



**CHARLOTTE
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WEIGHT LOSS & WELLNESS

**BARIATRIC QUICK
REFERENCE**

Guide

**All surgeries are
laparoscopic even
if the patient has
had prior surgery.**

**All procedures have the same
surgical risk:**

- 5% risk for bleeding and infection
- 5% risk for stricture/narrowing
- Less than 1% risk for leak/perforation
- Less than 1% risk for mortality

**Gastric Bypass and Duodenal Switch
are shown:**

- To decrease risk of breast cancer, colon cancer, and prostate cancer.
- To place DM, HTN, hypercholesterolemia, PCOS, and sleep apnea into remission.

All surgeries are safe for pregnancy.

**All patients MUST take daily vitamin and
protein supplementation.**

**Patients are at the same risk for the same
vitamin deficiencies REGARDLESS of
whether they had sleeve, gastric bypass or
duodenal switch if non-compliant.**



DR. CHARLOTTE HODGES

Bariatric Surgeon

BARIATRIC *Procedures*



SLEEVE GASTRECTOMY

- Purely restrictive
- Irreversible
- Patients lose 65% of excess body weight
- Can increase GERD
- Contraindicated in patients with Barrett's
- Long term weight loss debatable



GASTRIC BYPASS

- Gold standard, even though currently more Sleeves are performed
- Restrictive and mal-absorptive
- Reversible
- Patients lose 75% of excess body weight
- Can help with gastroparesis and GERD
- Risk of regaining 10-15% of weight lost



DUODENAL SWITCH

- Restrictive and mal-absorptive
- Partially irreversible
- Patients lose 85% of excess body weight
- Little to no risk for weight re-gain

REVISION SURGERY

- All revisions are performed laparoscopically
- Can revise prior band, sleeve, stomach stapling, and gastric bypass



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