

Understanding Your Obesity Treatment Options

An educational resource provided by

OAC

Obesity Action Coalition

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This information is for educational purposes only and is not a substitute for medical advice, diagnosis or treatment from a qualified healthcare professional.

UNDERSTANDING YOUR OBESITY TREATMENT OPTIONS

Understanding how weight affects your health matters, and you don't have to navigate treatment on your own. Weight and weight loss are complex, but losing just 5% of your total body weight can improve health for many people with obesity. A healthcare provider can help you understand the factors that contribute to weight gain and guide you through available treatment options.

There are several ways to treat obesity, and it can be hard to know where to begin. Many people benefit from using more than one approach since no single method works for everyone. Combining strategies often leads to better long-term results. Talk with your healthcare provider about lifestyle changes and additional treatments that may support your goals.

Please Note: Before starting any treatment, see a healthcare provider. Together, you can choose the options that best fit you and your lifestyle.









This brochure explores the most common obesity treatment options available today:

- Nutrition and physical activity
- Behavioral therapy and emotional health
- Medical weight management
- Minimally invasive and endoscopic options
- Long-term care and maintenance



If you don't have a healthcare provider who specializes in obesity care, visit the Obesity Care Providers website, powered by the Obesity Action Coalition, to find one near you.

Visit **ObesityCareProviders.com** to get started.

BEHAVIOR MODIFICATION

Your everyday habits guide many of your choices and can affect your health. Some days you grab something quick to eat, other days you plan ahead. Some weeks you find moments to move your body. Other times you focus on getting enough sleep. These patterns also shape the routines your family sees. Changing habits isn't always easy, but small steps and the right support can make a real difference.

Understanding Health and Nutrition

Our food, activity and sleep habits can all influence our health. Learning how your body works and how to care for it is an important step in managing your weight. Building knowledge about nutrition, movement, rest and healthy living helps you make more mindful choices. You can learn in many ways, including talking with your healthcare provider, meeting with a registered dietitian and reading trusted health resources like those from the Obesity Action Coalition.



Talking to Your Healthcare Provider (HCP) – Discussing your weight and health with your healthcare provider is a good first step. Come prepared with a food journal showing what you ate and drank for one week, a list of your physical activity for that same week, your medical conditions and family health history (such as diabetes, heart disease, hypertension), and a list of all medications, vitamins and supplements you take. Your provider can help you understand what may be contributing to weight gain and what treatment options are right for you.

Meeting with a Registered Dietitian (RD) – Registered dietitians are nutrition experts who can teach you about meal planning, portion sizes and healthy food choices that support your goals. A dietitian can help you create meal plans that fit your lifestyle, understand how food affects your weight and overall health, and set and reach realistic nutrition goals.

Building Your Support Team – You don't have to manage weight and health changes alone. Building a team of support can help you stay motivated and address the different parts of your well-being. Your team might include a primary care provider or obesity medicine specialist, a registered dietitian, a psychologist or counselor to help with emotional and behavioral factors, and an exercise professional to guide safe and effective physical activity. This team approach can help you build lasting habits, manage challenges and support your mental and physical health throughout your journey.

Your everyday choices—what you eat, how you move and how you care for yourself—combine to shape your lifestyle. Making realistic, sustainable changes is key to improving your health and managing your weight.



NUTRITION AND PHYSICAL ACTIVITY

Eating well and moving your body are important parts of managing weight and improving health. Making changes doesn't have to mean drastic diets or intense workouts. Small, consistent steps lead to lasting progress.

Nutrition

Focus on balance and variety. Choose foods that give your body the energy and nutrients it needs—like lean proteins, fruits, vegetables, whole grains and healthy fats. Understanding portion sizes, reading food labels and planning meals ahead can help you make mindful choices.

Physical Activity

Regular movement improves strength, mood, sleep and heart health. Start with activities you enjoy and that fit your ability level, such as walking, swimming, dancing or chair exercises. Every bit of movement adds up. Talk with your healthcare provider before starting a new activity, especially if you have health conditions or mobility concerns.

Remember, lasting change happens when you find a balance that feels realistic for your lifestyle.



BEHAVIORAL THERAPY AND EMOTIONAL HEALTH

Our emotions, habits and thoughts play a big role in weight and health. Behavioral therapy can help you identify patterns like emotional eating, stress triggers or negative self-talk that make change harder.

Working with a psychologist, counselor or therapist can help you set realistic goals, manage setbacks and build resilience. Cognitive Behavioral Therapy (CBT), mindfulness and stress-reduction techniques are often used to support healthy lifestyle changes.

