeve operation removes about 80% of your stomach, leaving behind a tubular “sleeve,” about the size and shape of a banana.

Reducing the size of your stomach is a simple way to restrict the amount of food you can eat in one sitting, making you feel fuller faster. But it also serves another purpose: it reduces the amount of hunger hormones that your stomach can produce. This helps to decrease your appetite and cravings and may help to prevent the impulses that cause people to regain the weight they've lost.

SLEEVE GASTRECTOMY



How common is gastric sleeve surgery?

The gastric sleeve is the most commonly performed weight loss surgery in the U.S. and worldwide. More than half of bariatric surgeries performed in the U.S. each year are sleeve gastrectomies. The total number of gastric sleeve operations performed each year is about 150,000 in the U.S. and 380,000 worldwide. But, only 1% of people who could benefit and would qualify for the surgery actually get it.

Is the gastric sleeve safe?

The risks of gastric sleeve surgery are far less than the risks of having obesity and its related diseases. It also has lower complication rates than other common operations, including gallbladder removal and hip replacement. Most gastric sleeve procedures are performed by minimally invasive surgical techniques, which means less pain from incisions and faster recovery.

What qualifies you for gastric sleeve surgery?

To qualify, the general requirements are:

- That you have severe obesity (class III). This is determined by your BMI (body mass index), which is calculated by your weight and height, and your related health conditions. Class III obesity means a BMI of 40 or higher, or a BMI of at least 35 with at least one related disease.
- That you have tried to but not succeeded in losing weight prior to surgery. You may be required to spend three to six months on a medically supervised weight loss plan before your insurance company will approve and cover your surgery.
- That you are physically and mentally prepared for the surgery and recovery process. Before qualifying for weight loss surgery, you'll meet with a team of dietitians, psychologists and other medical specialists for counseling and screening.



What happens during gastric sleeve surgery?

1. Your surgeon will give you general anesthesia, so you'll be asleep during the procedure.
2. Your surgeon will make a small cut in your abdomen (about 1/2 inch long) and insert a port. They'll pump carbon dioxide gas through the port to expand your abdomen.
3. Then they'll place a small lighted video camera (laparoscope) through the port. The camera will project your insides onto a screen.
4. Through one to three additional incisions, your surgeon will insert additional ports and complete the procedure using long, narrow tools.
5. They will measure out the gastric sleeve, then divide and separate the remainder of your stomach using a surgical stapler.
6. Your surgeon will remove the remainder of the stomach, then close your incisions.

What are the advantages of this procedure?

Compared to other bariatric surgery operations, the gastric sleeve is simpler, quicker and safer. People with health conditions that might not be suited for a longer procedure can often tolerate a sleeve gastrectomy. Because the surgery doesn't rearrange your intestines, it's also much less likely to cause long-term complications related to nutrition.

While the average weight loss with gastric sleeve is slightly less than with more complex weight loss surgeries, it still offers excellent weight loss and health benefits. This operation began as the first step in a two-step bariatric surgery called the duodenal switch. Surgeons started offering it as a standalone procedure after many people found that they didn't need to complete the second part.

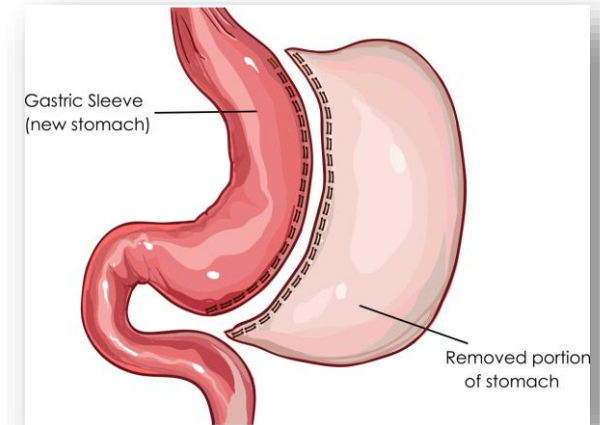
possible risks

- Bleeding.
- Infection.
- Reactions to anesthesia.
- Leaking from the staple line.
- Scar tissue after the operation
- Nutritional deficiencies
- Gastroesophageal reflux
- Gallstones



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July 2023