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BARIATRIC SURGERY · INFORMED CONSENT

Understanding the SADI-S Operation

Single Anastomosis Duodeno–Ileal bypass with Sleeve gastrectomy — a complete look at your procedure, its benefits, and its risks.

ⓘ This supports — it does not replace — the conversation with your surgeon.

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WHAT WE'LL COVER TODAY

Four things to understand before you consent

1 · The Procedure

How we reshape your stomach and reroute your intestine, step by step.

2 · The Benefits

The weight-loss mechanism and the health conditions it can improve.

3 · The Risks

Risks shared by all surgery, and the risks specific to SADI-S.

4 · Life & Consent

Living well long-term, and what signing the consent form means.

Take your time. Write down anything you'd like to ask your surgeon.

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THE PROCEDURE

SADI-S is really two operations in one

1 · A smaller stomach

A sleeve gastrectomy removes about 60% of your stomach, leaving a narrow tube the shape of a banana. It empties slowly, so you feel full sooner and longer.

2 · A rerouted intestine

We then bypass a long segment of small intestine. Food meets digestive juices later, so your body absorbs fewer calories — and your fullness hormones change.

"Single anastomosis" means there is just one new connection between intestine and stomach — not two like the Roux en Y gastric bypass.

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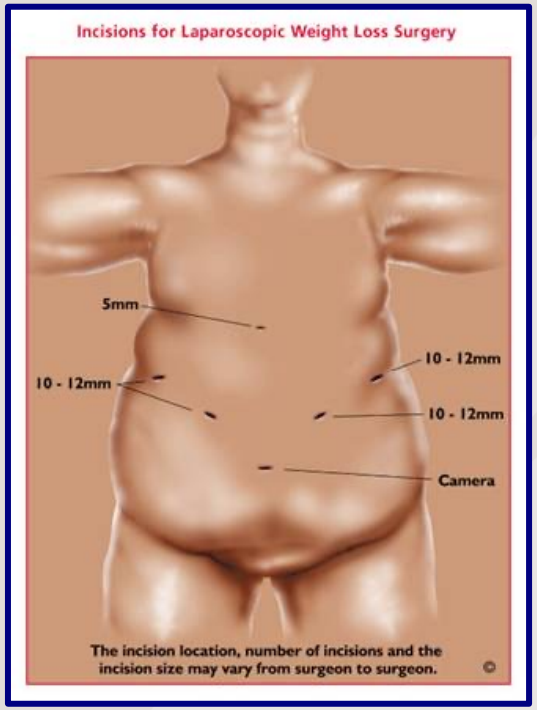
HOW IT'S PERFORMED

Almost always through keyhole incisions

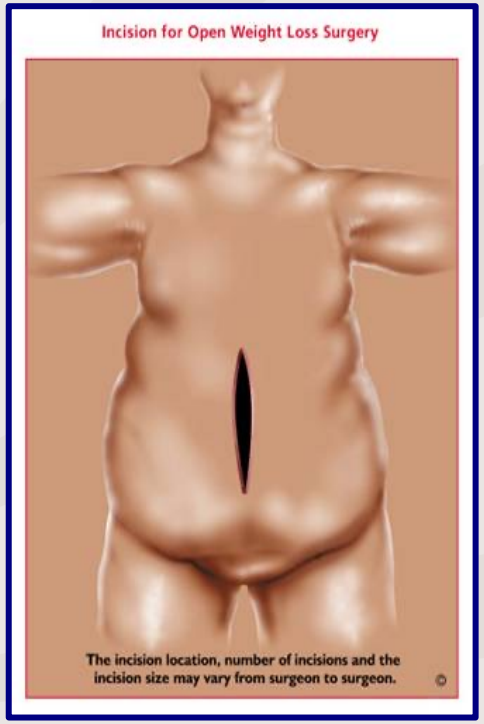
99/100

cases are completed laparoscopically or robotically.

Laparoscopic [99%]



Open [1%]



A few small openings — not one large cut — mean less pain and a faster return home.

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IN RARE CASES

Three reasons we might switch to an open operation

01

Scar tissue

Adhesions from a previous major abdominal surgery can make the keyhole approach unsafe.

02

An emergency

A situation such as bleeding that cannot be controlled with the cameras alone.

