



When it comes to
weight loss surgery,
you have options.

Obesity is a complex health issue.

For some patients the most effective solution is weight loss surgery.

According to the American Society for Metabolic and Bariatric Surgery (ASMBS), qualifications for bariatric surgery in most areas include:

- + **BMI \geq 40, or more than 100 pounds overweight**
- + **BMI \geq 35 and at least one or more obesity-related co-morbidities such as type II diabetes (T2DM), hypertension, sleep apnea and other respiratory disorders, non-alcoholic fatty liver disease, osteoarthritis, lipid abnormalities, gastrointestinal disorders, or heart disease**
- + **Inability to achieve a healthy weight loss sustained for a period of time with prior weight loss efforts**

Weight loss surgery does not just treat the disease of obesity, but it treats other conditions like diabetes, heart disease, high blood pressure, arthritis, and acid reflux. In addition, surgery greatly reduces the risk of death from cancer, diabetes, heart disease, and other diseases.

If you have tried other weight loss options without significant results, your doctor may be able to help you determine if weight loss surgery is the next step.

Source: American Society for Metabolic and Bariatric Surgery. Bariatric Surgery Procedures. <https://asmbs.org/patients/who-is-a-candidate-for-bariatric-surgery>. Accessed 29 Mar 2022.

The basics about gastric sleeve — also called sleeve gastrectomy.

In most bariatric procedures, the size of the stomach is often significantly reduced or a sleeve pouch anatomy is created.

Sleeve gastrectomy is the most commonly performed bariatric procedure.

According to the ASMBS, surgical staplers are used to remove 80% of the stomach, making it much smaller. The new stomach holds less food and liquid helping reduce the amount of food and calories that are consumed.

Different weight loss surgeries to consider.

There are several types of weight loss (bariatric) surgeries. **Consult with your doctor to discuss your options.**



Gastric sleeve is a procedure where the surgeon reduces the stomach by about 80%, leaving a "sleeve" of stomach. No other changes are made to the intestines or digestive system.



Gastric bypass, also known as Roux-en-Y (roo-en-wy), is a procedure where the surgeon reduces the stomach to a small pouch which is then connected directly to the small intestine.



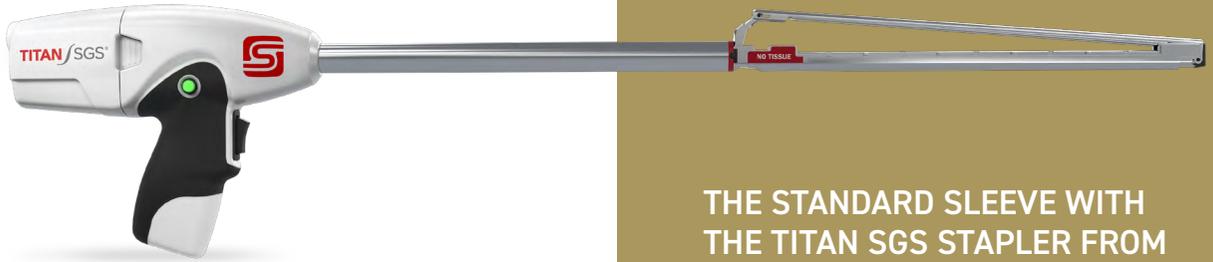
SADI-S, also known as a single anastomosis duodeno-ileal bypass with sleeve gastrectomy, is a procedure where the surgeon performs a sleeve gastrectomy as well as makes one change to the intestines. This surgery reduces the stomach size and impacts the body's ability to absorb nutrients and calories.



BPD/DS, also known as biliopancreatic diversion with duodenal switch, is a procedure where the surgeon performs a sleeve gastrectomy as well as makes two changes to the intestines. This surgery reduces the stomach size and highly impacts the body's ability to absorb nutrients and calories. A risk of BPD/DS is malnutrition so patients must maintain a stringent, specific diet.

↑ RESTRICTIVE

↓ MALABSORPTIVE



Titan SGS® is a surgical stapler designed by bariatric surgeons.

