

Procedures	Modality (combined restrictive vs. malabsorptive)	Excess Weight Loss (EWL)		Reversible	Hospital Stay	Benefits	Potential Risks/Problems
		Short term (1-2 years)	Long term (>5 years)				
Laparoscopic Adjustable Gastric Band (Lap Band; Realize Band)	Restrictive	Slow 45-50%	<25%	Yes	Over-night or outpatient	Short recovery time	Slow/insufficient weight loss, band slippage and/or erosion, device mal- functions, increased vomiting, highest need for frequent office/outpatient visits for band adjustments
Laparoscopic Vertical Sleeve Gastectomy (Lap VG)	Restrictive	Rapid 50-75%	<50%	No	1-2 days	Good, relatively safe option for "very ill" and older patients; very low complication rate due to the simplicity of the procedure; few food intolerances	Risk of weight regain over long-term (no malabsorption)
Laparoscopic Roux-en-Y Bypass (RGB)	Combined, but mostly restrictive, Slightly malabsorptive (no calorie malabsorption)	Rapid 60- 70%	<50%	Yes	2-3 days	Most commonly performed with good weight loss	Insufficient weight loss/ weight regain, food intolerances, dumping syndrome, anemia, osteoporosis, vitamin deficiencies, vomiting, marginal ulcers, NSAIDS and aspirin not allowed
Laparoscopic Duodenal Switch (Lap DS)	Combined, somewhat restrictive and somewhat malabsorptive (primarily fat calorie malabsorption)	Very rapid >90%	>85%	Partially	3-4 days	Allows for the most "normal" eating, few food intolerances, most sustained long-term weight loss results; dramatically impacts co- morbidities permanently; high long-term quality of life	More complex surgery, nausea, heartburn, nutritional deficiencies, and change in odor of flatus and stool