Caring for your emotional health is just as important as caring for your physical health. Asking for help is a sign of strength, and emotional support can make a real difference in long-term success.

To find a qualified mental health professional near you, visit **ObesityCareProviders.com**



COMMUNITY-BASED PROGRAMS

Community-based programs bring people together to learn, share experiences and support one another in managing weight and improving health. They provide motivation, accountability and a sense of belonging, which can make lasting change easier.

TAKE OFF POUNDS SENSIBLY

Programs like **TOPS® (Take Off Pounds Sensibly)** focus on gradual, realistic progress through balanced eating, portion control and regular activity. Members meet in small groups for education, support and encouragement. These meetings help participants build healthy habits they can maintain over time.

YMCA'S DIABETES PREVENTION PROGRAM

The **YMCA® Diabetes Prevention Program** helps individuals at risk for type 2 diabetes through guided group sessions that teach healthy eating, physical activity and stress management. Participants work toward modest weight loss and increased activity levels with the support of a trained lifestyle coach.

Research shows that group-based programs can strengthen efforts to improve health and support changes made through medical care or lifestyle interventions. These programs are often low-cost or free, making them accessible to more people. Many are offered through local YMCAs, hospitals, faith-based organizations and public health departments, with some providing virtual options for added convenience.

COMMERCIAL WEIGHT-LOSS OPTIONS

Commercial programs offer a wide range of tools and approaches for weight management. Some focus on nutrition education and accountability while others provide structured plans with pre-packaged foods, digital tracking or meal delivery services.

WW (WeightWatchers)® combines flexibility with structure through a points system that helps guide food choices while allowing freedom to enjoy a variety of foods. It offers in-person or virtual group meetings for support.

Meal-replacement programs like **Nutrisystem®** deliver portion-controlled meals and snacks to simplify eating choices and encourage calorie awareness. These programs can provide structure and support, but ongoing care may be needed after the program ends to help maintain progress.

Many commercial options now include mobile apps, online coaching and virtual communities for added support. Some offer access to telehealth providers who can give medical guidance or prescribe medications as part of a structured program. Costs can vary so it's important to find an option that fits your budget and preferences. It's also a good idea to discuss any commercial plan with your healthcare provider especially if you have other health conditions or take prescription medications. Look for programs that encourage balanced nutrition, regular activity and sustainable behavior change.

PHYSICIAN-SUPERVISED OPTIONS

Physician-supervised programs provide individualized care and medical oversight, often including a team of professionals such as doctors, dietitians and psychologists. These programs may involve nutrition counseling, behavioral therapy, prescription medications or medically supervised meal plans.

This approach is especially helpful for people who have obesity-related conditions such as type 2 diabetes, high blood pressure or sleep apnea. A medical provider can help identify underlying health factors that affect weight and create a safe, personalized plan.

Some clinics offer structured meal replacement programs like OPTIFAST® or HMR (Health Management Resources), which begin with closely supervised plans and gradually transition participants back to everyday foods. These programs also teach the skills needed to maintain weight loss over time.

Regular follow-up visits allow your healthcare team to monitor progress, adjust treatment as needed and address any challenges along the way. These programs differ from commercial or community-based options because they include medical evaluations and can incorporate prescription treatments when appropriate.

Insurance coverage can vary so check your plan for details. Ask your healthcare provider if they offer a medical weight management program or can refer you to one covered by your insurance.



To find a healthcare provider trained in obesity medicine, visit **ObesityCareProviders.com**

MEDICAL WEIGHT MANAGEMENT



Who Is a Candidate for Medications that Help Treat Obesity?
Many people find that lifestyle changes combined with medication can support long-term obesity treatment. Several FDA-approved medications are available for adults with a BMI of 30 or higher, or 27 or higher with at least one weight-related health condition. Some medications are also approved for adolescents, while others treat specific rare genetic conditions or acquired hypothalamic obesity.

Medication options vary in how they work, how they are taken and who may benefit from them. A health care provider can review your medical history, current medications and treatment goals to help determine which option may be appropriate for you. Results vary by medication and individual response. Most of these medications are available by prescription only.



Will My Insurance Cover Medications to Treat Obesity?
Coverage for prescription obesity medications varies by state and insurance provider. Check your plan's pharmacy benefits page on your insurer's website to see which medications are included.



Talking with Your Healthcare Provider
It's important to discuss all medications with your healthcare provider before starting them. Your provider can review your medical history, current medications and health goals to determine which option is safest and most effective for you. Some side effects are temporary as your body adjusts, while others may require a dosage change or a different medication. Open communication helps ensure the best results and long-term safety.

