

THE FACTS ABOUT WEIGHT LOSS SURGERY

A GUIDE TO YOUR TREATMENT OPTIONS

Rhonda,
Gastric Band Patient



1800 LIVE LIFE
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HOW DOES EXCESS WEIGHT AFFECT OUR LIVES?

THE FACTS ABOUT OBESITY

Individuals are considered severely overweight, or obese, if their Body Mass Index (BMI) is 30 or higher.

Today up to one in five people are considered obese.

Obesity means that your excess weight is putting your life at risk.

You are considered obese or morbidly obese if you are:

- More than 45.4 kgs over your ideal weight
- Or your BMI is 40 or greater
- Or your BMI is 35 or greater and you have life threatening conditions related to obesity.

HEALTH RISKS ASSOCIATED WITH OBESITY

- Diabetes
- Congestive heart failure
- Cardiovascular disease
- Gallstones
- Sleep apnoea
- Coronary heart disease
- Hypertension
- Stroke
- Incontinence
- Osteoarthritis
- Asthma
- Cancer
- Reflux
- Amenorrhoea
- Joint disease
- Hyperlipidaemia
- Infertility
- High cholesterol
- Depression
- Dysmenorrhoea
- Polycystic ovary syndrome



WHICH WEIGHT LOSS SURGERY OPTION IS RIGHT?

THERE ARE TWO MAIN APPROACHES TO WEIGHT LOSS SURGERY. DISCUSS WITH YOUR SURGEON WHICH ONE IS RIGHT FOR YOU.

1. RESTRICTIVE SURGERY

Bands or staples are used to section off a part of the stomach, creating a pouch. Because this stomach pouch is so small, the amount of food one can eat is limited. Food continues to be digested through the normal digestive and absorption process.

The most commonly performed restrictive procedures are **gastric banding** and the **sleeve gastrectomy**.

2. RESTRICTIVE WITH MALABSORPTIVE

These procedures restrict both food intake and the amount of calories and nutrients the body absorbs. In addition to creating a stomach pouch, the surgery disrupts the body's normal digestive process. As a result, food bypasses a large part of the stomach and most of the small intestine. The most commonly performed restrictive with malabsorptive procedure is the **Roux-en-y Gastric Bypass**.



RESTRICTIVE SURGERY

LAPAROSCOPIC SWEDISH ADJUSTABLE GASTRIC BAND SURGERY

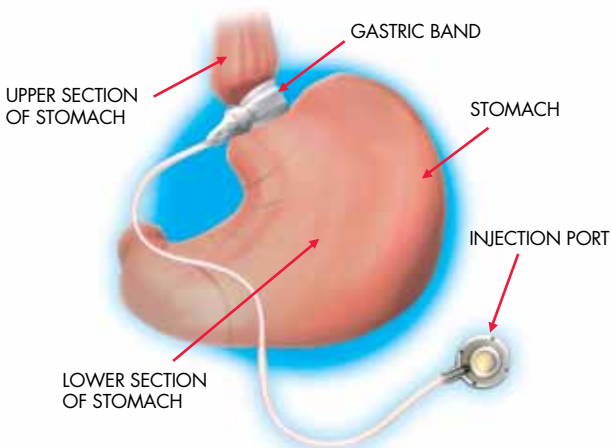
During this procedure the Swedish Adjustable Gastric Band is placed around the stomach using keyhole surgery, dividing the stomach into two parts.

The section of the stomach sitting above the band can only hold a small amount of food, (approximately half a cup). This helps a person feel full sooner and for longer than usual.

As your eating patterns change and you become accustomed to eating less, you can achieve sustainable weight loss, which in turn will lead to a healthier lifestyle with less risk of obesity related health problems.

Advantages

- Limits the amount of food that can be eaten at a meal
- The surgery is reversible
- No part of the stomach is stapled, cut or removed – your normal anatomy has not been altered and food is absorbed by your body exactly as it was before the surgery
- In a clinical trial, SAGB patients lost an average of 38% of excess weight at 1 year and nearly 43% at 3 years.¹



