Sleeve vs Bypass vs SADI-S

A Side-by-Side Comparison of Bariatric Surgery Options

Bariatric Surgery Comparison

Understanding the differences between the three most common bariatric procedures helps you make an informed decision with your surgical team.

Vertical Sleeve Gastrectomy (VSG)

The sleeve removes approximately 75-80% of the stomach, creating a narrow "sleeve" or tube shape. It is the most commonly performed bariatric procedure in the United States.

- **Mechanism:** Restriction (smaller stomach) + hormonal (removes ghrelin-producing fundus)
- **Expected weight loss:** 60-70% of excess body weight over 12-18 months
- **Hospital stay:** 1-2 nights
- **Pros:** Simpler anatomy, no rerouting of intestines, lower complication rate, no dumping syndrome
- **Cons:** Irreversible, may worsen GERD, lower long-term weight loss than bypass

Roux-en-Y Gastric Bypass (RYGB)

The bypass creates a small stomach pouch and reroutes a section of the small intestine. It is considered the "gold standard" for bariatric surgery with the longest track record.

- **Mechanism:** Restriction + malabsorption + significant hormonal changes
- **Expected weight loss:** 70-80% of excess body weight over 12-18 months
- **Hospital stay:** 2-3 nights
- **Pros:** Greater weight loss than sleeve, excellent diabetes remission (80%+), improves GERD
- **Cons:** More complex surgery, dumping syndrome risk, lifetime vitamin supplementation required, internal hernias possible

SADI-S (Single Anastomosis Duodeno-Ileal Bypass with Sleeve)

SADI-S combines a sleeve gastrectomy with a simplified intestinal bypass (one connection instead of two). It is newer but gaining acceptance for patients needing maximum weight loss.

- **Mechanism:** Restriction + significant malabsorption
- **Expected weight loss:** 75-85% of excess body weight
- **Hospital stay:** 2-3 nights
- **Pros:** Highest weight loss, excellent diabetes/metabolic outcomes, simpler than traditional duodenal switch

- **Cons:** Highest nutritional deficiency risk, more frequent lab monitoring, loose stools/increased bowel frequency

Side-by-Side Comparison

	Sleeve	Bypass	SADI-S
Weight Loss	60-70% EBW	70-80% EBW	75-85% EBW
Diabetes Remission	55-65%	80-85%	85-90%
GERD Effect	May worsen	Improves	Varies
Complexity	Simplest	Moderate	Most complex
Vitamin Needs	Standard MVI	Enhanced MVI + B12 + Iron	Highest + ADEK monitoring
Reversible	No	Technically yes	Technically yes
Best For	Lower BMI, no severe GERD	BMI 40+, diabetes, GERD	BMI 50+, max weight loss

Which Procedure Is Right for You?

There is no single "best" procedure — the right choice depends on your BMI, medical conditions (especially diabetes and GERD), surgeon experience, and personal preferences. The most important factor is choosing an experienced, accredited bariatric center with comprehensive long-term follow-up support.

Need Personalized Guidance?

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