Medication	Form	Who It's For	Average Weight-Loss	Key Benefits & Notes
Liraglutide (Saxenda®)	Daily injection	Adults with BMI ≥ 30, or ≥ 27 with a related condition; teens 12–17 with BMI ≥ 95th percentile and weight > 132 lb	~5–10%	Helps regulate blood sugar and appetite. May cause nausea or upset stomach when starting.
Naltrexone/ Bupropion ER (Contrave®)	Pill – taken daily	Adults with BMI ≥ 30, or ≥ 27 with a related condition	~5–10%	Reduces appetite and cravings. May slightly raise blood pressure or heart rate.
Orforglipron (Foundayo®)	Pill – taken daily	Adults with BMI ≥ 30, or ≥ 27 with a related condition	~7–12%	Helps regulate appetite and blood sugar. Oral GLP-1 option taken as a daily pill. May cause nausea, diarrhea or constipation.
Orlistat (Xenical®, Alli®)	Pill – taken with meals	Adults and teens 12+ with BMI ≥ 30, or ≥ 27 with a related condition	~5%	Blocks some dietary fat from being absorbed. May cause digestive side effects. Xenical is prescription-only, while Alli is available over the counter.
Phentermine (Adipex®, Lomaira®, Suprenza®)	Pill – taken daily	Adults with BMI ≥ 30, or ≥ 27 with a related condition	~4–5%	Helps reduce appetite. Not for people with certain heart or thyroid conditions.
Phentermine/ Topiramate ER (Qsymia®)	Pill – taken daily	Adults with BMI ≥ 30, or ≥ 27 with a related condition; teens 12+ with BMI ≥ 95th percentile	~5–10%	Helps control hunger and cravings. Not recommended during pregnancy.
Semaglutide (Wegovy®)	Weekly injection	Adults with BMI ≥ 30, or ≥ 27 with a related condition; teens 12+ with BMI ≥ 95th percentile	~15–17% (some reach 20%+)	Improves fullness and appetite control. Also approved to reduce the risk of heart attack, stroke or heart-related death in adults with obesity or overweight and heart disease.

Medication	Form	Who It's For	Average Weight-Loss	Key Benefits & Notes
Semaglutide Oral (Wegovy® Tablet)	Daily pill (empty stomach)	Adults BMI ≥30 or ≥27 with related condition Also approved to reduce cardiovascular risk in adults with established heart disease and obesity or overweight.	13.6% average; about half lost 15% or more (25 mg tablet study)	Needle-free GLP-1 option. Must be taken first thing in the morning with plain water only for proper absorption. About 50% of participants lost 15% or more of their starting weight in the published study.
Setmelanotide (Imcivree®)	Daily injection	Children ages 2+ and adults with obesity due to Bardet-Biedl syndrome or genetically confirmed POMC, PCSK1 or LEPR deficiency, and children ages 4+ and adults with acquired hypothalamic obesity.	Variable, often significant	Targets a genetic pathway that regulates hunger and energy balance. Genetic testing is required for certain conditions. Should be prescribed by a specialist familiar with rare obesity syndromes.
Tirzepatide (Zepbound®)	Weekly injection	Adults with BMI ≥ 30, or ≥ 27 with a related condition	~15–25% (some reach 25%+)	Works on two gut hormones to manage hunger and digestion. Also approved to treat moderate to severe obstructive sleep apnea (OSA) in adults with obesity.

Obesity Medications Are Long-Term Treatment

Obesity is a chronic disease, and medications help treat it rather than cure it. Like medications for high blood pressure or diabetes, they work while they are being taken. Most people who stop taking obesity medications experience weight gain. This is not a personal failure, nor does it mean the medication did not work. It reflects the chronic nature of the disease.

Treatment is intended to be long term. Interruptions caused by cost, loss of insurance coverage or supply issues can disrupt care and reverse progress. If you are considering stopping your medication or facing a change in coverage, talk with your health care provider about your options.

A Closer Look at Medical Weight-loss Medications

Liraglutide Injection (Saxenda®)

Originally developed for type 2 diabetes, Saxenda® helps regulate blood sugar, slow digestion and increase fullness.

- **Average weight-loss:** 5–10% of starting weight.
- **Concerns**: May cause nausea, vomiting, diarrhea or constipation.

Naltrexone/Bupropion (Contrave®)

Combines two medications that affect brain chemistry to reduce appetite and cravings.

- **Average weight-loss:** 5–10% of starting weight over one year.
- **Concerns:** Possible side effects include nausea, constipation, headache or dizziness. May slightly increase blood pressure and heart rate.