SLEEVE GASTRECTOMY

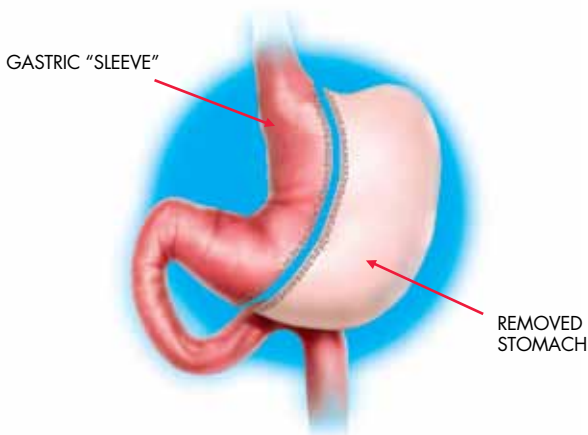
The sleeve gastrectomy is a restrictive procedure that limits the amount of food you can eat by reducing the size of your stomach. During this procedure a thin vertical sleeve of stomach is created using a surgical stapling device via keyhole surgery. This sleeve will typically hold between 50–150 milliliters which is about the size of a banana. The rest of the stomach is removed. The newly created gastric sleeve is able to hold approximately 1/10th of what the stomach was able to hold before.

The stomach sleeve restricts the amount of food you can eat before feeling full. As you eat less food your body stops storing excess calories and starts using its fat supplies for energy.

As with the gastric band procedure, many health problems i.e. back pain, sleep apnoea, high blood pressure, diabetes and depression may improve or be resolved following surgery.

Advantages

- Limits the amount of food that can be eaten at a meal
- Food passes through the digestive tract in the usual order, allowing vitamins and nutrients to be fully absorbed into the body
- No postoperative adjustments are required
- In clinical studies patients lost an average of 55% of their excess weight.²



FAILED TO LOSE WEIGHT THROUGH DIET AND EXERCISE?

While a healthier diet and exercise can result in weight loss, the real challenge is keeping the weight off.

Non-surgical treatment options are generally recognised as unsuccessful in the maintenance of significant weight loss for a meaningful period of time.

Weight loss surgery is considered to be the most effective long-term weight loss therapy for patients with morbid obesity.

WHO IS SUITABLE?

Your doctor will discuss with you the indications for weight loss surgery and will determine if surgery is appropriate for you.

In general, your doctor will consider your weight versus ideal body weight standards, previous experience losing weight with non-surgical methods and your commitment to follow the strict diet, exercise and medical guidelines associated with the procedure.

In addition to these considerations, there are some pre-existing medical conditions that are contra-indicated for weight loss surgery.

WHAT RISKS ARE INVOLVED IN WEIGHT LOSS SURGERY?

As with any surgical procedure, weight loss surgery presents risks.

It is important that you discuss with your surgeon the specific risks for someone with your conditions and undergoing your specific procedure.

WHY WEIGHT LOSS SURGERY?

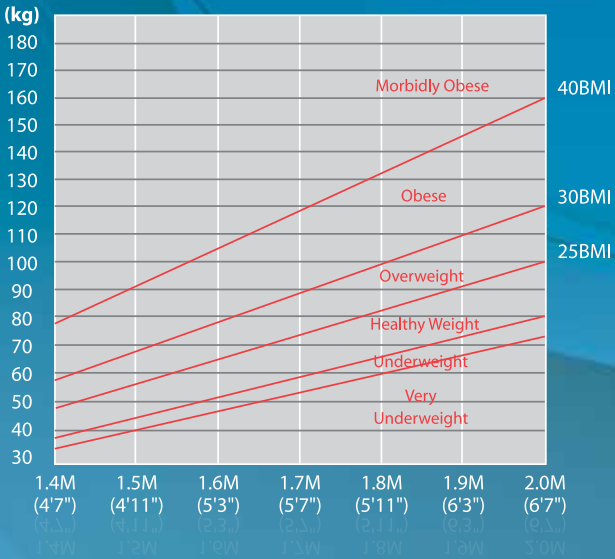
It is now understood that severe obesity is not just the result of excess eating but a serious disease with many contributing factors.

Surgical procedures have shown to be an effective solution in the long-term.

BODY MASS INDEX (BMI)

BMI is used to estimate your best weight range for your health. It is calculated by dividing your weight in kilograms by your height in metres squared (m²). Use the chart below as a guide.

BODY MASS INDEX CHART



WANT MORE FACTS?

Visit www.weightlosssurgery.com.au



If you would like to know more about weight loss surgery, visit our informative and interactive website. Some of the features include:

1. Interactive BMI Calculator
2. Procedure animations
3. Anatomy images
4. In-depth guide to benefits and risks of surgery
5. 'Find a surgeon' locator
6. Explore patient experiences
7. Patient seminars

The information in this brochure is an overview of weight loss surgery and is not intended to replace the advice of a qualified surgeon. Consult with your doctor for information about how weight affects your health and whether weight loss surgery is suitable for you.

References: 1. Summary of safety and effectiveness data.

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