

Inserting an artificial sleeve into the bowel for managing obesity

Information for the public

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What has NICE said?

This procedure should only be carried out as part of a clinical trial.

What does this mean for me?

Your health professional should only offer you this procedure as part of a clinical trial.

You will be asked if details about your procedure can be collected. Ask your health professional for more information about this.

The condition

Obesity is defined as a body mass index (BMI) of 30 kg/m² or more. Obesity increases the risk of other conditions such as type 2 diabetes. Changes to diet and exercise usually help to reduce weight, and sometimes drugs are offered. Surgery to help weight loss (known as bariatric surgery) is sometimes considered if the person is unable to lose enough weight.

[NHS Choices](#) may be a good place to find out more.

NICE has looked at inserting an artificial sleeve into the upper bowel as another treatment option for obesity. Click on to the next page to find out more.

The procedure

This procedure aims to slow digestion by acting as a barrier between food and the upper part of the bowel.

Under a general anaesthetic or sedative, a thin flexible tube with a camera on the end (endoscope) is inserted into the patient's mouth and moved through the stomach into the bowel. The sleeve is moved through the tube and attached to the upper part of the bowel.

Straight after the procedure, patients can only have fluids, and then move on to eating semi-solid foods and solid foods over several weeks. The sleeve is removed within a year.

How well it works

NICE said that the procedure should only be carried out as part of a clinical trial because there wasn't much good evidence about how well it worked or how safe it was. The studies that NICE looked at involved a total of 335 patients.

Generally, they showed that:

- Patients lost around 10–50% of their excess weight (although some weight was put back on 6 months after the sleeve was removed).
- Control of diabetes improved.
- Levels of cholesterol, triglycerides (a type of fat in the blood) and blood pressure were lower.
- The sleeve could not be inserted successfully in a few patients.

The studies showed that the risks included:

- bleeding

- nausea and vomiting
- the sleeve moving out of place
- blockages in the digestive system
- pain
- damage to the throat or oesophagus (gullet)
- inflammation or development of a polyp (fleshy growth) in the bowel.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

Medical terms explained

Obesity

A body mass index (BMI) of 30 kg/m² or more.

Type 2 diabetes

In this condition, the body cannot make enough of a hormone (called insulin) that controls the level of glucose (sugar) in the blood, or the body cannot use the insulin it produces properly.

About this information

NICE [interventional procedure guidance](#) advises the NHS on the safety of a procedure and how well it works. This information applies to people who use the NHS in England, Wales, Scotland and Northern Ireland.

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Accreditation