Orforglipron (Foundayo®)

Orforglipron is an oral GLP-1 receptor agonist that helps regulate appetite, slow digestion and improve blood sugar. It is taken once daily as a pill.

- **Average weight-loss:** ~7–12% of starting weight
- **Concerns:** May cause nausea, diarrhea or constipation. Not recommended for individuals with certain thyroid conditions.

Orlistat (Xenical®, Alli®)

Orlistat blocks some fat from being absorbed by the body. Xenical® is prescription-only, while Alli® is an over-the-counter version.

- **Average weight-loss:** About 5% of starting weight.
- **Concerns:** May cause mild digestive side effects like gas or cramping. Your doctor may suggest a multivitamin to prevent nutrient deficiencies. Works best with a moderate-fat diet.

Phentermine (Adipex®, Lomaira®, Suprenza®)

Approved since 1959, phentermine reduces appetite and contains a mild stimulant to boost energy. It's taken daily in the morning for short-term use.

- **Average weight-loss:** 4–5% of starting weight.
- **Concerns:** May raise blood pressure and heart rate. Not recommended for those with heart conditions, uncontrolled hypertension, glaucoma or hyperthyroidism.

Phentermine-Topiramate ER (Qsymia®)

Combines an appetite suppressant with a medication that increases fullness and reduces cravings.

- **Average weight-loss:** 5–10% of starting weight, depending on dose.
- **Concerns:** May cause dry mouth, constipation or tingling sensations. Not recommended for women who are pregnant or planning pregnancy.

Semaglutide Injection (Wegovy®)

A GLP-1 receptor agonist that mimics a natural gut hormone to reduce appetite and improve fullness.

- **Average weight-loss:** 15–17% of starting weight, with some achieving 20% or more.
- **Concerns:** Not for individuals with certain thyroid conditions. May cause nausea, diarrhea or constipation. Rare but serious risks include pancreatitis and gallbladder issues.

Semaglutide Oral (Wegovy® Tablet)

Oral semaglutide is a GLP-1 receptor agonist that helps regulate appetite and fullness. It works similarly to injectable semaglutide but is taken as a pill. The tablet must be taken first thing in the morning on an empty stomach with a small amount of plain water. Wait at least 30 minutes before eating, drinking or taking other medications so the medicine can be absorbed properly. It is also approved to reduce the risk of cardiovascular death, heart attack and stroke in adults with established cardiovascular disease and obesity or overweight.

- **Average weight-loss:** In a published study of the 25 mg tablet, participants lost an average of 13.6% of their starting weight, and about half lost 15% or more. Individual results vary.
- **Concerns:** Not for individuals with certain thyroid cancers or Multiple Endocrine Neoplasia syndrome type 2 (MEN2). May cause nausea, diarrhea or constipation. Rare but serious risks include pancreatitis and gallbladder problems.

Setmelanotide (Imcivree®)

Targets the brain's melanocortin-4 receptor pathway to help control hunger and energy balance. Approved for children ages 2+ and adults with obesity due to Bardet-Biedl syndrome or genetically confirmed POMC, PCSK1 or LEPR deficiency, and children ages 4+ and adults with acquired hypothalamic obesity.

- **Average weight-loss:** varies by condition and individual response.
- **Concerns:** May cause skin darkening (especially in areas with freckles or moles), injection site reactions, nausea, or headache. Treatment should be managed by a specialist familiar with rare genetic obesity disorders.

Tirzepatide (Zepbound®)

Mimics two gut hormones, GIP and GLP-1, to regulate appetite and digestion.

- **Average weight-loss:** 15–25% of starting weight, with many losing 25% or more.
- **Concerns:** Similar side effects to GLP-1 medications, including nausea and constipation. Not for people with a personal or family history of medullary thyroid cancer or MEN2.

BARIATRIC SURGERY AND DEVICES

Bariatric surgery is a safe and effective treatment option for people with severe obesity and for some with obesity-related health complications. These procedures are recognized for the metabolic and hormonal changes they cause that play a role in hunger (wanting to eat) and satiety (feeling full).

Bariatric surgery is a well-established approach for both weight-loss and the treatment of many conditions related to obesity. However, not everyone qualifies. There are specific requirements a person must meet to be considered a candidate. In addition to surgery, FDA-approved bariatric devices and less invasive options are available for the treatment of obesity.



Could You Be a Candidate for Bariatric Surgery?

