

Sleeve Gastrectomy vs Gastric Bypass: What's the Difference?

Bariatric surgery can be life-changing, but choosing the right procedure is important. Two of the most common operations are the **Gastric Sleeve** and the **Gastric Bypass**. Both are effective, but they work in different ways and suit different patients. Below is a comparison to help you understand your options.

What Is a Gastric Sleeve?

A gastric sleeve (sleeve gastrectomy) involves removing around 70–80% of the stomach, leaving a narrow tube-shaped “sleeve.”

How it works

- **Smaller stomach** means you feel full sooner.
- **Hormonal changes** reduce hunger signals.
- No intestine is bypassed.

Typical benefits

- Steady, reliable weight loss.
- Improvement in conditions such as type 2 diabetes, hypertension and sleep apnoea.
- No rerouting of the digestive system.

Suitability

A sleeve is often recommended for patients without significant reflux who prefer a simpler anatomy and a procedure without intestinal bypass.

What Is a Gastric Bypass?

A One Anastomosis (OAGB, Mini bypass) or Roux-en-Y gastric bypass creates a small stomach pouch and reroutes part of the small intestine so food bypasses the upper digestive tract.

How it works

- **Restriction** from the smaller pouch.

- Strong **metabolic and hormonal effects**, especially helpful for type 2 diabetes.

Typical benefits

- Often greater and faster weight loss than a sleeve.
- Particularly effective for reflux and diabetes.
- Well-established long-term results.

Suitability

A bypass is often recommended for patients with severe reflux, significant metabolic disease, or those needing revisional surgery.

How Do Results Compare?

Weight loss

- **Gastric Sleeve:** On average, patients lose around **50–60% of excess weight**.
- **Gastric Bypass:** Typically **60–70% of excess weight**.

Diabetes improvement

- Both procedures can improve diabetes.
 - Gastric bypass generally has the **strongest metabolic effect**.
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Risks and Considerations

Gastric Sleeve

- Can cause or worsen reflux.
- Risk of staple-line leak (rare).
- Vitamin and mineral supplementation recommended.

Gastric Bypass

- Slightly higher risk of long-term nutritional deficiencies.
 - Possible internal hernias or marginal ulcers.
 - Lifelong vitamin supplementation required.
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Summary

Feature	Gastric Sleeve	Gastric Bypass
Technique	Removes part of the stomach	Creates a pouch + reroutes intestine
Mechanism	Restriction + hormone changes	Restriction + malabsorption + metabolic effects
Weight loss	50–60% excess weight	60–70% excess weight
Best suited for	Obesity without reflux	Reflux, diabetes, revisional surgery
Diabetes effect	Good	Strong
Vitamins	Needed	Needed long-term (more intensive)

Which Procedure Is Right for Me?

The best option depends on your medical history, weight-related conditions, lifestyle and long-term goals.