FACTORS COMMON TO ALL PROCEDURES

Cost savings over time

A 2008 study estimated that all costs from laparoscopic bariatric surgery can be recouped in about two years.¹¹ One important reason is that weight loss surgery may help to improve or resolve conditions associated with obesity, such as type 2 diabetes and high cholesterol,^{12, 13} so patients save money on related prescription drugs, doctor visits and hospital visits.¹¹

Open or laparoscopic surgery

Weight loss surgery can be performed using open or laparoscopic techniques. Laparoscopic surgery is considered to be minimally invasive because it's performed through small incisions. A laparoscopic procedure usually results in a shorter hospital stay, faster recovery, smaller scars and less pain than open surgical procedures. Most surgeons prefer the laparoscopic approach.

Effect on pregnancy

Most doctors recommend female patients wait at least 1 year after surgery before getting pregnant.

REALIZE® PATIENT SUPPORT

Provides patients support in identifying and obtaining bariatric surgical treatment options, specialists and resources to achieve long-term resolution of weight-related health conditions.

Learn more at REALIZE.com

Important safety information

Bariatric surgery procedures are used in morbidly obese adult patients for significant long-term weight loss. Bariatric surgery may not be right for individuals with certain digestive tract conditions. All surgery presents risks. Weight, age and medical history determine your specific risks. Ask your doctor if bariatric surgery is right for you. For more information, visit REALIZE.com or call 1-866-REALIZE (1-866-732-5493). For potential risks associated with bariatric procedures, please visit REALIZE.com

- 1. Phillips E, Ponce J, Cunneen SA, et al. Safety and effectiveness of REALIZE* adjustable gastric band: 3-year prospective study in the United States. Surg Obes Rel Dis. 2009;5(5):588-597. P<0.001.
- 2. Fischer L, Hildebrandt C, Bruckner T, et al. Excessive weight loss after sleeve gastrectomy: a systematic review. Obes Surg. 2012;22(5):721-731.
- 3. O'Brien PE, McPhail T, Chaston TB, et al. Systematic review of medium-term weight loss after bariatric operations. Obes Surg. 2006;16(8):1032-1040.
- 4. Tice JA, Karliner L, Walsh J, et al. Gastric banding or bypass? A systematic review comparing the two most popular bariatric procedures. Am J Med. 2008;121(10):885-893.
- Schauer PR, Kashyap SR, Wolski K, et al. Bariatric surgery versus intensive medical therapy in obese patients with diabetes. *N Engl J Med.* 2012;366(17):1567-1576.
 EES analysis of data from US Clinical Trial PMA 070009.
- 7. EES weighted analysis of data summarized in table 4 of Brethauer SA, Hammel JP, Schauer PR. Systematic review of sleeve gastrectomy as staging and primary bariatric procedure. Surg Obes Rel Dis. 2009;5(4):469-475.
- 8. Buchwald H, Avidor Y, Braunwald E, et al. Bariatric surgery: a systematic review and meta-analysis. JAMA. 2004;292(14):1724-1737.
- 9. Weiner RA, Weiner S, Pomhoff I, et al. Laparoscopic sleeve gasterectomy influence of sleeve size and resected gastric volume. *Obes Surg.* 2007;17(10):1297-1305. 10. Cottam D, Qureshi FG, Mattar SG, et al. Laparoscopic sleeve gastrectomy as an initial weight loss procedure for high-risk patients with morbid obesity. *Surg*
- Endosc. 2006;20(6):859-863. 11. Crémieux PY, Buchwald H, Shikora SA, et al. A study on the economic impact of bariatric surgery. *Am J Manag Care*. 2008;14(9):589-596.
- 12. Benaiges D, Goday A, Ramon JM, et al. Laparoscopic sleeve gastrectomy and laparoscopic gastric bypass are equally effective for reduction of cardiovascular risk in severely obese patients at one year follow-up. Surg Obes. Relat Dis. 2011;7(5):575-580.
- 13. Cottam DR, Atkinson J, Anderson A, et al. A case-controlled match-paired cohort study of laparoscopic Roux-en-Y gastric bypass and Lap-Band patients in a single US center with three-year follow-up. *Obes Surg.* 2006;16(5):534-540.

©2012 Ethicon Endo-Surgery, Inc. All Rights Reserved. DSL 12-1224



COMPARISON OF BARIATRIC SURGICAL PROCEDURES



Comparison of Bariatric Surgical Procedures

The following information provides an overview of the differences between surgical weight loss options. Only you and your surgeon can evaluate the benefits and risks of weight loss surgery and choose the most appropriate procedure for you.

							HEALTH BENEFITS SHOWN IN CLINICAL TRIALS					
		Procedure description	How it works to help you lose weight	How it affects digestion	Total percent excess body weight lost (at 3 years)	Type 2 diabetes	High blood pressure	High cholesterol	Obstructive sleep apnea	Average surgery time	Length of hospital stay	
GASTRIC BANDING		The REALIZE® Adjustable Gastric Band wraps around the upper part of the stomach, dividing the stomach into a small upper pouch that holds about ½ cup of food and a larger lower stomach. The degree of band tightness affects how much food you can eat and the length of time it takes for food to leave the stomach pouch.	By creating a smaller stomach pouch, the REALIZE® Band limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer. As you eat less food, your body will stop storing excess calories and start using its fat supply for energy.	Does not significantly alter normal digestion and absorption. Food passes through the digestive tract in the usual order, allowing it to be fully absorbed in the body.	41%1	59% resolved⁴	42% resolved ⁶	71% improved ^{8**}	45% resolved ⁴	1 to 2.5 hours⁴	1 to 3 days⁴	
SLEEVE GASTRECTOMY		During the sleeve gastrectomy procedure, a thin vertical sleeve of stomach is created using a stapling device. The sleeve is about the size of a banana. The rest of the stomach is removed.	By creating a smaller stomach pouch, a sleeve gastrectomy limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer. As you eat less food, your body will stop storing excess calories and start using its fat supply for energy.	Does not significantly alter normal digestion and absorption. Food passes through the digestive tract in the usual order, allowing it to be fully absorbed in the body.	66%²	45% resolved ^{5*}	50% resolved ⁷	77% improved ^{9**}	60% resolved ⁷	1.5 to 3.5 hours ¹⁰	2 to 12 days ¹⁰	
GASTRIC BYPASS		In this procedure, the surgeon creates a small stomach pouch using a stapling device and attaches a section of the small intestine directly to the pouch. This allows food to bypass a portion of the small intestine.	By creating a smaller stomach pouch, a gastric bypass limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer. By bypassing a portion of the small intestine, your body also absorbs fewer calories. As you eat less food and absorb fewer calories, your body will stop storing excess calories and start using its fat supply for energy.	Reduces the amount of calories (in the form of nutrients) absorbed.	62%³	68% resolved ^{5*}	66% resolved ³	94% improved ^{8**}	76% resolved ⁴	2 to 3.7 hours⁴	2 to 8 days⁴	



