One of three surgical procedures can be provided: sleeve gastrectomy, Roux-en-Y gastric bypass and biliopancreatic diversion. *Sleeve gastrectomy* is a restrictive bariatric surgical approach that maintains gastric continuity and eliminates the greater curvature region of the stomach. *Roux-en-Y gastric bypass (mRYGB)* is a bypass procedure that is a modification of the standard is the RYGB performed in humans. The jejunum is transected 4 cm distal to the ligament of Treitz. The distal jejunal segment is then connected to the forestomach. The proximal jejunal segment is anastomosed in a side to side fashion to the jejunum 4-6 cm from the site of the gastrojejunosotmy. The ligation of the stomach results in a small pouch with about 25% of total stomach volume. *Biliopancreatic diversion (BPD)*: A portion of the jejunum is transected. The distal segment is anastomosed to the greater curvature of the stomach in a side-to-side fashion. Continuity of the intestinal tract is established by performing a side- to-side anastomosis. This procedure results in an isolation of the duodenum and uppermost segment of the jejunum from the GI tract. Unlike the human procedure, the proximal duodenum is ligated at the pyloric-duodenal junction, but not transected.

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