03

Unusual anatomy

Anatomy that differs from what we expect — which happens in a very small number of patients.

Whatever the approach, your safety guides every decision in the operating room.

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WHY IT WORKS

SADI-S helps in three ways at once

Fuller, sooner

The narrow sleeve empties slowly, giving a prolonged feeling of fullness after small meals.

Fewer calories

Rerouting the intestine reduces the calories your bowel can absorb from the food you eat.

Less hunger

It changes gut hormones like GLP-1, which lowers hunger — and can improve type 2 diabetes.

These hormone changes are why some chronic conditions improve even before you reach your goal weight.

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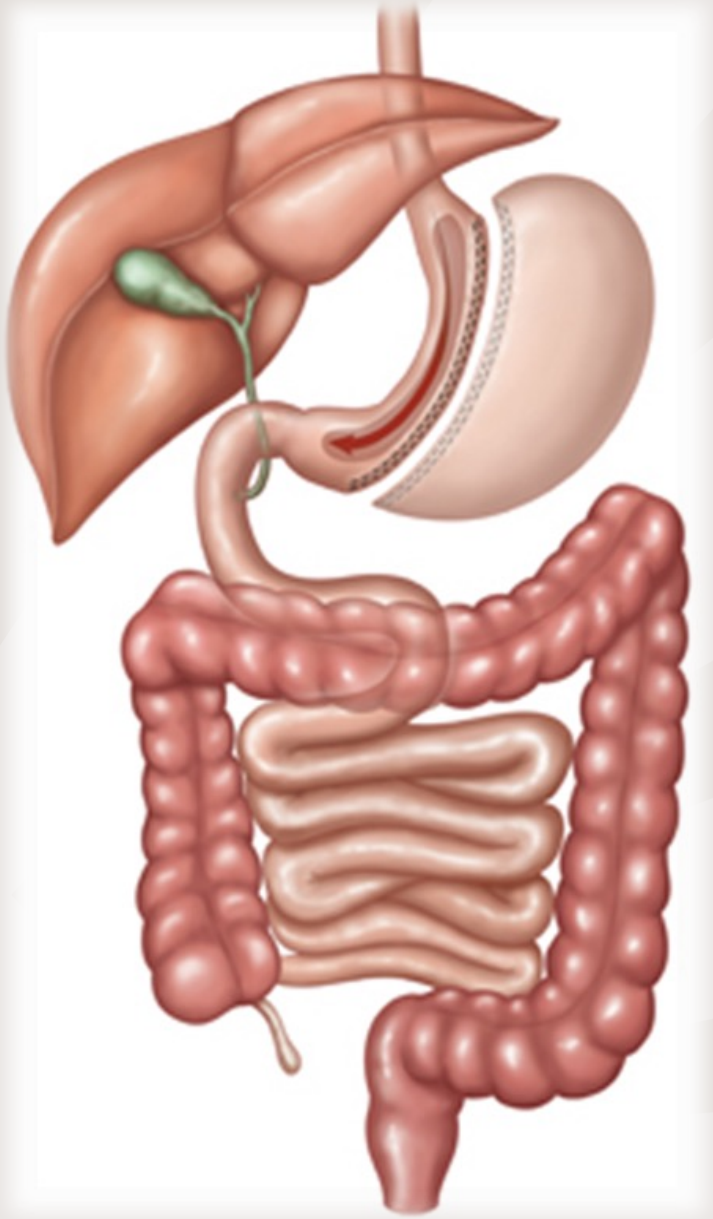
STEP 1 OF 2

We create a stomach sleeve

About 60% of your stomach is removed and stapled away. What remains is a slim tube — shaped like a shirt sleeve or a banana.

