Weight loss surgery options: Single anastomosis duodenal-ileal bypass with sleeve gastrectomy (SADI-S)

What is a SADI-S?

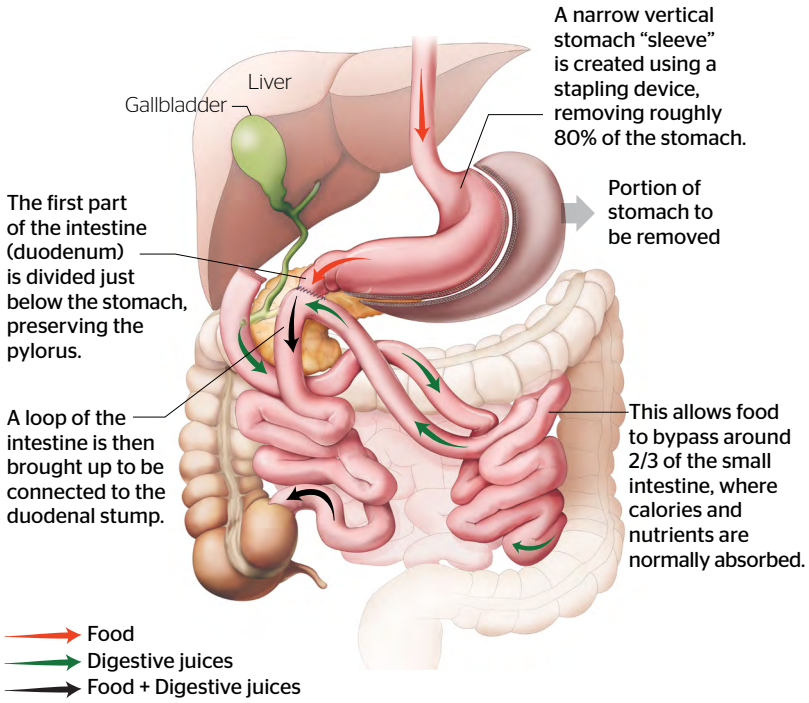
Using laparoscopic (keyhole) surgery, a narrow stomach sleeve is created and connected directly to the small intestine. Reducing the size of your stomach helps you feel full sooner and eat less. After eating, food passes through the sleeve straight into the small intestine, emptied from the stomach at a normal rate. By bypassing a long section of the small intestine, food and digestive juices are mixed for a shorter time.[1]

Why does a SADI-S 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[10]
- Around 80% of people having bariatric surgery in Australia are 25–54 years old[10]
- Nearly a third of adults in Australia are living with obesity[11]



Benefits and health outcomes of a SADI-S:

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, and sleep apnoea.[1,5-9]

Please speak with your doctor for more information.

Health risks* of a SADI-S are generally low, and can include: [1,5]

- Malnutrition if recommended supplements are not taken
- Increased number of bowel movements
- Diarrhoea.

**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.[12]

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.[13,14] 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.[13] 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.[15] Bariatric surgery has its own risks, including failure to lose weight, nutritional or vitamin deficiencies, and weight regain.[16]

References. 1. Kallies K, et al. *Surg Obes Relat Dis.* 2020;16(7):825-830. **2.** Batterham RL, Cummings DE. *Diabetes Care.* 2016;39(6):893-901. **3.** Papamargaritis D, le Roux CW. *Nutrients.* 2021;13(3):762. **4.** Das B, Khan OA. *Int J Surg.* 2019;68:114-116. **5.** Surve A, et al. *Surg Obes Relat Dis.* 2020;16(11):1638-1646. **6.** Finno P, et al. *Obes Surg.* 2020;30(9):3309-3316. **7.** Sánchez-Pernaute A, et al. *Surg Obes Relat Dis.* 2015;11(5):1092-1098. **8.** Surve A, et al. *Obes Surg.* 2020;30(4):1429-1436. **9.** Zaveri H, et al. *Obes Surg.* 2018;28(10):3062-3072. **10.** Backman B, et al. *The Bariatric Surgery Registry Annual Report, 2020.* Monash University, Department of Epidemiology and Preventive Medicine. August 2020, Report No. 8. **11.** Australian Bureau of Statistics. *National Health Survey: First results. 2017-2018 Financial year*. Available from: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release (accessed July 2021). **12.** Monash University Bariatric Surgery Registry. *Bariatric Surgery Registry 2018/19 Report.* June 2019. Available: https://www.monash.edu/medicine/sphpm/registries/bariatric/reports-publications (accessed May 2021). **13.** Australian & New Zealand Obesity Society. *The Australian Obesity Management Algorithm.* 2020. Available: https://www.anzos.com/publications (accessed May 2021). **14.** Mechanick JI, et al. *Endocr Pract.* 2019;25(12):1346-1359. **15.** Mohabir PK, Coombs AV. Surgery. December 2020. MSD Manual Consumer Version. Available: https://www.msdmanuals.com/en-au/home/special-subjects/surgery/surgery# (accessed May 2021). **16.** Bray GA, et al. *Endocr Rev.* 2018;39(2):79-132.

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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