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Reasons for revisional surgery following laparoscopic adjustable gastric banding

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Abstract

Introduction:

Laparoscopic adjustable gastric banding (LAGB) is popular for its simplicity and reversibility. However long term (band related) complications and poor weight loss outcomes often result in revision of the band. We review the underlying causes and presentations for band revision in our practice and the perioperative outcomes.

Materials n Methods:

The practice of Bariatric surgery at our centre began with the laparoscopic adjustable gastric band in 2003. We reviewed the followup of patients having undergone LAGB between December 2003 and December 2005. Patients undergoing revisional surgery following LAGB were studied for causes of band removal. The physical signs and symptoms leading upto the revisional surgery were evaluated. Perioperative morbidity and weight loss following revisional surgery were assessed. Follow up following revisional surgery was 5 to 37 months.

Results:

As on March 2012, out of 118 patients, 30 patients (25.4%) had had their bands removed. Twenty nine patients (24.5%) had an additional revisional bariatric procedure either simultaneously or 6-12 weeks following band removal. The age and body mass index (BMI) of patients undergoing revisional surgery ranged 24 to 62 years and 29 to 57 Kg/m2 respectively. Twenty three patients underwent a laparoscopic roux en Y gastric bypass and laparoscopic sleeve gastrectomy was performed in 6 patients.All procedures were completed laparoscopically. The band was removed in 19 patients due to weight regain, 8 of these patients had esophageal dilatation and in 5 patients the band had eroded into the stomach. Of the remaining 11 patients 7 patients had inadequate weight loss, 2 patients developed band slippage and gastric prolapse and in 2 patients the band leaked. The mean excess weight loss (EWL) at 3 months was 23$\pm$ 7.4% and at 6 months was 34$\pm$14.9%. The overall mean weight loss was 53.8% (range 46 to 68%). There was no major morbidity or mortality. There were 7 (33.3%) minor complications. All patients except one were discharged 2 days following surgery. One patient 62 year old female (revised to LSG) was discharged 5 days following surgery due to poor oral intake. She also required blood transfusion postoperatively due to fall in hemoglobin levels.

Conclusion:

Laparoscopic adjustable gastric banding may require revision due to inadequate weight loss or band related complications. Revisional procedure following reversal of gastric banding can be safely performed laparoscopically. Weight loss following revisional surgery is lower than that reported for the same procedure as a primary surgical option.

Biography

Rajesh Khullar, graduated from Armed Force Medical College, Pune, India (AFMC) in 1979 and MS in General Surgery from PGI, Chandigarh in 1983. Dr. Rajesh Khullar is a Senior Consultant Surgeon at Institute of Minimal Access, Metabolic and Bariatric Surgery at Max Healthcare, New Delhi (India). He is Honorary Secretary - Hernia Society of India (HSI) - National Chapter of Asia Pacific Hernia Society (APHS), Treasurer – Obesity & Metabolic Surgery Society of India (OSSI) and Executive Member & Past Vice-President – Indian Association of Gastrointestinal Endosurgeons (IAGES). He has been actively involved in training of young surgeons from India and abroad. He has contributed his profession expertise in compiling, streamlining and editing the scientific content of the manual titled “Minimal Access Surgery – Guidelines & Recommendations” and Co-author of the text-book on “Endohernia repair”. He is accredited faculty of National Board of Examinations for post-doctoral fellowship in minimal access surgery and Ethicon Institute of Surgical education, New Delhi. He is a member of various national and international societies. He has been conducting conference and workshops in Minimal access surgery in various cities. He is actively involved in publishing articles in National & International journals.