



When it comes to
bariatric surgery,
you have options.

Who qualifies for bariatric surgery?

Obesity is a complex health issue. For some people, the most effective solution is bariatric surgery.

The American Society for Metabolic and Bariatric Surgery (ASMBS) explains that metabolic or bariatric surgery is a highly effective, long-lasting treatment for severe obesity. In addition to substantial weight loss, it may also improve, prevent, or resolve obesity-related conditions, such as type 2 diabetes, heart disease, high blood pressure, sleep apnea, and some types of cancer.¹

You may be a candidate for bariatric surgery if you have:¹

- + A BMI ≥ 35 kg/m² with or without co-morbid conditions that may or may not be severe
- + Type 2 diabetes and a BMI ≥ 30 kg/m²
- + A BMI of 30–34.9 kg/m² and have not achieved appropriate weight loss or improvement in co-morbid conditions with nonsurgical methods

There are risks associated with bariatric surgery as with any major procedure. In bariatric procedures, potential risks after surgery may include infection, bleeding, respiratory issues, gastrointestinal leaks, blood clots, and, in rare cases, death.²

Review the potential risks and benefits with your doctor to determine if bariatric surgery is right for you.



Types of bariatric surgeries.



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.

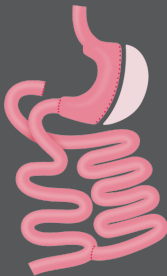
↑ RESTRICTIVE



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.

↓ MALABSORPTIVE¹

Malabsorptive bariatric procedures work by limiting the body's ability to absorb calories, proteins, and nutrients, while restrictive procedures focus on reducing the amount of food consumed and enhancing the sense of fullness after eating.¹



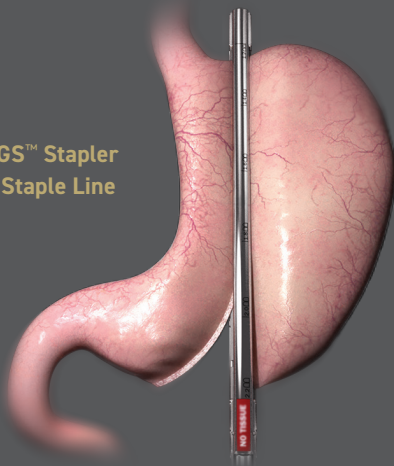
The basics about gastric sleeve.

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

The gastric sleeve is the most popular weight loss surgery both in the U.S. and the world. Each year, over half of the bariatric surgeries in the U.S. are sleeve gastrectomies, with approximately 150,000 performed nationwide and 380,000 performed worldwide.³

In a sleeve gastrectomy procedure, surgical staplers are used to remove 80% of the stomach, making it much smaller. **This reduces the amount of food and liquid the stomach can hold, which helps decrease the amount of calories consumed.**¹

The Titan SGS™ Stapler
Continuous Staple Line





Potential benefits of the Titan SGS™ Stapler in sleeve gastrectomy.**

**Retrospective data may not be indicative of clinical performance. Individual results may vary.

The Titan SGS™ Stapler is designed to create a consistent, symmetrical sleeve gastrectomy in a single, continuous staple line with only one deployment.⁴ The approach may contribute to a reduced chance of post-operative complications and shorter hospital stay compared to multi-fire staplers.⁵

As the only commercially available U.S. stapler specifically indicated for gastric sleeve pouch creation,^{4, 6} the Titan SGS™ Stapler has been used in more than 15,000 procedures.⁷



Less nausea.⁸ At 30 days after surgery, 9.2% (72 patients) who had laparoscopic sleeve gastrectomy with the Titan SGS™ Stapler experienced nausea or vomiting, compared to 10.6% (83 patients) with multi-fire staplers (p=0.36).⁸

Less GERD.⁵ Titan SGS™ Stapler also demonstrates a reduction in GERD at 6 months and 12 months.⁵



Quicker procedure.^{4,9,10} Titan SGS™ Stapler completes stapling in about 55 seconds⁴ — 90% faster than the average stapler[†] — which may help reduce surgery time.¹⁰

† Based on an indirect comparison of operative technique for gastric stapling in the cited published literature for sleeve gastrectomies performed utilizing Covidien and Ethicon Endo-Surgery staplers.



Shorter hospital stay.⁸ Patients were more likely to go home within 24 hours after surgery when the Titan SGS™ Stapler was used for laparoscopic sleeve gastrectomy 89.6% (702 patients), compared to 65.0% (509 patients) with multi-fire staplers.⁸

Talk with your doctor about bariatric surgery and if sleeve gastrectomy with the **Titan SGS™ Stapler** might be right for you.

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- * Dr. Schram and Dr. Foote are paid consultants of Teleflex.

Rx only.

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Refer to package insert provided with the product for complete warnings, indications, contraindications, precautions, potential complications and instructions for use.

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