- Holds much less food at one time
- Empties slowly for lasting fullness



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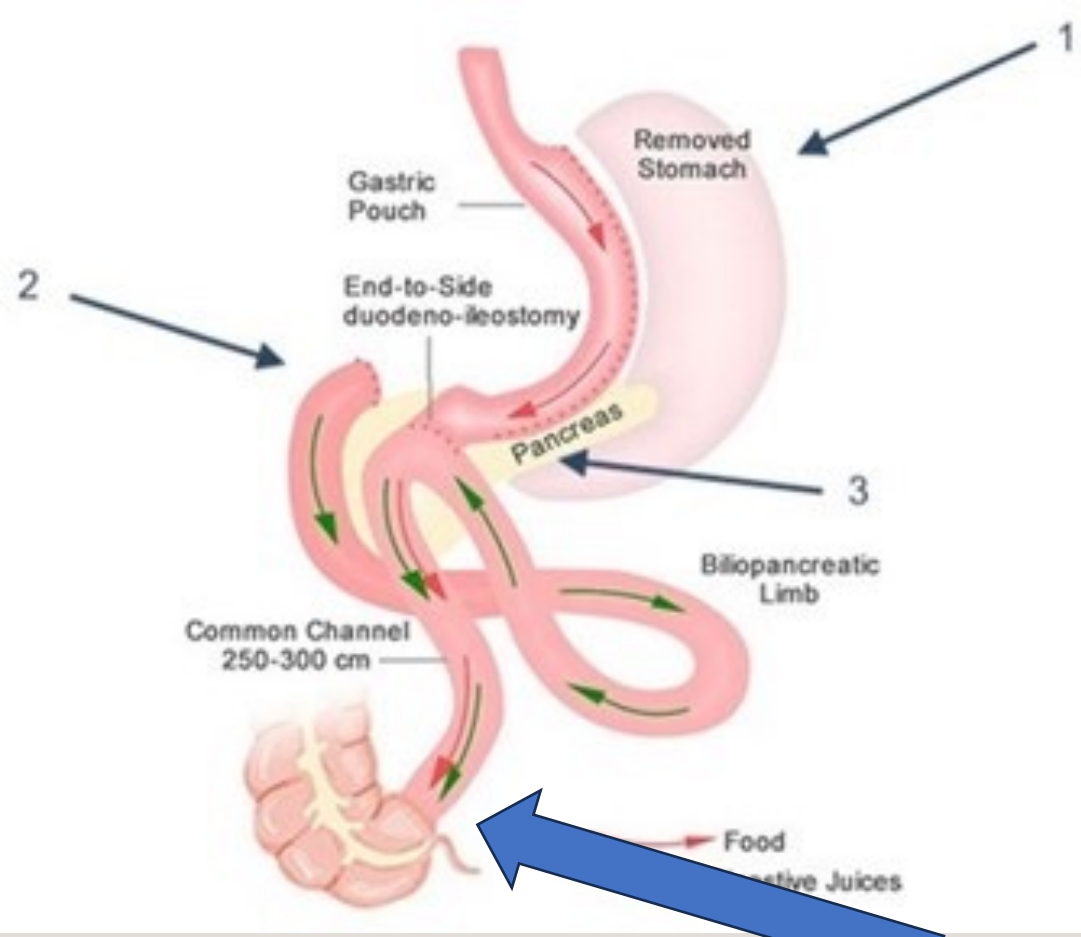
STEP 2 OF 2 · THE SINGLE ANASTOMOSIS

We reroute the intestine with one new connection



We divide the intestine just past the stomach and bring up the ileum — the lower part of the small intestine, where fullness hormones live — to meet the sleeve with one new join.

- Food flows from the sleeve into the ileum
- Digestive juices travel down a separate path
- They mix in the common channel, then move on; brings food closer to GLP-1

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WHILE WE OPERATE

Built-in checks to keep you safe

Special staplers

Precision staplers create the sleeve and join the intestine securely.

ICG leak test

A special dye under ICG laser light lets us check every connection for leaks.

A drain — sometimes

Some patients get a drain on the left side. Most do not — it depends on the case.

A catheter — sometimes

A few patients keep a urinary catheter overnight. Most do not.

If we ever find a leak, we reinforce that area before finishing.

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CHAPTER TWO

The Benefits

What SADI-S can do for your weight and your health.

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HEALTH CONDITIONS

Conditions that often improve or resolve

Type 2 diabetes

Often improves early — even before major weight loss — thanks to gut-hormone changes.

High blood pressure

Many patients reduce or stop blood-pressure medications as weight comes down.

Sleep apnea

Breathing during sleep frequently improves, often reducing the need for CPAP.

High cholesterol

Cholesterol levels commonly move toward a healthier range after surgery.

How much improves depends on how long you've had the condition, your weight-loss success, and staying consistent with follow-up.

