





Table 28-1
Summary of Different Types of Weight-Loss Surgeries*

<i>Parameter</i>	<i>RYGBP</i>	<i>BPD-DS</i>	<i>VBG</i>	<i>LAGB</i>
				
Weight Loss				
% EBW	65 to 70	~70	50 to 60	50
% BMI		~35	25 to 30	25
NAFLD	Significantly improves	Significantly improves	Significantly improves except fibrosis, may get worse	Significantly improves
Diabetes	Significantly improves or resolves 65% to 95%	Significantly improves or resolves 65% to 95%	Improves or resolves	Improves or resolves 40% to 65%
Operative				
Mortality	0.5% to 1.0%	1%	0.1%	0.1%
Morbidity	5%	5%	5%	5%
Complication	Stomach dilation, ventral hernia	Malabsorption Increased transaminases, resolve after 6 months	Food/pill impaction Outlet absorption	Gastric prolapse, stomal obstruction, pouch dilation
Type	Restrictive/ malabsorptive	Malabsorptive/ restrictive	Restrictive	Restrictive
Use in the United States	87%	2%	1.4%	9%

*EBW indicates excess body weight; BMI, body mass index; NAFLD, nonalcoholic fatty liver disease; RYGBP, roux-en Y gastric bypass; BPD-DS, biliopancreatic diversion with duodenal switch; VBG, vertical band gastroplasty; LAGB, laparoscopic adjustable gastric banding.

hepatic steatosis and inflammation in animal models, this has not been corroborated in human studies despite a decrease in ALT and liver size.

Thiazolidinediones, eg, rosiglitazone and pioglitazone, act via peroxisome proliferator activating receptor and improve insulin sensitivity. Previous trials with thiazolidinediones showed metabolic and histologic improvement in NASH.⁸ Caution should, however, be exercised while interpreting these data due to the small number of subjects. A clear picture should hopefully emerge from a large NIH-sponsored PIVENS clinical trial. Given