The Jikei University Hospital

Weight Loss Surgery (Metabolic / Bariatric surgery) for patient with Obesity

Why Choose Us?

- Expert metabolic/bariatric surgery team
- •Safe laparoscopic procedures
- Support for both insured and uninsured patients

Eligibility & Cost

- Japanese Health Insurance: Covered
- No Insurance: Approximately 3,000,000 JPY

Surgery Details

- Laparoscopic Surgery
- •Operation time2–4 hours, 5-day hospital stay

Contact Us

- jikeidiet@gmail.com
- *Visit our outpatient clinic for more information.

BMI(Body Mass Index) Calculator is available here.



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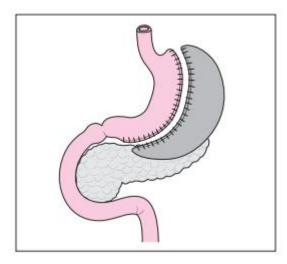
BMI(Body Mass Index) Calculator is available here.



Insurance-covered surgery

Eligibility for Surgery

- •Individuals who have tried medical treatment such as diet therapy, exercise, and medication for more than 6 months, but with insufficient results.
- •Individuals with a **BMI of 32 or higher** and obesity-related health conditions (e.g., type 2 diabetes, hypertension, hyperlipidemia, sleep apnea, fatty liver).



Sleeve gastrectomy

Advantages

- 70% of the stomach is removed, creating a banana-shaped gastric tube.
- It is the most commonly performed surgery worldwide.
- Weight loss effect of 20–30%.
- Also improves metabolism.

Disadvantages

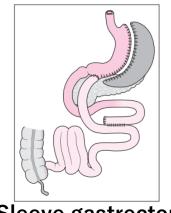
- Risk of new onset or worsening of gastroesophageal reflux disease (GERD).
- Potential for gastric tube narrowing or twisting, leading to obstruction.

^{*}The effects of the surgery may vary from person to person.

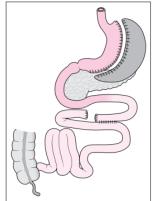
Insurance-covered surgery

Eligibility for Surgery

- •Individuals who have tried medical treatment such as diet therapy, exercise, and medication for more than 6 months, but with insufficient results.
- •Individuals with a **BMI of 35 or higher** and **type 2 diabetes**



Sleeve gastrectomy with transit bipartition



Sleeve gastrectomy plus proximal jejunal bypass

Advantages

- 70% of the stomach is removed, creating a banana-shaped gastric tube (Sleeve gastrectomy).
- To enhance the weight loss and metabolic improvement effects of Sleeve gastrectomy, an upper jejunal bypass is also performed.
- Higher weight loss and improved diabetes outcomes are expected compared to Sleeve gastrectomy alone.

Disadvantages

- Risk of new onset or worsening of gastroesophageal reflux disease (GERD).
- Potential for gastric tube narrowing or twisting, leading to obstruction.
- · Risk of nutritional deficiencies.
- Possibility of bowel obstruction due to adhesions or internal hernia.

*The effects of the surgery may vary from person to person.

Self-paid surgery

- As this is being conducted as a clinical study, consent is required to undergo the surgery.
- It cannot be combined with insurance-covered treatment.
- The estimated cost is approximately 2.5 million yen.



Advantages

- It is the second most commonly performed surgery worldwide.
- Long-term weight loss and metabolic improvement effects have been proven.
- Higher weight loss and improved diabetes outcomes are expected compared to Sleeve gastrectomy alone.
- It can also improve gastroesophageal reflux disease (GERD).

Disadvantages

- Two anastomosis sites.
- Risk of anastomotic ulcers.
- Risk of nutritional deficiencies.
- Possibility of bowel obstruction due to adhesions or internal hernia.
- Difficulty in observing the distal stomach via endoscopy.

Self-paid surgery

- As this is being conducted as a clinical study, consent is required to undergo the surgery.
- It cannot be combined with insurance-covered treatment.
- The estimated cost is approximately 2.5 million yen.



One anastomosis gastric bypass

Advantages

- It is the third most commonly performed surgery worldwide.
- Only one anastomosis site.
- Long-term weight loss and metabolic improvement effects have been proven.
- Higher weight loss and improved diabetes outcomes are expected compared to Sleeve gastrectomy alone.
- The incidence of gastroesophageal reflux disease (GERD) is lower compared to Sleeve gastrectomy.

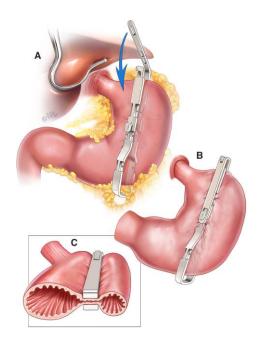
Disadvantages

- Risk of bile reflux into the stomach.
- Risk of anastomotic ulcers/ nutritional deficiencies
- Possibility of bowel obstruction due to adhesions or internal hernia.
- Difficulty in observing the distal stomach via endoscopy.

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Self-paid surgery

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B-Clamp®

https://www.b-clamp.com/

No resection, stapling, or rerouting Minimally invasive Fewer side effects Reversible Advantages No adjustments needed Significant weight loss (60% EWL at 2 years) Improves obesity-related comorbidities and QOL Clip slippage or erosion risk Possible insufficient weight loss in some cases **Disadvantages** General surgical risks (bleeding, infection, etc.)

^{*}The effects of the surgery may vary from person to person.

Important Notice:

Although some doctors are able to communicate in English, we do not provide official language support for medical consultations. If you have difficulty communicating in Japanese, please be sure to visit with an interpreter.

For external interpretation services, please refer to:

https://www.hosp.jikei.ac.jp/visit/foreign_patients.html

How to Contact Us

A referral letter from your primary care doctor is required for a consultation. Additionally, your first appointment must be booked via FAX by your referring doctor.

For FAX reservations, please visit:

https://www.hosp.jikei.ac.jp/medical/offer.html

Address

3-19-18 Nishi-Shinbashi, Minato-ku, Tokyo, Japan 105-8471

Access

For directions and access information, please visit:

https://www.hosp.jikei.ac.jp/about/access.html