Banding and stapling

What happens

Procedure

Laparoscopic adjustable gastric banding	 An adjustable silicone band is placed around the upper part of the stomach to reduce its size, so the person feels full faster and thus eats less and loses weight A port implanted under the skin allows for fine adjustment of the outlet diameter 	 Relatively simple surgery No cutting of stomach Initially low complication rate post-surgery Improves mild diabetes Reversible (if band is removed before complications set in) 	 Foreign body inserted Requires regular adjustments in clinic About 10 per cent of patients do not achieve any weight loss Significant late complications, including infection, band erosion or slippage, requiring repeat surgery
Laparoscopic sleeve gastrectomy	About 75 per cent of the stomach is removed The early results of this relatively new procedure are promising	 No foreign body is inserted as with banding One-off surgery Rapid initial weight loss Reduces hunger pangs more than banding Improves mild diabetes Patients can eat better than after banding, but still experience good weight loss 	Permanent and irreversible Long-term (over five years) results are not known Staple line on stomach can bleed or leak
Laparoscopic Roux-en-Y gastric bypass	A small gastric pouch is first created, then a bypass to the small intestine is performed This reduces calorific intake and alters the way food is digested	Greater weight loss than other methods Can reverse established type 2 diabetes Well-understood procedure which has been performed for more than 40 years	Surgeon requires more training Staple line and gastro-intestinal connections can bleed or leak Late complications such as stomach ulcers and twisting of intestines can occur Nutritional deficiencies can develop Requires lifelong specialist care and nutritional supplements

Pros

Cons