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Laparoscopic Adjustable Gastric Banding (LAGB)

As An Option For Failed Gastric Bypass Procedure In Obese Patients

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DISCLOSURES

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- ▶ Drs. Ali Hazrati, Patrick Yau and Jamie Cyriac are bariatric surgeons, consultants, and scientific advisory board members for Slimband.
- ▶ Dr. S. Ehsan Nikzad is a research fellow and a member of the research committee at Slimband.
- ▶ The authors have no conflicts of interest or financial ties to disclose except the travel grants that they received for the conference presentation.

INTRODUCTION

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- ▶ After Roux-en-Y gastric bypass (RYGB), a significant number of patients do not achieve successful long term weight loss. In cases of failed bypass, laparoscopic adjustable gastric banding (LAGB) could prevent regaining weight or increase weight loss.
- ▶ The objective of this study is evaluating safety, efficacy, and outcomes of LAGB in this category of patients.



METHODS

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- ▶ All the patients with a previous gastric bypass surgery who underwent LAGB in our center from January 2011 to January 2013 were re-evaluated.
- ▶ The study was focused on:
 - ▶ Demographics
 - ▶ Post-banding complications
 - ▶ Changes in BMI at the time of revision and 15-18 months after banding alongside the effect of banding on co-morbidities.

SURGICAL TECHNIQUE

- ▶ At GJ anastomosis, a Slimband® was placed around the pouch 1-2 cm below the esophagogastric junction through an opening in the lesser omentum. A 2-0 silk anchoring suture was used to secure the band to the crurae.



THE STUDY

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FOCUS OF THE STUDY

- ✓ Demographics
- ✓ BMI changes
- ✓ Effect of banding on co-morbidities
- ✓ Complications

NUMBER
OF PATIENTS
23

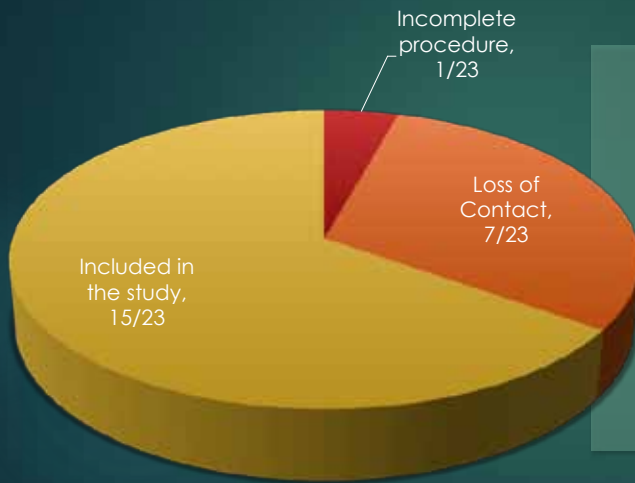
TIME PERIOD
January 2011
to January 2013

FAILED BYPASS

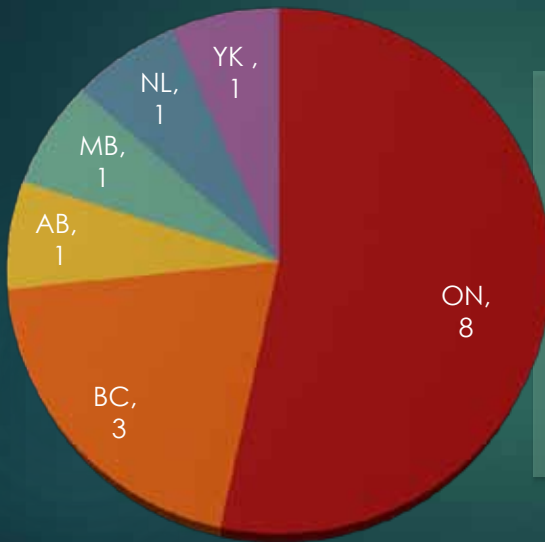
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Failure after RYGB was defined as either persistent morbid obesity using NIH criteria of a BMI > 40 or > 35 with high risk co-morbid conditions after previous RYGB.



In total, 23 patients underwent LAGB after a failed bypass. After excluding 8 patients because of procedure incompleteness (n=1) and loss of contact (n=7), data of 15 patients was included in the study.