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CHAPTER THREE

The Risks

Every operation carries risk. Here is an honest look at yours.

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SHARED BY ALL SURGERY

Risks of any abdominal operation

These can occur with any abdominal surgery — whether it's a gallbladder removal, colon surgery, or your SADI-S.

- Bleeding
- Infection
- Injury to nearby organs
- Heart attack or stroke
- Blood clots in the legs
- Blood clots to the lungs

You'll receive blood-thinner shots, leg compression, and early walking to lower clot risk.

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SPECIFIC TO THIS OPERATION

Risks specific to SADI-S

- Leaks at a stapled connection
- Need to return to the OR
- Switch to an open operation
- Hernias — wall & internal
- Strictures — narrowed connections
- Not enough long-term weight loss

A stricture is a narrowing where two parts of intestine are joined; it can usually be stretched open.

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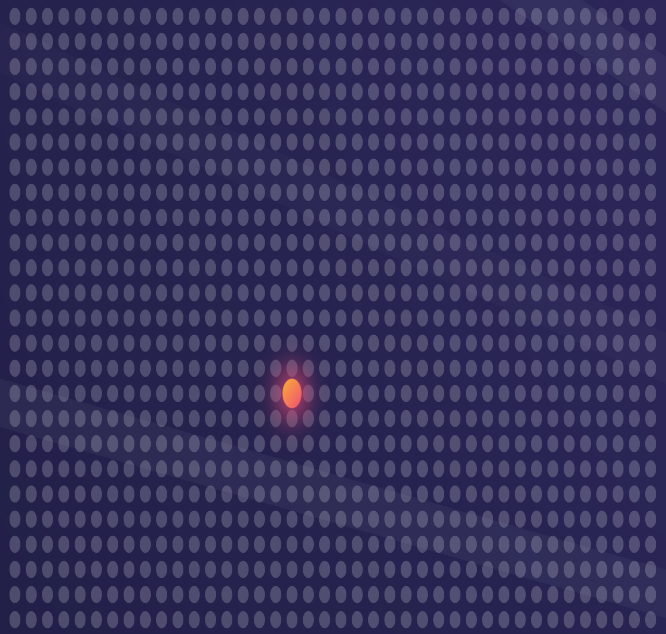
THE MOST SERIOUS RISK

The risk of death is very low



Each dot = one operation · highlighted ≈ the average risk

6 in 10,000

That’s roughly 1 in 1600 — and we work to make it lower.

- Most common: a clot to the lungs (pulmonary embolism)
- Less often: heart attack or heart-rhythm problems
- Rarely: an unrecognized leak — extremely uncommon

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CHAPTER FOUR

Living Well After Surgery

The long-term changes to expect — and the one thing that matters most.

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CHANGES IN DIGESTION

Common long-term bowel changes

- Loose stools or diarrhea
- Foul-smelling stool or gas
- Urgency
- Bloating
- Fat malabsorption (steatorrhea)
- Food intolerance
- Dehydration if you don't drink enough

Most patients adapt — and we can help

For persistent symptoms: diet changes, anti-diarrheal medicines, bile-acid binders, pancreatic enzymes, and — rarely — a revision to lengthen the channel.

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THE MOST IMPORTANT THING YOU CONTROL

Nutrition is the big one

SADI-S bypasses a long stretch of bowel, so good nutrition takes lifelong attention:

- Lifelong bariatric vitamins
- Enough protein every day
- Regular surveillance lab tests

Without it, deficiencies can develop in:

Fat-soluble vitamins: A · D · E · K

Iron · Calcium · Zinc · Copper · Selenium
Folate · Vitamin B12 · Thiamine (B1)
Protein / albumin

A 2023 four-year study of SADI-S (300-cm common channel) found outcomes generally favorable — but stressed that nutritional deficiency remains a major concern.

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KNOW THE WARNING SIGNS

Watch for protein malnutrition

Less common than with older procedures — especially with a longer common channel — but real. It is the complication that most sets SADI-S apart from a sleeve or standard bypass.

- ⚠ Swelling (edema)
- ⚠ Hair loss beyond normal
- ⚠ Muscle wasting
- ⚠ Ongoing diarrhea
- ⚠ Low albumin on labs
- ⚠ Weakness & repeated dehydration

✓ Tell us early — caught soon, it is very treatable.