In 2022, the American Society for Metabolic and Bariatric Surgery (ASMBS) and the International Federation for the Surgery of Obesity and Metabolic Disease (IFSO) issued a joint statement confirming bariatric surgery as an effective approach for consistent, long-term weight loss. They recommend:

- BMI 35 kg/m² or higher, regardless of obesity-related conditions
- BMI 30–34.9 kg/m² with metabolic disease or when nonsurgical treatment has not resulted in substantial or lasting improvement
- Adjusted BMI thresholds for Asian populations (clinical obesity at >25 kg/m², surgery at >27.5 kg/m²)
- Appropriately selected children/adolescents may be considered

Benefits and Risks

Bariatric surgery can help improve or resolve conditions such as type 2 diabetes, high blood pressure and sleep apnea. Many patients find they need fewer medications and experience improved overall health. Average total body weight-loss typically ranges from 10–35%, depending on the procedure and individual factors.

Obesity is a complex chronic disease that requires lifelong management. Weight regain after surgery does not mean failure. It reflects the ongoing nature of the disease. Continued care, behavioral support and, in some cases, medication or additional procedures play an important role in maintaining health improvements over time. Surgical risks and potential complications vary by procedure and should be discussed with your healthcare provider.

Commonly Used Terms for Bariatric Surgery

Surgeries are performed using one of three approaches: open, laparoscopic or robotic. Your surgeon will determine which is best based on your medical history and their experience.

- **Open:** Involves a single, larger incision to access the abdomen. While still performed, this is not as common.
- **Laparoscopic:** Uses several small incisions through which a camera and instruments are inserted, allowing the surgeon to view and perform the operation on a monitor.
- **Robotic:** Uses robotic-assisted technology controlled by the surgeon to enhance precision, visibility and flexibility.

Robotic Surgery

Robotic-assisted surgery is a minimally invasive approach in which the surgeon uses advanced tools to perform procedures with greater control, flexibility and precision. The robotic system acts as an extension of the surgeon's hands and eyes, translating hand movements into precise actions inside the body. During robotic-assisted surgery, the surgeon sits at a console in the operating room and controls the instruments while viewing a 3D high-definition image of the surgical area.

Robotic systems such as the da Vinci Surgical System® are used for many procedures, including bariatric surgeries like sleeve gastrectomy and gastric bypass. The robot itself does not perform the surgery—it enhances the surgeon's ability to operate with greater precision.



Photo courtesy of Intuitive

Benefits:

- Smaller incisions and less scarring
- Shorter hospital stays and quicker recovery
- Greater precision and control
- Less blood loss and discomfort for some patients

Risks and Considerations:

- Longer operating times in some cases
- Not available at all hospitals or clinics
- May be more expensive depending on insurance and facility

Robotic-assisted surgery can support a smoother recovery and greater precision in certain cases. It's not appropriate for every situation, so talk with your healthcare provider to see what's best for you.

Metabolic vs. Non-Metabolic Procedures

Metabolic operations—such as sleeve gastrectomy, gastric bypass and duodenal switch—alter the gastrointestinal (GI) tract and change hormone levels like ghrelin, GLP-1 and PYY, which affect hunger and metabolism. Non-metabolic options, such as adjustable gastric banding, restrict food intake without altering hormone secretion.

Bariatric Surgery Options

There are multiple surgical options, each with unique benefits and risks. Choosing the right one depends on individual health needs and goals. Bariatric surgery works best as part of a comprehensive care plan that includes nutrition, behavioral changes and physical activity.

Common Procedures Include

On the next pages, you'll find a summary of the most commonly performed bariatric procedures and how they work. Each option has unique features, benefits and considerations that should be discussed with a qualified healthcare provider.

Vertical Sleeve Gastrectomy (VSG)

What Is It?

The Vertical Sleeve Gastrectomy (VSG), also called a sleeve gastrectomy, is one of the most common bariatric procedures performed in the U.S. During surgery, about 75% of the stomach is removed, leaving a narrow, sleeve-shaped stomach about the size and shape of a banana. This smaller stomach limits how much food can be eaten and reduces hunger by lowering ghrelin levels—a hormone that stimulates appetite.

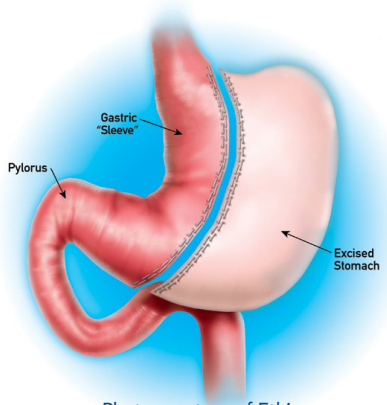


Photo courtesy of Ethicon

How is it performed?

