

COMPARISON CHART



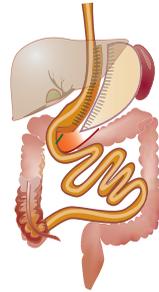
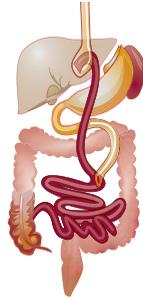
*When choosing weightloss surgery
begin with the facts...then call us!*

Solution 4 Obesity
ARE YOU READY 4 A CHANGE?

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Email: info@ready4achange.com Website: www.ready4achange.com

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Surgery Comparison Chart



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| TYPE OF SURGERY | ROUX-EN-Y GASTRIC BYPASS | VERTICAL GASTRECTOMY (VG) | ADJUSTABLE GASTRIC BAND (LAP-BAND®) | REVISION FROM LAP-BAND TO ANOTHER SURGERY |
|---|---|---|---|--|
| WHAT SURGERY ENTAILS | Small pouch (about 1 ounce/20-30cc) Pouch is connected to the small intestine where food and digestive juices are separated for the first 3 to 5 feet. The RnY significantly restricts the volume of food that can be eaten. | Long narrow vertical pouch (about 2-3 oz or 60-100cc). Same shape as the duodenal switch pouch but smaller. No intestinal bypass. The VG significantly restricts the volume of food that can be eaten. There is no malabsorption of nutrients or dumping. | The Lap-Band is an adjustable silicone ring that is placed around the top part of the stomach creating a small (1-2 ounce or 15-30cc) pouch. The Lap-Band moderately restricts the volume and type of foods the patient is able to consume. The Band delays emptying of the pouch and creates the sensation of satiety. There is no malabsorption of nutrients. | Our expert team of surgeons provides revision surgeries (converting one type of weight loss surgery to another weight loss surgery) to patients on an individual basis. Please contact us for more information |
| REALISTIC EXPECTATIONS | Provides mild malabsorption of nutrients. Patients can expect to lose 70% of excess weight. Less effective (patients who lose <50% excess weight) than with the DS. | Patients can expect to lose 60%-70% of excess weight loss at about 2 years. Long term results not available at this time. Easily converted to DS or Rny, if needed. | Patients can expect to lose 60% of their excess weight. This procedure requires the most effort of all of the procedures in order to be successful. Patient must be committed to good eating habits and exercise. | FOR FURTHER INFORMATION Toll Free: 1.800.270.7120 Fax: 1.877.270.7120 Email: info@ready4achange.com Website: www.ready4achange.com |
| POST-SURGERY EATING AND REQUIRED SUPPLEMENTS | Patients must eat 3 small meals a day. Patients must avoid sugar and fats to prevent "Dumping Syndrome" Patients must take vitamin and protein supplements to avoid deficiency. (Multivitamin, Calcium, Vitamin B12 and Iron for -menstruating women) | Patient must eat 3 meals a day containing 600-800 calories per day (recommended for the first 24 months) and about 1000-1200 thereafter. There is no dumping or diarrhea. | Patients must eat 3 meals per day consisting of less than 1000 calories per day during weight loss. Patients will need to avoid certain foods that can become "stuck" such as bread, rice, nuts, dense meats that may cause pain and vomiting. Patients must not drink fluids with meals. | |
| HOW EFFECTIVE IS THIS SURGERY? | The Rny is effective for patients with a BMI of 35-55 and those with a "sweet tooth". | The VG is effective for high risk or very high BMI patients (BMI > 60 kg/m ²) patients as a "first-stage" procedure. Much lower complication rate than the Rny or DS due to there being no intestinal bypass performed. | The Lap-Band is most effective for patients that are more disciplined in following a strict diet and will commit to an exercise program | |

