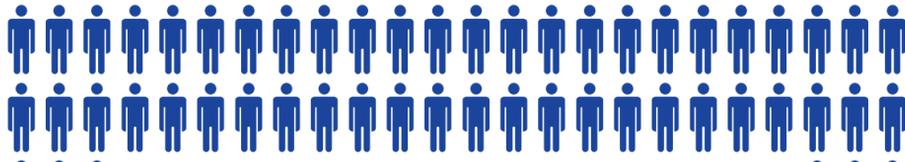
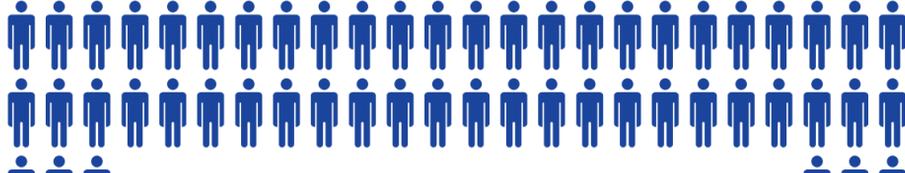


The Growing Problem of Obesity and Liver Disease

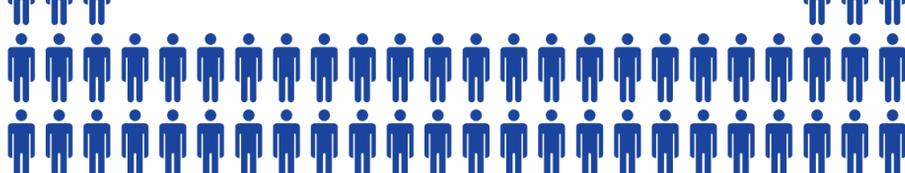
An innovative approach offers a pathway to transplant for patients struggling to lose weight.



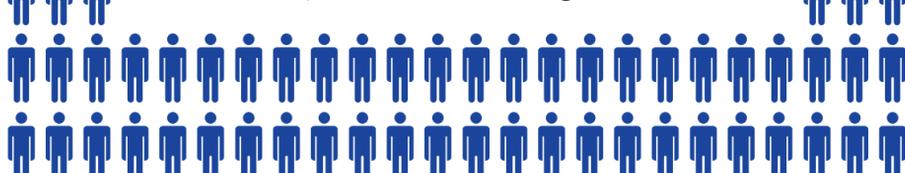
19 million Americans are morbidly obese, which is a body mass index over 40 (approximately 100 lbs. overweight).



Excess body fat can lead to cirrhosis and even liver failure, similar to the effects of long-term heavy drinking. This condition is called nonalcoholic steatohepatitis (NASH). It is associated with obesity and diabetes, high cholesterol and high blood pressure.



Some patients with cirrhosis and liver failure will need a lifesaving liver transplant. NASH is now the second most common reason for liver transplant, and rising.

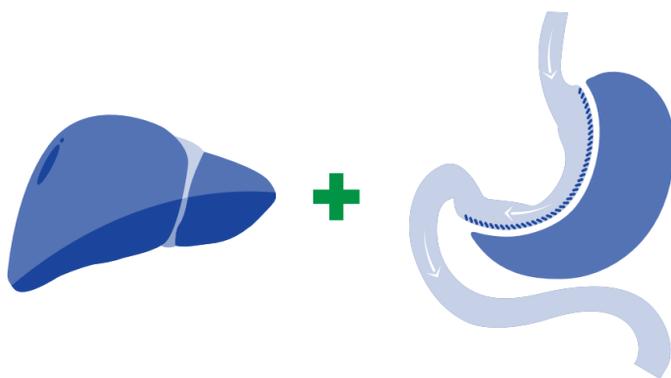


Many transplant centers require weight loss to a set BMI before a liver transplant. This would require significant diet restrictions and exercise, which is even more challenging for individuals with NASH.



Few patients succeed on their own.

A new procedure offers hope to those who can't lose the weight through diet and exercise.



Liver transplantation combined with gastric sleeve resection

- For selected patients, liver transplantation and sleeve gastrectomy are performed during a single surgery.
- Gastric sleeve procedure works by restricting the amount of food a patient can eat, compared to gastric bypass, which works both by restricting the amount of food and creating malabsorption of food.
- Hospital stay and recovery time is similar to a transplant, alone.



A path to post-transplant success

- Patient becomes full quickly when eating, helping to change dietary habits.
- Weight loss can occur at a healthy pace after the lifesaving transplant.
- Sustained weight control helps maintain the well-being of the new liver and reduces the other problems of excess weight, such as diabetes and high blood pressure.