The procedure is typically done laparoscopically or robotically through small incisions. The intestines are not bypassed, so digestion continues normally.

Benefits

The VSG helps reduce hunger, limits portion sizes and allows normal digestion and nutrient absorption. It usually has a shorter surgery and recovery time than other procedures.

Risks and Considerations

Possible risks include leaks, bleeding or reflux. Lifelong vitamin and mineral supplementation is required. Long-term results depend on continued healthy eating and physical activity.

Roux-en-Y Gastric Bypass (RYGB)

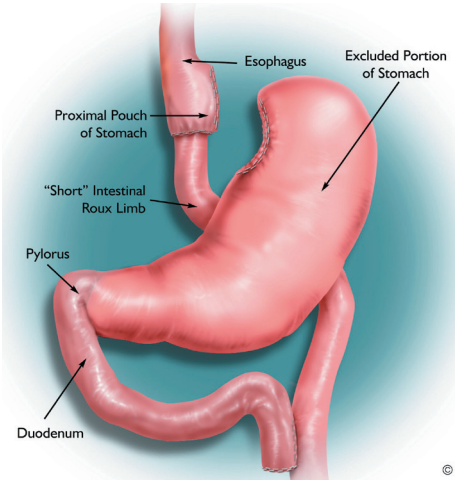


Photo courtesy of Ethicon

What Is It?

Gastric bypass creates a small stomach pouch that connects directly to a lower part of the small intestine, reducing both food intake and nutrient absorption. The surgery also affects hormones that control hunger, fullness and blood sugar regulation.

How Is It Performed?

The Roux-en-Y Gastric Bypass is now typically performed laparoscopically or robotically, using small incisions and specialized instruments. The procedure involves dividing the stomach to create a small pouch and rerouting part of the small intestine to form the bypass connection. In the past, this surgery was performed as an open procedure, requiring a large abdominal incision and a longer recovery time.

Benefits

RYGB has a long history of effectiveness in managing obesity and related conditions such as type 2 diabetes. It alters gut hormones in ways that support weight management and improved glucose control.

Risks and Considerations

Because fewer nutrients are absorbed, lifelong vitamin and mineral supplements are required. Some people experience "dumping syndrome" after eating high-sugar foods, which can cause nausea, dizziness and a rapid heartbeat.

Biliopancreatic Diversion with Duodenal Switch (BPD/DS)

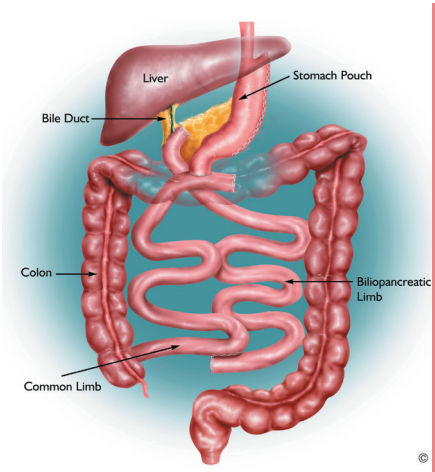


Photo courtesy of Ethicon

What is it?

The duodenal switch combines a sleeve-like stomach reduction with an intestinal bypass that limits calorie absorption. It changes gut hormones involved in appetite and metabolism and is known for its strong metabolic benefits.

How is it performed?

The procedure removes a large portion of the stomach and reroutes the small intestine to shorten the distance food travels before mixing with digestive juices. It is complex and performed mainly at specialized centers.

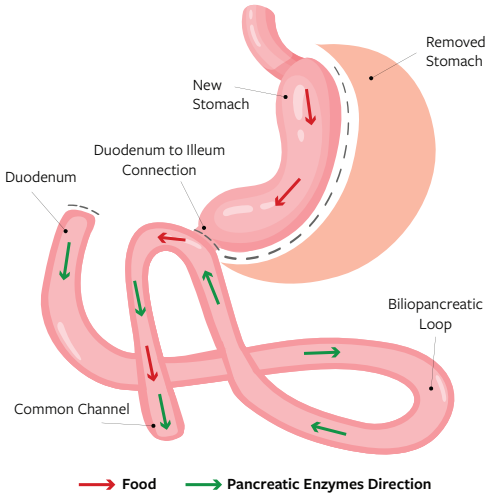
Benefits

BPD/DS can result in substantial and durable weight reduction and improvement in metabolic conditions like type 2 diabetes.