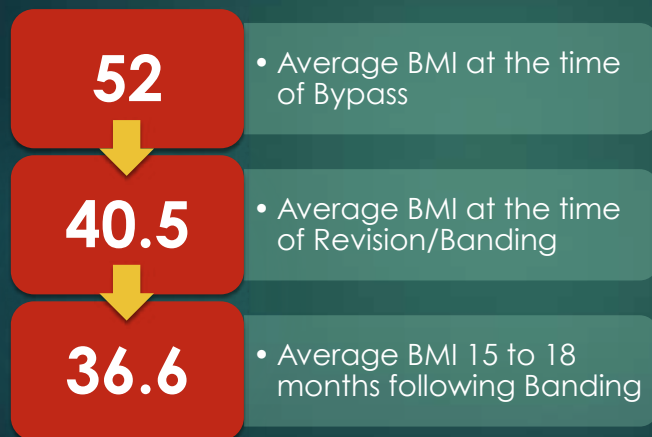
RESULTS

AVERAGE AGE
50.5 years (42-62)

FEMALE/MALE RATIO
100% female

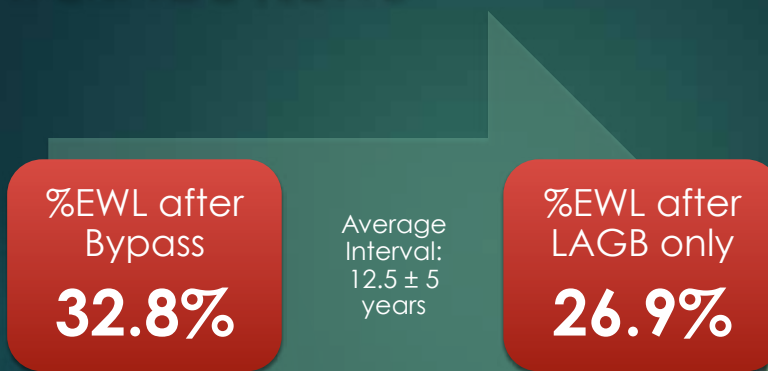
BMI CHANGES

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AVERAGE %EWL

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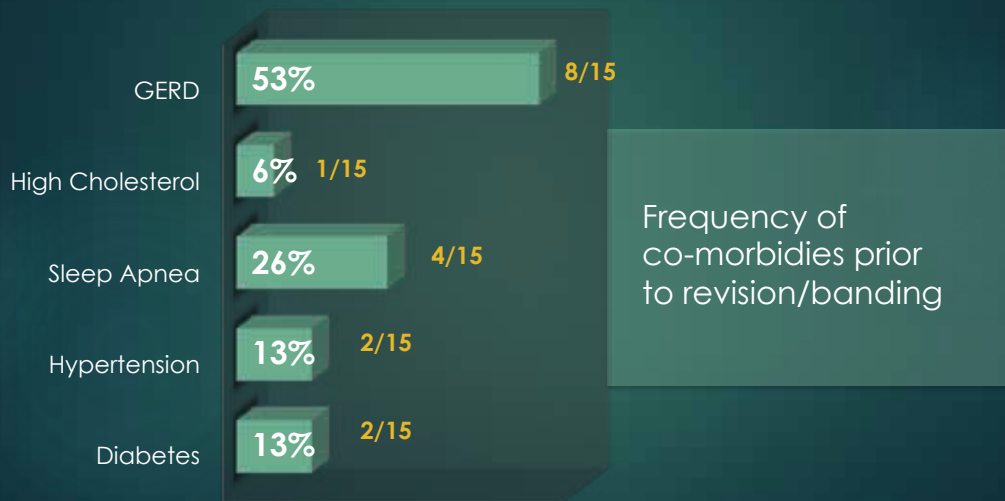
COMPLICATIONS

Among the 15 patients whose data was included in the study, port relocation was performed in 3 cases, 3 to 6 months after primary procedure, due to port flips.