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OTHER LONG-TERM RISKS TO KNOW

Reflux, ulcers, and stones

Reflux & ulcers

SADI-S keeps your pylorus, so ulcer risk differs from a standard bypass — but ulcers at the new connection can still happen (rarely a perforation). You may notice:

- Heartburn (GERD) from the sleeve
- Bile reflux, or a duodenal ulcer
- Some patients need long-term acid medicine

Gallstones & kidney stones

Rapid weight loss raises the chance of gallstones. Malabsorption can raise the chance of kidney stones — especially if you don't drink enough fluid.

- Staying well-hydrated is one of your best defenses

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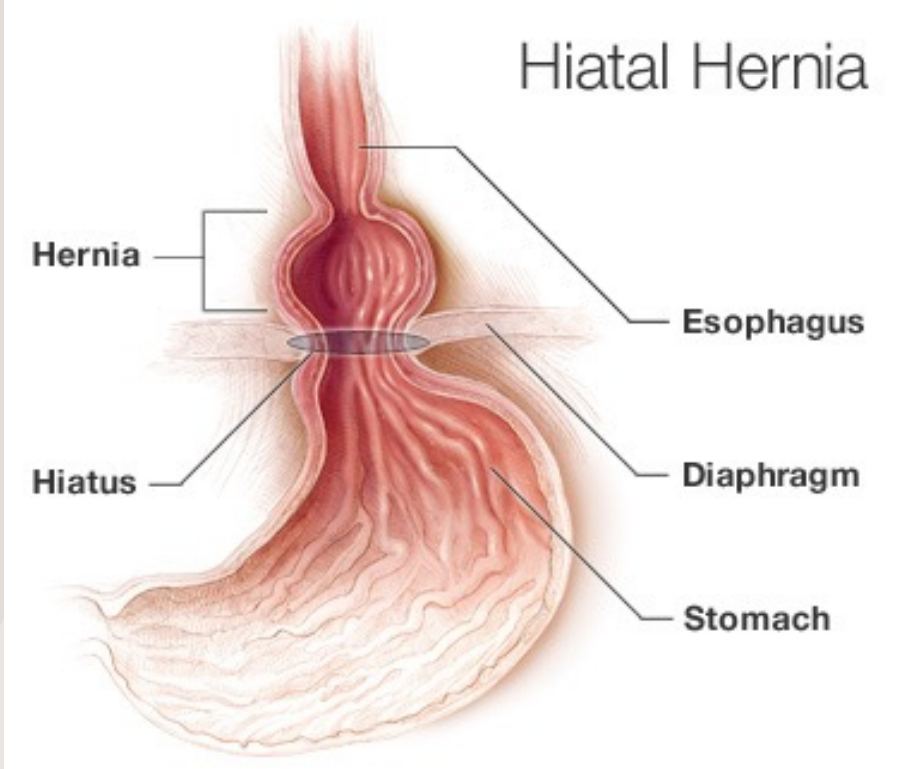
SOMETIMES FOUND DURING SURGERY

If we find a hiatal hernia

A hiatal hernia is when part of the stomach slips up into the chest. We may spot it on your EGD — or only when we operate. If we find one, it may need repair: we move the stomach back down and tighten the muscle around the swallowing tube.



- ⚠ Esophagus or nerve injury
- ⚠ Trouble swallowing
- ⚠ Pneumothorax
- ⚠ Bleeding

ⓘ Adds about 30 minutes · risks are minimal

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We will do everything we can to keep you safe

Avoiding complications is the focus of our entire team — before, during, and long after your operation. This is a partnership, and we are in it with you.

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THE FINAL STEP

The consent process

01

You'll get the form

Please don't fill it out until a nurse directs you.

02

What it means

It gives your surgeons permission to perform your operation.

03

Nurses help

Your nurses will complete the consent with you, step by step.

04

Ask anything

Questions about this talk or the form? Ask your surgeon.

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THANK YOU FOR YOUR TIME

Your questions are always welcome

You've now reviewed the procedure, its benefits, its risks, and what life looks like afterward. Before you sign, talk through anything still on your mind with your surgical team.

We'll see you soon — from everyone at the Prisma Health Weight Management Institute.