Risks and Considerations

Because nutrient absorption is reduced, lifelong vitamin and mineral supplementation and close medical monitoring are required. Without proper follow-up, deficiencies in fat-soluble vitamins and minerals can occur.

Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy (SADI-S)



What is it?

The SADI-S combines a sleeve gastrectomy with a simplified intestinal bypass. It uses a single intestinal connection, reducing calorie absorption while maintaining hormonal benefits that improve metabolism.

How is it performed?

The stomach is reshaped into a sleeve and connected farther down the small intestine to limit calorie absorption.

Benefits

The SADI-S can offer lasting weight management and improved metabolic outcomes with fewer complications than the traditional duodenal switch.

Risks and Considerations

Patients must monitor vitamin levels and may experience gastrointestinal issues such as diarrhea. Regular follow-up and nutritional guidance are essential for long-term management.

Adjustable Gastric Banding (LAP-BAND®)

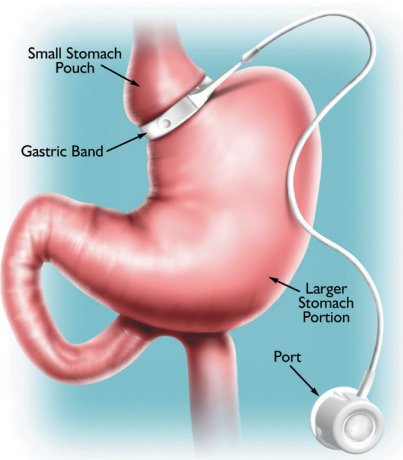


Photo courtesy of Ethicon

What is it?

Adjustable gastric banding involves placing a silicone band around the upper portion of the stomach to create a small pouch. This restricts the amount of food that can be eaten and promotes a feeling of fullness.

How is it performed?

The band's tightness can be adjusted by adding or removing saline through a small port located under the skin. The procedure does not involve cutting or rerouting the stomach or intestines.

Benefits

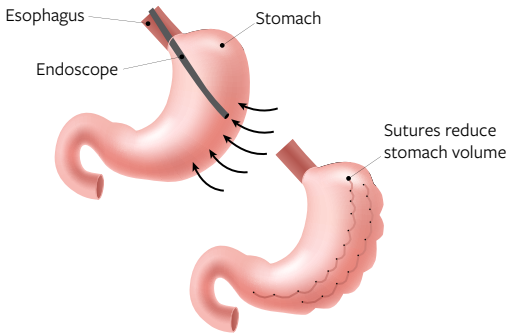
Recovery is typically quicker than with other bariatric procedures and the band can be adjusted or removed if needed.

Risks and Considerations

Regular follow-up is required for adjustments and monitoring. Some people may need the band removed or revised due to slippage, erosion or inadequate results.

MINIMALLY INVASIVE AND ENDOSCOPIC OPTIONS

Endoscopic Sleeve Gastroplasty (ESG)



What is it?

Endoscopic Sleeve Gastroplasty (ESG) is a minimally invasive, non-surgical procedure used to help manage obesity. During ESG, a flexible tube with a camera and suturing device is inserted through the mouth to place stitches inside the stomach, making it smaller—about 70–80% of its original size. This helps people feel full sooner and stay full longer without removing stomach tissue or making external incisions. ESG provides a minimally invasive option for individuals seeking weight management support. It works best as part of a comprehensive treatment plan that includes nutrition, physical activity, behavioral strategies and medical follow-up.

How is it performed?

ESG is performed under general anesthesia and usually takes one to two hours. Most patients go home the same day. Because the stomach is reshaped rather than bypassed, digestion continues normally.

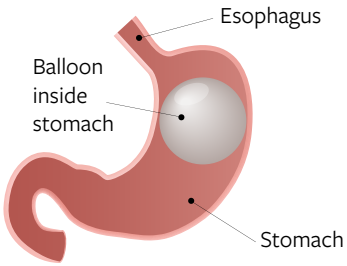
Benefits

ESG offers a less invasive approach for people seeking additional support beyond lifestyle changes or medications. It involves no external scars, has a lower risk of complications than traditional surgery and allows a shorter recovery time. Many patients return to normal activities within a few days.

Risks and Considerations

Mild side effects such as nausea or abdominal discomfort may occur but usually resolve quickly. Serious complications are rare. After the procedure, patients follow a structured diet and work with a healthcare team to support long-term management.

Intragastric Balloons



What is it?

Intragastric balloons are temporary devices placed in the stomach to promote fullness and portion control. A soft silicone balloon is inserted endoscopically and filled with saline or gas to occupy space in the stomach.

