Weight loss surgery options: One Anastomosis Gastric Bypass Mini Gastric Bypass (OAGB-MGB)

What is an OAGB-MGB?

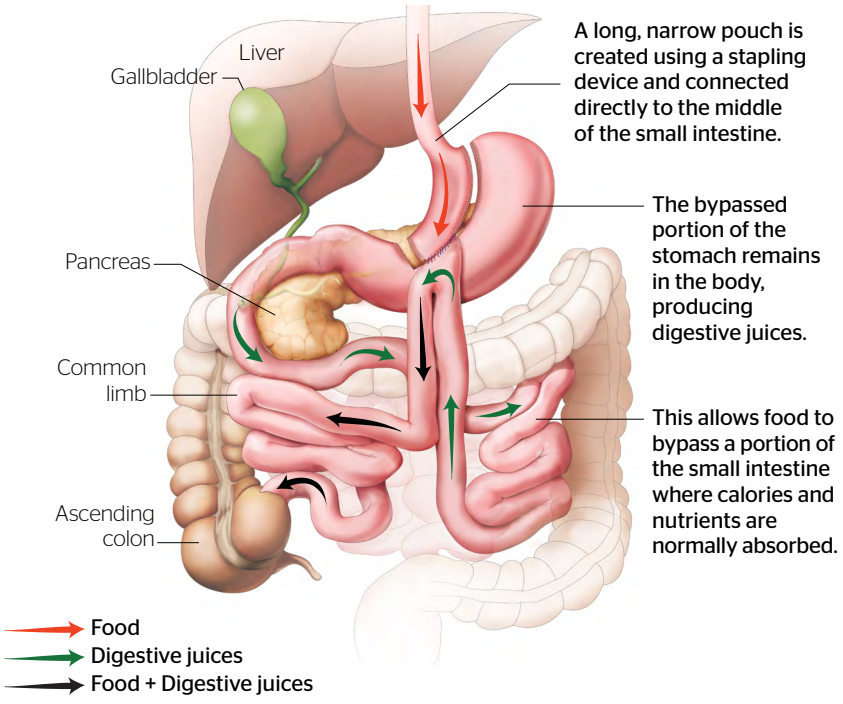
Using laparoscopic (keyhole) surgery, a long narrow stomach pouch is created and connected directly to the small intestine. Reducing the size of your stomach helps you feel full sooner and eat less. The larger part of the stomach remains in the body, continuing to produce digestive juices that break down food. After eating, food passes through the small stomach pouch straight into the small intestine, bypassing the lower part of the stomach and the upper part of the small intestine. Food and digestive juices do not mix until they meet at the second connection in the small intestine.[1]

Why does an OAGB-MGB help you to lose weight?

Altered hormone signals change how your blood sugar levels are controlled, decrease your hunger, and increase your feelings of fullness. This affects how your body processes and stores calories from food, which improves your metabolic health and helps your body to manage weight by lowering its metabolic set point.[2-4]

DID YOU KNOW?

- Over 80,000 people in Australia have had weight loss surgery[5]
- Around 80% of people having bariatric surgery in Australia are 25-54 years old[5]
- Nearly a third of adults in Australia are living with obesity[6]



Benefits and health outcomes of an OAGB-MGB:

If you achieve your target excess weight loss (in consultation with your surgeon) you may see improvement in obesity-related conditions, including type 2 diabetes, high blood pressure, abnormal lipid levels, sleep apnoea, and osteoarthritis symptoms.[1,7-12]

Please speak with your doctor for more information.

Health risks* of an OAGB-MGB are generally low (rate of any adverse event 3.9%),[13] and can include:[1,7]

- Malnutrition if recommended supplements are not taken
- Bile reflux more common than with RYGB
- Intestinal irritation and marginal ulcers.

**Actual risks will depend on individual circumstances and should be discussed with your surgeon.*

Important Safety Information. Since 2012, the Bariatric Surgery Registry has collected safety data from almost 90,000 people who have undergone bariatric (weight loss) surgery in Australia and New Zealand. In 2018-2019, the incidence of adverse events requiring unplanned return to surgery, intensive care unit admission, or hospital readmission in the first 90 days after primary (first-time) bariatric surgery was 2.1%. This indicates that around 1 in 50 people who undergo bariatric surgery will experience a complication such as leaking or narrowing (stricture) of the surgical connection, dehydration or electrolyte imbalance, abdominal pain, bleeding, or vomiting.[13]

Bariatric surgery is generally recommended for people with morbid obesity (BMI ≥40 kg/m^2) or severe obesity (BMI ≥35 kg/m^2) with ≥1 obesity-related conditions, but may be considered for those with a BMI 30-35 kg/m^2 who have poorly controlled type 2 diabetes.[14,15] It may not be suitable for individuals with certain digestive tract conditions. You should consult your physicians to determine your need for a healthy energy controlled diet and physical activity, and whether bariatric surgery is appropriate for you.[14] There are risks with any surgery, such as adverse reactions to medications, problems with anaesthesia, problems breathing, bleeding, blood clots, accidental injury to nearby organs and blood vessels, even death. Your weight, age, and medical history will determine your specific risks.[16] Bariatric surgery has its own risks, including failure to lose weight, nutritional or vitamin deficiencies, and weight regain.[17]

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To be completed in discussion with your healthcare team.

Surgeon details

Name:

Email:

Telephone:

Practice address:

General practitioner (GP) details

Name:

Email:

Telephone:

Practice address:

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