Tailor Clinics: Which operation is the right operation?

When you come to see us at Tailor Clinics about solutions for weight loss, one of the main decisions we have to make with you is "which is the right operation for me?". This is a decision point we come to after full assessment, including helping you decide whether having surgery is the right thing for you as an individual. This document explains the Tailor Clinics philosophy with regards to when we may or may not recommend a particular procedure and the reasons for this. Ultimately, the decision about what procedure we do is a shared decision between you and your team here at Tailor Clinics. But we think it is helpful for you to understand what recommendations we generally make, and why we make them. We will always make you aware of all the standard options as part of ensuring you are well informed, although we may weigh information more towards one procedure based on our philosophy.

The preferences that we have are based around the twin surgical pillars of safety and effectiveness. Surgery always carries some inherent risk, and while safety and effectiveness are not mutually exclusive, sometimes there are some trade-offs that need to be balanced. With bariatric surgery, in effect we are taking normal anatomy and making it abnormal to achieve an important aim. Our recommendations stated below are based around our own experiences and data, as well as ongoing review of international literature as it emerges. We contribute all data to the Australasian Bariatric Surgery Registry which helps contribute towards quality and safety improvements over time.

1. <u>For patients with a Body Mass Index (BMI) greater than or equal to 38 or type 2 diabetes, our general preference is for a gastric bypass (Roux-Y or One Anastomosis).</u> In higher BMI categories, in general long term weight losses are 10-15% more when compared to a sleeve (although this is subject to a number of factors that we'll discuss with you). There are some individual circumstances (and this includes patient preference) where a gastric sleeve may be an appropriate choice for BMI above 38.

2. <u>For patients with a BMI 33-38 a gastric sleeve *may* be a good option.</u> It carries less nutritional risk than a gastric bypass and weight loss can be very good in this group. In particular it may be an acceptable option in younger patients and very active patients. It may also be preferred in patients with ongoing requirements for steroids or anti-inflammatory medications.

3. <u>Gastric bypass can still be an option in patients BMI 35-38, particularly in older patients having bariatric surgery and those with type 2 diabetes.</u> The use of gastric bypass below the BMI of 35 needs to be carefully considered because of nutritional risk and the slightly higher risk of excessive weight loss. This will involve a careful discussion between you, and the Tailor Clinics team.

4. <u>Any of the procedures can be associated with adverse digestive and abdominal effects in the short and long term.</u> At least 1/3 of our patients having a gastric sleeve will need to remain on a daily anti-acid producing medication (eg omeprazole) because of reflux symptoms, although gastric bypass patients can also get reflux symptoms however, they are much less common. Patients after gastric bypass can sometimes get problems with nutritional deficiencies and internal hernias which are far less common or absent with a gastric sleeve.

These are the main tenants by which we make recommendations that balance risk/safety with effectiveness. We will be pleased to discuss this further with you when you come to see us!