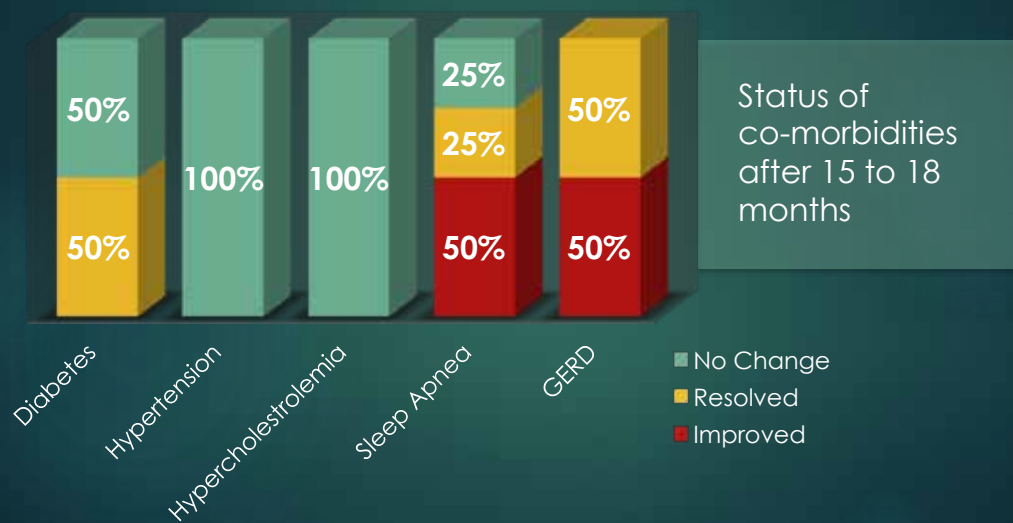
PRE-OPERATION DATA

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POST-BANDING FOLLOW-UP

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SUMMARY

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Author & Year	Patients	FU (mo)	BMI			%EBMIL		Pouch Dilation	Band	Complications	
			Initial	Revision	FU	Revision	FU			< 30 days	>30 days
Nikzad 2014	15	15-18	52	40.5	36.6	42.6	57	ND	AGB	-	Port flip (n=3)
Kyzer 2001	12	27	-	29.9	25.4	-	-	Yes	AGB	-	Gastric volvulus (n=1), tubing tear (n=1), ventral hernia (n=3)
Chin 2009	8	12	62.6	48.4	41.6	37.8	55.9	No	AGB	-	Port flip (n=2), wound hematoma (n=1)
Heath 2009	1	42	42.1	31	26	64.9	94.2	Yes	AGB	-	-
Dapri 2009	6	14	36.3	29.5	26.4	60.2	87.6	No	NAGB	-	-
Bessler 2010	22	12	52.6	44.8	-	28.3	-	ND	AGB	-	Small bowel obstruction (n=1), band slippage (n=1), port infection (n=1)
Irani 2011	42	26	50.4	43.3	33.8	28.0	65.4	ND	AGB	Enterotomy (n=1)	Band slippage (n=1), band erosion (n=2), dysphagia (n=1)
Meesters 2012	12	28	47.8	39.6	34.2	36.0	59.6	ND	AGB	PTX (n=1), hematoma (n=1)	Ulcer (n=1), band leakage (n=1)

(Source: G. H. E. J. Vijgen et al., Salvage banding for failed Roux-en-Y gastric bypass; *Surgery for Obesity and Related Diseases* 8 (2012) 803-808)

OTHER STUDIES (CONT'D)

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High Cholesterol (n=4)

50%

Hypertension (n=5)

40%

Diabetes (n=3)

100%

28 months post revision (r-en-y) follow-up data on co-morbidities

MEESTER ET AL. 2012:

Data from patients who underwent RYGB after failed Banding (band kept in place)

(Source: B. Meesters et al., Roux-en-Y gastric bypass as revisional procedure after gastric banding: leaving the band in place; *Surgery for Obesity and Related Diseases* 8 (2012) 717-723)

OTHER STUDIES (CONT'D)

- ▶ 134 banded LRYGB cases were compared to a matched cohort (age, gender, and preoperative BMI) of standard LRYGB.
- ▶ At 24 months postoperatively, the average %EWL was reported significantly higher in banded bypass patients and the difference was more pronounced in super-obese patients.
- ▶ They found no difference in early or late complications between the two groups.

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Matched cohort analysis between the patients who had banded LRYGB and non banded (standard) LRYGB

CONCLUSION

- ▶ Our results suggest that in cases of failed RYGB, LAGB is a feasible and effective salvage procedure with minimal complications and morbidity rate, being done by an experienced surgeon.
- ▶ Further prospective studies with higher number of patients may still be necessary for achieving more accurate results.