## Use the following chart to help decide which option is right for you.

<table>
<thead>
<tr>
<th></th>
<th>Bypass</th>
<th>Band</th>
<th>Sleeve</th>
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</thead>
</table>
| **Weight Loss**     | • Lose an average of 70% of your excess weight.  
  • about 5-10% of people regain weight or fail to lose weight. | • Lose an average of 40% of your excess weight.  
  • More variability in weight loss.  
  • About 15-20% of people regain weight or fail to lose weight. | • Lose an average of 60% of your excess weight.  
  • lack of long-term data beyond 5 years.  
  • failure rate about 15-20% |
| **Follow-Up**       | • Not as frequent as band, same as sleeve gastrectomy.  
  • This is important to monitor for nutritional deficiencies. | • Monthly for first year.  
  • Follow-up is required for adjustments and success after band. | • Not as frequent as band, same bypass. |
| **Complications**   | • Complication rate higher than band or sleeve. Complications are potentially more severe or life threatening (but rare) because surgery is more complex (cutting & rearranging intestines). | • Complications are rarely life-threatening.  
  • Safest surgical option for weight loss.  
  • it is the least invasive because there is no cutting/stapling of the stomach (compared to bypass or sleeve). | • Overall complications less likely than with bypass because there is no rearranging but it is still higher than band. |
| **Advantages**      | • Maximal weight loss, most long-term data about how well it works.  
  • Rapid weight loss  
  • Lowest failure rate  
  • Highest potential for resolution of diabetes (80%)  
  • No foreign body  
  • No monthly adjustments  
  • More difficult to cheat than the band | • No stapling/cutting of the stomach  
  • Minimal nutritional risks  
  • Adjustable — gradual weight loss which can be controlled by band adjustments  
  • 50-60% resolution of diabetes  
  • Complications are rarely life-threatening  
  • Safest weight loss procedure offered  
  • “Reversible”– but we expect it to stay in for life! | • More weight loss than band, almost as much as bypass (up to 5 yrs)  
  • No foreign body  
  • No monthly adjustments  
  • Lower overall complications than bypass because no connection or re-arranging of intestine required  
  • Preserves natural anatomy  
  • If weight regain after 2-3 years can be converted to bypass (or band) |
| **Disadvantages**   | • More invasive: cutting the stomach & rearranging the intestines  
  • Complications, although rare, can be life-threatening  
  • Harder to reverse than the band  
  • Cannot do endoscopic surveillance of bypassed stomach | • Foreign object implanted in your body  
  • Frequent follow-up visits  
  • Needs more commitment  
  • Easier to cheat than the gastric bypass  
  • Higher failure rate compared to bypass and sleeve  
  • Less weight loss compared to bypass and sleeve | • Involves cutting of the stomach, more invasive than the band  
  • Not much data after 5 years  
  • Long term weight regain is unknown  
  • Not all insurance companies cover the sleeve. |