How it helps

The balloon helps people eat smaller portions and feel satisfied sooner. How long the balloon remains in place and how it is removed depend on the device.

Benefits

No incisions, quick procedure and short recovery time. It can serve as a bridge to longer-term treatment options.

Risks and Considerations

Some people experience nausea or cramping in the first few days. Most intragastric balloons are removed endoscopically, although this varies by device. Weight regain can occur if follow-up care and lifestyle support aren't maintained. Availability may vary and patients should consult with their multidisciplinary care team (including gastroenterologist, bariatric specialist, dietitian) to determine suitability and availability.

LONG-TERM CARE AND MAINTENANCE

Managing obesity is a lifelong process. Even after reaching a weight or health goal, continued care and support help maintain progress and manage changes over time. Regular check-ins with your healthcare team and ongoing access to treatment and resources are key.

Weight may fluctuate over time. That's normal and part of managing a chronic disease. Stay connected to your support system and use follow-up visits to review progress, address challenges and adjust your care plan as needed.
Ongoing management means staying engaged in your care, being kind to yourself and recognizing that every step toward better health matters.

CONCLUSION

There are many safe and effective options for treating obesity and severe obesity. No single approach works for everyone, and what helps one person may not be right for another. Managing obesity takes time, patience and support. Working with a team of healthcare providers can help you choose and adjust the tools that best support your long-term health and goals.

Because obesity is a chronic disease, ongoing care, lifestyle changes and regular medical follow-up are essential for maintaining health and supporting lasting weight management. You don't have to do this alone—help is available and progress is possible.



To find qualified healthcare professionals who specialize in obesity care, visit the Obesity Care Provider Locator powered by the Obesity Action Coalition at **ObesityCareProviders.com**

RESOURCES

The Obesity Action Coalition (OAC) offers education, support and advocacy to help you take charge of your health. Visit the following resources to learn more, connect with others and take action.

Your Weight Matters Campaign

Learn about your weight and health, take the Campaign Challenge, and get a free toolkit to help you start a conversation with your healthcare provider. Visit **YourWeightMatters.org**

OAC Resource Library

Access trusted, science-based information and expert-led education on obesity, treatment options and overall health—all in one place. The OAC Resource Library offers both digital and print resources, including Weight Matters Magazine, Health Talks, Fresh Perspectives and other easy-to-understand articles, guides and tools to support your journey toward better health. Visit **ObesityAction.org/Library** to explore all resources.

Thrive Together: OAC's Youth and Families Program

Thrive Together connects families and teens with resources, education and community support. From fun learning activities to youth-focused events, it helps families build confidence and healthy habits together.
Visit **ObesityAction.org/ThriveTogether**

Stop Weight Bias Campaign

Help end weight bias through education, awareness and support. Explore tools, stories and ways to speak out at **StopWeightBias.com**. Learn how bias shows up in healthcare, workplaces and everyday life and discover ways you can help create a world where everyone is treated with dignity and respect.

OAC Action Center

Take action to expand access to care and support policies that improve the lives of people affected by obesity. Visit **ObesityAction.org/action-center**

Obesity Care Provider Locator

Find a healthcare professional trained in obesity medicine near you.
Visit **ObesityCareProviders.com**

Your journey to better health is personal, but you're never alone—OAC is here to guide and support you every step of the way.

NOTES

OAC
Obesity Action Coalition

ABOUT THE OBESITY ACTION COALITION (OAC)

The Obesity Action Coalition (OAC) is a National non-profit organization dedicated to giving a voice to individuals affected by obesity and helping them along their journey toward better health. Our core focuses are to elevate the conversation of weight and its impact on health, improve access to obesity care, provide science-based education on obesity and its treatments and fight to eliminate weight bias and discrimination.



VIBRANT COMMUNITY

NATIONAL AWARENESS CAMPAIGNS

YWM CONVENTION

ADVOCACY



PUBLIC EDUCATION



LEARN, CONNECT, ENGAGE

The OAC believes that great things happen when we learn, connect and engage. That's why the OAC Community exists. The OAC Community is a place that brings together individuals from all backgrounds and experiences. The OAC's Community members are the driving force by which we make change happen, whether it's in our own weight and health journeys, in each other's lives or for anyone who has ever been affected by obesity.

Through the OAC Community, you can get access to:

Weight & Health Education • Community Blogs • Ongoing Support • Meaningful Connections

AND MUCH MORE

JOIN TODAY: Go to **ObesityAction.org/join**

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(800) 717-3117 | (813) 872-7835 | Fax: (813) 873-7838
@ObesityActionCoalition
@ObesityAction

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