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Patient information: Weight loss surgery (Beyond the Basics)

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WEIGHT LOSS OVERVIEW

Bariatric surgery (from the Greek words "baros," meaning "weight," and "iatrikos," meaning "medicine") is the term for a surgery that is done to help you lose weight. Bariatric surgery is not recommended for everyone who is overweight or obese. However, it may be an option if you are obese and have not been able to lose weight with other methods.

A person is categorized as underweight, healthy weight, overweight, or obese based on his or her body mass index (BMI). Body mass index is a way to measure body fat that is based on your height and weight ([calculator 1](#) and [calculator 2](#)):

- A BMI of 25 to 29.9 is considered overweight
- A BMI of ≥ 30 is considered obese

This article will focus on surgery for obesity. Nonsurgical weight loss is reviewed separately. (See "[Patient information: Weight loss treatments \(Beyond the Basics\)](#)".) More detailed information about surgical weight loss is available by subscription. (See "[Surgical management of severe obesity](#)".)

SHOULD I HAVE SURGERY TO LOSE WEIGHT?

Weight loss surgery is recommended **ONLY** for people with one of the following:

- Severe obesity (body mass index above 40) ([calculator 1](#) and [calculator 2](#)) who have not responded to diet, exercise, or weight loss medicines
- Body mass index between 35 and 40, along with a serious medical problem (including diabetes, severe joint pain, or sleep apnea) that would improve with weight loss

You should be sure that you understand the potential risks and benefits of weight loss surgery. You must be motivated and willing to make lifelong changes in how you eat to reach and maintain a healthier weight after surgery. You must also be realistic about weight loss after surgery (see '[Effectiveness of weight loss surgery](#)' below).

PREPARING FOR WEIGHT LOSS SURGERY

Most people who have weight loss surgery will meet with several specialists before surgery is scheduled. This often includes a dietitian, mental health counselor, a doctor who specializes in care of obese people, and a surgeon who performs weight loss surgery (bariatric surgeon). You may need to work with these providers for several weeks or months before surgery.

- The nutritionist will explain what and how much you will be able to eat after surgery. You may also need to lose a small amount of weight before surgery.
- The mental health specialist will help you to cope with stress and other factors that can make it harder to lose weight or trigger you to eat
- The medical doctor will determine whether you need other tests, counseling, or treatment before surgery. He or she might also help you begin a medical weight loss program so that you can lose some weight before surgery.
- The bariatric surgeon will meet with you to discuss the surgeries available to treat obesity. He or she will also make sure you are a good candidate for surgery. (See "[Patient information: Sleep apnea in adults \(Beyond the Basics\)](#)".)
- Starting a serious exercise program prior to surgery will help you prepare mentally and physically for surgery, help you reduce weight prior to surgery, and allow you to have a program you might continue after you recover.

TYPES OF WEIGHT LOSS SURGERY

There are several types of weight loss surgeries, the most common being lap banding, gastric bypass, and gastric sleeve ([table 1](#)).

Lap banding — Laparoscopic adjustable gastric banding (LAGB), or lap banding, is a surgery that uses an adjustable band around the opening to the stomach ([figure 1](#)). This reduces the amount of food that you can eat at one time.

Lap banding is done through small incisions, with a laparoscope. The band can be adjusted after surgery, allowing you to eat more or less food. Adjustments to the size and tightness of the band are made by using a needle to add or remove fluid from a port (a small container under the skin that is connected to the band). Adding fluid to the band makes it tighter which restricts the amount of food you can eat and may help you to lose more weight.

Lap banding is a popular choice because it is relatively simple to perform, can be adjusted or removed, and has a low risk of serious complications immediately after surgery. However, weight loss with the lap band depends on your ability to follow the program closely.

- You will need to prepare nutritious meals that "work with" the band, not against it. For example, the lap band will not work well if you eat or drink a large amount of liquid calories (like ice cream). The band will not help you to feel full when you eat/drink liquid calories.

Weight loss ranges from 45 to 75 percent after two years. As an example, a person who is 120 pounds overweight could expect to lose approximately 54 to 90 pounds in the two years after lap banding.