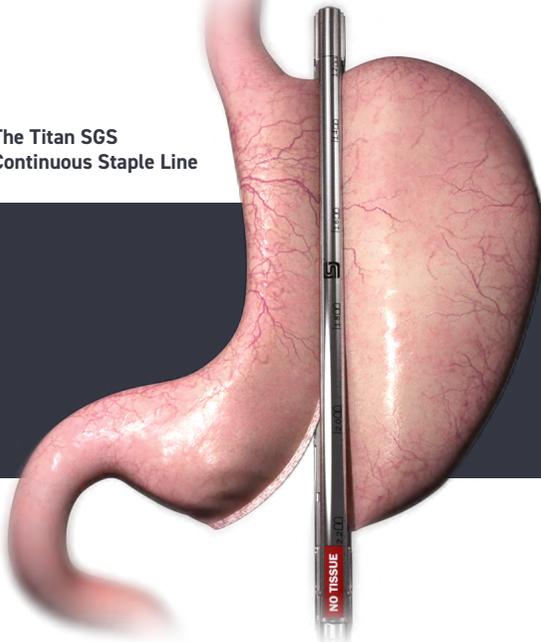
While every patient's anatomy is different, the Titan SGS is designed with one continuous staple line which enables surgeons to plan and place all staples for the gastric sleeve in one deployment. This approach, called the Standard Sleeve®, is designed to minimize variations often seen when surgeons use other devices that require multiple staple deployments that may result in overlapping staples.

THE STANDARD SLEEVE WITH THE TITAN SGS STAPLER FROM STANDARD BARIATRICS

Surgical benefits of the Titan SGS

- + **Symmetry of procedure** — One staple line deployment to complete the gastric sleeve pouch anatomy¹
- + **Reduction of GERD and nausea** — Potential improvement in resolution of GERD and nausea in patients post-op^{1,2}
- + **Quicker procedure** — Because Titan SGS takes approximately half the time to create the staple line, procedure time may be reduced^{3,4}

The Titan SGS
Continuous Staple Line



Ask your doctor about weight loss (bariatric) surgery options and if the Standard Sleeve is the right approach for you.

- 
- A photograph showing a person's hand reaching out towards a garden of red flowers. The background is a blurred outdoor setting with a building and a window.
1. Toro, J., Lin, E., Patel, A., Davis, S., Sanni, A., Urrego, H., Sweeney, J., Srinivasan, J., Small, W., Mittal, P., Sekhar, A., & Moreno, C. (2014 Sept.). Association of Radiographic Morphology with Early Gastroesophageal Reflux Disease and Satiety Control after Sleeve Gastrectomy. *Journal of the American College of Surgeons*, 219(3), 430–438. <https://doi.org/10.1016/j.jamcollsurg.2014.02.036>
 2. Thompson, J., Dhar, V., Hanseman, D., Watkins, B., Morton, J., & Diwan, T. (2017). Anatomy-based laparoscopic sleeve gastrectomy reduces gastroesophageal reflux disease compared to laparoscopic sleeve gastrectomy with bougie. *Surgery for Obesity and Related Diseases*, 13(10). <https://doi.org/10.1016/j.soard.2017.09.242>
 3. Salyer, C. E., Thompson, J., Hoffman, A., Burstein, M. D., Enochs, P., Watkins, B. M., Kuethe, J., & Goodman, M. D. (2022). Multisite Study of Titan SGS Stapler in longitudinal gastric resection. *Surgical Endoscopy*. <https://doi.org/10.1007/s00464-022-09051-x>
 4. Varban, O. A., Niemann, A., Stricklen, A., Ross, R., Ghaferi, A. A., Finks, J. F., & Dimick, J. B. (2017, Aug.). Far from Standardized: Using Surgical Videos to Identify Variation in Technique for Laparoscopic Sleeve Gastrectomy. *Journal of Laparoscopic & Advanced Surgical Techniques. Part A*, 27(8), 761–767. <https://doi.org/10.1089/lap.2017.0184>



[standardbariatrics.com](https://www.standardbariatrics.com)

CC22004.A